Family Services procedure manual

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# Chapter 1: Family Services Manual

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Introduction to the manual

The Family Services Manual (FSM) was originally created as a tool to support the field through eligibility determination and family engagement. It also provides additional guidance in a more practical and operationalized method.

This new version of the FSM has been organized to follow the work flow of field staff as they determine eligibility. Information is no longer separated out by program. The information is arranged to mirror the Integrated Eligibility system. Guidance is separated into categories such as individual information, financial eligibility, non-financial eligibility and working with families.

The FSM is intended to be the initial resource location for staff looking for policy answers or clarity. The manual:

- Serves as a simplified explanation of federal and state regulations
- Includes examples of how policy is applied and affects families
- Links to Oregon Administrative Rules (OARs)
- Connects portions of policy that are closely interconnected.

Updates to the FSM will be made quarterly. The manual is a living document, which means information is changed and expanded to reflect current policies and practices.

Worker guides, previously located within the Family Services Manual, are now housed on SSP Staff Tools. Staff Tools links:

- SSP Staff Tools: http://www.dhs.state.or.us/caf/ss_stafftools.htm
- SNAP Staff Tools: http://www.dhs.state.or.us/training/foodstamps/webtools.htm
- TANF Staff Tools: http://www.dhs.state.or.us/caf/ss/tanf/index.html
- ERDC Staff Tools: http://www.dhs.state.or.us/caf/ss/erdc/index.html
- Domestic Violence (TA-DVS) Staff Tools: http://www.dhs.state.or.us/caf/dv/index.htm
- Quality Assurance Staff Tools: http://www.dhs.state.or.us/caf/ss_quality.htm
- Aging and People with Disabilities (APD) Staff Tools: http://www.dhs.state.or.us/spd/tools/index.htm

Additional resources can be found on the SSP Training Unit webpage as well as the Policy Analyst Resources webpage.

To report errors or inconsistencies, please contact SSPFSM.TechAssist@dhsoha.state.or.us.

It is important to note that the Family Services Manual should not be saved or downloaded under any circumstances. Because the FSM is updated quarterly, past downloaded versions will not be correct and may result in policy errors.
Additional resources and links

The following links may be helpful resources for staff determining eligibility.

**Staff Tools by Program/Unit:**

- [Self-Sufficiency Programs](#)
- [SNAP](#)
- [TANF](#)
- [Child Care](#)
- [APD](#)
- [Domestic Violence](#)
- [Quality Assurance](#)
- [Self-Sufficiency Training Unit](#)
- [Policy Analysts](#)

**Other resources:**

- [Oregon Administrative Rule Search](#)
- [Transmittal database](#)
- [DHS/OHA Publications and Forms](#)
- [Local offices](#)
- [DMAP Worker Guides](#)
- [Field Business Procedure Manual](#)
- [Self-Sufficiency field review process](#)
- [FSM Manual Letters](#)
- [Previous FSM Policies](#)
- [Oregon Trail (EBT) Card Replacement](#)
Chapter 1: Introduction to the Family Services Manual

Section 1: Intent and overview of programs
Intent and overview of programs

Overview of manual

The Department of Human Services Self-Sufficiency Programs offer five unique components to help individuals and families reach self-sufficiency. These programs are:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Employment-Related Day Care (ERDC)
- Refugee Programs (REF/REP)
- Temporary Assistance for Domestic Violence Survivors (TA-DVS)

Supplemental Nutrition Assistance Program (SNAP)

The SNAP program is there to help improve the health and well-being of low-income individuals, elderly individuals, people with disabilities, and other groups of people by providing them a means to meet their nutritional needs.

In Oregon, the Department of Human Services (DHS) provides SNAP benefits to eligible persons based on the following expectations:

- People have the right to access SNAP as a safety net when they find themselves in a crisis such as homelessness, a domestic violence situation or lacking assets to obtain adequate nutrition.
- People receiving SNAP are personally responsible for and accountable for achieving their highest level of self-sufficiency.
- SSP will provide supplementary information as needed to increase the likelihood that people will have adequate nutrition. These referrals can be to other food programs such as Women, Infants and Children (WIC), Meals on Wheels, and free/reduced school lunches. Other resources could involve referrals to access or information on nutrition education, managing a home budget or other food-related issues.

SNAP benefits provide not only support to families but also economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The U.S. Department of Agriculture Food and Nutrition Service (FNS) works with state agencies, nutrition educators and neighborhood and faith-based organizations to ensure those eligible for nutrition assistance can make informed decisions about applying for the program and access benefits. FNS also works with state partners and the retail community to improve program administration and ensure program integrity.

DHS, in partnership with the Area Agencies on Aging (AAAs), provides SNAP benefits to Oregon residents. SNAP recipients include single individuals of all ages, couples, one- and two-parent families. SNAP is a program not only for those who have no money, but also for those who are working and still find themselves with limited resources to provide for their nutritional needs.

Temporary Assistance for Needy Families (TANF)
The TANF program provides cash assistance and family stability supports to low-income families with minor children. It is designed to promote personal responsibility for parents. The goal of the program is to help with employment services, family stability and community resources to reduce the number of families living in poverty.

TANF cash benefits are intended to help low-income Oregon families meet basic needs for daily living such as food, clothing, shelter and utilities.

The Administration for Children and Families (ACF), a division of the U.S. Department of Health & Human Services, sets regulations and monitors the TANF program for states that operate the program. In order to receive matching funds from the federal government, states must follow federal laws and regulations. The TANF program has undergone numerous changes since it officially began in 1937.

Under TANF, states are given the flexibility to design their own programs according to their own needs. With previously approved waivers from the federal government, Oregon has been making changes to the TANF program. Not only is the program able to help parents find employment; it also helps them work on family stability and long-term goal attainment.

**Employment-Related Day Care (ERDC)**

The Department of Human Services (DHS) child care subsidy programs are intended as a dual generational support for parents and children. Families experience more success when their child care is stable and consistent, and they know their children are in a safe and healthy environment. Children can thrive when they have access to quality care that nurtures their learning and development and better prepares them to succeed in school and later in the workforce.

Central to DHS child care programs is the principle that families assisted by DHS have the same access to quality care as other families. DHS child care assistance is more than a subsidy program for individual families who meet eligibility requirements; it is an investment in a child care system that makes access to quality care possible for these families. The ERDC program is designed to:

- Help educate parents and caretakers about quality child care and offer resources to help them find it
- Support parental choice by paying providers at a rate that gives parents access to a variety of child care options
- Assure eligible providers they will be paid for care they provide, receive timely payments, and know in advance what DHS will pay
- Provide consistent support for families as their financial situation changes. The family may experience some financial gain or temporary changes in employment during the certification. However, their child care will remain stable.

Several types of DHS child care assistance are offered. Federal and state funding is used to create a payment system with uniform provider standards and health and safety requirements. The Direct Pay Unit (DPU) makes payments directly to the provider on behalf of the caretakers.

**Refugee Programs (REF/REP)**

Refugee Programs are designed to serve single adults and childless couples (and, in rare circumstances,
emancipated minors) with cash assistance, medical assistance and employment services. The program is intended for those who do not meet the eligibility standards for other programs administered by the Department of Human Services. Individuals must have been admitted or paroled into the United States as refugees, asylees, Cuban/Haitian entrants, Amerasians from Vietnam, victims of trafficking, or with Iraqi/Afghan special immigrant visas (SIVs). The single adult or childless couple must be in the first eight months:

- Of arrival in the United States, or
- From the date in which one of these eligible statuses was granted.

For ease of use, when the Family Services Manual refers to refugees, it includes all the alien statuses mentioned above. When there is a need to discuss only those admitted specifically as refugees, it will be stated as such.

Refugee Programs are funded by the federal Office of Refugee Resettlement (ORR). DHS uses these ORR funds to provide cash assistance, medical assistance and employment services to newly arriving refugees who do not qualify for other programs.

**Temporary Assistance for Domestic Violence Survivors (TA-DVS)**

Click here for the [Temporary Assistance for Domestic Violence Survivors (TA-DVS) program](#).

In 1997, the Oregon Legislature passed HB 3112, now ORS 411.117, as Oregon's response to the Wellstone/Murray Family Violence Amendment of the 1996 federal welfare reform law. The Family Violence Option provides an opportunity for states to certify standards and procedures to screen for and identify individuals affected by domestic violence.

The Temporary Assistance for Domestic Violence Survivors (TA-DVS) program was created as a TANF funded program intended to provide temporary financial assistance and support to families affected by domestic violence during crisis or emergent situations when other resources are not available. TA-DVS is used to help the domestic violence survivor and their children address their safety concerns and stabilize their living situation, thus reducing the likelihood of the survivor returning to the abuser. The most common need for TA-DVS is when the domestic violence survivor flees the abuser.

The worker’s role is to help determine eligibility for the TA-DVS program, help the survivor identify safety risks, refer them to domestic violence advocates and community resources that may address those needs, and provide financial assistance to help the survivor and the children remain free from abuse.

The TA-DVS program supports domestic violence survivors by providing temporary financial assistance to flee from and remain free from domestic violence. Domestic violence is the occurrence of one or more of the following acts between family members, intimate partners or household members:

- Attempting to cause or intentionally, knowingly or recklessly causing physical injury or emotional, mental or verbal abuse
- Intentionally, knowingly or recklessly placing an individual in fear of imminent serious physical injury
- Committing sexual abuse in any degree as defined in Chapter 163 of the Oregon Revised Statutes
- Using coercive or controlling behavior.
Medicare Savings Programs (MSP)

Starting in 1988, the Federal Government created a group of programs called the Medicare Savings Programs. These programs provide Medicaid benefits that are related to the receipt of Medicare benefits.

Medicare is a federal medical benefits program that is administered by CMS (Center for Medicare and Medicaid Services), which contracts with intermediaries such as Blue Cross or Aetna; it is not administered by the state like Medicaid.

There are three types of Medicare:
- Medicare Part A which covers hospitalization;
- Medicare Part B which covers doctor bills and outpatient treatment;
- Medicare Part C which are the Medicare Advantage plans available in many areas. People with Medicare Parts A and B can choose to receive all their health care services through one of these provider organizations; and
- Medicare Part D which covers most prescription drugs.

Some recipients are required to pay a premium for Medicare Part A and there is always a premium for Medicare Part B.

Currently there are three Medicare Savings Programs in Oregon:
- **Qualified Medicare Beneficiaries – QMBs** (Oregon calls this QMB-BAS) is a program that offers limited medical coverage to clients who are receiving Medicare Part A or who could be enrolled in Medicare Part A and whose income is at or below 100% of the federal poverty level (FPL) or less. Eligible clients will have their Medicare Part A and Part B premiums paid as well as co-insurance and deductibles for Medicare covered services, up to the Department’s fee schedule. This program does not cover any Part D costs.
- **Special Limited Medicare Beneficiaries – SLMBs** (Oregon calls them SMBs) are Medicare Part A recipients who have income over 100% but under 120% of the FPL. Coverage is limited to payment of their Medicare Part B premium.
- **Qualified Individuals – QI-1s** (Oregon calls them SMFs) are Medicare Part A recipients who have income from 120% up to 135% of the FPL. Coverage is limited to payment of their Medicare Part B premium.

There is another group, the QMB Disabled Workers (QMB-DWs) who can have income up to 200% of the FPL. However, there aren’t any DWs in Oregon currently and there won’t be as long as OSIPM-EPD exists as a program. QMB-DW pays for the Medicare Part A premium only.

Click here for [Medical Savings Program eligibility](#).

Oregon Supplemental Income Program (OSIP, OSIPM)

The Oregon Supplemental Income Program is a state and federally funded program that offers cash and medical assistance to low income aged and disabled Oregonians who qualify by meeting various financial and nonfinancial eligibility prerequisites.

The Oregon Supplemental Income Program Medical (OSIPM) is provided to several groups of individuals:
• Those **assumed eligible** for Medicaid due to receiving Supplemental Security Income (SSI) or being eligible for SSI through 1619(b) status as provided for under Section XVI of the Social Security Act.

• Those with **protected eligibility** as a Disabled Adult Child or through the Pickle Amendment.

• Those with income below the **SSI standard**.

• Those who receive Mental Health services and have income below 150% of the SSI standard.

• Those who receive **Long-Term Care services** in a home or community-based setting, nursing facility, or state institution and have income below 300% of the SSI standard.

• Working individuals with a disability who meet the requirements of the Employed Persons with Disabilities program, such as income below 250% of the Federal Poverty Level.

OSIPM eligible clients can receive cash payments called “special needs payments” if the individual meets the requirements of the rules. The individual may receive a one-time special need payment for a home repair or a monthly, ongoing special need payment for a laundry allowance, for example.

This program is the basis under which Medicaid is granted under the Old Age Assistance, Aid to the Disabled and Aid to the Blind Programs whereby the individual receives medical assistance through a managed care provider. Depending on the individual’s living arrangement, case management services are provided either by the Department, Area Agencies on Aging, or county mental health or developmental disabilities programs. Eligible OSIP and OSIPM individuals can be qualified for other programs while receiving cash or medical benefits. These programs include the Qualified Medicare Beneficiary Program (QMB) or the Specified Low-Income Medicare Beneficiary Program (SMB).

Click here for [OSIP and OSIPM eligibility](https://www.oregon.gov/DHS/SSP/FSM/Pages/OSSP-Medical.aspx).
Chapter 1
Introduction to the Family Services Manual

Section 2: How to use the manual
How to use the manual

The Family Services Manual is in a new format. It is now accessible as a PDF, which means that it functions like other PDF files. It is important to note that the FSM should not be saved or downloaded under any circumstances. Because the FSM is updated quarterly, past downloaded versions will not be correct and may result in policy errors.

The table of contents

In order to make navigation easier, the FSM includes an interactive table of contents (TOC). The TOC is located both within the first pages of the manual, at the beginning of each chapter and also in an expandable and collapsible field on the left side of the document. Either of the formats are “clickable” and easy to navigate.

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The search features

In order to make using the FSM easier, the manual is enabled with search features. Search capability can find key words, specific chapters, rules, forms, links and exact phrases. To search, click on the magnifying glass on the top left of the document and enter your search term.
Navigation

Whether from the TOC or from within the document, users can navigate the manual in an intuitive and simple way. The TOC listed on the left-hand side of the manual includes all sections and subsections; it can be collapsed or expanded to suit the viewer’s needs. Within the manual, each chapter has a TOC that is clickable to any section. Staff have the option of bookmarking pages if they would like to save a section for future reference.

The manual follows a flow to model the Integrated Eligibility (IE) system. Where past versions of the FSM were specific to each program, each chapter now is specific to a topic, with program-specific information listed within each chapter and section.

Information pertaining to all programs will be listed under each section, with program-specific information called out below. Programs will be called out by an icon, each in a different color:

(Note: Temporary Assistance for Domestic Violence Survivors (TA-DVS) is not called out here. It has its own chapter (5).

Design key

There are four buttons at the top of each page of the FSM.

• **Previous page** — Go back one page in the manual (or use “Page Up” key).
• **Next page** — Go forward one page in the manual (or use “Page Down” key).
• **Jump back** — Return to the last page you viewed (or use “ALT + left arrow” keys).
• **Jump forward** — Go forward to pages you have recently viewed (or use “ALT + right arrow” keys).

Each section is laid out with colors to easily lead the reader through the text. The design key is as follows:
Section headers are colored in a darker blue.

Financial eligibility

Subsections are colored in darker blue with smaller size.

Categorical eligibility

Subsections of subsections are colored in lighter blue. Occasionally there are subsections within a subsection rather than individual sections to cover each topic.

Eligibility factors

The lowest level of hierarchy within sections is colored black and bold. This guides readers to information that is important but supplements the above levels within sections.

Non-needy caretaker relative grants

Links

Within the manual, there are multiple types of links, each identified in a unique manner.

- FSM references
- Forms
- Staff tools or other resources

FSM references are listed as a blue hyperlink and will take the user to a different section within the manual. In order to navigate back to the original location, return to the TOC and find the original section. FSM references within the manual look like this:

Click here for Online application.
Forms are also linked to the manual. There are two different ways in which forms are referenced, based on the functionality of the form. Forms will be cited within the text and identified as a blue hyperlink for PDF forms or a link to the Forms server and the name of the form for Word documents. Links to PDF forms will appear like this:

The TANF information and referral services pamphlet, Information and Referrals for Low-income Households (MSC 3400). Liquid resources include bank accounts and cash on hand.

Staff tools or links to resources found outside the manual are also listed throughout. If the link is blue, the link is currently active; if the link is red, the document or referenced material is in development. They are a link to a location and should open in a new window, allowing the user to minimize that window when finished.

Rules

Although the FSM seeks to provide guidance in plain language, it is still essential that staff know and understand the Oregon Administrative Rules (OAR) relevant to eligibility and working with families. At the end of each subsection, any applicable rules will be listed and linked, allowing for rule citation on official department notices. The link will open in another window, allowing staff to close and return to the manual once the rule has been reviewed.

Below is an example of what each OAR portion looks like within the manual.

**Oregon Administrative Rule(s)**

- 461-115-0071 — Who Must Sign the Application and Complete the Application Process
- 461-115-0090 — Authorized Representatives; General
- 461-115-0020 — Application Requirements
- 461-115-0071 — Who Must Sign the Application and Complete the Application Process

Examples

Also found at the bottom of each subsection is a link to relevant examples. The examples are located in a separate chapter of the manual; links to them should open in another window. Chapters, sections and subsection organization for the examples mirrors the layout of the manual itself. In order to locate examples, users will find this text at the bottom of each section:

**Click here for examples:** Filing date.
In each examples link, there may be examples pertaining to multiple programs and/or to each program individually.

Any citation directly from Oregon Administrative Rule will be in grey font.

**Other features**

The Temporary Assistance for Domestic Violence Survivors (TA-DVS) program has its own chapter of the manual and, in most cases, will not be addressed within the primary FSM. There are links to this section within the manual for easy navigation.

The FSM is a living document and will continue to be updated once per quarter. Staff can email any discrepancies found in the FSM for potential revision to SSPFSM.TechAssist@dhsoha.state.or.us.

Future editions of the FSM may include other programs, such as Oregon Health Authority Medical programs or Adults and People with Disabilities (APD) programs.
Chapter 1
Introduction to the Family Services Manual

Section 3: Policy unit contacts
Policy unit contacts

The policy team strives to be available and accessible to field staff and to serve as a resource. Because the specific analysts vary from time to time, the most appropriate way to connect with the team is through email. Below are the team and program-specific Outlook email boxes.

- **SNAP**  SNAP.Policy@dhsoha.state.or.us
- **TANF**  TANF.Policy@dhsoha.state.or.us
- **ERDC**  Childcare.Policy@dhsoha.state.or.us
- **REF**  Refugee.Policy@dhsoha.state.or.us
- **TA-DVS**  TADVS.Policy@dhsoha.state.or.us

Staff who send questions to the policy email boxes can expect a response within two working days. Please keep in mind that the more specific your question, the more guidance and clarity the policy teams can provide in their response.
Chapter 1

Introduction to the Family Services Manual

Section 4: Glossary
Glossary

This section is under construction. It will include definitions of key terms in this manual.
Chapter 1

Introduction to the Family Services Manual

Section 5: Acronyms
Acronyms

Introduction

Acronyms are frequently used when referring to a program. There is an acronym for each umbrella program and each subprogram. Additionally, DHS may use acronyms to refer to other frequently used terms. This list will be updated periodically as new acronyms are developed.

Acronyms chart

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<th>Meaning</th>
<th>More Information</th>
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<td>ABAWD</td>
<td>Able-bodied adult without dependents</td>
<td>Employment program for SNAP recipients who must participate in employment-related activities.</td>
</tr>
<tr>
<td>CAWEM</td>
<td>Citizen/Alien-Waived Emergent Medical</td>
<td>Medicaid coverage of emergent medical needs for individuals who are not eligible for other medical programs solely because they do not meet citizenship and alien status requirements.</td>
</tr>
<tr>
<td>DSNAP</td>
<td>Disaster Supplemental Nutrition Assistance Program</td>
<td>Following a presidential declaration of a major disaster in Oregon, DSNAP provides emergency DSNAP program benefits to victims. OAR 461-135-0491 to 461-135-0497 cover DSNAP eligibility and benefits.</td>
</tr>
<tr>
<td>EA</td>
<td>Emergency Assistance</td>
<td>Emergency cash to families without the resources to meet their emergent needs.</td>
</tr>
<tr>
<td>ERDC, ERDC-BAS</td>
<td>Employment-Related Day Care – Basic</td>
<td>A program that helps low-income working families pay the cost of child care.</td>
</tr>
<tr>
<td>GA</td>
<td>General Assistance</td>
<td>Cash assistance to certain low-income individuals with disabilities.</td>
</tr>
<tr>
<td>HSP</td>
<td>Housing Stabilization Program</td>
<td>A program that helps low-income families obtain stable housing. The program is operated through the Housing and Community Services Department through community-based, service-provider agencies. The department’s rules for the program were repealed July 1, 2001.</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>JOBS</td>
<td>Job Opportunity and Basic Skills</td>
<td>An employment program for TANF participants. JOBS helps these participants attain self-sufficiency through training and employment; this program is part of welfare reform.</td>
</tr>
<tr>
<td>JOBS Plus</td>
<td>Job Opportunity and Basic Skills Plus</td>
<td>Provides subsidized jobs rather than SNAP or TANF benefits. For TANF participants, JOBS Plus is a component of the JOBS program.</td>
</tr>
<tr>
<td>JPI</td>
<td>Job Participation Incentive</td>
<td>An additional $10 food benefit to help increase the ability of parents with children, who meet the federal TANF participation rate, to meet the nutritional needs of their families.</td>
</tr>
<tr>
<td>LIS</td>
<td>Low-Income Subsidy</td>
<td>A federal assistance program for Medicare clients who are eligible for extra help meeting their Medicare Part D prescription drug costs.</td>
</tr>
<tr>
<td>OSIP</td>
<td>Oregon Supplemental Income Program</td>
<td>Cash supplements and special needs payments to individuals who are blind, disabled or 65 years of age and older.</td>
</tr>
<tr>
<td>OSIPM</td>
<td>Oregon Supplemental Income Program Medical</td>
<td>Medical coverage for elderly and disabled individuals.</td>
</tr>
<tr>
<td>QMB</td>
<td>Qualified Medicare Beneficiaries</td>
<td>Programs providing payment of Medicare premiums; one program also provides additional medical coverage for Medicare recipients. Each of these programs is considered to be a Medicare Savings Program (MSP).</td>
</tr>
<tr>
<td>REF</td>
<td>Refugee Assistance</td>
<td>Cash assistance to low-income refugee singles or married couples, without children, who are not eligible for the TANF program.</td>
</tr>
<tr>
<td>REFM</td>
<td>Refugee Assistance Medical</td>
<td>Medical coverage for low-income refugees who are not eligible for Medicaid.</td>
</tr>
<tr>
<td>REP</td>
<td>Refugee Employment Program</td>
<td>Any self-sufficiency service, employment service or case plan available to or developed for individuals in the REF program.</td>
</tr>
<tr>
<td>SFDNP</td>
<td>Senior Farm Direct Nutrition Program</td>
<td>Food vouchers for low-income seniors, funded by a grant from the U.S. Department of Agriculture.</td>
</tr>
<tr>
<td>Acronym</td>
<td>Program Description</td>
<td></td>
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<td>SFPSS</td>
<td>State Family Pre-SSI/SSDI Program A voluntary program providing cash assistance and case management services to families when at least one TANF-eligible adult in the household has an impairment and is or will be applying for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).</td>
<td></td>
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<tr>
<td>SNAP</td>
<td>Supplemental Nutrition Assistance Program Helps low-income households maintain proper nutrition by giving them the means to purchase food. Used to be called FS or food stamps.</td>
<td></td>
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<tr>
<td>TA-DVS</td>
<td>Temporary Assistance for Domestic Violence Survivors Addresses the needs of individuals threatened by domestic violence.</td>
<td></td>
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<tr>
<td>TANF</td>
<td>Temporary Assistance for Needy Families Cash assistance for families when children in those families are deprived of parental support because of continued absence, death, incapacity or unemployment.</td>
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**Oregon Administrative Rule(s)**

[461-101-0010](#) — Program Acronyms and Overview
# Chapter 2: Eligibility

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Chapter 2: Eligibility

Section 1: Application
Application

Introduction

There are multiple ways an individual can submit an application to the Department of Human Services (DHS). Some procedures change depending on the type of form submitted, the method (printed or online) and if the application is new or a recertification.

Every application contains information that helps determine the timelines and programs the individual is requesting. The application process should not be a barrier to the people accessing benefits. It should be simple, efficient and responsive to the needs of persons seeking help. It should also consider the privacy and confidentiality of each applicant. Whenever possible, one application is used to determine eligibility under multiple programs.

Individuals can use the following applications:

- Application for Services (DHS 0415F),
- Employment Related Day Care and SNAP Application (DHS 7476), and
- Application Form – Aging and People with Disabilities (APD 0539A).

When an applicant is denied due to being over the income limits for a program, they may reapply in a subsequent month. A new budgeting period is established and income is recalculated.

Online application

The SNAP online Client Application Processing Interface (CAPI) can be used to apply for other programs if it is used in conjunction with other forms and/or information obtained in the interview.

- If an individual is applying for TANF, the CAPI can be used with the TANF Supplemental Interview Guide (DHS 7882); work with the applicant and obtain a new signature. The DHS 7882 establishes the filing date.
- If an individual requests child care assistance, this establishes a date of request (DOR) for ERDC. DHS uses the information from the CAPI, completes the Requesting ERDC During CAPI Interview (DHS 0419) form, and includes this information in the narrative.

**Note:** The Requesting ERDC During CAPI Interview is not a required form, as long as all pertinent information to determine eligibility is collected.

More information will be found here upon release of the ONE system.

Date of request

This specifically applies to the ERDC program.

The date of request (DOR) is the date an applicant requests benefits. A DOR is established and documented by SSP. Once a date of request is established, SSP must process the application within a certain time period. For ERDC, benefits begin the first of the month in which the DOR is established.
### clicking here for examples: Date of Request

**Oregon Administrative Rule(s)**

- [461-115-0030](#) — Date of Request
- [461-115-0010](#) — Application Process; General

## Filing date

A filing date is the date SSP receives a request for benefits from the applicant. A filing date is established when the applicant provides their name, address and signature to SSP. The filing date, for some programs, is the date benefits may begin once eligibility is determined.

A completed application is not needed or required to set the filing date.

### Program | How to establish a filing date | Application processing time
--- | --- | ---
**SNAP** | A request for SNAP benefits received by SSP that includes the applicant’s name, address and signature. If the request is received after business hours or on a weekend or holiday, the filing date will be the next working day. | 7 days for expedited service. |
**TANF** | The date a signed application for cash benefits (including the applicant’s name, address and signature) is received by SSP. If the request is received after business hours or on a weekend or holiday, the filing date will be the next working day. | An application is good for 30 days. If the application decision has not been made, the application is denied. A new filing date needs to be established. |
**ERDC** | Filing date does not apply. | See date of request. |
The date a signed application for cash benefits (including the applicant’s name, address and signature) is received by SSP. If the request is received after business hours or on a weekend or holiday, the filing date will be the next working day.

An application is good for 30 days. If the application decision has not been made, the application is denied. A new filing date needs to be established.

Click here for examples: Filing date.

Oregon Administrative Rule(s)

461-115-0040 — Filing Date; REF, SNAP, TANF
461-115-0210 — Application Processing Time Frames; SNAP

Effective date of benefits

After an individual has completed the application process and is determined eligible for services, their initial month’s benefits are applied. The date in which this occurs is called the effective date. Programs have different effective dates for when benefits can be authorized upon completing the application process.

SNAP

In most situations, for a filing group making an initial application or applying at the end of a certification period, the effective date for starting benefits is the filing date, as long as all eligibility requirements are met within 30 days of the filing date. If all eligibility requirements are not met within 30 days of the filing date, the effective date is the date all eligibility requirements are met.

If a filing group applies for benefits during the last two months of their certification period, the effective date is the first of the month following the end of the certification period, unless the filing group fails to complete the application process within the application time frames.

For migrant and seasonal farmworkers that received SNAP benefits in another state the month before applying for SNAP benefits in Oregon, the effective date is for starting benefits is the first of the month.

TANF

In the TANF program, when a filing group makes an initial application or applies after the end of their certification period, the effective date for starting benefits is the filing date, if all eligibility requirements are met within 30 days of the filing date, unless:

- If the only eligible child is an unborn, the effective date may not be earlier than the first day of the calendar month prior to the month in which the due date falls;
- For a JOBS support service payment, the effective date is the date the individual meets all eligibility requirements in OAR 461-190-0211.

ERDC

In the ERDC program, the effective date for starting benefits is one of the following:

- The first day of the month in which the request for benefits is made, if all eligibility requirements are met in that month, and verification is provided within the application processing timeframes; or
- If all eligibility requirements are not met in the month of request, the effective date is the first day
of the month in which they are met, if verification is provided within the application processing timeframes (generally 45 days from the date of request).

- For a benefit group that received TANF benefits within the 30 days before applying for ERDC, the effective date is the first of the month following closure of their TANF program benefits.

In the REF program, when a filing group makes an initial application, the effective date for starting benefits is one of the following:

- If all eligibility requirements (including an interview) are completed by the 30th day from the filing date, the effective date for starting benefits is the filing date; or
- If all eligibility requirements are not met by the 30th day from the filing date, a new filing date must be established.

### Oregon Administrative Rule(s)

- 461-180-0070 — Effective Dates; Initial Month Benefits
- 461-180-0080 — Effective Dates; Initial Month SNAP Benefits
- 461-1150-0050 — When an Application Must BeFiled
- 461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF
- 461-115-0210 — Application Processing Time Frames; SNAP
- 461-115-0190 — Application Processing Time Frames; Not Pre-TANF or SNAP

### Certification periods

When an individual is approved for benefits, their case remains open until they have to re-apply. This amount of time is called a certification period, and it can vary depending on the program. Please note that some programs may allow for extension of certification periods, while cases may also close prior to the end of a certification period if the individual no longer meets program eligibility.

In the SNAP program, the certification is selected by the Department, as well as the redetermination date, based on the individual’s unique circumstances. The longest possible certification period is assigned while attempting to align the end date with companion benefits. It will not always be possible to align certification periods with other programs.

The length of the certification period depends on how far in advance the circumstances affecting the group’s eligibility can be predicted, but cannot exceed 12 months in most scenarios, except:

- The certification period may be extended beyond 12 months in each of the following situations:
  - To the end of the TBA period, if the individual becomes eligible for transitional benefits. If eligibility for TBA ends early, the certification period is changed to end on the last day of the month; or
  - To include the month after the individual finishes working under a TANF JOBS Plus agreement. If the agreement ends early, the certification period is changed to end on the original recertification date, or on the last day of the month following the month in which the JOBS Plus agreement ends (whichever is later).
A certification period of less than 12 months can be extended before the certification period ends up to 12 months in the following situations:

- A one- or two-month certification period for expedited services when pending information is received, and eligibility and benefit level is determined based on the new information;
- An application or change report form is received and eligibility is reviewed; or
- The report system changes from CRS to SRS.

A certification period of 24 months may be assigned for a filing group in which all adult members are elderly or have a disability, if the case is placed in SRS and no one in the filing group has earned income (also called a NED household). If a NED household is certified for 24 months and then begins to receive earned income, the case is converted to CRS.

A TANF grant is opened when an individual completes the application process. All eligibility factors must be re-determined at least once every 12 months for families who have an open JOBS plan and are not participating or on an active JOBS disqualification. This includes a completed application and interview.

For some families, however, eligibility factors must be redetermined at least once every 6 months for families who have an open JOBS plan and are not participating or on an active JOBS disqualification. This also includes a completed application and interview.

A redetermination may be done either at assigned intervals, or whenever it is deemed necessary by the worker, so long as the interval between redeterminations does not exceed those listed above.

A TANF certification may be redetermined early in order to align the TANF certification with SNAP benefits as the certification period does not exceed the guidelines above.

In the ERDC program, the certification period at initial application or recertification must be no less than 12 months.

The first month of the certification period starts with the effective date. If the effective date is in October, the certification period is October 1, YYYY through September 30, YYYY, of the following year.

When a family is eligible for a Head Start or Early Head Start contract, the APR date for ERDC is extended to match the contract end date (August 31, YYYY).

The ERDC effective date, first month of certification, is coded as a Need Resource (N/R). Use the BAS coding, month and year the certification starts (N/R BAS 10/YYYY).

The ERDC certification end date is coded in the APR field on the front page of UCMS. Code the month, date and year (APR 09/30/YYYY). The APR date is the date used by the system to send the client an ERDC re-application (DHS 7476) and close notice if they do not re-apply.

The certification period can be longer in situations where an ongoing ERDC case is coded with authorized work search (AWS), authorized medical leave (AML) or authorized military transition (AMT), and the need
resource date is after the APR date.

A filing group that is determined to be homeless or requires child care for a current foster child may receive priority processing. For those families eligible for priority processing, the benefits can be opened for up to 3 months while the case is pending for verification of certain eligibility requirements.

Click here for Expedited service and priority processing.
Click here for Authorized work search.
Click here for Authorized medical leave.
Click here for Authorized military transition.

A REF or REFM case is opened when the individual completes the application process and provides the necessary verification within the processing time frames. If all eligibility is cleared, then the REF benefits will start from the filing date. REFM benefits begin from the date of request.

If DHS denies an application in the initial month, a new filing date must be established for an application for the next month. If the family chooses to apply in the following month, all DHR and IEVS screens must be reviewed, an interview must be completed, and any changes must be narrated when eligibility is re-determined.

The maximum length of time an individual can receive REF and REFM is eight months from the time they received their immigration status. There is no re-determination of eligibility for REF and REFM after the initial eight months has been reached. Because of this, it is important that workers have a conversation with the refugee to discuss their options going forward. Workers should meet with refugees regularly to inform them of their limited eligibility, emphasizing the need to move forward and become self-sufficient.

Oregon Administrative Rule(s)

461-115-0450 — Periodic Redeterminations; SNAP
461-170-0150 — Certification Period; ERDC

The application process

When individuals want to receive program benefits for themselves or others they are applying for, they must complete the application process. The application process is complete when the following steps are completed:

Applicant establishes a date of request (DOR) or filing date.

Applicant submits a completed and signed application.

SSP schedules and conducts the interview as soon as possible after the DOR or filing date is established. (Some programs have requirements about how quickly the scheduled interview needs to occur to ensure there is adequate time for verification and the eligibility decision.)

SSP gathers verification (if needed).

SSP makes the eligibility decision.
Some Aging and People with Disabilities (APD) or Area Agency on Aging (AAA) offices call participants before they are due for recertification. If the participant is available, the interview is done at the time of the call. The answer fields on the application are filled in by APD or AAA with the information given by the participant during this interview. The agency then mails the completed application to the participant with a notice that the application must be reviewed, corrected if anything is incorrect, signed, and returned to the APD or AAA by the listed due date. The filing date is established when this signed application is received by APD or the AAA.

SSP accepts electronic applications as well.

Click here for Online application.

The Oregon Department of Human Services has a Statewide Work Model to guide offices in the application process. The Statewide Work Model advises the following time frames:

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*Cold caller process: The branch will attempt at least two calls to the applicant on the same business day the application was received or the next business day.

**Click here for examples: The application process.**

**Oregon Administrative Rule(s)**

- 461-115-0010 — Application Process; General
- 461-115-0050 — When an Application Must be Filed
- 461-115-0210 — Application Processing Time Frames; SNAP

**When to use an application**

An application is used to gather information about the applicant and their household as well as to determine eligibility initially and at recertification. The same application process is used for recertification. When a case closes at the end of the certification, a new application and eligibility determination is required. Unless there is an exception in rule, an application is also required any time there is a break in benefits. See “Program-specific information” for specific program provisions and requirements regarding applications.

Printed or electronic SSP applications are used when determining eligibility. The application must be complete, including a mailing address and a signature.

For all programs, an application is not needed if a closure decision is reversed in the same calendar month. There
are other situations that do not require an application. In addition, applications may be reused to determine benefits in certain circumstances. Some programs require a new signature on an existing application.

### SNAP

An application is not needed to add a person, including newborns, to an open SNAP case.

If an application is denied, the same application can be reused. Unless one of the two below exceptions apply, the participant must review all information on the existing application, make changes where necessary, and re-sign and date the application. By doing this, the participant attests the information provided is accurate and correct.

SNAP has two exceptions to having an individual re-sign an application to establish a new filing date:

- If DHS is denying benefits in the initial month and approving benefits for the second month (e.g., the participant was on another SNAP case or was over income in the month of application), the existing application may be used. The filing date does not change, but the approval date is the first of the second month. The participant does not need to re-sign the application in this instance. If the denial and approval actions are taken on different dates, IEVS screens must be rechecked.

- When the participant submits pending items after the 30th day from the filing date and did not request more time to extend the filing date, the date the pending items are submitted sets the new filing date. The participant does not need to re-sign the application. IEVS screens must be rechecked.

### TANF

An application is not needed or required when:

- Adding an individual to the case, and all information available is sufficient to determine eligibility
- Adding a newborn to the case, if the newborn was included on the original application as an unborn
- A case is closed because the case was over income and the case is reopened the month after closure
- Converting TANF to ERDC – however, if the TANF case closes and ERDC is requested after, an application is required.

If an application is denied, the same application can be reused. If this is done, the applicant must review all information on the existing application, make changes where necessary, re-sign and date the application. By doing this, the applicant attests the information provided is accurate and correct.

If DHS is denying benefits in the initial month (e.g., the applicant was over income in the month of application) and the applicant wants to apply the following month, the existing application may be used. The applicant would need to review, update and re-sign the application within the following month. The date this is done establishes a new filing date. IEVS screens must be rechecked.

### ERDC

An application is not needed or required when:

- The caretaker requests to re-open their case within 30 days of case closure (if the case closes during the certification period). The case can be re-opened without an application if the caretaker still meets ERDC eligibility.
• The case closes for no provider connected, the case can be re-opened in the 30 days following the case closure if the caretaker locates a DHS approved provider.

• Converting from TANF to ERDC if child care benefits are requested prior to TANF closure; if the TANF case has closed and ERDC is requested after, an application is needed.

If an application is denied, the same application can be reused. If this is done, the applicant must review all information on the existing application, make changes where necessary, re-sign and date the application. By doing this, the applicant attests the information provided is accurate and correct.

If an application is denied, the same application can be reused. If this is done, the applicant must review all information on the existing application, make changes where necessary, and re-sign and date the application. By doing this, the applicant attests the information provided is accurate and correct.

No new application is needed if a case is suspended for one month due to being over income and then reopened the month after the suspend month.

Click here for examples: When to use an application.

Oregon Administrative Rule(s)

461-115-0050 — When an Application Must be Filed

Who must sign an application and complete the application process

Each program requires an adult/parent/caretaker relative or an authorized representative to complete, sign and finish the application process. Applicants must sign the last page of the application. Applicants who are unable to write their name can sign their “mark.” This mark must be witnessed by an SSP employee. An electronic application is signed electronically by the applicant typing their name and clicking the submit button.

SNAP Applicants must sign the last page of the application. If they sign the last page and do not sign the filing page of the Application for Services (DHS 0415F, page 1) or of the Food Benefit Filing Form (SDS 0539F), the filing date begins the date the total application is signed, unless the filing date is set via another document.

A responsible adult usually signs the application and completes the application process. This person could be the primary person or their spouse, another adult in the filing group or an authorized representative (including a facility as an authorized representative). When there is no responsible adult, such as when a homeless teen applies, the child can sign the application and complete the application process.

TANF A parent or caretaker relative of the dependent child(ren) must sign an application and complete the application process. An applicant who cannot do so unassisted may use an authorized representative.

ERDC The application must be signed by the caretaker of the child(ren) requiring care or an authorized representative.
The application must be signed by at least one adult in the filing group or an authorized representative. An adult from the filing group can either be the primary person or the primary person's spouse.

Click here for examples: Who must sign the application and complete the application process.

Oregon Administrative Rule(s)

461-115-0071 — Who Must Sign the Application and Complete the Application Process
461-115-0090 — Authorized Representatives; General
461-115-0020 — Application Requirements

Interviews

The purpose of the interview is to gather information, resolve any unclear or incomplete information, and determine eligibility. The person being interviewed may be the head of household, partner, spouse, any other responsible member of the filing group or an authorized representative. An interview must be conducted for all programs, with some exceptions.

Snap Click here for Expedited service and priority processing.

An adult, head of household or the authorized representative of the filing group is interviewed once every 12 months. A face-to-face interview must be granted if requested by the applicant.

For non-expedited service, an interview will occur as soon as possible and not later than 20 days after the filing date. An interview must be scheduled so the filing group has at least 10 days to provide any needed verification before the 30-day processing time frame.

When an applicant misses the first scheduled interview appointment, SSP must inform the applicant by regular mail of the missed interview. An applicant who fails to attend a scheduled interview must contact SSP no later than 30 days following the filing date to be eligible for benefits.

Regular service is used if an applicant misses their expedited service interview appointment without good cause.

TANF A face-to-face interview is required at initial application and at least every 12 months thereafter, unless there is a hardship.

SSP may conduct a required face-to-face interview by telephone or home visit if:

- An authorized representative has not been appointed, and
- Participating in a face-to-face interview is a hardship for the household. A hardship needs to be documented in the narration.

A hardship includes but is not limited to:

- Care of a household member
- An applicant's age, disability or illness
- A commute of more than two hours from the applicant’s residence to the nearest branch office
- A conflict between the applicant’s work or training schedule and the business hours of the branch office, and
- Transportation difficulties due to prolonged severe weather or financial hardship

If an applicant completed a face-to-face interview within the last 10 calendar days, a phone interview can be conducted to determine eligibility.

Only one caretaker relative is required to attend the interview. Benefits are not delayed by requiring the second caretaker relative to attend.

**ERDC**

An interview is required when determining eligibility for ERDC. Phone interviews are preferable to accommodate the caretaker’s employment. A face-to-face interview must be granted if it can be arranged around the caretaker’s work schedule and if the caretaker would prefer a face-to-face interview.

If the ERDC Reservation List is in effect, an interview is not required if the application will be denied due to the family not meeting an exemption. It is a best practice to notify the family by phone, if possible, and send a denial notice to the applicant.

Click here for [Expedited service and priority processing](#).

Click here for [ERDC Reservation List](#).

**REF**

A face-to-face interview is required at initial application unless there is a hardship. If a hardship is present, it should be narrated.

A hardship includes, but is not limited to:

- Care of a household member
- An applicant’s age, disability or illness
- A commute of more than two hours from the applicant’s residence to the nearest branch office
- A conflict between the applicant’s work or training schedule and the business hours of the branch office, and
- Transportation difficulties due to prolonged severe weather or financial hardship.

Click here for examples: [Interviews](#).

**Oregon Administrative Rule**

461-115-0230 — Interviews

**Head of household**

Head of household means a “primary person.”

**SNAP** A primary person means an adult in the filing group who is designated by the group to serve as the
primary person. When there is no adult, the group can designate another responsible person in the filing group.

Once the primary person has been designated, the filing group cannot choose a different individual to be the primary person during the same certification period or during an Oregon Food Stamp Employment Transition (OFSET) program or job quit disqualification period, unless there is a change in the composition of the household group.

TANF A primary person means the filing group member who is responsible for providing information necessary to determine eligibility and calculate benefits.

ERDC A primary person means the filing group member who is responsible for providing information necessary to determine eligibility and calculate benefits.

REF A primary person means the filing group member who is responsible for providing information necessary to determine eligibility and calculate benefits.

Click here for examples: Head of household.

Oregon Administrative Rule(s)

461-001-0000 — Definitions for Chapter 461
461-001-0015 — Definitions; SNAP

Authorized representative

This does not apply to the TA-DVS program.

An authorized representative (AR) is an individual or organization that acts on behalf of an applicant or beneficiary during:

- The application process
- Renewals or recertification of eligibility
- Reporting changes, and
- Ongoing communications.

An AR designated for one program is the AR for all programs and benefits with the same head of household, primary person or primary contact except in the:

- Temporary Assistance for Domestic Violence Survivors (TA-DVS) program, and
- Long-term care service provider for the individual designating the AR.

SSP may accept a designation or termination of an AR via any of the following methods, which must include either a handwritten or electronic signature of both the individual and the AR:

- Internet
- Email
- Mail
• Telephonic recording
• In person, or
• Other electronic means.

If the designated AR:

• Is in the eligibility determination group, all individuals whose financial and non-financial information is considered when determining eligibility do not need to complete the Authorized Representative and Alternate Payee form (MSC 0231)
• Is outside the eligibility determination group, the MSC 0231 needs to be completed.

The following individuals can designate an AR:

• The head of household, primary person or primary contact of any age
• Any individual age 18 and older included in the eligibility determination group
• An individual given legal guardianship or power of attorney who is included in the eligibility determination group, and
• SSP when it is determined:
  • An AR is needed based on the individual’s physical or mental capacity to handle their own affairs, and
  • An AR has not been designated for the individual.

An AR cannot be any of the following, though exceptions can be made at the discretion of SSP when there are no other available AR options:

• An individual serving a disqualification for an intentional program violation (IPV)
• A person who may cause harm
• A person who may have a conflict of interest including:
  • Landlords and other vendors of goods or items who deal directly with the client, including retailers who accept SNAP benefits or are authorized to accept SSP electronic benefit transfer (EBT) cards
  • SSP employees and any employee of a contractor involved in the certification and issuance process for SSP benefits. An exception can be made only with the written permission of the SNAP program administrator or designee, and
• Meal providers for homeless SNAP recipients.

The AR may do any of the following:

• Complete, sign and submit any applications, renewals or documents on the applicant’s or recipient’s behalf
• Receive copies of notices and other communications from SSP, and
• Act on behalf of the applicant or recipient by reporting information and submitting requests to SSP.

The AR must maintain the confidentially of any information provided by SSP regarding the represented individual.

An AR can be terminated when:

• The represented individual requests the designation be terminated
The represented individual appoints a new AR
• The AR requests the designation be terminated
• SSP determines the AR is no longer permitted, or
• There is a change in the legal authority upon which the individual or organization was based.

When ARs have been determined to knowingly misrepresent the eligibility determination group or misuse SNAP benefits, the ARs are disqualified. The branch office can disqualify them for one year after sending written notification of the disqualification to the client and the AR 45 days prior to the disqualification. The notice must specify the reason for the disqualification, the disqualification period and the client’s right to request a hearing.

Click here for examples: Authorized representative.

Oregon Administrative Rule(s)
461-115-0090 — Authorized Representatives; General

Alternate payee

This does not apply to the ERDC and TA-DVS program.

An alternate payee (AP) is an individual or organization authorized by another individual to obtain and use benefits for and in the best interest of the benefit group. When an AP is designated, SSP may issue an electronic benefit transfer (EBT) card or other program benefits to the alternate payee.

The following individuals may appoint an AP in writing on an Authorized Representative and Alternate Payee (MSC 0231) form:
• The head of household, primary person, primary contact or authorized representative of any age
• An individual given legal guardianship or power of attorney for an individual age 18 and older, and
• SSP may appoint an emergency AP.

An AP cannot be any of the following. Exceptions can be made at SSP’s discretion when there are no other available AP options:
• An individual serving a disqualification for an intentional program violation (IPV)
• A person who may cause harm
• A person who may have a conflict of interest including:
  • Landlords and other vendors of goods or items who deal directly with the individual, including retailers who accept SNAP benefits or are authorized to accept SSP electronic benefit transfer (EBT) cards;
  • SSP employees and any employee of a contractor involved in the certification and issuance process for SSP benefits. An exception can be made only with the written permission of the SNAP program administrator or designee, and
  • Meal providers for homeless SNAP recipients.

An AP can be terminated when:
- The represented individual requests the designation be terminated
- The represented individual appoints a new AP
- The AP requests the designation be terminated
- SSP determines the AP is no longer permitted, or
- There is a change in the legal authority upon which the individual or organization was based.

**SNAP**  No additional program-specific information.

**TANF**  No additional program-specific information.

**ERDC**  There are no alternate payees within the ERDC program. This is because payments are made directly to child care providers rather than the caretaker or family.

Click here for [Child care provider requirements](#).

**REF**  No additional program-specific information.

Click here for examples: **Alternate payee.**

**Oregon Administrative Rule(s)**

461-115-0090 — Authorized Representatives; General

**Assistance with applications**

Individuals may ask for help to complete their applications. These requests are honored by SSP as part of Oregon’s commitment to equity and access. There are a variety of ways in which SSP helps individuals complete their applications for benefits.

**Alternate formats**

As part of DHS’s ongoing commitment to diversity and inclusion for all Oregonians, applications and notices can be delivered in alternate formats. These formats may include audio, Braille, electronic formats, large print or oral presentation (over the phone or in person).

Alternate formats are documents made available through anything other than standard print. The Americans with Disabilities Act (ADA) is intended to protect persons with disabilities from discrimination in the services, programs or activities of all state and local governments. This includes accessing information about these services, programs or activities. DHS must ensure communications with applicants, participants and members of the public with disabilities are as effective as communications with others. When an individual asks to receive information in an alternate format, the request provides DHS staff an opportunity to learn more about and better serve that individual.

Benefits should not be delayed until the appropriate alternate format is available. If necessary, SSP staff can read the application aloud to the applicant to help them to complete the form(s).
DHS will not assess whether an individual requesting material in an alternate format is entitled to them under law; rather, as a matter of customer service, DHS shall provide materials in alternate formats upon request.

**Application assistors**

This applies specifically to Medical programs.

**Community partners**

This applies specifically to Medical programs.

**Interpreters**

The Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin. This act requires services and benefits be provided in a consistent manner to all individuals; no person shall be denied an opportunity to participate in a program administered by SSP because of their race, color or national origin.

In Oregon, individuals do not have to speak English, have good hearing, or be sighted to apply for or receive public assistance programs. SSP is responsible for ensuring a limited-English-speaking applicant or an individual who has difficulty hearing, seeing or reading is communicated with in a way they can understand. Oregon employs bilingual employees and contracts with Language Link to provide language-appropriate services to all individuals.

In branch offices with 35 or more limited-English speaking households with the same language, DHS employs individuals able to provide bilingual services and translated materials to any individuals to whom English is not their first language or to whom English is not their preferred language; these employees’ interpretation ability varies based on their own statement as well as bilingual exams. SSP is committed to providing communication services to anyone within the blind or deaf and hard of hearing communities as well, whenever communication needs exist that affect the individual’s ability to apply for or receive benefits offered through SSP. DHS Central Office maintains a list of employees available to provide bilingual services to limited-English-speaking individuals. Please call Central Office at 503-945-5600 for help.

**Translations**

Written documents used by applicants and individuals are also translated and available in Bosnian, Cambodian, Hmong, Laotian, Mien, Romanian, Russian, Simplified Chinese, Somali, Spanish and Vietnamese.

Most DHS forms can be found in the above listed languages on the FORMS file server located at https://aix-xweb1p.state.or.us/es_xweb/FORMS/. Translated versions of these forms can be requested by contacting your policy analyst.

**Click here for examples: Assistance with applications.**

**Expedited service and priority processing**

SNAP and ERDC have processes that identify specific populations who must receive an eligibility determination within an expedited time frame. This process is called SNAP Expedited Service and ERDC Priority Processing.

These processes do not apply to the TANF and REF programs.
Chapter 2:
Eligibility

Section 2: Eligibility groups
Eligibility groups

Introduction

There are five eligibility determination groups (EDGs): household, filing, financial, need and benefit.

Household group

The household group is usually the people who live together, with or without a dwelling. For a residence to be considered separate, it has to have access to the outside that does not pass through another residence. It also must have a sleeping area, bathroom and kitchen facility. The household group forms the basis for determining who is in the remaining eligibility groups.

“Homeless” means lacking a fixed regular and adequate nighttime residence and includes living in an emergency shelter; shared housing with others due to loss of housing or economic hardship; and staying in motels, cars, parks, public places, tents, trailers or other similar settings.

For homeless applicants, the household group consists of the individuals who consider themselves living together.

SNAP

Individuals who live in the same dwelling or share the same living space are considered to be in the same household group. A dwelling is defined as a living space, separate from other dwellings, with access to the outside that does not pass through another dwelling. It must contain a sleeping area, bathroom and kitchen facility. The individuals residing together in a dwelling are considered a household group.

A landlord tenant relationship does not create a separate household group.

Individuals living in multiple household groups in one month

When participants live in more than one household during a calendar month, the individual is in the household group that provides the individual with more than half of their 21 weekly meals.
To determine who is credited with providing meals to a child, the home the child left from for school is credited with providing breakfast and lunch on that day.

During the month in which a resident of a domestic violence shelter enters the shelter, the resident may be included both in the household group he or she left and in a household group in the shelter.

**Individuals gone for 30 days or more**

Individuals gone from the household for 30 days or more are no longer in the household.

**Homeless youth**

An individual under the age of 18 is considered a youth. Youth who may be considered homeless:

- Are those who meet the definition of homeless
- May be residing with an adult who is not their parent, and
- Are not considered to be under the care, control and supervision of the adult.

Care, control and supervision means that the adult is providing significant and sustained financial assistance. The adult may also function in a parental role by establishing rules and curfews and participating in schooling or health decisions.

Information may be needed to determine financial dependence on the adult. Important considerations include:

- Is the adult responsible for medical, dental and other health care needs?
- Does the youth rely on the adult to pay for ongoing needs such as clothes, personal items or school fees?

There is no minimum age requirement to apply for SNAP. Eligibility for homeless youth is the same as other homeless individuals. The following are some considerations to keep in mind:

- Homeless youth commonly share housing with others in temporary, informal conditions.
- Youth may often move between temporary living situations. Non-parental adults in these situations have no legal responsibility or authority to control the youth.
- Verification requirements are the same for homeless youth as for other individuals. This includes accepting collateral contact to verify identity and helping the youth gather required verification, if needed.
- The youth is not required to provide information or verification from their legal guardian or parent, if they are outside their household unless DHS information points to a different situation.
- Temporary living arrangement refers to an arrangement that will last less than 90 days.

**TANF**

**Individuals living in multiple household groups in one month**

Individuals who live in more than one household group during a calendar month are members of the household group in which they spend more than half of their time, except as follows:

- Parents who sleep in the household of the dependent child(ren) 30 percent or more of their time
during the calendar month

- A dependent child living with the caretaker relative who usually has the major responsibility for care, control and supervision.
- The dependent child lives with two household groups in the same calendar month for at least one of the following reasons:
  - Education
  - The usual caretaker relative is gone from the household for part of the month because of illness or a family emergency.

**Individuals gone for 30 days or more**

Individuals are in the same household even if they are gone for 30 days or more, if one of the following is true:

- They are absent because of employment. Employment includes looking for work outside the area of their residence, or their employment takes them out of their residence. Employment such as long-haul truck driving, fishing or active duty in the U.S. Armed Forces normally takes an individual out of their household for a period of time.
- Caretaker relatives are gone for up to 90 days in a residential alcohol or drug treatment facility.
- Caretaker relatives enter a general hospital (unless they enter some other living arrangement).
- Child(ren) are in foster care but are expected to return to the household within the next 30 days.
- Children are gone for:
  - Illness, such as general hospital or drug and alcohol treatment (unless they go into a long-term care title XIX facility)
  - Social service, or
  - Educational reasons such as Job Corps or boarding school.
- When a filing group includes more than one caretaker relative, a caretaker relative in the household group is absent for up to 60 days solely due to the regulations of a homeless or domestic violence shelter or other circumstances beyond the individual’s control but who would otherwise be included in the household.

In the TANF program, DHS may approve one or more 30-day extensions of this time period if DHS receives sufficient information to assure the absent individual will return within the extension period.

**Correctional facilities**

The following people are considered living in correctional facilities. They are not considered part of the household group:

- People who are legally confined to a correctional facility such as jail, prison, penitentiary or juvenile detention center
- People temporarily released from a correctional facility to perform court-imposed community service work
• People on short-term leave (less than 30 days) from a correctional facility
• People released from a correctional facility for the sole purpose of obtaining medical care.

**Landlord and tenants**

A household includes all the individuals who live in the same dwelling, except for those who have a landlord/tenant relationship. A landlord/tenant relationship means that:

- The tenant lives independently from the landlord.
- The landlord charges a fair market value for the housing, and
- The tenant has separate sleeping, bathroom and kitchen facilities from the landlord. If they do not, it is within a commercial establishment that offers room and board, or both, for fair market value compensation.

**Individuals living in multiple household groups in one month**

People who live in more than one household during a calendar month are members of the household where they spend 51 percent or more of their time. An exception to this rule is when a child who lives with different caretakers during the month may be considered a member of both households.

Click here for [Shared custody](#).

**Gone for 30 days or more**

Individuals gone from the household for 30 days or more are no longer part of the household unless there is a reasonable expectation they will return within 90 days. Examples of this include members who are hospitalized, in a residential alcohol and drug treatment program, or children placed in temporary foster care.

Parents or caretakers who are gone for 30 days or more are still considered part of the household if they have left due to:

- Employment (includes long-haul truck driving, fishing, job search or active duty in the U.S. Armed Forces)
- Education
- Training
- Caring for an individual’s emergent need related to illness, injury or death.

Parents or caretakers are still considered available to care for children if they leave to care for an individual’s emergent need due to illness, injury or death. This will typically affect eligibility for two-parent households.

**Returning within 90 days**

An individual is still considered part of the household when they are:

- Out of the household for any reason, and
• Reasonably anticipated to return within 90 days.

**REF**

Individuals are in the same household if they state they intend to reside in the household, i.e., this is their primary residence. Individuals are considered in the same household when they share their dwelling. Sharing the same dwelling can be described as:

• Living together in the same house
• Sharing the same address, or
• Sharing sleeping, bathroom and kitchen facilities that are not in a commercial establishment that provides room, board or both for fair market value compensation.

Additionally, individuals are considered in the same household even if:

• An individual is gone for 30 days or more due to employment
• An individual is in an acute care medical facility that is not considered long-term care
• An individual is gone for 30 days or more due to days to care for an individual’s emergent need related to illness, injury or death
• An individual is gone for 30 days or more due to education or training
• An individual is gone for up to 90 days while in a residential alcohol or drug treatment facility
• One is gone for up to 60 days due to the regulations of a domestic violence shelter or other circumstances beyond the individual’s control.

Remember, DHS may extend the absence time period for 30 days if it receives sufficient information to ensure the absent individual will return within the extension period.

The following people are considered living in a public institution; therefore, they are not household members and are not eligible for benefits:

• Individuals who are involuntarily confined to a public institution such as jail, prison, penitentiary or juvenile detention center
• Individuals temporarily released from a public institution to perform court-imposed community service work
• Individuals on short-term leave (less than 30 days) from a public institution
• Individuals released from a public institution for the sole purpose of obtaining medical care.

**Click here for examples: Household group.**

**Oregon Administrative Rule(s)**

461-110-0210 — Household Group
461-135-0950 — Eligibility for Inmates and Residents of State Hospitals

**Filing group**

The filing group consists of individuals from the household group whose circumstances are considered in the
eligibility determination process. The filing group includes participants from the household group who choose to apply for benefits and those who must apply together because of their relationship or circumstance.

When an individual is in more than one filing group for the same program, the filing groups must be combined, unless specified otherwise in rule. If the filing group does not include at least one person who meets all non-financial eligibility requirements, the filing group is ineligible for benefits. Participants must provide any information or verification needed to determine who must be in the filing group.

**SNAP Most situations**

The filing group is the people in the household who:

- Choose to apply together, and
- Must apply together because of relationship or other circumstances (such as purchasing and preparing their meals together) that make them ineligible to apply separately from others living there.

When all people living together purchase and prepare meals together, they are all in the same filing group, unless they meet an exception due to a special living arrangement (see below).

Additionally, some people who live together must be in the same filing group, even if they purchase and prepare their food separately. These people are:

- Spouses, and
- Parents and their children, unless the child is 22 or older.
  - When a child under the age of 22 is living with their parents and applying for benefits separately from their parents, the application should not be denied. Instead, the child’s application is pended for the parent’s information using a DHS 0210.
- Children under age 18 who live with an adult who is not their parent, but the adult has parental control.
  - Parental control means the adult is responsible for the care, control and supervision of the child, or the child is financially dependent on the adult.

A person who received SNAP benefits in the month of application in another benefit group is excluded from the new filing group. If necessary, they can be excluded for a maximum of two months due to notice requirements, unless the person was head of household in the other case. Even if the HH received SNAP in another state, this is considered an ongoing case. If the person received SNAP this month as head of household, benefits are denied for the entire filing group.

**Higher education students**

Higher education students who do not meet the eligible student criteria cannot be in the filing group. Only higher education students who meet special student eligibility criteria or who are under age 18 or are age 50 or older can be included in the filing group.

Higher education students residing in dorms or other group college living situations with meal plans that provide for 51 percent or more of their daily meals are not eligible for SNAP. Click here for Students of
Residents of Institutions

Overview

Residents of institutions that provide more than 50% of daily meals are ineligible for SNAP benefits unless they meet one of the following 5 exceptions:

1. Residents of federally subsidized housing for the elderly built under either section; 202 of the Housing Act of 1959 or Section 236 of the National Housing Act

2. Residents of a facility or treatment center with the purpose of regular participation in a drug and alcohol treatment and rehabilitation program

3. Residents of a Group Living Arrangement (GLA) who are blind or disabled and receiving benefits under Title I, Title II, Title X, Title XIV, or Title XVI of the Social Security Act (SSI, SSB, SSD)

4. Residents of a domestic violence shelter

5. Residents of public and private nonprofit homeless shelters if otherwise eligible

Additional Information on 5 Exceptions

1. Residents of federally subsidized housing for the elderly built under either section; 202 of the Housing Act of 1959 or Section 236 of the National Housing Act.

   (a) Check the list of known properties built under Section 202 of the Housing Act of 1959 or section 236 of the National Housing Act. If the reported residence address matches one of the sites listed additional verification is not required to apply this exception.

   (b) If the reported residence address does not match one of the sites listed, verification is required to determine if the residence was built under either Section 202 of the Housing Act of 1959 or Section 236 of the National Housing Act.

   Note: Applicants may not know if their residence meets the criteria for this exception. The housing office or administrator can verify if the building meets the criteria for this exemption.

2. Residents of Drug and Alcohol Treatment and Rehabilitation Programs

Residents of a facility or treatment center that are participating in a drug and alcohol treatment and rehabilitation program, may be eligible for SNAP benefits.

Not all facilities meet the requirements for their residents to receive SNAP.

The facility must meet the following criteria:

- The drug and alcohol treatment and rehabilitation program is conducted by a private, nonprofit organization or institution, or a publicly operated community mental health center, under part B of title XIX of the Public Health Service Act to receive funds, even if it does not actually receive funding under part B of title XIX. (https://findtreatment.samhsa.gov/); or
The treatment center or facility is an authorized retailer by FNS (https://www.fns.usda.gov/snap/retailer-locator); and

Designate an employee to serve as authorized representative on behalf of residents.

Note: Residents residing in facilities that do not meet these requirements or who have lost FNS authorization are ineligible for SNAP benefits while a resident of the institution.

3. Residents of a Group Living Arrangement (GLA) who are blind or disabled and receiving benefits under Title I, Title II, Title X, Title XIV, or Title XVI of the Social Security Act (SSI, SSB, SSD).

   GlA is defined as a community-based residential facility operated by a public or private nonprofit organization or institution authorized to serve no more than 16 residents.

4. Residents of shelters for battered persons and their children.

5. Residents of public and private nonprofit homeless shelters if otherwise eligible.

If an applicant is a resident of a Group Living Arrangement or Drug or Alcohol Treatment and Rehabilitation Program Click Here (insert the rest as a worker guide; same as how examples are throughout the manual)

Worker Guide Residents of Institutions

Group Living Arrangements

Residents of a group living arrangements who are blind or disabled (see GP-a.24) and receiving benefits under Title I, Title II, Title X, Title XIV, or Title XVI of the Social Security Act and residents of group living arrangements who are considered residents of institutions may be eligible to participate in SNAP.

A group living arrangement is defined as:

   • A community-based residential facility operated by a public or private nonprofit organization, or
   • An institution authorized to serve no more than 16 residents.

Some examples of group living arrangements are: Residential Care Facilities (RCF), Mental Health Group Homes and group homes for Developmentally Disabled individuals. In order for residents to be eligible for SNAP the facility must:

   • Be certified by an appropriate state agency, such as the State of Oregon, Department of Human Services (DHS) under regulations issued pursuant to section 1616(e) of the Social Security Act, or
   • Under standards determined by the Secretary of Agriculture, to be comparable to standards implemented by appropriate state agencies.

Ineligible Group Home Population:

The following residents of group living arrangements are ineligible for SNAP:

   • Individuals residing at ineligible facilities; or
   • Residents who do not meet the definition of disabled or blind and who are not receiving benefits under Titles I, II, X, XIV or XVI of the Social Security Act.
Application Procedures for Group Living Arrangements:

Residents of group living arrangements may apply and be certified:

- Through the use of an authorized representative who is an employee of and designated by the facility, or
- On their own behalf; or through the use of an authorized representative of their choice.

The facility makes the determination as to which method of application will be used, based on the resident’s physical and mental ability to handle their own affairs. Some residents of the group home may use an authorized representative while others may not.

Calculating Shelter deductions:

Residents of group living arrangements may be eligible for a shelter deduction (SNAP-G.23). This allowable shelter cost is the amount of the payment for the room only when the housing cost is separately identified. When the room and board payment is not separately identified, calculate the shelter cost by subtracting the Thrifty Food Plan (TFP) from the room and board cost.

For example, an individual pays $583.00 room and board:

$583 - $192 (TFP) = $391 allowable shelter deduction.

Allow this calculated amount, unless verification is provided that the room cost exceeds the calculated amount. Allow the higher amount once verified.

Group Living Arrangement as Authorized Representative

Residents who apply through the facility’s authorized representative must have eligibility determined as a one-person household unless they live with their child/ren under 22 years old. The facility must:

- Receive and spend the residents’ SNAP benefit allotment for food to be prepared and served to the eligible residents, or
- Allow the residents to use any portion of their allotments on their own behalf; and
- Be knowledgeable about the residents’ situation, the facility designated authorized representative is responsible to provide accurate information regarding the residents’ situation.

The facility is liable for any overpayment resulting from failing to report and/or inaccurately reported information.

Rights of residents acting on their own behalf

When a resident applies and is certified on their own behalf, or designated an authorized representative of their own choice, the resident may:

- Use the SNAP benefits to purchase meals prepared and served by the facility.; or
- Use any portion of SNAP benefits to purchase and prepare food for their own consumption

Drug and Alcohol Treatment and Rehabilitation Programs
Residents of a facility or treatment center that are participating in a drug and alcohol (D&A) treatment and rehabilitation program, may be eligible for SNAP benefits. To receive benefits the resident applies and is certified in accordance with OAR 461-115-0020, through the use of an authorized representative employed by the facility and designated for that purpose.

Not all facilities meet the requirements for their residents to receive SNAP. The facility must meet the following criteria:

- The drug and alcohol treatment and rehabilitation program is conducted by a private, nonprofit organization or institution, or a publicly operated community mental health center, under part B of title XIX of the Public Health Service Act to receive funds, even if it does not actually receive funding under part B of title XIX. ([https://findtreatment.samhsa.gov/](https://findtreatment.samhsa.gov/)); or
- The treatment center or facility is an authorized retailer by FNS ([https://www.fns.usda.gov/snap/retailer-locator](https://www.fns.usda.gov/snap/retailer-locator)); and
- Designate an employee to serve as authorized representative on behalf of residents.

Residents of Approved Facilities:

Residents of approved facilities or treatment centers may voluntarily apply for SNAP through the authorized representative at the facility.

The application process is as follows:

- The authorized rep for the facility must have an in-depth conversation with the resident so that they are knowledgeable about the resident’s situation.
- The authorized rep submits the SNAP application on behalf of the resident. The resident must designate and sign the MSC 0231 and DHS 222 (MSC 0231 and DHS 222 embed) appointing the facility designated employee as authorized representative for SNAP benefits.
  - The resident can only apply for SNAP benefits with the assistance of the authorized representative designated by the facility.
  - If the resident refuses to designate the facility as an authorized representative and sign the MSC 0231 and DHS 222, they are no longer eligible for SNAP since it is a requirement of the program to designate the facility as their authorized representative. The facility is not able to receive or apply for SNAP benefits for a resident without their knowledge and consent.
- Ensure timely notice or a signed 457D to remove the applicant from any existing SNAP cases and deactivate any cards currently issued to the applicant.
- Each resident is in a separate filing group and there is no need to determine how meals are purchased and prepared;
  - Only the resident and any child/ren under 22 years old also residing in the facility should be on the SNAP case.
  - Spouses and children may reside in the same facility or treatment center. In this circumstance, children under the age of 22 will need to be included in only one parents filing group. The authorized representative will need to discuss and determine with the residents which filing group the children should be included in.
• The AFS 222A (AFS 222A) is required to be updated and submitted monthly reporting the current residents in the facility receiving SNAP. If form is greater than 30 days old a new AFS 222A is required.
  ◦ The DHS 222A (AFS 222A) must be on file at the local branch dated within 30 days.
• On FSMIS, add the facility name on the authorized rep line.
• Request a new EBT card.
  ◦ The card should be issued to the facility as soon as the application/interview is completed.
    » For instructions on how to designate the card for SNAP/Cash only please contact the SNAP policy unit to get the card updated
• Do not require the authorized rep to give you an SSN to be added as the alternate payee.
• The facility is allowed to take 50 percent of the EBT benefits on the first half of the month, and the remaining benefits on the 16th or after. The facility may not access or remove benefits from the resident’s EBT card after they leave the facility.

Exit Procedures:

The household is allowed sole access of any benefits remaining on the card at the time they left the facility. If the resident leaves before the 16th day of the month the facility must ensure that half of the household’s monthly allotment is available to the individual. If the household leaves the facility on or after the 16th day of the month there is no requirement that the facility return any benefits already used.

The following are responsibilities when a resident exits the facilities:

1. The Facility:
   (a) If possible, provide a change report form (DHS 853) when the resident exits the facility and advise them to return the report form within 10 days to report new mailing address or any required changes.
   (b) No longer act as an authorized representative for certification or for obtaining or using SNAP benefits.
   (c) Notify the branch of the household’s departure from the facility and provide a new address if available.
   (d) When possible, provide the household with the EBT card.
      (i) Any EBT cards not returned to the resident must be returned to the Department by the end of the month.
   (e) When a card is received by the branch from a facility follow destruction of Oregon Trail Card process detailed here.

2. The branch;
   (a) Remove the authorized rep;
   (b) Deactivate any returned EBT cards received from a facility and follows the destruction of Oregon Trail Card process detailed here.
(c) Verify the facility has not accessed any benefits after the date the household exited the facility.

(d) Take no additional action on the case during the certification period unless verified information is received or action is required based on the SNAP reporting system requirements.

Facility Acting as an Authorized Representative Reporting Requirements and Responsibilities:

- The facility is responsible for reporting required changes.
- The facility is liable for any SNAP overpayments incurred while acting as authorized representative for a resident.

If there is reason to believe that a facility is misusing SNAP benefits and/or EBT cards in its procession contact SNAP Policy with facility and case information. Take no action against the facility, organization or institution before or after submitting report to SNAP policy.

Residents of Ineligible Facilities:

Residents of an ineligible facility may be eligible for SNAP if meals are separately and they have space to store their food.

If the resident does not purchase and prepare separately from other residents;

- Take action to close the case. Allow for timely closure of the case (10-day notice) unless a Voluntary Agreement to Take Action on Case (MSC 457D) form is submitted. When an MSC 457D is completed the closure can happen without 10-day notice.
- Cancel the EBT card immediately.

Elderly persons who have disabilities

An elderly person and their spouse (if any) may apply separately from others they live with who purchase and prepare meals for them. This is true only if the elderly person is unable to purchase and prepare their own food because of a severe and permanent disability, and the income of the other household group members managing the food does not exceed this limit:

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<th>Others living in the dwelling</th>
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</tbody>
</table>

Elderly and disabled; no earned income

A household in which all members of the filing group are age 60 or older, or meet the SNAP definition of
clients with disabilities, and no one has any earned income are exempt from some eligibility requirements. These are also referred to as NED households.

NED households can be certified for 24 months. The individual must be contacted by the Department during month 12 of their certification period to report changes in income, shelter and utility costs, and medical deductions. As long as this contact is made, the individual will receive the second 12 months of their certification period.

**Foster care/guardianship assistance**

Persons in foster care or receiving guardianship assistance cannot form their own filing group. Because their meals are provided as part of their foster care/guardianship assistance, they do not have a food need.

The familial relationship ties regarding spouse and child under age 22 are not broken, even when a person is in foster care. If the caregiver applies for benefits, the caregiver can choose to include or exclude from the filing group the person(s) in foster care/guardianship assistance, their spouse or child under age 22.

For SNAP, treat residents of adult foster care (AFC) as follows:

- Residents of nonrelative AFC not licensed by the state are not eligible for SNAP benefits.
- Residents of AFC and relative AFC facilities licensed by the state must apply with their caregiver to be eligible for SNAP per OAR 461-110-0370.

Proctor care administered by or under contract to a state agency is a form of foster care. These situations and income are treated the same as foster care.

**Live-in attendants**

A live-in attendant is a person living in the household and paid to provide medical, housekeeping or similar personal services for a person with disabilities or elderly person. They are not considered a member of the elderly person’s or person with disabilities’ household unless they are related as specified in “Most situations” above. When live-in attendants are not related as specified above to the person they are caring for, they may apply with their minor children (if any) separately from the people for whom they are providing services.

A paid live-in attendant provides essential supportive services in:

- The individual’s home, or
- The home of a relative or others with whom the individual lives, or
- The home where the individual lives with a relative or others who provide paid care services, and the living situation does not meet foster care licensing requirements. The services range from assistance with household tasks to assistance with activities of daily living.

**Residents of domestic violence shelters or safe homes**

These individuals can be in two filing groups the month they enter the shelter if they recently left a
household containing a person who abused them. These individuals may receive SNAP benefits twice that month if they:

- Were not issued an Oregon Trail card
- Are unable to access the benefits, or
- The original benefits remain in control of the abuser.

The two filing groups are the one they just left and the one they are in the month they enter the shelter. Once in the shelter/safe home, residents can choose to apply together or form filing groups as specified above.

**Lodgers**

A lodger is someone who pays someone else in the household for their meals.

Lodgers cannot form their own filing group. This is because they do not purchase and prepare their meals. The meal provider can choose to include or exclude a lodger when applying for the household, if the lodger is paying a reasonable amount to their meal provider.

The meal provider must include a lodger when applying for the household, if the lodger is not paying a reasonable amount to their meal provider.

To determine if the lodger is paying a reasonable amount, compare the amount they are paying to the Thrifty Food Plan (TFP). Include the lodger and any member that would be in their filing group if they were not purchasing and preparing with the meal provider.

If paying for more than two meals a day, the amount is not reasonable when it is less than the TFP.

If paying for two or more meals a day, the amount is not reasonable when it is less than two-thirds of the TFP.

Residents of commercial boarding houses are not eligible. A person operating the commercial boarding house and his or her filing group may receive benefits separate from the residents paying board.

Click here for Boarder/lodger.

The filing group is all the individuals from the household group whose circumstances are considered in the eligibility determination process. The filing group consists of individuals from the household group who choose to apply for benefits and who meet non-financial eligibility requirements; and people who must apply for benefits because of their relationship to those people.

If the filing group does not include at least one applicant who meets all non-financial eligibility requirements, the group is ineligible.

Applicants must provide any information or verification needed to determine who must be in the filing group.

When a household member is in more than one filing group for the same program, the filing groups must
be combined, unless specified otherwise in administrative rule.

**Who must apply together?**

The following household group members must be in the filing group:

- Dependent child or unborn
- Parents of a dependent child in the group, including stepparents
- Parents of an unborn
- Siblings of a dependent child. The sibling must be:
  - Under age 18, or
  - 18 and attending school full time.
- Caretaker relatives of the dependent child, their spouse and children.

**Who is not in the filing group?**

The following individuals are excluded from the filing group:

- A dependent child receiving:
  - Foster care payments, or
  - Adoption assistance, or
  - Title IV-E subsidized guardianship payments
- Minors who are married, married and legally separated or legally emancipated
- Parents of a minor parent if:
  - The parents of the minor parent are in the household but not applying for TANF for the minor parent or any siblings of the minor parent, or
  - The minor parent does not live with his or her parents.

A caretaker relative who does not meet the definition of a parent of the dependent child may apply for TANF as a needy or non-needy caretaker if the caretaker relative is given the care, control and supervision of the child. Needy caretaker relatives need to meet all eligibility requirements to qualify. Non-needy caretaker relatives need to only meet income eligibility requirements to qualify.

**Pregnant women**

Pregnant women who have no other children must have reached the first of the calendar month before their due date. For filing groups in which the only eligible child is an unborn, the father of the unborn must be in the filing group if he is in the household with the mother. If there is another dependent child in the household, the father of the unborn is included in the filing group, even when the mother’s pregnancy has not reached the calendar month before the month in which the due date falls.

**Caretaker relatives and children on duplicate TANF cases**

If a needy caretaker relative applies for TANF and meets all eligibility requirements except that their
dependent child received benefits on another case, the caretaker relative may receive TANF for
themselves while the dependent children are removed from the other case. The child(ren) may not receive
TANF on both cases. Prior to issuing TANF for the caretaker relative, it needs to be determined that the
child is in the caretaker relative’s household and needs to meet all other eligibility requirements.

The ERDC filing group includes all household members whose incomes and circumstances are
considered in determining the family’s need for child care assistance.

The following household members are included in the filing group for ERDC:

- The caretaker of the child(ren) for whom ERDC benefits are requested — A caretaker is the person
  responsible for the care, control and supervision of the dependent child. This does not apply to
  a child care provider caring for the child of a member of the National Guard, U.S. Armed Forces
  or Reserve unit who has been called to active duty away from the child’s home for more than 30
days. The caretaker does not have to be related to the child.

- Unmarried children in the care and custody of the caretaker who are under age 18 or 18 and
  attending secondary school or vocational training at least half time

- The parent(s) of any of the above children or of an unborn child in the same household — This
  includes both parents and any common children in the filing group.

- Foster child(ren) only if the caretaker wants to include them in the filing group

- The spouse of the caretaker

- Minor parents who are children of the caretaker — Minor parents who are employed may request
  a separate ERDC case. In this situation, the minor parent is now considered the caretaker. The
  minor parent and their child(ren) can form a filing group separate from the others in the household.
  Once the minor parent applies as a caretaker, their income becomes countable. A minor parent
  who is not applying as the caretaker is considered a child and their earned income is not counted.

The filing group is the people from the household group whose circumstances are considered in the
eligibility determination process.

The filing group consists of people from the household group who:

- Choose to apply for benefits, and
- Meet non-financial eligibility requirements, and
- Must apply for benefits because of their relationship to those people.

If the filing group does not include at least one applicant who meets all non-financial eligibility
requirements, the group is ineligible.

In the REF and REFM programs, the filing group consists of:

- A single adult refugee with no dependent children in the household, or
- A legally married couple who have no dependent children in the household.

Unlike TANF, an unborn child does not connect two single adults together in a filing group. When a REF
filing group contains a single pregnant female, remember to revisit eligibility for TANF once the pregnancy
has reached the month before the due date, or in cases involving TA-DVS. If the woman is receiving REFM, remember to have them revisit Medicaid eligibility as soon as you become aware of the pregnancy. If they are determined ineligible for Medicaid, they may continue to receive REFM until the end of the eight months.

Click here for examples: Filing group.

**Oregon Administrative Rule(s)**

- **461-001-0015** — Definitions, SNAP
- **461-110-0310** — Filing Group; Overview
- **461-110-0370** — Filing Group; SNAP
- **461-110-0330** — Filing Group; TANF
- **461-110-0350** — Filing Group; ERDC
- **461-115-0145** — Responsibilities of a Facility or Group Living Arrangement Acting as Authorized Representative; SNAP
- **461-135-0070** — Specific Requirements; TANF
- **461-135-0570** — Eligible and Ineligible Students; SNAP
- **461-135-0510** — Residents of Institutions; SNAP
- **461-135-0530** — People in Adult Foster Care (AFC) and Boarding Houses; SNAP
- **461-145-0340** — Lodger Income

**Financial group**

The financial group includes all individuals in the filing group whose income and resources count in determining eligibility and benefits. Everyone in this group will have their income and resources reviewed to determine whether or not they are countable or excluded, unless otherwise specified in rule.

**SNAP**
The financial group consists of all the people in the filing group. Everyone in this group will have their assets (income and resources) reviewed to determine whether or not the assets are countable or excluded.

**TANF**
The financial group is individuals from the filing group whose income and resources count in determining eligibility and benefits.

The TANF financial group consists of all the people in the filing group except:

- A caretaker relative (other than a parent), their spouse and dependent children who choose not to be included in the need group and who have income less than the non-needy countable income limit standard for their filing group, and
- An individual who is eligible for and receives an SSI cash payment.

**ERDC**
For ERDC, the financial group consists of all people in the filing group.

**REF**
For REF, the financial group consists of all the people in the filing group, except people who are eligible for and receive an SSI cash payment. All income and resources attached to the SSI recipient are not counted.
**Need group**

The need group includes individuals from the financial group whose basic and special needs are used in determining eligibility and benefit level, unless otherwise specified in rule.

**SNAP**
The need group are individuals whose basic and special needs are used in determining eligibility. The need group consists of the financial group members except any member who:

- Does not meet the non-financial eligibility requirements
- Is an ineligible able-bodied adult without dependents (ABAWD) due to exceeding the SNAP time limits
- Is disqualified for an intentional program violation, or
- Is considered a fleeing felon or violator of parole, probation and post-prison supervision per rule.

Although individuals are not included in the need group because of the above reasons, their income and resources are still included in the eligibility decision. This is because they are still members of the financial group. Individuals who are not eligible for SNAP benefits due to the above reasons are not included when determining the group size of the payment standard to calculate benefits.

**TANF**
The need group consists of individuals from the financial group whose basic and special needs are used in determining eligibility and benefit level. The need group consists of the financial group members except as follows:

- Parents who are in foster care and for whom foster care payments are being made. This includes:
  - Teen parents who are in foster care but whose children are not covered by foster care, and
  - Individuals receiving independent living subsidies, including payments under the Chafee Housing Program
- Unborn children.

**ERDC**
For ERDC, the need group consists of all individuals in the filing group.

**REF**
The need group consists of individuals from the financial group whose basic and special needs are used in determining eligibility and benefit level with the exception of unborn children.

**Click here for examples: Need group.**

**Oregon Administrative Rule(s)**

461-110-0630 — Need Group
**Benefit group**

The benefit includes all individuals in the need group who receive benefits.

**SNAP**

People from the need group who pass all resource and income requirements and have requested SNAP are in the benefit group and receive SNAP.

If a mandatory member of the filing group opts out of receiving SNAP benefits, explain to the group what this means. We will use all that person's income to determine the amount the benefit group is eligible to receive, but we will issue less food benefits. Be sure to code the person who opts out on the SNAP case as a DH, DP or IA and do not include them in the benefit number.

If the group does not have at least one eligible person in the benefit group, deny the application.

**TANF**

The benefit group also consists of individuals from the need group who meet all non-financial eligibility requirements, except:

- Individuals serving a disqualification penalty
- Individuals disqualified for an intentional program violation
- Individuals who have exceeded the 60-month time limit and do not meet any of the time limit exemptions or any hardship extensions
- A fleeing felon
- Individuals violating a condition of state or federal parole, probation or post-prison supervision
- Individuals who do not meet citizen/alien status, and/or
- Individuals who choose not to receive benefits.

**No-adult cases**

When there is no adult in the benefit group, benefits are based on the adjusted number in the household group compared to the number in the benefit group.

In no-adult TANF cases, the adjusted number in the household is determined by taking the total number of individuals in the household, minus the following individuals (unless they are included in the benefit group):

- Unborn child
- Children who receive foster care payments for more than 30 days
- Children receiving Adoption Assistance
- Landlords and tenants
- Live-in attendants who live with the filing group solely to provide necessary paid medical or paid housekeeping services
- Clients receiving long-term care or waivered home and community-based care.

**ERDC**

For ERDC, the filing and benefit groups are the same. The number of members in this group determines which number to use in the copay calculation. This is also the number that should be coded in the “#”
ERDC field on UCMS.

**ERDC filing group = ERDC benefit group = # ERDC on UCMS**

When the benefit group includes children who are not eligible for child care, they are coded “NO” on the UCMS case, but they are still counted in the “#” ERDC field. This could include:

- Children ages 12 through 17 who do not have special needs
- Children who do not need child care, and
- Noncitizen children, unless they meet an exemption.

Adult siblings are not counted in the # ERDC field on UCMS. This includes:

- Siblings age 19 or older, or
- 18-year-old siblings who are no longer in high school.

**REF**

The benefit group are the people from the need group who receive benefits. The benefit group consists of the people from the need group who:

- Meet all non-financial eligibility requirements
- Have resources below the resource limit, except the following:
  - Individuals serving a disqualification penalty
  - Individuals disqualified for an intentional program violation (see OAR 461-195-0601)
  - A fleeing felon under OAR 461-135-0560
  - Individuals violating a condition of state or federal parole, probation or post-prison supervision under OAR 461-135-0560
  - Individuals who choose not to receive benefits.

**Non-refugee spouse**

If a refugee is married to someone who does not meet the immigration requirements for REF or REFM, that person is not included in the benefit group for either REF or REFM.

**Click here for examples: Benefit group.**

**Oregon Administrative Rule(s)**

[461-110-0750] — Benefit Group
Chapter 2:
Eligibility

Section 3: Individual information
Individual information

Introduction

When applying for benefits, individuals must provide certain information about themselves and any other applicants. They have the right for this information to be treated with respect and confidentiality; they have the responsibility to provide true, complete, legal and accurate information.

Some information must be verified, and other information can be accepted as stated by the applicant. If safety is a concern, arrangements can and should be made to provide an extra level of protection for individuals and their information in DHS systems.

Oregon Administrative Rule(s)

461-105-0010 — Rights of Clients
461-105-0020 — Responsibilities of Clients

Name/identity

All benefit applications request the name(s) of the applicant and any other person for whom benefits are being requested. Applicants need to provide their true legal identity/name(s), which for SSP purposes is the name registered with the Social Security Administration (SSA). SSP calls this the person’s “Primary name.” This name is used in the system to identify the person.

Persons may want to use a name other than their primary name. If the individual believes a risk would be created by their name being linked to their information in DHS systems (e.g., safety risk is connected to an employee’s family member), the branch can follow the process to create a unique T number and “created name” for that person. The branch will keep record of the T number, the created name(s) and the legal name(s). If there is no safety risk, a preferred or nickname can be recorded as an alias name, but these names are not to be entered as the primary name.

If an individual has legally changed their name through Oregon courts, but SSA is showing a different name, SSP will continue using the primary name and refer the person to the SSA to complete the name change. Changing a name through Oregon or other state courts does not change the person’s name registered with the SSA.

Date of birth (DOB) and age

Recipients must provide their date of birth for themselves and all other applicants. Age is important for many programs and can affect who is considered when determining eligibility, as well as for which program(s) they may be eligible.

SNAP

There is no age restriction for SNAP applicants; however, an applicant’s age and relation to others in their household can greatly affect with whom they must apply.

TANF

To be eligible for TANF, the dependent child must be under age 18, or age 18 and regularly attending high school or an equivalent program full-time (per the school’s definition of full-time). The caretaker relative(s)
may be any age.

Minors who are married, married and legally separated or legally emancipated do not qualify as a dependent child.

If the caretaker relative is under age 18, DHS needs to determine there are no other adult relatives to care or be responsible for the well-being of the applicants, and they are living in a safe environment.

For ERDC, children must be younger than 12 to be eligible for child care payments. However, older children ages 12 through 17 may be given an exception called the “special needs age” (SNA) to qualify for ERDC benefits under the following situations:

- DHS determines the child should not be left unsupervised during the hours the parent is working or participating in authorized self-sufficiency activities. This determination is verified by one of the following:
  - A verbal or written statement from a physician, nurse practitioner, psychologist, social worker or another qualified professional who is familiar with the child
  - Eligibility for SSI
  - Supervision by a court
  - Receipt of foster care payments, or
  - Other unique circumstances where the child’s safety or the caretaker’s ability to work or participate in authorized activities will be significantly compromised if child care is not approved. (For example, child care might be necessary for an older child whose parent works an overnight shift.)

To authorize payment for an older child (up to the maximum school age rate), the SNA need/resource code is required on UCMS. Eligibility for the special needs age exception must be reviewed to determine if there is a continued child care need at reapplication. The SNA is coded with an end date matching the APR date (certification end date). This means the coding must be updated to keep the older child on the billing form. SNA will pay at the school age rate.

For REF, an applicant must be an adult (at least 18 years of age or older). The only exceptions are legally emancipated minors. If the applicant is part of a TANF filing group, they are not eligible for REF.

### Oregon Administrative Rule(s)

#### 461-120-0510 — Age Requirements for Clients to Receive Benefits

### Social Security number (SSN)

Not all programs require applicants to provide SSNs. The SSN is used to verify income and other assets. It is also used to match with other state and federal records such as the Internal Revenue Service (IRS), Medicaid, child support, Social Security benefits and unemployment benefits.

### Social Security number table
<table>
<thead>
<tr>
<th>Program</th>
<th>SSN required?</th>
<th>Exceptions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP</td>
<td>Yes. To be included in the need group, individuals must provide their SSN or apply for one if they don’t have a number.</td>
<td>Yes. See OAR 461-120-0210 for details. <strong>Expedited:</strong> May receive their first full month’s allotment without meeting the SSN requirement. <strong>Newborns:</strong> May be included in a benefit group for six months following the date the child is born or until the benefit group’s next recertification, whichever is later. <strong>Religion:</strong> May not be required to apply for or provide an SSN if the individual is a member of a religious sect or division of a religious sect and meets certain provisions in rule.</td>
</tr>
<tr>
<td>TANF</td>
<td>Yes. If an individual does not have an SSN, they must provide verification of application and provide the SSN within six months of the initial TANF approval or by the end of the certification period, whichever is sooner.</td>
<td>Yes. <strong>Newborn:</strong> A child born in an Oregon hospital is eligible for TANF benefits for six months following the date of birth or until the next redetermination of eligibility, whichever is sooner.</td>
</tr>
<tr>
<td>ERDC</td>
<td>No. A member of a need group or a benefit group is not required to provide or apply for an SSN.</td>
<td>DHS may ask a member of the filing group or need group to voluntarily provide an SSN.</td>
</tr>
<tr>
<td>REF</td>
<td>No. A member of a need group or a benefit group is not required to provide or apply for an SSN.</td>
<td>DHS may ask a member of the filing group or need group to voluntarily provide an SSN.</td>
</tr>
</tbody>
</table>

**Oregon Administrative Rule(s)**

461-120-0210 — Requirement to Provide Social Security Number (SSN)

**Address**

Addresses are an important part of communicating with participants. If a mailing or physical address is out of state, it is essential to review residency in depth during the interview.

Although individuals are not required to have a fixed mailing address, they must provide a location to get notices from DHS. This mailing address cannot be the branch address. A mailing address may be General Delivery or the address of a shelter or a friend. If an unacceptable address is provided on an application, DHS accepts this for establishment of a filing date and collects a useable address during the interview.

Address fields for all programs should be reviewed and updated when a change of mailing and/or physical address is reported. The HZIP system or USPS Look Up a ZIP Code can be used to verify the address and ZIP code.
Some individuals will have special coding that DHS will enter for their physical address field, due to their unique situation(s). These specific situations are:

- **TEMP — “temporary”**
  - TEMP will be used only for participants who state they do not have a “fixed address.” This would be used for anyone who claims they are homeless, staying in a shelter (this includes domestic violence shelters), living with a friend, couch surfing, living in an RV, or living any place they feel is not their permanent home address.

- **DND — “do not disclose”**
  - DND is for safety purposes only and not for individuals who, for reasons other than safety, simply do not want to provide an address.
  - DND will only be used for cases with a safety concern, including but not limited to domestic violence and trafficking. DHS will code the residential street line with DND, the city and ZIP code of current residence, and the mailing address will continue to be the address where they want their mail delivered.
  - Below are the reasons why DHS would code DND:
    - The alleged perpetrator is an employee of DHS, or
    - The alleged perpetrator is a community partner or contractor and has access to DHR, ACCESS, MMIS, ONE or TRACS, or
    - The alleged perpetrator is a member of the household and has access to case information, or
    - The survivor believes the alleged perpetrator may have or be able to gain access to case information in DHS systems.

- **ACP — “address of confidentiality program”**
  - ACP is only used for individuals who participate in ACP. Participants will have an ACP ID card issued to them, with the ACP post office box and their recipient number.
  - DHS will code the residential street line with ACP, Salem as the city, 97308 as the ZIP code, FIPS code 047; the mail street will be the standard ACP post office box address along with the participant ID number.
  - Participants in ACP know they must show state agencies their identification card. DHS will narrate that the ACP card was viewed.
  - Important: There is an extended notice period for individuals in the ACP (see OAR 461-175-0050 and OAR 461-175-0206).

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**Oregon Administrative Rule(s)**

- 461-115-0040 — Filing Date; REF, SNAP, TANF
- 461-105-0020 — Responsibilities of Clients
- 461-001-0000 — Definitions for Chapter 461

**Citizenship/“alien” status**

Click here for [Noncitizens](#).
Different programs have different United States citizen and/or “alien” status requirements. DHS uses the federal term “alien” in many of its rules; however, DHS is aware this term can feel offensive. DHS uses different terminology during interviews, narrations and conversations.

**Oregon Administrative Rule(s)**

- 461-120-0110 — Citizenship and Alien Status Requirements

### Race, ethnicity, language and disability (REAL+D)

SSP applications have a place for individuals to self-report their racial and ethnic information. If the applicant has not answered these questions on the application, please cover this during the interview. It is important that these questions are addressed as they are required from Oregon legislation.

Individuals may change how they self-identify and the computer system needs to be reviewed and updated to reflect what participants report on the most recent application.

For more information, see Transmittal SS-AR-15-010.

### Highest grade completed in school

Many programs request information regarding the highest-grade participants completed in school. This information can help DHS identify barriers to employment, considering eligibility for older children in a TANF group, considering whose income does and doesn’t count against benefits, and more. This field should be updated as it may affect eligibility and case planning.

**Oregon Administrative Rule(s)**

- 461-120-0510 — Age Requirements for Clients to Receive Benefits
- 461-145-0130 — Earned Income; Treatment
- 461-190-0171 — Education Requirements for Teen Parents; JOBS
- 461-190-0181 — Basic Education for Nonteens; JOBS

### Residency

To be eligible for benefits, an individual must be a resident of Oregon. An individual is a resident of Oregon if the individual lives in Oregon. If an individual is in Oregon solely for a vacation, that individual is not a resident. An individual continues to be a resident of Oregon during a temporary period of absence if the individual intends to return when the purpose of the absence is completed.

Not all programs require participants to be physically living in Oregon when they apply to be considered an Oregon resident for program benefits. If a non-Oregon physical or mailing address is listed on an application, DHS addresses this with the participant and the conversation is narrated.

When an individual maintains their Oregon residency, DHS will still review whether the individual is considered part of the household group.

**SNAP** There is no minimum amount of time an individual must live in Oregon to be a resident. The SNAP
program does not require intent to remain in Oregon to establish residency.

TANF

There is no minimum amount of time an individual must live in Oregon to be a resident. However, the individual must intend to remain in Oregon. Exceptions can be made for the following situations:

- An individual is considered a resident if the individual entered Oregon with a job commitment, or
- An individual is looking for work and is not receiving benefits from another state.

ERDC

There is no minimum amount of time an individual must live in Oregon to be a resident. However, the individual must intend to remain in Oregon.

REF

There is no minimum amount of time an individual must live in Oregon to be a resident. However, the individual must intend to remain in Oregon. Exceptions can be made for the following situations:

- An individual is considered a resident if the individual entered Oregon with a job commitment, or
- The individual is looking for work and is not receiving benefits from another state.

Oregon Administrative Rule(s)

461-110-0210 — Household Group
461-120-0010 — Residency Requirements

Student status

Student status affects participants in many ways across multiple programs. It is important to ask many follow-up questions if there is any unclear information about school grade, the school(s) attended, the credits taken, enrollment status, if the individual has already started classes, and expected graduation dates (if known). This information can help create an informative conversation with the applicant, decrease the likelihood of an eligibility error and help guide DHS regarding work requirements.

SNAP

Student status affects how income is treated, general SNAP eligibility, the SNAP ABAWD program, and work registrant status. Individuals attending higher education at least half time who are 18 years of age or older but not yet 50 may not receive SNAP unless they meet additional criteria.

- “Higher education” for this rule means:
  - Public and private universities, colleges and community colleges that offer degree programs regardless of whether a high school diploma is required for the program
  - Exclusion: GED, ABE, ESL and high school equivalency programs at those institutions are not considered higher education.
  - Vocational, technical, business and trade schools that normally require a high school diploma or equivalency certificate for enrollment in the curriculum or in a particular program at the institution.
  - Exclusion: Programs at those institutions that do not require the diploma or certificate are not considered higher education.

Eligibility due to student status is reviewed during initial application, recertification, as well as when DHS receives a report requiring action due to it meeting SRS action criteria or affecting ABAWD status. If such
a report indicates the person no longer meets the additional criteria, the student has lost their SNAP eligibility.

**Students of higher education**

**Who is subject to student eligibility criteria?**

This policy addresses eligibility for students enrolled in higher education. An individual is considered a student when they are age 18 through 49 and enrolled in an institution of higher education at least half-time.

- Enrollment status of a student begins on the first day of the school term.
- A student is considered enrolled through normal periods of class attendance, vacation and recess. This applies unless the student graduates, is suspended or expelled, drops out, reduces credit hours to less than half-time or does not intend to register for the next normal school term (excluding summer school).

An institution of higher education is any public or private educational institution that:

- Admits persons beyond the age of 16, or
- Normally requires a high school diploma or equivalency certificate for enrollment. The institution must be legally authorized to provide an educational program beyond secondary education or to provide a training program that will prepare students for gainful employment.

Institutions of higher education include but are not limited to:

- Public or private colleges, universities or community colleges
- Correspondence schools
- Online schools
- Business or technical schools, or vocational programs.

A student of higher education with a meal plan intended to provide 51 percent or more of the student’s meals is ineligible for SNAP.

**Who is not subject to student eligibility criteria?**

Student eligibility does not apply to individuals who are:

- Under age 18 or age 50 or older
- Attending high school, adult basic education (ABE) or a GED program
- Participating in a training program provided by an employer
- Enrolled in schools and training programs that are not institutions of higher education such as vocational, technical, business or trade schools that do not require a high school diploma or equivalency for enrollment in the program of curriculum
- Enrolled for the exclusive purpose of obtaining training in English as a second language (ESL), provided that the courses are not taken for credit as part of a total program
• Attending school less than half-time
• Physical or mental health reasons that create a barrier to employment
• New students who have enrolled but will start classes after the month the eligibility decision occurs.

To be eligible for SNAP, a student must meet at least one of the following exemptions:

• Be employed:
  • For a minimum of 20 hours per week (averaged monthly) and be paid for such employment (verify with pay stubs or employer), or
  • If self-employed, be working for a minimum of 20 hours per week averaged monthly and receive weekly earnings at least equal to the federal minimum wage multiplied by 20 hours (verify with current income after allowable costs).
    » The self-employment income is at least $1,247 SEC and $623.50 SEN.

• Participate in a federally or state-funded work-study program (accept statement on funding)
  • Student must be assigned federal work study as part of their school’s financial aid offer at the time of application for SNAP; the work study must be approved for the school term; and the student must anticipate actually working during that time.
  • Once begun, the exemption shall continue until the end of the month in which the school term ends, or it becomes known that the student has refused an assignment.
  • The exemption shall not continue between terms when there is a break of a full month or longer unless the student is participating in work study during the break.

• In a one- or two-parent home, be responsible for the care of a dependent child in the filing group under the age of 6
• In a one- or two-parent home, be responsible for the care of a child in the filing group who has reached the age of 6 but is under age 12 when the state agency has determined that adequate child care is not available to enable the student to attend class and work at least 20 hours a week
• Be a single parent enrolled in an institution of higher education on a full-time basis (as determined by the institution) and be responsible for the care of a dependent child in the filing group under age 12
  • This provision applies in those situations where only one natural, adoptive or stepparent (regardless of marital status) is in the same food stamp filing group as the child.
  • If no natural, adoptive or stepparent is in the same SNAP household as the child, another full-time student in the same SNAP household as the child may qualify for eligible student status under this provision if he or she has parental control over the child and is not living with his or her spouse.
• Be receiving TANF
• Be assigned, placed or voluntarily enrolled in an institution of higher education through or in compliance with one of the following programs:
  • A program as a result of participation in the Jobs Opportunities and Basic Skills Program
Workforce Innovation Opportunities Act (WIOA) (A complete list of approved training providers can be found at https://www.wioainoregon.org/eligible-training-providers.html.)

A program under Section 236 of the Trade Act of 1974

An employment and training program or course of study that would lead to employment under the Food and Nutrition Act. To qualify under this criteria, the employment and training program or course of study:

» Needs to have placed the individual in the higher education program or accepted the placement when the individual self-initiated enrollment, and

» Must not be a post-baccalaureate program, and

» Must be intended to be completed in not more than four years.

• Be enrolled in school because of employer-sponsored on-the-job training
• Be receiving unemployment compensation (UC)
• Be participating in at least one of the following Employment Department training programs. These can be identified with a code of 066, 067, 068, 070 or 088 on the ECLM screen and include the following programs:
  » The Trade Readjustment Allowance (TRA) program serving displaced workers under the Trade Act
  » The Training Unemployment Insurance (TUI) program
  » The Self-Employment Insurance (SEA) program
  » The Apprenticeship Program (APT).

**Eligible students**

If the student meets the eligible student criteria, they:

• Are included in the filing group and must meet all other eligibility criteria
• Must be placed or voluntarily enrolled in a career and technical education program (CTE) or referred by a government employment and training program such as STEP or ABAWD. For these students, work reg code “2” is used.
• If the student is eligible but does not meet the above criteria, they are exempt from the SNAP work program; work reg code “2” is used.
• Have income and resources counted when determining eligibility.

**Ineligible students**

If the student does not meet an exemption:

• They are excluded from the filing, financial, need and benefit groups. The student is coded as an SH or ST.
• Any costs they pay for the household are not allowed as deductions.
Changes in student status

When a student reduces their credit hours to less than halftime (by dropping or withdrawing from classes) in a term or report that they are no longer attending, they are not considered a student and may be eligible for SNAP. Verification of withdrawal or reduction in classes/hours is only needed if questionable. This report is treated as a request for benefits for the individual/household.

It is important to consider if this person is an ABAWD and code appropriately.

If an ineligible student reports countable income on the Interim Change Report for Supplemental Nutrition Assistance Program (SNAP) (DHS 0852) form, SSP should pend for information using the Notice of Incomplete Information (SNAP) (DHS 0487) form.

Student eligibility needs to be reviewed to determine if the student meets any eligible student eligibility criteria. If so, a conversation may be needed to determine if there is countable educational income; all countable income must be verified.

If a SNAP recipient reports starting higher education, SSP staff should explain reporting requirements. Additional information may be needed if the individual is reporting student status to meet ABAWD requirements.

When processing an application or DHS 0852 for a student before they have received an expected financial aid award, processing should not be delayed while waiting for verification of future income. Staff should explain reporting requirements and ways to report changes, and provide the student with a change report form.

If an eligible student reports a change that indicates that they are no longer eligible under the original student eligibility criteria, past narrations should be reviewed to determine if any other student eligibility criteria were identified. If they are still not eligible, timely closure notice to close the case should be sent.

- The student will need to reapply with a new application and is required to meet an exemption to continue to meet eligible student eligibility requirements for SNAP.
- If the student contacts the branch and student eligibility criteria is identified, an ROP action must be taken on the case to prevent it from closing at the end of the month. It is important that action and student eligibility criteria are narrated clearly, and the case is allowed to continue in the current certification period.

TANF  
Eighteen-year-olds who are not regularly attending school full-time as defined by the school are not eligible to receive cash benefits. Regular school attendance means attending high school, a GED program, vocational or technical training, or the Oregon School for the Deaf or Blind/Visionally Impaired Regional Program Services. Home schooling is an acceptable venue for schooling if the educational plan is approved by the local school district and the child is meeting the district standards.

ERDC  
Working students may be eligible to have some or all their class time covered for child care assistance. A request for student hours can be made at any time including during initial certification, recertification and the certification period. Working student hours can be approved for in-person and online classes. When a caretaker is approved for additional student hours, they must be coded with the STU case descriptor.
Click here for Child care hours.

For REF and REFM, an applicant must not be a full-time student of higher education, unless such education is part of a cash assistance case plan. Any education or training allowable under an approved case plan must be less than one year in length. GED, ABE, ESL and high school equivalency programs at these institutions are not considered “higher education.”

Oregon Administrative Rule(s)

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Relationship

The relationship (responsibility, age, legal and biological) between individuals in the same household can affect eligibility in many ways.

It is important to gather each person’s relationship to every other person on the application and in the home. During the interview, DHS will inquire about roommates or significant others. It is important that DHS knows who is living together; this can be important in the future, if not now, especially if there is a pregnancy or common children.

If there are minor children in the home, it is important to determine who has care and control.

Living arrangements

Click here for Eligibility groups.

Purchasing and preparing together

This is specifically relevant to SNAP.

When individuals purchase and prepare meals together, they are considered in the same filing group for SNAP. For more information, click here for Filing group.

This does not apply to the TANF program.

This does not apply to the ERDC program.

This does not apply to the REF program.

Oregon Administrative Rule(s)

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<th>Rule Number</th>
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Tax filing status

The ONE/IE system asks applicants how they file their taxes. OCCS medical and MAGI medical programs use
tax filing status to determine program eligibility. SNAP, TANF, ERDC and other programs can use the answers to help determine how to treat self-employment income. The answers are a source of extra information, especially regarding household composition and income. This section is reviewed before the interview and clarified if there is anything unclear or that conflicts with the rest of the application.

**Minor parents**

A minor parent is an individual under the age of 18 who is the parent of a child.

**SNAP**  
This does not apply to the SNAP Program.

Click here for [Eligibility groups](#).

**TANF**  
To be eligible for TANF, a minor parent applying for benefits for his or her child must live with the minor’s parent, parents or legal guardian unless it is unsafe or impractical for the minor parent to live with those individuals.

The expectations regarding minor parents are as follows:

- A safe and supportive living situation is critical to the well-being of any individual, particularly minor parents and their child;
- Minor parents learn to cope and function better when there is extended family support and parental/adult guidance;
- A safe and secure home environment provides a better opportunity for minor parents to become successful and self-reliant;
- Attainment of a high school diploma or its equivalent contributes to economic success and better functioning in the world of work.

**Definitions**

**Minor parent:** A minor parent is any parent under the age of 18.

**Minor parent head of household:** A minor parent head of household is an individual applying for benefits for themselves and their child(ren).

**Major parent:** A major parent is a parent in the same household with their minor parent child.

**Teen parent:** A teen parent is a parent age 19 or younger who does not yet have their high school diploma or equivalent.

**Eligibility for minor parents**

A minor parent filing for TANF benefits cannot be both a dependent child and a caretaker for their own child. If they are considered a dependent child, they must file for benefits with their parent or caretaker relative. Minor parents and teen parents need to meet all TANF eligibility requirements to be eligible for TANF.

**Minor parent living with a parent or other legal adult**
Minor parents are not eligible for benefits if they are not living with their parent(s), legal guardian, or
another adult relative. This is true unless the worker determines that it is unsafe or impractical for the
minor parent to live with the aforementioned individual(s).

A minor parent will be ineligible for benefits if they refuse to live with their parent(s), legal guardian, or
another adult relative when the worker determines that it is an appropriate option.

If the worker determines that it is in the best interest of the minor parent to live on their own, the minor
parent must attend high school (or equivalent) full-time, or participate in JOBS or other training programs
to develop employment or self-sufficiency skills to qualify for benefits.

**Note:** Sexual abuse or other physical or emotional abuse is grounds for the worker to waive the
requirement that a minor parent live with their parent(s), legal guardian, or other adult relative in
order to receive benefits. The worker’s decision to waive that requirement may also be based on the
unavailability of the parent(s), legal guardian, or other adult relative in providing the minor parent’s care,
control, and supervision. This is true when they are not living in the same state, or when the minor
parent has been living on their own for over 12 months before or since the birth of their last child.

**Minor parents living with their major parents**

When a minor parent returns to live or lives with their parents, eligibility for the minor parent will be
determined as follows:

- If the major parents are receiving benefits, the minor parent and their child will be added to the
  filing group. Thus, the minor parent will be treated as one of the dependent children in the family;

- If the major parents are not receiving benefits and do not want to apply for the minor parent, the
  parents’ income (this includes earned and unearned income) will be used to determine if the minor
  parent is eligible.

**Deeming of major parents’ income for minor parents**

If the minor parent has been married or legally emancipated, DHS does not deem the major parent’s
income.

SSP will deem the major parents’ income as follows:

- Allow the $90 earned income deduction;
- Deduct the needs of the parents and their dependents, living in the same household and not
  included in the benefit group, at the TANF payment standard;
- Deduct amounts paid to legal dependents not living in the household;
- Deduct payments of alimony or child support;
- Any remaining income is countable deemed income.

The Department will exclude the resources of the parents of the minor parent.

**Note:** Requirements for verifying income and deductions for major parents apply when determining the
deemed income for a minor parent living with a biological parent.
Minor parents living with their major parents and then turn 18

When a minor parent turns 18 years old and they are on their major parent’s TANF case, the 18 year old must be determined to be eligible for TANF separate from their major parent’s case. Minor parents are caretaker relatives and at age 18, they are no longer considered a dependent child. An application for TANF benefits must be filled out and their eligibility will need to be determined along with their JOBS status.

Teens with no children who turn 18 are allowed to remain on their parent’s case as long as they continue to attend high school or equivalent at full-time hours per the school, until their 19th birthday. Once an individual is 19, they are no longer eligible as a dependent child regardless of their educational status.

Participation, cooperation, and exemption for teen parents and minor parents

Teen parents who are 18 or 19 years old are still considered to be JOBS-eligible. Teen parents must participate in the basic education component if they have not obtained their high school diploma, GED, or equivalent. Teen parents are JOBS-exempt from the requirement to participate in the basic education component if they have good cause.

A minor parent under age 18 is exempt from the requirement to participate in the basic education component if the minor parent has been excused by the local school district from state compulsory school attendance and meets the following conditions:

- The employment goal of the minor parent is an occupation or occupational field that does not require a high school diploma or GED, there is a labor market demand for it, and the goal is appropriate for the participant and likely to lead to self-sufficiency, and
- The minor parent is participating in the jobs skills training component and an education component designed to result in a literacy level of at least grade 8.9.

Note: Teen parents can be assigned to employment training to prepare for occupations or occupational fields for which there is a labor market demand, and either they have failed to achieve good or satisfactory progress in completing their educational activities, or educational activities are inappropriate for their education or employment goals.

When applying for ERDC, working minor parents living with their parent(s) can choose whether to apply with or without their parent(s). If the minor parent chooses to apply on their own, they would be considered the caretaker.

This does not apply to the REF program.
ERDC Reservation List

This is specifically relevant to ERDC.

The ERDC Reservation List not currently activated.

The Employment-Related Day Care program has limited funding. DHS monitors the caseload to ensure enough funding is available to maintain all the cases through the end of the budget cycle. DHS will use a child care reservation list to slow down the number of families being added to the caseload to make sure the program will stay within the allowed budget.

When the ERDC Reservation List is activated, DHS must review all applicants to determine if they are required to be added to the reservation list or if they meet an exemption. If they do not meet an exemption, DHS will place them on the reservation list for future selection. The worker must send the participant a decision notice of ineligibility for the ERDC program.

Applicants may be exempt from the ERDC Reservation List if they meet one of the following:

- **TANF transition policy**
  If a member of the filing group has received a partial or full month of REF, SFPSS or TANF program cash benefits from Oregon in at least one of the preceding three months, the filing group is not required to be on the ERDC Reservation List and the case is coded with a case descriptor of ETL, whether approved or denied. Pre-TANF does not count.

- **Head Start or Early Head Start Partnership**
  If a member of the filing group is eligible for a current slot opening with a Head Start or Early Head Start Partnership-contracted program, the filing group is not required to be on the ERDC Reservation List. This case is coded with a PQC case descriptor and needs resource code. For this situation, approval from the Child Care Policy Unit must be received prior to opening an ERDC case.

- **Child Welfare referral policy**
  If a child in the filing group has had involvement with Child Welfare and a Child Welfare worker has created an ongoing safety plan where child care will:
    - Help prevent removal of the child from their home, or
Allow the child to return home or to be placed in care with a relative, or

Be placed with an adult whom the child has an established relationship.

The Child Welfare worker will determine when a family will meet this exemption. The Child Welfare worker will complete the Employment Related Day Care (ERDC) Reservation List Child Welfare Exception Referral (DHS 0861) form and give a copy to the parent and scan and send a copy to Central Office. A parent who applies for ERDC and has a completed DHS 0861 should be reviewed for ERDC eligibility. All other ERDC eligibility criteria must still be met.

**TA-DVS program benefits**

If the filing group is currently eligible or has been determined eligible for TA-DVS in the current or at least one of the preceding three months from DHS, they must still meet all other ERDC eligibility requirements.

**Reapplying for ERDC after a break of less than two months**

Individuals reapplying for ERDC are only required to be on the Reservation List if they have had a break in ERDC benefits of two consecutive calendar months or more.

Applicants who do not meet one of the criteria above do not need to complete an application. An ERDC interview is also not required if the information received to determine the denial is not questionable. However, the denial must be narrated, a denial notice must be mailed and a reservation list referral emailed to Reservation.ERDC@dhsoha.state.or.us.

**Reservation list selection process**

Applicants must request benefits within the deadline on the selection letter or they will be dropped from the Reservation List until they reapply.

Applicants selected from the Reservation List who request benefits after the deadline on the selection letter will be returned to the Reservation List to await future selection.

- Although the application process should be completed as soon as possible, the applicant and worker have 45 days from the date of request to complete it. The 45 days can be extended if circumstances beyond the control of the applicant delay the eligibility decision past that limit.

- The date of request also establishes when benefits can begin. This is the first day of the month in which the request is made if eligibility requirements and application processing time frames are met.

- The date of request for applicants selected from the Reservation List is the first day of the month in which the request is made after being selected from the list, if eligibility requirements and application processing time frames are met.

- ERL coding – Applicants selected from the Reservation List must apply and meet all eligibility requirements. These applicants do not need to meet the TANF transition, Head Start or Child Welfare requirements listed above. The case is coded with the ERL case descriptor, whether they are approved or denied.

Those applying for ERDC only can complete the Application for Employment Related Day Care Program (ERDC) (DHS 7476) or the Application for Services (DHS 0415F). Those applying for other programs must complete the DHS 0415F. The application must be signed by the caretaker of the child(ren) needing care.
Requesting ERDC During CAPI Interview (DHS 0419) is to be used as an interview guide together with the SNAP online (CAPI) application to complete the application process for ERDC. The DHS 0419 can be completed and copied into TRACS.

SNAP This does not apply to the SNAP program.

TANF This does not apply to the TANF program.

REF This does not apply to the REF program.

Oregon Administrative Rule(s)

461-115-0016 — Application Process; Reservation List for ERDC

Noncitizen sponsors

Click here for Noncitizens.
Chapter 2:
Eligibility

Section 4: Household information
Household information

Introduction

This section covers unique situations that may exist for individuals. Some of these situations affect who must apply together, and others provide exceptions or additional provisions to rule. When determining eligibility, DHS reviews these situations for accurate program benefit decisions.

Click here for Eligibility groups.

Pregnancy

When an individual is pregnant, an unborn child can connect the parents in some programs if they are residing in the same household.

Some programs do not require the parents to apply together until their child is born when the parents are in the same household. Click here for Eligibility groups.

| If the parents are residing in the same household and a child is born, when do they need to apply together? |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| During pregnancy | When birth is reported |
| SNAP | | ✓ |
| TANF | ✓ | |
| ERDC | ✓ | |
| REF | See program-specific information | See program-specific information |

If the individual knows their expected due date and pregnancy gestation (how many weeks pregnant), this should be narrated. The expected due date of the individual is needed because, in some situations, it determines when an applicant can be eligible for benefits.

SNAP When pregnancy is reported, DHS will ask if the alleged father is living in the same dwelling and make note of the reply. If they are living together but do not purchase and prepare their food together, they can each form a filing group. They are not required to apply together until the child is born.

When DHS receives a report that the child has been born and it has been reported to DHS that the parents are living together, information about the other parent must be gathered and the child may not be added to the SNAP case until the other parent is also added.

If the parents are not living together, the child is added to the case the first of the month following the report of the birth.

DHS does not ask if the child has been brought home. However, if it is volunteered to DHS that the infant is staying at the hospital or Child Welfare has taken custody of the child, the infant will not be added to the case until the first of the month following when it is reported the infant has gone home with the parent(s).
When applying or receiving TANF and a pregnancy is reported, both parents are considered in the filing group and must apply together. If there are other dependent children in the home when a pregnancy is reported, the family must apply together even if the father of the unborn child is not the parent of the other dependent children. If the unborn child is the only child in the home, the family would not be eligible until the first day of the month before the month the due date falls.

When applying for ERDC, if an individual is pregnant, both parents in the household are considered to determine eligibility.

Pregnancy does not change eligibility or filing groups on a REF case until the filing group meets potential eligibility for TANF. TANF is always a prior resource to REF. Once the pregnancy reaches the first of the month before the month of the due date, the filing group can apply for TANF. If the case becomes eligible for TANF, the REF case would be closed.

Individuals with disabilities, including blindness, or who are unfit to work

In some programs, eligibility and work requirements are affected when there is a condition that affects an individual’s ability to obtain or maintain employment. Sometimes the condition must be acknowledged by federal or state government or a physician. At other times it can be self-reported or observed by the agency. Because the rules vary greatly based on program and purpose, DHS reviews how the condition has been determined and each program’s requirements.

Persons with disabilities, including blindness

Most all payments related to disability are countable when determining SNAP benefit eligibility.

When an individual in the financial group meets one of the following criteria, the group does not have to meet the countable income limit when SNAP benefit eligibility is being determined. A filing group, including someone meeting the below criteria, is not subject to the shelter deduction limit.

SNAP defines an individual with a disability as a person who meets any of the following criteria:

- Receives SSI benefits under Title XVI of the Social Security Act
- Receives blindness or disability benefits under titles I, II, X, XIV or XVI of the Social Security Act
- Receives OSIP or other state or federal supplement under section 1616(a) of the Social Security Act based on disability or blindness criteria under Title XVI of the Social Security Act
- Receives state general assistance benefits based upon disability or blindness criteria under Title XVI of the Social Security Act
- Receives interim assistance pending receipt of SSI or receives disability-related medical assistance under Title XIX of the Social Security Act
- Receives a state or federally administered supplemental benefit under Section 212(a) of Public Law 93-66
• Receives an annuity payment under Section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and is determined to be eligible for Medicare by the Railroad Retirement Board

• Receives an annuity payment under Section 2(a)(1)(v) of the Railroad Retirement Act of 1974 and meets the disability criteria used under Title XVI of the Social Security Act

• Receives Veterans Affairs benefits for non-service or service-connected disability rated or paid as total under title 38 of the United States Code

• Receives disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221(i) of the Social Security Act

• Has a disability considered permanent under 221(i) of the Social Security Act section and is the surviving spouse or surviving child of a veteran and considered by the VA to be entitled to compensation for a service-connected death or pension benefits for a non-service connected death under Title 38 of the United States Code

• Is a veteran or surviving spouse of a veteran considered by the VA to be in need of Aid and Attendance benefits or permanently housebound under Title 38 of the United States Code

• Is a surviving child of a veteran and considered permanently incapable of self-support under Title 38 of the United States Code.

**Unfit for work – work registrants and the ABAWD Program**

An individual is exempt from work registration and is not subject to the able-bodied adults without dependents (ABAWD) SNAP time limits because they meet the federal criteria of being “unfit for work” when DHS:

• Receives a report that someone meets the above definitions of disability, or

• Is informed by an applicant that they are experiencing mental or physical health medical conditions that prevent them from obtaining or maintaining work (this includes diagnosed and undiagnosed as well as temporary and permanent conditions), or

• Observes behavior that indicates the person is experiencing mental or physical health medical conditions that prevent them from obtaining or maintaining work.

Click here for SNAP employment services.

**TANF**

Participants with physical or mental disabilities are not JOBS-exempt from JOBS program requirements. Per the Americans with Disabilities Act (ADA), all participants must have access to JOBS activities and support services if accommodating them does not fundamentally alter the purpose or intent of the JOBS activity in which they would participate.

Adults in the State Family Pre-SSI (SFPSS) program, including both adults in a two-parent household, are not subject to JOBS participation requirements or TANF time limits. Families in the SFPSS program are no longer considered TANF families. However, they have access to JOBS activities and support services. They would be considered JOBS volunteers.

Supplemental Security Income (SSI) is the only Social Security program funded under Title IV-E of the Social Security Act. Receipt of other Social Security programs such as Social Security based on
a disability (SSDI) or Social Security based on retirement, widow’s benefits or a parent’s or spouse’s disability benefits (SSB) does not prevent an individual from receiving TANF.

Click here for Other parent available to provide care.

When the second parent in the home has a disability or is otherwise unfit to care for the child, documentation must be provided to approve child care benefits for the first parent’s work schedule.

Click here for Employment and training (E & T) services.

Participants with physical or mental disabilities are not Refugee Employment Programs(REP)-exempt from REP requirements. If they are unable to engage in REP activities due to disabilities, documentation is requested to excuse participants from engaging.

Adults receiving Supplemental Security Income (SSI) are not eligible for REF.

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**Oregon Administrative Rule(s)**

- **461-001-0000** — Definitions for Chapter 461
- **461-130-0305** — General Provisions; Employment Programs
- **461-130-0310** — Participation Classifications: Exempt, Mandatory, and Volunteer

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**Former Foster Care**

Former Foster Care is only relevant to OCCS Medical. If a child is in foster care when they turn 18, they will continue receiving medical coverage through DHS. DHS must continue their medical coverage until they turn 26. There is no income limit for this medical program.

**Medicare**

Receipt of Medicare is relevant to OCCS Medical only.

**Boarder/lodger**

This applies specifically to the SNAP program.

- **SNAP** Click here for Eligibility groups.
- **TANF** This does not apply to the TANF program.
- **ERDC** This does not apply to the ERDC program.
- **REF** This does not apply to the REF program.

**Shared custody**

Custody can refer to legal custody granted by a court or parenting time (whether court ordered or not). DHS takes into consideration what is occurring when it differs from the court order. Some applicants may apply for children who are in shared physical custody or “parenting time” situations. For some programs, DHS must ask about the
parenting time the applicant has with the child, but in others DHS is not to ask about shared parenting time unless more than one individual is applying for benefits for a child. Because the rules are so different from program to program, it is important that DHS carefully assess which rules apply to the applicant.

Unless there is a dispute or a reason to question the individual’s statement about parenting time or meal arrangements with a child, DHS accepts the statement of the applicant.

**SNAP**

When determining eligibility for the SNAP program, DHS does not ask if any of the children on the application are in a shared parenting time arrangement.

If the child is on another SNAP case, the agency asks the applicant if the child is in a shared parenting situation. If so, the agency asks questions to determine the number of the 21 meals the child receives from the applicant’s home each week. The home the child leaves from to go to school receives credit for breakfast and lunch for that day.

If the child is receiving 11 or more of their weekly meals from the applicant’s home on a regular basis, DHS sends an appropriate notice to remove the child from the other case. If not, DHS sends the applicant a denial of benefits for that child.

If there is a dispute about who may receive benefits for the child(ren), it must be determined from whose household they receive the majority of their 21 weekly meals. Determine the number of the 21 meals the child receives in each home. The home the child leaves from to go to school receives credit for breakfast and lunch for that day.

When possible and the parenting time/meal provision is close to equal, DHS may work between the persons wanting SNAP for the child(ren) to help the parties come to an agreement that allows both parties a turn to receive benefits (e.g., each person having the right to apply for one child each if there are two children, or a one year each rotation if there is only one child). The decision to follow an agreement is the applicants’ decision and the agency honors the agreement.

Click here for additional information about shared custody found in Eligibility groups.

**TANF**

Whether or not there is a legal agreement, for TANF, shared custody prompts us to ask questions:

- Where do the child(ren) sleep most of the time?
- Where do they eat their meals?
- Who is responsible for school and medical appointments?

In cases where they report and claim everything is equal, there may be no TANF eligibility because there is no primary caretaker.

**Individuals living in multiple household groups in one month**

Individuals who live in more than one household group during a calendar month are members of the household group in which they spend more than half of their time, except as follows:

- Parents who sleep 30 percent or more of their time during the calendar month in the household of the dependent child(ren)
• A dependent child is included in the household group with the caretaker relative who usually has the major responsibility for care, control and supervision of the dependent child, if the dependent child lives with two household groups in the same calendar month for at least one of the following reasons:
  ♦ Education
  ♦ The usual caretaker relative is gone from the household for part of the month because of illness or a family emergency.

An award by a court of joint (50/50) legal custody does not, by itself, mean a child does not meet the definition of household group member.

Click here for Eligibility groups.

**ERDC**

A child who lives with different caretakers during the month may be considered a member of both households. In shared caretaker situations, both caretakers could have their own ERDC case if they are eligible. The child is listed on each case.

If a caretaker does not indicate there is shared custody on IE (ONE) and there is an existing ERDC case with the child for whom benefits are requested, the second ERDC case would be denied. It is important to communicate with applicants that they review this section in shared custody situations.

Even in shared custody situations, authorized child care hours are calculated based on each caretaker’s highest verified work hours. It is the responsibility of the child care provider and parent to ensure care is being billed for the correct case.

Click here for Eligibility groups.

**REF**

This does not apply to the REF program.

### Oregon Administrative Rule(s)

461-110-0210 — Household Group

## Domestic violence

Click here for the Temporary Assistance for Domestic Violence Survivors (TA-DVS) Eligibility Manual.

Some programs allow for certain eligibility requirements to be waived for survivors of domestic violence.

An individual can be a survivor of domestic violence (DV) and qualify for the provisions that apply to DV survivors, whether they have applied for TA-DVS. The presence of domestic violence and being a recipient of the Temporary Assistance for Domestic Violence Survivors (TA-DVS) grant are two different things.

According to DHS rule, domestic violence is defined as the occurrence of one or more acts listed below between family members, intimate partners or household members:

• Attempting to cause or intentionally, knowingly or recklessly causing physical injury or emotional, mental or verbal abuse
• Intentionally, knowingly or recklessly placing another in fear of imminent serious physical injury
• Committing sexual abuse in any degree as defined in ORS 163.415, 163.425 and 163.427
• Using coercive or controlling behavior
• As used in this section, “family members” and “household members” mean any of the following:
  • Spouse
  • Former spouse
  • Individuals related by blood, marriage (see section (42) of this rule) or adoption
  • Individuals who are cohabitating or have cohabited with each other
  • Individuals who have been involved in a sexually intimate or dating relationship, or
  • Unmarried parents of a child.

The TA-DVS program is a type of assistance that supports domestic violence survivors by providing short-term (emergency) financial assistance and safety planning to help flee domestic violence (DV) and/or help remain free from violence.

A survivor is never required to verify occurrences of domestic violence, have a restraining order or apply for a restraining order.

Click here for the Temporary Assistance for Domestic Violence Survivors (TA-DVS) Eligibility Manual.

**SNAP**
No rules for the SNAP program may be waived when there is domestic violence.

However, when a survivor applying for SNAP has recently left the household where their abuser lives and is residing in a domestic violence shelter or a safe home, the applicant may be included in two filing groups in the same month.

**TANF**
DHS is authorized to waive or modify requirements of the TANF program that make it harder for survivors to escape domestic violence or put them at risk of further or future domestic violence.

When a survivor of domestic violence applies for TANF but not TA-DVS, there are requirements that can be reviewed to be waived.

For which type of cases do you waive TANF requirements due to domestic violence (DV)?
  • TA-DVS standalone (E2), and
  • TANF cases (2 or 82) where TANF requirements were waived due to DV.

**DHS will need to determine when to waive TANF requirements.**

**Determining when to waive a TANF requirement:**
  • How does the specific TANF requirement you are considering waiving put the survivor at further risk of domestic violence or prevent them from escaping domestic violence?
  • How does the TANF requirement unfairly penalize the survivor?

When waiving requirements:
• Waiver or modification of TANF requirements is not intended to be automatically granted to every identified survivor of domestic violence.

• DHS may decide, on a case-by-case basis, to waive or modify TANF eligibility requirements that put a survivor at risk of harm by domestic violence or which would make it more difficult for the survivor to escape domestic violence.

• The waiver or modification of program requirements is intended to be temporary, to help survivors of domestic violence move forward with their self-sufficiency plan and meet program requirements when safe.

• The decision to waive or modify eligibility requirements should be re-evaluated at least every six months. If it is determined there is a continued safety risk, the waiver can continue for as long as a safety risk exists or if a new safety risk arises.

• When deciding to waive a requirement or continue a waiver, DHS should talk with the survivor about potential safety risk. The risk must be associated with domestic violence.

What eligibility requirements cannot be waived?

• The requirement to be a dependent child, caretaker relative or parent

• The requirement that a dependent child live with a caretaker relative

• The requirement for parents to apply together if they are living together, even if one parent is the alleged abuser

• The requirement to be an Oregon resident

• TANF countable income.

When a pregnant woman is at risk of or has a safety concern due to domestic violence, DHS may waive the requirement for her to have reached the first of the calendar month prior to the month in which the due date falls.

Click here for Temporary Assistance for Domestic Violence Survivors (TA-DVS) Eligibility Manual.

ERDC

Domestic violence is considered when reviewing citizen requirements for ERDC. If noncitizens are at risk of domestic violence, the citizenship requirement is waived for the household.

Click here for Citizenship/"alien" status.

REF

This does not apply to the REF program.

Program compliance

There are different compliance requirements for each program. Failure to comply with these requirements may affect program eligibility. These requirements are disqualifications, disqualifying transfer of assets, fleeing felon and parole violators, failure to cooperate with the Division of Child Support (DCS), intentional program violations (IPV), quality control (QC) reviews, requirement to pay copay or make other satisfactory arrangements, and work registration.

Disqualifications
There are many types of possible disqualifications from program benefits.

**SNAP** Applicants and participants of SNAP are ineligible if they make a disqualifying transfer of resources to qualify for benefits. Individuals must report transfers of resources at application, at redetermination and when the transfer occurs. DHS must evaluate a transfer of resources to determine whether it was valid.

For DHS to evaluate the transfer, the individual must provide documentation showing the terms of the sale or disposal of the resource. They also must provide evidence if they are claiming the transfer was valid. A non-valid transfer of a resource may be disqualifying if the transfer occurs during the three months preceding the filing date or during a certification period. A valid transfer will not result in a benefit disqualification.

**Criteria for valid transfers**

DHS will consider a transfer valid if any of the following are true:

- The resource was excluded or owning the resource did not cause the group to exceed the resource limit, so transferring it does not change eligibility.
- The resource is transferred between people in the same financial group; it is still counted regardless of who owns it.
- The resource was sold or traded for compensation equal to or greater than its fair market value.
- The transfer settled a legally enforceable claim against the resource or client.
- The transfer was court-ordered.
- The transfer happened because the individual was a victim of fraud, misrepresentation or coercion; legal steps have been taken to recover the resource.
- The resource is an annuitized annuity.
- The transfer is between members of the filing group and an ineligible student.
- The resource was transferred for reasons other than to qualify for benefits, e.g., a parent placing funds in an education trust fund.

When the transfer does not meet any of the above criteria, it may still be determined valid if the individual can establish their intent was not to transfer the resource to become eligible for SNAP. To prove this, the individual would need evidence of making a good-faith effort to sell or exchange the resource for compensation or for goods or services equal to fair market value.

If DHS determines the transfer of resources was not valid, a disqualification from SNAP benefits of up to one year is imposed. The length of the disqualification depends on the amount of uncompensated value involved.

The following formula is used to determine the uncompensated value. DHS will do the following:

- Determine the fair market value of the resource.
- Subtract the compensation received for the transfer.
- Add this amount to the group’s other countable resources.
- The amount this total exceeds the group’s resource limit is the uncompensated value.
The following chart shows the disqualification periods:

<table>
<thead>
<tr>
<th>Amount of uncompensated value</th>
<th>Period of disqualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00-249.99</td>
<td>1 month</td>
</tr>
<tr>
<td>$250.00-999.99</td>
<td>3 month</td>
</tr>
<tr>
<td>$1,000.00-2,999.99</td>
<td>6 month</td>
</tr>
<tr>
<td>$3,000.00-4,999.99</td>
<td>9 month</td>
</tr>
<tr>
<td>$5,000.00 or more</td>
<td>12 month</td>
</tr>
</tbody>
</table>

The agency will notify an individual of disqualification with a basic decision notice for applicants; and a timely continuing benefit decision (10-day) notice for recipients, Notice of Decision and Action Taken (DHS 456) or Notice of Planned Action (SDS 540). The notice must specify the amount of the uncompensated value used in the calculation and the length of the disqualification period. The disqualification starts the date the branch imposes the disqualification period by closing or denying benefits.

The disqualification ends when the individual has served the entire disqualification period and not before. If someone would like SNAP benefits after completing their disqualification, they must initiate a request.

**TANF**

To qualify for benefits, a need group must not have made a disqualifying transfer of their assets within the preceding three years prior to the filing date with the intention of establishing or maintaining eligibility. The applicant must report any transfer at application, redetermination, and when the transfer occurs. The failure to report or making a disqualifying transfer of available resources will result in closure or denial of benefits.

When the individual is ineligible for benefits because of a disqualifying transfer of assets, the individual remains ineligible until the disqualification period ends or when the full equity rights in the asset are transferred back to the individual or the individual receives adequate compensation.

If an applicant is allowing the disqualifying transfer, their application for benefits will be denied. If benefits are currently open, they will be closed if a disqualifying transfer is determined. The number of months for a disqualification period is equal to the uncompensated fair market value portion of the resource, divided by the TANF payment standard for the financial group.

**Assets not subject to disqualifying transfer**

- Personal belongings such as household items and clothing
- Assets sold or traded for at least fair market value
- Assets transferred between members of the same financial group
- Transfers to settle a legal claim, or if the amount of the asset was equal to or less than an amount excluded at initial eligibility
- Transfers because of a court order or if the individual was a victim of fraud, misrepresentation or coercion.

**Penalties in the TANF/JOBS Program**

There are two types of penalties related to participation in the TANF/JOBS program.
1. JOBS Disqualification; and
2. Non-JOBS Disqualification.

JOBS disqualifications are applied to individuals who are JOBS eligible and determined not to have good cause for failure to engage in case plan activities. The coding used for these types of disqualifications include DQ1, DQ2, DQ3, DQ4 and DQR.

Non-JOBS disqualifications are applied to individuals who are JOBS volunteers or JOBS exempt but required to attend an alcohol and drug assessment or treatment, or mental health treatment in accordance with OAR 461-135-0085. The coding used for these types of disqualifications include MQ1, MQ2, MQ3, MQ4 and MQR.

DQs and MQs do not transfer to each other. If a participant is at an MQ1 and becomes JOBS-eligible, the MQ would end and DHS would begin the re-engagement process for a JOBS-eligible participant.

**Requirement to attend alcohol and drug (A&D) assessment or treatment, or mental health treatment**

An individual who is JOBS eligible, JOBS volunteer, or JOBS exempt may be required to:

- Attend an assessment for A&D if:
  - The individual has self-disclosed the illegal use of a controlled substance, and
  - The assessment is available at no cost to the participant.
- Attend medically appropriate treatment for A&D or mental health if:
  - The individual reports a qualified and appropriate professional has diagnosed them with A&D or a mental health disorder within the previous 12-months and recommended treatment; or
  - An assessment or evaluation resulted in a mental health diagnosis requiring medically appropriate treatment for the individual to be successful in the workplace.

**Penalties for non-engagement with alcohol and drug (A&D) assessment or treatment or mental health (MH) treatment**

Penalties for not engaging with A&D assessment or treatment and mental health treatment program requirements are progressive. The re-engagement process as outlined above is used to determine that the participant refused to engage in their agreed-upon activities without good cause. The penalties for failing to engage with treatment are as follows:

- The first level, the family grant is reduced by 25 percent.
- The second level, the family grant is reduced by 50 percent.
- The third level, the family grant is reduced by 75 percent.
- The fourth level, the family grant is reduced by 100 percent.
- During the fifth and sixth months, TANF is closed for the entire family (need group). The participant’s need group is not eligible for TANF benefits for two consecutive months, after which they must reapply for TANF benefits. If the individual re-applies within three months of an active
disqualification, they must complete a two-week cooperation period. (DQR is considered an active disqualification)

**Good cause for missed appointment**

Good cause for a missed A&D assessment or treatment, or mental health treatment appointment must be granted if an aspect of a disability caused the participant to miss the appointment. For example, if the participant suffers from panic attacks and that was the reason for not attending the appointment it would be considered good cause. Keep in mind, workers are not required to grant good cause when a participant reports they missed an appointment because they were illegally using a controlled substance or intoxicated at the time. For more information on good cause see OAR 461-130-0327.

**When does the disqualification end?**

The disqualification ends in the following instances:

- The disqualified person demonstrates two consecutive weeks of cooperation and a willingness to participate in treatment as required under OAR 461-135-0085.
- The disqualified person’s classification changes from JOBS-exempt to JOBS-eligible.
- The disqualification was applied in error.
- It becomes known that the failure to cooperate was based on previously unknown domestic violence issues.
- It becomes known that the failure to cooperate was based on an aspect of a previously known or unknown disability.
- A required accommodation or modification that would allow the participant to engage was not provided.
- The disqualified person is no longer a member of the household group. The disqualification follows the person.

For more information about ending this type of disqualification see OAR 461-135-0089.

**JOBS disqualifications**

JOBS disqualifications are applied independently to any JOBS-eligible individuals who do not engage in JOBS program requirements. In multi-parent households, more than one adult can be disqualified if the individual adults do not engage in JOBS program requirements. A participant that fails to engage with their case plan, without good cause, are subject to disqualification/grant sanction.

Grant reductions for non-engagement with the JOBS program requirements are progressive. They are as follows:

- In the first level, the family grant is reduced by 25 percent.
- In the second level, the family grant is reduced by 50 percent.
- In the third level, the family grant is reduced by 75 percent.
- In the fourth level, the family grant is reduced by 100 percent.
During the fifth and sixth months, TANF is closed for the entire family (need group). The need group is not eligible for TANF benefits for two consecutive months, after which they must reapply for TANF benefits. If the individual re-applies within three months of an active disqualification, they must complete a two-week cooperation period. (DQR is considered an active disqualification)

When does a JOBS disqualification end?

The JOBS disqualification process ends in the following instances:

- The disqualified participant demonstrates two consecutive weeks of engagement.
- A JOBS-eligible adult in the need group demonstrates two consecutive weeks of engagement (this can be the non-disqualified adult in a multi-parent household).
- The disqualified participant becomes exempt from the JOBS program.
- The disqualification was applied in error.
- It becomes known that the failure to engage was based on previously unknown domestic violence issues.
- It becomes known that the failure to engage was based on an aspect of a previously known or unknown disability.
- A required accommodation or modification that would allow the participant to engage was not provided.
- The disqualified person is no longer a member of the household group. The disqualification follows the person.

This does not apply to the ERDC program.

Who can be disqualified from the REF employment program?

Individuals who must cooperate with the activities specified on their case plan and who fail to cooperate without good cause are subject to disqualification/grant sanction.

Disqualifications are applied independently to any mandatory individuals who do not cooperate in employment program requirements. In two adult households, more than one adult can be disqualified if the individual adults do not cooperate in the employment program requirements.

REF employment disqualification grant closure

There are two disqualification levels for noncooperation with the REF employment program requirements. They are as follows:

- In the first level, the disqualified individual is removed from the grant for three months. If this is the only individual on the case, the case is closed for three months.
- In the second level, the disqualified individual is removed from the grant for six months. If this is the only individual on the case, the case is closed for six months. Because the REF cash grant is only for eight months, a second disqualification makes the refugee permanently ineligible for REF cash benefits.
When does a REF employment disqualification end?

A REF employment disqualification cannot end early. It must be served in full, unless one or more of the following situations exists:

- The disqualified participant is now exempt from employment program participation and disqualification.
- An applicant who would be subject to an employment program disqualification under OAR 461-130-0330 withdraws the application before benefits are approved.
- The disqualification was applied in error. Do not count that disqualification.
- It becomes known that the failure to cooperate was based on previously unknown domestic violence issues.
- It becomes known that the failure to cooperate was based on an aspect of a previously known or unknown disability.
- A required accommodation or modification that would allow a disabled participant to participate was not provided.
- The disqualified person is no longer a member of the household group. The disqualification follows the person.

Effective date for ending a disqualification

The disqualification ends after the participant completes the full disqualification period. After serving the disqualification period, the refugee must reapply for program benefits.

Fleeing felon and parole and probation violators

The participant is ineligible for SNAP, TANF and REF benefits. When DHS receives a report from a local, state or federal corrections agency or the courts that the individual is in violation of conditions of parole, probation or post-prison supervision. Their ineligibility continues until the local, state or federal corrections agency or the courts report the individual is cooperating with the conditions of their parole, probation or post-prison supervision.

The individual who is in violation of parole, probation or post-prison supervision is ineligible and is removed from the need group. Other individuals in the benefit group may remain eligible for benefits. The parole, probation or post-prison supervision violator’s income and resources are still considered when determining eligibility.

This does not apply to the ERDC program.

SNAP No additional program-specific information.

TANF No additional program-specific information.

ERDC This does not apply to the ERDC program.

REF No additional program-specific information.

Failure to cooperate with the Division of Child Support (DCS)
This applies specifically to the TANF program.

**SNAP** This does not apply to the SNAP program.

**TANF** To qualify for benefits, applicants and participants must assign their support rights to and cooperate (unless good cause exists) with DCS. Assignment allows DCS to pursue, collect and keep child support and spousal support for any members in the benefit group.

Cooperation with DCS includes assisting in establishing paternity and obtaining support cash payments. Noncooperation without good cause will result in denial of cash benefits for applicants and reduction and eventual termination of cash benefits for participants.

A caretaker relative can choose to not get TANF benefits for a child. While the parent does not have to cooperate with child support for any child not in the benefit group, the child is still in the household, filing, financial and need groups. This means any child support for that child counts against the TANF grant.

**Sanctions for failure to cooperate with child support**

- For applicants: Applications for cash benefits are denied for the entire family who fail to cooperate.
- For open TANF cases: Before a worker can impose a child support sanction, good cause must be determined. Workers will need to send either a speedy NOTM or DHS 210A to the participant to determine if there is good cause for not pursuing. If there is no response or the worker finds there is not good cause, the worker will need to send timely notice (DHS 7525) before the sanction is imposed.
- For participants: The net monthly cash benefit amount, after income deductions and reductions for JOBS noncooperation are applied (where applicable), shall be reduced by the following percentages:
  - 25 percent for the first month following the month in failure to cooperate is determined
  - 50 percent for the second month
  - 75 percent for the third month
  - 100 percent (total ineligibility for cash benefits) for the fourth and subsequent months. The worker must add coding to close TANF benefits at the end of the fourth month and TANF will remain closed in subsequent months in which the noncooperation continues. The CS4 notice generated by the system explains the case will close and no additional closure notice is needed.

Before applying the second and third level sanctions, the agency needs to send an appropriate notice of benefit reduction. A complete staffing needs to be completed before CS4 is applied.

**Ending DCS sanctions**

End the support noncooperation sanctions when the participant cooperates by completing the necessary forms, providing requested information, scheduling an appointment with DCS, or taking whatever other actions are required to indicate cooperation or a determination for good cause has been made. Supplement the cash assistance back to the date the participant cooperated by taking whatever other actions were required to indicate cooperation.
Good cause for noncooperation with DCS for child support

- Cooperation is reasonably anticipated to result in emotional or physical harm to the dependent child.
- Cooperation is reasonably anticipated to result in emotional or physical harm to caretaker relatives that would reduce their ability to care for a dependent child.
- Continuing efforts to obtain support would be detrimental to the dependent child because of the following:
  - The child was conceived because of incest or rape.
  - Legal proceedings for adoption are proceeding before a court.
  - The parent is being helped by a public or licensed private social agency to resolve the issue of whether to release the child for adoption. This good cause reason is limited to three months.
- When DHS determines there is good cause for noncooperation with support, good cause is applied to the absent parent. The need for continued good cause coding should be reviewed at each redetermination.

Click here for Child support programs.

This does not apply to the ERDC program.

This does not apply to the REF program.

Intentional program violations (IPVs)

An intentional program violation is when an individual intentionally makes false or misleading statements or misrepresents, conceals or withholds information related to their request to be eligible for a DHS program. An IPV is also defined as the use, presentation, transfer acquisition, receipt, possession or trafficking of public assistance benefits.

An IPV is established through a final order affirming an IPV has occurred following an IPV hearing, or by DHS receiving a signed Agreement to Intentional Program Violation, Temporary Assistance to Needy Families (TANF – cash for families), Supplemental Nutrition Assistance Program (SNAP – food benefits) Waiver of Right to Hearing (MSC 649C) form.

Click here for Overpayments.

An individual is disqualified for a 10-year period from receiving benefits in the program in which the individual committed fraud if the individual is convicted in state or federal court, is found guilty in an IPV hearing, or admits in a written waiver of the right to an IPV hearing, of having made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive multiple benefits simultaneously from one or more states under programs funded under the Food Stamp Act of 1977 and Nutrition Act of 2008.

IPVs do not apply to families in the ERDC program but do apply to child care providers.

When a SNAP IPV is established against an individual, that person is disqualified from receiving SNAP benefits for a specific period of time.
Intentional program violation person disqualification (DQ) periods:

- First IPV = 12 months
- Second IPV = 24 months
- Third IPV = Permanent

When someone in the SNAP filing group is serving an IPV DQ, the group is not categorically eligible. After someone has completed their IPV DQ period, they must request or apply for SNAP if they want to receive benefits.

SNAP IPVs established in another state or established in the Food Distribution Program on Indian Reservation Lands continue in effect in Oregon.

Additionally, effective October 1996, when an IPV is established against any individual found guilty of:

- Trading SNAP benefits for firearms, ammunition or explosives, the individual will be disqualified from SNAP benefits permanently starting with the first DQ;
- Trading SNAP benefits for controlled substances, the individual will be disqualified from SNAP benefits for 24 months with the first DQ and permanently for the second DQ;
- Trafficking (buyer or seller) in SNAP benefits of $500 or more, the individual will be permanently disqualified from SNAP benefits.

The individual of the TANF household will receive an IPV if the individual:

- Is convicted in state or federal court of having made a fraudulent statement or representation with respect to the place of residence of the individual to receive assistance simultaneously from two or more states under programs funded under title IV or XIX of the Social Security Act, or
- Is found guilty in an IPV hearing or admits, in a written waiver of the right to an IPV hearing, to having made a fraudulent statement or representation with respect to the identity or place of residence of the individual to receive benefits simultaneously from two or more states.

If the Investigator has documentary evidence of an IPV and has decided not to refer the case for prosecution, the Investigator will refer the case to the IPV Team for IPV processing.

When the final hearing order is received by the IPV Team and the claimant is found to have committed an IPV, the case is referred to the Overpayment Writing Unit (OWU) for initiation of disqualification penalties and collection of the overpayment.

IPV (intentional program violation) person disqualification periods:

- First IPV = 12 months
- Second IPV = 24 months
- Third IPV = permanent

The following is a nonexclusive list of reasons that support a determination of permanent ineligibility:

- Safety concerns or
- The likelihood of future violations or
• The degree of egregiousness of any of the established IPVs or
• The degree of primary involvement in the violation by the provider.

Click here for Program integrity.

ERDC
This does not apply to the ERDC program.

REF
The individual in the REF household will receive an IPV if the individual:
• Is convicted in state or federal court of having made a fraudulent statement or representation with respect to the place of residence of the individual to receive assistance simultaneously from two or more states under programs funded under title IV or XIX of the Social Security Act, or
• Is found guilty in an IPV hearing or admits, in a written waiver of the right to an IPV hearing, to having made a fraudulent statement or representation with respect to the identity or place of residence of the individual to receive benefits simultaneously from two or more states.

If the Investigator has documented evidence of an IPV and has decided not to refer the case for prosecution, the Investigator will refer the case to the IPV Team for IPV processing.

When the final hearing order is received by the IPV Team, and the claimant is found to have committed an IPV, the case is referred to the Overpayment Writing Unit (OWU) for initiation of disqualification penalties and collection of the overpayment.

IPV (intentional program violation) person disqualification periods:
• First IPV = 12 months
• Second IPV = 24 months
• Third IPV = permanent

The following is a nonexclusive list of reasons that support a determination of permanent ineligibility:
• Safety concerns, or
• The likelihood of future violations, or
• The degree of egregiousness of any of the established IPVs, or
• The degree of primary involvement in the violation by the provider.

Click here for Program integrity.

Quality control (QC) reviews

Quality control (QC) provides information about eligibility and the correctness of benefits. This is a part of a federal and state Performance Reporting System. QC conducts reviews to determine:
• If households are eligible for benefits
• If they are receiving the correct benefits and
• If DHS made correct decisions if benefits were denied, closed or reduced.

The QC reviewer obtains verification through case record review and field investigation. Case record review
includes the paper case file and the agency computer screens. Field investigation includes a personal interview with the participant and any collateral contacts needed to obtain verification.

Click here for [Quality control](#).

**SNAP** Cooperation with QC is an eligibility requirement for SNAP; participants must cooperate with the QC review process. Refusal to cooperate will result in the termination of their benefits. The QC reviewer will notify the branch office when an individual fails to cooperate. When this happens, DHS sends a 10-day notice to end benefits for the entire filing group.

The household may reapply for benefits but will not be eligible again until they cooperate with the QC review. If they cooperate before closure occurs, the case will not be closed and no new application is necessary. If someone would like SNAP benefits after cooperation, they must initiate a request.

**TANF** Cooperation with QC is an eligibility requirement for TANF; participants must cooperate with the QC review process. Refusal to cooperate will result in the termination of their benefits. The QC reviewer will notify the branch office when an individual fails to cooperate. When this happens, DHS sends a 10-day notice to end benefits for the entire filing group.

The household may reapply for benefits but will not be eligible again until they cooperate with the QC review. If they cooperate before closure occurs, the case will not be closed and no new application is necessary. If someone would like TANF benefits after cooperation, they must initiate a request.

**ERDC** Cooperation with QC is an eligibility requirement for ERDC; participants must cooperate with the QC review process. Refusal to cooperate will result in the termination of their benefits. The QC reviewer will notify the branch office when an individual fails to cooperate. When this happens, DHS sends a 10-day notice to end benefits for the entire filing group.

The household may reapply for benefits but will not be eligible again until they cooperate with the QC review. If they cooperate before closure occurs, the case will not be closed and no new application is necessary. If someone would like ERDC benefits after cooperation, they must initiate a request.

**REF** Cooperation with QC is an eligibility requirement for REF; participants must cooperate with the QC review process. Refusal to cooperate will result in the termination of their benefits. The QC reviewer will notify the branch office when an individual fails to cooperate. When this happens, DHS sends a 10-day notice to end benefits for the entire filing group.

The household may reapply for benefits but will not be eligible again until they cooperate with the QC review. If they cooperate before closure occurs, the case will not be closed and no new application is necessary. If someone would like REF benefits after cooperation, they must initiate a request.

**Requirement to pay copay or make other satisfactory arrangements**

This applies specifically to the ERDC program.

Families receiving ERDC are responsible to pay a portion of their child care costs. This portion is called a copay. If the family does not make arrangements to pay their copay, their ERDC case will be closed.
Click here for Child care copays.

**SNAP**
This does not apply to the SNAP program.

**TANF**
This does not apply to the TANF program.

**ERDC**
Caregivers are required to pay their copay. When copays are not paid or another satisfactory arrangement is not made, a family will lose their eligibility for the ERDC program and their case will be closed.

Satisfactory arrangements may include bartering or income in-kind. For example, a parent may provide child care for a provider’s children instead of paying the copay. Parents and providers should be encouraged to put any agreement in writing. The parent should receive a receipt when the provider is paid, whether the payment is bartered or in cash.

If the parent has more than one provider, the copay should be paid to the one who provides the most care. This provider is called the primary provider; the other(s) are called the secondary provider(s).

If the copay exceeds the billed amount or the maximum allowed by DHS, the copay amount owed by the parent may be less than the copay. DPU will determine the total amount owed. DPU may change the primary provider designation or split the copay on future billing forms among all the providers who bill for care.

If a provider indicates on the Child Care Billing (CCB) form that a parent did not pay the required copay or make satisfactory arrangements to pay it, the Direct Pay Unit (DPU) will end benefits and send a closing notice as soon as timely notice requirements allow. DPU also codes a copay not met (CNM) case descriptor on the family’s case (on UCMS) and an “N” is coded in the copay met field on the DPCS screen. If the parent later requests ERDC, they cannot qualify until past copays are paid or satisfactory arrangements are made with the provider.

The period of ineligibility ends in either of the following circumstances:

- On the first day of the month in which the customer makes the copayment or makes satisfactory arrangements with the provider, or
- On the first day of the month after three years have lapsed from the date the customer failed to make payment.

The provider has up to 60 days after the CCB is processed to notify DHS that the copay or satisfactory arrangements have not been made. If not reported within 60 days, DHS will consider the copay requirement met.

**Determining when payment arrangements are satisfactory**

If an ERDC case has been closed because of an unpaid copay, it can be reopened under any of the following circumstances:

- The provider agrees the copay has been met or satisfactory arrangements have been made.
- The parent submits evidence that payment has been made, such as a receipt or canceled check.
- The parent verifies the debt was discharged by a bankruptcy filing.
• The parent has attempted to pay the provider, but the provider refuses payment. This can occur when the copay is part of a larger bill that includes charges above the maximum rates. The case can be reopened if the parent presents evidence of an attempt to pay the entire copay.

• The parent attempts to pay the provider, but the provider cannot be located.

The effective date for reopening the case is the first of the month in which the copay requirement was met.

**Reopening an ERDC case closed because of an unmet copay**

When a family whose case was closed because of an unmet copay reapplies, the worker must determine if the copay has now been paid or satisfactory arrangements made with the provider. There are a number of ways to do this. The more common include a statement or the Copayment Agreement (CM00893) notice from the provider, a phone call to the provider or a receipt or canceled check.

If the worker determines the family has attempted to pay the copay but cannot because the provider cannot be located or refuses payment, the ERDC case should be reopened.

Evidence of an attempt to locate the provider could include returned mail, an attempted phone call by the worker or a call to the local Child Care Resource and Referral Agency (CCR&R). In some cases, a provider may refuse to accept the copay because the client also owes for charges above the Department of Human Services (DHS) limit. Evidence of this could include a letter from the provider with a returned check or a phone call from the worker to the provider.

After the worker determines and verifies the copay requirement has been met, the ERDC case is reopened. TRACS narrative needs to be updated and an email sent to DPU requesting the copay flag be changed back to a “Y” and billing forms issued.

The ERDC case is reopened effective the beginning of the month the copay arrangement is satisfied. A period of ineligibility exists when a lapse of unsatisfied copay arrangement occurs for one month or more after the effective date of closure.

**Removing an unmet copay on a case that remains closed**

To prevent payment problems and to clear up history payment records, an unmet copay flag is removed on a closed case when:

• Three years have lapsed from the month the copay was not met. (The computer will automatically remove the copay not met flag from DPCS after three years), or

• Satisfactory arrangements for copay are met and verified.

**REF** This does not apply to the REF program.

**Work registration**

Click here for [SNAP employment services](#).

**SNAP** No additional program-specific information.
This does not apply to the TANF program.

This does not apply to the ERDC program.

This does not apply to the REF program.

**Oregon Administrative Rule(s)**

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Chapter 2: Eligibility

Section 5: Financial eligibility
Financial eligibility

Introduction

There are many financial eligibility requirements for DHS programs. These can include income and resources, both considered assets. This chapter of the Family Services Manual will cover various aspects of financial eligibility.

Categorical eligibility

This applies specifically to the SNAP program. “Categorical eligibility” is a term used within the SNAP program. Categorical eligibility does not mean that a household is automatically eligible for SNAP benefits.

What categorical eligibility means is that certain eligibility factors do not apply to the SNAP case when all individuals in the filing group are categorically eligible for SNAP. This applies!specifically to the SNAP program.

SNAP

To be categorically eligible, the applicant must have no resources, except lottery winnings less than $3,500, and must meet certain factors. A SNAP filing group is considered to be categorically eligible for the entire month when, at any time during the month, all members receive or have been determined eligible to receive any combination of benefits or services from the following programs/services:

- The filing group’s countable income is below 185 percent of the federal poverty level (FPL), they have less than $3,500 in liquid resources that came from lottery winnings, and they are given the TANF information and referral services pamphlet, Information and Referrals for Low-income Households (MSC 3400). Liquid resources include bank accounts and cash on hand.
- They receive benefits or services from any of these programs: EA, ERDC, GA, Pre-TANF, Post-TANF, SSI, TA-DVS, TANF, TANF-JOBS Plus, TANF Transition Services, and the Housing Stabilization Program (through the Oregon Housing and Community Services Department).
- They are considered to be receiving SSI under 1619(a) or 1619(b) of the Social Security Act.

For ineligible noncitizens, the 185 percent FPL test is conducted on total gross income before proration.

If using self-employment income with allowable costs, DHS will count the gross SEC less 50 percent for the costs for the 185 percent test. If there are no allowable costs, SSP will count the gross SEN for the 185 percent test.

SSP will narrate in TRACS or ACCESS if the household is not categorically eligible.

Who cannot be categorically eligible for SNAP?

An individual is not considered categorically eligible if they are disqualified from receiving SNAP due to serving a SNAP program IPV or if the head of household is disqualified for failure to comply with work requirements. In addition, categorical eligibility does not end SNAP disqualification. When an individual is not categorically eligible, the case must not be coded as categorically eligible.

Households containing an ABAWD individual who is disqualified due to exceeding the SNAP time limits remain categorically eligible for SNAP.
How long is a household categorically eligible?

SNAP households are categorically eligible until a change is reported, causing ineligibility for categorical eligibility. A SNAP household can lose categorical eligibility mid-certification.

Eligibility factors

In creating categorical eligibility for SNAP, Congress assumed certain eligibility factors were met in the program that made the individual categorically eligible. Therefore, if factors are verified for another program, they are also verified for SNAP. The eligibility factors that are assumed met and not used in determining SNAP eligibility for categorically eligible individuals are:

- Social Security number (SSN)
- Resources, and
- Sponsored noncitizens’ information.

SSP is required to look at SSN and sponsored noncitizens’ information if they have not been verified through categorical eligibility in another program. However, SSP is not required to review resources beyond verifying income the household is receiving from those resources.

In addition to not reviewing these eligibility factors, a categorically eligible SNAP household with income above the countable and adjusted income limits can still be eligible for SNAP because there is no comparison of income to the countable or adjusted income limits. Categorically eligible individuals are not assumed eligible for SNAP; they must meet all other program requirements.

All eligibility factors still need to be verified for other programs. Members of the benefit group must be considered Oregon residents to be categorically eligible. All individuals applying for SNAP must provide their SSN; however, it is not required at application as W204 match will verify this number.

SSP will determine SNAP eligibility and benefit amounts for all categorically eligible households. This means all of the financial and non-financial eligibility factors will be considered, other than SSN, Oregon residency, and resources. These factors include:

- Household composition (who must be considered in the SNAP filing group)
- Student status (if a student is eligible for SNAP benefits)
- Citizen/"alien" status (if a noncitizen meets eligibility criteria for SNAP)
- SNAP time limits and work requirements
- Financial eligibility (ongoing income)
- Eligibility for deductions (child support, shelter costs, etc.).

For categorically eligible SNAP benefit groups, a benefit calculation is completed solely to determine the amount of benefits.

Click here for Benefit calculation.

Ineligible noncitizen may be categorically eligible when the other members of the household are receiving ERDC or some TANF-related benefits, and the ineligible noncitizen is a member of the filing group for that
program. This does not mean the ineligible noncitizen becomes eligible for SNAP benefits. This means
the ineligible noncitizen’s resources are not considered, and the household income is not compared to the
countable and adjusted income limits.

Households with non-categorically eligible members

When a household group contains some individuals who meet categorical eligibility and some who do
not, those who meet categorical eligibility will have their resources excluded. This applies even if the
resources are jointly owned by those who meet categorical eligibility and those who do not. Eligibility
is determined based on the resources of those who are not categorically eligible. When one member of
the group is not categorically eligible, the case is coded with “NA” with an “N” code in the CAT EL field.
Therefore, the household must have resources and income within the resource and income limits to
qualify for SNAP.

Click here for examples: Categorical eligibility.

Oregon Administrative Rule(s)

461-135-0505 — Categorical Eligibility for SNAP

Income limits

Income is money or other benefits an individual receives from work, business, investment, etc. DHS gathers all
information regarding income in the financial group, which is used to determine program eligibility.

Each program has an initial countable income limit that applicants must fall at or below in order to qualify for
benefits, as well as an ongoing or exit limit to maintain benefits throughout the certification period. This includes a
countable income limit and an adjusted income limit.

“Countable” means an available asset (either income or a resource) is not excluded and may be considered
by programs to determine eligibility. “Adjusted income” means the amount determined by subtracting income
deductions from countable income.

These limits vary by program and are updated as the federal poverty level (FPL) changes.

For current income limits, click here for DHS Combined Standards (DHS 5530).

SNAP The SNAP countable income limit is one of the tests used to determine whether applicants are eligible for
SNAP. All need groups must pass this income test each month, unless they are categorically eligible or
they include a member meeting the SNAP elderly or client with disabilities criteria.

Click here for Categorical eligibility.
Click here for Eligibility groups.

TANF To meet eligibility and continue TANF benefits, the financial group must meet and maintain the TANF
income and payment standards.

Exit limit increase (ELI)
The new exit limit increase is designed to lessen the benefit cliff impact on families. The policy changes will allow families to gradually phase off of the TANF program when parents become employed, instead of experiencing an abrupt loss of benefits from their monthly cash assistance as they hit the income limit. This change likely leaves families in a more stable position in the long run.

A TANF benefit group that has countable earned income is eligible for an exit limit increase in the following situations:

- An open TANF case with income to determine if the case is over the exit limit increase countable income limit, or
- Restoring a TANF case within 30 days of closure when the case closed with earned income received by a member of the benefit group.

ELI serves as both the countable and adjusted income limits for the above two case types.

ELI is only for individuals in the benefit group. If the TANF benefit group reports someone has moved into the home with income, the calculation to determine eligibility is based on the countable income limit (not the exit limit increase).

**Coding exit limit increase (ELI) and no adult standard exit limit increase (NAS)**

The new exit limit increase (ELI) and the no adult standard (NAS) codes will have to be coded on all cases with an EML or self-employment (SLF) coding.

**At initial eligibility:**

Workers will need to calculate earned income (EML) or self-employment (SLF) income for TANF. This is a manual calculation:

- **Countable** – 100% of EML or SLF and 100% of unearned income
- **Adjusted** – 50% of EML or SLF and 100% of unearned income

Then workers will need to compare the total to the appropriate standard chart for coding on UCMS.

Click here for [Earned income](#).
Click here for [Self-employment income](#).
Click here for [Unearned income](#).

**For ongoing eligibility:**

Workers will be able to code ELI or NAS on cases with EML or SLF and the computer will do the calculation.

**Non-needy caretaker relative grants**

In the TANF program, a caretaker relative other than a parent who chooses not to be included in the need group is subject to the non-needy caretaker relative countable income limit standard. The non-needy caretaker relative countable income limit standard for the filing group is set at 185 percent of the federal poverty level (FPL).
Once the caretaker relative decides they need TANF benefits, the household is subject to the same TANF and JOBS requirements as parents. This includes adult income limit standards.

The following caretaker relatives can be a non-needy caretaker relative:

- Grandfather or grandmother
- Brother, sister, half-brother or half-sister
- Uncle, aunt, first cousin, nephew or niece
- Stepfather, stepmother, stepbrother or stepsister
- The spouse of anyone listed above, or
- Any blood relative.

A stepparent or stepsibling may be considered a caretaker relative even if the marriage to the biological or adoptive parent ended in death or divorce. When a caretaker relative of one child applies for another child in the same household, the groups must be combined. A dependent child can only be in one filing group at a time.

**ERDC**

The ERDC income limit is different at the initial certification versus during the certification and at recertification.

**Initial certification**

The income limit is 185 percent of the federal poverty level (FPL) when a family is applying for ERDC as a new applicant. A new applicant includes those who are reapplying after a break in benefits of more than one calendar month.

**During the certification and at recertification**

The income limit is higher during the certification (referred to as the ongoing income limit) and at recertification (referred to as the exit limit). This allows families to maintain child care assistance while experiencing moderate financial gains — helping to reduce the cliff effect — for those receiving ERDC and those reapplying without a break in benefits of more than one calendar month.

**Self-employment income**

Income from self-employment for ERDC is compared against the ERDC income limits before deductions, based on filing group size. If the family is below the income limit, they meet the income eligibility; costs for their business can be explored.

Click here for [Self-employment income](#).

**REF**

To meet eligibility and continue REF benefits, the financial group must meet and maintain the REF income and payment standards.

To meet REFAM eligibility, the financial group must meet the adjusted income standard during the month of application only — after a 50 percent deduction on all earned income, and deduction of all medical costs incurred during the month of application. Once a refugee has been determined eligible for REFAM (and not
eligible for Medicaid), that refugee will maintain financial eligibility for the remainder of their eight months in the United States.

Click here for examples: **Income limits.**

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<td>461-160-0300 — Use of Income to Determine Eligibility and Benefits for ERDC</td>
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**Resource limits**

A resource is something of value. Some resources are countable and some are excluded. Some resources are considered available and others are not. A resource is something an individual has legal interest in, the ability to sell or convert to cash (liquid resources, vehicles, life insurance, burial reserves, real property, annuities, trusts, etc.), and/or use for support and maintenance. Resources are considered when determining eligibility for all programs. Each program has different resource limits.

An asset cannot be considered income and a resource in the same month; income received in one month is considered a resource the next month.

Each program has specific limits to how much in resources an individual can have access to, both at application and for ongoing eligibility.

**Determining the resource value of motor vehicles**

Motor vehicles (cars, trucks and vans) are often important tools for participants to use to attain self-sufficiency. They are critical employment tools for participants who:

- Live in areas not served by public transportation
- Are fleeing domestic violence, or
- Cannot access public transportation due to physical disabilities.

The resource value of motor vehicles is counted when determining resource limits. This is the same for all programs. There are five steps to determining the resource value of a motor vehicle:
• **Step 1: Determine the availability of the vehicle as a resource.** Participants might own or co-own a vehicle, but it may not be available to them as a resource. This is especially true if the participant is a survivor of domestic violence.

• **Step 2: Determine the equity value.** DHS will exclude $10,000 in equity value for all licensed motor vehicles excluded when determining the value of motor vehicles (see Step 4).

• **Step 3: Determine the equity value of the vehicle.** The equity value of the vehicle is the fair market value of the car minus any encumbrances. Using the National Automobile Dealers Association’s (NADA) Used Car Guide (or similar publication), workers should review the average trade-in value for the vehicle. The Kelley Blue Book is also available on the internet at the DHS Self-Sufficiency Staff Tools page. Disability-related apparatus, optional equipment or low mileage should not be added to increase the value of the vehicle. From the fair market value amount, any amounts the participant owes on the vehicle or other costs, such as liens, should be subtracted. The remainder is the equity value.

• **Step 4: Exclude $10,000 in equity value.** The equity value of all licensed vehicles should be totaled. The first $10,000 should be deducted from the total equity value of all vehicles combined. The remainder is the resource value of the vehicle or vehicles.

• **Step 5: Compare the resource value of the vehicle to the resource limits.** If the amount exceeds the resource limit, the applicant is not eligible. In addition to the equity value that exceeds $10,000, any other vehicles and resources are counted toward the resource limit for each program.

**SNAP**  Resources can affect whether an individual or filing group is categorically eligible.

Only non-categorically eligible need groups are required to meet the resource limit. Categorically eligible need groups are assumed to meet resource limit requirements. In groups where some members meet categorical eligibility and others do not, the categorically eligible members’ resources are not considered in determining eligibility. This applies even if the resource is shared with a member who is not categorically eligible.

Click here for [Benefit calculation](#).

The resource limit for SNAP is $3,500 for any of the following reasons:

- At least one member is age 60 or older.
- At least one member meets the SNAP definition of clients with disabilities.
- The money comes from lottery or gambling winnings.

The resource limit for SNAP is $2,250 for all others.

**TANF**  The resource limit for TANF is $2,500 for any of the following:

- A new TANF applicant
- A TANF need group that does not have at least one caretaker relative or parent who is receiving TANF (such as a no-adult household)
- A TANF need group that has at least one JOBS participant who is currently serving a disqualification.
The resource limit for TANF is $10,000 for all others.

**ERDC**
The resource limit for ERDC is $1 million for all individuals at both initial eligibility and for ongoing eligibility.

Resources are not verified for ERDC, and instead are self-reported only.

**REF**
The resource limit for REF is $2,500 for any of the following:

- A new REF applicant
- A REF need group with at least one member required to participate in an employment program who is:
  - Not progressing in their case plan, or
  - Currently serving a disqualification.

The resource limit for REF is $10,000 for all others.

Click here for examples: Resource limits.

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**Availability of assets**

Individuals’ income and resources assets may or may not be available to them. Only those assets considered available are used in determining program eligibility. If an asset is determined to be unavailable to the applicant, it is important this is clearly narrated. If an asset does meet the requirements to be considered unavailable, it is considered available.

**Income**

Income may be available or unavailable to the applicant. This can affect program eligibility.

The amount of income considered available is the gross amount before deductions. For example, garnishments, taxes and other payroll deductions including flexible spending accounts are included in the gross amount.

Income is considered available the date it is received or the date a member of the financial group has a legal right to the payment and the legal ability to make it available, whichever is earlier, except as follows:

- Income usually paid monthly or on some other regular payment schedule is considered available on the regular payment date if the date of payment is changed because of a holiday or weekend.
- Income withheld or diverted at the request of an individual is considered available on the date the income would have been paid without the withholding or diversion.
• An advance or draw of earned income is considered available on the date it is received.
• Income that is averaged, annualized, converted and prorated is considered available throughout the period for which the calculation applies.
• Deemed income is considered available, even if not received.

The following income is not considered available:
• Wages withheld by an employer in violation of the law
• Income received by another person who does not pay the participant his or her share
• Income received by an individual for the financial group after he or she has left the household
• For a participant who is not self-employed, income required to be expended on an ongoing, monthly basis on an expense necessary to produce the income, such as supplies or rental of work space
• Income controlled by the individual’s abuser if the participant is a survivor of domestic violence, the individual’s abuser controls the income and will not make the money available to the filing group, and the abuser is not in the individual’s filing group. Click here for the Temporary Assistance for Domestic Violence (TA-DVS) Program.

Income received by the financial group but intended and used for the care of someone not in the financial group is available as follows:
• If the income is intended both for someone in the financial group and someone not in the financial group, the portion of the income intended for the care of the individual not in the financial group is considered unavailable.
• If the portion intended for the care of the individual not in the financial group cannot readily be identified, the income is prorated evenly among the individuals for whom the income is intended. The prorated share intended for the care of the individual not in the financial group is then considered available.

For an SSA rep payee who receives money for someone outside the financial group, the income is not considered available to the rep payee.

The portion of a payment from the TANF program counted as disqualifying income is considered available income.

Benefits from the General Assistance program are available unearned income, including ongoing monthly payments, housing allowances paid to the landlord, utility allowances, accommodation allowances, and the personal incidentals payment.

Lump-sum income is treated as a resource unless rule requires a different treatment.

The following income is not considered available:
• Monies withheld from or returned to the source of income to repay an overpayment from that same source with one exception: TANF grants reduced to recoup a participant-caused overpayment.

Income from assistance programs (e.g., public assistance, unemployment compensation or Social Security) withheld to repay an overpayment is considered available.
The following income is not considered available:

- Monies withheld from or returned to the source of income to repay an overpayment from that same source is unavailable with one exception: the portion of a payment from an assistance program (e.g., public assistance, unemployment compensation or Social Security) withheld to repay an overpayment is available.

Income from assistance programs (e.g., public assistance, unemployment compensation or Social Security) withheld to repay an overpayment is considered available.

Lump-sum income is considered a resource and is excluded.

The following income is not considered available:

- Monies withheld from or returned to the source of income to repay an overpayment from that same source is unavailable with one exception: the portion of a payment from an assistance program (e.g., public assistance, unemployment compensation or Social Security) withheld to repay an overpayment is available.

Income from assistance programs (e.g., public assistance, unemployment compensation or Social Security) withheld to repay an overpayment is considered available.

The following income is not considered available:

- Monies withheld from or returned to the source of income to repay an overpayment from that same source is unavailable with one exception: the portion of a payment from an assistance program (e.g., public assistance, unemployment compensation or Social Security) withheld to repay an overpayment is available.

- Reception and placement (R&P) grants from the resettlement agency with which the refugee is involved. The resettlement agency receives R&P grants to reimburse the resettlement agency and any possible sponsor for the cost of helping the refugee get established in Oregon. The resettlement agency will sometimes issue a check for part of the R&P grant to the sponsor and the refugee, or just to the refugee. The R&P grant is excluded as income or resources for REF and REFM for both determining eligibility as well as calculating financial assistance levels.

**Resources**

Resources are considered unavailable to the individual in any of the following situations:

- The applicant has a legal interest in the resource, but it is not in their possession and they are not able to gain possession of it.

- The resource is jointly owned with others not in the financial group who are unwilling to sell their interest in the sale, and the applicant’s interest is not reasonably able to be sold.

- The applicant is verifiably incompetent to gain access to or use the resource, and there is no legal representative to use the resource on the applicant’s behalf.

- The resource is an irrevocable or restricted trust and cannot be used to meet the basic monthly needs of the filing group.
• The applicant is a survivor of domestic violence. Attempting to use the resource would potentially subject the individual to further risk of domestic violence, or the applicant is using the resource to avoid returning to an abusive situation. Click here for Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program.

• A resource is considered unavailable to the individual during the time the individual does not know they own the resource.

• If a resource is subject to an early withdrawal penalty, the amount of the penalty is considered unavailable to the individual.

   SNAP  Unless a resource is made unavailable by the above reasons, a resource owned jointly by a client and another individual is available in its entirety to the client.

   TANF  Unless a resource is made unavailable by the above reasons, jointly owned resources are available to members of a financial group only to the extent they own the resource.

   ERDC  Unless a resource is made unavailable by the above reasons, jointly owned resources are available to members of a financial group only to the extent they own the resource.

   REF  A resource is considered unavailable to the individual if the resource is located in the individual’s country of origin.

   Reception and placement (R&P) grants from the resettlement agency the refugee is involved with are excluded as a resource. The resettlement agency receives R&P grants to reimburse the resettlement agency and any possible sponsor for the cost of helping the refugee get established in Oregon. The resettlement agency will sometimes issue a check for part of the R&P grant to the sponsor and the refugee, or just to the refugee. The R&P grant is excluded as income or resources for REF and REFM for both determining eligibility and calculating financial assistance levels.

Click here for examples: Availability of assets.

Oregon Administrative Rule(s)

461-140-0020 — Availability of Resources
461-140-0040 — Determining Availability of Income
461-140-0120 — Availability and Treatment of Lump-Sum Income
461-145-0455 — Resettlement and Placement (R&P) Grants

Prospective eligibility and budgeting

Prospective budgeting is used for determination of financial eligibility in Self-Sufficiency Programs. Prospective budgeting means to look forward, to reasonably anticipate what future income will be based on representative income verification provided from the applicant. In prospective eligibility and budgeting, income is budgeted so the anticipated amount is the same for each month (except, for some programs, in the initial month).

When prospective budgeting is used correctly (true and complete information is provided), there is no applicant-caused overpayment. Similarly, no supplement of benefits is needed to be issued when lower benefits were received. Prospective budgeting allows families to have the same benefit level each month, unless there is a
change in their financial or household situation.

Prospective budgeting works best when using the following best practices:

- SSP and the applicant jointly determine the anticipated income to be counted.
- Representative income is used, so eligibility is based on estimated valid figures.
- The applicant is aware of what changes must be reported.
- Income calculations and verification types are narrated, and
- Applicants are advised they may be asked to repay any overpayments regardless of whether they are caused by the applicant or SSP.

**SNAP**

For SNAP eligibility on a new application, applicant’s circumstances are always looked at prospectively. That is, SSP considers what is already known has happened in the initial month (the month containing the filing date), and what is expected to happen for the remainder of the month. When the whole month is considered, eligibility and benefits are issued based on the same information. If the applicant is not eligible, the application is denied. This is prospective eligibility and budgeting for SNAP.

Prospective eligibility is used for new applications regardless of which reporting system is used for ongoing months. There is one exception to using actual income already received plus income expected for the remainder of the month: when cases are certified in SRS when ongoing income that is expected to continue is converted.

**Note:** An application is considered new only when it is received after a break in benefits. It is a new application if a household returns an application for redetermination after the prior certification month ends.

If the amount of income to be received or when it will be received is uncertain, the portion of the applicant’s income that is uncertain should not be counted by SSP.

**TANF**

In the initial month, actual income is only used if the income comes from a new or terminated source, or if the previous ongoing income is significantly different from ongoing income.

A job or income source is considered new if the participant will receive their first payment in the initial month. If the individual has already received their first payment prior to the initial month, the income source is considered ongoing. Actual income is not used for self-employment or periodic income.

Prospective eligibility and budgeting is used for stable income, income that can be prorated and annualized income. It can also be used for participants who leave the filing group due to domestic violence and for benefit groups when a new individual is added in the payment month after SSP is notified the individual is a household member.

The participant and SSP jointly determine the anticipated income to be counted. SSP will count only income reasonably certain to be available. However, some income is considered available even when it is not received in the budget month (e.g., converted, averaged and annualized income).

**ERDC**

For ERDC, income is budgeted so the anticipated amount is the same for each month, including the initial month.
This policy is intended to help the worker and participant predict the family’s income with a reasonable degree of accuracy using prospective eligibility and budgeting. Important considerations include:

- The copay for future months should be known in advance so both the family and the child care provider will know how much DHS will pay, and how much the family will be expected to pay.
- Some differences between estimated income and actual income are to be expected. However, unanticipated changes during the certification may occur and should follow reporting requirements.

When the initial month’s income is different (higher or lower), the initial month is still used to calculate an average for ERDC budgeting. Situations when the initial month can be different are:

- An applicant gets a new job
- An applicant changes jobs
- Other situations that may cause an income to increase or decrease.

Income is calculated as follows:

\[(\text{First month’s income}) + (\text{ongoing income} \times 11 \text{ months}) = \text{total income for the certification period} / 12 \text{ months} = \text{monthly income to be coded on UCMS}.\]

REF In the initial month, actual income is only used if the income comes from a new or terminated source, or if the previous ongoing income is significantly different from ongoing income.

A job or income source is considered new if the participant will receive their first payment in the initial month. If the individual has already received their first payment prior to the initial month, the income source is considered ongoing. Actual income is not used for self-employment or periodic income.

Prospective eligibility and budgeting is used for stable income, income that can be prorated and annualized income. It can also be used for participants who leave the filing group due to domestic violence, or for benefit groups when a new individual is added in the payment month after SSP is notified the individual is a household member.

The participant and SSP jointly determine the anticipated income to be counted. SSP will count only income reasonably certain to be available. However, some income is considered available even when it is not received in the budget month (e.g., converted, averaged and annualized income).

Click here for examples: Prospective eligibility and budgeting.

**Oregon Administrative Rule(s)**

461-150-0060 — Prospective or Retrospective Eligibility and Budgeting; ERDC, REF, REFM, SNAP, TANF
461-150-0070 — Prospective Budgeting of Stable Income
461-150-0080 — Prospective Budgeting of Variable Income
461-150-0090 — Prospective Budgeting: Annualizing and Prorating Contracted or Self-employment Income; Not OSIP, OSIPM, or QMB

**Frequency of income**
The frequency of income is determined when the individual is paid weekly, biweekly, monthly, quarterly, semiannually or yearly.

**Stable income** is income consistently received each month. Stable income can be received weekly, biweekly, twice per month or monthly. Prospective budgeting is used when stable income is received.

**Variable income** means earned or unearned income that is not always received in the same amount each month.

**Periodic income** is income received on a regular basis, but not monthly, such as quarterly, semiannually, annually or as a contract employee. Periodic income is averaged over the applicable period. Depending on the source, it can be counted as earned or unearned income.

**Lump-sum income** is income received too infrequently or irregularly to be reasonably anticipated or received as a one-time payment. When an individual has access to a lump-sum payment they choose to receive in monthly installments, it is still considered a lump sum. Lump-sum income is counted as a resource.

**Calculation methods**

Calculations are determined by the frequency of pay, the income type and how much of the income is counted monthly.

If the applicant has stable income representative of future earnings, the prospective budgeting calculation is used.

**Prospective budgeting calculation**

SSP will calculate income using provided income verification for at least one month’s recent earnings and converted as follows:

- Monthly pay is the same amount with no conversion.
- Once a week pay is converted to a monthly amount by multiplying by 4.3.
- Twice a month pay (e.g., paid 15th and 30th of each month) is converted to a monthly amount by multiplying by 2.
  and
- Biweekly pay (e.g., paid every other Friday) is converted to a monthly amount by multiplying by 2.15.

If the applicant’s earnings vary, the variable calculation is used.

**Variable budgeting calculation**

SSP will process earnings in the following method when using the variable budgeting calculation:

- Total at least a month’s worth of gross wage pay stubs or pay verification.
- Divide the total by the number of pay periods represented.
  and
- Convert the income as follows:
  - Monthly pay is the same amount with no conversion.
  - Once a week pay is converted to a monthly amount by multiplying by 4.3.
• Twice a month pay (e.g., paid 15th and 30th of each month) is converted to a monthly amount by multiplying by 2.
  
  and

• Biweekly pay (e.g., paid every other Friday) is converted to a monthly amount by multiplying by 2.15.

**Annualized income calculation**

Annualized means the income for a year is divided by 12 to arrive at a monthly amount. If past income is not representative of the income expected for the current year, SSP should anticipate the current yearly amount and divide it by 12. Income is usually only annualized in very specific circumstances: self-employment income and contracted income.

Contracted income is only annualized if it meets all of the following criteria:

• The income is not paid on an hourly or piecework basis (the exception to this would be if the contract is specifically for a set number of hours to be paid over a certain time period).

• The income is received in less than a 12-month period.

• The income earned is meant to cover the entire year.

**Keys to an accurate calculation**

SSP will consider the following when calculating an applicant’s income:

• Who is included in the financial group for each program, and which income is included or excluded?

• What is the reporting system?

• Is it an initial certification or re-certification? If the initial month, will anticipated income be different in future months?

• What is the type of income?

• How often is the income received?
  
  and

• Can the income be converted, averaged or annualized?

SSP should always address overtime, tips, vacation pay, holiday pay or commissions, if applicable. It is important to confirm with the applicant that their income verification is representative of the future; non-representative verification should not be used.

*Click here for examples: Frequency of income.*
Earned income

Earned income is income from the following: compensation for services performed, including wages, salaries, per diem, commissions, tips, representative payee fees, sick leave, vacation pay, draws, income received in exchange for an individual’s physical or mental labor. This also includes Health Engagement Model (HEM) payments, or other similar payments. Additional forms of earned income include, but are not limited to:

- Educational income
- Cafeteria plan benefits
- Wages and
- Profit sharing.

Earned income is the gross amount before deductions, including taxes, garnishments and retirement contributions. It is considered countable when determining financial eligibility for programs, unless it is excluded or unavailable.

For more information regarding treatment of individual income types, click here for Treatment of specific assets.

Oregon Administrative Rule(s)

461-145-0130 — Earned Income; Treatment

Unearned income

Unearned income is income received by the applicant and/or persons in the financial group other than earned income. Some examples of unearned income include adoption assistance, child support, spousal support, Social Security benefits, unemployment compensation and educational income.

Each unearned income type is treated differently by various programs. Click here for Treatment of specific assets.

Educational income

Educational income is income designated specifically for educational expenses. To be considered educational income, the income must be received by one of the following:

- A student at a recognized institution of post-secondary education

  Note: Post-secondary education is education offered primarily to individuals age 18 and older. Admission may (but does not necessarily) require a high school diploma or equivalent.

- A student at a school for individuals with disabilities
- A student in a vocational education program
- A student in a program that provides for completion of requirements for a high school diploma or the equivalent.

To determine the amount of educational income to exclude, educational expenses listed in the financial aid letter are used unless one of the following is true:

- The student provides verification of amounts different than those listed in the award letter, in which case the verified amounts from the student are used.
• The student receives child care benefits – ERDC benefits or other child care subsidies. The amount the student actually pays for child care (including the ERDC copay) is excluded as educational income instead of the amount shown in the award letter.

• The student states that actual transportation costs exceed the amount allowed for the expense in the award letter. In that situation, the number of miles to and from school is multiplied by 20 cents. The product or the amount shown in the award letter, whichever is greater, is excluded.

The following items are excluded:

• Educational income authorized by the Carl D. Perkins Vocational and Applied Technology Education Act or Title IV of the Higher Education Act or made available by the Bureau of Indian Affairs

• All income from educational loans.

The cost of the following items from the remaining educational funds (including non-Title IV work study, externship, graduate assistantship, graduate fellowship wages and internship) is excluded:

• Tuition, mandatory fees, books and supplies, transportation, required rental or purchase of equipment or materials charged to students enrolled in a specific curriculum, all miscellaneous personal expenses (except room and board), and loan originator fees and insurance premiums required to obtain an educational loan

• In all programs except ERDC, dependent care.

After allowing exclusions, the remaining income is treated as follows:

• Income received through work study (including work study provided through a VA program or other educational program), fellowships and teaching-assistant positions (not previously indicated to be excluded) is considered earned income.

• Educational income not indicated in the above bullet is prorated over the period it is intended to cover. If the applicant has already received the income, the prorated amount is counted monthly beginning the first month of the period. If the applicant has not received the income at the time the eligibility determination is made, the prorated income is counted starting the month the applicant expects to receive it.

Educational awards paid under the National and Community Service Trust Act of 1993 (including AmeriCorps) are excluded.

Oregon Administrative Rule(s)

461-145-0365 — National and Community Service Trust Act (NCSTA), including AmeriCorps (other than AmeriCorps VISTA)
461-145-0150 — Educational Income
461-145-0550 — Unemployment Compensation Benefits
461-145-0580 — Veterans’ Benefits
461-145-0410 — Program Benefits
461-145-0490 — Social Security Benefits
461-145-0001 — Adoption Assistance
461-145-0090 — Disability Benefit
Self-employment income

Self-employment income is received directly from an applicant’s own business, trade or profession, rather than earning a salary or wages from an employer. Self-employment is usually a form of earned income; in rare circumstances, it can also be unearned income. Individuals are considered self-employed if they are considered an independent contractor by the business that employs them (e.g., driving companies), or if they meet four of the five following criteria:

• Are engaged in an enterprise for the purpose of producing income
• Are responsible for obtaining or providing a service or product by retaining control over the work or services offered
• Have principal responsibility for the success or failure of the business operation by assuming the necessary business expenses and profit or loss risks connected with the operation of the business
• Are not required to complete an IRS W-4 form for an employer, and do not have federal income tax or FICA payments withheld from a paycheck, and
• Are not covered under an employer’s liability insurance or workers’ compensation.

However, there are some individuals who have special requirements and rules regarding whether they are or are not considered self-employed, regardless of whether they meet the criteria listed above. They are as follows:

• Homecare workers paid by APD are not self-employed.
• Child care providers paid by DPU, adult foster care providers paid by APD and realty agents are considered to be self-employed.
• Individuals who sell plasma, redeem beverage containers, pick mushrooms for sale or similar enterprises are considered to be self-employed.
• If a member of the financial group actively manages a property 20 hours or more per week, the income is treated in the same manner as self-employment income. If a member of the financial group does not actively manage a property 20 hours or more per week, the income is counted as unearned income with exclusions allowed, only in accordance with Oregon administrative rule.

A self-employed individual may have expenses associated with their business. It is important that SSP have this discussion with the participant and narrate thoroughly to explore potential deductions when determining eligibility because each program has different treatment regarding self-employment income and financial eligibility.

Verification of self-employment income can include tax records, business ledgers or other business records that clearly show the business income. In most situations, the past year’s records can be used to annualize for the current year, unless the applicant states this income is not representative; in this case, new verification is needed and can be annualized based on the past month or more.

Click here for the Self-Employment Worker Guide.

SNAP Self-employed persons should have their income annualized when the self-employed person has been in business for a year or more and the income is representative. This income should not be changed at the Interim Change Report, and SSP would not make the applicant provide verification of their income again.
If the self-employed person has not been in business for more than one year, but their past income is representative, SSP can accept what they have as verification.

If the self-employed person has been in business for a year or more but the past income is not representative, the current situation is used. This may be the last month, or the last six months. A conversation is needed with the applicant to determine what is most representative.

Some income types are rarely seen in the branch. Other types are treated differently depending on the individual case situation. For example, an in-home caregiver may be an employee receiving a wage or may be self-employed. The determination must be made carefully for each applicant. The self-employment determination is not made based on who pays the income taxes, FICA or worker’s compensation for the applicant.

A person has self-employment income if they are working in their own business, trade or profession where they are responsible for obtaining or providing the service or product. Individuals who are self-employed independently determine the manner, method and process of business operations, and they have full responsibility for the success or failure of the business operation. If the person does not meet those criteria, they are not considered self-employed.

For SNAP, self-employment income is generally annualized if the business has been in operation for more than 12 months; the income may be earned part of the year but intended to live on for the full year, and the applicant anticipates the income from the past is representative of the future. However, SSP should not annualize the income if the past income does not reflect the household’s actual income circumstances because the business is experiencing a substantial increase or decrease in business. In this situation, the self-employment income should be calculated based on anticipated earnings. In addition, income is not annualized if it is earned in part of the year, it is not intended to cover the full year, and the applicant has different employment for the other part of the year.

**TANF**

No additional program-specific information.

**ERDC**

The gross earnings of a self-employed individual are used before deductions when reviewing for ERDC eligibility. This means the total earnings are compared to the initial, exit and ongoing ERDC income limits to determine whether the family is eligible for ERDC prior to exploring costs or deductions of the business. If the family is below the ERDC income limits using the gross earnings of their self-employment income, they meet ERDC income eligibility. Costs can be determined at this point.

**Determining costs**

There are various ways to treat self-employment income within ERDC:

- **No costs**
  - If the applicant states they have no cost associated with running their business, the full gross amount is used.

- **50% cost**
  - If the applicant states they have at least $1 in costs, they receive the 50 percent deduction. This does not need to be verified. Most businesses have at least $1 in costs.
• **Total allowable costs**
  - If the applicant says they have more than 50 percent in costs, the full allowable cost can be used. The amount of the deduction is limited to costs that are verified and fit the definition of an allowable cost as described in Treatment of specific assets.

In the ERDC program, individuals may choose if they would like to deduct costs or not. Because countable income is directly tied to their copay amount, it is up to the family to make the best choice financially, whether they need more child care hours or a lower copay (a higher income will result in higher child care hours and a higher copay, while a lower income will result in lower child care hours and a lower copay).

After subtracting the deduction, if any, from the gross self-employment income, what remains is used to determine the copay and is the amount to be coded as SLF on UCMS.

For information regarding child care hours for self-employed individuals, click here for Child care hours.

**REF**
No additional program-specific information.

**Click here for examples: Self-employment income.**

**Oregon Administrative Rule(s)**

- [461-145-0910](#) — Self Employment; General; Not OSIP, OSIPM, or QMB
- [461-145-0130](#) — Earned Income; Treatment
- [461-145-0120](#) — Earned Income; Defined

**Terminated income**

Terminated income is income an individual reports they are no longer expecting to continue. This is often due to lost employment, or a reduction in other types of benefits, such as Social Security. Terminated income is treated differently in each program but is not considered to be ongoing income.

Click here for [Job separation and voluntary reduction of hours](#).

**SNAP**  
**People on strike**

Strikers include the following:

- Employees on strike
- Employees involved in a concerted work stoppage effort, and
- Employees whose work stopped due to the expiration of a collective bargaining agreement.

Individuals are not considered to be participating in a strike when the following occur:

- The work place is closed by the employer to resist the employees’ demands (lock-out).
- They are unable to work because of striking employees (e.g., a lumber mill strike may make truckers who deliver lumber unable to work).
- They end employment with the company involved in the strike and accept another full-time job.
To qualify as a full-time job, the job must be for 30 hours or more per week and pay at least the federal minimum wage times 30 hours.

- The striker loses their job because the employer hired a permanent replacement.
- They are exempt from the work registration requirements under OFSET the day prior to the strike due to a reason other than being employed 30 hours a week.

Individuals cannot receive increased SNAP benefits because of an income decrease due to participation in a strike. The individual on strike is choosing not to access earned income available to them. Therefore, the pre-strike income is considered available in the eligibility determination.

To determine eligibility and benefits for applicants, SSP will count each striking member’s full month’s income prior to the strike. SSP will also consider all other SNAP eligibility factors.

Strikers are required to register for SNAP employment and training programs. Applicants who must participate in a work program should be made aware of jobs that are vacant due to a strike. However, they are not required to accept said jobs.

**TANF**
No additional program-specific information.

**ERDC**
For ERDC, income is budgeted so the anticipated amount is the same for each month, including the initial month.

Income is calculated as follows:

\[(\text{First month’s income} + \text{ongoing income} \times 11 \text{ months}) = \text{total income for the certification period} / 12 \text{ months} = \text{monthly income to be coded on UCMS}.\]

For ERDC, income from employment is still required when determining initial eligibility.

**REF**
No additional program-specific information.

**Oregon Administrative Rule(s)**

- 461-150-0060 — Prospective or Retrospective Eligibility and Budgeting; ERDC, REF, REFM, SNAP, TANF
- 461-130-0328 — Effect of Strikes

### Unpaid work

Individuals may sometimes work without receiving payment. This is called unpaid work. Examples of unpaid work might include doing odd jobs, volunteering, bartering, internships, work study or job training.

Unpaid work will usually result in no income. However, there are certain situations where it is exchanged for in-kind income, such as free housing or other benefits. For more information regarding this type of exchange, click here for **Earned income**.

**SNAP**
No additional program-specific information.

Click here for [SNAP employment services](#).
Expenses and deductions

When applying for benefits, applicants may have to pay for items or services. These are called expenses. Common expenses include housing expenses such as rent or mortgage payments, utility payments such as electricity or cell phone payments, child care payments, child support payments, etc. Some programs allow a deduction for certain expenses, and these deductions may affect program eligibility or benefit level.

There are various expenses individuals may pay on a monthly or yearly basis that may be considered when determining program eligibility.

Types of expenses

Child support (and arrearage)

Individuals may be paying court-ordered child support on a sporadic or monthly basis for a child residing out of their home. They may also be paying back-payments, called arrearage.

Spousal support and alimony

Spousal support means income paid (voluntarily, per court order or per administrative order) by a separated or divorced spouse to the other spouse.

Domestic violence related expenses

This applies specifically to the TA-DVS program.

Some individuals applying for TA-DVS may have expenses related to their safety situation. There is a form available to help workers determine survivors’ financial eligibility: Temporary Assistance for Domestic Violence Survivors Eligibility and Benefit Calculation Worksheet (DHS 1542). Domestic violence related expenses are removed from the applicant’s available income as it has been set aside for a purpose related to their safety. Click here for the Temporary Assistance for Domestic Violence Survivors (TA-DVS) Eligibility and Benefit Calculation Worksheet.

Educational expenses

Students may be paying for educational expenses, such as tuition, books, meal plans or child care associated with their schooling.

Medical expenses

Medical expenses include any payments made by the applicant for medical expenses for themselves or another member of the filing group.
Shelter expenses

Shelter expenses include payments for housing such as rent, mortgage, mortgage insurance, property taxes, homeowner’s association fees, etc.

Utility expenses

Utility expenses include payment for utilities such as electric, gas, garbage, internet, telephone and other utility payments.

Deductions of expenses

This applies specifically to the SNAP program.

Many expenses may be added as a deduction within the SNAP program that may affect a household’s monthly SNAP allotment.

The following expenses may be considered deductions within the SNAP program:

Utility expenses

Utilities are addressed within the SNAP program in different ways. When applicants are paying for utility expenses, they are allowed a deduction based on the utilities they pay. The filing group must be billed for these payments, which could include heating and cooling, cooking fuel, electricity, water, sewer, well installation and maintenance, septic tank system installation and maintenance, garbage collection fees, and the basic service fee and taxes for one telephone including a cell phone.

If a household claims their vehicle as their home, gasoline is allowed as a utility cost when it is used for heat.

The receipt of energy assistance does not affect the utility deduction as long as the group will incur and be billed for heating and cooling expenses.

Each filing group must have an identified utility bill. Utility expenses included in rent are not generally a separately identified bill. To be separate, the rent receipt or identified billing statement must break out each identified cost (i.e., $350 rent, $50 electricity, $20 water and sewer, etc.).

When a filing group is billed for allowable utility expenses, they receive one of four standard utility allowances for their deduction. The standard amount is derived from the average utility expenses for households in Oregon. Applicants with allowable expenses receive one of these four allowances. There is no additional deduction for actual utility expenses in excess of the utility allowances. There is also no proration when two or more filing groups share a residence and each pay utility expenses.

The utility allowances are as follows:

- **Full utility allowance (FUA):** To be eligible for FUA, the filing group must be billed on a regular basis for its heating and cooling expenses.
  - Cooling expenses do not include portable home fans. All fuels (including geothermal, solar panels, wood, oil, propane, gas and electricity) are considered heating expenses if they are the
primary source actually used for heating.

- Wood heat is an allowed cost if the filing group purchases wood. This does not include the cost of a cutting permit, gas for a truck to haul the wood, chain saw expenses, etc.

- FUA is not allowed for the use of cooking stoves or electric blankets as a heat source. Space heaters and stoves (wood, pellet, coal, etc. used for heating purposes only) are utility expenses but do not qualify the household for FUA if it is a supplement to the main source of heat. If it is the only source of heat, the household does qualify for FUA.

- FUA is allowed based on the applicant’s statement that they have these expenses, unless it is questionable.

- The filing group must incur an out-of-pocket expense for the heating/cooling expenses. If the applicant is billed for their individual usage or a flat rate for heating/cooling expenses separate from the rent, FUA is allowed. Verification is not necessary.

- FUA is not allowed for filing groups charged a flat amount for rent and utilities that do not separately identify heating and cooling expenses.

- Some applicants have low-income housing and receive a HUD payment for utility expenses. The HUD utility reimbursement (paid directly to the individual or to the utility company) may cover all or most of the heating bill. If the individual is responsible for the balance of the bill, they are also eligible for FUA.

- If a filing group is sharing a dwelling with another group and they share utility expenses, FUA may be given to each group paying a share of the heating expenses. There is no proration.

- **Limited utility allowance (LUA):** The limited utility allowance is given when the filing group is paying for at least two allowable non-heating utility expenses, such as telephone and water bills.
  - One cost may be for a telephone.
  - Cable and internet are not allowable utility expenses.
  - The cost for phone cards are not allowable utility expenses.

- **Telephone utility allowance (TUA):** The telephone utility allowance is given when the filing group is paying for a telephone or prepaid cell phone.
  - The telephone may be a landline, a cell phone or an internet phone service.
  - A filing group that pays only for a cell phone qualifies for TUA even if another filing group in the household has a landline available.
  - The cost for phone cards are not allowable utility expenses.

- **Individual utility allowance (IUA):** The individual utility allowance is given when the filing group is billed on a regular basis for one allowable non-heating cost, such as a water bill.
  - This cost cannot be for a telephone.
  - Cable and internet are not allowable utility expenses.

**Housing expenses**

Housing expenses include billed amounts for continuing charges for rent, mortgage (including a second
mortgage) or other continuing payments leading to home ownership, including interest on such payments. These expenses must occur where the filing group is currently residing.

The applicant’s monthly mortgage bill is allowed as a housing deduction even when it is not being paid because it is in foreclosure or is a reverse mortgage; the applicant is still incurring the cost/debt. Payments on a home equity loan or line of credit are also allowed if the home is listed as collateral on the loan, and the financial institution is listed as a lien holder on the home.

**Other allowable housing expenses include:**
- Property taxes (even when they are deferred)
- State and local assessments
- Mortgage insurance premium (MIP)
- Insurance on the structure of the home
- Condominium and association fees charged to owners and renters to cover common area expenses
- Itemized housing expenses paid at the time of closing, such as insurance and property taxes
- Expenses that are not reimbursed by private or public sources for repairing a home damaged or destroyed by a disaster (such as fire or flood)
- For homeless groups living in their vehicle, payments on the vehicle and the portion of insurance payments that cover vehicle damage (comprehensive and collision only).

**Unallowable housing expenses include:**
- Expenses to insure furniture or personal belongings
- Renters’ insurance, even if it is required by the landlord in order to live in the dwelling
- Payments on delinquent property taxes and their interest
- Closing expenses.

**Additional considerations:**
- The individual can choose whether to receive the housing deduction in the month it is billed or becomes due, or to average the cost over the period it is intended to cover. Therefore, a tax or insurance bill could be allowed as a deduction in one month or averaged.
  - For example, to average a tax bill for $1,800 over a 12-month period, the deduction would be $1,800 divided by 12 months = $150 per month. This tax amount would be added to any payment amount plus averaged insurance amount to calculate the total monthly housing deduction.
  - It is often to the best interest of the applicant to average the cost over a period of time and receive increased benefits for the total certification period, rather than allowing the cost in one month and increasing benefits for one month only.
- For housing expenses billed on a weekly or biweekly basis, these payments are converted to a monthly amount by multiplying weekly amounts by 4.3 and biweekly amounts by 2.15.
  - For example, an applicant charged $80 per week for housing expenses would have a housing...
cost of $80 x 4.3 = $344 per month.

- When a filing group shares housing expenses with persons in the dwelling who are outside the group, the deduction is allowed only for the amount actually incurred by the filing group.
  - For example, if two groups each pay half of the $450 rent, a $225 deduction is allowed. In addition, if the filing group collects the rent from the other group and then forwards the full amount to the landlord, the $225 is not counted from the other group as income or as a housing cost. This is because it is considered unavailable and does not affect the SNAP calculation.
- In some instances, a SNAP filing group is not eligible for a shelter deduction because they are not responsible for the shelter expenses.
  - A SNAP group may not be responsible for the shelter expenses if they are working at an apartment complex in exchange for rent. In this situation, the value of the rent is not counted as income because it is income-in-kind.
  - In addition, the SNAP group is not allowed a deduction for the value of the rent because the group is not responsible for making the rent payment.
  - Similarly, if a SNAP group receives Section 8, HUD, or other community agency housing assistance that pays part or all of their monthly rent expenses, the SNAP group is not allowed a deduction for the portion paid by housing assistance.
- If an individual has a reverse mortgage (also sometimes known as a home equity conversion mortgage) on their primary residence, the following shelter deductions are allowed in addition to any property tax and homeowner’s insurance:
  - Periodic monthly accrued interest charge
  - Recurring finance charges
  - Mortgage insurance premiums/payments (MIP)
  - Recurring fees
  - Required scheduled payments
  - Continuing charges for other mortgages on the primary residence.
- Payments or proceeds from a reverse mortgage are not allowed as a shelter deduction. These payments are considered loan income, which is included.

**Court-ordered child support payments**

Individuals may pay child support payments. This area differs from other SNAP deductions because it depends on what the individual pays, rather than what they are billed. Individuals paying legally obligated child support for children outside the household receive this deduction. This means the child for whom the support is paid cannot be a member of the household group. Child support deductions include the amounts the individual is paying for both current child support and arrearages (back payments), unless the payment is collected by Set-Off of Individual Liability (SOIL) recovery.

The child support deduction is limited to the amount a member of the filing group is paying for child support. The amount a noncustodial parent pays toward the child’s medical bills or health insurance
coverage is also allowed as part of this deduction.

To allow the deduction for payment of child support, both of the following must be true:

- The child support must be court-ordered.
- The child(ren) the support is for cannot be in the same household group as the person ordered to pay the child support.

If each of the above is true, the following must be verified before the deduction can be allowed:

- That the support is court-ordered
- Which child(ren) the support is for, and
- The amount of child support the applicant is paying/has paid.

**Dependent care expenses**

This deduction is allowed when the SNAP group has a cost for caring for a dependent in the filing group who requires care. The care must be necessary for the caretaker to accept or maintain employment, comply with work registration requirements, attend training/education preparing them for a job, or look for work.

Dependent care expenses are not an allowable deduction when:

- The expense is being paid by JOBS or SNAP E&T programs (unless there is an additional out of pocket cost to the parent, called an overage)
- There is no unmet need (negative dollar amount) for a higher education student
- An unemployed parent is in the home and able to provide the care.

Common dependent care deductions include ERDC copay amounts, private payment made to a child care provider by the caretaker, or ERDC overage amounts (the amount unpaid by DHS but still incurred to the parent). Other allowable dependent care deductions include the federal mileage reimbursement rate for transportation of the dependent child to and from care, and other fees associated with the dependent child’s care and ability to participate in activities such as sports, preschool or afterschool programs.

Dependent care deductions are not allowed when the person providing care for the child is part of the filing group, or if the provider is the dependent’s biological, adoptive or stepparent.

**Medical expenses**

To be eligible for a deduction for medical expenses, individuals must either meet the SNAP definition of “elderly” or “individual with disabilities.”

Filing groups with more than $35 in allowable monthly medical expenses and less than $205.01 in medical expenses will receive a standard medical deduction (SMD) of $170 from their countable income.

Filing groups with more than $205 in allowable monthly medical expenses will receive a deduction of the actual verified amount of their medical expenses.
Medical deduction chart

<table>
<thead>
<tr>
<th>Filing groups with more than $35 in allowable medical expenses and less than $205.01</th>
<th>Filing groups with more than $205 in allowable medical expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard medical deduction ($170) from their countable income</td>
<td>Deduction of the actual verified amount of medical expenses minus $35</td>
</tr>
</tbody>
</table>

**Allowable medical expenses**

A medical deduction is allowed for the expenses of services provided by, prescribed by or used under the direction of a licensed medical practitioner. Examples of allowable medical expenses include, but are not limited to:

- Health insurance premiums, deductibles and coinsurance (includes Medicare premiums not covered by Medicaid and EPD participant fees)
  - Long-term-care insurance premiums are deductible if the insurance pays for services while an individual is receiving waivered or nursing facility services or is in an intermediate care facility for those experiencing cognitive disabilities.
- Medical and dental care, including psychotherapy, rehabilitation services, hospitalization and outpatient treatment
- Prescription drugs and medications prescribed by a licensed medical practitioner, as well as medical supplies and equipment, dentures, hearing aids, prostheses and prescribed eyeglasses (Postage expenses for order-by-mail prescriptions are also allowable.)
- Over-the-counter medications approved by a licensed practitioner or other qualified health professional (no formal written prescription is required)
  - Medical supplies include prescribed adult-sized diapers, such as Depends.
  - Medical supplies do not include special diets or special foods prescribed by a doctor. A person on a low- or high-sodium diet may purchase prescribed high-sodium foods with their SNAP benefits. Some dietary drinks high in nutrients may be purchased on a medical card.
- Nursing care, nursing home care and hospitalization, including payments on bills for people who were members of the household immediately prior to entering a state-certified hospital or nursing home
- Maintaining an attendant, a home health aide, a housekeeper or dependent care services due to age or illness, including an amount equal to a one-person SNAP payment standard when the individual furnishes the majority of the attendant’s meals
- Individual offset payments when residing in a group living facility
  - Service expenses are allowable, which is the amount over room and board.
- Prescribed assistance animals (such as seeing-eye dog, a hearing dog or housekeeper monkey) that have received special training to provide a service to a client (This deduction includes the cost of acquiring these animals, their training, food, and veterinarian bills.)
  - Special training means the animal has been trained to do something for their owner that the animal would not normally know to do. The training needs to be related to providing a service...
the individual needs due to their disability. Obedience training does not constitute special training.

- Questions to consider:
  - What disability created the need for the service animal?
  - What is the service the animal is providing?
  - What is the training the animal received?

- The reasonable cost of transportation and/or lodging needed to obtain medical treatment or services
- The same rate as approved by DMAP for medical transportation should be used. This can be found in the NEMT Brokerage Operations Manual on page 59.

Unallowable medical expenses

Some medical expenses are not allowed when SSP is reviewing an individual’s medical deductions. Examples of unallowable medical expenses include, but are not limited to:

- Expenses for items that can be purchased with SNAP benefits (e.g., special diets, nutritional drinks or organic food) (This is true even if the medical practitioner is prescribing the special food items for the individual.)
- Expenses related to medical marijuana or growing medical marijuana
- Expenses for gym memberships for general health purposes
- Expenses that are past due, defaulted or carried over from a previous billing period
- Medical expenses paid by credit card (Medical expenses paid by credit card are considered to be paid in full at the time the payment is made. The subsequent ongoing credit card payments are not allowable as a medical deduction.)
- Any medical expenses of other filing group members who do not meet the SNAP definition of elderly or individual with disabilities.

Verifying medical deductions for elderly/individuals with disabilities

Medical expenses must be verified. Verification of medical deductions can come in many forms. Verification could include a call to a provider’s office to validate such things as payment plans and payment status, bill amounts or frequency of visits to help determine anticipated ongoing copays. Other types of verification may include, but are not limited to, receipts for over-the-counter medications, receipts for supplies showing the purchase and purchase amount, print-outs from pharmacies showing monthly medications, and the number of months for which the prescription was supplied.

Verification of medical expenses should include the specific cost, the frequency of use and proof the services are under direction of a licensed medication practitioner. Verification could include a prescription, note or collateral contact.

Monthly expenses of $35 or less will result in no medical deduction, so the applicant’s statement is an acceptable form of verification.
Monthly expenses of at least $35.01 but not over $205 will result in the standard medical deduction, so at least $35.01 per month in expenses must still be verified.

Monthly expenses over $205 must be fully verified to allow the actual expenses.

- If the applicant reports expenses over $205 but submits verification of at least $35.01 but not over $205, the amount verified that will result in the standard medical deduction will be used instead of actual expenses.

**At application and recertification**

At initial application, SSP verifies medical expenses of at least $35.01 if the individual is to receive the SMD. If an individual has verified medical expenses of at least $35.01 and less than $205.01, SSP codes the reported amount of the monthly medical expenses. If an individual reports monthly medical expenses greater than $205, all medical expenses must be verified.

At recertification, medical expenses do not need to be verified and the individual’s statement is acceptable, unless the individual reports a change in their medical expenses that causes them to increase over $35 (if they were previously paying under this amount) or if medical expenses increase over $205.

At both initial application and recertification, a reasonable estimate of the individual’s expenses should be used for the certification period. When current and anticipated medical expenses have been determined, SSP averages the total over the certification period by combining current and expected medical expenses as follows:

- All current medical expenses are verified. Expenses can include installment payments on a bill, as long as the bill a) has not been allowed previously, b) the installment plan arrangements were made with the creditor before the bill became past due, and c) the individual has not defaulted on the plan.
- Any current medical insurance expenses and coverage are verified to determine the portion of each medical cost the individual is responsible to pay.
- Any future medical expenses are reasonably anticipated to occur during the certification period based on the individual’s medical history. The Medical Expense Worksheet for Supplemental Nutrition Assistance Program (SNAP) ([DHS 0221MED](https://example.com)) form may be used to calculate the allowable ongoing medical expenses.

**Medical expenses reported during the certification period**

If an individual reports unanticipated medical expenses they have incurred during the certification period, a deduction is allowed for the new or increased cost only if it is not past due or carried forward from a previous billing period. For medical expenses reported in the certification period, individuals may choose for SSP to do one of the following:

- Allow the cost the month after it is reported, or
- Average the cost as follows:
  - Whether paid or not paid and not past due, SSP averages it from the first of the month after which it was reported to the end of the certification period.
If the individual gets a medical bill they have not paid and it is not yet past due but due after their certification period ends, the deduction is allowed in the next certification period.

or

- Allow the amount of an installment payment if the individual and creditor made an installment plan before the bill became past due and the individual has not defaulted on the loan.

After using one of these methods to determine how much of an unanticipated medical bill changes the deduction amount for each month, SSP staff will adjust benefits for the future. No restoration of lost benefits is needed because there has not been an administrative error in this case.

Medical deductions are determined prospectively, and when there is a change, the new deduction amount only prospectively affects the future. Therefore, when an individual reports a paid medical cost in the last month of their redetermination period, there is no adjustment needed. Benefits for the current month have already been issued, and prospectively, since the bill has been paid, there is no medical expense expected for the next certification period.

TANF
This does not apply to the TANF program.

ERDC
This does not apply to the ERDC program.

REF
This does not apply to the REF program.

Click here for examples: Expenses and deductions.

Oregon Administrative Rule(s)

461-160-0420 — Shelter Cost; SNAP
461-160-0040 — Dependent Care Costs; Deduction and Coverage
461-001-0000 — Definitions for Chapter 461
461-001-0015 — Definitions; SNAP
461-160-0055 — Medical Expenses That Are Deductible; OSIP, OSIPM, and SNAP
461-160-0415 — Medical Deductions; SNAP
461-160-0430 — Income Deductions; SNAP
461-160-0200 — Restoring Benefits
461-180-0020 — Effective Dates; Changes in Income or Income Deductions That Cause Increases
461-180-0030 — Effective Dates; Changes in Income or Income Deductions That Cause Reductions
461-135-1200 — Specific Requirements; TA-DVS

Quick reference charts

Income type/frequency chart

<table>
<thead>
<tr>
<th>Income type/frequency</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable monthly income: $200/month child support</td>
<td>$200/month</td>
</tr>
<tr>
<td>Stable income: $80 received weekly</td>
<td>$80 x 4.3 = $344/month</td>
</tr>
</tbody>
</table>
Stable income: $247 received every other week  
$247 \times 2.15 = $531.05/month

Stable income: $325 received twice a month  
$325 \times 2 = $650/month

Stable income: Hourly wage and weekly hours known. Applicant works 28 hours a week @ $9.50/hour  
$9.50 \times 28 \times 4.3 = $1143.80/month

Variable income: Weekly hours or hourly wage vary or receives overtime, differential pay, etc. Past is representative. Arrive at an averaged pay per pay period using income received in the most recent 30 to 90 days. Convert to monthly income using 4.3, 2.15, 2 or 1.  
$295 + $235 + $325 + $175 + $250 = $1280 \div 5 \text{ pay periods} = $256 \text{ per pay period} \times 4.3 \text{ (paid weekly)} = $1,100.80/month.

Variable income: past work hours are representative, but rate of pay changed. Can use past work hours x rate of pay and convert.  
$9.00 \times 20.5 \times 4.3 = $793.35.

Variable income: past is not representative.  
$525 and $550 last 2 months, was laid off and expects $200 this month. Count $200 only this month and 0 thereafter.

Variable income: changing monthly. Applicant just hired for Christmas season, expects $300 this month, will work full time @ $900 for 2 months, then half time.  
Over 6 months count: $300, $900, $900, $450, $450, $450. (Change the income amount monthly using a tickler.)

Annualize: Contracted or self-employment is a full year’s income received in less than 12 months; e.g., a farmer getting $10,700 over 3 months, a teacher getting $32,500 in 10 months. See the following ERDC note.  
$10,700 \div 12 = $891.67/month; or $32,500 \div 12 = $2,708.33/month

Annualize: A self-employed individual is expected to make approximately $24,000 a year and has costs. Last tax year income is representative.  
Divide $24,000 by 12 = $2,000/month. For SNAP, code as SEC to get the 50% deduction for costs. If there are no costs, code as SEN.

For ERDC, allow 50% deduction of the total gross amount, actual cost or no cost.  
For ERDC, code the net amount as SLF

### Benefit calculation

Benefits are calculated differently for each program and benefit type. Benefits for SNAP and TANF are loaded onto an EBT card for the individual based on their eligibility, whereas benefits for child care assistance through ERDC and TANF are paid to the individual’s child care provider on behalf of the family. This section will cover how benefits are calculated based on the individual’s eligibility for each program.

#### SNAP Benefit levels

The U.S. Department of Agriculture (USDA) conducts studies to determine SNAP benefit levels. They look at the average cost of food for a household.
Below are the current benefit levels or Thrifty Food Plan (TFP):

<table>
<thead>
<tr>
<th>Number in the benefit group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$194</td>
</tr>
<tr>
<td>2</td>
<td>$355</td>
</tr>
<tr>
<td>3</td>
<td>$509</td>
</tr>
<tr>
<td>4</td>
<td>$646</td>
</tr>
<tr>
<td>5</td>
<td>$768</td>
</tr>
<tr>
<td>6</td>
<td>$921</td>
</tr>
<tr>
<td>7</td>
<td>$1,018</td>
</tr>
<tr>
<td>8</td>
<td>$1,164</td>
</tr>
<tr>
<td>Each additional individual</td>
<td>$146</td>
</tr>
</tbody>
</table>

For applicants who have passed the countable income limit (130 percent) and resource limit, we perform the SNAP benefit calculation. Elderly and individuals with disabilities need only to meet the adjusted income limit.

The 185 percent categorical eligibility income test is not part of this calculation. This is because SSP must make a separate (manual) categorical eligibility determination before coding the case on the computer or computer benefits.

It is very helpful to understand the SNAP calculation to be able to explain changes or potential changes in benefit amounts to applicants. When coding changed information in the system record, understanding the process and knowing how much the benefit amount should change makes it easier to identify coding errors.

The system will round all amounts automatically. Amounts are rounded down for 1–49 cents and rounded up for 50–99 cents in each step of the calculation, except in step 9. The answer is rounded up for 1–99 cents in step 9. (FSMIS automatically does the rounding.)

This means:

- For income, add all pay from the same income source before rounding. Round income amounts before converting and again after converting.
- Round the cost of dependent care for each individual before comparing it to the limits.
- Add medical costs for all individuals before rounding and calculating the deduction.
- Do not round shelter costs until the excess shelter deduction has been computed.

The SNAP Benefits Computation (DHS 0221) worksheet is a great tool for workers to use and understand. It takes the worker through the calculation step by step.

Here is a high-level explanation of the calculation. Some of these steps are done automatically by the system.

**Income calculation**

- **Step 1**: Figure the Income:
Add all types of income (the system will round the income for you).

If income includes self-employment with allowable costs of doing business, the system will allow 50 percent exclusion for the costs as long as it is coded as SEC. For self-employment with no costs, it should be coded as SEN. The system will not allow the 50 percent exclusion for the costs.

The subtotal is the applicant’s SNAP countable income.

This amount is compared to the SNAP countable income limit – 130 percent FPL.

Filing groups that are categorically eligible or contain an elderly person or an individual with disabilities do not need to meet the SNAP countable income limit.

If the household is not categorically eligible or does not contain an elderly person or an individual with disabilities, and income is equal to or exceeds the countable income limit, the household is not eligible for SNAP and the computation ends with this step.

**Deductions**

- **Step 2:** Subtract 20 percent of the earned income.
- **Step 3:** Subtract the standard deduction amount for the household size. (See chart below.)
- **Step 4:** Subtract the dependent care deductions. (The system will round this amount for the worker.)
- **Step 5:** Total all the allowable medical costs. (The system will subtract $35 from the allowed medical costs.)
- **Step 6:** Subtract the court-ordered child support deduction. (The system will round this amount for the worker.)

<table>
<thead>
<tr>
<th>Household size</th>
<th>Standard deduction amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–2 people</td>
<td>$167</td>
</tr>
<tr>
<td>3 people</td>
<td>$167</td>
</tr>
<tr>
<td>4 people</td>
<td>$178</td>
</tr>
<tr>
<td>5 people</td>
<td>$209</td>
</tr>
<tr>
<td>6+ people</td>
<td>$240</td>
</tr>
</tbody>
</table>

**Shelter**

- **Step 7:** Subtract the excess shelter costs. (The system will calculate the excess shelter costs.)
  - This requires a comparison of the subtotal through step 6 above to the applicant’s shelter costs. According to the SNAP calculation, half of this subtotal should be available for the applicant to pay their shelter costs.
  - If half of this subtotal is less than the applicant’s shelter costs, they have excess shelter and are entitled to another deduction.
  - If half of the subtotal is equal to or more than the shelter costs, the applicant has adequate funding for their shelter costs and does not have an excess to count as a deduction.
  - For most SNAP groups, the excess shelter deduction is the actual amount up to the allowable
maximum shelter deduction. However, for groups containing a member who is elderly or is an
individual with disabilities, the excess shelter deduction is the actual amount without a limit.

- **Step 8:** The resulting subtotal is the applicant’s SNAP adjusted income – 100% FPL. It must be
  compared to the SNAP adjusted income limit below:

<table>
<thead>
<tr>
<th>Number in the benefit group</th>
<th>100% FPL</th>
<th>SNAP adjusted income limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$1,041</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$1,410</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$1,778</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$2,146</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$2,515</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$2,883</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>$3,251</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$3,620</td>
</tr>
<tr>
<td>Each additional individual</td>
<td></td>
<td>$369</td>
</tr>
</tbody>
</table>

If the SNAP adjusted income is equal to or exceeds this limit, the group is not eligible unless they are
categorically eligible. If the SNAP group’s adjusted income is below the limit or they are categorically
eligible, we continue the calculation to determine the benefit amount.

- **Step 9:** Multiply the subtotal in step 7 by 30 percent (the system will round this amount). This 30
  percent of the SNAP adjusted income is the amount considered available to the group to spend on
  their food needs.

- **Step 10:** Subtract the subtotal in step 9 (the group’s income available for food) from the TFP
  amount for the benefit group size. The difference is the SNAP benefit amount (unless the situation
  meets an exception).

To manually compute benefits, use the SNAP Benefits Computation (DHS 0221) form.

Put all cases on FSMIS and let the system determine whether the case is eligible. Special groups can be
over the 185 percent FPL and still be eligible for benefits (e.g., NC1, SEC, elderly or disabled with high
deductions).

### Exception to the SNAP benefit calculation

When SNAP benefit calculation results in benefits of less than $15, special amounts are issued, as
follows:

- In the initial month, no benefits are issued if the prorated amount is less than $10.
- For an ongoing month with one or two individuals in the benefit group, $16 is issued.
- For an ongoing month with three or more in the benefit group, the calculated amount will be
  issued. The exception is if the calculated amount is $1, $3 or $5, the group will receive $2, $4 or
  $6 respectively.

### Prorating benefits
Initial month

When the benefit group or an applicant is eligible for less than a full month’s benefits, they will receive benefits intended to cover only the days for which they are eligible. This happens when benefits are approved on a new case, for example. This partial month’s benefit is called prorated.

The exception is for filing groups containing a migrant or seasonal farm worker. Their benefits are not prorated if they received SNAP in the prior month from any state.

To calculate prorated benefits, first determine the benefit amount for a full month. Next, divide the full benefit amount by the number of days in the payment month. This will result in the benefit amount per day. Finally, multiply the daily benefit amount by the number of days the group or individual is eligible. The result is the prorated benefit amount.

At recertification

Applicants who establish their filing date within the last month of their current redetermination period and provide verification within the 30-day processing time frame do not have prorated benefits.

- Filing groups that establish their filing date after the end of their current redetermination period and provide verification within the 30-day processing time frame have prorated benefits from the filing date. The exception is for filing groups containing a migrant or seasonal farm worker. Their benefits are not prorated if they received SNAP benefits in the prior month from any state.

For groups that are not given extra time but submit verification after 30 days but within 60 days of the filing date, prorate the benefits from the date the verification was provided if they are eligible on that date.

**TANF**

Benefit levels

The payment standards in this section are used to calculate benefit amounts for individuals receiving TANF benefits.

**Benefit group containing an adult:**

<table>
<thead>
<tr>
<th>Number in need group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$339</td>
</tr>
<tr>
<td>2</td>
<td>$432</td>
</tr>
<tr>
<td>3</td>
<td>$506</td>
</tr>
<tr>
<td>4</td>
<td>$621</td>
</tr>
<tr>
<td>5</td>
<td>$721</td>
</tr>
<tr>
<td>6</td>
<td>$833</td>
</tr>
<tr>
<td>7</td>
<td>$923</td>
</tr>
<tr>
<td>8</td>
<td>$1,030</td>
</tr>
<tr>
<td>9</td>
<td>$1,093</td>
</tr>
<tr>
<td>10</td>
<td>$1,204</td>
</tr>
<tr>
<td>Each additional individual</td>
<td>$110</td>
</tr>
</tbody>
</table>

**Benefit group containing no adult:**
The copay is calculated by a mathematical formula that gradually increases the copay as family income increases. The Copay Estimator, available on the forms server, is available for staff use.

To determine the correct copay amount, mark the circle based on whether the family is a new applicant or recertifying. Next enter the number of persons in the ERDC benefit group in the Choose Family Size: field. Make sure to include all adult members of the filing group as well as older children who do not need child care.

Enter the monthly income amount in the Enter Monthly Income field. Click on Calculate. The copay amount will appear in the Estimated Copay Amount field. If the customer is over the income standard for the ongoing and exit limit only, the screen will say Income Exceeds Eligibility For Child Care Services. The copay calculator will not indicate if the family is over the initial income limit.

Lower copays for families choosing a QRIS star rated provider – The QRIS is the Quality Rating and Improvement System. It is a way a provider can prove they have met a certain level of quality. A provider can earn a 3, 4 or 5 star rating on the QRIS.

When a family chooses a high quality, QRIS star rated provider, their copay will be lowered:

- $27 copay will be waived to $0.
- $28–$200 copay will be lowered by $20 a month.
- $201 or greater will be lowered by 10 percent.

The lower copay will start the month after their case has been connected to a QRIS star-rated provider. The QRIS star-rated provider does not have to be the primary provider on the case; it can also be a secondary or back up provider. The parent will receive a notice stating their new copay amount, the start date and the reason why their copay is going down.

When a family is no longer connected to a QRIS star-rated provider, their copay incentive will end. The system will automatically send a reduction notice to the parent stating their new copay amount, the start date and the reason why their copay is going up.
The new copay amounts will appear on the WCMI screen for the family’s case.

**Benefit levels**

The payment standards in this section are used to calculate benefit amounts for individuals receiving REF benefits.

**Benefit group containing an adult:**

<table>
<thead>
<tr>
<th>Number in need group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$339</td>
</tr>
<tr>
<td>2</td>
<td>$432</td>
</tr>
<tr>
<td>3</td>
<td>$506</td>
</tr>
<tr>
<td>4</td>
<td>$621</td>
</tr>
<tr>
<td>5</td>
<td>$721</td>
</tr>
<tr>
<td>6</td>
<td>$833</td>
</tr>
<tr>
<td>7</td>
<td>$923</td>
</tr>
<tr>
<td>8</td>
<td>$1,030</td>
</tr>
<tr>
<td>9</td>
<td>$1,093</td>
</tr>
<tr>
<td>10</td>
<td>$1,204</td>
</tr>
<tr>
<td>Each additional individual</td>
<td>$110</td>
</tr>
</tbody>
</table>

**Benefit group containing no adult (NO on case):**

<table>
<thead>
<tr>
<th>Number in household group</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>+10</th>
<th>Number in benefit group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$228</td>
<td>$180</td>
<td>$167</td>
<td>$156</td>
<td>$150</td>
<td>$143</td>
<td>$140</td>
<td>$133</td>
<td>$132</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>348</td>
<td>322</td>
<td>300</td>
<td>288</td>
<td>274</td>
<td>268</td>
<td>254</td>
<td>242</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>477</td>
<td>444</td>
<td>426</td>
<td>405</td>
<td>396</td>
<td>375</td>
<td>372</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>588</td>
<td>564</td>
<td>536</td>
<td>524</td>
<td>496</td>
<td>492</td>
<td>492</td>
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### Treatment of specific assets

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**Achieving a Better Life Experience (ABLE) Act of 2014**

The Achieving a Better Life Experience (ABLE) Act of 2014 allows individuals with disabilities who qualify to open special accounts under Section 529 of the Internal Revenue Code. The purpose of these accounts is to allow qualifying people with disabilities to save money for items that enhance their quality of life without losing needed entitlements and public benefits.

Individuals can qualify to open an ABLE Act account (or have one opened for them) if:

- The individual is blind or has a disability that does or would qualify them to receive SSI or Social Security based on blindness or disability, and
- The onset of the blindness or the disability occurred before age 26.

Balances in ABLE Act accounts are excluded when considering eligibility for OSIPM and the MSPs.
Withdrawals or distributions from ABLE Act accounts are excluded as income for OSIPM and MSP.

Staff are not expected to monitor these accounts with regularity, given that all monies held in the accounts (as well as withdrawals or distributions) are excluded.

**Oregon Administrative Rule(s)**

461-145-0000 — Achieving a Better Life Experience (ABLE) Act

**Adoption assistance**

Adoption assistance is financial assistance provided to families adopting children with special needs. Adoption assistance may be state or federally funded. Federal adoption assistance is authorized by the Adoption Assistance and Child Welfare Act of 1980 (*Public Law 96-272*). State adoption assistance is authorized by ORS 440.335.

For all programs except ERDC, SNAP and TANF, treat adoption assistance as follows:

- Exclude the entire amount of adoption assistance from Oregon.
- Exclude the portion of adoption assistance for the special needs of the child when the adoption assistance is from other states. This includes needs such as special diet, special clothing, counseling and medical costs not covered under title XIX. Count the rest of the adoption assistance as unearned income.

**Note:** Children receiving adoption assistance are excluded from the TANF filing group. This means that the adoption assistance income is excluded when determining eligibility for TANF and when calculating the TANF benefit level.

For ERDC and TANF, exclude adoption assistance.

For SNAP, adoption assistance is counted as unearned income.

**For OCCS Medical**

Exclude adoption assistance.

**Agent Orange disability benefits**

For all programs except GA and GAM:

- Exclude benefits from the Agent Orange Settlement Fund made by Aetna Life and Casualty Insurance Company for settling Agent Orange disability claims.
- Count payments made under the Agent Orange Act of 1991 and issued by the U.S. Treasury through the Department of Veterans Affairs, as unearned income.

For GA and GAM, count all Agent Orange payments as lump-sum income.

**For OCCS Medical**
Exclude Agent Orange disability benefits.

**Oregon Administrative Rule(s)**

461-145-0005 — Agent Orange Disability Benefits

**Alaska Permanent Fund Dividend**

The Alaska Permanent Fund Dividend is issued annually to eligible Alaskan residents who apply for the payment. Out-of-state residents, except military personnel and students who claim Alaska as their residence, are not eligible unless they resided in Alaska and filed for the payment before leaving the state.

- In all other programs, count Alaska Permanent Fund Dividend payments as lump-sum income.

**For OCCS Medical**

Exclude Alaska Permanent Fund Dividend.

**Oregon Administrative Rule(s)**

461-145-0008 — Alaska Permanent Fund Dividend

**Animals**

Exclude pets and animals raised as food for the financial group.

Treat income-producing animals according to the policy on income-producing property.

**For OCCS Medical**

Resources are not considered in eligibility determination.

**Oregon Administrative Rule(s)**

461-145-0010 — Animals

**Annuities; not OSIPM**

The following is cited from Oregon Administrative Rule 461-145-0020 — Annuities; Not OSIPM:

For the purposes of this policy:

(a) An annuity does not include benefits that are set up and accrued in a regularly funded retirement account while an individual is working, whether maintained in the original account or used to purchase an annuity, if the Internal Revenue Service recognizes the account as dedicated to retirement or pension purposes.

(b) In this section of policy only: “Child” means a biological or adoptive child who is:

   (A) Under age 21; or

   (B) Any age and meets the Social Security Administration criteria for blindness or disability.

(c) “Commercial annuities” mean contracts or agreements (not related to employment) by which an individual receives annuitized payments on an investment for a lifetime or specified number of years.
An annuity is counted as a resource if:

(a) The annuity does not make regular payments for a lifetime or specified number of years; or

(b) The annuity does not qualify for exclusion as a resource under subsection (4)(c) of this rule.

If an annuity is a countable resource under this rule, the cash value is equal to the amount of money used to establish the annuity, plus any additional payments used to fund the annuity, plus any earnings, minus any regular payments already received, minus any early withdrawals and minus any surrender fees.

Commercial annuities and payments from such annuities are counted as follows:

(a) In all programs except OSIP, OSIPM and QMB, annuity payments are counted as unearned income to the annuitant.

(b) In the OSIP and QMB programs:

(A) For a participant in a nonstandard living arrangement, if a participant or the spouse of a participant purchases or transfers an annuity prior to January 1, 2006, the transaction may be subject to the rules on resource transfers at and following. For an annuity that is not disqualifying but meets the criteria, or for a participant in a standard living arrangement, the annuity payments are counted as unearned income to the annuitant.

(B) If a participant or the spouse of a participant purchases an annuity on or after January 1, 2006, the annuity is counted as a resource unless it is excluded under paragraph (C) of this subsection.

(C) An annuity described in paragraph (B) of this subsection is excluded as a resource if the criteria in subparagraphs (i), (ii), and (iii) of this paragraph are met, except that if an unmarried participant is the annuitant, the requirements of subparagraph (iv) of this paragraph must also be met and if a spouse of a participant is the annuitant, the requirements of subparagraph (v) of this paragraph must also be met.

(i) The annuity is irrevocable.

(ii) The annuity pays principal and interest out in equal monthly installments within the actuarial life expectancy of the annuitant. For purposes of this subparagraph, the actuarial life expectancy is established by the actuarial tables of the Office of the Chief Actuary of the Social Security Administration.

(iii) The annuity is issued by a business that is licensed and approved to issue commercial annuities by the state in which the annuity is purchased.

(iv) If an unmarried participant is the annuitant, the annuity must specify that upon the death of the participant, the first remainder beneficiary is either of the following:

(I) SSP, for all funds remaining in the annuity up to the amount of medical benefits provided on behalf of the participant.

(II) The child of the participant, if SSP is the next remainder beneficiary (after this child), up to the amount of medical benefits provided on behalf of the participant, in the event that the child does not survive the participant.

(v) If a spouse of a participant is the annuitant, the annuity must specify that, upon the death of the spouse of the participant, the first remainder beneficiaries are either of the
following:

(I) The participant, in the event that the participant survives the spouse; and SSP, in
the event that the participant does not survive the spouse, for all funds remaining
in the annuity up to the amount of medical benefits provided on behalf of the
participant.

(II) A child of the spouse and the participant in the event that this child does not
survive the spouse.

(D) If an annuity is excluded under paragraph (C) of this subsection, annuity payments are counted as
uneared income.

**Note:** For OSIP, OSIPM and QMB, the purchase of an annuity or transfer of an annuity prior to Jan. 1, 2006, may
be subject to transfer of resource policies. Refer to APD-WG E.1 to determine if the annuity will pay out over the
participant’s life expectancy based on the participant’s age and sex.

**For OCCS Medical**

Taxable annuities are counted in both monthly and annual income. Exclude non-taxable annuities.

**Oregon Administrative Rule(s)**

461-145-0020 — Annuities; Not OSIPM

**Annuities; OSIPM**

The following is cited from Oregon Administrative Rule 461-145-0022 — Annuities; OSIPM:

In the OSIPM program:

For the purposes of this policy:

(a) An annuity does not include benefits that are set up and accrued in a regularly funded retirement account
while an individual is working, whether maintained in the original account or used to purchase an annuity, if
the Internal Revenue Service recognizes the account as dedicated to retirement or pension purposes.

(b) “Child” means a biological or adoptive child who is:

   (A) Under age 21; or

   (B) Any age and meets the Social Security Administration criteria for blindness or disability.

(c) “Commercial annuity” means a contract or agreement (not related to employment) by which an individual
receives annuitized payments on an investment for a lifetime or specified number of years.

An annuity that does not make regular payments for a lifetime or specified number of years is a resource.

When a participant applies for medical benefits, both initially and at periodic redetermination, the participant must
report any annuity owned by the participant or a spouse of the participant.

By signing the application for assistance, a participant and the spouse of a participant agree that SSP, by virtue of
providing medical assistance, becomes a remainder beneficiary as described in sections (8) and (10) of this rule,
under any commercial annuity purchased on or after Feb. 8, 2006.
If SSP is notified about a commercial annuity, SSP will notify the issuer of the annuity about the right of SSP as a preferred remainder beneficiary, as described in sections (8) and (10) of this rule, in the amount of medical assistance provided to the participant.

For a participant in a nonstandard living arrangement, if a participant or the spouse of a participant purchases or transfers a commercial annuity prior to Jan. 1, 2006, the transaction may be subject to the rules on resource transfers. For an annuity that is not disqualifying but meets the requirements in OAR 461-140-0220, the annuity payments are counted as unearned income to the annuitant.

Sections 8 and 9 of this rule apply to a commercial annuity if:

(a) The participant is in a nonstandard living arrangement, and the participant or the spouse of the participant purchases an annuity from Jan. 1, 2006, through June 30, 2006, or

(b) The participant is in a standard living arrangement, and the participant or the spouse of a participant purchase an annuity on or after Jan. 1, 2006.

A commercial annuity covered by section (7) of this rule is counted as a resource unless the annuity is excluded by meeting the following requirements:

(a) If an unmarried participant is an annuitant, the annuity must meet the requirements of subsection (8)(c) of this rule, and the annuity must specify that upon the death of the participant, the first remainder beneficiary is either of the following:

   (A) The Department, for all funds remaining in the annuity up to the amount of medical benefits provided on behalf of the participant.

   (B) The child of the participant, if SSP is the next remainder beneficiary (after this child), up to the amount of medical benefits provided on behalf of the participant, in the event that the child does not survive the participant.

(b) If a spouse of a participant is the annuitant, the annuity must meet the requirements of subsection (8)(c) of this rule, and the annuity must specify that, upon the death of the spouse of the participant, the first remainder beneficiaries are either of the following:

   (A) The participant, in the event that the participant survives the spouse; and SSP, in the event that the participant does not survive the spouse, for all funds remaining in the annuity up to the amount of medical benefits provided on behalf of the participant.

   (B) A child of the spouse; and the participant in the event that this child does not survive the spouse.

(c) An annuity covered by section (7) may not be excluded unless the annuity meets all of the following requirements:

   (A) The annuity is irrevocable.

   (B) The annuity pays principal and interest out in equal monthly installments within the actuarial life expectancy of the annuitant. For purposes of this paragraph, the actuarial life expectancy is established by the actuarial tables of the Office of the Chief Actuary of the Social Security Administration.

   (C) The annuity is issued by a business that is licensed and approved to issue a commercial annuity by the state in which the annuity is purchased.
If an annuity is excluded as a resource under section (8) of this rule, the annuity payments are counted as unearned income. If an annuity is a countable resource under section (8) of this rule, the cash value is equal to the amount of money used to establish the annuity, plus any additional payments used to fund the annuity, plus any earnings, minus any regular monthly payments already received, minus early withdrawals and minus any surrender fees.

This section lists the requirements for a commercial annuity purchased by the participant or the spouse of the participant on or after July 1, 2006, when a participant is in a nonstandard living arrangement, and the annuity names the participant or the community spouse as the annuitant. Annuities that meet all of the requirements of this section are counted as unearned income to the annuitant. The treatment of annuities that do not meet all requirements of this section is covered in sections (11) and (12) of this rule.

(a) The annuity must comply with one of the following paragraphs:

(A) The first remainder beneficiary is the spouse of the participant, and in the event that the spouse transfers any of the remainder of the annuity for less than fair market value, SSP is the second remainder beneficiary for up to the total amount of medical benefits paid on behalf of the participant.

(B) The first remainder beneficiary is the annuitant’s child, and in the event that the child or a representative on behalf of the child transfers any of the remainder of the annuity for less than fair market value, SSP is the second remainder beneficiary for up to the total amount of medical benefits paid on behalf of the participant.

(C) The first remainder beneficiary is SSP for up to the total amount of medical benefits paid on behalf of the participant.

(b) The annuity must be irrevocable and non-assignable.

(c) The annuity pays principal and interest out in equal monthly installments within the actuarial life expectancy of the annuitant. For purposes of this subsection, the actuarial life expectancy is established by the actuarial tables of the Office of the Chief Actuary of the Social Security Administration. See APD Worker Guide #E.1, Treatment of Annuities

(d) The annuity is issued by a business that is licensed and approved to issue a commercial annuity by the state in which the annuity is purchased.

If the participant is the annuitant and a commercial annuity does not meet all of the requirements of section (10) of this rule, or the spouse of the participant is the annuitant and a commercial annuity does not meet the requirements of subsection (10)(a) of this rule, there is a disqualifying transfer and following. See OAR 461-140-0296(5) and (6) for calculation of the disqualification period.

Regardless of whether a commercial annuity is a disqualifying transfer of resources, if the annuity does not meet all of the requirements of section (10) of this rule, the annuity is counted as a resource with cash value equal to the amount of money used to establish the annuity, plus any additional payments used to fund the annuity, plus any earnings, minus any regular monthly payments already received, minus early withdrawals, and minus any surrender fees.
Approved accounts; OSIP-EPD and OSIPM-EPD

Persons participating in the OSIP- or OSIPM-Employed Persons with Disabilities Program are allowed to set monies aside in an approved account.

- All monies in an approved EPD account are excluded as income or a resource during the determination of eligibility. However, the exclusion can only be made if the account has been designated as an approved account and approved as such by the local branch prior to the eligibility determination.

- Monies deposited in the approved account that the participant wants to be considered as an employment and independence expense to be used as a deduction from countable income must be approved by the branch prior to the deposit being made.

- If monies from the approved account are used for a purpose not consistent with the definition of approved account in OAR 461-001-0035, the participant may be prohibited from using an approved account for the next 12 months for the purposes of the determination of eligibility.

For OCCS Medical

Resources are not considered in eligibility determination.

Bank account

A bank account includes a money market account and an account in a financial institution.

Money in a bank account belonging to one or more members of the financial group is generally counted as a resource unless excluded in OAR 461-140-0020.

Money in a bank account is excluded as a resource when:

- In an approved account excluded under OAR 461-145-0025 or

- A burial fund excluded under OAR 461-145-0040

- A designated bank account is an excluded asset for OSIP-IC or OSIPM-IC if:
  - The account is designated to receive program benefits by direct deposit through electronic funds transfer, and
  - The benefit funds are not commingled with other assets of the participant.

- Funds from excluded income are excluded as a resource under OAR 461 140 0070
• Funds are an individual education account if excluded under OAR 461-145-0145
• Money for a plan for self-support is excluded under OAR 461-145-0405
• Proceeds from the sale of a home are excluded as a resource under OAR 461 145 0460.

Interest and dividends earned on funds in a bank account are counted as unearned income, unless the account is excluded as a resource.

For all programs except OSIP-IC, treat bank accounts held jointly with people not in the financial group as follows:
• For SNAP, count all funds in the account unless the participant proves some or all are not available. Count the available amount.
• For all other programs, count only those funds contributed to the account by the participant. Exclude other funds unless there is clear evidence they are available to the participant.

For OCCS Medical
Resources are not considered in eligibility determination.

**Oregon Administrative Rule(s)**

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**Black lung benefits**

Black Lung Benefits paid to miners or their survivors under the provisions of the Federal Mine Safety and Health Act are counted as unearned income.

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**Burial arrangements and burial funds**

Burial arrangements may include prepaid arrangements that make allowance for burial costs. They are generally made with a licensed funeral director, burial insurance or burial trust funds designating a funeral director as the beneficiary. Burial arrangements do not include a burial space.

Burial funds are an identifiable fund set aside for a participant’s burial costs. A burial fund does not include a burial space.

A burial arrangement is treated as follows:
• For ERDC, REF, REFIM, SNAP and TANF, exclude the equity value of one prepaid burial arrangement for each member of the filing group.
• For grandfathered OSIP and OSIPM individuals, exclude up to $1,000 combined equity value of burial arrangements with a licensed funeral director (plus accrued interest) and life insurance policies. Count the amount of combined cash and equity value of all life insurance and burial arrangements as a resource if they exceed $1,000.
• For all remaining programs, treat a burial arrangement the same as a burial fund.

A burial fund is treated as follows:

• For GA, OSIP, OSIPM and QMB:
  • A burial fund can only be established from cash, bank accounts, burial contracts, stocks, bonds or life insurance policies.
  • Burial funds cannot be excluded if they are commingled with non-burial-related assets. The amount set aside for burial must be in a separate account to be considered excluded from resource consideration.
  • The burial fund may be established only from the countable resources of the participant (such as cash, burial contracts, bank accounts, stocks, bonds or life insurance policies). A burial fund may be established if the countable resources of the participant exceed allowable limits. A burial fund exclusion applies only if the burial fund makes the participant ineligible due to excess resources.
  • The following calculation determines the exclusion for a burial fund:
    » Exclude up to $1,500 of a burial fund from resources for each of the following:
      ▪ The participant
      ▪ The participant’s spouse.
    » Subtract both of the following from the amount each participant may set aside for a burial fund:
      ▪ The face value of life insurance policies owned by the participant that have already been excluded from resources
      ▪ The amount in an irrevocable burial trust or any other irrevocable arrangement to cover burial costs.
    » Exclude all interest earned on excluded burial funds or increases in the value of excluded burial arrangements if left in the fund.

• For all other programs, the value of the burial fund is counted as a resource.

There is no penalty or overpayment for the time period during which the burial arrangement or burial fund existed if a participant:

• Canceled an excluded burial arrangement, or
• Used excluded burial funds for any purpose other than burial costs.

**Note:** From Sept. 27, 1987, to Nov. 5, 1989, Oregon law prohibited establishing irrevocable burial trust funds. Burial trust funds established on or after Nov. 5, 1989, may be irrevocable.

**For OCCS Medical**
Resources are not considered in eligibility determination.

**Oregon Administrative Rule(s)**

461-145-0040 — Burial Arrangements and Burial Funds

**Burial space and merchandise**
For the purpose of this rule, burial spaces include conventional gravesites, crypts, mausoleums, urns, niches, burial vaults and other repositories traditionally used for the remains of deceased individuals. Burial spaces also include headstones, the opening and closing of the gravesite, and the reasonable and necessary improvements or additions to such spaces. Burial merchandise includes, but is not limited to, urns, caskets, liners, headstones, markers, plaques and foundations.

- In the ERDC, REF, REFM, SNAP and TANF programs, exclude as a resource the equity value of all burial space or merchandise for each member of the financial group. For burial space and merchandise that serves the same purpose, only one item per person is excluded.

- In the OSIP, OSIPM and QMB-DW programs, exclude as a resource the equity value of all burial space or merchandise if owned by the participant and designated for the participant, the spouse of the participant, minor and adult children, siblings, parents, and the spouse of any of these individuals. For burial space and merchandise that serves the same purpose, only one item per person is excluded.

<table>
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<th>Examples of serving the same purpose:</th>
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<td>A casket and an urn</td>
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<td>A headstone and a plaque</td>
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<td>A gravesite and headstone</td>
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<tr>
<td>Opening/closing of gravesite and a gravesite</td>
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</tbody>
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For OCCS Medical
Resources are not considered in eligibility determination.

Oregon Administrative Rule(s)
461-145-0050 — Burial Spaces and Merchandise

Capital assets
Capital assets are property that either directly or indirectly contribute toward earning self-employment income, including microenterprise. Capital assets generally have a useful life of more than one year and a combined value of $100 or more.

For OCCS Medical
Resources are not considered in eligibility determination.

Oregon Administrative Rule(s)
461-145-0600 — Work-Related Capital Assets, Equipment, and Inventory

Cash
In the month of receipt, cash is counted as income unless the source of the cash qualifies for an exclusion under another rule.
After the month of receipt, count cash (including cash on hand, cash in a safe deposit box and cash held by others) as a resource, unless the source of the cash qualifies as an excluded resource under another rule.

Count as a resource foreign currency that can be converted to U.S. currency. The value of foreign currency is its value in U.S. currency, determined by the current exchange rate.

The treatment of a check is based on the source of the funds.

For OCCS Medical
Resources are not considered in eligibility determination.

Oregon Administrative Rule(s)
461-145-0060 — Cash

Child support and cash medical support

Child support and cash medical support paid by a noncustodial parent for a dependent child or minor parent in the financial group are considered income of the dependent child or minor parent, whether the support is paid voluntarily or in accordance with an order to pay child support.

- “Pass-through” means child support, up to $50 per dependent child or minor parent per financial group per month and not to exceed $200 per financial group per month, sent to the participant before any remaining amount of current child support is withheld by the state. Pass-through includes current child support only.
- “Disregard” means child support, up to $50 per dependent child or minor parent per financial group per month and not to exceed $200 per financial group per month, not counted as income of the participant. Disregard includes current child support only.

In the ERDC program, child support is considered countable unearned income if it is received by the financial group or is countable as in-kind income per OAR 461-145-0280. Otherwise it is excluded.

In the SNAP program, child support and cash medical support are treated as follows:

- Child support payments the group receives that must be assigned to SSP to maintain TANF eligibility are excluded, even if the group fails to turn the payments over to DCS.
- Child support payments received by a filing group with at least one member working under a TANF JOBS Plus agreement are excluded, except:
  - If it is considered countable unearned income in the calculation of the wage supplement; and
  - Any pass-through is considered countable unearned income.
- All other child support, including any pass-through, is considered countable unearned income.
- Cash medical support is considered countable unearned income except to the extent it is used to reimburse an actual medical cost.
- Payments made by a noncustodial parent to a third party for the benefit of the financial group are treated in accordance with OAR 461-145-0280 (In-Kind Income).
  - Payments made to a third party that should legally be made directly to a member of the financial group are counted as unearned income.
• Payments made to a third party that are not legally obligated to be made directly to a member of the financial group and the financial group does not have the option of taking, and payments made to a third party that are court ordered are excluded.

In the TANF program:
• In determining initial eligibility, except for disregard, child support received by the DCS is considered countable unearned income, if continued receipt of the child support is reasonably anticipated. These payments are excluded when determining the benefit amount.
• In determining ongoing eligibility, except for individuals working under a TANF JOBS Plus agreement and except for child support passed through to the participant and disregarded, child support received by the DCS is considered countable unearned income, if continued receipt of the child support is reasonably anticipated. These payments are excluded when determining the benefit amount.
• For individuals working under a TANF JOBS Plus agreement:
  • Child support is excluded in determining countable income.
  • Child support is excluded when calculating the TANF portion of the benefit equivalency standards.
  • All child support paid directly to the participant is considered countable unearned income in the calculation of the wage supplement.
• All other child support payments:
  • Paid directly to the financial group and turned over to DCS are considered countable unearned income except for any amount of pass-through and disregard
  • Paid directly to the financial group and not turned over to DCS are considered countable unearned income
  • Paid to a third party for the benefit of the financial group are considered countable unearned income. This includes but is not limited to payments made by a noncustodial parent to a third party for rent, mortgage, utilities or child care.
• Cash medical support is excluded in determining countable income.

In the OSIP, OSIPM and QMB programs, all child support and cash medical support paid to the financial group are considered countable unearned income. Child support and cash medical support paid by the financial group are not deductible from income.

In the SFPSS program, notwithstanding as defined in section above regarding the TANF program, for ongoing eligibility and benefit determination:
• Except for disregard, child support is considered countable unearned income.
• Cash medical support is excluded in determining countable income.
• Payments made by a noncustodial parent to a third party for the benefit of the financial group are considered countable unearned income. This includes but is not limited to payments made by a noncustodial parent to a third party for rent, mortgage, utilities or child care.

For ongoing eligibility and benefit determination for TANF individuals in a two-parent household:
• Except for disregard of this rule, child support is considered countable unearned income.
• Cash medical support is excluded in determining countable income.

• Payments made by a noncustodial parent to a third party for the benefit of the financial group are considered countable unearned income. This includes but is not limited to payments made by a noncustodial parent to a third party for rent, mortgage, utilities or child care.

• For a filing group with at least one member working under a TANF JOBS Plus agreement:
  • Child support is excluded in determining countable income.
  • Child support is excluded when calculating the TANF portion of the benefit equivalency standards.
  • All child support paid directly to the participant is considered countable unearned income in the calculation of the wage supplement.

For OCCS Medical
Exclude child support, cash medical support and any other support from absent parent in monthly and annual income.

Oregon Administrative Rule(s)

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Contributions

Contributions are monies — not gifts or winnings — given voluntarily to a financial group member by someone who is not in the group.

For all programs except SNAP and as provided in (3), count contributions as unearned income.

For SNAP, count contributions as unearned income. However, exclude cash contributions from charitable sources if all the following are true:

(a) The contribution is from a private, nonprofit charitable organization.

(b) The contribution is based on need.

(c) The contribution does not exceed $300 per quarter.

For OCCS Medical
Exclude contributions from private, nonprofit charitable organizations, and money from others in monthly and annual income.

Oregon Administrative Rule(s)

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Corporations and business entities

Identifying corporations
• A closely held corporation is usually incorporated by one or a small number of owners. For example, a farmer or a farming family incorporates their farming business.

• A Subchapter S-corporation is incorporated under Chapter S of the Internal Revenue code. Each shareholder is responsible for filing his or her own taxes on the profits the corporation distributes. For example, a law firm or other partnership may incorporate their business under Chapter S.

• Other corporations include companies that sell stock to investors. Proctor & Gamble, AT&T and Starbucks are examples of businesses that sell stock to investors. Owning stock in a corporation does not make the individual self-employed.

**When a participant’s corporation is considered self-employment**

• For SNAP, the owner or shareholders of a corporation are not self-employed. For all other programs, the owner of a corporation is considered self-employed if they meet self-employment criteria listed per OAR 461-145-0910.

**Treatment of income**

• If an individual works for the corporation, that person is considered an employee of the corporation. In that case, treat the profits distributed to shareholders of a closely held or Subchapter S-corporation as earned income. If profits for the current year are expected to be similar to the prior year, treat the profits reported on the most recent IRS 1040 as periodic income.

• If a shareholder of a corporation is not an employee of the corporation and not receiving a salary, count any dividends as unearned income.

• In the SNAP program, income from business entities and corporations is treated as follows:
  - If a participant is actively working in a corporation, the income is treated as earned income.
  - If a participant is actively working in an unincorporated business entity, determine if the income is treated as earned or as self-employment.
  - If a participant is no longer actively working to produce the income, the income is treated as unearned.
  - Income from a limited liability company is treated as follows:
    » If a participant is a member or a manager member and owner, the income is treated as self-employment income.
    » If a participant is a manager and owner of the LLC but not a member, the income is treated as earned income.
    » If a participant is a manager but not an owner of the LLC, the income is treated as earned income.

• If a participant owns stock in a corporation, the value of the stock is a countable resource. However, if ownership of the stock is necessary for the participant to be employed by the corporation, the resource is excluded.

**Corporation expenditures benefiting a principal**

• In the OSIP, OSIPM, QMB and SNAP programs, an expenditure by a business entity or corporation that benefits a principal, such as a car or housing payment, is considered available when the expenditure is made. For purposes of this rule, a principal is a person with significant authority in a business entity or corporation,
including sole proprietor, a self-employed person, a partner in a partnership, a member or manager of a limited liability company and an officer or principal stockholder of a closely held corporation.

**Corporate assets**

- Except in cases where the owners of corporations are considered self-employed, assets held and owned by the corporation are not considered the participant’s assets.

**Note:**

- To locate information on the business, see the Secretary of State website at http://sos.oregon.gov/business/Pages/business-information-center.aspx, Business Information. If the business is licensed as a corporation in Oregon, the business name should appear in a business name search.
- The owner of a closely held corporation will have legal documents showing the date the business was incorporated.

**For OCCS Medical**

Income from corporations and business entities are counted in both monthly and annual income.

### Oregon Administrative Rule(s)

- [461-145-0088](#) — Corporations and Business Entities; Income and Resources; Not OSIP, OSIPM, or QMB
- [461-145-0910](#) — Self-Employment; General; Not OSIP, OSIPM, or QMB

### Disability benefits

This policy covers public and private disability benefits, except the following:

- Agent Orange disability benefits
- Radiation Exposure Compensation Act payments
- Social Security based on disability or SSI
- Veterans’ benefits
- Workers’ compensation.

For each disability payment covered under this policy:

- If received monthly or more frequently:
  - In the ERDC, REF, REFM, SNAP and TANF programs, income from employer-sponsored disability insurance is counted as earned income if paid to a participant who is still employed while recuperating from a temporary illness or injury.
  - Except as provided in paragraph (A) of this subsection, the payment is counted as unearned income.
- All payments other than those in subsection (a) of this section are counted as periodic or lump-sum income.

**For OCCS Medical**

Disability benefits covered in this section:

- If the disability benefit is from an employer-sponsored insurance plan and the individual paid premiums for this disability insurance on a pre-tax basis, or their employer paid the premium for them, the taxable portion
of the disability payment is counted for both monthly and annual income.

- If the disability benefit is not from an employer-sponsored insurance plan, the payments are excluded for monthly and annual income.

**Oregon Administrative Rule(s)**

410-200-0015 (51) and (52) — General Definitions
461-145-0090 — Disability Benefit
461-145-0005 — Agent Orange Disability Benefits

**Disaster relief**

A major disaster is any natural catastrophe such as a hurricane or drought or, regardless of cause, any fire, flood or explosion the President determines causes damage of sufficient severity and magnitude.

An emergency is any occasion or instance for which the President determines federal assistance is needed to supplant state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe.

Disaster Unemployment Assistance is emergency assistance authorized under P.L. 100 107 and received by individuals who are unemployed as a result of a major disaster. Individuals receiving Disaster Unemployment Assistance are not eligible for other unemployment compensation and cannot receive both at the same time.

Payments are limited to 26 weeks.

The following is cited from Oregon Administrative Rule 461-145-0100 — Disaster Relief:

Except as otherwise stated in Sections (2) to (6), the following payments, precipitated by an emergency or major disaster, are not counted as income or resources when determining eligibility for or benefit levels.

(a) Payments received under the Disaster Relief Act of 1974 (P.L. 93-288, Section 312(d)) as amended by the Disaster Relief and Emergency Assistance Amendments of 1988 (P.L. 100-707, Section 105(i)).

(b) Disaster assistance comparable to subsection (a) of this section provided by states, local governments, and disaster assistance organizations.

(c) Payments from the Federal Emergency Management Agency (FEMA).

(d) Individual and Family Grant Assistance program (IFG).

(e) Grants or loans by the Small Business Administration (SBA).

(f) Voluntary disaster assistance organizations, such as the Red Cross.

(g) Private insurance payments for losses due to a major disaster such as flood, wind, land movement.

Government payments designated for the restoration of a home damaged in a disaster are excluded as income or resources in the month of receipt and as a resource in subsequent months, if the household is subject to a legal sanction if the funds are not used as intended.

Each payment made to farmers under the Disaster Assistance Act of 1988 (Public Law (P.L.) 100-387) for crop losses or failure in a disaster is excluded.
Income received from public and private organizations by individuals working in disaster relief efforts and funded under a National Emergency Grant by Work Investment Act (WIA) Title 1 (P.L. 105-220) is excluded. An individual is eligible under this funding source if he or she is a dislocated worker, a long-term unemployed individual, or is temporarily or permanently laid off as a consequence of the disaster. Eligibility under this funding source is limited to a period of up to six months per disaster.

Disaster Unemployment Assistance is excluded as both income and a resource.

Payments for flood mitigation received by a homeowner under the National Flood Insurance Act of 1968, as amended by P.L. 109-64, are not counted as income or resources.

For OCCS Medical
Exclude all disaster relief payments for monthly and annual income, except for Disaster Unemployment Compensation, which is counted.

**Oregon Administrative Rule(s)**

- [461-145-0100](#) — Disaster Relief
- [410-200-0015 (51) and (52)](#) — General Definitions

**Disqualifying income; SNAP**

SNAP benefits received by TANF recipients may not increase when the TANF cash payment ends or is reduced due to a penalty. Eligibility for and the level of SNAP benefits is determined as if the participant were receiving benefits without the reduction in TANF benefits due to the penalty.

TANF disqualifying income is the difference between the TANF cash payment prior to the penalty and the TANF cash payment once the penalty is imposed.

The disqualifying TANF income is counted as unearned income when the TANF cash payment is reduced due to any of the following reasons:

- Failure to pursue assets
- Failure to help SSP obtain child support from a noncustodial parent
- Failure to obtain medical coverage
- Failure to comply with requirements of the employment programs
- Failure to seek treatment for substance abuse or mental health evaluation and treatment
- TANF intentional program violation (IPV) imposed
- Repayment of a TANF participant-caused or IPV overpayment. Do not include repayment on an overpayment resulting from aid paid pending due to a hearing request.

For OCCS Medical
Disqualifying income is not considered in eligibility determination.
Dividends, interest, royalties

In the OSIP, OSIPM and QMB programs:

- Dividends and interest earned on mutual funds and securities, including stocks, bonds, educational savings bonds and certificates of deposit (CDs), are excluded as income unless captured differently in another section of the rules.

- Interest earned on other assets is treated according to the rule for that asset. For example, interest and dividends earned on funds in a bank account are covered under the rule for bank accounts (see OAR 461-145-0030).

- Royalties include compensation paid to the owner for the use of property, usually copyrighted material or natural resources, such as coal, oil or natural gas, which normally are extracted from the ground. Payments received must be under a formal or informal agreement where the owner authorizes another individual or company to manage and extract a product (e.g., gas or oil) in an amount dependent on the amount of the product actually extracted. For example, an individual receives royalties from a percentage of ownership of oil or gas production.

- Royalties received by an individual in connection with any publication of the individual’s work are treated as earned income. Examples include royalties received from publication of a manuscript(s), magazine article(s) or artwork.

- When individuals are actively working in a trade or business that generates royalties:
  - If the individual meets the criteria of self-employed, the income is counted as self-employment income.
  - Income that doesn’t meet the criteria of self-employment is counted as earned income.

In all programs except the OSIP, OSIPM and QMB programs:

- Dividends are counted as unearned income.

- Interest income is counted as unearned income.

- Royalties are counted as unearned income, except royalties are counted as earned income if the participant is actively engaged in the activity from which the royalties are accrued.

For OCCS Medical

Royalties and dividends, not including self-employment dividends, are counted for both monthly and annual income.
For all other programs except ERDC, GA, GAM, REF, REFM and TANF:

- Exclude VISTA payments if the individual is receiving program benefits when they join VISTA. Continue to exclude the payments until the individual has a break in receiving benefits of more than one month.
- Count VISTA payments as earned income for individuals who joined VISTA before applying for program benefits.

For ERDC, exclude these payments unless the total value of all VISTA compensation is equal to or greater than compensation at the state minimum wage. If so, count as earned income.

For GA and GAM, count VISTA payments as unearned income.

In the REF, REFM and TANF programs, the value of the educational award is excluded; all remaining payments count as earned income.

Exclude title II of Domestic Volunteer Service Act (P.L. 93-113) payments (National Older Americans Volunteer Program), which include:

- Retired Senior Volunteer Program (RSVP) Title II, Section 201
- Foster Grandparents Program Title II, Section 211
- Older American Community programs
- Senior Companions program.

Title III payments (National Volunteer Programs to Assist Small Businesses and Promote Volunteer Service by Persons with Business Experience), which include:

- Service Corps of Retired Executives (SCORE) Title III, Section 302
- Active Corps of Executives (ACE) Title III, Section 302.

Note: Individuals join VISTA as of the date they take the oath. If the individual has a previous VISTA contract and received SNAP benefits in another state, use the date they begin the new assignment in Oregon.

VISTA was created in 1973 under the Domestic Volunteer Service Act (DVSA). In 1993 when the National and Community Service Trust Act (NCSTA) was signed, AmeriCorps was created, and VISTA was incorporated into AmeriCorps. There are three types of AmeriCorps: AmeriCorps State and National, AmeriCorps NCCC and AmeriCorps VISTA. All references in this section to VISTA mean AmeriCorps VISTA.

For OCCS Medical
Exclude Domestic Volunteer Services Act payments, both title I and title II, for monthly and annual income.

Oregon Administrative Rule(s)

| 461-145-0110 | Domestic Volunteer Services Act (VISTA, RSVP) and Small Business Act (SCORE, ACE) |
| 461-145-0365 | National and Community Service Trust Act (NCSTA), including AmeriCorps (other than AmeriCorps VISTA) |
| 410-200-0015 (51) and (52) | General Definitions |

Earned income; defined
Earned income is income received in exchange for an individual's physical or mental labor. Earned income includes all of the following:

- Compensation for services performed, including wages, salaries, per-diem, commissions, tips, representative payee fees, sick leave, vacation pay, draws or the sale of one's blood or plasma, also including Health Engagement Model (HEM) payments or other similar payments

- Income from on-the-job training, paid job experience, JOBS Plus work experience or Welfare-to-Work work experience

- In-kind income, when the participant is an employee of the person providing the in-kind income and the income is in exchange for work performed by the participant

- For self-employment, gross receipts and sales, including mileage reimbursements, before costs.

In the SNAP program:

- The cafeteria plan benefits and funds placed in a flexible spending account.

All programs except the SNAP program:

- Cafeteria plan benefits an employee takes as cash as well as funds placed in a flexible spending account.

**Note:** A cafeteria-style benefit is an amount above base earnings that can be spent on a limited menu of options, usually related to health insurance. Unspent dollars are added to gross wages when the employee’s selected option costs less than the full cafeteria benefit amount.

**Note:** Health insurance purchased with flexible benefits must be assigned to SSP, per OAR 461-120-0315.

- Income from work-study: treatment from work-study, see Educational income

- Income from profit sharing the participant receives monthly or periodically

- The fee for acting as an individual's representative payee, as long as the individual is not included in the filing group

- In the OSIP, OSIPM, QMB and SNAP programs, an expenditure by a business entity that substantially benefits principal (see OAR 461-145-0088)

For SNAP, use the Gross Wage field amount for In-Home Service Home Care Workers. This amount can be found on the In-Home Service Wage Detail screens. Do not count any mileage reimbursement because this is not part of the HCW’s income.

In-kind income may include rent or utilities credit a participant receives in exchange for work performed. To determine the amount, subtract the amount the participant pays for rent from the amount of the dwelling's usual rent. For example, the rent is $550, but the participant pays only $100 because of work done for the landlord. The earned in-kind income is $450 ($550 - $100).
Oregon Administrative Rule(s)

461-145-0280 — In-kind Income
461-120-0315 — Medical Assignment
461-145-0088 — Corporations and Business Entities; Income and Resources; Not OSIP, OSIPM, or QMB
461-145-0120 — Earned Income; Defined

Earned income; treatment

All earned income not specifically identified below is counted as earned income.

Earned income; treatment

Treat JOBS Plus income as follows:

(a) For all programs, the individual’s wages received under the Oregon Employment Department UI JOBS Plus or the Tribal TANF JOBS Plus programs are counted as earned income.

(b) For all programs except SNAP and TANF, count the JOBS Plus income from TANF-PLS as earned income.

(c) For all programs except TANF, count the JOBS Plus income from NCP-PLS as earned income.

(d) For SNAP:

   (A) When JOBS Plus income is earned by TANF-PLS individuals:

      (i) Count it as earned income in determining initial SNAP eligibility.

      (ii) Exclude it in determining ongoing eligibility.

   (B) Count as earned income any TANF-PLS JOBS Plus wages received after the month the participant last worked under a JOBS Plus agreement.

Note: When a person is receiving TANF JOBS Plus, continue to code the TANF grant and the extra JOBS Plus $10 payment as unearned income.

(a) For TANF:

   (A) When JOBS Plus income is earned by NCP-PLS individuals, count it as earned income in determining initial TANF eligibility.

   (B) When determining the need for TANF supplements for TANF-PLS individuals, treat the income as follows:

      (i) Exclude it in determining the countable income limit and in calculating the benefit equivalency standards.

      (ii) Count it as earned income in calculating the wage supplement.

   (C) Count as earned income any JOBS Plus wages received after the month the participant last worked under a JOBS Plus agreement.

Note: When a JOBS Plus participant whose selection is based on receiving UI is eligible for TANF or SNAP, switch them to TANF-PLS. TANF individuals are a higher priority for JOBS Plus selection.

Treat Welfare-to-Work work experience income as follows:

(a) For REF, REFM and TANF, exclude the first $260 earned per month. Count the remainder as earned income.
(b) For SNAP count all Welfare-to-Work income as earned income.

For ERDC, exclude all earned income of children.

(a) For ERDC, a child must be in the care and custody of the caretaker. They do not need to have a biological or legal relationship to the caretaker. The child must be:

(A) Under the age of 18; or

(B) Under the age of 19 and in secondary school or vocational training at least half time.

For SNAP, exclude:

(a) A cafeteria plan benefit, including flexible spending plans, that an employee cannot elect to receive as cash which is designated and used to pay for child care, medical care, or health insurance unless it is reimbursed by SSP; or allowed as an earned income deduction.

Note: In SNAP, cafeteria plan benefits taken as cash or used to pay for a service paid by SSP are counted as earned income. The intent is not to allow “double-dipping” by the participant; that is, being reimbursed twice for the same cost.

(b) The earned income of an individual under age 18 if they are under the parental control of another member of the household and:

(A) Attending elementary or high school;

(B) Attending GED classes recognized by the local school district;

(C) Completing home-school elementary or high school classes recognized by the local school district; or

(D) Too young to attend elementary school.

(c) In-kind earned income, except as provided in section (7).

(d) Any amount deducted from base pay for future educational costs under P.L. 99-576, 100 Stat. 3248 (1986), for individuals on active military duty.

(e) Income remaining after the month of receipt is a resource.

For REF, REFM and TANF programs;

(a) Exclude the earned income of the following financial group members in the month of receipt. Count any money remaining after the month of receipt as a resource.

(A) Dependent children under age 19, or minor parents (under age 18), who are full-time students in grade 12 or below (or the equivalent level of vocational training, GED courses or home schooling approved by the local school district).

(B) Dependent children under age 18 who are part-time (as defined by the institution) students in grade 12 or below (or the equivalent level of vocational training, GED courses, or home schooling approved by the local school district) and are not employed full time.

(C) Dependent children too young to be in school.

(b) Income remaining after the month of receipt is a resource.

(c) In-kind earned income is excluded.
For REF, REFm and TANF, exclude all in-kind income except unearned third-party payments.

In the SNAP Program, earned in-kind income is excluded unless it is an expenditure by a business entity that benefits a principal. If it benefits a principal, it is treated as countable earned in-kind reimbursement.

In all programs except for OCCS Medical, the income of a temporary employee of the U.S. Census Bureau employed to assist in taking the census is excluded.

For OCCS Medical
Earned Income, as defined, is counted in monthly and annual income.

### Oregon Administrative Rule(s)

- **461-145-0130** — Earned Income; Treatment
- **461-145-0280** — In-Kind Income
- **461-145-0120** — Earned Income; Defined
- **410-200-0015 (51) and (52)** — General Definitions

### Earned Income Tax Credit (EITC)

Earned Income Tax Credit (EITC) are federal and state tax programs for low-income families. EITC may be received in one of two ways:

- As an advance in the employee’s paycheck, or
- As one annual payment received at the time of the normal income tax returns.

The EITC is excluded from assets in the month of receipt and then for a maximum of 12 calendar full months starting with the month following the month of receipt of the refund or payment. All funds remaining after the 12-month period are counted as a resource.

For OCCS Medical
Exclude the Earned Income Tax Credit in monthly and annual income.

### Oregon Administrative Rule(s)

- **461-145-0140** — Earned Income Tax Credit (EITC)

### Educational income

The following is cited from Oregon Administrative Rule **461-145-0150** — Educational Income:

Educational income is income designated specifically for educational expenses. To be considered educational income, the income must be given to one of the following:

(a) A student at a recognized institution of post-secondary education. Post-secondary education is education offered by institutions primarily to individuals age 18 or older (Admission may or may not require a high school diploma or equivalent.)

(b) A student at a school for people with disabilities

(c) A student in a vocational education program
(d) A student in a program that provides for completion of secondary school diploma or the equivalent

To determine the amount of educational income to exclude, use education expenses listed in the financial aid award letter unless one of the following is true:

(a) The information is not available in the award letter, or the student provides verification of amounts different from those listed in the award letter. In these situations, use the verified amounts from the student.

(b) The student receives child care benefits (i.e., ERDC or other child care subsidies). In that situation, exclude from educational income the amount the student actually pays for child care (e.g., the ERDC copay) instead of the amount shown in the award letter.

(c) The student states actual transportation costs exceed the amount allowed for the expense in the award letter. In that situation, calculate the number of commuting miles to and from school and multiply by 20 cents. Exclude the calculated amount or the amount from the award letter, whichever is greater.

Exclude the following items:

(a) Educational income authorized by the Carl D. Perkins Vocational and Applied Technology Education Act, Title IV of the Higher Education Act, or made available by the Bureau of Indian Affairs (BIA)

(b) All income from educational loans.

Exclude the cost of the following items from remaining educational funds (including non-title IV work study):

(a) Tuition, mandatory fees, books and supplies, transportation, required rental or purchase of equipment or materials charged to students enrolled in a specific curriculum, other miscellaneous personal expenses (except room and board) and loan originator fees and insurance premiums required to obtain an educational loan

(b) Additionally, for all programs except ERDC, exclude dependent care costs.

For a participant in the Parents as Scholars (PAS) component of the JOBS program who is approved for PAS pursuant, exclude all remaining educational funds, including those funds intended for room and board.

For all programs, after allowing exclusions, treat the remaining income as follows:

(a) Count work study, fellowships and teaching-assistant income not excluded per section (3) or (4) of this rule as earned income. This may include work study provided through the VA program or other educational programs.

(b) For all programs, count other educational income (grants, Montgomery GI Bill [VA Chapters 30, 32, 35, 1606 or 1607, Veterans Retraining Assistance Program (VRAP)], Post 9-11 (9/11) GI Bill [VA Chapter 33], etc.) by prorating it over the period it is intended to cover, then begin counting the prorated amount in the first month of the period if the participant has already received the income. If income has not been received, begin counting the prorated amount in the month of the period it is expected to be received.

(c) Count the VA Chapter 31 subsistence allowance. When participating in this program, the VA pays all tuition, books and fees. All education costs are provided for the student except transportation and child care.

(d) Individuals may be attending school under the displaced workers program. In this instance, the student will continue to receive weekly UC benefits while attending school. Treat displaced worker payments the same as UC benefits.
Note: If a SNAP participant begins receiving ERDC, remember to recalculate SNAP educational income because the exclusion for child care expenses has changed.

For ERDC and SNAP, use the Educational Income Calculation for ERDC and Food Stamps worksheet **DHS 7351**.

**For OCCS Medical**
Excluding education income, for monthly and annual income, except for non-title IV (not loans) educational income, which is excluded monthly.

**Oregon Administrative Rule(s)**

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</table>

**Energy assistance**
For all programs, exclude all energy assistance payments or allowances made under any federal, state or local law. These payments include:

- Energy assistance payments provided through a U.S. Department of Health and Human Services Low-Income Assistance Program.
- Energy assistance payments provided through the Low-Income Energy Assistance Act of 1981 under **P.L. 97-35, Section 2605(F)** (LIEAP).

**For OCCS Medical**
Exclude energy assistance for monthly and annual income.

**Family Abuse Prevention Act (FAPA) payments**
FAPA payments are court-ordered payments to victims of domestic violence made under authority of ORS **107.718(1)(h)**. A payment is considered available when actually received by the victim of abuse.

For all programs, the first $2,500 is excluded. The excess above $2,500 is counted as a resource.

**For OCCS Medical**
Exclude Family Abuse Prevention Act (FAPA) payments for monthly and annual income.

**Oregon Administrative Rule(s)**

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<td>461-145-0175</td>
<td>Family Abuse Prevention Act (FAPA) Payments</td>
</tr>
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</table>
Floating homes and houseboats

Floating homes and houseboats are treated in the same manner as real property.

Floating homes and houseboats are subject to OARs 461-145-0220 and 461 145 0250, if applicable.

For OCCS Medical

Resources are not considered in eligibility determination.

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<td>461-145-0420 — Real Property</td>
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</table>

Food programs; other than SNAP

For all programs except SNAP, exclude the following:

- Benefits from the Special Supplemental Food Program for Women, Infants and Children (WIC) (Also, exclude WIC demonstration project coupons that may be exchanged for food at farmers’ markets.)

- The value of supplemental food assistance under the Child Nutrition Act and the National School Lunch Act (This includes the Special Milk Program, School Breakfast Program, the Summer Food Service Program, the Commodity Program and the Child and Adult Food Program.)

- Benefits from the WIC Farm Direct Nutrition Program

- Nutrition Assistance Program benefits received in Puerto Rico, American Samoa or the Commonwealth of the Northern Mariana Islands.

SNAP individuals receiving Tribal Food Distribution Program products are not eligible to receive SNAP in the same month. For all other programs, Tribal Food Distribution Program benefits are excluded.

For OCCS Medical

Resources are not considered in eligibility determination.

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</table>

Foster care/guardianship assistance payment

Foster care is when an individual is placed in the home of relatives or other individuals or families by a federal, state or local governmental foster care program. This could be child or adult foster care.

Guardianship Assistance payments are made by Child Welfare for children under age 18 when a person has agreed to be the child’s guardian. These payments are authorized under a foster care waiver.

A foster care payment is:
• The payment the foster care provider receives from the foster care program, and
• For adults in foster care, this also includes their room and board payment and any service payment the participant is required to pay the provider.

Note:
• An adult in foster care is required to pay the room and board part of the foster care payment. Children in foster care do not make this separate payment.
• Per OAR 461-110-0630, parents in foster care for whom foster care payments are being made cannot have their needs counted for TANF.
• Proctor care administered by or under contract to a state agency is a form of foster care. Treat these situations and income the same as foster care.
• Child Welfare foster care payments pay the costs necessary for providing care for the child. The entire payment is designated by CW to provide for the child’s room and board, personal incidentals and special needs. The provider does not receive additional compensation for their service as a child foster care provider.

Treat foster care/guardianship assistance payments as follows:

• For all programs except ERDC, REF, REM, SNAP and TANF:
  • If the provider of foster care/guardianship is in the financial group:
    » Exclude the amount the placement agency identifies as room and board, clothing and personal incidental needs (including recreational expenses) of the foster care/guardianship assistance participant.
    » Exclude the amount designated for special need items of the foster care/guardianship assistance participant.
    » Count the remaining amount as earned income.
  • If the provider of foster care/guardianship is not in the financial group, exclude the foster care payments.
• For ERDC, exclude foster care and guardianship payments.
• For SNAP, count the payments for foster care or guardianship assistance as follows:
  • If the person receiving the foster care or assistance is a member of the household group, but not the filing group, exclude the income.
  • If the person receiving the foster care or assistance is a member of the filing group, count the payment from the foster care program as unearned income for the care provider.
  
  Note: Do not count the room and board or service payment as income the foster care recipient is paying to the provider when they are in the same filing group. This is because the foster care person’s income has been counted already and income that changes hands between financial group members is not counted.
  • If the person receiving the foster care or assistance is not a member of the household group, count the payment (both parts) as self-employment income for the foster care provider.

• For REF, REM and TANF, count the payments for foster care or guardianship as follows:
• If the person receiving adult foster care or assistance is a member of the household group but not the filing group, exclude the income.
• If the person receiving adult foster care or assistance is a member of the filing group, count the payment from the foster care program as unearned income for the care provider.
• For children in foster care, exclude the payments or benefits.

For OCCS Medical
Foster care payments and Guardianship Assistance are treated as follows:
• If the income is being received for a child, the payments are excluded for monthly and annual income.
• If the income is being received for an adult, and the individual receiving the income cares for six or more qualified foster individuals, the payments are counted for monthly and annual income.

Oregon Administrative Rule(s)

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Gifts and winnings
Gifts are items given to or received by an individual on or for a special occasion, such as a holiday, birthday, graduation or wedding. They are not given or received on a regular basis.

Winnings are prizes given to an individual in a contest, game of chance or similar event. Winnings in the form of money may be distributed periodically (e.g., monthly) or in a lump sum.

Gifts and winnings in the form of either a gift card or certificate are excluded.

For employment-related items, see OAR 461-145-0130.

For all programs except ERDC, treat in-kind gifts and winnings according to policy for the specific type of asset. Treat gifts and winnings in the form of money as periodic or lump-sum income.

For ERDC, exclude all gifts and winnings.

For OCCS Medical
Gifts are excluded for monthly and annual income. Winnings are counted.

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Groundfish disaster benefits
People working in the commercial fishing industry may qualify for groundfish disaster benefits. These benefits are disbursed through the Oregon Employment Department to persons involved in the commercial fishing industry in Oregon’s coastal communities.
To qualify for groundfish disaster benefits, a ground fisher must be working with the Oregon Employment Department as a displaced worker. They must also commit to not return to work in the commercial fishing industry.

The ground fisher eligible for these benefits may receive assistance for up to nine months. The monthly payments can be as much as $1,500 for a family or $1,000 for an individual. The payments may be less if the person is receiving unemployment compensation.

Groundfish disaster benefits are counted as unearned income for all programs.

For OCCS Medical
Resources are not considered in eligibility determination.

### Oregon Administrative Rule(s)

| 461-140-0010 | Assets; Income and Resources |

### Home

#### Home defined

A home is the place where the filing group lives. A home can be a house, boat, trailer, mobile home or other habitation. A home also includes the following:

- Land on which the home is built and contiguous property
  - For all programs except GA, GAM, OSIP, OSIPM, QMB and SNAP, property must meet all the following criteria to be considered contiguous property:
    - It must not be separated by land owned by people outside the financial group.
    - It must not be separated by public rights-of-way, such as roads.
    - It must be property that cannot be sold separately from the home.
  - For the GA, GAM, OSIP, OSIPM, QMB and SNAP programs, contiguous property is property not separated by land owned by people outside the financial group. In addition:
    - Contiguous property may be separated by public rights-of-way, such as roads, and
    - Property is contiguous even when it can be sold separately from the home.
- Other dwellings on the land surrounding the home that cannot be sold separately from the home
- Additionally, for SNAP, land on which the financial group is building, or plans to build, their home.

#### Exclusion of home and other property

- For a participant who has an initial month of long-term care or waivered services on or after Jan. 1, 2006:
  - For purposes of this subsection:
    - “Child” means a biological or adoptive child who is
      - Under age 21, or
      - Any age and meets the Social Security Administration criteria for blindness or disability.
  - The value of a home is excluded if the financial group occupies the home and has equity in the home of
$500,000 or less.

- The home is countable as a resource if the participant has equity in the home of more than $500,000, unless one of the following requirements is met:
  - The spouse of the participant occupies the home.
  - The child of the participant occupies the home.
  - The participant is legally unable to convert the equity value in the home to cash.
  - The home equity is excluded under OAR 461-145-0250.
- For all other financial groups, the value of a home is excluded when the home is occupied by any member of the financial group.

In the SNAP program only, exclude the value of a home when it is occupied by the financial group. Additionally, for SNAP, exclude the value of land on which the group is building, or plans to build, their home. If the SNAP financial group owns (or is buying) the home they live in and has separate land they intend to build on, only exclude the home in which they live. Treat the land they intend to build on as real property.

**Exclusion during temporary absence**

If the value of the home is excluded above, the value of a home remains excluded in each of the following situations:

- In all programs except GA, GAM, OSIP, OSIPM and QMB during the temporary absence of all members of the financial group from the property, if the absence is due to illness or uninhabitability from casualty or natural disaster, and the group intends to return home.
- For SNAP, if the financial group’s absence is due to employment or training for future employment.

**For GA, GAM, OSIP, OSIPM and QMB**, if the participant’s absence is due to receiving care in a medical institution and one of the following is true:

- The absent participant is a single adult who has provided convincing evidence they will return to the home. The evidence must reflect the subjective intent of the participant, regardless of the participant’s medical condition. A written statement from a competent participant is sufficient to prove the intent.
- Review this at each redetermination after the participant has been absent from the home for six consecutive months.
- The home remains occupied by the participant’s spouse, child or a relative dependent on the participant for support. For the purposes of this paragraph, the home is considered occupied when it is temporarily vacant but home expenses are maintained, and the individual intends to return.

**For REF, REFM and TANF**, if all members of the financial group are absent due to one of the following:

- The members are employed in seasonal employment and intend to return to their home when the employment ends, or
- The members are searching for employment and the search requires the filing group to relocate away from their home. Exclude the home for up to six months from the last date all members left their home to search for employment. After the six months, if a member of the financial group does not return, the home is no longer excluded.
Note: If a home is sold or transferred, review the transaction to determine its effect on the participant’s eligibility.

For OCCS Medical
Resources are not considered in eligibility determination.

**Oregon Administrative Rule(s)**

461-145-0220 — Home  
461-145-0420 — Real Property  
461-145-0250 — Income-Producing Property; Not OSIP, OSIPM, or QMB

**Housing and Urban Development (HUD)**

Treat payments from HUD made to a third party as follows:

- For EA, ERDC, GA, GAM, OSIP, OSIPM, QMB and SNAP, exclude these payments.
- For REF, REFM and TANF, use the payment in determining shelter-in-kind income.

Treat HUD payments made directly to a member of the financial group, Family Investment Centers payments, as follows:

- For EA, count as unearned income.
- For ERDC, GA, GAM, OSIP, OSIPM and QMB, exclude these payments.
- For SNAP, exclude payments for utilities. Count other payments as unearned income.
- For REF, use the payment in determining shelter-in-kind income. If the payments are made in a lump sum, count as unearned income.

Exclude the equity value of escrow accounts established for families participating in the Family Self-Sufficiency (FSS) program sponsored by HUD.

Treat payments issued under the Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625 (Family Investment Centers) as follows:

- Count wages as earned income and stipends as unearned income.
- Exclude service payments for items such as child care, basic education, literacy or computer skills training, employment training or counseling assistance in attaining a GED.

Note: Groups that receive utility reimbursements are still eligible for the utility allowance (FUA) if they pay heating costs above the reimbursement.

For OCCS Medical
HUD payments issued under the Cranston-Gonzalez National Affordable Housing Act are excluded for monthly and annual income.

**Oregon Administrative Rule(s)**

461-145-0230 — Housing and Urban Development

**Income-producing property**
Income-producing property is any real or personal property that generates income for the financial group. Examples of income-producing property are:

- Livestock, poultry and other animals
- Farmland, rental homes (including a room or other space in the home or on the property of a member of the financial group), vacation homes, condominiums
- For the SNAP Program, if an individual is receiving rent for the property they live in, do not count this as income unless it exceeds the expense for the property.

For all programs except the TANF program, count the income from income-producing property as follows:

- If a financial group member actively manages the property 20 hours or more per week, treat as self-employment income.
- If a financial group member does not actively manage the property 20 hours or more per week, count as unearned income with exclusions allowed only in accordance with OAR 461-145-0920. Necessary costs are the actual costs allowable in determining countable self-employment income. For SNAP financial groups with more than one income-producing property, review each property and the expenses separately to determine the countable income.
- For TANF, the income from income-producing property is treated as self-employment income.

Treat the equity value of income-producing property as follows:

- For REF, REFM and TANF, count it as a resource.
- For EA and ERDC, exclude it.
- For SNAP, count as a resource unless one of the following is true:
  - Exclude the equity value of property that produces an annual countable income similar to other properties in the community with comparable market value.
  - Exclude the equity value of income-producing livestock, poultry and other animals.
  - Exclude the equity value if selling the resource would produce a net gain to the financial group of less than $1,500.
  - Exclude the value of work-related property or capital assets under OAR 461-145-0600.
- For GA, GAM, OSIP, OSIPM and QMB, count as a resource, except as follows:
  - Exclude up to $6,000 of the equity value if the property produces an annual countable income of at least six percent of its equity value.
  - Exclude the total equity value if all the following are true:
    - The property is used in a trade or business of a member of the financial group as evidenced by two or more of the following:
      - The good faith intention of making a profit
      - Its use as part of a regular occupation for a member of the financial group
      - Holding out to others as being engaged in the selling of goods or services
      - Continuity of operations, repetition of transactions or regularity of activities
- A business tax return, including forms such as Profit or Loss from Business or Profession (Schedule C), Computation of Social Security Self-Employment (Schedule SE), Farm Income and expenses (Schedule F), Depreciation and Amortization (Form 4562) or U.S. Partnership Return of Income (Form 1065).
  - The property is essential to the participant’s self-support.
  - The property is in current use or, if not in use for reasons beyond the control of the financial group, there must be a reasonable expectation the required use will resume.

For OCCS Medical
Income from income-producing property is counted for monthly and annual income.

Note:
- When the income from income-producing property is treated as unearned income, actual costs are allowed to offset the income. Allow the 50 percent self-employment deduction for SNAP only when the income is counted as earned income and the household has allowable costs.
- For SNAP, when a filing group is renting out rooms in their home, they are not eligible for more than one deduction using the same costs. So if interest on the mortgage payment is used to reduce the income, it cannot also be allowed as a shelter costs.

Oregon Administrative Rule(s)
461-145-0250 — Income-Producing Property; Not OSIP, OSIPM, or QMB
410-200-0015 (51) and (52) — General Definitions
461-145-0600 — Work-Related Capital Assets, Equipment, and Inventory
461-145-0930 — Self-Employment; Determination of Countable Income
461-145-0920 — Self-Employment; Costs That Are Excluded To Determine Countable Income
461-145-0250 — Income-Producing Property; Not OSIP, OSIPM, or QMB
461-145-0910 — Self-Employment; General; Not OSIP, OSIPM, or QMB

Income-producing sales contract
An income-producing contract is an agreement between two parties where one party is to pay the other party on an ongoing basis for property or goods. A common income-producing contract exists when the participant sells land or a home to another party and the other party pays the participant an agreed upon monthly or periodic payment. Count the proceeds from the sales contract.

For OCCS Medical
Sale of a countable resource is counted for monthly and annual income.

Oregon Administrative Rule(s)
461-145-0240 — Income-Producing Sales Contract

Independent living subsidies/Chafee Housing Program
Independent living subsidies are payments made and services provided by Child Welfare to children ages 16 through 20. These payments also include payments under the Chafee Housing Program. The subsidies are to assist the individuals to live independently when their foster care payments were discontinued on or after the date they reached 16 years of age.

**Note:** For a description of these payments, see OARs 413-030-0400 to 0455.

For all programs except EA and SNAP, exclude all independent living subsidies issued by Child Welfare.

For EA and SNAP, count the payments as unearned income.

**For OCCS Medical**

Exclude Youth Transitions program subsidies, including Chafee Housing Payments for monthly and annual income.

**Note:** See [Educational income](#) for Chafee Education and Training Grant.

**Oregon Administrative Rule(s)**

[461-145-0255](#) — Youth Transitions Program Subsidies

**Indian (Native American) benefits**

Individuals enrolled as a member in a tribe or band may receive income from the tribe. The income may or may not be prescribed by law. The recipient should have documentation showing the type of payment and where it originated.

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<th>Process to determine Indian (Native American) income</th>
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<td>Name of the tribe the person has a membership</td>
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<tr>
<td>Name of the tribe the person has a membership</td>
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<tr>
<td>What benefits they receive from the tribe or from Bureau of Indian Affairs (BIA)</td>
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<tr>
<td>Ask if they receive any kind of income, including per capita payments, and how often it is received</td>
</tr>
<tr>
<td>Verify the kind of payment and if it issued under a specific public law number. The treatment of income for some public laws is noted in this policy. If the public law number is not present in this policy, contact a program analyst with the public law number to research and determine if the income is counted or excluded.</td>
</tr>
</tbody>
</table>

Some Indian benefits are issued under a public law. The public laws treat income in these four ways:

- Exclude all of the payments.
- Exclude the first $2,000 of each payment received by each individual of the financial group. Any remaining balance is countable income.
- Exclude the first $2,000 received in a year by each individual of the financial group. Any remaining balance is countable income.
- Count all of the payments.
Note: The tribal office may also verify if the payment is made under a specific public law (P.L.) and the P.L. number.

### Income — treatment of Indian benefits

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<th>2. Exclude first $2,000 of each payment</th>
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<th>4. Count all payments</th>
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<td>All programs</td>
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<tr>
<td>92-254</td>
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<td>92-488</td>
<td>Payments from the distribution of funds held in trust to the Burns Indian Colony in Oregon</td>
<td>All programs</td>
<td></td>
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<tr>
<td>93-134</td>
<td>Indian Judgement Funds Distribution Act payments received from trust or restricted lands under 25 USC 1408</td>
<td>ERDC REF TA-DVS</td>
<td>SNAP</td>
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<td>Public law</td>
<td>Description</td>
<td>1. Exclude all payments</td>
<td>2. Exclude first $2,000 of each payment</td>
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<tr>
<td>93-531</td>
<td>Relocation assistance payments to members of the Navajo or Hopi Tribes</td>
<td>All programs</td>
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<tr>
<td>94-114, section 6</td>
<td>Distribution of receipts from lands held in trust by the United States for the following tribes:</td>
<td>All programs</td>
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<tr>
<td></td>
<td>i. Assiniboine and Sioux Tribe of Montana</td>
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<td></td>
<td>ii. Bad River Band of the Lake Superior Tribe of Chippewa Indians of Wisconsin</td>
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<td></td>
<td>iii. Blackfeet Tribe of Montana</td>
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<td>iv. Cherokee Nation of Oklahoma</td>
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<td>v. Cheyenne River Sioux Tribe of South Dakota</td>
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<td>vi. Chippewa Tribe of Minnesota</td>
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<td>vii. Crow Creek Sioux Tribe of South Dakota</td>
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<td>viii. Devil’s Lake Sioux Tribe of North Dakota</td>
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<td></td>
<td>ix. Fort Belknap Indian Community of Montana</td>
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<td>x. Keweenaw Bay Indian Community of Michigan</td>
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<td>xi. Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin</td>
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<td>xii. Lower Brule Sioux Tribe of North Dakota</td>
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<td>xiii. Navajo Tribe of New Mexico</td>
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<td>xiv. Oglala Sioux Tribe of South Dakota</td>
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<td>xv. Rosebud Sioux Tribe of South Dakota</td>
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<td>xvi. Shoshone – Bannock Tribes of Idaho;</td>
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<td>xvii. Standing Rock Sioux Tribe of North Dakota.</td>
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<tr>
<td>Public law</td>
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<tr>
<td>94-189</td>
<td>Judgment funds distributed to members of the Sac and Fox Indian Nation</td>
<td>REF, SNAP, TA-DVS, TANF</td>
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<td>94-540</td>
<td>Judgment funds distributed to members of the Grand River Band of Ottawa Indians</td>
<td>All programs</td>
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<tr>
<td>95-433</td>
<td>Judgment funds distributed to members of the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation</td>
<td>All programs</td>
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<td>95-498</td>
<td>Receipts derived from trust lands awarded to the Pueblo of Santa Ana and distributed to members of that tribe.</td>
<td>All programs</td>
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<tr>
<td>95-499</td>
<td>Receipts derived from trust lands awarded to the Pueblo of Zia and distributed to members of that tribe.</td>
<td>All programs</td>
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<tr>
<td>95-608</td>
<td>Indian child welfare payments</td>
<td>All programs</td>
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<tr>
<td>96-305</td>
<td>Relocation assistance payments to members of the Navajo or Hopi Tribes</td>
<td>All programs</td>
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<tr>
<td>96-318</td>
<td>Judgment funds distributed to members of the Delaware Tribe of Indians and the absentee Delaware Tribe of Western Oklahoma</td>
<td>All programs</td>
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<tr>
<td>96-420</td>
<td>Funds and distributions to members of the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet Indians under the Maine Indian Claims Settlement Act</td>
<td>All programs</td>
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<tr>
<td>97-372</td>
<td>Distributions of judgment funds to members of the Shawnee Tribe of Indians (Absentee Shawnee Tribe of Oklahoma, the Eastern Shawnee Tribe of Oklahoma, and the Cherokee Band of Shawnee descendants)</td>
<td>All programs</td>
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<tr>
<td>Public law</td>
<td>Description</td>
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<td>97-376</td>
<td>Judgment funds distributed per capita to members of the Miami Tribe of Oklahoma and the Miami Indians of Indiana</td>
<td>All programs</td>
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<tr>
<td>97-403</td>
<td>Payments on judgments funds to the Turtle Mountain Band of Chippewas, Arizona</td>
<td>All programs</td>
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<tr>
<td>97-408</td>
<td>Payments on judgment funds to the Blackfeet, Gros Ventre, and Assiniboine tribes (Montana) and the Papago (Arizona)</td>
<td>All programs</td>
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<tr>
<td>97-436</td>
<td>Per capita distributions of judgment funds to members of the Confederated Tribes of the Warm Springs Reservation</td>
<td>All programs</td>
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<tr>
<td>97-458</td>
<td>Payments received from trust or restricted lands under 25 USC 1408</td>
<td>ERDC REF TA-DVS TANF</td>
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<tr>
<td>98-64</td>
<td>Payments from judgement funds held in trust by the US Secretary of the Interior</td>
<td>All programs</td>
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<tr>
<td>98-123</td>
<td>Judgment funds held in trust and per capita and interest payments disbursed to the Red Lake Band of Chippewa Indians</td>
<td>All programs</td>
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<tr>
<td>98-124</td>
<td>Judgment funds held in trust and per capita and interest payments made to the members of the Assiniboine Tribe of the Fort Belknap Indian Community (Montana) and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana)</td>
<td>All programs</td>
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<tr>
<td>98-432</td>
<td>Judgment funds and income distributed to members of the Shoalwater Bay Indian Tribe</td>
<td>All programs</td>
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<tr>
<td>Public law</td>
<td>Description</td>
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<td>98-500, section 8(b)</td>
<td>Payment from the Old Age Assistance Claims Settlement Act</td>
<td>ERDC</td>
<td>REF SNAP TA-DVS TANF</td>
<td></td>
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<tr>
<td>98-602</td>
<td>Per capita distributions of judgment funds to members of the Wyandotte Tribe in Oklahoma and absentee Wyandotte</td>
<td>REF SNAP TA-DVS TANF</td>
<td>ERDC</td>
<td></td>
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<tr>
<td>99-130</td>
<td>Per capita and dividend payment distributions of judgment funds to members of Santee Sioux Tribe of Nebraska, Flandreau Santee Sioux Tribe, Prairie Island Sioux, Lower Sioux and Shakopee Mdewakanton Sioux Communities of Minnesota</td>
<td>All programs</td>
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<tr>
<td>Public law</td>
<td>Description</td>
<td>1. Exclude all payments</td>
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</tbody>
</table>
| 99-146, section 6(b) | Funds distributed per capita or held in trust for members of the Chippewas of Lake Superior. The funds are distributed to the following reservations:  
   i. Wisconsin: Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation, Lac Courte Oreilles Band of Lake Superior Bands of Chippewa Indians of the Lac du Flambeau Reservation, Sokaogon Chippewa Community of the Mole Lake Band of Chippewa Indians, Red Cliff Reservation, St. Croix Chippewa Reservation  
   ii. Michigan: Keweenaw Bay Indian Community (L'Anse, Lac Vieux Desert and Ontonagon Bands), and  
   iii. Minnesota: Fond du lac Reservation, Grand Portage Reservation, Bois Fort Reservation (including Nett Lake, Vermillion Lake and Deer Creek), White Earth Reservation. | All programs | | | |
<p>| 99-264 | Payments and funds held in trust to the White Earth Band of Chippewa Indians in Minnesota under the White Earth Reservation Land Settlement Act of 1985, Section 16 | All programs | | | |
| 99-346, section 6(b)(2) | Per capita payments and income from a distribution of funds held in trust to the Saginaw Chippewa Tribe of Michigan | All programs | | | |</p>
<table>
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<tr>
<th>Public law</th>
<th>Description</th>
<th>1. Exclude all payments</th>
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<th>4. Count all payments</th>
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<tbody>
<tr>
<td>99-377, section 4(b)</td>
<td>Per capita payments distributed or held in trust to the Chippewas of Mississippi under P.L. 99-377 Section 4(b), to those with affiliation with the Mille Lacs, White Earth and Leech Lake Reservations in Minnesota, and paid by the Indian Claims Commission</td>
<td>All programs</td>
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<tr>
<td>100-139</td>
<td>Judgment payments disbursed to the Umpqua Tribe Cow Creek Band</td>
<td>All programs</td>
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<tr>
<td>100-241</td>
<td>Payments from the Alaska Native Claim Settlement Act Amendment of 1987</td>
<td>All Programs</td>
<td></td>
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</tr>
<tr>
<td>100-383</td>
<td>Per capita restitution payments made to eligible Aleuts who were relocated or interned during World War II</td>
<td>All programs</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>100-411</td>
<td>Per capita payments of claims settlement funds to members of the Coushatta Tribe of Louisiana</td>
<td>REF TA-DVS SNAP TANF ERDC</td>
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<tr>
<td>100-580</td>
<td>Funds distributed to the Hoopa Valley Tribe and the Yurok Tribe under the Hoopa-Yurok Settlement Act and paid by the Indian Claims Commission</td>
<td>All programs</td>
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<tr>
<td>100-581</td>
<td>Judgment funds distributed to members of the Wisconsin Band of Potawatomi (Hannahville Indian Community and Forest County Potawatomi)</td>
<td>REF TA-DVS SNAP TANF ERDC</td>
<td></td>
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<tr>
<td>101-41</td>
<td>Funds, assets or income received from the trust fund established and paid to the Puyallup Tribe of the State of Washington under Section 9(b) of the Puyallup Tribe of Indians Settlement Act of 1989</td>
<td>All programs</td>
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<tr>
<td>Public law</td>
<td>Description</td>
<td>1. Exclude all payments</td>
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<tr>
<td>101-277</td>
<td>Funds appropriated in satisfaction of judgments awarded to the Seminole Indians and paid by the Indians Claims Commission to members of the Seminole Nation of Oklahoma, Seminole Tribe of Florida, the Miccosukee Tribe of Indians of Florida and the independent Seminole Indians of Florida</td>
<td>SNAP</td>
<td>ERDC</td>
<td>TA-DVS</td>
<td>TANF</td>
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<tr>
<td>101-503, section 8(b)</td>
<td>Settlement payments, funds distributed or held in trust to members of the Seneca Nation under the Seneca Nation Settlement Act of 1990</td>
<td>All programs</td>
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<tr>
<td>101-618</td>
<td>Per capita distributions of settlement funds under the Fallon Paiute Shoshone Indian Tribes Water Rights Settlement Act of 1990</td>
<td>REF</td>
<td>TA-DVS</td>
<td>ERDC</td>
<td>SNAP</td>
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<td>102-171</td>
<td>Payments to the Aroostook Band under the Micmac Settlement Act</td>
<td>All programs</td>
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<tr>
<td>103-66</td>
<td>Payments for land held in trust by the Secretary of the Interior under 25 USC 1408</td>
<td>ERDC</td>
<td>REF</td>
<td>TA-DVS</td>
<td>SNAP</td>
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<tr>
<td>103-116</td>
<td>Settlement funds, income, payments or distributions from trust funds to members of the Catawba Indian Tribe under the Catawba Indian Tribe of South Carolina Land Claims Settlement Act of 1993</td>
<td>All programs</td>
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<tr>
<td>103-436</td>
<td>Payments from the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act</td>
<td>All programs</td>
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<tr>
<td>103-444</td>
<td>Payments made, or benefits granted, by the Crow Boundary Settlement Act of 1994</td>
<td>All programs</td>
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<td>Public law</td>
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<tr>
<td>105-143</td>
<td>Distributions of judgment funds to the Ottawa and Chippewa Indians of Michigan under the Michigan Indian Land Claims Settlement Act</td>
<td>All programs</td>
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<tr>
<td>108-270</td>
<td>Per capita distribution of judgment funds to members of the Western Shoshone Indians</td>
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<tr>
<td>111-291, section 101</td>
<td>Payments from the Tribal Trust Accounting and Management Lawsuits. If the funds are commingled with other funds the resource is excluded for only 12 months and counted thereafter.</td>
<td>All programs</td>
<td></td>
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<tr>
<td>n/a</td>
<td>Tribal Benefits from timber sales or oil reserves from land held in trust by the Secretary of the Interior.</td>
<td>All programs</td>
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<tr>
<td>n/a</td>
<td>Payments from the Bureau of Indian Affairs for the General Assistance program</td>
<td>All programs</td>
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<tr>
<td>n/a</td>
<td>Payments from land designated as Indian trust land and not addressed elsewhere in this FSM section</td>
<td>ERDC REF TA-DVS</td>
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<td>SNAP</td>
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<td>n/a</td>
<td>Tribal child care payments — consider for the participant</td>
<td>All programs</td>
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<tr>
<td>n/a</td>
<td>Tribal child care payments — consider for the provider if paid to the provider</td>
<td>All programs</td>
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<tr>
<td>n/a</td>
<td>Commercial fishing income under one of the Columbia River Fishing Treaties for Yakima, Warm Springs, Umatilla and Nez Perce tribes</td>
<td>All programs</td>
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<tr>
<td>n/a</td>
<td>Tribal TANF</td>
<td>REF TANF</td>
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<td></td>
<td>ERDC SNAP TA-DVS</td>
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<tr>
<td>n/a</td>
<td>All other Indian (Native American) benefit payments distributed by the tribe and not excluded by public law are counted as unearned income. This includes the following:</td>
<td></td>
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<td>All programs</td>
</tr>
<tr>
<td></td>
<td>a. Profit share or per capita income from tribal casinos</td>
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<td>b. Income derived from land not held in trust by the secretary of the interior such as timber sales or sale of oil reserves.</td>
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</tbody>
</table>

**Resources**

Indian benefits treated as excluded income remain excluded as an asset while it is kept in a separate account and not commingled. If commingled it is excluded for six months. See OAR 461-140-0070 – Treatment of Excluded Assets.

Indian benefits counted as income cannot be treated as a resource in the same month (see OAR 461-145-0010) but any remaining during subsequent months is counted as a resource.

Indian lands held jointly with the tribe or land that may not be sold without the approval of the Bureau of Indian Affairs (BIA) are excluded resources.

**For OCCS Medical**

Tribal benefits are counted for annual income and excluded for monthly income.

**Oregon Administrative Rule(s)**

461-145-0260 — Indian (Native American) Benefits; Not OSIP, OSIPM, and QMB

**Individual development account (IDA)**

An individual development account (IDA) is a trust-like savings account established under P.L. 105-285 designed to help low-income individuals save for specified purposes. The individual makes deposits from his or her earnings, and these are matched by a combination of government and private-sector funds.

For all programs except SNAP, deposits from the account holder’s earnings are excluded from gross income. For SNAP, the deposits remain countable earned income.

For all programs, matching deposits and interest earned by the IDA accounts are excluded from income.
For all programs, IDA accounts are excluded from resources.

**For OCCS Medical**

Earnings deposited into an individual development account are counted for monthly and annual income.

**Oregon Administrative Rule(s)**

461-145-0261 — Individual Development Account (IDA)

**Individual education account (IEA)**

The IEA is an asset accrued by JOBS Plus participants. Exclude the IEA while it accumulates, while it is saved, and when it is withdrawn for educational purposes.

For the SNAP program, also exclude funds in a qualified tuition program under section 529 of the Internal Revenue Code or in a Coverdell education savings account.

**Oregon Administrative Rule(s)**

461-145-0145 — Educational Account

**Inheritance**

An inheritance may be received in the form of monies, property or other assets.

An inheritance is treated as follows:

- In all programs except for the ERDC program:
  - A noncash inheritance is treated according to the policy for a specific type of asset inherited.
  - A cash inheritance is counted as periodic or lump-sum income.

In the ERDC program, an inheritance is excluded.

**For OCCS Medical**

Exclude inheritance for monthly and annual income.

**Oregon Administrative Rule(s)**

461-145-0270 — Inheritance

**In-kind income**

In-kind income is compensation in a form other than money (e.g., food, clothing, cars, furniture and payments made to a third party).

For all programs, treat unearned third-party payments as follows:

(a) Count payments made to a third party that should legally be paid directly to a member of the financial group as unearned income. This includes court-ordered support payments that the noncustodial parent makes voluntarily to the landlord or mortgage company on behalf of the financial group.
(b) Treat payments made to a third party that the payee is not legally obligated to pay directly to a member of the financial group and that the group does not have the option of taking as cash, and payments made by the noncustodial parent to a third party that are court-ordered but not designated as child support, as follows:

(A) For SNAP, exclude these third-party payments unless they are transitional housing payments for the homeless.

(B) In REF, REFM and TANF, except for child support, these third-party payments are excluded.

(C) For all other programs, exclude these third-party payments.

For all programs except REF, REFM and TANF, treat earned in-kind income according to OAR 461-145-0130

For all programs except REF, REFM and TANF, treat unearned in-kind income (except third-party payments) as follows:

(a) Exclude court-ordered community service work or bartering. Bartering is the exchange of goods of equal value.

(b) Treat items such as cars and furniture according to the administrative rule for the specific type of asset.

For REF, REFM and TANF, exclude all in-kind income (except unearned third-party payments).

**Note:** Transitional housing for the homeless is a shelter or residence for homeless individuals as they transition to regular housing. There is generally a time limit for transition period and it may be 24 hours.

**For OCCS Medical**

In-kind income/third-party payments are treated as follows:

If the in-kind income/third-party payment is legally obligated to be paid to the applicant, then it is counted for monthly and annual income.

If the in-kind income/third-party payment is not legally obligated to be paid to the applicant, and they have the option to receive the payment as money, then it is counted for monthly and annual income.

If the in-kind income/third-party payment is not legally obligated or the individual cannot receive the money as income, then it is excluded for monthly and annual income.

If the income is being received for an adult, and the individual receiving the income cares for six or more qualified foster individuals, the payments are counted for monthly and annual income.

For SNAP, exclude in-kind income except count as income child support or the expenditures (payments for food, clothing, cars, furniture, shelter, etc.) by a business entity that substantially benefits a principal who is a member of the financial group. A “principal” is a person with significant authority in the business entity, such as the proprietor of a sole proprietorship, including a person who is self-employed, or a partner of a partnership, or a member or manager of a limited liability company, or an officer or principal stockholder of a closely held corporation.
Job Corps

The following is cited from Oregon Administrative Rule 461-145-0290 — JOB Corps:

Job Corps payments are treated as follows:

A living allowance payment is counted as earned income.

A readjustment allowance payment is treated as follows:

(a) In all programs except the SNAP program, this payment is counted as earned income.
(b) In the SNAP program, this payment is counted as lump-sum income.

A support service payment for an item already covered by the benefits of the benefit group is counted as unearned income. All other support service payments (including clothing allowances) are excluded.

A reimbursement is treated as provided in OAR 461-145-0440.

PIVOT (Partners in Vocational and Occupational Training) is a Job Corps program for participants 17–21 years of age who have had a child by age 17. Treat PIVOT living allowance payments as (1) above.

Note: JOBS participants in Job Corps get JOBS child care payments instead of a TANF child care payment.

For OCCS Medical

Job Corps payments are counted for monthly and annual income.

Life estate

The following is cited from Oregon Administrative Rule 461-145-0310 — JOB Corps:

A life estate is the right to property limited to the lifetime of the person holding it or the lifetime of some other person. In general, a life estate enables the owner of the life estate to possess, use and obtain profits from property during the lifetime of a designated person while actual ownership of the property is held by another individual. A life estate is created when an individual owns property and then transfers their ownership to another while retaining, for the rest of their life, certain rights to that property. In addition, a life estate is established when a member of the financial group purchases a life estate interest in the home of another individual.

For all programs except OSIP, OSIPM and QMB, if a financial group is living in real property while a member holds
a life estate in this property, the property is treated as a home (see OAR 461-145-0220). In all other situations, a life estate is treated as real property (see OAR 461-145-0420).

In the OSIP, OSIPM and QMB programs:

(a) A transfer for less than fair market value in which a member of the financial group retains a life estate is a disqualifying transfer. A transfer is considered for less than fair market value if the fair market value of the transferred resource on the day prior to the transfer is greater than the sum of the value of the rights conferred by the life estate plus the compensation received for the transfer. For purposes of this subsection, the value of the rights conferred by the life estate is established by the Life Estate and Remainder Interest Table of the federal Centers for Medicare and Medicaid Services, Oregon Medicaid Eligibility & Benefits Guide, section 3258.9(A).

(b) If a member of the financial group purchases a life estate interest in the home of another individual on or after July 1, 2006, the purchase is considered a transfer of resources unless the participant resides in this home for at least 12 consecutive months after the date of the purchase. The value of the transfer for a participant who does not reside in the home for at least 12 consecutive months is calculated by using the purchase price of the life estate.

Note: See APD Worker Guide E.3 located at http://www.dhs.state.or.us/spd/tools/additional/workergd/e.3.htm for an example and the Life Estate and Remainder Interest Table. For technical assistance, contact Estates Administration.

For OCCS Medical
Resources are not considered in eligibility determination.

Oregon Administrative Rule(s)

461-145-0310 — Life Estate

Life insurance

Note: Burial insurance that has cash surrender value is treated in the same manner as life insurance.

Count payments made to the beneficiary of a life insurance policy as unearned income. Allow a deduction, not to exceed $1,500, for the cost of the deceased person’s last illness and burial cost (if these costs were not otherwise insured).

Treat the equity value of a life insurance policy as follows:

(a) For all programs except GA, GAM, OSIP, OSIPM and QMB, exclude the cash surrender value of the life insurance policy.

(b) For grandfathered OSIP and OSIPM individuals, the total exclusion available for life insurance and burial arrangements is limited per OAR 461-145-0040(2)(b).

(c) For GA, OSIP, OSIPM and QMB, except as provided in (b) above, exclude the total cash surrender value of life insurance policies owned by the participant or their spouse if the total face value of all policies is less than or equal to $1,500. If the total face value of all policies is more than $1,500, count the entire cash surrender value as a resource. The total face value does not include dividend additions that increase the...
death benefit and cash surrender value.

(d) Exclude all term insurance that has no cash surrender value.

(e) For GA, GAM, OSIP, OSIPM and QMB, the cash surrender value of a policy acquired through a viatical settlement is excluded. A viatical settlement allows a third party to acquire the life insurance policy from a terminally ill person at an agreed upon percentage of the life insurance policy face value.

For OCSS Medical
If any of the life insurance payments are from interest accrued on the life insurance plan, the portion of the payment from interest is counted for monthly and annual income. All other payments are excluded for monthly and annual income.

### Oregon Administrative Rule(s)

461-145-0320 — Life Insurance

### Loans and repayment of loans

This policy covers proceeds of loans, loan repayments and interest earned by a lender. If the proceeds of a loan are used to purchase an asset, the asset is evaluated under the other rules in this division of rules.

The following is based on Oregon Administrative Rules listed below:

A “reverse-annuity mortgage” means a contract with a financial institution under which the financial institution provides payments against the equity in the home that must be repaid when the homeowner dies, sells the home, or moves. A “reverse-annuity mortgage” is sometimes referred to in the private sector as a reverse mortgage or a home equity conversion mortgage. The proceeds of a home equity loan or reverse-annuity mortgage are considered loans.

**Note:** A reverse mortgage can be received by a person age 62 or older as a loan against the equity in their home. The loan is due for repayment when the borrower permanently moves out or sells the property or upon death of the borrower.

A loan is defined as:

(a) Except for GA, GAM, OSIP, OSIPM, QMB and SNAP programs, a written agreement between the borrower and lender. The written agreement must stipulate a repayment plan and be signed and dated before the receipt of money.

(b) In the GA, GAM, OSIP, OSIPM, QMB and SNAP programs, the loan agreement may be written or oral and state when repayment is due to the lender.

(c) For GA, GAM, OSIP, OSIPM and QMB, a “bona fide loan agreement” means an agreement that:

   (A) Is enforceable under state law;
   (B) Is in effect at the time the cash proceeds are provided to the borrower, and
   (C) Includes an obligation to repay and a feasible repayment plan.

(d) “Negotiable loan agreement” means a loan agreement in which the instrument ownership and the whole amount of money expressed on its face can be transferred from one person to another (i.e., sold) at
prevailing market rates.

Payments for a purported loan that do not meet the requirements of (2) are treated as unearned income.

When the financial group receives cash proceeds as a borrower from a loan:
(a) Treat educational loans according to OAR 461-145-0150.
(b) If the loan is used to purchase a noncash asset (e.g., a car), treat it according to the policy for that asset.
(c) For ERDC, REF, REFM, SNAP and TANF, exclude loans obtained by the financial group in the month received. If retained after the month of receipt, treat in accordance with OAR 461 140 0070.
(d) For GA, GAM, OSIP, OSIPM and QMB:
   (A) If the loan is a bona fide loan agreement, the money provided by the lender is not income but is counted as the borrower’s resource if retained in the month following the month of receipt (notwithstanding OAR 461-140-0070).
   (B) If the loan is not a bona fide loan agreement, the money provided by the lender is counted as income in the month received and is counted as a resource if retained in the month following the month it was received.

Unless the loan is considered a transfer of assets for less than fair market value (see section (6) below), when a member of a financial group is the lender, the loan is treated as follows:
(a) In the GA, GAM, OSIP, OSIPM and QMB programs:
   (A) If the loan is both a negotiable loan agreement and a bona fide loan agreement, the loan is counted as a resource of the lender valued at the outstanding principal balance.
   (B) If the loan does not qualify under paragraph (A) of this subsection, the transfer of assets to the borrower may be considered a transfer for less than fair market value. If the transfer is not disqualifying, payments against the principal are counted as income to the lender.
   (C) Interest income received by the lender is counted as unearned income whether the loan is a bona fide loan agreement or not.
(b) In all programs other than the GA, GAM, OSIP, OSIPM and QMB programs, count as unearned income payments made to the financial group on the interest portion of a loan the group has made to someone else. Exclude payments received on the principal.

In the GA, GAM, OSIP, OSIPM and QMB programs, in a transaction occurring on or after July 1, 2006, if a participant or a spouse of a participant uses funds to purchase a mortgage or to purchase or lend money for a promissory note or loan, the balance of the payments owing to the participant or spouse of the participant is a transfer of assets for less than fair market value, unless all of the following requirements are met:
(a) The total value of the transaction is being repaid to the participant or spouse of the participant within that person’s actuarial life expectancy as established by the Period Life Table of the Office of the Chief Actuary of the Social Security Administration.
(b) Payments are made in equal amounts over the term of the transaction without any deferrals or balloon payments.
(c) The contract is not cancelled upon the death of the participant or the spouse of the participant (who made
the transaction).

For OCCS Medical
Exclude loans for monthly and annual income.

Oregon Administrative Rule(s)

461-145-0330 — Loans and Interest on Loans
461-140-0070 — Treatment of Excluded Assets

Lodger income

A lodger is a member of the household who pays the filing group for room and board and who is not a member of the filing group. Lodger income is the amount the lodger pays the filing group for room (rent) and board (meals).

Lodger income is treated as follows:

- In the REF, REFM and TANF programs, lodger income not excluded under OAR 461-155-0350 is treated as self-employment income.
- In all programs except REF, REFM and TANF, lodger income is treated as self-employment income.

For OCCS Medical
Room and board rental income is counted for monthly and annual income.

Oregon Administrative Rule(s)

461-145-0340 — Lodger Income

Manufactured and mobile homes

Manufactured and mobile homes are treated in the same manner as real property.

Manufactured and mobile homes are subject to OAR 461-145-0220 and OAR 461-145-0250 if applicable.

For OCCS Medical
Resources are not considered in eligibility determination.

Oregon Administrative Rule(s)

461-145-0343 — Manufactured and Mobile Homes
461-145-0420 — Real Property
461-145-0220 — Home
461-145-0250 — Income-Producing Property; Not OSIP, OSIPM, or QMB

Military income

This policy is regarding pay and allowances of a member of a uniformed service. This income is treated as follows:

- For all programs, military pay and allowances of a member of the U.S. Armed Forces in the financial group is counted as earned income. Except for SNAP, the amount reduced from basic pay for the GI Bill is excluded per
For all programs except SNAP, the military pay and allowances of a member of the U.S. Armed Forces, who is not in the filing group but available to the financial group, is counted as unearned income.

For SNAP, if the member of the U.S. Armed Forces is not included in the filing group, income available to the financial group from this source is counted as unearned income. The additional pay made, due to deployment to a designated combat zone per the Consolidated Appropriations Act of 2005 (P.L. 108-447), is excluded. The additional pay must be the result of the deployment to a designated combat zone and not received immediately prior to serving in the combat zone.

In SNAP, the absent military member of a household is not included in the SNAP filing group. Only the money they send home, or make available to the group at home, is counted as unearned income. This income is generally made available to the SNAP filing group in one of several ways:

- Via a direct deposit of all or a portion of the military person’s pay into a joint bank account
- Via an allotment arrangement made by the military person for a portion of his or her pay to be sent to the filing group, or
- Via a direct payment (such as a check) from the military person to the filing group.

All three of these methods are called military service allotments. Regardless of the arrangement made by the absent military member, only the portion of his or her pay, to which the filing group has access, is counted as unearned income to the group.

Workers are required to determine if any of the military allotment available to the filing group should be excluded for SNAP because the military person is deployed to a designated combat zone.

Procedures for determining the amount of military allotment to count:

- Establish the amount of the military person’s pay available to the filing group prior to deployment to a designated combat zone.
  - Available means income the filing group received and could spend as well as any of the income that may have been direct deposited and automatically used to pay the mortgage, utilities, common bills, etc.

  Note: If, in the unlikely instance the military person was a member of the filing group immediately prior to deployment, that person’s military income needs to change from the gross earned income to their net military pay for this step.

- Next, determine the amount of military pay the deployed person is making available to the filing group now:
  - If the current amount is equal to or less than the amount the household was receiving prior to the deployment to a combat zone, count all of the allotment as unearned income.
  - Exclude any portion of the deployed person’s military pay that exceeds the amount the group received prior to deployment to a combat zone.
  - Code the countable part of the military allotment as WAR on page 2 of the FCAS screen.

How to verify this income

There are several ways the family at home can verify the situation:
• The deployed person’s military pay record (Leave and Earnings Statement – LES) is sometimes sent directly to the family at home or can be mailed to the family by the deployed person. The LES will identify the combat zone and if combat pay is being received.

• Deployment to a combat zone can also be established via a copy of the deployment orders.

• If the family does not have a copy of the LES, they may be able to access the information via the Web at https://mypay.dfas.mil. To do this, they need the SSN of the deployed person and their password.

• The filing group may also seek assistance from the local base financial office for the needed combat zone and pay information.

• If the payment is coming to the filing group via direct deposit, the bank statement can also verify the monthly allotment.

The additional pay is excluded when an absent military person with one of these two pay codes is deployed to one of the following combat zones.

<table>
<thead>
<tr>
<th>Pay Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>301</td>
<td>Incentive Pay: Hazardous duty</td>
</tr>
<tr>
<td>310</td>
<td>Special pay: Duty subject to hostile fire or imminent danger</td>
</tr>
</tbody>
</table>

### Combat zones that allow exclusion

<table>
<thead>
<tr>
<th>Pay Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>301</td>
<td>The Adriatic Sea</td>
</tr>
<tr>
<td>302</td>
<td>Afghanistan</td>
</tr>
<tr>
<td>304</td>
<td>Albania</td>
</tr>
<tr>
<td>305</td>
<td>Arabian Sea Portion that lies north of 10 N. Latitude and West of 68 East Longitude</td>
</tr>
<tr>
<td>306</td>
<td>Bahrain</td>
</tr>
<tr>
<td>307</td>
<td>Bosnia</td>
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<tr>
<td>308</td>
<td>Croatia</td>
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<tr>
<td>310</td>
<td>Djibouti</td>
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<tr>
<td>311</td>
<td>Egypt</td>
</tr>
<tr>
<td>312</td>
<td>The Federal Republic of Yugoslavia (Serbia and Montenegro)</td>
</tr>
<tr>
<td>313</td>
<td>Gulf of Aden</td>
</tr>
<tr>
<td>314</td>
<td>Gulf of Oman</td>
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<tr>
<td>315</td>
<td>Herzegovina</td>
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<tr>
<td>316</td>
<td>The Ionian Sea, North of the 30th Parallel</td>
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<tr>
<td>317</td>
<td>Iraq</td>
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<tr>
<td>318</td>
<td>Israel</td>
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<tr>
<td>319</td>
<td>Jordan</td>
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<td>320</td>
<td>Kuwait</td>
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<td>321</td>
<td>Kyrgyzstan</td>
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<td>322</td>
<td>Macedonia</td>
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<td>323</td>
<td>Oman</td>
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<td>324</td>
<td>Pakistan</td>
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<tr>
<td>325</td>
<td>Persian Gulf</td>
</tr>
<tr>
<td>326</td>
<td>Philippines (only troops with orders that reference Operation Enduring Freedom (OEF))</td>
</tr>
<tr>
<td>327</td>
<td>Qatar</td>
</tr>
<tr>
<td>328</td>
<td>Red Start</td>
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<tr>
<td>329</td>
<td>Saudi Arabia</td>
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<tr>
<td>330</td>
<td>Tajikistan</td>
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<td>331</td>
<td>Turkey</td>
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<tr>
<td>332</td>
<td>United Arab Emirates</td>
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<tr>
<td>333</td>
<td>United States of America</td>
</tr>
<tr>
<td>334</td>
<td>Yemen</td>
</tr>
</tbody>
</table>

**For OCCS Medical**

Military Income is counted for monthly and annual income.
Motor vehicle; motor vehicle SNAP

- For REF, REFM, SNAP and TANF, exclude up to $10,000 equity value of all licensed and unlicensed motor vehicles. Count the remaining equity value as a resource.
- For EA and ERDC, exclude all motor vehicles.
- For GA and GAM, exclude up to $4,500 equity value of one licensed motor vehicle selected by the financial group. Count any remaining equity in that vehicle and the total equity value of all other vehicles as a resource.
- For grandfathered OSIP and OSIPM financial groups, exclude one motor vehicle in operating condition and count the equity value of any other motor vehicles as a resource.
- For OSIP, OSIPM and QMB:
  - Exclude the total value of a vehicle selected by the financial group if it is used for employment or necessary and continuing medical treatment. If not, exclude the first $4,500 of the fair market value.
  - Count the amount above $4,500 as a resource.
  - Count the total equity value of all other vehicles as a resource.
- For OSIP and OSIP-EPD individuals, if a vehicle was purchased as an employment and independence expense (see OAR 461-001-0035), or with monies from an approved account, exclude the total value of the vehicle.

For OCCS Medical

Resources are not considered in eligibility determination.

National and Community Service Trust Act (NCSTA/AmeriCorps)

The National and Community Service Trust Act (NCSTA) of 1993 (P.L. 103-82) amended the National and Community Service Act (NCSA) of 1990 (P.L. 101-610) that established a Corporation for National and Community Service. The corporation administers national service programs providing living allowance, educational award, child care and in-kind benefits. NCSTA also created AmeriCorps and incorporated VISTA. AmeriCorps contains three parts – one is State and National, another is NCCC and the other is VISTA. All references to AmeriCorps in this section mean AmeriCorps State and National or AmeriCorps NCCC unless specifically stated as AmeriCorps VISTA.

- NCSTA payments, including AmeriCorps (except AmeriCorps VISTA, covered in OAR 461-145-0110) are treated as follows:
  - The living allowance (stipend benefits) is excluded.
- Educational award and in-kind benefits are treated as follows:
  - In the GA program, these benefits are treated according to the policy for the specific type of asset.
In all programs except GA, these benefits are excluded.

The child care allowance is treated as follows:

- For individuals in the ERDC, REF, REFM and TANF programs who are eligible for direct provider payment of child care, the allowance is counted as unearned income. The allowance is excluded only if the participant already pays the provider. The provider may be paid for only the costs not covered by the allowance.

- For individuals in the SNAP program who are receiving a child care deduction, the allowance is excluded as income and the deduction is allowed only for the costs not covered by the allowance.

- In all other programs, the allowance is excluded.

For OCCS Medical

Exclude National and Community Service Trust Act payments for monthly and annual income.

Note: The programs administered by the corporation under the NCSTA include AmeriCorps State and National, AmeriCorps NCCC and AmeriCorps VISTA. The corporation also oversees the Senior Corps, the Earth Corps, and Learn and Serve. For information on how to treat AmeriCorps VISTA benefits see OAR 461-145-0110.

Oregon Administrative Rule(s)

461-145-0365 — National and Community Service Trust Act (NCSTA), including AmeriCorps (other than AmeriCorps VISTA)

410-200-0015 (51) and (52) — General Definitions

Older Americans Act

For all programs except GA, GAM and SNAP, exclude benefits under title III of the Older Americans Act of 1965 (Nutrition Program for the Elderly). For GA, GAM and SNAP, count these benefits as unearned income.

For all programs except SNAP, count as earned income benefits paid to persons age 55 and older under title V of the Older Americans Act of 1965. The organizations receiving title V funds are Green Thumb, Experience Works, Seniors Make Sense, American Association of Retired Persons, National Association for Spanish-Speaking Elderly, National Council on Aging, National Council on Black Aging, National Council of Senior Citizens, National Urban League, Senior Community Service Employment Program (SCSEP), U.S. Forest Service. For SNAP, exclude all payments made under title V of this act.

Note: In Oregon, some seniors working for Easter Seals may also be paid using title V funds. Confirm the funding source before excluding the income.

For OCCS Medical

Older Americans Act benefits under title V are counted in monthly and annual income, benefits under title III are excluded.

Oregon Administrative Rule(s)

461-145-0370 — Older Americans Act
Pension and retirement plans

The following is cited from Oregon Administrative Rule 461-145-0380 — Pension and Retirement Plans:

Pension and retirement plans include the following:

(a) Benefits employees receive only when they retire. These benefits can be disbursed in lump-sum or monthly payments.

(b) Benefits employees are allowed to withdraw when they leave a job before retirement.

(c) The following retirement plans and annuities if purchased by a participant with funds from the plans authorized by section 401 of the Internal Revenue Code of 1986:
   (A) Traditional Defined-Benefit Plan.
   (B) Cash Balance Plan.
   (C) Employee Stock Ownership Plan.
   (D) Keogh Plan.
   (E) Money Purchase Pension Plan.
   (F) Profit-Sharing Plan.
   (G) Simple 401(k).
   (H) 401(k).

(d) Retirement plans, and annuities purchased by a participant with funds from plans authorized by section 403 of the Internal Revenue Code of 1985 at subsections (a) or (b).

(e) The following are retirement plan and annuities if purchased by the participant with funds from the plans authorized by section 408 of the Internal Revenue Code of 1986.
   (A) Individual Retirement Annuity.
   (B) Individual Retirement Account (IRA).
   (C) Deemed Individual Retirement Account or Annuity under a qualified employer plan.
   (D) Accounts established by employers and certain associations of employees.
   (E) Simplified Employee Pension (SEP).
   (F) Simple Individual Retirement Account (Simple-IRA).
   (G) Roth IRA.

(f) The following retirement plans and annuities offered by governments, nonprofit organizations or unions:
   (A) 457(b) Plan.
   (B) 401(c)(18) Plan.
   (C) Federal Thrift Savings Plan under 5 USC 8439.

(g) In all programs except the OSIP, OSIPM, and QMB programs, an annuity purchased by an individual with funds from a plan authorized under subsection (c), (d), or (f) of this section.

An annuity purchased by the spouse of a participant with funds from a retirement plan described in (1)(c) of this
subsection is not considered a retirement plan and is treated in accordance with an OAR 461-145-0020 and OAR 461-145-0022.

Treat benefits the participant receives from pension and retirement funds as follows:

(a) Count monthly payments, minus any penalties for early withdrawal, as unearned income.

(b) Count all other payments as periodic or lump-sum income.

(c) In the OSIP, OSIPM, and QMB-DW programs, if the equity value of the pension or retirement plan is counted as a resource under section (4) of this rule, any payments received are considered the conversion of a resource and are not counted as income.

In all programs except the OSIP, OSIPM, QMB, and SNAP programs, the equity value of a pension and retirement plan that allows an individual to withdraw funds before retirement, minus any penalty for early withdrawal, is counted as a resource.

In the OSIP, OSIPM and QMB programs:

(a) Except for an annuity purchased with funds from a retirement plan described in subsection (1)(e) of this rule:

   (A) The equity value of a pension or retirement plan is excluded as a resource if the individual is eligible for monthly or periodic payments under the terms of the plan and has applied for those payments in accordance with OAR 461-120-0330. When an individual is permitted to choose or change a payment option, the individual must select the option that:

      (i) Provides payments commencing on the earliest possible date; and

      (ii) Completes payments within the actuarial life expectancy, as published in the Periodic Life Table of the Office of the Chief Actuary of the Social Security Administration, of the individual.

   (B) Except when OAR 461-120-0330 has resulted in ineligibility, the equity value of all pension and retirement plans not covered by paragraph (A) of this subsection that allows an individual to withdraw funds, minus any penalty for withdrawal, is counted as a resource.

(b) The equity value of an annuitized retirement plan described in subsection (1)(e) of this rule is excluded as a resource if it meets the payout requirements of OAR 461-145-0022(10)(c). Otherwise, the equity value is counted as a resource.

(c) For an individual in a standard living arrangement, the equity value of pension and retirement plans owned by a non-applying spouse or parent) is excluded as a resource. Dividends and interest earned on pension funds owned by a non-applying spouse or parent are excluded as income.

In the QMB-BAS, QMB-SMB, and QMB-SMF programs, dividends and interest earned on pension funds owned by a nonapplying spouse are excluded as income.

(a) In the SNAP program, the value of retirement accounts identified in sections 401(a), 401(k), 403(a), 403(b), 408, 408(k), 408(p), 408A, 457(b), 501(c)(18), or 529A of the Internal Revenue Code are excluded as resources. The value of retirement accounts designated as a Federal Thrift Savings Plan account, IRA, myRA, Roth IRA, SEP, Simple IRA, and any other retirement plan designated as tax-exempt under a successor or similar provision of the Internal Revenue Code of 1986 are excluded resources.
For OCCS Medical
Exclude non-taxable pension and retirement plan payments for monthly and annual income; taxable payments are counted.

Oregon Administrative Rule(s)
461-145-0380 — Pension and Retirement Plans

Personal belongings
Personal belongings are such items as household furnishings, clothing, heirlooms, keepsakes and hobby equipment. For all programs, exclude the value of all personal belongings.

For OCCS Medical
Resources are not considered in eligibility determination.

Oregon Administrative Rule(s)
461-145-0390 — Personal Belongings

Personal injury settlement
For all programs except ERDC, treat personal injury settlements as follows:

- Count monthly payments as unearned income.
- For individuals in all programs except grandfathered individuals in OSIP and OSIPM, count all other payments as periodic or lump-sum income.
- For grandfathered OSIP and OSIPM individuals, count the balance from personal injury claims after SSP’s lien is satisfied as lump-sum income. If the lien was not filed due to the recipient’s failure to notify SSP of the claim, count the payment as unearned income.

For ERDC, exclude all personal injury settlements.

For OCCS Medical
Exclude Personal Injury Settlement/Accident Insurance payments for monthly and annual income.

Oregon Administrative Rule(s)
461-145-0400 — Personal Injury Settlement

Plan for self-support
A plan for self-support allows a participant to retain a part of his or her assets for a specific period of time so they can meet specific occupational goals. The Social Security Administration may establish a plan for self-support with SSI recipients. APD may also establish a plan for self-support with some GA, GAM, OSIP, OSIPM or QMB individuals not eligible for SSI.

This policy covers two types of plans for self-support.
• A plan for self-support approved by the Social Security Administration
• A plan of self-support approved by SSP (see OAR 461-135-0708).

Assets listed in an approved plan for self-support are excluded.

For OCCS Medical
Resources are not considered in eligibility determination.

Oregon Administrative Rule(s)
461-145-0405 — Plan for Self-support

Program benefits
Treat Pre-TANF Program payments as follows:
(a) In SNAP, count a payment for basic living expenses made directly to the participant as unearned income. Exclude all other payments.
   Note: For individuals being certified for SNAP at the same time Pre-TANF Program payments are being made, count payments for basic living expenses that can reasonably be anticipated. For other individuals with ongoing prospectively budgeted SNAP benefits, count these payments after giving 10-day notice only if the payments can be anticipated for next month.
(b) In all programs except SNAP, exclude these payments.

Treat EA payments as follows:
(a) In ERDC and SNAP, count a payment made directly to the participant as unearned income. Exclude dual payee and provider-direct payments.
(b) In all programs except ERDC and SNAP, exclude these payments.

Exclude payments from ERDC and TANF child care unless the participant is the provider.

Exclude payments from GAM, OSIPM, QMB and REFM.

Treat SNAP payments as follows:
(a) Exclude the value of a SNAP benefit in all programs except EA. In EA, count the value as a resource when determining the emergency food needs of the filing group.
(b) Exclude OFSET service payments.

Treat benefits from GA, OSIP (except OSIP-IC), Post-TANF, REF, SFPSS, TANF and tribal-TANF as follows:
(a) In the EA program, count these payments as unearned income, except exclude these payments for a benefit group whose emergent need is the result of domestic violence.
(b) In the ERDC program:
   (A) Post-TANF payments are excluded.
   (B) All other payments are counted as unearned income.
(c) In the SNAP program:
(A) Treat GA, OSIP, Post-TANF, REF, SFPSS and TANF payments as unearned income, including payments for shelter costs paid directly to the landlord (vendor payments).

(B) Treat an amount received as a late processing payment as lump-sum income.

(C) Treat payments made to correct an underpayment as lump-sum income.

(D) Treat ongoing special needs payments for laundry allowances, special diet or meal allowance, restaurant meals, accommodation allowances and telephone allowances as unearned income. Exclude all other special needs payments (e.g., Transportation Services Payment (TSP) and Prescription Co-Pay Coverage (PCC)) as reimbursements.

Notes as follows:

- SNAP: The Manual (MNL) HH-type to prevent the system from counting excluded special needs payments.
- SNAP: For telephone allowances: if a participant was receiving a check each month for a telephone allowance that included payment for a basic telephone and a life line, the amount for basic telephone would be considered unearned income, and the amount for the life line is considered a reimbursement
- SNAP if a participant is eligible for a special need but rather than receiving a check has their pay-in reduced, the pay-in amount is considered a medical deduction plus any other out-of-pocket expenses that may be allowable medical deductions

(d) In all programs except the EA, ERDC and SNAP programs:
   (A) Exclude these payments in the month received, and count any portion remaining following the month of receipt as a resource.
   (A) Exclude payments made to correct an underpayment.

(e) In all programs:
   (A) Exclude JOBS, REF and TANF JOBS Plus support service payments.
   (B) Treat REF and TANF participant incentive payments as follows:
      (i) Count progress and outcome incentive payments other than in-kind payments as lump-sum income (see OAR 461-140-0120). Exclude all other incentives.

(f) Exclude incentive food benefits from the Job Participation Incentive (JPI) for all programs. (See OAR 461-135-1260.)

Note: When a person is receiving TANF JOBS Plus, continue to code the TANF grant and the extra JOBS Plus $10 payment as unearned income.

Payments from OSIP-IC are treated as follows:

(a) In the SNAP program, these payments are counted as unearned income and assets held in a contingency fund (see OAR 411-030-0020) are counted as a resource.

(a) In all other programs, these payments and funds held in a contingency fund are excluded.

Note: OSIP-IC is the Independent Choices Program.

Exclude all payments from TA-DVS for all programs regardless if paid to the participant or as a third-party payment.
For OCCS Medical
Exclude program benefits for monthly and annual income.

Oregon Administrative Rule(s)
461-145-0410 — Program Benefits

Radiation Exposure Compensation Act
Radiation Exposure Compensation Act payments are issued to compensate individuals for injuries or deaths resulting from exposure to radiation from nuclear testing or uranium mining.

For all programs, these payments are excluded.

For OCCS Medical
Exclude Radiation Exposure Compensation Act payments for monthly and annual income.

Oregon Administrative Rule(s)
461-145-0415 — Radiation Exposure Compensation Act

Resource Assistance for Rural Environments (RARE) program
Resource Assistance for Rural Environments (RARE) is a program administered through the University of Oregon. The program assists rural communities in their efforts to improve their economic, social and environmental conditions. Local communities request they work in this program for 11 months and receive monthly living stipend and medical health insurance, the assistance of this program and provide part of the funding. The program is supported through grants from various federal and state agencies. In addition, this program sometimes includes funding from The National and Community Service Trust Act (AmeriCorps).

The stipend may include funding from the Corporation for National and Community Service (AmeriCorps). The stipend may be counted differently depending on their participation in AmeriCorps. If the RARE participant is also getting funding from AmeriCorps, they will have a signed agreement showing this participation.

With proof of AmeriCorps participation, count the RARE living allowance (stipend benefits) as follows:

- For REF, REFM, SNAP and TANF, exclude these payments.
- For ERDC, count as earned income if paid to a caretaker. If not, exclude it.

Without proof of AmeriCorps participation, count the RARE living allowance (stipend benefits) as follows:

- For all programs except ERDC, count as earned income.
- For ERDC, count as earned income if paid to a caretaker. If not, exclude it.

Note: Ask each RARE participant to provide a copy of the AmeriCorps contract before excluding the stipend income.

For OCCS Medical
Research Assistance for Rural Environments is counted for monthly and annual income.
### Oregon Administrative Rule(s)

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### Real property

Manufactured, mobile homes, and floating homes and houseboats are treated the same as real property.

Real property is land, buildings and whatever is erected or affixed to the land and taxed as real property.

The participant has the burden of proof of establishing the fair market value of real property. SSP may determine the methodology that accurately reflects the value. If decided it is the most accurate, fair market value of real property may be determined using the highest value identified by the county assessor on the most recent property tax statement. The exception is if a real estate appraisal is submitted showing the property is expected to sell for less on the open market.

Treat real property that is not income-producing or the financial group’s home as follows:

(a) For REF, REFm and TANF, count as a resource the equity value of all real property not excluded under a TANF Interim Assistance agreement.

(b) For EA and ERDC, exclude real property.

(c) For SNAP, exclude the equity value of real property the financial group is making a good-faith effort to sell at a fair market price. If the group refuses to make a good-faith effort to sell, count the equity value of the property as a resource. In addition, the resource is excluded if selling it would produce a net gain of less than $1500 to the financial group.

(d) For GA, GAM, OSIP, OSIPM and QMB:

   (A) Exclude real property that was the home of the financial group if they are making a good-faith effort to sell at a reasonable price. If the group refuses to make a good-faith effort, count the equity value of the property as a resource.

   (B) Count the equity value of all other real property as a resource unless the financial group is making a good-faith effort to sell the property. The equity value is counted after the property is excluded for nine months unless the failure to sell is for reasons beyond the reasonable control of the financial group.

**Note:** A good-faith effort to sell property includes listing the property for sale in the local newspaper, putting a “For Sale” sign on the property, and/or listing the property with a real estate company.

### For OCCS Medical

Resources are not considered in eligibility determination.

### Oregon Administrative Rule(s)

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<tr>
<td>461-145-0420</td>
<td>Real Property</td>
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Real property excluded under an interim assistance agreement; REF, REF, and TANF

For REF, REF, and TANF, treat real property where the equity value puts the financial group over the TANF resource limit as follows:

Exclude real property for a maximum of nine months if the financial group signs and complies with the terms of the Interim Assistance Agreement. After the ninth month, count the equity value of the property as a resource.

To comply with the terms of the Interim Assistance Agreement, the financial group must agree to do the following:

(a) Make a good-faith effort to sell the property; and
(b) Use the proceeds from the sale of the property to reimburse SSP for all benefits paid under the terms of the Interim Assistance Agreement. The reimbursement will not exceed the net proceeds of the sale of the property.

The amount of benefits paid while the financial group has excess real property is an overpayment if the financial group fails to notify SSP they have the property.

The amount of the benefits paid while the financial group has excess real property up to the net proceeds of the sale of the property is an overpayment if the property sells and the group does not repay SSP per the terms of the Interim Assistance Agreement.

**Note:** If the financial group has excess real property, complete a Children, Adults and Families Resource Referral form (DHS 0647B) and file in the case record with the following:

- A signed copy of the Children, Adults and Families Interim Assistance Agreement (DHS 0418A)
- A copy of the legal description of the property
- A copy of the deed or purchase agreement (if available).

Track the case for the entire nine-month exclusion period. Close the case at the end of the exclusion period.

If the participant reaps, check to see if they still have the property or if the property sold. If the participant still has the property, they remain ineligible. If the property sold while the case was closed and the participant did not reimburse SSP, compute an overpayment.

Use receipt code 216 when the participant makes a payment based on the terms of the TANF Interim Assistance Agreement.

**For OCCS Medical**

Resources are not considered in eligibility determination.

**Oregon Administrative Rule(s)**

461-145-0430 — Real Property Excluded under an Interim Assistance Agreement; REF, REF, and TANF

**Recreational vehicles**

Recreational vehicles include the following:
They are used primarily for amusement and not for day-to-day transportation, and
They cannot be licensed as a motor vehicle for use on a public highway. However, they may be registered or licensed as a nonmotor vehicle.
They can be an ATV, boat, camper, dune buggy, plane, snowmobile or trailer, unless it qualifies as a capital asset or work-related equipment.

For all programs except ERDC, count the equity value of recreational vehicles as a resource. Except for SNAP, the value is excluded if by selling the vehicle the proceeds would be less than $1,500 to the financial group.

For ERDC, exclude recreational vehicles.

For OCCS Medical
Resources are not considered in eligibility determination.

**Oregon Administrative Rule(s)**

461-145-0433 — Recreational Vehicles

**Refunds**

Exclude the following refunds in the month they are received:
- Refunds on merchandise purchased or received as a gift
- Refunds of utility and rental deposits.

Count any refund amount remaining after the month of receipt as a resource.

For OCCS Medical

Refunds and rebates on merchandise received as a gift are counted in monthly and annual income. All other refunds and rebates are excluded.

**Oregon Administrative Rule(s)**

461-145-0435 — Refunds and Rebates
410-200-0015 (51) and (52) — General Definitions

**Reimbursement**

“Reimbursement” means money or in-kind compensation provided specifically for an identified expense.

For the treatment of USDA meal reimbursements, see OAR 461-145-0570.

For the treatment of reimbursements for self-employed individuals, see OAR 461-145-0920.

Except as provided in section (1) and (2) above, a reimbursement is treated as follows:

(a) In the ERDC program, a reimbursement is excluded, except a reimbursement for child care from a source outside of SSP is counted as unearned income.

(b) In the SNAP program:
(A) A reimbursement in the form of money for a normal household living expense, such as rent or payment on a home loan, personal clothing, or food eaten at home, is unearned income.

(B) Any other reimbursement, except as in (3)(c) below, is treated as follows:
   (i) An in-kind reimbursement is excluded.
   (ii) A reimbursement in the form of money is excluded if used for the identified expense, unless the expense is covered by program benefits.
   (iii) A reimbursement is counted as periodic or lump-sum income if not used for the identified expense.
   (iv) A reimbursement for an item already covered by the benefits of the benefit group is counted as periodic or lump-sum income.

(c) In the SNAP Program, an expenditure by a business entity that benefits a principal is counted as earned income.

(d) In all programs except the ERDC and SNAP programs, a reimbursement is treated as follows:
   (A) An in-kind reimbursement is excluded.
   (B) A reimbursement in the form of money is excluded if used for the identified expense, unless the expense is covered by program benefits.
   (C) A reimbursement is counted as periodic or lump-sum income if not used for the identified expense.
   (D) A reimbursement for an item already covered by the benefits of the benefit group is counted as periodic or lump-sum income.

Note: Shared shelter is not a cash reimbursement.

Note: Payments for extra expenses, such as meal reimbursements for training or conferences, JTPA lunch payments, DHS shelter payments for attendants or housekeepers, and premiums for cost-effective employer-sponsored health insurance are not considered to be expenses paid by program benefits and are excluded as reimbursements. Exclude all jury duty payments.

For OCCS Medical
Exclude reimbursements for monthly and annual income.

Oregon Administrative Rule(s)

461-145-0440 — Reimbursement

Representative payee payment

Representative payees receive payments on behalf of other people who are required to have a representative payee. Some representatives charge a fee to the person for whom they are receiving the payments.

- When a participant is required by the Social Security Administration to receive payments through a representative payee, fees paid by a participant to a representative payee are excluded. The amount of the exclusion is limited to the amount authorized by the Social Security Administration (information about the allowable fee amount can be found at http://www.socialsecurity.gov/OACT/COLA/RepPayee.html). Criteria for
this exclusion are in OAR 461-145-0490 and 461-145-0510.

- Fees received by a financial group member, as a representative payee, are counted as earned income.

- When a representative payee, who is a member of the financial group, receives benefits for another person as their representative payee, treat the income as follows:
  - Excluded as long as the payments are being disbursed as intended for the person requiring the payee per OAR 461-140-0040.
  - Counted as unearned income if the payments are being kept by the financial group member and not being disbursed as intended for the person requiring the payee.

**For OCCS Medical**

Representative payee fees are counted in monthly and annual income.

### Reception and placement grants

A reception and placement (R&P) grant is a payment made by the U.S. Department of State through national refugee resettlement agencies to local resettlement agencies, refugee sponsors and refugees. The R&P grants are provided to the resettlement agencies to help with the costs of initial resettlement of refugees in the United States. The resettlement agencies provide a part of this grant to refugees, usually in their first month after arrival, for their initial resettlement needs and not for ongoing living expenses.

- For ERDC, REF, REFM and TANF, R&P grants are excluded from consideration as income and resources for purposes of determining program eligibility or benefit levels, except as provided in OAR 461-140-0070.

- For SNAP, any amount paid directly to a SNAP household from an R&P grant is unearned income. For in-kind payments made by the resettlement agency, see OAR 461-145-0280.

- For GA, OSIPM and QMB, an R&P grant determined to be available to the refugee case is considered unearned income.

**For OCCS Medical**

Exclude reception and placement grants to refugees received as cash assistance for monthly and annual income.

### Oregon Administrative Rule(s)

- [410-200-0015 (51) and (52)] — General Definitions
- [461-145-0455] — Reception and Placement (R&P) Grants

### Sale of a resource

For all programs except ERDC, REF, REFM and TANF, treat proceeds from the sale of a resource as follows:

- Count proceeds from the sale of a resource (other than a home) received on a monthly or other periodic basis as unearned income. Treat proceeds received on a lump-sum basis as follows:
  - If the proceeds are from the sale of an excluded resource, exclude the amount reinvested in another excluded resource. Count the remainder as a resource.
  - Count the proceeds from all other sales as a resource. If the proceeds put the benefit group over the resource limit, treat the proceeds as periodic or lump-sum income.
• For all individuals except those eligible for OSIPM under OAR 461-135-0771, exclude the proceeds from the sale of the financial group’s home, if they intend to reinvest the proceeds in another home within three months from receipt of funds.

• For individuals eligible for OSIPM under OAR 461-135-0771, exclude the proceeds from the sale of the financial group’s home, if they intend to reinvest the proceeds in another home within 12 months from receipt of funds.

• Count the proceeds from the sale of a home and not reinvested in another home as a resource. Except for GA and GAM, if the proceeds put the benefit group over the resource limit, count the monies as periodic or lump-sum income. For SNAP, count any interest generated by a sales contract and paid on a regular basis as unearned income.

• Treat the equity value of income-producing sales contracts as follows:
  • For GA and GAM, count it as a resource.
  • For all programs except GA and GAM, exclude it.

• In the SNAP program, if a self-employed participant sells a work-related asset, including equipment and inventory, the proceeds of the sale are treated as self-employment income.

For REF, REFM and TANF, if the proceeds are from the sale of an excluded resource, exclude the amount reinvested in another excluded resource. Count all other proceeds from the sale of a resource as unearned income.

For ERDC, exclude all proceeds from the sale of a resource.

Any costs excluded under OAR 461-145-0920 are subtracted from the proceeds from the sale of a resource if the proceeds are treated as income under this rule. This is true even though the income is not from self-employment. Use the actual costs and not the allowed self-employment deduction identified in exclusions allowed from self-employment income.

For OCCS Medical
Sale of a countable resource is counted for monthly and annual income.

**Oregon Administrative Rule(s)**

410-200-0015 (51) and (52) — General Definitions
461-145-0240 — Income-Producing Sales Contract
461-145-0460 — Sale of a Resource

**Shelter-in-kind income**

Shelter-in-kind is when an agency or person outside the household financial group provides the financial group’s shelter or makes a payment to a third party for some or all of the group’s shelter costs. Shelter costs are housing costs (rent or mortgage payments, property taxes) and utility costs, not including cable TV or non-basic telephone charges.

For treatment of shelter-in-kind income, see Oregon Administrative Rule below.
For OCCS Medical

In-kind income/third-party payments are treated as follows:

- If the in-kind income/third-party payment is legally obligated to be paid to the applicant, it is counted for monthly and annual income.
- If the in-kind income/third-party payment is not legally obligated to be paid to the applicant and they have the option to receive the payment as money, it is counted for monthly and annual income.
- If the in-kind income/third-party payment is not legally obligated or the individual cannot receive the money as income, it is excluded for monthly and annual income.

See Housing and Urban Development (HUD) for payments made by HUD.

Oregon Administrative Rule(s)

410-200-0015 (51) and (52) — General Definitions
461-145-0470 — Shelter-in-Kind Income

Social Security benefits (SSB)

For this section, a payment is retroactive if it is issued in any month after the calendar month for which it would normally be received.

Treat all SSB as follows:

Count monthly payments as unearned income.

Count all other payments as periodic or lump-sum income except as provided in (3) below.

In the OSIP (except OSIP-EPD) and OSIPM (except OSIPM-EPD) programs, count retroactive payments as unearned income in the month of receipt except as follows:

When retroactive payments are made through the representative payee of an individual who is required to have a representative payee because of drug addiction or alcoholism, the retroactive payments may be required to be made in installments. If the payments are made in installments, the total of the benefits to be paid in installments is considered unearned income in the month in which the first installment is made. Any remaining amount from a retroactive payment after the month of receipt is counted as an excluded resource for nine calendar months following the month in which the payment is received. After the nine-month period, any remaining amount is a countable resource.

The representative payee fee paid by a participant who is required by the Social Security Administration to receive payments through a representative payee is excluded. The amount of the exclusion is limited to the amount authorized by the Social Security Administration. The representative payee must be a community-based nonprofit social services agency which is bonded or licensed by the state. The amount of the exclusion is limited to the amount authorized by the Social Security Administration. Criteria for this exclusion are in OARs 461-145-0490 and 461-145-0510.

For OCCS Medical

Social Security benefits and Social Security Disability Income are considered in the following way:
Generally, Social Security benefits (SSB) and Social Security Disability Income (SSDI) are countable under both MAGI-based (monthly) and MAGI (annual) income methodology. However, special income exceptions apply to:

(a) Children under age 19 who have income and who reside with their parents;
(b) Adult children (age 19+) who have income and who reside with their parents and are claimed as a tax dependent by their parents; and
(c) Tax dependents of any age who have income and who reside with their tax filers where the tax filers are not the parents of the tax dependent.

The determination of whether a child/tax dependent’s income is countable or excluded depends on whether the child/tax dependent’s income meets or exceeds the applicable IRS income filing threshold requiring the individual to file federal taxes.

(a) If the child or tax dependent’s income meets or exceeds the applicable IRS threshold, requiring the individual to file federal taxes, the child/tax dependent’s income is countable for their own EDG and all EDGs for whom they are an EDG member of.

(b) If the child’s income is under the applicable IRS threshold, the child is not required to file taxes. Thus, the child’s income is excluded for their own EDG and all other EDGs whom the child is an EDG member of.

(c) If the tax dependent’s income is under the applicable IRS threshold, the tax dependent is not required to file taxes. The tax dependent’s income is excluded for the tax filer and tax filer’s children’s EDGs, however, is countable for the tax dependent. This is because the tax filer is never included in the tax dependent’s EDG. If the tax dependent’s EDG includes siblings, the tax dependent’s income is also countable towards the siblings’ EDG.

When the child/tax dependent receives SSB/SSDI, a calculation must be performed to determine if the SSB/SSDI is taxable before determining if the child/tax dependent is required to file federal taxes. If none of the SSB/SSDI is taxable, none of the SSB/SSDI is countable unless the child/tax dependent has other income requiring the child/tax dependent to file federal taxes. If any or all of the SSB/SSDI is taxable, only the taxable amount is factored into the requirement to file federal taxes determination.

(a) If the child/tax dependent is determined to be required to file taxes, all of the SSB/SSDI, along with other countable income the child/tax dependent receives, is countable for all EDGs whom the child/tax dependent is an EDG member of.

(a) If the child is determined to not be required to file taxes, none of the SSB/SSDI, along with other income the child receives, is countable for their own EDG and other EDGs whom the child is an EDG member of.

(b) If the tax dependent is determined to not be required to file taxes, none of the SSB/SSDI, along with other income the tax dependent receives, is countable for their tax filer and tax filer’s children. However, all of the SSB/SSDI, along with other income the tax dependent receives, is countable for the tax dependent. If the tax dependent’s EDG includes siblings, all of the tax dependent’s SSB/SSDI and other income is countable towards the siblings’ EDG.

When Social Security income is reported, the full amount as reported, or the gross amount as found in Social Security screens, should be entered into the ONE system. ONE will perform all calculations necessary to determine if the child/tax dependent’s SSB, SSDI, and other income, is countable and apply the outcome towards all EDGs on the case.
Social Security death benefit

Money remaining from Social Security death benefits after the payment of burial costs is treated as lump-sum income.

Social Security income (SSI)

The following is cited from Oregon Administrative Rule 461-145-0510 — SSI:

For ERDC, GA, GAM and SNAP, count monthly SSI payments as unearned income. Exclude the representative payee fee for individuals who must receive payments through a representative payee under P.L. 101-508 or P.L. 103-296. In this instance, the representative payee must be a community-based nonprofit social services agency bonded or licensed by the state. To check for the current fee amount to exclude, go to http://www.socialsecurity.gov/payee/fee_fact_sheet.htm.

Note: When a disability is based on drug addiction or alcoholism, P.L. 103-296 requires payments to SSA individuals be made through an authorized representative.

For ERDC, GA and GAM:

(a) Count SSI monthly payments as unearned income.

(b) Count SSI lump-sum payments according to the specific program policy on lump-sum.

For REF, REFM and TANF:

(a) Exclude SSI monthly and lump-sum payments, even if received by a financial group member, if that person will be removed from the group the following month.

(b) Treat SSI lump-sum in a bank account held jointly with other financial group members according to.

(c) Exclude SSI retroactive lump-sum payments in the month paid and the next month, even if the recipient is in the financial group. Count the remainder as a resource after those two months, if the SSI recipient is still in the group.

In SNAP, count monthly SSI payments as unearned income and exclude any lump-sum SSI payments.

For OSIP and OSIPM (not OSIP-EPD or OSIPM-EPD), exclude retroactive lump-sum SSI payments for nine months after receipt. After the nine-month period, any remaining amount is counted as a resource. For the purpose of this subsection, a payment is retroactive if it is issued in any month after the calendar month for which it is intended.

For OCCS Medical

Exclude Supplemental Security Income for monthly and annual income.
Chapter 2: Eligibility • Section 5: Financial eligibility

Oregon Administrative Rule(s)

461-145-0510 — SSI

Spousal support

“Spousal support” is income paid (voluntarily, per court order or per administrative order) by a separated or divorced spouse to a member of the financial group (see OAR 461-110-0530).

The following is cited from Oregon Administrative Rule 461-145-0505 — Spousal Support:

For ERDC, OSIP, OSIPM and QMB programs, spousal support is counted as unearned income.

For SNAP:

(a) Payments made by the separated or divorced spouse to a third party for the benefit of the financial group are excluded, except a payment for which there is a legal obligation to pay to a member of the financial group made to a third-party for shelter expenses of a member of the financial group is counted as unearned income.

(b) Spousal support is counted as unearned income.

In the REF, REFM and TANF programs:

(a) For individuals not working under a TANF JOBS Plus agreement, if the spousal support is received by SSP or the Department of Justice, and if continued receipt of the spousal support is reasonably anticipated, the spousal support is:

(A) Counted as unearned income when determining eligibility; and

(B) Excluded when determining the REF and TANF benefit amount.

(b) For individuals working under a TANF JOBS Plus agreement:

(A) Spousal support is excluded in determining countable income.

(B) Spousal support is excluded when calculating the TANF portion of the benefit equivalency standards.

(C) Spousal support received by the participant is counted as unearned income when calculating the wage supplement.

(c) Other spousal support payments (not covered under subsections (a) or (b) of this section) are counted as unearned income.

Note: Receipt of spousal support can be reasonably anticipated if the support is secured by wage garnishment or if it has been received in each of the two months before the payment month.

For OCCS Medical

Spousal support is counted for monthly and annual income.

Oregon Administrative Rule(s)

461-145-0505 — Spousal Support
Stipends

A stipend is a fixed or regular payment for services rendered. The stipend may include a living allowance, personal expenses or reimbursement to a person for their costs, such as their time or transportation.

A stipend may be excluded or counted as earned or unearned income. How it is treated depends on the funding source of the stipend and the program.

First, determine the funding source. The participant may not know; you will need to ask the organization. For example, a community agency, college or university may obtain AmeriCorps, Work Investment Act or some other type of funding to fund the stipend.

- The stipend income is countable if it is not specifically excluded in one of the sources in OAR 461-140-0010.
- If the funding source is not covered in this section of the manual, for SNAP it is counted as earned income (use the TNG income code on FCAS) and unearned income for all other programs.

Some of the stipend funding sources identified are:

- VISTA (including AmeriCorps VISTA) or various programs under the Domestic Volunteer Service Act
- YouthBuild Program
- Job Corps
- Programs under the National and Community Service Trust Act (including AmeriCorps)
- Programs funded by the Older Americans Act
- RARE
- Veterans’ Administration
- Vocational Rehabilitation
- WIA.

Some examples of stipend income that may or may not be funded by sources are:

- A tribal member receives a stipend to attend training or GED classes. This income is from the tribe and not funded under a law that excludes the stipend.
- A college or university may pay a stipend to a student in a faculty fellowship program. This income may be from the college or university using state or grant funds and is not funded by a law that excludes the stipend.
- A volunteer in a community program receives a stipend for the time they worked on a project. This income may be from the community via a grant, state or local funds and is not funded under a law that excludes the stipend.
- A student is receiving an income from ROTC funds each month while attending school. This income is considered a stipend and is not excluded.

For OCCS Medical
Stipends are counted for monthly and annual income.

Stocks, bonds and other securities
For treatment of stocks, bonds and other securities, see Oregon Administrative Rule below.

### Oregon Administrative Rule(s)

**461-145-0520** — Stocks, Bonds, and Other Securities

#### Strikers’ benefits

Strikers’ benefits are payments made to strikers by their union, whether or not based on the striker’s participation in picketing. Treat these payments as follows:

- For all programs except SNAP, count as unearned income.
- For SNAP, exclude these payments, unless the striker’s current income is higher than their pre-strike income. If so, count as unearned income.

#### For OCCS Medical

Striker’s benefits are counted for monthly and annual income.

### Oregon Administrative Rule(s)

**461-145-0525** — Strikers’ Benefits

#### Tax refund

For all programs, count tax refunds, except for the Earned Income Tax Credit portion, as follows:

**Federal tax refunds:**

- In the month of receipt, consider it excluded income.
- For 12 months following the month of receipt, consider it an excluded resource.
- After the 12 months, consider it a countable resource.

**Note:** Federal tax refunds are excluded as a resource for eligibility decisions made on or after Dec. 17, 2010.

**State tax refunds and property tax refunds, including Elderly Rental Assistance (ERA):**

- In the month of receipt, consider it lump-sum income.
- After the month of receipt, consider it a countable resource.

#### For OCCS Medical

Federal income tax refunds are excluded in monthly and annual income. State tax refunds are treated as follows:

- If deductions are itemized on a Schedule A for the federal income tax return, the amount on the line 5 of the Schedule A is counted for monthly and annual income.
- If deductions are not itemized on a Schedule A for the federal income tax return, the state tax refund is excluded for monthly and annual income.

For treatment of Earned Income Tax Credit (EITC), see [Earned Income Tax Credit (EITC)](#).
Ticket to Work

Ticket to Work is a Social Security program mandated under the Ticket to Work and Work Incentives Improvement Act of 1999. The intent is to enable Social Security beneficiaries to obtain, regain or maintain employment and to reduce their dependency on cash assistance.

Ticket to Work is for most Social Security Disability (SSD) and Supplemental Security Income (SSI) individuals who are between age 18 and 65. The program is voluntary. Recipients may use the “ticket” to obtain vocational rehabilitation, employment or other support services from an approved provider of their choice to help them to go to work and achieve their employment goals. The recipient may be placed in on-the-job training or in school.

Most recipients participating in the Ticket to Work program are not receiving money from SSA for Ticket to Work. Instead, SSA is sending payments to the provider to reimburse the provider for their costs to provide the services. The recipient may continue to get SSD or SSI while in the training, etc. They may be paid a wage when work begins. They lose SSD or SSI when their income exceeds the allowable limits for SSD or SSI.

Some recipients of Ticket to Work will receive a stipend or training allowance. For SNAP, the stipend from a vocational rehabilitation program is counted as earned income. For all other programs, the stipend is counted as unearned income.

For all programs, count the income from employment as earned income. Count the SSD or SSI received by the participant as unearned income.

Note: For REF, RFM and TANF, if the Ticket to Work participant receives SSI, the stipend does not count as income because the SSI recipient is not in the financial group.

Trusts

The following is cited from Oregon Administrative Rule 461-145-0540 — Trusts:

Trust funds are money, securities or similar property held by a person or institution for the benefit of another person.

This section applies to all trust funds in the REF, RFM, SNAP and TANF programs. It also applies to GA, GAM, OSIP, OSIPM and QMB for trust funds established before Oct. 1, 1993:

(a) Trust funds are counted as a resource if the fund is legally available for use by a member of the financial group for items covered by program benefits. For OSIP, OSIPM and QMB, the amount of the trust
considered legally available is the maximum amount that could be distributed to the beneficiary under the terms of the trust, regardless of whether or not the trustee exercises his or her authority to actually make the distribution.

(b) Trust funds are excluded if the fund is not available for use by a member of the financial group. The financial group must try to remove legal restrictions on the trust, unless that would cause an expense to the group.

(c) The part of the fund available for use for medical expenses covered by the medical program for which the financial group is eligible is counted.

In the ERDC program, all trust funds are excluded.

In the OSIP, OSIPM and QMB programs, trust funds established on or after Oct. 1, 1993, are treated in accordance with sections (5) through (11) of this rule. In the GA and GAM programs, trust funds established on or after Oct. 1, 1993, are treated in accordance with sections (5) through (9) of this rule.

A trust is considered established if the financial group used their resources to form all or part of the trust and if any of the following established a trust, other than by a will:

(a) The participant.

(b) The participant’s spouse.

(c) Any other person, including a court or administrative body, with legal authority to act in place of or on behalf of the participant or the participant’s spouse.

(d) Any other person, including a court or administrative body, acting at the direction or upon the request of the participant or the participant’s spouse.

If the trust contains resources or income of another person, only the share attributable to the participant is considered available.

Except as provided in section (10) of this rule, the following factors are ignored when determining how to treat a trust:

(a) The purpose for which the trust was established.

(b) Whether or not the trustees have or exercise any discretion under the trust.

(c) Any restrictions on when or if distributions may be made from the trust.

(d) Any restrictions on the use of distributions from the trust.

If the trust is revocable, it is treated as follows:

(a) The total value of the trust is considered a resource available to the participant.

(b) A payment made from the trust to or for the benefit of the participant is considered unearned income.

(c) A payment from the trust other than to or for the benefit of the participant is considered a transfer of assets covered by OAR 461-140-0210 and following.

If the trust is irrevocable, it is treated as follows:

(a) If, under any circumstances, the funds transferred into the trust are unavailable to the participant and the
trustee has no discretion to distribute the funds to or for the benefit of the participant, the participant is subject to a transfer-of-resources penalty as provided in OAR 461-140-0210 and following.

(b) If, under any circumstances, payments could be made to or on behalf of the participant, the share of the trust from which the payment could be made is considered a resource. A payment from the trust other than one to or for the benefit of the participant is considered a transfer of assets that may be covered by OAR 461-140-0210.

(c) If, under any circumstances, income is generated by the trust and could be paid to the participant, the income is unearned income. Payments made for any reason other than to or for the benefit of the participant are considered a transfer of assets subject to disqualification per OAR 461-140-0210.

(d) If any change in circumstance makes assets (income or resources) from the trust unavailable to the participant, the change is a disqualifying transfer as of the date of the change.

Notwithstanding the provisions above in this rule, the following trusts are not considered in determining eligibility for OSIPM and QMB:

(a) A trust containing the assets of a participant determined to have disabilities by SSI criteria created before the participant reached age 65, if the trust was established by one of the following and the state will receive all funds remaining in the trust upon the death of the participant, up to the amount of medical benefits provided on behalf of the participant:

   (A) The participant’s parent.
   (B) The participant’s grandparent.
   (C) The participant’s legal guardian or conservator.
   (D) A court.

(b) A trust established between October 1, 1993, and March 31, 1995, for the benefit of the participant and containing only the current and accumulated income of the participant. The accumulated amount remaining in the trust must be paid directly to the state upon the death of the participant up to the amount of medical benefits provided on behalf of the participant. The trust is the total income in excess of the income standard for OSIPM. The remaining income not deposited into the trust is available for the following deductions in the order they appear prior to applying the patient liability:

   (A) Personal-needs allowance.
   (B) Community spouse monthly maintenance needs allowance.
   (C) Medicare and other private medical insurance premiums.
   (D) Other incurred medical.

(c) A trust established on or after April 1, 1995, for the benefit of the participant and containing the current and accumulated income of the participant. The accumulated amount remaining in the trust must be paid directly to the state upon the death of the participant up to the amount of medical assistance provided on behalf of the participant. The trust contains all the participant’s income. The income deposited into the trust is distributed monthly in the following order with excess amounts treated as income to the individual subject to the rules on transfer of assets in division 140 of this chapter of rules:

   (A) Personal needs allowance and applicable room and board standard.
(B) Reasonable administrative costs of the trust, not to exceed a total of $50 per month, including the following:

   (i) Trustee fees.

   (ii) A reserve for administrative fees and costs of the trust, including bank service charges, copy charges, postage, accounting and tax preparation fees, future legal expenses and income taxes attributable to trust income.

   (iii) Conservatorship and guardianship fees and costs.

(C) Community spouse and family monthly maintenance needs allowance.

(D) Medicare and other private medical insurance premiums.

(E) Other incurred medical care costs as allowed under OAR 461-160-0030 and 461-160-0055. Contributions to reserves or payments for child support, alimony, and income taxes. Monthly contributions to reserves or payments for the purchase of an irrevocable burial plan with a maximum value of $5,000. Contributions to a reserve or payments for home maintenance if the participant meets the criteria of OAR 461-155-0660 or OAR 461-160-0630.

(F) Patient liability not to exceed the cost of waivered services or nursing facility care.

For a trust signed on or after July 1, 2006:

(a) Notwithstanding the provisions of subsections (2) through (9), a trust that meets the requirements of subsection (b) below is not considered in determining eligibility for OSIPM or QMB, except if the participant is age 65 or older when the trust is funded or transfer is made to the trust. The transfer may constitute a disqualifying transfer of assets under OAR 461-140-0210 and the following.

(b) This section applies to a trust that meets all of the following conditions:

   (A) The trust is established and managed by a nonprofit association.

   (B) A separate account is maintained for each beneficiary of the trust, but, for purposes of investment and management of funds, the trust pools these accounts.

   (C) The trust is established by the participant, participant’s parent, grandparent, or legal guardian, or a court for individuals who have disabilities.

   (D) To the extent that amounts remaining in the beneficiary’s account upon the death of the beneficiary are not retained by the trust, the trust pays to the state an amount equal to the total medical assistance paid on behalf of the beneficiary under the state plan for Medicaid.

   (E) The trust contains the resources or income of a participant who has a disability that meets SSI criteria.

In the GA, GAM, OSIP, OSIPM, and QMB programs, the provisions of this rule may be waived for an irrevocable trust if SSP determines that denial of benefits would create an undue hardship on the participant if, among other things:

(a) The absence of the services requested may result in a life-threatening situation.

(b) The participant was a victim of fraud or misrepresentation.

For OCCS Medical
Exclude payments from revocable trusts for monthly and annual income. Earnings from irrevocable trusts are counted for monthly and annual income.

### Oregon Administrative Rule(s)

**461-145-0540** — Trusts

#### Unemployment compensation benefit

Count most UC benefits received weekly or biweekly as unearned income and retroactive payments as lump-sum income.

Do not anticipate UC benefits when the participant is in their waiting week or there has been a break of a week or more in payment. There is no guarantee they will receive UC benefits. Only anticipate UC income when there are current payments showing on Unemployment Compensation Claim Screen (ECLM).

To calculate countable UC income, use the Weekly Benefit Amount (WBA) on ECLM-Claim Summary Display (F5 from WAGE) as long as the participant does not have any earnings or overpayments withholding.

If the participant has earnings or an overpayment withholding, use the E-PAY-Payment List screen (F13 from ECLM) to determine the amount of countable UC income.

- Add the check amount, amount of overpayment withheld, amount of child support withheld, and amount of federal and state taxes withheld.

#### Countable UC income when you cannot use the WBA

<table>
<thead>
<tr>
<th>E-Pay amounts</th>
<th>Check amount</th>
<th>Overpayment</th>
<th>Child support</th>
<th>Fed/state taxes</th>
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<tbody>
<tr>
<td>ERDC</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>SNAP</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>All TANF</td>
<td>X</td>
<td>X</td>
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<td>X</td>
</tr>
</tbody>
</table>

**Note:** Countable UC income includes garnishments and taxes. Work Share is also countable as UC income. UC benefits received while participating in Trade Act activities are also countable income.

#### For OCCS Medical

Unemployment compensation is counted for monthly and annual income.

### Oregon Administrative Rule(s)

**461-140-0040** — Determining Availability of Income

**461-145-0550** — Unemployment Compensation Benefits

### Uniform Relocation Assistance Act and Real Property Acquisition Policies Act

The following is cited from Oregon Administrative Rule **461-145-0560** — Uniform Relocation Act:

Reimbursements from the federal Uniform Relocation Assistance Act (42 U.S.C 4621-4625) and from the Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4651-4655) are counted as a resource for GA and GAM and
excluded for all other programs.

For OCCS Medical
Excluding Uniform Relocation Assistance Act payments for monthly and annual income.

**Oregon Administrative Rule(s)**

461-145-0560 — Uniform Relocation Act

**USDA meal reimbursement**

USDA meal reimbursements are cash reimbursements for family day care providers who serve snacks and meals. The reimbursements are made by the Department of Education, and the amount of the reimbursement is determined by family size and income.

Count USDA meal reimbursements made to child care providers as self-employment income.

Exclude the USDA meal reimbursements for a filing group member.

Child care providers often have young children of their own who are present at the same time as children in care. When the provider receives the USDA meal reimbursement, they submit the voucher for both the children in care and their own children who were present for the snacks and meals.

Exclude the part of the meal reimbursement for the provider’s own children as follows:

(a) Determine the total number of children (not in filing group) who receive meals or snacks.

(b) Determine the total number of the children (in filing group) also receiving meals or snacks.

(c) Total (a) and (b) above.

(d) Determine the total amount of monthly meal reimbursement.

(e) Divide the total from (c) into the meal reimbursement in (d) to arrive at the amount of reimbursement per child.

(f) Multiply the result of (e) by the number of children in (a) to arrive at the countable USDA meal reimbursement. Count as SEC.

<table>
<thead>
<tr>
<th>USDA Meal Reimbursement Worksheet</th>
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</thead>
<tbody>
<tr>
<td>________ (a)</td>
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<tr>
<td>________ (b)</td>
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<tr>
<td>________ (c)</td>
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<tr>
<td>________ (d)</td>
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<tr>
<td>________ (e)</td>
</tr>
<tr>
<td>________ (f)</td>
</tr>
</tbody>
</table>

For OCCS Medical
Stipends are counted for monthly and annual income.
Oregon Administrative Rule(s)
461-145-0570 — USDA Meal Reimbursement

Veterans' benefits

The following is cited from Oregon Administrative Rule 461-145-0580 — Veteran’s Benefits and 461-145-0585 — Vocational Rehabilitation Payment:

Treat veterans’ benefits, other than Aid and Attendance and educational or Vocational Rehabilitation training benefits, as follows:

(a) Count monthly payments as unearned income.
(b) Count other payments as periodic or lump-sum.

Treat veterans’ Aid and Attendance payments as follows:

(a) For SNAP, the payment is treated as a reimbursement if the payment is used to pay an attendant. Count only the amount that is not being used as a reimbursement as unearned income.
(b) For QMB, exclude these payments.
(c) For OSIP, OSIPM and QMB individuals receiving long-term care or title XIX-waivered services, treat as follows:
   (A) Exclude the entire payment when determining financial eligibility.
   (B) Count the entire payment as unearned income when calculating monthly benefits or patient liability.
   (C) Exclude payments for services not covered by SSP’s programs.
   (D) The participant is required to repay to SSP the amount of the payments received by the participant for costs and services already paid for by SSP, up to the amount of institutional and home- or community-based waivered care provided to the participant during months covered by the payments. Any unrecovered third-party resource or payment above the actual cost is counted as lump-sum or periodic income.

(d) For all other programs, treat Aid and Attendance payments as follows:
   (A) Exclude payments for services not covered by SSP’s programs.
   (B) Reimbursements paid to the participant for costs and services already paid for by SSP are third-party resources and should be recovered from the participant. Count any unrecovered third-party resource or payment above the actual cost as lump-sum or periodic income.

Note: If an applicant/recipient’s Aid and Attendance income makes the total income over the 300 percent of SSI, an income cap trust is not needed.

Exclude payments under P.L.104-204 to children of Vietnam veterans who are born with spina bifida.

Treat educational benefits from the Veterans’ Administration according to OAR 461-145-0150. Housing stipends awarded as part of educational benefits are counted as unearned income for SNAP.
Note: Educational benefits from the VA include the Montgomery GI Bill (Chapter 30), Survivors and Dependents Educational Assistance (DEA) (Chapter 35), Selected Reserve Educational Assistance Program (Title 10, Chapter 1606), Reserve Educational Assistance Program (Chapter 1607), Active Duty Veterans Educational Assistance Program (VEAP) (Chapter 32) and VA Work Study.

There are other types of VA educational assistance. Please call Central Office for how to handle the other types.

For SNAP, count VA Vocational Rehabilitation maintenance payments for food, shelter and clothing as unearned income.

For SNAP, count the VA Chapter 31 subsistence allowance paid while the veteran with disabilities participates in training or a Vocational Rehabilitation plan as earned income. For all other programs, it is unearned income.

Note: The Chapter 31 VA Vocational Rehabilitation program is for veterans with disabilities and a few dependents. Look for VA disability income also. (For SNAP, use income type code TNG.).

For OCCS Medical
Veteran’s benefits are treated as follows:

Veteran’s retirement benefits:

(a) If any part of the retirement payment is based on a personal injury or sickness resulting from active service, that portion of the payment is excluded from monthly and annual income. Count the remaining amount of the payment for monthly and annual income.

All other veterans’ benefits are excluded for monthly and annual income.

Oregon Administrative Rule(s)

461-145-0580 — Veterans’ Benefits
461-145-0585 — Vocational Rehabilitation Payment

Victims’ assistance

Payments made under P.L. 103-286 to victims of Nazi persecution and payments under 42 U.S.C 10602, the Crime Act of 1984 (VOCA), are:

- Excluded as income and amounts retained are excluded as a resource as long as the amounts are not commingled with other funds for all programs except GA and GAM
- In the GA and GAM programs, counted as unearned income.

For other types of victims’ assistance:

- Treat payments that are considered reimbursement for a lost item according to OAR 461-145-0440.
- Treat payments for pain and suffering as personal injury settlements according to OAR 461-145-0400.

For OCCS Medical
Exclude victims’ assistance payments for monthly and annual income.
Vocational Rehabilitation payment

For SNAP, count a training allowance or stipend from a Vocational Rehabilitation program as earned income.

Count Vocational Rehabilitation maintenance payments for food, shelter and clothing as unearned income.

Treat Vocational Rehabilitation payments for special itemized needs connected with the evaluation, planning or placement activity as a reimbursement.

These special need payments include:

- Child care
- Clothing
- Second residence
- Special diet
- Transportation.

For all other programs, it is counted as unearned income.

For OCCS Medical
Exclude Vocational Rehabilitation payments for monthly and annual income.

Workforce Investment Act (WIA)

Treat Workforce Investment Act (WIA) of 1998 (P.L.105-220) payments made under title I-B (see OAR 589-020-0210) as follows:

Count need-based (stipend) payments as unearned income, except as follows:

(a) Exclude for REF, RFM and TANF individuals under the age of 19 (or under the age of 20 if the participant is a caretaker relative), and

(b) Exclude for all SNAP individuals.

Count OJT and work experience payments as earned income, except as follows:

(a) Exclude for REF, RFM and TANF individuals under the age of 18 (or under the age of 20 if the participant is a caretaker relative); and

(b) Exclude for SNAP individuals who are:

(A) Under the age of 19 and under the control of an adult member of the filing group; or

(B) Receiving OJT payments under the Summer Youth Employment and Training Program.
Note: SNAP individuals age 18 and younger are considered under the control of an adult member of the household when they or the adult state they are under the adult’s control.

For SNAP, exclude the training stipend received under Section 402, rehabilitation payment.

Count support service payments for items already covered by the benefits of the benefit group as unearned income. Exclude all other support service payments (including lunch payments and clothing allowances).

See Reimbursement for treatment.

Count YouthBuild payments as follows:

(a) In the SNAP program, if the YouthBuild participant is under age 19 and under the parental control of another filing group member, the payments are excluded. If the participant is age 19 or older or not under the parental control of another filing group member, the payments are treated as follows:

(A) Incentive payments that are reimbursements for specific expenses not covered by program benefits, for instance transportation and school supplies, are excluded.

(B) On-the-job training (OJT) and work experience payments are treated as earned income.

(C) The bonus payment (the incentive payment for attendance) is treated as unearned income.

(D) In all program except the SNAP program, YouthBuild Program payments are excluded.

Oregon Administrative Rule(s)

461-145-0300 — Workforce Investment Act; Workforce Innovation and Opportunity Act

Workers’ compensation

The following is cited from Oregon Administrative Rule 461-145-0590 — Workers Compensation:

For workers’ compensation payments received monthly or more frequently:

(a) Except as provided in subsection (b) of this section, these payments are counted as unearned income.

(b) In the ERDC, REF, REFM, SNAP and TANF programs, income from temporary workers’ compensation is counted as earned income if paid to a participant who is still employed while recuperating from a temporary illness or injury.

All workers’ compensation payments other than those in section (1) are counted as periodic or lump-sum income.

For OCCS Medical

Exclude workers’ compensation payments for monthly and annual income.

Oregon Administrative Rule(s)

461-145-0590 — Workers Compensation

Work-related capital assets, equipment and inventory

“Work-related equipment” is property essential to the employment or self-employment of a financial group.
member. Examples are a tradesman’s tools, a farmer’s machinery and equipment used to maintain an income-producing vehicle.

“Inventory” is goods in stock and available for sale to prospective customers.

A capital asset, other than work-related equipment and inventory, is treated as follows:

(a) For all programs except SNAP and TANF, treat the equity value of all capital assets according to the type of asset it is.

(b) For SNAP, exclude the equity value of capital assets used in a business as follows:

   (A) For nonfarm assets, as long as the financial group is actively engaged in self-employment activities;

   (B) For farm assets, for one year from the date the person quit self-employment as a farmer.

(c) For all other participants, treat the capital asset according to rules for that asset.

Treat work-related equipment as follows:

(a) For EA, ERDC and SNAP, exclude the equity value of work-related equipment as a resource.

(b) For GA, OSIP, OSIPM and QMB, exclude the value of equipment needed by a participant who has a disability or is blind, to complete a plan for self-support as long as the plan is in effect. For all other equipment, count the equity value of the equipment as a resource except as provided in OAR 461-145-0250(3)(c).

(c) In the REF, REFM and TANF programs, the equity value of the equipment is treated as a resource.

Treat inventory as follows:

(a) For EA, ERDC and SNAP exclude the value of inventory as a resource as long as the participant is engaged in self-employment activities.

(b) For GA, OSIP, OSIPM and QMB, exclude the value of inventory needed by a participant who has a disability or is blind to complete a plan for self-support, as long as the plan is in effect. For all other inventory, count the equity value of the inventory as a resource.

(c) In the REF, REFM and TANF programs, the wholesale value of inventory remaining at the end of a quarter, less encumbrances, is counted as a resource.

For SNAP, count the full amount received from the sale of work-related equipment or inventory as part of the household’s self-employment income.

For OCCS Medical

Resources are not considered in eligibility determination.

**Oregon Administrative Rule(s)**

461-145-0600 — Work-Related Capital Assets, Equipment, and Inventory

**Self-employment and microenterprise income**
Self-employment; general

The following is cited from Oregon Administrative Rule 461-145-0910 — Self-Employment; General; Not OSIP, OSIPM or QMB:

(A) Self-employment income is received directly from one’s own business, trade or profession, rather than earning a salary or wages from an employer.

- Individuals are considered self-employed if they meet the criteria in section (B) or (C). Except as noted in section (C), for all programs except SNAP, when an individual has established a corporation, determine if the individual is self-employed per section (B).
- For SNAP, an owner of an incorporated business is not self-employed in that business.
- If an individual has more than one self-employment business, trade, or profession the income from each is determined separately.

(B) Except as noted in section (C), an individual is self-employed if he or she:

(1) Is considered an independent contractor by the business that employs them; or

(2) Meets at least four of the following criteria:

   (a) Is engaged in an enterprise for the purpose of producing income.

   (b) Is responsible for obtaining or providing a service or product by retaining control over the work or services offered.

   (c) Has principal responsibility for the success or failure of the business operation by assuming the necessary business expenses and profit or loss risks connected with the operation of the business.

   (d) Is not required to complete an IRS W-4 form for an employer and does not have federal income tax or FICA payments withheld from a pay check.

   (e) Is not covered under an employer’s liability insurance or workers’ compensation.

(C) Notwithstanding section (B) above:

(1) Home care providers paid by SPD are not self-employed.

(2) Child care providers paid by DPU, adult foster care providers paid by SPD, realty agents, and individuals who sell plasma, redeem beverage containers, pick mushrooms for sale or similar enterprises are considered to be self-employed.

(3) If a financial group member actively manages the property 20 hours or more per week, the income is treated in the same manner as self-employment income. If a financial group member does not actively manage the property 20 hours or more per week, the income is counted as unearned income with exclusions allowed only in accordance with OAR 461-145-0920.
Note: Self-employment may include income from a business, including a microenterprise, hobby, weekly or monthly garage sales, commercial boarding, or other income-producing property. For day care providers, the gross self-employment income includes payments from DPU, individuals, Head Start contracts and USDA meal reimbursements.

(D) For ERDC, REF, SNAP and TANF, self-employment income, including microenterprise, is annualized or anticipated if it meets the following criteria:

(1) Self-employment income is annualized when it is:
   (a) Received during less than a 12-month period but is intended as a full year’s income.
   (b) From a business that has operated for a full year and the previous year is representative of what income is expected for the next year.

(2) Self-employment income is anticipated when a financial group begins self-employment and is unable to determine what their income and costs will be during the budget month.

Note: For SNAP, an individual may choose to not annualize their income. When they make this choice, their income may be averaged. However, peak and low business periods must be considered when doing this average. For example, an individual with a yard maintenance service earns more during the summer months. The summer months must be included in the average.

(E) When determining countable self-employment income, use gross receipts and sales, including mileage reimbursements, before costs.

Oregon Administrative Rule(s)

461-145-0910 — Self-Employment; General; Not OSIP, OSIPM, or QMB

Self-employment; costs that are excluded to determine countable income

The following is cited from Oregon Administrative Rule 461-145-0920 — Self-Employment; Costs that are Excluded to Determine Countable Income:

(A) Unless prohibited by subsection (B) and subject to the provisions of subsections (C) and (D) and exclusions allowed from self-employment income, the necessary costs of producing self-employment income are excluded from gross sales or receipts (before costs), including but not limited to:

(1) Labor (wages paid to an employee or work contracted out);

(2) Raw materials used to make a product and stock (inventory);

(3) Interest paid to purchase income-producing property, such as equipment or capital assets;

(4) For SNAP only, payments on the principal of the purchase price of income-producing property, such as real estate, equipment, machinery, durable goods or capital assets;

(5) Insurance premiums, taxes, assessments and utilities paid on income-producing property;
(6) Service, repair and rental of business equipment (including motor vehicles) and property owned, leased or rented;

7) Advertisement and business supplies;

8) Licenses, permits, legal or professional fees;

9) Transportation costs at 20 cents per mile, if the cost is part of the business expense. Commuting expenses to and from the worksite are not part of the business expense;

**Note:** Commuting is the process of the person getting themselves to and from work sites. Transportation costs are allowed only if the individual must haul work equipment (lawnmowers, vacuum cleaners, drop cloths, etc.) to a job site.

(10) Charges for telephone service that can be verified as a necessary cost for self-employment; and

(11) Meals and snacks provided by family day care providers receiving USDA meal reimbursements for children in their care (including their own). Use the actual cost of the meals if the provider can document the cost.

If they cannot document the actual cost, use the following figures:

(a) Breakfast – $ .83;

(b) Lunch – $1.51;

(c) Dinner – $1.51; and

(d) Snacks – $.45.

(12) Materials purchased for resale, such as Avon products. For newspaper carriers, this includes the monthly cost of newspapers, bags and rubber bands.

(B) The following costs are not allowable costs for doing business:

1) Business losses from previous months;

2) For all programs except SNAP, payments on the principal of the purchase price of income-producing real estate and capital assets, equipment, machinery and other durable goods;

3) Federal, state and local income taxes, draws or salaries paid to any financial group member, money set aside for personal retirement and other work-related personal expenses (such as transportation, personal business and entertainment expenses);

4) Depreciation. Depreciation is a prorated lessening of value assigned to a capital asset based on its useful life expectancy and initial cost;

5) Costs related to traveling to another area to seek business when there is no reasonable possibility of deriving income from the trip;

6) Interest or fees on personal credit cards;
(7) Personal telephone charges.

(8) Shelter or utility costs associated with the individual’s home, except as authorized by subsection (C) below.

(C) The exclusions for items used for both business and personal purposes, such as automobiles and real property (including utilities), are limited by the following rules:

(1) For ERDC, the portion of the expense that is for business use only is excluded; and

(2) For SNAP, costs are excluded for a separate office or shop located on the property used as a home, unless the office or shop is part of the dwelling in which the individual lives. Costs for other items used for both business and personal use are excluded.

(D) If no member of the financial group has been self-employed for a sufficiently long period to ascertain the costs of self-employment, they may be estimated.

(E) For individuals engaged in the microenterprise component of the JOBS program, costs are excluded according to general accounting principles as applied by an accounting professional, such as a certified public accountant or bookkeeper, and OAR 461-145-0920.

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**Oregon Administrative Rule(s)**

461-145-0600 — Work-Related Capital Assets, Equipment, and Inventory

461-145-0920 — Self-Employment; Costs That Are Excluded To Determine Countable Income

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**Exclusions allowed from self-employment income**

The following explains how exclusions are taken from self-employment gross income in the different programs. Gross income less exclusions leaves countable income. Costs of producing self-employment income, determined in accordance with costs excluded to determine countable income, are excludable according to the following guidelines:

The following is cited from Oregon Administrative Rule 461-145-0930 — Self-Employment; Determination of Countable Income:

(F) In the REF program, no costs are excludable.

(G) In the TANF program:

(1) For an individual engaged in the microenterprise component of the JOBS program, costs are excluded according to general accounting principles as applied by an accounting professional, such as a certified public accountant or bookkeeper, and OAR 461-145-0920.

(2) For all other individuals, no costs are excluded.

(H) In the SNAP program, if there are any excludable costs, the exclusion is 50 percent of gross self-employment income.

(I) In the ERDC program, if the individual claims an excludable cost, the minimum exclusion is 50 percent of
gross self-employment income and the maximum exclusion is the total excludable cost.

Oregon Administrative Rule(s)

461-145-0930 — Self-Employment; Determination of Countable Income
461-155-0225 — Income Standard; REFM

Additional exclusions for farming costs; SNAP

In the SNAP program, if gross self-employment income from farming is less than the costs calculated in accordance with OAR 461-145-0920, and the individual receives or anticipates receiving annual gross farm income of $1,000 or more, farming-related costs that exceed self-employment income from farming are allowed as an exclusion from non-farm self-employment income, other earned income and unearned income.

Oregon Administrative Rule(s)

461-145-0931 — Additional Exclusions for Farming Costs; SNAP
Chapter 2: Eligibility

Section 6: Non-financial eligibility
Non-financial eligibility

Introduction

There are many non-financial eligibility requirements, and they vary by program. Some requirements must be verified, and others do not require verification unless SSP finds them questionable.

Caring for an incapacitated individual

This applies specifically to the SNAP and TANF programs.

Sometimes individuals may be unable to look for work, maintain employment or engage in other self-sufficiency activities due to caring for another individual.

SNAP  Click here for SNAP employment services.

TANF  A parent may be exempt from the JOBS program if they are providing care for a family member who has a disability and is living in the home. To be JOBS exempt, a statement from a medical provider is needed to indicate the parent is to remain in the home to care for the disabled family member. The DHS 7785, Documentation of Need to Care for Disabled Family Member, can be used.

ERDC  This does not apply to the ERDC program.

REF  This does not apply to the REF program.

Click here for examples: Caring for an incapacitated individual.

Oregon Administrative Rule(s)

461-130-0310 — Participation Classifications: Exempt, Mandatory, and Volunteer

Fleeing felons; probation and parole violators

A fleeing felon is an individual who is avoiding prosecution or custody (jail or prison) for a crime, or an attempt to commit a crime, classified by state law as a felony.

To be a fleeing felon, the individual must be aware of a warrant for their arrest and have fled or concealed himself or herself to avoid:

- Appearing in court regarding a crime considered a felony, or
- Going to jail or prison after conviction for a felony.

A parole, probation or post-prison supervision violator is an individual violating a condition of federal or state probation or parole, or post-prison supervision under Oregon law. Oregon uses the term “parole” if the crime occurred prior to Nov. 1, 1989, and the term “post-prison supervision” if the crime occurred on or after that date. Local, state or federal corrections agencies or the courts determine if an individual is in violation. DHS does not make this determination. Each program has its own rules regarding fleeing felons, probation and parole violators.
On Aug. 22, 1996, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 became law. This law made fleeing felons and individuals in violation of conditions of parole and probation ineligible for the SNAP and TANF programs.

DHS may learn a participant is a fleeing felon from the following sources:

- Social Security Administration
- HUD or Veterans Administration
- Law enforcement or local, county or state corrections offices
- Staff in SNAP or TANF offices from other states
- USDA Office of Inspector General or another federal agency (such as the US Marshals Service).

SSP does not seek out this information but must act upon it when it is reported by the individual or by a law enforcement agency.

Whenever DHS receives a report from a local, state or federal corrections agency or the courts that an individual is in violation of conditions of parole, probation or post-prison supervision, the participant is ineligible for SNAP and TANF benefits. Their ineligibility continues until the local, state or federal corrections agency or the courts report the individual is cooperating with the conditions of their parole, probation or post-prison supervision.

The individual who is in violation of parole, probation or post-prison supervision is ineligible and is removed from the need group. Other individuals in the benefit group may remain eligible for benefits. The parole, probation or post-prison supervision violator’s income and resources are still considered when determining eligibility.

The law of the state from which the individual is fleeing determines if the crime is considered a felony. In the case of New Jersey, a high misdemeanor under the law of New Jersey is treated as a felony. For example, if an individual committed a felony in California, they would be ineligible for benefits in Oregon (even if the crime is not considered a felony in Oregon).

For the purposes of the SNAP or TANF programs in Oregon, the existence of an outstanding felony warrant for an individual’s arrest does not automatically establish the individual is fleeing. An individual wanted for a felony may not have fled their home or the local area. They may not have initiated actions to conceal themselves or to avoid arrest. An individual may have moved out of an area and not be aware of the arrest warrant. The police may know where the individual is but choose to not arrest them at this time.

Therefore, for the participant to remain eligible for benefits, SSP must first determine if the participant knows they are wanted for a felony and what actions have been taken to resolve the issue of being wanted for a felony.

A question on all applications for SNAP or TANF benefits asks participants if they, or anyone they want benefits for, have an outstanding arrest warrant. Whenever the household answers yes, SSP must ask more questions to determine if the individual is a fleeing felon for SNAP and TANF purposes. The additional questions should include:
• Where was the arrest warrant issued? (city, county, state)
• When was the warrant issued?
• What is the reason for the warrant?
• Is it for a felony or a misdemeanor?
• When did the participant learn about the warrant?
• Did the participant move here after they learned the arrest warrant was issued?
• What steps has the participant taken to resolve the issue?
• If they have not taken steps to resolve the issue, why not?
• Does the participant have the mental or physical ability to resolve the issue?
• If they lack the financial ability to resolve the warrant, has the participant asked the district attorney or courts to pay for their return and was this request denied? (A copy of the letter will be requested.) Maybe the other state has decided not to extradite.

If the applicant is ineligible due to being a fleeing felon, SSP will let them know what steps they need to take to make substantial effort to resolve the matter for future eligibility. The discussion, all responses and the decision should be carefully narrated.

**TANF**
The participant is ineligible for SNAP and TANF benefits whenever DHS receives a report from a local, state or federal corrections agency or the courts that an individual is in violation of conditions of parole, probation or post-prison supervision. Their ineligibility continues until the local, state or federal corrections agency or the courts report the individual is cooperating with the conditions of their parole, probation or post-prison supervision.

The individual who is in violation of parole, probation or post-prison supervision is ineligible and is removed from the benefit group. Other individuals in the benefit group may remain eligible for benefits. The parole, probation or post-prison supervision violator’s income and resources are still considered when determining eligibility.

The law of the state from which the individual is fleeing determines if the crime is considered a felony. In the case of New Jersey, a high misdemeanor under the law of New Jersey is treated as a felony. For example, if an individual committed a felony in California, they would be ineligible for benefits in Oregon (even if the crime is not considered a felony in Oregon).

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If the applicant is ineligible due to be a fleeing felon, SSP will let them know what steps they need to take to make substantial effort to resolve the matter for future eligibility. The discussion, all responses and the decision should be carefully narrated.

**ERDC**

This does not apply to the ERDC program.

**REF**

The participant is ineligible for SNAP and TANF benefits whenever DHS receives a report from a local, state or federal corrections agency or the courts that an individual is in violation of conditions of parole, probation or post-prison supervision. Their ineligibility continues until the local, state or federal corrections agency or the courts report the individual is cooperating with the conditions of their parole, probation or post-prison supervision.

The individual who is in violation of parole, probation, or post-prison supervision is ineligible and is removed from the need group. Other individuals in the benefit group may remain eligible for benefits. The parole, probation, or post-prison supervision violator’s income and resources are still considered when determining eligibility.

The law of the state from which the individual is fleeing determines if the crime is considered a felony. In the case of New Jersey, a high misdemeanor under the law of New Jersey is treated as a felony. For example, if an individual committed a felony in California, they would be ineligible for benefits in Oregon (even if the crime is not considered a felony in Oregon).

For the purposes of the SNAP or TANF programs in Oregon, the existence of an outstanding felony warrant for an individual’s arrest does not automatically establish the individual is fleeing. An individual wanted for a felony may not have fled their home or the local area. They may not have initiated actions to conceal themselves or to avoid arrest. An individual may have moved out of an area and not be aware
of the arrest warrant. The police may know where the individual is but choose to not arrest them at this time.

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A question on all applications for SNAP or TANF benefits asks participants if they, or anyone they want benefits for, have an outstanding arrest warrant. Whenever the household answers yes, SSP must ask more questions to determine if the individual is a fleeing felon for SNAP and TANF purposes. The additional questions should include:

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- What is the reason for the warrant?
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- When did the participant learn about the warrant?
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- If they have not taken steps to resolve the issue, why not?
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If the applicant is ineligible due to being a fleeing felon, SSP will let them know what steps they need to take to make substantial effort to resolve the matter for future eligibility. The discussion, all responses and the decision should be carefully narrated.

Click here for examples: Fleeing felons; probation and parole violators.

Oregon Administrative Rule(s)

461-135-0560 — Fleeing Felon and Violators of Parole, Probation, and Post-Prison Supervision; REF, REFM, SNAP, and TANF

Pursuit of assets

In some programs, applicants are required to actively pursue any income or resource to which they have a legal right or claim. This is called pursuit of assets. For programs that require pursuit of assets, benefits may not be opened until the individual has made a good faith effort to pursue the asset.

SNAP This does not apply to the SNAP program.
Applicants and participants are to actively pursue any asset to which they have a legal right or claim. Helping families identify and pursue available assets connects them with additional resources that support family stability. Actively pursuing an asset means the participant is making a good faith effort to apply and/or satisfy all requirements to obtain the asset. This includes exploring legal remedies and securing legal counsel on a contingency fee basis if required and available. There is no requirement to pursue or apply for loans.

SSP can accept an applicant’s statement that they have applied for unemployment compensation (UC) or Social Security benefits (SSB), which meets the pursuit of UC and SSB assets. The outcome will be verified at a later date.

**Penalties for not pursuing assets**

- Initial application: Denial of the application
- Ongoing case: closure of the TANF case benefits with a timely decision notice.

**Good cause for not pursuing assets**

An individual may have good cause for not pursuing assets if the assets are not available to the applicant.

Click here for **Availability of assets**.

**Specific assets**

**Unemployment compensation**

SSP can accept an applicant’s statement that they have applied for unemployment compensation (UC). The outcome will be verified at a later date.

Participants who are considered exempt from the JOBS program are not required to pursue UC.

**Social Security benefits**

SSP can accept an applicant’s statement that they have applied for Social Security benefits (SSB). The outcome will be verified at a later date. Individuals are not required to apply for SSI.

**Individual or vehicle injuries**

- Applicants are to complete the Vehicle Related Personal Injury (MSC 0451) form if the participant has a pending claim against a third party that caused the injury.
- For vehicle accidents, the individual completes the Non-Vehicle Related Personal Injury (MSC 0451NV) form.

Click here for **Personal Injury Lien** website.
Click here for the **Personal Injury Lien Worker Guide**.
Click here for **Tribal TANF**.

**ERDC** This does not apply to the ERDC program.
Click here for examples: **Pursuit of assets.**

Oregon Administrative Rule(s)

461-120-0330 — Requirement to Pursue Assets

**Cooperation with the Division of Child Support (DCS)**

This specifically applies to eligibility for the TANF program.

Click here for [Child Support Programs](#).

**SNAP** This does not apply to the SNAP program.

**TANF** Click here for [Child support programs](#).

**ERDC** This does not apply to the ERDC program.

**REF** This does not apply to the REF program.

Click here for examples: **Cooperation with the Division of Child Support (DCS).**

Oregon Administrative Rule(s)

461-120-0350 — Clients Excused for Good Cause from Compliance with Requirements to Pursue Child Support, Heath Care Coverage, and Medical Support

461-120-0340 — Client Required to Help Department Obtain Support from Noncustodial Parent; TANF

461-120-0310 — Assignment of Support Rights; Not SNAP

461-115-0020 — Application Requirements

**Absent parent information**

This applies specifically to the TANF program.

For guidance regarding household groups and/or individuals residing in multiple households, click here for [Shared custody](#).

**SNAP** This does not apply to the SNAP program.

**TANF** Alleged fathers of children may often be the caretaker relative of children for TANF purposes, even if paternity has not been established. If there are documents that verify the alleged father is the father of the child, he may be the caretaker relative. If the Department of Child Support (DCS) or the district attorney (DA) proves at a later date he is not the father, he can no longer be the caretaker relative. If there are no documents that verify the alleged father is the father of the child, he cannot be the caretaker relative until DCS or the DA legally establishes he is the father or a completed affidavit acknowledging paternity is filed with Vital Statistics.
A biological parent or other relative (as defined above) can be the caretaker relative to a TANF child, even if an adoption exists, when the adoptive parent has given up care, control and supervision of the child.

**ERDC** This does not apply to the ERDC program.

**REF** This does not apply to the REF program.

Click here for examples: Absent parent information.

### Oregon Administrative Rule(s)

- **461-120-0340** — Client Required To Help Department Obtain Support from Noncustodial Parent; TANF
- **461-120-0310** — Assignment of Support Rights; Not SNAP
- **461-115-0020** — Application Requirements
- **461-145-0080** — Child Support and Cash Medical Support

### Requirement to live with a caretaker or caretaker relative

A caretaker is an individual who is responsible for the care, control and supervision of the child. Different programs have varying requirements regarding caretakers and caretaker relatives.

**SNAP** This does not apply to the SNAP program.

**TANF** To be eligible for TANF, a child must live with a caretaker relative. A caretaker relative is the individual, regardless of age, who is responsible for the care, control and supervision of the dependent child and who is related to the child in any of the following ways:

- A biological parent
- An individual who legally adopts the child and any individual related to the individual adopting the child, either naturally or through adoption in OAR 461-120-0630
- Any blood relative, including those of half-blood and including first cousins, nephews, nieces and individuals of preceding generations as denoted by prefixes of grand-, great- or great-great-
- Stepfathers, stepmothers, stepbrothers or stepsisters
- Is or was a spouse of anyone listed above.

A stepparent or stepsibling may be considered a caretaker relative even if the marriage to the biological or adoptive parent ended in death or divorce. When a caretaker relative of one child applies for another child in the same household, the groups must be combined. A dependent child can be in only one filing group at a time.

**ERDC** To be eligible for child care assistance, the child must live with a caretaker:

- The child does not have to be related to the caretaker;
- Caretaker status ends when the responsibility for care, control and supervision is given to another individual for 30 days or more, unless the caretaker is called to active duty — see below.

A parent is still considered the caretaker even though he/she is gone for 30 days or more if he/she is a
U.S. military member and has been called to active duty away from the child’s home.

**REF** This does not apply to the REF program.

**Click here for examples:** Requirement to live with a caretaker or caretaker relative.

### Oregon Administrative Rule(s)

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<thead>
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<th>Rule</th>
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<td>461-120-0630</td>
<td>Requirement to Live with a Caretaker or Caretaker Relative</td>
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## Immunization requirements

This applies specifically to the ERDC program.

**SNAP** This does not apply to the SNAP program.

**TANF** This does not apply to the TANF program.

**ERDC**

The intent of the requirement is to protect the health and safety of children. This requirement will ensure children in child care situations paid through DHS are immunized or have started the immunization series according to a schedule approved by the Oregon Health Authority. The state requirement allows for exemptions due to a medical condition or nonmedical reason.

Click here for an [Immunization schedule and a list of county health departments](#).

This website address can also be found in the Child Care Provider Guide (**DHS 7492**).

If the caretaker marks on the application that the immunizations are not up to date, DHS Child Care Policy allows the caretaker 45 days in a pend status to show they are moving forward in the immunization process. The caretaker will need to do the following:

- Show they have applied/obtained medical coverage (if they do not have medical coverage for their child(ren), or
- Show proof the immunization series has started, or
- Submit a completed copy of their medical or nonmedical exemption form with documentation from a health care practitioner or the vaccine educational module approved by the Oregon Health Authority.

At recertification, if the caretaker marks again on the application that the immunizations are not up to date, their application would be denied. The caretaker may apply again at any time and would be approved if all other criteria are met. To be eligible, the caretaker will provide the following:

- Proof the series of needed immunization has started, or
- A completed copy of their medical or nonmedical exemption form with documentation from a health care practitioner or the vaccine educational module approved by the Oregon Health Authority.
Employability screening tool and JOBS Program overview

This applies specifically to the TANF program.

TANF The employability screening and an overview of the JOBS program must be offered during the initial eligibility intake for TANF. Additionally, the Employability Screening (DHS 0415A) form must be completed at recertification but a verbal conversation asking the questions on the form and narrating the conversation is sufficient.

The Employability Screening (DHS 0415A) tool must be completed by all adults in the need group who are authorized to work in the United States when eligibility is being determined. This tool includes questions about the individual’s household, health, strengths and goals to achieve self-sufficiency.

If the DHS 0415A form has been completed during an early eligibility period, we do not have to have the individual complete another DHS 0415A. SSP may ask questions from the prior DHS 0415A to the individual and narrate clearly if there have been any changes.

In single parent families: During the eligibility determination for TANF program benefits, the parent in the need group authorized to work in the United States must:

- Complete an employability screening, and
- Participate in an overview of the JOBS program.

In a two-parent family:

- Each parent in the need group authorized to work in the United States must complete an employability screening, and
- At least one parent in the need group must participate in the overview of the JOBS program.
Oregon Administrative Rule(s)

461-135-0485 — Requirement to Complete an Employability Screening and Overview of the Job Opportunity and Basic Skills (JOBS) Program; Pre-TANF and TANF

Child care need

This specifically applies to the ERDC and TANF programs.

**SNAP**  This does not apply to the SNAP program.

**TANF**  Child care need is defined as the gap between the family’s resources and what the family needs to maintain safe, dependable child care that supports children’s development and family self-sufficiency. Child care need means the care is necessary to maintain employment or participate in self-sufficiency activities. Child care related to employment means the nature of the parent’s work makes it necessary for someone else to provide care for the child during working hours. Ordinarily, there is no child care need if the caretaker works at home and can care for their own child without significantly affecting their work.

For example, resident apartment managers whose main duties consist of answering the phone and collecting rent would not generally require child care. Likewise, self-employed child care providers do not generally require child care for their own children.

Click here for **Other parent available to provide care**.
Click here for **Identifying activities and support services**.

**ERDC**  Child care need is defined as the gap between the family’s resources and what the family needs to maintain safe, dependable child care that supports children’s development and family self-sufficiency. Child care need means the care is necessary to maintain employment or participate in self-sufficiency activities. Child care related to employment means the nature of the parent’s work makes it necessary for someone else to provide care for the child during working hours. Ordinarily, there is no child care need if the caretaker works at home and can care for their own child without significantly affecting their work.

For example, resident apartment managers whose main duties consist of answering the phone and collecting rent would not generally require child care. Likewise, self-employed child care providers do not generally require child care for their own children.

Click here for **Other parent available to provide care**.

Requirement to be employed or in self-sufficiency activities

The Employment-Related Day Care (ERDC) program can help pay child care expenses only for persons who are employed or participating in DHS-approved self-sufficiency activities. Employment normally means work that results in earned income. For ERDC, self-sufficiency activities are limited to approved retention activities and student child care hours.

**Employment:** This includes paid work experience, paid practicum assignments, work study and self-employment. At least one caretaker must be receiving income from employment at the time of application in order to qualify for child care benefits.
Retention: Some types of employment require the employee to take ongoing classes or trainings to retain their current position, certification or license. A child care need is considered a retention activity if the employer does not pay the employee for class time. The caretaker is allowed to use authorized child care hours or have additional hours added to cover class time. If the employer pays the employee wages while they are attending classes and training, this is treated the same as regular employment hours.

This does not apply to the REF program.

Click here for examples: Child care need.

Oregon Administrative Rule(s)

461-160-0040 — Dependent Care Costs; Deduction and Coverage
461-135-0400 — Specific Requirements; ERDC

Child care hours

This specifically applies to the ERDC and TANF programs.

Some programs allow caretakers and caretaker relatives to receive a child care subsidy while they work, look for work, attend post-secondary education classes or engage in other self-sufficiency activities.

This does not apply to the SNAP program.

DHS will help pay for the number of child care hours necessary for caretaker relatives to engage in their plan activities. The computer system automatically adds 25 percent to the approved hours; the extra 25 percent covers the travel time to and from the child care site to the approved activity (work, school or JOBS program) and meal time. They can also be used for homework time if the parent was approved for student hours.

A two-parent household must have overlapping work or plan activity hours to be approved unless the second parent has provided documentation that they are physically or mentally unable to provide adequate care for the child(ren).

DHS will help pay for the number of child care hours necessary for caretakers to perform their job duties or participate in approved self-sufficiency activities.

The nature of employment is important when looking at allowable child care hours. When the nature of the employment does not create a child care need, care cannot be covered. Some examples of this may include:

- Caretakers who work from their own home, or
- Caretakers who are child care providers in a home.

For more information, click here for Child care need.

DHS will not help pay for child care hours when free care is available, such as during school hours for school age children who are able to attend school. DHS cannot help pay for school tuition or care for a
child in homeschool during the school hours of the local public school.

A two-parent household must have overlapping work hours to be approved unless the second parent has provided documentation that they are physically or mentally unable to provide adequate care for the child(ren).

The computer system automatically adds 25 percent to the approved hours; the extra 25 percent covers the travel time to and from the child care site to the approved activity (work, school or training) and meal time. They can also be used for homework time if the parent was approved for student hours.

**Caretaker work/school schedule**

For ERDC, it is a requirement that the caretaker’s work schedule and school schedule be properly narrated. The work schedule may be verbally communicated by the caretaker and verification is not required; however, when approving student hours, the caretaker must provide verification of their school schedule.

**Determining child care work hours for one-parent families**

Child care hours are authorized using the highest number of verified hours provided from the applicant’s income verification, if the hours are reasonably anticipated to continue. Authorizing the highest number of verified hours helps assure the parent’s child care need is covered and allows flexibility to work varying shifts or potential overtime without a child care disruption.

**Determining child care work hours with split physical custody**

Click here for [Shared custody](#).

**Determining child care work hours for two-parent families**

When there are two adults in the filing group, child care hours are only allowed when both parents are working. This means DHS needs to determine both parents’ schedules and count only the work hours that overlap. Commute time is not included when looking at hours that overlap. Verification of work schedules is not required for two parent families unless questionable.

Click here for [Filing group](#).

**Child care hours for self-employed individuals**

The gross earnings of a self-employed individual are used before deductions when reviewing for ERDC eligibility. This means the total earnings are compared to the ERDC income limits, both initial and exit and ongoing limit, to determine whether the family is eligible for ERDC prior to exploring costs or deductions of the business. If the family is below the ERDC income limits using the gross earnings of their self-employment income, they meet ERDC income eligibility. Costs can be determined at this point.

**Determining costs**

There are various ways to treat self-employment income within ERDC:
• **No costs:**
  - If the applicant states they have no cost associated with running their business, the full gross amount is used.

• **50% cost:**
  - If the applicant states they have at least $1 in costs, they receive the 50 percent deduction. This does not need to be verified. Most businesses have at least $1 in costs.

• **Total allowable costs:**
  - If the applicant says they have more than 50 percent in costs, the full allowable cost can be used. The amount of the deduction is limited to costs that are verified and fit the definition of an allowable cost as described in [Treatment of specific assets](#).

In the ERDC program, individuals may choose if they would like to deduct costs or not. Because countable income is directly tied to their copay amount, it is up to the family to make the best choice financially for their family, whether they need more child care hours or a lower copay.

After subtracting the deduction, if any, from the gross self-employment income, what remains is used to determine the copay and is the amount to be coded as SLF on UCMS.

### Child care hours and self-employment

A self-employed individual’s child care hours are determined by taking their income after costs and dividing it by the local Oregon state minimum wage for the business location. If the applicant needs more authorized child care hours, they can choose which cost option they would like to use. This will also affect their copay. For example, if a participant decides they need more child care hours with zero deductions, they will get more authorized hours; however, their copay will be higher as their income will be coded as a higher amount. The maximum authorized hours for self-employment cannot exceed 172 hours coded on UCMS.

### Calculating work hours when less than minimum wage is earned

When a caretaker earns less than state minimum wage, the countable income is divided by the current Oregon minimum wage to determine the number of child care work hours allowed. The resulting figure is the maximum number of hours that can be coded on the computer not to exceed 172 hours. The minimum wage is determined by the business location.

For a caretaker in a start-up phase of employment that does not pay an hourly wage or salary such as working on commission, the caretaker must supply verification of an anticipated amount of income. This may include the employer’s statement of average wages for someone just starting out in a similar position.

### Student hours

When a request for student hours is made, DHS will need to review the case to ensure all the following criteria are met. Authorized student hours are limited as follows:

- The caretaker must be eligible due to employment before student hours can be determined.
• Coursework must lead to a certificate, degree or job-related knowledge and skills.
• Authorized student hours cannot exceed authorized work hours (at least 50 percent of all authorized hours must be from employment).
• Total authorized hours, from work and school, cannot exceed 172 (EXH coding is not allowed on working student child care cases).
• Coursework must be through a school or institution eligible for federal student aid.
  and
• The working student must submit verification of school registration and current class schedule before student hours can be approved.

The financial aid award letter is required at certification and recertification as verification of income. It should be requested along with proof of registration and class schedule if it has not already been provided.

DHS must review the financial aid award letter to see if the child care need is covered by the caretaker’s financial aid; if so, the caretaker is not eligible for student hours.

Any student receiving financial aid through the Office of Student Access and Completion (OSAC) is not eligible for ERDC benefits.

**Requesting student hours during the certification period**

If the caretaker is requesting student hours during the certification and report a change in their work hours, DHS will need to request verification of current work hours to determine how many student hours can be authorized.

If the student is not receiving financial aid, you can search for the school on the FAFSA website: [https://fafsa.ed.gov/FAFSA/app/schoolSearch](https://fafsa.ed.gov/FAFSA/app/schoolSearch) to determine if the school meets the federal student aid requirement. If unable to determine, DHS sends a request for information (RFI) to the caretaker for verification.

**Termination of schooling**

If a caretaker reports they are no longer attending school or have completed their coursework, the STU case descriptor should be removed. Authorized hours are not reduced during the certification period. The caretaker may use the authorized hours for employment or to maintain the child(ren)'s spot at a child care facility.

**Loss of employment**

If a caretaker has lost employment, student hours are not reduced during authorized work search (AWS), authorized medical leave (AML) or authorized military transition (AMT) periods. ERDC benefits for both employment and education will end at the end of these periods if new employment is not established.

Click here for [Acting on reported changes](#).

**Authorizing a higher limit for extra hours**
When the child care need is greater than the standard calculation for approved hours plus travel time, DHS can help pay for additional hours. Extra hours are not allowed for self-employment or student hours.

Authorizing extra hours are limited to the following situations:

- **Sleep hours**: The caretaker works an overnight shift and care is necessary for both work hours and sleep hours. This would ordinarily not apply during the school year for school age children. When authorizing extra hours for sleep time for customers who work an overnight shift, sleep hours are not to exceed five (5) hours per work night. Sleep hours cannot be authorized for two-parent households. The need for extra hours must be determined by the worker. Authorized hours are typically based on the highest verified hours on a pay stub, but this does not always mean extra hours are required.

- **Split shift**: The caretaker works a split shift; it is not feasible to care for the child between shifts.
- The travel time to and from work (and meal breaks) exceeds 25 percent of the authorized hours.
- The caretaker consistently works more than 40 hours a week.

**For part-time employment**: Additional hours for travel can be authorized up to the monthly maximum by increasing the number of hours coded on UCMS.

**For full-time employment**: When a caretaker requires more than 215 hours of care per month, the worker can authorize an additional amount above the monthly maximum limit. This is capped at 50 percent above the monthly maximum.

The computer system will add 25 percent for travel time and meal breaks when the authorized CC hours are 172 hours or less. Any hours authorized above 172 per month will need to have the 25 percent travel time manually added by the worker. Because of this, the system will not accept CC hours of 173 to 215. An EXH case descriptor must be used and EXH need/resource entry should be added to the payee. Additionally, the end date of the need/resource entry should match the ERDC certification end date.

The computer will calculate the additional authorized amount by dividing the number of hours on UCMS by 215 and multiplying that result by the regular monthly maximum.

**REF** This does not apply to the REF program.

**Click here for examples: Child care hours.**

**Oregon Administrative Rule(s)**

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<td>Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF</td>
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**Child care copays**

This applies specifically to the ERDC program.
In the ERDC program, caretakers are required to pay a portion of their child care costs before DHS can assist with payment. This cost is called the copay. The parent’s copay is listed every month on their Child Care Billing (CCB) form.

The copay is calculated based on household income and family size. The copay is not increased during the 12-month certification period but may increase at re-certification due to increased income or a change in the household.

**SNAP**

This does not apply to the SNAP program.

For deductions of dependent care expenses, click here for [Expenses and deductions](#).

**TANF**

For JOBS plan activities, there is no copay for child care assistance.

**ERDC**

**Copay higher than the cost of care**

When the family's income is less than the ERDC income standard, it does not always mean they are financially eligible for ERDC. Eligibility also depends on the maximum amount DHS will pay. You must determine if the copay is higher than the cost of care. Families with higher income and less of a child care need may have a copay that is more than what DHS will pay. If so, the family is not eligible. SSP will compare the copay amount and the total cost of care and DHS maximum child care payment rates to determine whether the family is eligible.

Click here for the [ERDC copay estimator tool](#).

Click here for [Child care worker guides](#).

**Requirement for caretaker to pay ERDC copay**

Parents are required to pay their ERDC copay to their child care provider. When copays are not paid or another satisfactory arrangement is not made, a family will lose their eligibility for the ERDC program and their case will be closed.

Satisfactory arrangements may include bartering or income in-kind. For example, a parent may provide child care for a provider’s children instead of paying the copay. Parents and providers should be encouraged to put any agreement in writing. It is most beneficial for a parent to request a receipt when the copay arrangements are made, whether the payment is bartered or in cash.

In situations where there are multiple providers caring for the child(ren), a primary provider is designated. The primary provider is the one who provides the most care. Copays are usually paid to the primary provider but may be split between the primary provider and secondary provider in some cases.

If the copay exceeds the billed amount or the maximum allowed by DHS, the copay amount owed by the parent may be less than the copay. DPU will determine the total amount owed. DPU may change the primary provider designation or split the copay on future billing forms among all the providers who bill for care.

If a provider indicates on the Child Care Billing (CCB) form a parent did not pay the required copay or make satisfactory arrangements to pay it, the Direct Pay Unit (DPU) will end benefits and send a
closing notice as soon as timely notice requirements allow. DPU also codes a copay not met (CNM) case descriptor on the family’s case (on UCMS) and an “N” is coded in the copay met field on the DPCS screen. If the parent later requests ERDC, they cannot qualify until past copays are paid or satisfactory arrangements are made with the provider.

The period of ineligibility ends in either of the following circumstances:

- On the first day of the month in which the caretaker makes the copayment or makes satisfactory arrangements with the provider; or
- On the first day of the month after three years have lapsed from the date the caretaker failed to make payment.

The provider has up to 60 days after the CCB is processed to notify DHS the copay or satisfactory arrangements have not been made. If not reported within 60 days, DHS will consider the copay requirement met.

If an ERDC case has been closed because of an unpaid copay, it can be reopened under any of the following circumstances:

- The provider agrees the copay has been met or satisfactory arrangements have been made.
- The parent submits evidence of making the payment, such as a receipt or canceled check.
- The parent verifies the debt was discharged by a bankruptcy filing.
- The parent has attempted to pay the provider, but the provider refuses payment. This can occur when the copay is part of a larger bill that includes charges above the maximum rates. The case can be reopened if the parent presents evidence of an attempt to pay the entire copay; or
- The parent attempts to pay the provider, but the provider cannot be located.

The effective date for reopening the case is the first of the month in which the copay requirement was met.

REF  This does not apply to the REF program.

Click here for examples: Child care copays.

Oregon Administrative Rule(s)

461-160-0040 — Dependent Care Costs; Deduction and Coverage
461-155-0150 — Child Care Eligibility Standard, Payment Rates, and Copayments

Child care provider requirements

This specifically applies to the ERDC and TANF child care programs. This does not apply to the SNAP and REF programs.

Child care providers paid by the state for care provided while caretakers engage in work or self-sufficiency activities must also meet additional requirements to be paid.
Provider eligibility requirements

The intent of the listing process is to ensure providers meet the following criteria to be eligible for payment:

- All Early Learning Division Office of Child Care (OCC) licensing requirements
- All Department of Human Services (DHS) pre-service program requirements and health and safety standards, and
- Pass a background check.

This is important for child safety. The requirements apply to all child care providers paid by DHS. The process is designed to encourage compliance with the requirements before providers are approved for payment. The listing form includes an agreement that all providers must sign, indicating they meet the program requirements.

The provider must submit a completed Child Care Provider Listing Form (DHS 7494) to SSP within 30 calendar days from the date SSP issues the listing form to the client. The listing form includes an agreement that all providers and persons subject to records checks must sign, indicating that they meet the program requirements. The provider and persons subject to records checks must fully disclose all requested information as part of the records check.

Program requirements

To be eligible for child care payment from DHS, all child care providers must submit a completed listing form to DPU, pass a background check and comply with the following program requirements:

- Agree not to charge DHS clients a higher rate than they charge their other clients
- Keep daily attendance records for at least 12 months that show when children are in care, and billing records for each child receiving DHS child care benefits
- Give DHS their correct SSN or IRS identification number
- Be the person who actually provides the child care (the provider may only use someone else to supervise a child on a temporary basis if the person was included on the most current listing form and the provider notifies DPU)
- Be an eligible provider (This means the provider must be at least 18 years old and cannot be a parent or stepparent of the child, a parent of the child’s sibling (including unborn children) if all live in the same household, a sibling who lives with the child or in the same filing group as the child in care/)
- Not bill an SSP participant for an amount collected by SSP to recover an overpayment or an amount paid by SSP to a creditor of the provider because of a lien, garnishment or other legal process
- Develop and communicate expulsion and suspension policies to parents/caretakers
- Provide evidence of compliance with the rules, including an inspection when DHS determines an inspection is necessary
- Complete and submit a new listing form every two years or sooner at the request of SSP, so SSP may review the provider’s eligibility
- Licensed providers must meet the regulatory requirements of the Office of Child Care (OCC) or, if exempt from licensing, attend a child care orientation class given by DHS or a local Child Care Resource and Referral
License-exempt providers who are a nonrelative to at least one child in care must:

- Complete required pre-service trainings (Introduction to Child Care Health and Safety, Recognizing and Reporting Child Abuse and Neglect (RRCAN), Infant and Toddler CPR/First aid)
- Submit to and pass a health and safety review of the child care site by an Early Learning Division, Office of Child Care licensing specialist, and
- Meet OCC rules (OARs 414-175-0005 through 414-175-0100).

Definition of a relative provider: great-grandparent, grandparent, aunt, uncle and sibling not living in the home of the child needing care.

License exempt providers who are a relative to the child in care must complete the pre-service Introduction to Child Care Health and Safety.

All providers who are exempt from licensing must attend the DHS Child Care Orientation class given by a local Child Care Resource and Referral (CCR&R) agency.

Must provide care at a location within the state.

**Care that does not require licensing in Oregon:**

- The provider cares for three or fewer children in addition to the provider’s own children.
- The provider cares for any number of children from the same family.
- The care is provided in the home of the child.
- The care is provided by the child’s parent or guardian or a relative.
- The care is provided on an occasional basis by someone who does not usually provide child care.
- The facility provides a preschool program that operates for four hours or less per day and provides education to children from age 3, up to school age.
- The facility provides training on a specific subject such as dancing, drama, music, etc.
- The facility is an organized club or hobby group providing short athletic or social activities, such as soccer or scouts.
- The facility is operated by a governmental agency.

Only one exemption may apply at any one time; they cannot be combined.

Registered providers: The Office of Child Care (OCC) requires providers who give care in their own home for more than three children (not including the provider’s own children) to be registered. This means the provider completes a Family Child Care Overview session, meets training requirements, passes criminal and child protective services records checks, agrees to meet health and safety standards and passes a health and safety review by OCC.

Certification by OCC requires some training in childhood care and education, passing a background check, and regular inspections by an OCC certifier. Certification applies to both child care family homes and child care centers. (Family home care is provided in a dwelling, but it meets a higher standard than care provided in most family child care homes). Most, but not all, child care centers are required to be certified. Center care may be exempt from OCC requirements if it is provided by a school district or recreation program.
Suspension and expulsion in child care settings

DHS recognizes the importance of children’s social, emotional and behavioral health. High-quality early childhood environments and positive experiences nurture social, emotional and behavioral health. Exclusionary practices, such as expulsion and suspension, are negative experiences that hinder children’s development and learning. Providers should develop and clearly communicate preventive guidance, discipline practices, expulsion and suspension policies. Strong partnerships between parents and providers are good for children. By increasing the level of communication between providers and families, we have the opportunity to reduce or prevent expulsion and help children become strong.

Home and facility health and safety requirements

Providers must ensure the home or facility where care is provided meets the following standards:

- All floor levels used by children have two usable exits to the outdoors (a sliding door or window that can be used to evacuate children can be considered a usable exit). If a second floor is used for child care, the provider has a written plan for evacuating occupants in an emergency.
- The home or facility has water that is safe to drink.
- The home or facility has a working smoke detector on each floor level and in any area where children nap.
- Fireplaces, space heaters, electrical outlets, wood stoves, stairways, pools, ponds and other hazards have barriers to protect children.
- The building, grounds, toys, equipment and furniture are maintained in a clean, sanitary and hazard-free condition.
- Firearms, ammunition and other dangerous items such as medicine, drugs, cleaning supplies, paints, plastic bags, and poisonous and toxic materials are kept in a secure place out of children’s reach.
- The home or facility has a working telephone.
- No one smokes or uses smokeless tobacco in the home or facility during the hours the child care business is conducted. No one smokes or uses smokeless tobacco in motor vehicles while child care children are passengers.
- No one consumes or is under the influence of alcohol or nonprescription controlled substances while child care children are present.
- Child care is not conducted in a halfway house, hotel, motel, shelter or other temporary housing such as a tent, trailer or motor home. (This does not apply to licensed care approved in a hotel, motel or shelter.)
- Child care is not conducted in a structure designed to be transportable and not attached to the ground, another structure or any utilities on the same premises.

Required training for providers

Providers legally exempt (license exempt) from certification or registration with the Office of Child Care of the Department of Education (DOE) must complete an orientation provided by DHS or a Child Care Resource and Referral agency within 90 days of being approved by SSP if the provider:

- Receives payment from SSP on behalf of a subsidy family, and
• Begins providing child care services after June 30, 2010, or
• Resumes providing services after a break of a year or more after June 30, 2010.

A provider who is in “Failed” status because they did not attend an orientation will not be paid for child care provided while in failed status – except for any billing forms already issued to the provider. Billing forms will stop being sent to the provider until the month in which the orientation is completed. Past billing forms during the time the provider was failed will not be issued.

**Basic Child Care Health and Safety training and Introduction to Child Care Health and Safety**

License exempt providers and registered family child care providers registered with the OCC must complete the Basic Child Care Health and Safety online training or have taken the Oregon Kids Healthy and Safe (OKHS) three-hour training. This training must be completed before the child care provider can be approved and listed as a provider with DHS. More information about this training can be found at [www.oregon.gov/dhs/children/pages/childcare/providers.aspx](http://www.oregon.gov/dhs/children/pages/childcare/providers.aspx).

Providers who are already approved and listed with DHS as of April 1, 2014 and are licensed exempt or registered with OCC must take the training at their next reevaluation. Providers who have taken the OKHS anytime in the past are considered to have met this requirement.

All providers who were required to take the Basic Child Care Health and Safety training or Oregon Kids Healthy and Safe (OKHS) must take the Introduction to Child Care Health and Safety training. This is due to new federal requirements. Introduction to Child Care Health and Safety is available online. All providers becoming approved starting November will be required to take the training before sending in their Child Care Provider Listing Form (DHS 7494) Instructions. All license-exempt and registered child care providers already approved by DHS must take this training by July 31, 2017. There are no exemptions for this training and OKHS does not replace taking the new training. More information can be found at [www.oregon.gov/dhs/children/pages/childcare/providers.aspx](http://www.oregon.gov/dhs/children/pages/childcare/providers.aspx).

**Provider health and safety requirements**

Providers must meet the following caregiver requirements:

• Obtain written approval from their certifier or certifier’s supervisor if the provider is also certified as a foster parent.

• Be 18 years of age or older and in such physical and mental health as will not adversely affect a child in care (SSP may request documentation to verify this).

• Report to the DPU within five days of occurrence:
  • Any arrest or convictions of persons subject to background checks
  • Any involvement of persons subject to background checks with CPS or any other agency providing child protective services
  • Any change to the provider’s name or address including any location where care is provided
  • The addition of any persons subject to background checks.

• Report suspected child abuse of any child in his or her care to CPS or a law enforcement agency.
• Supervise children in care at all times.
• Prevent persons who behave in a manner that may harm children from having access to children in care.
• Allow custodial parents of children in care to have immediate access to their children at all times.
• Inform parents of the need to obtain immunizations for their children.
• Comply with state and federal laws related to child safety systems and seat belts in vehicles, bicycle safety and crib standards under 16 CFR 1219 and 1220.
• Place infants to sleep on their backs.
• Take steps to protect children from the spread of infectious diseases.

Licensed child care providers must follow any additional health and safety requirements as specified by OCC.

**Child care provider background check**

**Intent**

The intent is to ensure all providers paid by DHS have a current background check completed through OCC or, if exempt from registration or licensing by OCC, through DHS. Even though a provider may be registered or certified with OCC, DHS may deny eligibility for payment if a current background check indicates substantial risk to the health and safety of children.

Fingerprinting is required as part of a Federal Bureau of Investigation (FBI) national criminal history check. Background checks will include the following components:

• An FBI fingerprint check using the Integrated Automated Fingerprint Identification System
• A search of the state criminal and sex offender registry or repository in the state where the individual resides, and each state where the individual resided during the preceding five years
• A search of the National Crime Information Center
• A search of the National Sex Offender Registry established under the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16901 et seq.).

A background check may include information from the Driver and Motor Vehicle Services Division, Department of Corrections, Juvenile Justice system and local, state and federal courts. Information from other criminal justice, corrections and law-enforcement agencies and other state and local government agencies may also be used. This may include information related to abuse or neglect of vulnerable persons.

**Persons subject to records checks**

OCC regulations specify who is subject to a background check for providers who are registered or licensed by OCC. Providers who are exempt from OCC regulation must complete background checks on the following persons:

• The provider and whomever they use to supervise children in their absence
• Other persons 16 years of age or older who live in the home where care is provided (This includes the parent of the child in care when the parent and child care provider live in the same household.)
• Persons who visit the home of a provider during the hours child care is provided and may have unsupervised access to children in care
Mandatory exclusions

Federal law lists a number of convictions that make anyone subject to a background check as a child care provider ineligible for the position.

If anyone subject to a background check for providing child care has any of the following convictions or conditions, the background check request will result in a decision of “mandatory exclusion,” and the provider will not be able to provide care:

- Refusal to complete the background check
- Knowingly making a materially false statement in connection with your criminal history of arrests, charges or convictions/adjudications
- Listing on or requirement to be listed on a sex offender registry
- Felony conviction consisting of:
  - Murder
  - Child abuse or neglect
  - A crime against children, including child pornography
  - Spousal abuse
  - Rape or sexual assault
  - Kidnapping
  - Arson
  - Physical assault or battery.
- Conviction of a violent misdemeanor as an adult against a child, including but not limited to:
  - Child abuse
  - Child endangerment
  - Sexual assault.
- Conviction of misdemeanor child pornography
- A drug-related offense if within five years from the date SSP makes a decision about an applicant’s background check, and if SSP determines after reviewing all information in the background check that they pose a risk to children in care.

Disqualifying criminal history

Crimes considered

A conviction of any of the following crimes or offenses is potentially disqualifying, unless otherwise provided by law: all felonies, all misdemeanors, any U.S. military crime or international crime.

The authorized agency or district shall evaluate a crime or offense on the basis of the law of the jurisdiction in
which the crime or offense occurred.

DHS may also deny eligibility for payment when the criminal history of the provider, or other person subject to these rules, indicates behavior that may jeopardize the safety of children or have a detrimental effect on children in care. This includes, but is not limited to:

- Arrests for drug-related, sexual or violent crimes listed in the permanent review crime list
- Arrests for any crime listed, or warrants for arrest, where final disposition has not been reached
- Convictions for two or more crimes listed during any time period
- Convictions for two or more crimes, which relate to the person’s qualification or duties as a child care provider, whether or not listed in this rule, including a conviction for violation of probation
- Multiple arrests (two or more) for a listed crime within the past five years, or three or more arrests for a listed crime during any time period
- Providing misleading, false or incomplete information regarding pending charges or criminal history on any application or report provided to DHS
- An outstanding warrant
- A deferred sentence, conditional discharge or participating in a diversion program
- Current probation, parole or post-prison supervision
- An unresolved arrest
- Arrested as a fugitive from another state
- An adjudication in juvenile court finding the individual responsible for a potentially disqualifying crime.

**Disqualifying protective services history**

BCU completes a child protective services (CPS) records check on the provider and other persons subject to background checks. CPS records are maintained by DHS. If the check results in one or more reports implicating the person in child abuse, neglect or failure to protect a child, the person will have a potential disqualification that will require a weigh test.

BCU also completes an adult protective services (APS) records check on the provider and other persons subject to background checks. APS records are maintained by DHS. If the check results in one or more reports finding the person responsible for serious sexual abuse, physical abuse or financial abuse, the person will have a potential disqualification that will require a weigh test.

**DHS Background Check Unit (BCU) weigh test**

If the provider or anyone subject to a background check has any potentially disqualifying criminal history, potentially disqualifying protective service history or other potentially disqualifying conditions, BCU shall conduct a weighing test. The weigh test will include, but is not limited to, an assessment of:

- The nature of the crime
- The facts supporting the conviction, arrest or warrant
- Intervening circumstances since the incident
• Likelihood of repetition of behaviors leading to potentially disqualifying convictions or conditions including, but not limited to, patterns of criminal activity or behavior
• Information provided as requested by DHS
• The content of the abuse reports, the time elapsed since the reports and the number of reports and referrals indicating repeated behavior is unlikely
• The information provided indicates the person has successfully participated in rehabilitation, training or counseling to address the behavior
• The information provided indicates abuse of drugs or alcohol is unlikely.

After review, DHS may approve and pay for the services of a child care provider with a disqualifying criminal history, only if determined that repeated criminal behavior is unlikely, and the provider does not present a danger to children in care.

**Denial notifications**

If BCU determines a provider is not eligible for payment based on a criminal history or a protective service records check, they will send the provider a denial notice. The notice to the provider will include the following information:

• The provider is entitled to a review of the circumstances related to their denial. To request a review, the provider must send the information to the BCU.

• The provider has the right to a hearing if the request is made, in writing, within 45 days of the notification date. Before the hearing, the provider will be contacted by a Hearing Representative to schedule an informal conference.

• The provider remains ineligible for payment pending the hearing, unless the decision to deny eligibility was based on a mistake in identifying the person with the CH or CPS record.

• The provider is not eligible to reapply for listing until 180 days after the denial date.

When the denial is recorded on the computer record, a notice will be sent to the parent telling them the provider has been denied based on a records check. The notice tells the parent to talk to the provider if they want more detailed information.

**Child care provider hearings**

Providers have a right to a contested case hearing only to dispute:

• A denial of eligibility for payment, or

• An allegation of an overpayment of child care payments.

Payment issues such as the number of authorized hours or DHS maximum rates are not hearable issues.

**Hearings on provider overpayments**

When DHS has determined a provider overpayment has occurred, a notice of the overpayment and of the right to a hearing will be sent to the provider. To have a hearing on the overpayment, the provider must request it within 45 days of the date of the notice. To delay repayment on an overpayment until a decision is reached, the hearing request must be made in writing within 15 days of the notice date.
Hearings on denial of provider eligibility

When BCU determines the provider is not eligible for payment based on a records check, the notice described above will be sent. To be granted a hearing, the provider must request it within 45 days of the notice. The provider is not eligible for payment pending the hearing decision.

An informal conference will be scheduled in which DHS and the provider discuss the specific information needed to restore the provider’s eligibility. If the issue is not resolved at the informal conference, a hearing will be held in accordance with the policy in the hearings section of the Program Integrity section of this manual.

The provider is not eligible to reapply for listing until 180 days after the denial date.

Click here for examples: Child care provider requirements.

<table>
<thead>
<tr>
<th>Oregon Administrative Rule(s)</th>
</tr>
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<tbody>
<tr>
<td>461-135-0400 — Specific Requirements; ERDC</td>
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<td>461-165-0180 — Eligibility of Child Care Providers</td>
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<tr>
<td>461-155-0150 — Child Care Eligibility Standard, Payment Rates, and Copayments</td>
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<td>461-165-0410 — Provider Listing; Disqualifying Criminal History</td>
</tr>
<tr>
<td>461-165-0160 — Direct Provider Payments; General Information</td>
</tr>
</tbody>
</table>

Child care payment process

This applies specifically to the ERDC and TANF child care programs.

DHS provider rates

The limits established in the rate tables are intended to reflect the rates charged by most providers in the community. DHS uses a market price survey based on the rates providers report throughout the state. Parents receiving DHS child care assistance should have access to the same types and quality of care available to the majority of other parents in the community who use child care. The rate structure is intended to facilitate this access.

DHS provider rates are also structured to improve the quality of care available to DHS clients by offering an incentive to providers to obtain additional training. Providers who meet established training requirements can be paid at a higher rate and have access to billing options that more accurately reflect the market practices of the professional provider community.

Standard, enhanced and licensed care

There are three levels of rate limits: standard rate, enhanced rate and licensed rate. Providers qualify for the standard rate if they are not registered or certified by the Office of Child Care (OCC) or do not meet the qualifications for the enhanced rate. Providers can qualify for the enhanced rate by meeting established training...
requirements. Providers can qualify for the licensed rate by becoming registered or certified by the OCC. The differences between the three rate limits are:

- The enhanced and licensed rate definition of full-time care is 136 hours or more in the month. There is also an additional billing option of a part-time monthly rate.
- The standard rate definition of full-time care is 158 hours or more in the month. The part-time monthly billing option is not available for providers who qualify for the standard rate.

**Qualifying for the enhanced rate**

OCC-certified centers, registered and certified families automatically qualify for the licensed rate because registration and certification training requirements meet or exceed the DHS enhanced rate requirements.

Family and in-home providers and staff of centers exempt from certification rules will qualify for the enhanced rate by working with the Oregon Registry. This program is part of the Oregon Center for Career Development in Childhood Care and Education located at Portland State University. To qualify, the provider or staff person must:

- Have completed at least two hours of training on child abuse and neglect issues
- Be currently certified in first aid
- Be currently certified in infant and child CPR
- Have a current food handlers permit, and
- Agree to complete a minimum of eight hours of additional training related to child care every two years.

For family providers to be paid up to the enhanced rate, the Central Coordination of Child Care Resource and Referral network notifies the Oregon Registry office when the trainings have been completed. The Oregon Registry office notifies DHS when the provider qualifies, and future billing forms are coded to allow the enhanced rate.

Family providers who apply for OCC registration do not need to make a separate application to the Oregon Registry office. Once registration is approved, OCC notifies the Oregon Registry office and DHS.

Exempt centers must have at least one staff member who meets these standards for every 20 children in care to receive the enhanced rate.

**Hourly, part-time and full-time monthly rates**

Providers eligible only for the standard rate will be paid at either the hourly or full-time monthly rate:

- The hourly rate limit applies when children are in care less than 158 hours per month or when a provider is not designated as the primary provider for the case.
- The full-time monthly rate limit applies when children are in care 158 hours or more per month and the provider is designated as the primary provider for the case.

Providers eligible for the enhanced or licensed rate will be paid at the hourly, part-time monthly or full-time monthly rates.

- The hourly rate applies when children are in care less than 136 hours per month, unless the provider has an established part-time monthly rate, charges all families part-time rate for part-time care and is designated as the primary provider for the case.
The part-time monthly rate applies if:
- The provider has an established part-time monthly rate
- The children are in care between 63 and 135 hours per month, and
- The provider is designated as the primary provider for the case.

For these providers, the hourly rate applies when children are in care less than 63 hours a month.

- The full-time monthly rate applies when children are in care 136 or more hours per month and when the provider is designated as the primary provider for the case.

### Age and special needs categories

The maximum allowable rate is determined in part by age or special needs of the children in care. The age categories on the provider rates charts are as follows:

- **Infant:** A child who is:
  - Newborn to 1 year (12 months) for non-licensed care, or
  - Newborn to 2 years (24 months) for licensed care, registered or certified.

- **Toddler:** A child who is:
  - 1 year (12 months) to 3 years old for non-licensed care, or
  - 2 years to 3 years old for licensed care, registered or certified.

- **Preschool:** A child 3 years to 6 years old

- **School-age:** A child 6 years old and older

- **Special needs:** A child who requires a higher level of care than usually required for their age due to a physical, behavioral or mental disability.

### Special needs rate (SNR)

A parent/caretaker who is applying for child care assistance may have a child who requires higher than normal levels of care for their age due to a physical, behavioral or mental disability. The child provider caring for a child who requires and qualifies as a higher level of care, newborn through age 17, may be reimbursed at a special needs rate. This rate offers families more options for child care services in their area. For the special needs rate (SNR) to be authorized, the provider’s rates for all of their families need to be more than the DHS maximum rate for their area.

To authorize the special needs rate, the parent/caretaker will need to provide proof of the child’s physical, mental or behavioral disability. Verification can be from:

- A physician, osteopath, nurse practitioner, physician assistant, psychiatrist, licensed or certified psychologies, optometrist, ophthalmologist or clinical social worker
- Eligibility for early intervention and early childhood special education programs or school-age special education programs
- Eligibility for SSI.

The Special Need Child Care Request (DHS 7486) form is given to the caretaker as a tool listing the verification
needed. It is important to note that this form is not required to establish SNR eligibility, but it can help families understand verification requirements. The form provides the Americans with Disabilities Act (ADA) information. The ADA states child care providers may not charge parents of children who have disabilities more than other families are charged to cover any increased costs the program incurs in making the reasonable accommodations necessary to comply with ADA.

When authorizing the special need rate, the SNR need/resource code is required on UCMS. The SNR is coded with a “C” for continuous instead of an end date. A TRACS narration is needed indicating the SNR is authorized and the necessary documentation is on file.

If the SNR is requested at initial application or at recertification, the effective date of the SNR will be the same as the ERDC approval date.

At recertification, the SNR coding must be reviewed to determine if there is a continued need of a higher level of care. A conversation is needed with the caretaker to make a determination. The continuous SNR rate must be removed when the child no longer needs a higher level of care. Narrate the conversation and action in TRACS narrative.

If the SNR is requested during the certification period, pend with a Notice of Information or Verification Needed (DHS 0210A) and give 10 days for the caretaker to submit the appropriate documentation. The effective date will be the month after the documentation has been submitted.

**Supplementing for very high needs**

In some cases, the special needs rate does not adequately cover the cost of caring for children who have very high needs and require a much higher level of care than other children of the same age. This includes, but is not limited to, children diagnosed as having extreme developmental delays, very high medical needs, severe physical limitations or significant mental health issues.

For these children, DHS can pay an additional amount above the special needs rate. The amount of this high needs rate payment is determined by how much additional care the child requires in the child care setting and is different for each child.

To qualify, the child must be eligible for the special needs rate as described in subsection (B) above. In addition, the child must be enrolled or in the process of being enrolled, with early intervention, early childhood special education, special education programs or mental health services. The amount that can be approved is up to a maximum of $5 additional per hour. The maximum amount per month is $840.

The determination that it may cost an additional amount to care for a child with very high needs is made by one or more designated high needs specialists in each district. When staff become aware of children with high needs in their caseloads, they should contact the specialist in their area. The district office will have the contact information for the high needs specialist. If appropriate, the high needs specialist will refer the case to the Oregon Council on Developmental Disabilities’ Inclusive Child Care Program (ICCP). Staff from ICCP will complete an assessment with the parent and the child care provider to determine the need for a higher payment level. This assessment must be supported by additional documentation. ICCP staff will coordinate this documentation.

Some parents may not recognize their child may be eligible for high needs payments. Workers should be aware of
this and inform families about the **Inclusive Partners program**. Some situations to watch for include:

- A child has experienced repeated loss of child care placements
- Any child care placement has been lost due to medical, developmental or behavioral issues
- A provider reports needing a specialist to provide medical care for a child, or
- Children older than 11 that still need a significant level of supervision and care due to a disability.

The high needs payments are issued by the Direct Pay Unit (DPU) using the special pay process. The Inclusive Child Care Program calculates the supplemental payment. This calculation is sent to DPU for processing.

For questions, contact Child Care Policy.

**Types of child care providers**

Allowable rates vary depending on the type of child care provided. The following describes the types of care listed in the child care rates charts:

- The standard family rate applies to child care provided in the provider’s own home or in the home of the child when the provider does not qualify for the enhanced or licensed rate described in this section.
- The standard center rate applies to child care provided in a facility that is not located in a residential dwelling, is exempt from OCC certification rules and whose staff do not meet the requirements for the enhanced rate.
- The enhanced family rate applies to child care provided in the provider’s own home or in the home of the child, and the provider qualifies for the enhanced rate.
- The enhanced center rate applies to child care provided in an exempt center whose staff meets the enhanced rate training requirements at a ratio of one staff person per 20 children in care.
- The licensed registered family rate applies to child care provided in a residential dwelling registered by the OCC as a registered family provider. The facility must be inspected, and both provider and facility are required to meet certain standards.
- The licensed certified family rate applies to child care provided in a residential dwelling certified by the OCC as a certified family home. To earn this designation, the facility must be inspected, and both provider and facility are required to meet certain standards not required of a registered family provider.
- The licensed certified center rate applies to child care provided in a facility certified by the OCC as a certified child care center. To earn this designation, the facility must be inspected, and both staff and facility are required to meet certain standards not required of other provider types.

**Child care rate charts**

The following are the child care rate charts. Because the market price survey found rates providers charged were higher in some areas of the state than in others, the state was divided into three areas, with a separate chart for each area. The ZIP code of the provider determines which chart to use. (Out-of-state providers use Group Area C.)

Click here for the most recent **DHS Child Care Maximum Rates**.

**Child care provider Spark incentive payments**

Effective April 1, 2016, child care providers who have been awarded a Spark star rating may be eligible to receive a
payment in addition to the DHS maximum rate. The additional monthly amount the provider could receive is based on the provider’s QRIS star rating.

<table>
<thead>
<tr>
<th>Star rating</th>
<th>Incentive amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Star</td>
<td>$54</td>
</tr>
<tr>
<td>4 Star</td>
<td>$72</td>
</tr>
<tr>
<td>5 Star</td>
<td>$90</td>
</tr>
</tbody>
</table>

In order to qualify for the incentive payment, the provider must meet the following requirements:

- Be a DHS approved provider
- Achieved and maintained a 3, 4 or 5 star Spark rating
- Have been paid for full-time care (136 hours or more) for an ERDC child
- Not be a contracted child care provider.

Provider incentive payments can be made for each full-time ERDC child per month. Changes in the provider’s star rating are effective the following month and may affect the incentive amount the provider receives. Providers can choose not to receive the incentive amount.

Eligible providers will only receive incentive payments for children currently on ERDC. Providers caring for children on JOBS and TANF subsidy will not receive incentive payments for those children.

**Billing for absent days**

DHS can pay for up to five days when a child is absent from care under the following circumstances:

- The provider bills for the time the child was scheduled to be in care on the absent day.
- It is the provider’s policy to bill all families for absent days.

DHS will not pay for more than five consecutive absent days of scheduled care even if it extends from one month to the next.

- SNAP: This does not apply to the SNAP program.
- TANF: No additional program-specific information.
- ERDC: The exception to this is for certified centers (CNT), who may bill for up to 30 absent days in a month if the child has attended at least one day. This change occurred in April 2019, allowing certified centers to submit billing forms prior to the end of the month without a parent signature based on the anticipated hours of care.
- REF: This does not apply to the REF program.

**Payment process**

General payment provisions are as follows:

- A payment is made only for child care provided on or after the date the provider has met the listing requirements and is in approved status.
Child care payments are made directly to the provider.

Child care payments made to a provider are made on behalf of the family and do not constitute a contractual obligation or place DHS in an employer relationship with the provider.

Child care payments cover only child care already provided.

No provider payments will be authorized unless an approved primary provider has been designated. The primary provider is usually the one who provides most of the care. For ERDC, the primary provider is responsible for collecting the copay.

Payments are limited to the rates listed in this section of chapter 2.

For license-exempt providers (FAM, QFM, NQC and QEC), payment will only be made for an eligible child for child care provided on or after the date the provider is in approved listing status.

For licensed providers (RFM, CFM and CNT), child care payments can be backdated because the licensed provider has already completed a background check. Back pay cannot be allowed for licensed providers who did not meet DHS requirements (failed, suspended, denied or collection status).

Registration fees

DHS may cover the cost of registration fees for families receiving ERDC in the following scenarios:

- The fee is required to obtain or maintain care, and
- The provider is approved with DHS and licensed with the Office of Child Care, and
- The fees are also required of the general public (private paying families).

Any registration fee over the cost of $150 must be staffed with Child Care Policy by emailing ChildCare.Policy@dhsoha.state.or.us.

Registration fees are paid to the provider, not the parent. They are paid using the Authorization of Cash Payment form (MSC 0437) with pay code 89 as special cash pay, to be administered by the branch financial clerk. DHS may cover registration fees for families who have already paid a registration fee if the request is made the month following when the payment was made. Similarly, DHS may pay registration fees for care in the current month or next month. Payments are not allowed for the cost of tuition, to hold a spot in a child care facility, or for insurance costs.

ERDC child care billings (CCBs)

Payments for ERDC child care are paid directly to the provider using billing forms issued by the Provider Pay (PP) and Service Authorization (SA) system.

The following is a brief summary:

- **Eligibility**: The branch worker updates UCMS with ERDC or TANF eligibility information, such as authorized hours, income, number in the ERDC group (#ERDC field) and all children eligible for child care coded “CH” on CMS.

- **Provider connection**: The provider is connected to the family’s case on the situation screen (WCCS,SC,case#). DPU makes the connection between the provider and case through the electronic
A child care billing (CCB) is issued to the approved provider. From the situation screen, type BU (billing update) in the Fast Path and hit enter to view the CCB information. To view previous months, change the date in the “Ben mo” (benefit month) field.

- For ongoing cases, the CCB for the following month is issued at end of month cutoff. End of month cutoff is the fourth business day before the end of the month.

- Provider payment: The provider must wait until after all of the care is provided for the month before they complete the CCB and send it to DPU.

- The CCBs are sent directly to data entry for imaging and payment. Some CCBs will be pulled out for manual review. These include billings with a reported change, copay not met, missing signatures or other errors. When the payment is issued, it is recorded on the provider pay (PPS) system and notices are sent to the parent and the provider.

**TANF/JOBS child care billings (JCCBs)**

The JOBS child care billing (JCCB) is generated online by a branch worker or DPU using WSIT. The process is similar to the CCB process for ERDC participants.

The following is a brief summary of the JCCB process:

- **Case plan:** The family coach and participant develop an employment or self-sufficiency plan that includes authorizing child care via JOBS support services.

- The provider must be listed and approved for DHS payments or be given a listing form to become approved. JCCBs cannot be issued until the provider passes the background check and is approved by BCU. The effective date for payment cannot be earlier than the date the provider met the listing requirements and is in approved status.

- If you are unsure of when a provider became eligible for child care payments, contact DPU for assistance.

- **Billing forms:** The family coach authorizes child care on the JOBS Child Care Situation screen (WSIT) or requests DPU to set up WSIT and issue a JOBS child care billing to the approved provider. This screen is accessed from JAS and can be used to authorize ongoing monthly billings as well as billings for a specific period. The WSIT screen pulls information from three different computer systems — CMS, PP/SA and JAS — to determine the amount authorized on the billing form.

- Once the child care situation is established on WSIT, the system sends the billing form to the provider. Cases should be coded to automatically issue to ensure billings are sent timely. The JCCB is issued at end of month cutoff for the following month.

- **Provider payment:** After the care is provided, the provider completes the billing form and sends it to DPU.

- The JCCBs are batched and sent to data entry for imaging and payment. The payment is issued and recorded on the provider pay (PP) system. Notices are sent to the participant and the provider.

**Branch-authorized child care payments**
Payments to providers typically should never be issued out of the branch office. There are a limited number of situations where a child care payment can be made by a branch-authorized check instead of by JCCB; however, most of these situations are handled directly by DPU.

A special pay check can be written as follows:

- **DPU issued**: To the approved provider for an interim check to meet the provider’s emergency. A provider’s emergency is normally defined as a 72-hour eviction notice, shut-off notice or unexpected expenses due to a domestic violence situation. The emergent situation must be caused by circumstances outside of the provider’s control, especially when there has either been a DHS delay in issuing the billing form, UCMS has not been updated or the client did not turn in paperwork on time for continued eligibility, etc. Providers with an emergent need should be directed to contact DPU for assistance. DPU will discuss the provider’s options to help the provider determine how SSP can best help to meet their needs. Emergent provider payments should only be issued by DPU and not out of the branch office.

- **Branch issued**: To the client and the approved provider (as a dual-payee check), for a one-time deposit to secure child care (from TANF JOBS funds – if approved following the JOBS support services guidelines). This is the one situation where the local branch office can issue a payment to a provider. The provider should be listed in an approved status on DPPM. Use pay reason 76 (do not use 89 or 70).

- **DPU issued**: To the client and the approved provider (as a dual-payee check), when the computer system support is not available to make full payment. This is used to issue special high needs payments for children approved through the Inclusive Child Care Program.

To process a request for branch payment:

- The worker must confer with DPU before any branch child care payments are issued. No branch check can be written if a garnishment has been received by DHS or an overpayment has been written against the provider.

- Payment can only be made for care that has already been provided, as documented by attendance logs submitted by the provider. (No payment will be made for child care provided prior to the date the provider met the listing requirements and was in approved status.)

- Calculation of the payment due must include the deduction of the full copayment.

- The provider will need to complete a billing form at the end of the month for all care provided during the month and a check for the balance still due will be sent.

Child care payments should never be issued directly to the parent. This practice is not allowed. Payments for child care can only be made directly to a provider who has been listed and approved with DHS. This assures the provider and anyone with access to the children have had appropriate background and Child Protective Service history checks and the care is being provided at a site that has met all basic health and safety requirements.

**Billing form time limits**

CCBs and JCCBs both expire 90 days from the issue date. If they are received after that time, DPU must determine if the provider had good cause for returning the form late, before any replacement billing form is issued.

**Canceling and reissuing CCBs**

In most circumstances, CCBs are not canceled and reissued once they have been sent to the provider. A billing
form should never be canceled and reissued if this results in a decrease in the authorized hours or an increase in the copay amount. However, there are limited situations where a billing form can be canceled and reissued to increase the authorized hours or decrease the copay amount. These situations include:

- **Administrative error**: The original billing form was incorrect because of an administrative error.
- **Job loss or reduction of income**: The caretaker reported a good cause job loss or an ongoing reduction in timely pay, and the caretaker does not have enough income in that month to pay the copay. The change must make a difference of at least $25 in the copay amount.
- **Increased work hours**: The caretaker reported and verified an increase in work hours in the current month, and the caretaker does not have enough income in that month to pay the additional cost of child care caused by the increased hours.
- **Reported after CMS cutoff**: The caretaker reported a change during compute deadline and the CCB has already been issued for the next month.
- **Timely report in the beginning of the next month**: A change that will benefit the family occurs toward the end of a month. It is effective the month after the change occurs when it is reported in a timely manner (within 10 days).

**To cancel and reissue a CCB:**

- Reduce income or increase hours on CMS for all situations except AWS or AMT.
- Email DPU.Childcare@dhsoha.state.or.us (for all situations).
- DPU will need to know the case number, provider, month and new copay amount or new number of authorized hours. Include information about any special coding like AWS or AMT when the case cannot be updated.
  - Use the electronic form Child Care Billing Change/Issue Request, provided by DPU.

**Canceling and reissuing JCCBs**

Exact duplicates of the original JCCB can be re-sent by the family coach or DPU from the WJSS screen. This can be done to replace a lost billing form.

JCCBs can also be canceled and replaced from the WJSS screen as long as the replacement JCCB is for an equal or larger number of child care hours.

[Click here for examples: Child care payment process.]
Chapter 2: Eligibility • Section 6: Non-financial eligibility

Oregon Administrative Rule(s)

461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF
461-165-0160 — Direct Provider Payments; General Information
461-155-0150 — Child Care Eligibility Standard, Payment Rates, and Copayments
461-160-0040 — Dependent Care Costs; Deduction and Coverage
461-165-0180 — Eligibility of Child Care Providers
461-165-0410 — Provider Listing; Disqualifying Criminal History
461-165-0430 — Child Care Provider Hearings
461-025-0310 — Hearing Requests

Child care contracts

This specifically applies to the ERDC program.

The majority of families on the Employment-Related Day Care (ERDC) program are served under the standard voucher payment process. Contracted child care is another option for families who meet ERDC eligibility along with some additional requirements. Contracted child care is not available in all areas.

Families need to meet minimum working requirements, and they need to be evaluated to ensure the family is a good fit for a contracted slot. This includes looking at the parent’s or caretaker’s work hours to see if they are in line with the child care facility’s business hours.

Contracted child care is offered through different types of providers. The goals of contracted child care are to help parents, children and providers succeed.

This is done by increasing:

- Stability of child care to help the parent remain employed
- Continuity of high-quality care to help the child prepare for kindergarten, and
- Stability of funding for the provider to allow them to serve subsidy families without the risk of fluctuating payments or a sudden end to the child care subsidy.

SNAP This does not apply to the SNAP program.
TANF This does not apply to the TANF program.
ERDC No additional program-specific information.

Partnerships with 211Info and Child Care Resource and Referral (CCR&R) agencies

DHS contracts with 211Info, which plays an important role providing services to DHS participants. The services they provide include:

- Providing information about DHS programs to parents who may be eligible
- Offering one point of contact for child care referrals along with other community resources
• Educating participants about quality child care and helping them find it.

DHS contracts with CCR&R agencies to assist in services and training to DHS child care providers. The services they provide include:

• Offering training and professional development to providers to help increase and maintain quality
• Assisting providers by giving them information about DHS payment processes and helping them troubleshoot payment problems
• Helping recruit and retain providers who provide care for participants receiving DHS child care assistance
• Assessing the supply of child care and working with local DHS staff to meet the need for an adequate supply of quality child care.

CCR&R agencies are a vital link with child care providers and child care programs in the local community.

**Note:** It is important that DHS staff never give out a list of recommended providers and instead refers families to 211info. Creating lists of providers, even with the best intentions, can result in instances of perceived favoritism or discrimination. Please contact Child Care Policy with any questions.

### Unions and training funds

There are two unions that represent child care providers. The first union is for family care providers licensed with the Oregon Department of Education Office of Child Care of the Early Learning Division. This union is the American Federation of State, County and Municipal Employees, Council 75 (AFSCME). The second union is for family care providers exempt from licensing. They are represented by the Service Employees International Union Local 503 (SEIU). License-exempt home-based providers are also referred to as family, friend and neighbor (FFN) care.

Training funds are available to DHS-approved FFN providers caring for children of families enrolled in ERDC and TANF. The training funds are offered to encourage providers to attend an orientation class and meet the requirements to receive the enhanced rate.

To qualify for the enhanced rate, a provider must:

• Have completed two hours of Recognizing and Reporting Child Abuse and Neglect training
• Be certified in Infant and Child CPR and First Aid
• Have a current food handler’s permit, and
• Agreed to complete a minimum of eight hours additional training related to child care issues within the next two years.

Child care orientation classes are being offered by the local Child Care Resource and Referral agencies. The orientation covers the DHS listing and billing process, and the Child and Adult Care Food Program. It encourages providers to get additional training. The Child Care Resource and Referral agencies partner with SEIU representatives to coordinate and schedule orientations.

Stipends and scholarships will be available for FFN providers attending the orientation as well as for completing other classes that will help them meet and maintain the DHS enhanced rate requirements.
Head Start contracted slots

Head Start contracts providing child care services for DHS clients are developed and administered by DHS Central Office with feedback and assistance from the local DHS district. Not all Head Start programs have contracted slots. Only sites able to offer full-day, full-year care and meet other minimum requirements are eligible to contract with DHS.

Head Start contracted slots begin Sept. 1 or Oct. 1 (depending on the program) and end Aug. 31 of the following year. A child can enter a contracted slot anytime throughout the year and children in a contracted slot will have the potential to renew the contracted slot the next year as long as they meet ERDC and Head Start eligibility requirements.

Head Start programs recruit existing or new ERDC-eligible children, ages 0 through 5, to participate in the contracted slots. DHS workers may also refer families to Head Start.

To meet initial Head Start eligibility a family must be eligible for ERDC, and:

- Meet Head Start income standards (these are lower than ERDC income standards)
- The parent or caretaker must be working at least 25 hours per week
- The parent or caretaker must agree to have the child attend the Head Start at least 136 hours per month.

Children in a Head Start contracted slot will have protected eligibility and can only be removed from a Head Start slot prior to the certification end date if:

- There is an unmet copayment
- The child’s attendance hours at the program are less than full time (136) and efforts to increase attendance have failed
- The Head Start Program decides to remove the child from a slot
- The family chooses to leave the Head Start Program
- The parent or caretaker does not continue to actively seek employment or is not available to work during the hours the Head Start program is operating
- The parent or caretaker of the child voluntarily quits their job or causes their own dismissal, and they do not have good cause
- The parent or caretaker enrolls in school instead of continuing to seek employment or remain available to work during the hours the Head Start program is operating.

Children served by a Head Start contract are not eligible for DHS to make direct payments to other providers. A billing form cannot be sent to a secondary provider for backup care. Head Start programs can offer subcontracted payments to DHS-approved providers who are registered or certified through the Office of Child Care. These subcontracted providers help cover care directly before and after the Head Start’s facility hours. These payments are monitored and tracked through DHS Central Office.

A child should not be removed from a contracted slot and the parent should not be told to stop using child care when they have lost a job. The child remains in the contracted slot as long as the child’s
participation remains above 108 hours unless determined otherwise by the local contracted child care point person and the Head Start program.

**Early Head Start contracted slots**

In order for a provider to be eligible for an Early Head Start (EHS) contract, they must be working with one of four EHS grantees. The grantees work with providers to bring their sites up to Head Start standards including curriculum and staffing requirements. The grantees have agreed to ensure the providers they work with will serve families on child care subsidy programs.

**Contracting coding**

All contracted child care slots use the PQC case descriptor and needs resource coding. PQC stands for Programs of Quality Care and is a universal code used for all contracted slots.

DHS field staff must use the PQC case descriptor and need/resource code for each child on the contract. This is needed to ensure the Direct Pay Unit will pay at the full time contracted monthly rate. This also notifies DPU they cannot connect a secondary or backup provider for the child.

**Head Start and Early Head Start income coding**

Income is coded as “$1.00” with the actual income amount coded in the note field. This allows the family to receive the $27 minimum copay. Each additional source of income (i.e., child support, SSI, a second job) will each be coded individually with “$1.00.”

<table>
<thead>
<tr>
<th>C/D</th>
<th>BAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/R</td>
<td>EML C 1.00</td>
</tr>
</tbody>
</table>

The type of contracted slot and the end of the contract year will be noted on the PQC needs resource coding. Contract system coding should only be added or removed by the contracted child care point person or as directed by the contracted child care coordinator in Central Office.

Examples of PQC case descriptor and needs resource coding:

**Head Start**

<table>
<thead>
<tr>
<th>C/D</th>
<th>PQC</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/R</td>
<td>PQC 08/2016</td>
</tr>
</tbody>
</table>

**Early Head Start**

<table>
<thead>
<tr>
<th>C/D</th>
<th>PQC</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/R</td>
<td>PQC 08/2016</td>
</tr>
</tbody>
</table>
This does not apply to the REF program.

Click here for examples: Child care contracts.

Oregon Administrative Rule(s)

461-135-0405 — Children in the Head Start Program; ERDC and TANF
461-155-0150 — Child Care Eligibility Standard, Payment Rates, and Copayments

SNAP employment services

This applies specifically to the SNAP program.

SNAP Work registration

Work registrant definition:

An individual aged 18 and not yet 60, or ages 16 and 17 if they are the head of household and there is a signed SNAP application.

Work registrant exemptions:

The following reasons exempt a SNAP participant from work registration. An exempt work registrant will not be disqualified from SNAP benefits.

- Being responsible for the care of a dependent child under age 6 in the filing group. In two-parent families, establish with the participant who is the primary caretaker of each of the children. (Code 1)

- Being a student enrolled at least half-time (as defined by the school). School for this purpose includes high school or an equivalent program (GED), training programs, a refugee enrolled in training with a federal refugee resettlement or the Immigrant and Refugee Community Organization (IRCO), and higher education (college or university). If a participant is a higher education student, they must first meet SNAP student eligibility. (Code 2)

- Having a physical, mental or behavioral health condition that prevents performance of work or the ability to obtain or maintain employment. (Code 3) including:
  - Pregnancy qualifies as a work registration exemption if there is a complication that limits their ability to maintain employment.
  - Receiving disability benefits.
  - Receiving “wraparound services” focused on physical or mental health. “Wraparound services” are a range of services provided by a community-based organization (CBO) addressing a participant’s needs and include medical or health conditions preventing a participant from obtaining or maintaining employment.
  - An individual with a medical condition preventing them from obtaining or maintaining employment, at least 20 hours a week.
• Regularly attending alcoholic or drug addiction treatment and rehabilitation program (not including NA or AA). (Code 6)

• Regularly caring for an individual that is incapacitated and providing the care prevents the participant from obtaining or maintaining employment. The individual receiving the care need not live in the participant’s household. (Code 8)

**Mandatory work registrants:**

Participants who do not meet one of the above exemptions are called “mandatory” work registrants. This includes people that meet the following situations:

• Working a minimum of 30 hours a week for money or earning money from employment equal to or greater than the federal minimum wage ($7.25 as of April 2019) x 30 hours a week x 4.3 weeks. (Code 4)

• Self-employment and earning money (after considering 50% if there are costs) equal to or greater than the federal minimum wage ($7.25 as of April 2019) x 30 hours a week x 4.3 weeks. (Code 5)

• Migrant and seasonal farmworkers if they have a contract or agreement to begin work within 30 days.

• TANF recipients that are actively participating in a JOBS Plan. (Code 7) when TANF is funded under Title IV of the Social Security Act.

• Participants who have applied for or are receiving unemployment compensation (UC). The individual must be completing the unemployment compensation requirements. (Code 9). The individual may also be participating in a program for displaced workers under the Trade Act. These include:
  • The Training Unemployment Insurance (TUI) program
  • The Self-Employment Assistance (SEA) program
  • The Apprenticeship Program (APT)

**Mandatory work registrant activities**

SNAP applicants and participants who are considered mandatory work registrants must do the following or be subject to SNAP benefit disqualification(s) (see Mandatory work registrant noncooperation and disqualification):

• Register for the SNAP Employment and Training Program. (When an application for SNAP benefits is signed, all current and future adults under age 60 receiving SNAP agree to be registered for the SNAP Employment and Training Program.)

• Cooperate in determining their work registration status (mandatory or exempt).

• Accept a bona fide offer of employment, as long as the position is not vacant due to strike or lockout, and it pays the applicable minimum wage.

• Not quit or voluntarily reduce hours at a productive job without good cause. A productive job is defined as working 30 or more hours per week or weekly earnings equaling or greater than 30 hours each week at federal minimum wage. This includes:
chapter 2: eligibility
  section 6: non-financial eligibility

A person who quit a productive job in the 30 days preceding the SNAP filing date.

- Comply with the OED reporting and work-search activities if receiving UC.
- TANF individuals are asked to cooperate with their JOBS plan for the work-related activities.

**Duties of local offices**

SSP follows local procedures when referring participants to the STEP contractor.

**Duties of local offices:**

- Determine and narrate if the participant is work registration exempt or mandatory.
- Explain to work registration mandatory participants what their responsibilities are (see Mandatory work registrants) as a work registrant.
- Review the 7280F with each household and complete the form. Give a copy of the signed form to the household and retain a copy of at least page one (signed page) in the case file.
- Explain the type of training and work-related opportunities available in the local area and provide referrals to the appropriate step provider.

**Mandatory work registrant noncooperation, good cause and disqualification**

**Mandatory work registrant noncooperation**

Mandatory work registrants must cooperate with the work registration activities identified above. If they fail to do so, this is considered noncooperation and results in a disqualification penalty, if the participant does not have good cause.

**Exploring good cause for noncooperation**

Mandatory work registrants must explain their reasons for not meeting the work registration activities. When DHS determines good cause existed, there is no disqualification imposed on the SNAP participant or applicant. Good cause may be established based on the following criteria:

- The task has an adverse effect on their physical or mental health.
- Left a worksite that violates health and safety standards.
- Had no means of transportation, such as: they lack the funds, have no vehicle, not near a bus route or have no one to take them to their employment. The individual must have made a good-faith effort to secure the needed transportation.
- Was not being paid at least minimum wage.
- Left because the work hours:
  - Are not customary to the occupation
  - Interfere with religious observances or beliefs of the participant.
- Do not have child care arrangements, those arrangements have broken down or they cannot pay for the child care.
- Job is vacant due to strike, lockout or other labor dispute.
• Do not want to join a union due to religious objections.
• Belong to a union and a potential job goes against the conditions of that union. Good cause does not exist if the employment is not governed by the rules of the union to which the participant belongs.
• Are offered a job within the first 30 days of participation, and the job is not in the participant’s field of expertise.
• Have a job referral or employer that is discriminatory on the basis of age, sex, race, religious or political belief, marital status, disability, sexual orientation or ethnic origin.
• Failed to cooperate due to circumstances beyond their control, such as a medical condition, court appearance, breakdown in transportation, inclement weather, family issues or a misunderstanding in the cooperation requirement.
• Were subject to job quit provisions, but they quit their job to stay with another filing group member who moved for employment or school.
• Quit employment when they were under age 60, but the employer considers them retired.
• Left a job to follow a type of employment that moves, such as migrant labor.
• Accepted a new job that failed to materialize or resulted in fewer hours, if it was beyond the participant’s control.
• Have unreasonable employment, such as not being paid on schedule or at all.

Disqualification penalties

Are imposed only after SSP reviews if the individual meets an exemption and none is found, and there is no good cause for not cooperating.

There is no penalty when an individual who is exempt from work registration fails to accept a bona fide offer of employment, quits a job, or reduces work hours to less than 30 hours per week.

Applicants who withdraw their application before benefits are approved or denied are not disqualified. Applicants who are exempt from work registration or who have good cause are not disqualified.

Disqualification periods are progressive and are in full calendar months. Disqualification periods have minimum, but no maximum, durations. They last until the participant demonstrates cooperation or notifies SSP of a change that makes them exempt. The disqualified participant remains in the SNAP filing group. Their income and resources count when determining eligibility for the group.

• The first disqualification is at least one calendar month. (Coded as LV1 on FSMIS.).
• The second disqualification is at least three calendar months. (Coded as LV2 on FSMIS.).
• Every time thereafter, the disqualification is at least six calendar months. (Coded as LV3 on FSMIS.)

SSP sends notice of disqualification before imposing the penalty, even if the certification period is ending. Notice Writer FSC1FJQ is used to close benefits and FSC2FJQ to reduce benefits. APD/AAA staff may also use the Notification of Planned Action (SDS 540). The notice must state:

• The action that resulted in disqualification
• The length of the minimum disqualification period

• The reduced benefit amount; and

• How they can end the disqualification (what task will meet the requirement) after the minimum period

• If an applicant had a disqualifying job quit, they are ineligible from the filing date. The appropriate disqualification penalty, level 1–3, is applied for full months only. If the filing date was not the first of the month, the disqualification period is the first of the month following the filing date. No 10-day notice is required for applicants.

• For ongoing participants, follow the same steps as for any other disqualification.

• The disqualification penalties are listed in E&T noncooperation; disqualification penalties.

**Showing cooperation and ending disqualification**

Local offices and districts have operational flexibility to decide what disqualified participants must do to demonstrate cooperation. They will create a minimum standard in their area.

• Districts and branches may establish tasks for the participant to complete that demonstrate cooperation. The local office must track completion of the task. For example: Local branch requires demonstration of two weeks of job search activity. Participant is required to turn in a job search log showing a minimum of six job contacts over two weeks.

Cooperation tasks should be:

• Something the participant can complete during their minimum disqualification period;

• Reasonable, considering local labor market conditions. For example, a branch or area could decide all disqualified participants must complete two weeks of job search or seek job search assistance with OED.

• For job quits, cooperation is considered met if the participant does any of the following:

  The participant:
  ∗ Gets another job of similar wage or hours to the one they quit.
  ∗ Gets work hours restored to more than 30 hours per week if they reduced their work hours
  ∗ Complies with the task determined by the local branch.

**Ending disqualifications:**

• For ongoing cases, the participant is added back to the case the first of the month after they complete their minimum disqualification period and demonstrate cooperation.

• For cases that were closed because the certification period ended or due to the disqualification, the participant must show cooperation and serve the penalty period before becoming eligible for SNAP. Open the case on the filing date, the date the participant shows cooperation or the end of the disqualification period, whichever is later.

• The disqualification follows the individual if they change households. It should be added to their new case. If the individual leaves the filing group, the disqualification is removed from the case.
with the person.

- If a disqualified participant becomes exempt from work registration:
  - On an ongoing case, remove the disqualification. Leave the LV coding for history purposes. Add the individual back to the case the first of the month after the change becomes known.
  - On a closed case, the participant must reapply and can be SNAP eligible from the filing date.

### Work registration status evaluation and status changes

An individual’s work registration status (mandatory or exempt) is fully reviewed and determined at the following times:

- Certification
- Recertification
- Whenever a change is reported that changes the work registration status

When an individual’s work registration changes, SSP updates the code in the Work Reg field of FSUP, sends any necessary forms and narrates the information.

- Change to mandatory work registrant: If an individual reports something during the certification period that makes them no longer exempt from work registration, SSP informs them of their SNAP Employment and Training Program requirements by completing and providing form DHS 7280F within 10 days of receiving the information. SSP also shares information about volunteering for STEP.
- Change to exempt work registrant: If an individual reports something that makes them exempt from work registration, SSP shares information about volunteering for STEP.

### SNAP Employment and Training (E&T) programs

Oregon provides SNAP Employment and Training programs.

- **STEP**
- **ABAWD**

For more information, see below.

**STEP (SNAP Training and Employment Program) (nationally called the SNAP 50/50 program)**

The intent of the STEP program is for approved STEP providers to offer comprehensive E&T services to eligible SNAP participants to assist them in obtaining and maintaining living-wage employment.

Oregon currently has at least one STEP provider in every area offering a robust set of services and individualized support to SNAP participants who are interested in seeking additional education and employment training. Some STEP providers serve a targeted population such as homeless teens, veterans, individuals transitioning from dependency programs and individuals who are homeless or formally homeless.

In the STEP program, the providers will receive 50 percent federal cost reimbursement for approved
employment-related services provided to SNAP recipients. In other words, for every dollar in allowable costs, the provider would receive .50 cents reimbursed. The most common funding sources are private donations, fundraising and private source grants that are not used for other state or federal program funding purposes.

Because this is a SNAP E&T program, Oregon Department of Human Services (DHS) retains oversight of this program to ensure services provided, budget/funding and program administration meet federal SNAP E&T guidelines. These contracts are currently managed by the Self-Sufficiency Program Central Office E&T team in coordination with the local DHS districts. The E&T team also provides technical assistance and consulting to both provider agencies interested in SNAP E&T programs and current providers.

Who may participate in STEP activities?

Adult SNAP recipients 18 or older (16 and 17 years old if they are head of household) may participate in SNAP funded E&T activities. SNAP recipients currently receiving TANF funds are not eligible. In addition, in-patient drug treatment participants are ineligible.

What E&T services are available within STEP?

- Supervised job search training
- Supported job search
- Unpaid supported work experience (please note, SNAP cannot reimburse wages for participants but can for the managers/supervisors)
- Short-term vocational and educational training
- Job retention (for up to 90 days following SNAP case closure. Another E&T service is required to be received within 90-days prior to participating in Job retention).
- GED preparation (please note, over age 21 only. State and local school districts provide GED related services for students age 21 and under)
- Internship
- On-the-job training
- Pre-apprenticeship/apprenticeship programs
- Self-employment training
- English language acquisition (ELA) formerly known as ESL
- Integrated Education and Training/Bridge Program
- Work readiness training

To be considered a SNAP E&T participant, an individual must knowingly volunteer for the SNAP E&T program, and receive an orientation, assessment and a case plan by the provider. In addition, they must be placed in an approved and appropriate SNAP E&T component that the provider administers or purchases. Because the SNAP E&T participant is voluntarily in the STEP program, they cannot be disqualified for failing to complete the activities in their case plan.
Support service payments

Support service payments may be authorized by the STEP provider to cover the costs of the participant’s transportation for program participation. This includes bus tickets, passes for other public transportation or gas vouchers. Other costs directly related to participating in the STEP program or when obtaining or maintaining employment are also allowed. These things may include training fees, books, clothing, tools, etc.

OFSET (Oregon Food Stamp Employment and Training) Program

The OFSET Program ended in all areas of Oregon on Sept. 30, 2019.

Referral process

Each SSP area follows local procedures to refer participants to their local STEP provider(s).

Duties of local offices

- Determine and narrate if the participant is work registration exempt or mandatory.
- Explain to work registration mandatory participants what their responsibilities are (see Mandatory work registration) as a work registrant.
- Explain to participants their opportunity to obtain help through various STEP providers available in their area. The participant has the option to participate or not.
- Complete, review and give a copy of the SNAP Employment and Training Programs Rights and Responsibilities (DHS 7280F).
- Refer all participants who wish to volunteer to the STEP.

Duties of the contractors

- Assess the participant, which includes a review of work history.
- Write a case plan.
- Refer the participant to in-house or outside work-related activities or appropriate community work-related training or seminar opportunities.
- Refer to possible job openings.
- Identify the need for support services and pay as agreed with the district.
- Provide ongoing case management services to the participant.
- Track participant participation and report to SSP as agreed in the contract.

ABAWDs

ABAWD definition:

An able-bodied adult without dependents (ABAWD) is an individual who is age 18 through 49 and there are no persons under age 18 in the SNAP filing group. ABAWDs can be work registrant exempt or work registrant mandatory depending on their circumstance. Individuals that are not ABAWDs include:
- Those age 50 and older
- Those age 17 and younger, and
- Those on a SNAP case with any child in the filing group (age 17 or younger).

**SNAP time limit three-year clock**

Federal law requires ABAWDs to fulfill special work-related activities. They are given three months during this three-year period when they do not need to perform certain work-related activities at 80 hours a month. The exception to this is if they meet one of the following:

- Live in a waived area
- Are pregnant, or
- Meet one of the mandatory or exempt work registration items listed below.

Areas in Oregon that are not waived are called “time limit” areas.

**Note:** The current list of waived areas can be found by going to the [SNAP web page](#) or reviewing OAR 461-135-0520.

Oregon’s three-year SNAP time clock:

**Exemptions from the SNAP time limit**

An individual that is an ABAWD is considered “exempt” from the SNAP time limit if one of the following circumstances applies to them:

- Lives in a waived area
- Pregnant (including pregnancy with no health complications) (Use Code 3)
- Meets one of the work registration exemptions identified above.
- Working a minimum of 30 hours a week for money or earning money from employment equal to or greater than the federal minimum wage ($7.25 as of July 2019 [7/24/2009]) x 30 hours a week x 4.3 weeks. (Code 4)
- Self-employment and earning money (after considering 50% if there are costs) equal to or greater than the federal minimum wage ($7.25 as of July 2019 [7/24/2009]) x 30 hours a week x 4.3 weeks. (Code 5)
- TANF recipients that are participating in a JOBS Plan. (Code 7)
- Participants who have applied for or are receiving unemployment compensation (UC). (Code 9)

**ABAWD work-related activities**

All ABAWDs who do not meet one of the SNAP time limit exemptions stated above are given a choice to do one of the following:

- Choose to not fulfill the monthly ABAWD work-related activities and receive three months of SNAP benefits during the three-year SNAP time clock, or
Choose to fulfill the monthly ABAWD work-related activities and be eligible to receive more than three months of SNAP during the three-year SNAP time clock.

The ABAWD is asked to participate in one or more of the following work components (these work components can be combined) to meet 80 hours a month averaged to 20 hours a week. The 80 hours must be completed in a calendar month for monthly work-related activities to be considered met.

- Paid or unpaid work (including employment, bartering or volunteering),
- Self-employed work, which is determined by gross income rather than hours worked (80 hours is equal to gross of $580 or more if no costs (SEN) and gross of $1160 or more with costs (SEC)), or
- Completing their assigned work-related activities contained within their case plan through Oregon Employment Department (OED).

OED also offers some ABAWDs the opportunity to gain work experience under the Workfare program. Workfare hours cannot be combined with the other work-related activities listed above. The hours under workfare are limited to the FLSA figure. ABAWDs who are placed in Workfare will be participating less than 80 hours a month. See Workfare below.

Verifying and tracking of the work-related activities is performed by both SSP and OED. They each have separate and unique roles.

- SSP, APD, and AAA offices verify and track work hours when an ABAWD reports working in paid or unpaid employment. SPD, APD, and AAA offices verify the work hours in the same manner they verify earned income. Except during the middle of a certification period, it is recommended to use the DHS7450 because this form requests proof of work hours and does not request proof of income. Once reported and verified, the individual only needs to provide proof of work hours at certification, recertification or interim change report. They are asked to report a change in work hours in between only when the work hours drop below 20 hours a week. This report needs to be made within 10 days of occurrence to be timely.

- OED tracks the weekly non-work activities according to the case plan. They note these reported and verified hours on non-JOBS TRACS. SSP uses non-JOBS TRACs to determine if each ABAWD who is not exempt from the SNAP time limit is meeting the required hours or if they earned a counting month.

- OED also provides support services to ABAWDs who are participating in the activities in their case plan.

**Failure to meet the work requirements**

When an ABAWD is not exempt from the SNAP time limit and chooses not to complete their 80 hours of work-related activities during a calendar month, they will earn one of their three counting months.

**SNAP time limit good cause**

The good cause criteria for the SNAP time limit is a little different from the good cause used for work registration. Good cause may be granted when an ABAWD is attempting to complete the work-related activities in a month but cannot due to circumstances beyond their control. These circumstances are:
• Inclement weather
• Transportation difficulties
• Illness affecting the ability to work
• Tragic loss.

It is important to note that ABAWDs are a sub-group of the work registration group above. ABAWDs are asked to do all of the work registration activities in addition to the application of the SNAP time limit rules. This means an ABAWD who quit a job without good cause could receive an LV disqualification. However, they will not receive an LV disqualification and a counting month in the same calendar month.

**ABAWD procedures**

SSP/APD/AAA offices follow local procedures when referring participants to the ABAWD contractor.

Duties of local offices:

• Determine and narrate if the participant is work registration exempt or mandatory.
• Determine and narrate if the participant meets any exemptions from the SNAP time limit.
• Explain to work registration mandatory ABAWD participants what their responsibilities are (see Mandatory work registrants) as a work registrant.
• Explain to ABAWDs not exempt from the SNAP time limit that they have the choice of receiving SNAP without fulfilling the special ABAWD work-related activities for three months, or that they may choose to do the special work-related activities and not be limited to three months of SNAP during the three-year time clock.
• Complete, review and give a copy of the Simplify Reporting Systems for Able-Bodied Adults Without Dependents (ABAWD) (DHS 0854) and the SNAP Employment and Training Programs Rights and Responsibilities (DHS 7280F).
• Refer all ABAWDs living in a time limit area to OED if they are not exempt from the SNAP time limit and not completing the 80 hours by working in a paid or unpaid job. This is a formal referral; SSP creates an appointment in iMatchSkills Scheduling tool and provides the participant with an appointment notice (date, time, address of appointment).
• Creates a non-JOBS TRACS plan
  - PE step if meeting no activity hours on their own
  - BF step if working in a paid or unpaid job 80 hours a month (no referral to contractor)
  - PE and BF step if working but less than 80 hours a month and still need a referral to contractor to fulfill the monthly requirement.
• Review the non-JOBS TRACS plan monthly of all ABAWDs not exempt from the SNAP time limit to determine if the individual is performing the assigned work-related activities. The names of these ABAWDs will appear on the monthly ABAWD list in the BI Center (SNAP 2059).
• Also, review each month the list of persons turning 18 next month (SNAP 2060). All persons in these SNAP households are becoming ABAWDs in a month. Determine if they are exempt from the SNAP time limit and, if not, refer to Oregon Employment Department so they may begin to
participate in the work-related activities.

- Apply and lift countable months, as appropriate, and send proper notice.
- Duties of the contractors:
  - Assess the participant, which includes a review of work history.
  - Write an ABAWD non-JOBS case plan.
  - Refer the ABAWD to in-house or outside work-related activities.
  - Refer to appropriate community work-related training or seminar opportunities.
  - Refer to possible job openings.
  - Identify the need for support services and pay as agreed with the district.
  - Provide ongoing case management services to the ABAWD.
  - Track participant participation and report to SSP each month.

**Countable months and regaining eligibility**

A countable month is earned when an ABAWD receives a full month of SNAP benefits while not performing the work-related activities identified on their case plan for the month. Federal law limits ABAWDs to no more than three months of SNAP in a three-year period, except when the ABAWD is exempt from the SNAP time limit or if the ABAWD is performing the approved work-related activities.

A counting month is never assigned when, during any part of the month, any of the following were true:

- The SNAP allotment was prorated.
- The SNAP allotment was $0.
- The participant resided in a waived area.
- A child (under age 18) joined the SNAP filing group.
- The participant turned 50 years of age.
- The participant was exempt from the SNAP time limit (see Exemptions from the SNAP time limit)

The participant’s TRACS non-JOBS case plan is checked monthly by SSP to see if the participant is fulfilling the required number of hours in their work activities. If they are not, their SNAP case is coded with a countable (CT) month. When a counting month (CT) is given, the ABAWD has 90 days following the last day of the CT month to show they met the work-related activities for that month, to explain why they believe they were exempt from the SNAP time limit, or believe they meet the circumstances for ABAWD good cause.

Countable months cross state lines. This means a countable month may be assigned in another state and count in Oregon as long as the counting month was earned in the other state during the current Oregon three-year time clock. States choose how their three-year clock falls, and they are often different from one another.

**The first set of counting months**
The first three counting months (CT1, CT2, CT3) in the three-year time clock are known as the first set of countable months. The first set of countable months do not need to be consecutive.

- The first countable month is coded as CT1 on FSMIS and the SNAP Time Limit screen found on the participant information (FIND) screen. Send NOTM FSWCT1i.
- The second countable month is coded by replacing CT1 with CT2 on FSMIS and entering it in the SNAP time limit screen found on the participant information (FIND) screen. Send NOTM FSWCT1i.
- The third countable month is coded by replacing CT2 with CT3 on FSMIS and entering it in the SNAP time limit screen found on the participant information (FIND) screen. Send NOTM FSWCT1i.

Following receipt of CT3, the SNAP case is usually closed or reduced. To continue benefits after CT3, the ABAWD needs to be meeting the required number of work-related activities or have a circumstance that makes them exempt from the SNAP time limit. If they do not meet any of these situations, they are disqualified for exceeding the SNAP time limit. The notice for exceeding the SNAP time limit at the CT3 level is FSWCT3C (to close) or FSWCT3R (to reduce).

### Regaining SNAP eligibility and the second set of counting months

After becoming ineligible for food benefits due to exceeding the SNAP time limit, an ABAWD can regain eligibility during the 36-month time period. There is no limit to the number of times an ABAWD can regain eligibility. Regaining can occur anytime the ABAWD exhausts the first set of the three-month counting months (CT1, CT2, CT3) or the second set of counting months (CT4, CT5, CT6).

An ABAWD who has received counting month 3, their benefits ended and they regained eligibility may qualify for another set of three counting months (a bonus). Under no circumstances can the second set of countable months immediately follow the CT3 month. An ABAWD must first lose eligibility and then regain eligibility.

Regaining can occur only after an ABAWD becomes ineligible due to the SNAP time limit and their benefits end. They cannot regain eligibility while their benefits remain open. They may regain eligibility anytime they become exempt from the SNAP time limit, or by performing one of the required work-related activities:
- Working 80 hours in a 30-consecutive day period after their SNAP benefits ended, or
- Completed the work-related activities required in the case plan with OED over a 30-day period after the SNAP filing date. Generally, this is 80 hours of work-related activities but could also be workfare participation.

The second set is identified as CT4, CT5 and CT6. These counting months must be consecutive. Months CT5 and CT6 follow CT4 even if the ABAWD becomes ineligible for another reason, and their benefits end for another reason. In other words, the clock ticks for the months of CT5 and CT6 even if the ABAWD receives no SNAP benefits, was working or met an exemption from the SNAP time limit. CT5 and CT6 can only be lifted or removed if CT4 is lifted. As with CT1, CT2 and CT3, there are special notices in NOTM to inform the ABAWD they are receiving CT4, CT5 and CT6. This is NOTM FSWCT4i. At the end of CT6, they should receive a timely notice announcing the closure or reduction of their benefits due to the SNAP time limit (FSWCT4C to close and FSWCT4R to reduce).
In some instances, an ABAWD may reapply after they have exhausted their countable months, and they do not complete the regain activities in a 30-consecutive day period. The Notice Writer FSW0ABD should be used to issue the denial regarding having exceeded the SNAP time limit.

**ABAWD status evaluation and status changes**

Small changes in an individual’s life can create large changes in their ABAWD status or SNAP time limit requirements.

During certification and recertification time, SSP/APD/AAA offices conduct a full review of the applicant’s ABAWD status and SNAP time limit exemptions. When processing the Interim Change Report and during ongoing months, SSP only acts on information that is volunteered to SSP or found during its required course of business (e.g., when checking IEVS screens during the processing of an ICR).

**Minor moving into the filing group**

When a minor moves into the SNAP filing group, there are no longer any ABAWDs in the SNAP filing group.

- SSP leaves any CTs coded for the current SNAP time clock. They must remain until the new time clock begins.
- If any ABAWDs are not receiving SNAP on the case due to a SNAP time limit disqualification, SSP asks if they would like SNAP for that individual and restores them to the case effective the first of the following month.

**Moving to a waived area**

When a filing group containing ABAWDs moves to a waived area, there are no longer SNAP time limits for that group based on fulfilling work-related activities.

- SSP leaves any CTs coded for the current SNAP time clock. They must remain until the new time clock begins.
- If any ABAWDs are not receiving SNAP on the case due to a SNAP time limit disqualification, SSP asks if they would like SNAP for that individual and restores them to the case effective the first of the following month.

**Reporting exemptions from the SNAP time limit**

When an ABAWD reports a change in circumstance that qualifies as an exemption from the SNAP time limit, there is no longer a need for that individual to fulfill the work-related activities for the SNAP time limit.

- The Department reminds the individual they may continue to work with a STEP in pursuing their training or career goals.
- The Department leaves any CTs coded for the current SNAP time clock. They must remain until the new time clock begins.
- The Department updates any coding, especially work registrant coding, to match the new circumstance.
• If that individual ABAWD is not receiving SNAP on the case due to a SNAP time limit disqualification, SSP asks if they would like SNAP and restores them to the case effective the first of the following month.

Moving into a SNAP time limit area, youngest child turns 18, SNAP TL exemption ends, all minors move out of the filing group

When an individual has no exemption from the SNAP time limit due to a change, SSP uses the following evaluation process:

Make a courtesy contact to screen individuals for exemption from the SNAP time limit.
• If exemption is found, Work Reg code is updated and narrated.
  ◦ Any retroactive CT months remain coded on this person on the FSUP and SNAP TL screens.
• If exemption is not found (including not being able to reach the individual), based on the information known and reported to DHS:
  ◦ Step 1: If reached the ABAWD, discuss the SNAP time limit, its exemptions and, if not exempt, the choice to use three counting months or to do the work-related activities.
  ◦ Step 2: Work Reg code updated to a C.
  ◦ Step 3: Code any retroactive CT months on FSUP and SNAP TL screens and NOTM FSWCT1I is sent (if applies).
  ◦ Step 4: Create the appropriate non-JOBS case plan in TRACS.
  ◦ Step 5: The OED referral is completed in iMatchSkills Scheduling tool (with workfare hours per FLSA).
  ◦ Step 6: Mail the forms 7280F, 0854, and OED appointment notice with the DHS 0210ABW informing the ABAWD you have attempted to reach them.
  ◦ Step 7: The above is narrated.

Verifying countable ABAWD months

If the customer indicates they received SNAP benefits in another state Jan. 1, 2019, or later, ask them questions regarding their status in that state. Include questions on whether or not they were an ABAWD in that state; were they told about the SNAP time limit; were they required to do work-related activities of 20 hours a week; did they receive any counting months for not doing those activities and, if yes, what months? You must make at least two attempts to contact the other state and verify if the customer received any countable months after Jan. 1, 2016, or later. Please narrate each of the attempts and the results of the call. It is important to note this activity for ABAWDs is required statewide in both waived counties and time limit counties.

• If the ABAWD resides in an area applying the time limits (SNAP-e.19), inform them of the need for verification if they used counting months in that state on the pending notice (DHS 0210 or the SDS 0539H). Do this in addition to making the two attempts to verify the information.
• If the individual tells you they tried and could not obtain the information, and you could not obtain the verification after two attempts, make a reasonable determination based on their answers to the
questions about ABAWD in the other state.

- If the individual does not respond with the needed information or does not tell you they attempted to obtain the information but could not get it and you were unsuccessful after two attempts, deny the application at the end of the application process for failure to provide the requested information.

- If the ABAWD resides in any of the other counties in Oregon, inform them of the need for verification if they used counting months in that state on the pending notice, Notice of information or verification needed for an Able-Bodied Adult Without Dependents (DHS 0210ABW). The DHS 0210ABW is a special pending notice that does not end in denial or case closure if the individual fails to provide the requested information. Do this, in addition to your making the two attempts to verify the information. Whether or not the individual tells you they tried and could not obtain the information, and you could not obtain the verification after two attempts, make a reasonable determination based on their answers to the questions about ABAWD in the other state.

- Enter any of the out-of-state ABAWD countable months on to the SNAP FSUP screen, TRACS and the SNAP time limit screen found on the individual information (FIND) screen (CT1, CT2, CT3, CT4, CT5 or CT6). Narrate whom you contacted and the month in which the ABAWD earned the countable month. Counting months received in another state count toward the three-year clock in Oregon if received during Oregon’s current time clock.

**Helpful tips**

In the rare circumstance when you are unable to verify ABAWD countable months from the other state after you have made two attempts to validate countable months:

**ABAWD interview questions:**

- Were you an ABAWD in your previous state?
- Did you have to do any work-related activities as part of receiving food benefits?
- Did you ever lose food benefits due to not complying with a work program or activity?
- If no to the questions above, accept the individual’s statement, narrate your contact attempts, and certify the case if they are otherwise eligible.

- If yes to any of the above questions, a pending notice can be issued to the applicant (after you have attempted to validate the countable months yourself) in order to have them provide something showing what countable months they may have earned from the other state. For expedited cases only, follow the verification requirements for expedited service. (Under expedited service, individual statements and limited verification are used to determine eligibility for SNAP for a short period of time. All verification except identity may be postponed until later.)

- When an ABAWD reapply for benefits, SSP will need to:
  - Determine if the individual is still an ABAWD, and if so, if the ABAWD meet one of the exemptions.
  - If not, determine if the participant worked at all since they last received food benefits.
  - If yes, was it for 80 hours in a 30-day period? If so, request verification from the customer of the work hours using a Notice of Pending Status (DHS 0210 or SDS 0539H).
• If the mandatory ABAWD has not worked 80 hours in a 30-day period since last receiving SNAP benefits, refer the ABAWD to the contractor. They must complete 80 hours of work-related activities in a 30-day period to regain eligibility. SSP may need to extend the application processing period beyond 30 days if there is not enough time remaining in the application process to allow for the ABAWD to complete the 80 hours.

• If requested verification is not received within 30 days or the customer does not meet an exemption or has not worked 80 hours in a 30-day period, the SNAP request is denied.

• If the requested verification is received and the ABAWD has proven to be eligible for program participation within the pending period, benefits must be prorated back to the filing date.

• For ongoing cases, add the ABAWD to the case effective the first of the following month.

• An ABAWD individual who regains eligibility but is no longer fulfilling the work-related activities can receive three additional months of benefits during the 36-month time period. The additional three-month period is called the “second set” and must be consecutive. This second set is coded as CT4, CT5 and CT6, and ABAWDs can only take advantage of this provision once during the 36-month period. Once the second set of countable months have been used, an ABAWD will need to meet the ABAWD work-related activities or an ABAWD exemption to receive food benefits for any of the remaining 36 months.

Click here for [Work registrant, STEP Program, and ABAWD](#).

TANF: This does not apply to the TANF program.

ERDC: This does not apply to the ERDC program.

REF: This does not apply to the REF or REFM programs.

### Oregon Administrative Rule(s)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>461-130-0305</td>
<td>General Provisions; Employment Programs</td>
</tr>
<tr>
<td>461-130-0310</td>
<td>Participation Classifications; Exempt, Mandatory, and Volunteer</td>
</tr>
<tr>
<td>461-130-0315</td>
<td>Requirements for Mandatory Employment Program Individuals; Pre-TANF, REF, SNAP, TANF</td>
</tr>
<tr>
<td>461-130-0327</td>
<td>Good Cause</td>
</tr>
<tr>
<td>461-130-0330</td>
<td>Disqualifications; Pre-TANF, REF, SNAP TANF</td>
</tr>
<tr>
<td>461-130-0335</td>
<td>Removing Disqualifications and Effect on Benefits</td>
</tr>
<tr>
<td>461-135-0520</td>
<td>Time Limit and Special Requirements for ABAWD; SNAP</td>
</tr>
<tr>
<td>461-135-0521</td>
<td>Job Quit by Applicants; SNAP</td>
</tr>
</tbody>
</table>

### TANF time limits

This specifically applies to the TANF program.

SNAP: This does not apply to the SNAP program.

TANF: [What is the Oregon TANF time limit?](#)

Under federal and state law, most adults and minor parent heads-of-households can receive TANF cash...
assistance for a total of 60 months (five years). TANF cash assistance is intended to be a temporary means of support while families work toward self-sufficiency.

In Oregon, the 60-month time limit began on July 1, 2003, and is applied based on state law.

Participants who meet one of the hardship extension criteria but have used their 60 months may be eligible for additional months. If the participant does not meet one of the hardship extension criteria but is in the JOBS Plus program or has an extreme need in their 60th month, they may be granted a temporary continuation of benefits.

Reminder:
- Eligibility decisions for ongoing or recertifying TANF in Oregon are only based on time that counts against the Oregon time limit.
- Eligibility decisions for participants who are applying in Oregon after receiving TANF in another state are based on federally accrued months, federal time clock.

To whom do time limits apply?

The following people are subject to TANF time limits:
- A minor parent head of household
- Adult single parents
- Both adults in a two-parent family
- Needy caretaker relatives
- Participants who reached the 60-month TANF time limit in another state and do not currently qualify for an Oregon hardship extension.

Some states count months when there is a child-only case. Oregon does not and information about child-only cases should not be shared with another state or added to our system.

Time limits do not apply to:
- Children
- Non-needy caretaker relatives
- SSI parents
- Ineligible noncitizens

<table>
<thead>
<tr>
<th>Dates</th>
<th>Did time count for those receiving Oregon TANF?</th>
<th>If yes, who receiving Oregon TANF did it count for?</th>
<th>Does out-of-state or tribal TANF count from that time toward the Oregon time limit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/96—06/30/03</td>
<td>No</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>07/01/03—09/30/07</td>
<td>Yes</td>
<td>Only participants serving a JOBS disqualification</td>
<td>Yes, unless they lived in Indian Country</td>
</tr>
<tr>
<td>Period</td>
<td>Eligibility</td>
<td>Reason</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>10/01/07—06/30/08</td>
<td>Yes</td>
<td>All adults and minor parent head-of-households receiving TANF except those who:</td>
<td>Yes, unless they lived in Indian Country</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Qualified for an exemption</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Lived in Indian Country</td>
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<tr>
<td></td>
<td></td>
<td>- Were part of a two-parent family where deprivation was based off unemployment or underemployment, or</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Participated in JOBS Plus, Pre-TANF, Post-TANF, SFPSS, Degree Completion Initiative</td>
<td></td>
</tr>
<tr>
<td>07/01/08—04/30/12</td>
<td>No</td>
<td></td>
<td>Yes, unless they lived in Indian Country</td>
</tr>
<tr>
<td>05/01/12—03/31/16</td>
<td>Yes</td>
<td>All adults and minor parent head-of-households except those who:</td>
<td>Yes, unless they lived in Indian Country</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Qualified for an exemption</td>
<td></td>
</tr>
</tbody>
</table>

**What is Indian Country?**

"Indian Country" is a federally defined term that pertains to either specific communities defined by 18 USC 1151 or counties defined by the state and specific to tribal membership.

To be exempt from time limits due to Indian Country, the participant must:

- Live on an Indian reservation, live in a dependent Indian community or live on a tribal allotment, or
- Live in a county designated “Indian Country,” and
- Be an enrolled, verified member of one of Oregon’s nine federally recognized tribes.

Oregon’s nine federally recognized tribes are:

- Burns Paiute Tribe
- Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of the Grand Ronde Community of Oregon
- Confederated Tribes of the Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of the Umpqua Tribe of Indians, and
- Klamath Tribes.

DHS receives population and employment data from the Oregon Employment Department in late spring of each year and uses this to determine the economic criteria for the Indian Country designation for the following federal fiscal years of Oct. 1 to Sept. 30.

When a participant lives in a county deemed Indian Country and is a verified member of one of Oregon’s nine federally recognized tribes, no months will count, even if the participant’s case was coded with a TLY.

### What counties are designated as Indian Country?

<table>
<thead>
<tr>
<th>Year</th>
<th>County or counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2017 (October—September)</td>
<td>Coos, Crook, Curry, Douglas, Josephine, Lincoln</td>
</tr>
<tr>
<td>FFY 2016 (October—September)</td>
<td>Coos, Crook, Curry, Douglas, Josephine, Klamath, Lincoln</td>
</tr>
<tr>
<td>FFY 2015 (October—September)</td>
<td>Coos, Crook, Curry, Douglas, Josephine, Klamath, Lincoln</td>
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<tr>
<td>2014 (January—September)</td>
<td>Coos, Crook, Curry, Douglas, Josephine, Klamath, Lincoln</td>
</tr>
<tr>
<td>2013 (January—December)</td>
<td>Coos, Crook, Curry, Douglas, Harney, Jefferson, Josephine, Klamath</td>
</tr>
<tr>
<td>2012 (January—December)</td>
<td>Coos, Crook, Curry, Douglas, Josephine</td>
</tr>
<tr>
<td>2011 (January—December)</td>
<td>Coos, Crook, Curry, Douglas, Jefferson, Josephine</td>
</tr>
<tr>
<td>2010 (January—December)</td>
<td>Coos, Crook, Curry, Douglas, Harney, Jefferson, Josephine</td>
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<tr>
<td>2009 (January—December)</td>
<td>Coos, Crook, Curry, Douglas, Harney, Jefferson, Josephine</td>
</tr>
<tr>
<td>2008 (January—December)</td>
<td>Crook, Curry, Josephine</td>
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<td>2007 (January—December)</td>
<td>Crook, Josephine</td>
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<td>2006 (January—December)</td>
<td>Crook, Josephine</td>
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<tr>
<td>2005 (January—December)</td>
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<tr>
<td>2004 (January—December)</td>
<td>Curry, Josephine</td>
</tr>
<tr>
<td>2003 (January—December)</td>
<td>Coos, Curry, Josephine</td>
</tr>
</tbody>
</table>

Beginning in federal fiscal year (FFY) 2015, Indian Country designations are determined in the summer of each year and are effective for the following federal fiscal year of Oct. 1 to Sept. 30: for example, in June 2016, the 2015 data will be received and will be used to determine the designation for FFY 2017 Oct. 1, 2016, through Sept. 30, 2017. Prior years were determined retrospectively and for a calendar year.

### What is an exemption?
Exemptions are reasons that allow a month of TANF to be excluded from the time limit clock.

Prior to April 1, 2016, for a participant to be granted an exemption, they must have been unable to obtain or maintain employment for one of the following reasons:

- (TLA) Has a verified alcohol and drug treatment plan**
- (TLB) Is subjected to battery or extreme cruelty
- (TLC) Has a child with a disability, which prevents the parent from obtaining or keeping employment**
- (TLD) Is a victim of domestic violence (see OAR 461-001-0000)
- (TLE) Is participating in the Parents as Scholars (PAS) activity (see OAR 461-001-0025)
- (TLL) Has a certified learning disability**
- (TLM) Has a mental health condition**
- (TLN) Is caring for a family member who has a disability, is in the home and is not attending school full-time**
- (TLS) Has a disability (see OAR 461-001-0000)** or
- (TLX) Is deprived of needed medical care.

**Note:** Exemptions coded with ** must have been verified by a licensed or certified professional qualified to determine the condition or circumstances. An exemption was not able to be coded until verification is received.

Hardship extension criteria coded with a (*) must be staffed with a TANF policy analyst; hardship extension criteria coded with (**) must be verified by a licensed or certified professional qualified to determine the condition or circumstances. A hardship extension cannot be coded until verification is received.

Occasionally, there are times when an exemption has been coded in error. When this occurs, workers should:

- Email the TANF Policy box with the recipient’s name, Social Security number and reason the exemption coding should be changed
- Narrate the correct time limit exemption coding including when the time limit was in place and, if required, how the exemption was verified, and
- Determine eligibility decisions off the correct time limit.

**What is a time limit hardship criteria extension?**

Hardship extension criteria are situations that allow an adult or teen parent head-of- household to receive additional months once they have already accrued 60 months. The hardship extension may be granted at any point after 60 months, even if the participant has already been removed from the grant.

For the participant to be granted a hardship extension, they must be unable to obtain or maintain employment that provides earnings in excess of TANF income limits for one of the following reasons:
• (TLA) Has a verified alcohol and drug treatment plan**
• (TLB) Is subjected to battery or extreme cruelty*
• (TLC) Has a child with a disability, which prevents the parent from obtaining or keeping employment**
• (TLD) Is a victim of domestic violence (see OAR 461-001-0000)
• (TLE) Is participating in the Parents as Scholars (PAS) activity (see OAR 461-001-0025)
• (TLL) Has a certified learning disability**
• (TLM) Has a mental health condition**
• (TLS) Has a disability (see OAR 461-001-0000)** or
• (TLX) Is deprived of needed medical care.*

Note:

* Staffing with a TANF policy analyst is required.
** Documentation required.

Although JOBS participation exemptions are different than time-limit hardship extensions, many participants who are exempt from JOBS participation may also meet a hardship extension criterion. Cases that are JOBS exempt for possible time limit hardship extensions should be reviewed.

**Temporary continuation of benefits**

If, during the 60th month, the participant is either actively engaged in a JOBS Plus activity or experiences an extreme need, the participant may be considered for a temporary continuation of their benefits. This is different from meeting hardship extension criteria because it may only be considered in the 60th month, where a hardship extension can be granted at any point past the 60th month.

These temporary continuations of benefits must be staffed with a TANF policy analyst and the TLF can only be coded by someone in Central Office.

The temporary continuation of benefit need/resource codes are:

• (TLF) Family crisis
• (TLP) JOBS Plus completion.

The TLF code is appropriate for participants who experience a crisis outside of their control during the 60th month. These situations include but are not limited to a death in the immediate family, natural disaster affecting the family or medical catastrophe affecting the family.

The TLP code is appropriate for participants who are actively engaged in a JOBS Plus activity, already having been placed on a JOBS Plus site and have an active agreement. The participant must be a TANF recipient to be in a JOBS Plus activity and the intent with this temporary continuation was to ensure that, if a participant enters a JOBS Plus agreement, they are allowed to complete the subsidized work experience.
48-month notice and assessment

TANF participants will receive an auto-generated notice. “Time Limit Update – 12 months remaining,” when an adult or minor parent head of household on a TANF case reaches 48 months on the state time limit. It will not be sent to participants at 48 months who live in Indian Country because they are not currently accruing additional months.

This notice, the CM07G, will be a mid-month notice that informs the participant:
- DHS wants to partner with them to engage them in services leading to employment or other self-reliant alternatives prior to them using the remainder of their 60-month lifetime limit.
- If they reach 60 months and are not eligible for hardship extension, their TANF grant will be lowered or closed.
- Children of adults who reach 60 months on TANF may still be eligible for TANF.
- They should expect contact from their worker.

48-month time limit assessment

Participants who receive the CM07G should be scheduled for a 48-month time limit assessment that will specifically address their remaining time on TANF.

A specific appointment notice, 12 Months Remaining on Temporary Assistance for Needy Families (TANF) Appointment (DHS 7827), has been created for these appointments. It is available on the Forms Server.

When the participant comes in for their assessment, SSP will address and narrate:
- Strengths and goals to help the family move off TANF
- Available supports from family, friends and the community
- Any necessary screenings
- Potential referrals to both internal and external programs including the State Family Pre-SSI/SSDI (SFPSS) Program and Family Support and Connections (FS&C).

When creating a JOBS plan, SSP prioritizes these participants for available JOBS program activities.

JOBS participation after reaching 60 months

When a participant reaches 60 months on TANF, the minor parent head of household or adults must cooperate with their case plan (if not otherwise JOBS-exempt), regardless of whether they are included on the TANF grant.

Participants who have been granted a hardship extension should have a plan to reflect the hardship criteria. Participants who have been removed from the grant but remain JOBS-eligible should be given the opportunity to develop a plan that will encourage their progress and move them toward stability.

Participants who meet the JOBS exemption criteria are not eligible to participate in case plan activities.

Participants who are not cooperating with the requirements of their case plan are subject to disqualification only after the participant has had an opportunity to participate in the re-engagement
process that includes a determination by SSP of whether good cause exists.

Any disqualifications remain in place that have accrued for the benefit group members prior to the 60-month limit.

**Coding requirements for participants who have reached 60 months**

If any adult or minor parent head of household is no longer eligible to receive TANF due to having reached 60 months of time and meets no hardship extension criteria, the following coding changes are to be made:

- Add a TRJ C/D
- Change the in-grant code to ‘NO.’

If any adult or minor parent head of household has reached 60-months but continues to be eligible because they meet a hardship extension criterion, the following coding changes are to be made:

- Add a TRH case descriptor.
- A TL hardship extension N/R code is required with an end date to match either the provided documentation or review date, whichever is sooner.
- A TLY N/R code is also required with an end date to match the review date
  and
- Keep the in-grant code as an “AD.”

**Verifying TANF months**

When a participant indicates on the application, they received TANF benefits in another state(s) or from a tribal program, SSP must verify how many months the participant received TANF in the other state(s) or program.

If verification is needed, SSP will do the following things:

- Pend the adult’s benefits for 30 days and open a case for the children if all other TANF eligibility requirements are met, and
- Attempt to verify the out-of-state or tribal time by contacting the other state or tribe.

If verification of time on TANF from another state is not received within the 30-day application period, the adult’s application will be denied for failure to complete the application process; they will be coded as a “NO,” and the case will remain open for the children, so long as they remain otherwise eligible. Even when the adult is a “NO,” the JOBS status and case plan still need to be considered.

When verification is received within the 45-day application time frame:

- If the adult has less than 60 months on TANF: TANF will be supplemented back to the filing date.
- If over 60 months: The adult’s needs would not be added to the grant unless the participant meets a hardship extension criterion. The children would continue to receive benefits as long as all other TANF eligibility requirements were met.
Out-of-state months, once verified, must be added to the “Out-of-State Time Limits” screen.

If verification from the other state identifies months in Indian Country or months a program was not federally funded, those months do not count toward the federal or Oregon time limit.

This does not apply to the ERDC program.

This does not apply to the REF program.

Click here for examples: TANF time limits.

**Oregon Administrative Rule(s)**

- 461-135-0071 — TANF Time Limit; General Provisions
- 461-135-0073 — TANF Time Limit; Extension Criteria
- 461-135-0075 — TANF Time Limit; Exemptions

**Out-of-state benefits**

Programs can receive all or part of their funding from the federal government. However, each state can choose different options that shape how they administer programs. This flexibility allows states to decide how to best meet the needs of their residents. Eligibility and benefits don’t cross or transfer when someone moves to another state and they must reapply in the state where they are residing. When an applicant reports moving from another state, it is important to ask if they have an open case or have received benefits in a state other than Oregon. The following can be indicators that additional information, or an in-depth conversation, is needed:

- ID or driver’s license is presented from another state
- IEVS screens, including The Work Number, display work history for an out-of-state employer
- The application reports that benefits were received in another state.
- A child in the household was born in another state.

Click here for Out-of-state verification.

**SNAP**

When determining eligibility for SNAP benefits for an applicant who has moved to Oregon or has provided out-of-state ID, SSP will ask the following questions to determine eligibility:

- What brought you to Oregon?
- How long have you lived in Oregon?
- Can you tell me about any assistance you received in other states you have lived?
- SNAP benefits are not transferred between states. Is there another state I can contact to help you close an open case?
- Were you required to participate in a work search program or work 20 hours per week in another state? If so, did you have any countable months? Did you receive SNAP in another state since Jan. 1, 2019?

Pending for verification
• SSP is required to make two attempts to contact the other state to verify benefits. Click here for a complete list of the states with preferred contact method. One of the attempts must be made using the preferred method chosen by the state.

• The case is not pended until after all attempts have been unsuccessful and the applicant has reported open benefits in another state. In this situation, a pending notice would be issued to the applicant to provide proof the case has been closed. If the individual reports no open benefits in another state, SSP will narrate the two attempts and continue with the eligibility determination.

<table>
<thead>
<tr>
<th>Situation/circumstance</th>
<th>Expedited application</th>
<th>Non-expedited application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-state verification</td>
<td>• Certify case for following expedited processing policy; case is certified longer once verification is received.</td>
<td>• Follow policy for approving application.</td>
</tr>
<tr>
<td>Out-of-state ID</td>
<td>• Ask when they moved to Oregon.</td>
<td>• If open in another state, must verify case has closed in other state.</td>
</tr>
<tr>
<td></td>
<td>• If open in another state, must have verification before opening.</td>
<td>• If reporting no open benefits in another state, make two attempts to confirm before opening. Narrate both attempts!</td>
</tr>
<tr>
<td></td>
<td>• If no open benefits, please follow verification policy.</td>
<td></td>
</tr>
<tr>
<td>Moved in last six months</td>
<td>• Ask when they moved to Oregon.</td>
<td>• If not open out of state, make two attempts to verify they closed before opening. Narrate in TRACS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If an open case out of state, verify it has closed before opening.</td>
</tr>
<tr>
<td>Living in Oregon longer than six months and previously received benefits in another state</td>
<td>• Do not verify out-of-state benefits.</td>
<td>• Do not verify out-of-state benefits.</td>
</tr>
</tbody>
</table>

**California SSI recipients**

As of June 1, 2019, California is no longer including SNAP benefits in SSI payments. Individuals can now apply for SNAP and potentially be eligible for benefits.

In California, each county is responsible for administering the SNAP program. Because Social Security is no longer automatically including SNAP benefits as part of SSI payments, DHS will need to verify with the local county SNAP office that there are no open SNAP benefits.

When an applicant reports either open or closed benefits in California:
• Ask clarifying questions about what California county they received benefits in.
• Contact the California county office to verify SNAP benefits have closed before approving in Oregon DHS.
• Narrate who was contacted and how closure was verified (phone, email, etc.).

When an applicant reports no open benefits:
• Make two valid attempts to contact California. Do not forget to narrate each attempt.
• After two valid attempts are completed and narrated, continue with eligibility determination.

**Verifying countable out-of-state ABAWD months**

The SNAP time limits are applied across state lines. If the ABAWD presents an out-of-state ID or indicates they moved to Oregon Jan. 1, 2019, or later, SSP must contact the other state to verify ABAWD countable months. As of Jan. 1, 2019, all SNAP offices statewide (including time-limit-exempt areas) must check for countable months received in another state whenever an ABAWD applies for SNAP in their office. If countable months were received in the other state, the latest CT received must be coded on FCAS and all the CTs received must be coded in the WEBM FIND SNAP Time Limits screen.

Oregon is on a fixed clock and will not count months used in another state prior to Jan. 1, 2019.

**TANF**

Verifying out-of-state benefits is only a requirement if SSP has reason to believe an individual currently has open benefits outside of Oregon. Reasons it may be appropriate to verify out-of-state benefits include, but are not limited to:

• Applicant presents an out-of-state ID or license, or
• Applicant marks on the application for benefits that they received benefits or resided previously in another state.

Time limits must be verified if an applicant indicates on the application or during the interview, or it is discovered through a review of the case file that they have received benefits in another state.

**Verifying time on TANF from another state**

When an individual indicates on the application that they received TANF benefits in another state(s) or from a tribal program, SSP must verify how many months the individual received TANF in the other state(s) or program.

If verification is needed, SSP will do the following things:

• Pend the adult’s benefits for 30 days and open the case for the children, if all other TANF eligibility requirements have been met, and
• Attempt to verify the out-of-state time by contacting the other state. If the other state does not respond or provide this information, the individual is responsible for verifying they have not received out-of-state benefits.

If verification for TANF time from another state or tribe is not received within the 30-day application period, the application is denied for the adult for failure to complete the application process. The case will
remain open for the children.

When verification is received within the 30-day application time frame:

- If the adult has **less than 60 months** on TANF, the adult is added and TANF is supplemented back to the filing date.
- If the adult has **more than 60 months**, the adult’s needs would not be added to the grant unless the individual meets one of the hardship extension criteria. The children can continue to receive benefits as long as all other TANF eligibility requirements were met.
- If the adult has more than 60 months and meets one of the hardship extension criteria, the adult is added and TANF is supplemented back to the filing date.

Once out-of-state months have been received, they must be added to the Out-of-State Time Limits screen.

**ERDC**

A family can receive child care benefits in Oregon even though they may have an open case in another state. This is because ERDC benefits are paid to the provider based on the date they started caring for the child here in Oregon.

**REF**

This does not apply to the REF program.

**Click here for examples: Out-of-state benefits.**

**Oregon Administrative Rule(s)**

461-115-0610 — Verification; General

461-115-0651 — Required Verification and When to Verify; SNAP

**SSI discontinuance**

This applies specifically to OCCS medical programs.

**Pending or appeal of SSI benefits**

This applies specifically to OCCS medical programs.

**Concurrent and other benefits**

In most circumstances, an individual cannot receive benefits for the same program within the same month. There may be times when eligibility may remain for one member of the household even if other members are ineligible.

**SNAP**

**SNAP benefits for survivors of domestic violence relocating to domestic violence shelter or safe homes**

An individual experiencing domestic violence may be part of two filing groups in the same month when they recently left a household with the person who abused them, and enter one of the following living situations:
• A domestic violence shelter, or
• A safe house for survivors of domestic violence.

**TANF Concurrent TANF/ERDC benefit group membership**

Participants can be members in both a TANF and an ERDC benefit group only in the following circumstances:

- Adults receiving TANF for themselves and their children may also receive ERDC for children who are in the household but cannot be included in the TANF benefit group.
- Children who are in an ERDC benefit group can also be a TANF benefit group member when living with a non-needy caretaker relative who is not included in the TANF benefit group.
- Children who are in an ERDC benefit group can also be in a TANF benefit group when living with a needy caretaker receiving SSI.
- A TANF applicant is receiving ERDC and applies for TANF in the same month.

A TANF filing group may not receive TANF benefits during the same month an individual in that group was enrolled in or received assistance from the Office of Refugee Resettlement Matching Grant Program.

**ERDC Concurrent TANF/ERDC benefit group membership**

Participants can be members in both a TANF and an ERDC benefit group only in the following circumstances:

- Adults receiving TANF for themselves and their children may also receive ERDC for children who are in the household but cannot be included in the TANF benefit group.
- Children who are in an ERDC benefit group can also be a TANF benefit group member when living with a non-needy caretaker relative who is not included in the TANF benefit group.
- Children who are in an ERDC benefit group can also be in a TANF benefit group when living with a needy caretaker receiving SSI.
- A TANF applicant receiving ERDC applies for TANF in the same month.

A child who lives with different caretakers during the month may be considered a member of both households. For example, in joint custody situations, both parents could have their own ERDC case if they are eligible. The shared custody child is listed on each case. Click here for Household.

**REF**

A REF or TANF filing group may not receive REF or TANF benefits during the same month an individual in that group was enrolled in or received assistance from the Office of Refugee Resettlement Matching Grant Program.

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**Oregon Administrative Rule(s)**

- [461-001-0000](#) — Definitions for Chapter 461
- [461-165-0030](#) — Concurrent and Duplicate Program Benefits
- [461-110-0210](#) — Household Group
Other parent available to provide care

This is relevant to the TANF and ERDC programs only.

**SNAP** This does not apply to the SNAP program.

**TANF** In a two-parent household, the second parent or spouse is ordinarily considered available to provide child care, unless both parents are at work or participating in DHS-approved activities. Both parents’ schedules must overlap in order for the hours to be approved.

There may be a child care need if the second parent is physically or mentally unable to provide adequate care. The inability of the second parent to provide adequate care must be documented.

Child care can also be approved if Child Welfare has confirmed the unemployed caretaker or spouse cannot be left unsupervised with the child.

**ERDC** In a two-parent household, the second parent or spouse is ordinarily considered available to provide child care, unless both parents are at work or participating in DHS-approved activities. Both parents’ schedules must overlap in order for the hours to be approved.

There may be a child care need if the second parent is physically or mentally unable to provide adequate care. The inability of the second parent to provide adequate care must be documented.

Child care can also be approved if the Child Welfare program has confirmed the unemployed caretaker or spouse cannot be left unsupervised with the child.

**REF** This does not apply to the REF program.

**Click here for examples: Other parent available to provide care.**

**Oregon Administrative Rule(s)**

461-125-0830 — Medical Documentation; Disability and other Determinations

461-135-0400 — Specific Requirements; ERDC

Other health insurance or employee-sponsored health insurance

This applies specifically to the TANF and OCCS medical programs.

Click here for [Pursuit of assets](#).

Newborn JOBS exemption

This is specifically relevant to the TANF program.

**SNAP** This does not apply to the SNAP program.

**TANF** A parent may be considered JOBS-exempt from participation and disqualification when they have a child less than 6 months of age. They have the option of volunteering for the JOBS program and may request
support services, based on local budget. As JOBS volunteers, these individuals would not be subject to disqualification.

**ERDC** This does not apply to the ERDC program.

**REF** This does not apply to the REF program.

### Oregon Administrative Rule(s)

- 461-130-0310 — Participation Classifications: Exempt, Mandatory, and Volunteer
- 461-130-0315 — Requirements for Mandatory Employment Program Individuals; Pre-TANF, REF, SNAP, TANF
- 461-130-0327 — Good Cause

## Service eligibility

This applies to medical programs only as part of OSIPM. To be eligible for waivered services, the person must take the CA/PS assessment in OACCESS. Once completed, the number result will be put into ONE on this screen. It is needed to determine eligibility for waivered services, which is a medical program.

## State and federal funding for TANF

This is specifically relevant to the TANF program.

**SNAP** This does not apply to the SNAP program.

**TANF** In 1935, the Social Security Act was passed. Its passage made it possible for states to use federal money to assist the aged, the blind and children who were deprived of parental support. There are 21 titles in the act, many of which have been repealed over the years. Title IV-A is the specific provision that gives grants to states for aid and services to needy families with dependent children. These grants are better known as federal matching funds to participating states.

To receive matching funds from the federal government, states must follow federal laws and regulations. Congress introduces changes and passes laws. The Administration for Children and Families (ACF), a federal agency, sets regulations and monitors the Temporary Assistance for Needy Families (TANF) program for states that receive federal funds for its administration. Besides federal laws and regulations, the program also follows the respective state’s statutes on policies not specifically addressed by their federal counterparts.

The TANF program has undergone numerous changes since it officially began in 1937. The changes are usually made as a result of the economic, political and social changes in our country. They often reflect the various attitudes and thoughts on poverty and welfare dependency. These attitudes and thoughts have affected laws and brought forth further changes to the program, not only in Oregon but also in other states.

Under TANF, states are given the flexibility to design their welfare programs according to their own needs. However, there are a few prohibitions. For example:

- A needy family must still include a minor child under age 18 and a caretaker relative.
• There is no assistance for families not assigning certain support rights to the state.
• There is no assistance for minor parents not living in adult-supervised settings.

With previously approved waivers from the federal government, Oregon has been making changes to its welfare programs for the last few years. TANF was a welcome change. It allowed us to continue with the changes we requested under the Oregon Option waiver and make other changes we think necessary to help clients reach their goal of self-sufficiency. Oregon is on track with its goals and mission with welfare reform. Not only are we able to help our clients find jobs, we are able to help our clients keep their jobs or find better employment.

**ERDC**
This does not apply to the ERDC program.

**REF**
This does not apply to the REF program.

### Job separation and voluntary reduction of hours

Applicants and participants who have quit or been fired from a productive job could be ineligible for benefits unless they have a good reason/cause. Good cause is determined by SSP.

Job loss covers voluntary quit of a job, voluntary reduction of hours and termination of a job.

#### Job loss chart by program

<table>
<thead>
<tr>
<th>Program</th>
<th>Last 30 days and 30 hours per week (worked or scheduled to work)</th>
<th>Last 120 days and worked or scheduled to work 100 hours per month</th>
<th>Good cause</th>
<th>No good cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP</td>
<td>✅</td>
<td>n/a</td>
<td>Issue benefits</td>
<td>No benefits/full month progressive disqualification</td>
</tr>
<tr>
<td>TANF</td>
<td>n/a</td>
<td>✅</td>
<td>Issue benefits</td>
<td>No benefits/120-day penalty period</td>
</tr>
<tr>
<td>ERDC</td>
<td>✅</td>
<td>n/a</td>
<td>AWS coding for 90 days</td>
<td>Close ERDC case and send notice (no child care need)</td>
</tr>
<tr>
<td>REF</td>
<td>n/a</td>
<td>✅</td>
<td>Issue benefits</td>
<td>No benefits/120-day penalty period</td>
</tr>
</tbody>
</table>

**SNAP**
Job quit and reducing work effort is a separate non-financial eligibility requirement for SNAP. For SNAP, individuals are not to have quit a productive job unless they have a good reason. A productive job is paid work that averages at least 30 hours per week or pays at least 30 hours per week times the federal minimum wage. Applicants must not have quit these jobs within 30 days before applying for SNAP or while receiving SNAP. Reducing hours of work below the productive job standard is also considered job quit.
Mandatory individuals, both ABAWD and non-ABAWD, are not eligible for SNAP if they voluntarily quit a productive job without good cause during their certification period or in the 30 days before applying for SNAP.

- If an applicant had a disqualifying job quit, they are ineligible from the filing date. The appropriate disqualification penalty, level 1–3, is applied for full months only. If the filing date was not the first of the month, the effective date of the disqualification is the first of the month following the filing date. Although not disqualified in the month of application, the person is not eligible. No 10-day notice is required for applicants.

- For ongoing participants, follow the same steps as for any other disqualification.

There is no job quit penalty when the individual is fired, laid off or has hours cut at the employer’s discretion. There is also no job quit penalty if there was good cause for a job quit.

If the individual does not meet one of the work requirement exemptions, they can be disqualified for quitting a productive job or reducing work hours without good cause.

**TANF**

Employment separation rule applies to both new applicants and ongoing TANF participants.

In order for the need group to be eligible for TANF, a caretaker relative (which includes all adults in the need group) must not be separated from their employment for any of the following reasons:

- Discharged or fired, without good cause for:
  - Misconduct, or
  - Felony or theft.
- Labor dispute, or

Voluntary quit or work hour reduction:

- In anticipation of discharge, or
- Without good cause.

**What employment is reviewed?**

- Past employment is the last job the caretaker relative had that meets the two “tests” below:
  - The job was within the past 120 days (from the filing date for TANF applicants).
  - The applicant or participant was hired to work 100 hours or more per month, worked or scheduled to work at least 100 hours in the final full calendar month on the job.

If the last job does not meet the 100 hours per month, SSP will look to the previous job that meets the criteria.

When determining the calculation of hours, use actual hours for work done in the past; for future or scheduled weekly hours, use actual days or weeks.

**What is the penalty for leaving a job without good cause?**

When it is determined a caretaker relative left their employment without good cause, the need group
would be ineligible for TANF program benefits. The period of ineligibility lasts for 120 days from the date the caretaker relative left their employment.

What would be the date the caretaker relative left their employment?

There are several possibilities of which ‘date’ SSP will use a caretaker relative left their last job.

They include:

- The date the caretaker relative was fired
- The last day the caretaker relative worked before they quit a job
- The first day in which a caretaker relative was hired to work but did not show for the job or quit before the job began
- The date a caretaker relative on FMLA, maternity leave, administrative leave or other type of authorized leave of absence from work informs their employer they will not be returning to the job.

How would a case be coded?

A needs resource (NR) and case descriptor (CD) code is added to the caretaker relative who left their last employment without good cause. The NR and CD code is “ESD.” The CD is used as an historical marker indicating the participant was at one time denied or lost TANF due to the employment separation rule. The NR code is used to prevent the system from allowing the case to be coded a Program 2 or 82 until the code is removed or falls off the case. The NR code requires an end date. The end date can only be a month and year; therefore, it will be important to include a narrative in TRACS indicating the exact day, month and year the 120th day falls.

There are individuals who are not affected by employment separation rule

The following individuals are not affected by the employment separation rule when applying for TANF program benefits. They include:

- A Parents as Scholars (PAS) participant who temporarily becomes ineligible for TANF program benefits for four months or less due to income from a paid work experience
- A teen parent returning to high school or equivalent
- An individual fleeing from or at risk of domestic violence
- An individual who is pregnant and has reached the calendar month prior to the month in which the due date falls or is experiencing a medical complication due to the pregnancy that is documented by a qualified and appropriate medical professional
- An individual unable to work due to a disability or medical condition documented by a qualified and appropriate professional, which is expected to last 30 days or more from the filing date for TANF program benefits
- An individual who is separated from his or her last employment for a reason the Department of Human Services (DHS) determines is good cause
• An individual who has experienced a layoff from employment.

**Are there certain types of jobs that would not be considered under the employment separation rule?**

Yes, there are certain jobs that would not be considered. They include the following:

- JOBS Plus (PL) assignment related to a JOBS case plan
- Work experience (WE) related to a JOBS case plan
- Supported work (SW) related to a JOBS case plan
- On-the-job training (OJT) related to a JOBS case plan;
- Volunteer or unpaid employment
- Temporary or limited duration employment to include but not limited to WIA summer jobs, jobs connected to federal or state stimulus funding, day labor or on-call jobs, etc.
- Short-term placements under 90 days through a temporary employment agency.

An individual who is on Family Medical Leave Act (FMLA) or administrative, maternity or other form of a leave of absence from their current job is considered to still be working. Therefore, the employment separation would not be a factor because they have not been separated from their job.

**Guidance for determining good cause**

SSP will look at a list of reasons that would not be good cause. They include, but are not limited to:

- Leaving suitable work to seek other work
- Leaving work rather than paying union membership dues
- Refusing to join a bona fide labor organization when membership therein was a condition of employment
- Leaving work to attend school, unless required by law
- Parents as Scholars participants who may not be affected by leaving work to attend school
- Resignation to avoid what would otherwise be a discharge for misconduct or potential discharge for misconduct
- Willful or wanton negligent violation of the standards of behavior that an employer has the right to expect of an employee is misconduct. An act or series of actions that amount to a willful or wantonly negligent disregard of an employer’s interest is misconduct.

**Not misconduct**

The following are not considered “misconduct”:

- Isolated instances of poor judgment
- Good faith errors
- Unavoidable accidents
• Absences due to illness or other physical or mental disability
• Mere inefficiency resulting from lack of job skills or experience.
• Compelling family reasons, when the individual has made the attempt to maintain the employer-
employee relationship.

An individual can leave work to accept an offer of other work and it would be considered good cause, but only when:

• The offer was definite
• Work was to begin in the shortest length of time as can be deemed reasonable under the individual
  circumstances
• The offered work must have been reasonably expected to continue, and
• The work would have paid an amount greater than the work the caretaker relative left.

“Good cause” means a reasonable person of normal sensitivity, exercising ordinary common sense,
would leave work. For an individual with a permanent or long-term physical or mental impairment (as defined at 29 CFR 1630.2(h)), good cause for voluntarily leaving work is such that a reasonable person with the characteristics and qualities of such individual would leave work. Good cause for leaving work can include the following:

• Accommodation or accommodations provided were not adequate enough to overcome a physical
  or mental impairment.
• The person accepted another job at a higher wage but less than 100 hours a month.
• Circumstances were beyond the control of the applicant such as but not limited to:
  • Layoff
  • Employer went out of business
  • Natural disaster preventing the individual from going to work.
• A court order existed.
• Employer was unable or unwilling to provide a needed accommodation.
• Employer engages in employment practices that are illegally discriminatory on the basis of age,
  sex, race, religious or political belief, marital status, disability, sexual orientation or ethnic origin.
• The person entered, or will be entering within the next 30 days, a residential treatment facility.
• Child Welfare or another agency recommended leaving.
  • An applicant may be working with other agencies such as Parole and Probation, Vocational
    Rehabilitation or Veterans Affairs. Each situation will be looked at individually.
• The individual was unable to obtain or maintain appropriate child care.
  • Good cause is not limited to special needs care but also includes regular child care. The
    situation may be that the applicant had their hours reduced but still worked more than 100
    hours. However, the reduction caused the applicant to no longer be able to afford child care.
    This would also be good cause.
• An unsafe workplace caused risk to an individual’s health and wellbeing

**Self-employment job**

What if the applicant was self-employed?

Individuals who are self-employed, regardless of where they were self-employed, are also affected by the employment separation. You will need to determine how much money the individual made in the last full calendar month they were self-employed; determine how many hours they worked and find out the reason why the self-employment ended.

If the caretaker relative’s self-employment job was within the past 120 days, we will use their income from the last full calendar month of self-employment to accurately determine the number of hours they worked. Use their last full calendar month’s gross income and dividing by Oregon minimum wage to determine if it was 100 hours or greater.

**ERDC**

There must be earnings from employment or self-employment at the time of certification and re-certification for ERDC. If the applicant is not working or self-employed at application, they are not eligible for ERDC.

For job separation during the certification period, click here for Acting on reported changes.

**REF**

This does not apply to the REF program.

**Click here for examples:** Job separation and voluntary reduction of hours.

**Oregon Administrative Rule(s)**

- [461-135-0070](#) — Special Requirements; TANF
- [461-190-0199](#) — Parents as Scholars
- [461-135-0521](#) — Job Quit by Applicants; SNAP

**Two-week cooperation requirement**

This applies specifically to the TANF program.

**SNAP**

This does not apply to the SNAP program.

**TANF**

When a TANF grant closes within three months prior to the new filing date and at least one adult in the HH is actively disqualified at the time of case closure, the disqualified adult must complete a two-week cooperation period before TANF is opened unless one of the following is true:

- The disqualified person is now JOBS-exempt.
- SSP determines good cause for not requiring the two-week cooperation period.

**Difference between DQ1 and DQR**

TANF closes on April 30 with an active DQ1 – DQ4. The two-week cooperation period would be required when applying for TANF in May, June and July.
TANF closes on April 30 and moves into DQR status. The DQR is active in May and June, in which the individual and their family would be ineligible for TANF. Because of this two-month ineligibility, the three-month period wouldn’t begin until the DQR ends. In this situation, the DQR would end on June 30. The two-week cooperation period would be required in July, August and September.

What are the elements of the “two-week cooperation period”?

- Appropriate activities based on the individual’s circumstances
- No minimum required number of hours.

A Notice of Pending Status (DHS 0210) is provided to the applicant, as cooperation for two consecutive weeks is a condition of eligibility.

Once the applicant has cooperated two consecutive weeks, they have satisfied this eligibility requirement and the TANF grant is opened back to the filing date.

If the applicant does not cooperate, two consecutive weeks prior to the 30th day from the filing date, the TANF application is denied and a basic decision notice is sent.

ERDC This does not apply to the ERDC program.

REF This does not apply to the REF program.

Click here for examples: Two-week cooperation requirement.

Oregon Administrative Rule(s)

461-135-0070 — Special Requirements; TANF
Chapter 2:
Eligibility
Section 7: Noncitizens
Noncitizens

This chapter is currently under construction. For information regarding noncitizens, please click here.

For information regarding public charge, please click here.
Chapter 2: Eligibility

Section 8: Temporary Assistance for Domestic Violence Survivors (TA-DVS) overview
Temporary Assistance for Domestic Violence (TA-DVS) overview

Although survivors requesting Temporary Assistance for Domestic Violence (TA-DVS) program benefits often request other benefits, their TA-DVS eligibility must be determined as a stand-alone program. This is for survivor confidentiality and safety. Many of the eligibility factors for TA-DVS follow those for the TANF program, but separate determinations must be made, and separate cases must be used for documenting the case and issuing benefits.

For more information, click on Temporary Assistance for Domestic Violence (TA-DVS) Program.
Chapter 2:
DSNAP

Section 9: Disaster (Emergency) Supplemental Nutrition Assistance Program (DSNAP)
Disaster (Emergency) Supplemental Nutrition Assistance Program (DSNAP)

Following a natural disaster, people may be unable to supply their everyday needs for food, clothing, and shelter. Services and facilities may be available to victims from volunteer agencies on either an individual basis or through emergency group shelters or feeding stations.

In Oregon, in cases of natural disaster, local governments and volunteer agencies provide the immediate response. State resources are not committed until, or unless, the Governor declares a state of emergency. At the state’s request, and the President’s concurrence that a major disaster exists, the federal government will also participate and provide additional services. Where more than one agency or level of government provide similar assistance, close communication will be maintained to avoid duplication and to assure the best level of assistance to the victims.

Background

The Stafford Disaster Relief and Emergency Assistance Act of 1988 allows distribution of emergency SNAP benefits to victims of a Presidentially-declared major disaster. In areas affected by a Presidential declaration, the only two requirements that must be met are that commercial channels of food distribution are available so that SNAP benefits can be used, and that the ongoing SNAP program is unable to handle the increased number of households needing assistance.

Under the Food and Nutrition Act of 2008, the Secretary of Agriculture can authorize emergency food assistance to areas not declared a major disaster by the President if a disaster has caused the disruption and subsequent restoration of commercial channels of food distribution. A disruption in the commercial channels of food distribution will include conditions that limit households’ access to food outlets as well as the closing and reopening of retail and wholesale food outlets.

Evidence of disrupted food distribution would include significantly curtailed business hours; impassable roads; significantly hampered delivery of commodities to food outlets; unusually heavy demand on food outlets to the extent that the normal opportunity to purchase food is significantly hampered due to households replacing food supplies damaged or destroyed by the disaster; or power failure which significantly restricts the operation of food outlets.

Commercial channels of food distribution will be considered restored when conditions or operations have improved to the extent that households in the disaster area have reasonable access to food outlets. The three conditions which must be met before disaster SNAP assistance can be authorized are (1) that commercial channels of food distribution have been disrupted; (2) that commercial channels of food distribution have been restored; and (3) that the normal, ongoing SNAP program is unable to expeditiously handle the number of households affected by the disaster who are in need of emergency SNAP assistance.

The FNS Regional Disaster Task Force will serve as the primary coordinator for SNAP disaster activities, gathering data, evaluating the need for emergency food assistance, and providing information and/or recommendations to the FNS National Disaster Task Force.
Eligibility criteria

To be eligible for emergency SNAP assistance during a disaster, a household must file an Application for Emergency Food Stamp Assistance (DHS 349) (paper only), and be interviewed, determined to meet all the following criteria and provide the required verification.

- At the time the disaster struck, the household must have resided or worked within the geographical area authorized for disaster procedures. The household may be certified for emergency SNAP assistance even if at the time of application it is occupying temporary accommodations outside the disaster area. However, the household’s representative would need to come to the disaster certification site to be certified for disaster SNAP assistance;
- The household must plan on purchasing food during the disaster period. A household residing in a temporary shelter but not expected to remain there for the entire benefit period is eligible for DSNAP benefits;
- The household must have experienced at least one of the following adverse effects due to the disaster:
  - **Loss or inaccessibility of income involving a reduction or termination of income or a significant delay in receipt of income.** This could occur if the disaster has caused a place of employment to close or reduce its work days, if pay checks or other payments are lost or destroyed, or if there is a significant delay in the issuance of pay checks or other payments. It could also occur if the work location is inaccessible due to the disaster;
  - **Inaccessibility of liquid resources.** The household is unable to reach its cash resources and is not expected to be able to access its liquid resources for most of the disaster benefit period. This may occur because the financial institutions where the household has its resources are closed due to the disaster;
  - **Loss of food;**
  - **Real property damage.** Damage to or destruction of the household’s home or self-employment business.

Determining the availability of income

To be eligible for disaster SNAP assistance, the household’s take-home pay for the disaster benefits period, plus its cash resources (cash on hand and accessible funds in checking and savings accounts), less disaster-related expenses, must be less than or equal to the SNAP maximum income level for the household size of DSNAP.

Take-home pay includes:

- The wages a household actually receives after taxes and other payroll withholding is taken out; and
- The assistance payment or other unearned income a household received; and
- Self-employment income earned after personal income and social security taxes as well as costs of producing the self-employment income are subtracted. Allowable costs of producing the self-employment income are described in OAR 461-145-0930.

**Note:** The household must meet the income limit for emergency SNAP assistance. Because this standard requires that cash resources be added to income, large numbers of households in disaster areas will be screened out of the program unless the cash is inaccessible. Inaccessible resources are disregarded if they are expected to be inaccessible for most of the disaster benefit period.
Disaster-related expenses include expenses the household has paid or is expected to pay during the disaster benefit period for one of the following expenses and full reimbursement is not expected during the disaster benefit period. Expenses are only limited to the following:

- Expenses to repair damages to the household’s home or other property essential to the employment or self-employment of a household member;
- Expenses for temporary shelter if the household’s home is not livable or if the household cannot reach its home;
- Expenses for moving out of an area evacuated due to the disaster;
- Expenses related to protecting property from disaster damage including for paying for storage for such items;
- Food destroyed in the disaster;
- Dependent care needed during the disaster; and
- Medical expenses for disaster-related injury to a person who was a household member at the time of the disaster (including funeral and burial expenses in the event of death);
- Expenses to clean up the home or business following the disaster;
- Expenses related to replacing necessary personal and household items, such as clothing, appliances, tools and educational materials;
- Expenses to repair a vehicle damaged in the disaster;
- Pet boarding fees when a pet must be placed in boarding due to a disaster.

**Calculating benefits:**

Income would be counted if it had already been received in the disaster benefit period or if it is reasonably certain to be received during the benefit period.

For any expense to be deductible, the household has to have paid, or expect to pay for the expense during the one-month or half-month disaster benefit period. If the household will not pay for the expense until after the disaster benefits period, it is not a deductible expense. Likewise, if the household has received or reasonably anticipates receiving a reimbursement for part or all of the expense during the disaster benefit period, only the net expense to the household would be deductible. If reimbursement is not anticipated until after the benefit period ends, the full amount of the expense paid or expected to be paid would be deductible.

If the disaster benefit period is one month, income over that full month period and all accessible resources shall be counted, disaster-related expenses that are paid, or are expected to be paid over that full month period, shall be deducted and the maximum income limit shall be for a one-month period.

If the disaster benefit period is for one-half month, income over the half-month period shall be counted, disaster-related expenses paid or expected to be paid over this period shall be deducted, and the disaster eligibility limit shall be one half of the monthly SNAP maximum limit. However, the full amount of accessible cash resources shall be counted, regardless of the length of the disaster benefit period.
Oregon Administrative Rule(s)

461-135-0491 — Disaster Supplemental Nutrition Assistance Program (DSNAP)

Application

A household must submit a completed DHS 349 application form at a certification site in person or through an authorized representative. If the household designates a non-household member as authorized representative, a Designation of Authorized Representative or Alternate Payee form (MSC 231) must be completed and filed with the case record.

The application must be filed during the period designated by FNS for acceptance of applications for disaster SNAP assistance.

The application must be signed by a responsible member of the household or by an authorized representative designated by the household.

No emergency SNAP benefits shall be authorized after the expiration of the period for which the state is authorized by FNS to process and approve applications for emergency SNAP assistance.

The household or its authorized representative must be interviewed and must provide the required verification.

The length of the benefit period, which is the length of time corresponding to the allotment to be provided, either one-half or one full month, will be based on an estimate of how long it will take households to return to their normal means of support.

Oregon Administrative Rule(s)

461-135-0492 — Application, Interviews, and Verification for DSNAP

Interviews

All applicants must be interviewed. The interviewer shall advise the household orally or in writing of the disposition of its application, its rights and responsibilities, when its emergency certification period ends, and of the regular SNAP program.

The interviewer shall advise the household of the civil and criminal penalties for violations of the Food and Nutrition Act, and of the fact that the household may be subject to a post-disaster review.

The interviewer shall inform each household certified eligible of the proper use of and the amount of SNAP benefits, and the period the benefits are intended to cover. If the application is denied, the household must be given an explanation of the basis for denial.

If the household also wishes to file an application for the ongoing SNAP program, the interviewer shall advise the household orally or in writing of the address and telephone number of the appropriate office.
Verification

The applicant must verify the following:

- The identity of the head of household;
- The location of the applicant’s residence in the disaster area. This can be determined using clearly marked area maps;
- The applicant’s residence in the disaster area at the time of the disaster. Use rent receipts and utility bills, or when necessary, through sources such as telephone books or city directories.

**Emergency Certification:** Since documents can be destroyed or be unobtainable in a disaster situation, the emergency certifier may use a collateral contact as a source of verification when the household’s identity and residency cannot be verified through documentary evidence, or when a collateral contact would expedite the household’s certification. It is program intent that in those instances where the household has arrived in the area just prior to the disaster and residency cannot readily be verified, the household would not be denied if residence is the only requirement that cannot be verified. The worker must be satisfied that this is actually the case.

Issuance of benefits

Disaster SNAP benefits will be issued to an eligible household immediately after completion of the application and eligibility determination (benefits can be issued to the head of the household, spouse or properly identified authorized representative). Households determined eligible shall receive benefits no later than three days after the date of application. If the third day falls on a weekend, issue benefits on either the first or second day.

Treatment of households already certified and receiving SNAP

Households certified and receiving SNAP benefits may also be eligible for emergency SNAP assistance. They may get a replacement allotment.

If the households are later determined eligible for disaster benefits, they may receive a supplement up to the maximum allotment amount per household size.

Ongoing program benefits will be used to reduce the disaster benefits unless the household’s food has been damaged by the disaster and the household must replace the food.
Recertifications

If FNS extends the authorization period beyond the original designation and the extension goes beyond the end of the original disaster benefit period, FNS may authorize CAF to permit certified households who have already received emergency benefits to apply for recertification and receive additional SNAP benefits for an additional benefit period, if they still meet the disaster eligibility criteria.

A household applying for recertification must again submit a DHS 349 and be interviewed.

At recertification, identity and residency need not be reverified unless the branch office believes these items to be questionable. If an extension is granted, the State Office shall issue a press release notifying households that the disaster authorization period has been extended for emergency SNAP benefits. The press release will advise households of where they may apply for additional emergency benefits and the date by which a household must file an application to receive extended benefits.

Hearings

Households denied emergency SNAP benefits may request a hearing. Households requesting hearings shall be offered immediate supervisory reviews of their cases due to the time that is likely to pass before a hearing decision can be rendered. The supervisory review shall not replace the regular hearing. The request for a hearing may be withdrawn if the situation is resolved by the supervisory review. Requests must be withdrawn in writing.

Household liability

Households will be held liable for any overissuances discovered in the course of postdisaster audit activities.

CAF will establish claims and apply penalties in accordance with OARs 461-195-0501 through 461-195-0621 against any household that received more emergency SNAP benefits than it was entitled to receive.

Regardless of whether overissuances are discovered in the course of the post-disaster review or by other means, in accordance with OARs 461-195-0501 through 461-195-0621, a claim will be established against any household that received more emergency SNAP than it is entitled to receive.
Chapter 3:
Processes and procedures

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# Chapter 3: Processes and Procedures

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Chapter 3:
Processes and procedures

Section 1: Acting on reported changes
Acting on reported changes

Introduction

When individuals receive benefits through DHS, they are required to report changes that occur, such as changes to who is residing in their household or income changes. Some programs require reporting of all changes that occur during the certification period, while others only require certain changes to be reported. Simplified Reporting System (SRS), Change Reporting System (CRS) and Transitional Benefit Reporting System (TBS) have individual requirements.

When DHS requires an individual to report a change in circumstances, the report may be made by telephone, office visit, report form or other written notice. A change is considered reported effective the date the individual (participant, authorized representative, etc.) reports the information to DHS. A change reported for one program is considered reported for all programs in which the individual participates.

Simplified Reporting System (SRS)

The Simplified Reporting System is a system in which only certain changes are required to be reported. The intent of this system is to create as much stability for participants as possible, while ensuring that necessary changes are still being reported.

An individual assigned to SRS must report when the gross income of the filing group exceeds the SNAP countable income limit (130% of the federal poverty level) by the 10th day of the month following the month of occurrence. Individuals are also required to report the receipt of gambling or lottery winnings equal to or greater than the resource limit for elderly or disabled households.

When multiple changes are reported at the same time, they must be acted on at the time of reporting and have the same effective date. This applies specifically to the SNAP program.

SNAP Filing groups certified to receive SNAP benefits for less than six months or that include a member working under a JOBS Plus agreement are not eligible for SRS.

DHS assigns SRS to all possible SNAP cases. To inform participants of their SRS reporting requirements, DHS provides them with the Simplified Reporting System for Supplemental Nutrition Assistance Program form (DHS 0853).

Individuals in SRS living in SNAP time limit areas who have been identified as able-bodied adults without dependents (ABAWDs) also have to report when their weekly work hours (paid or unpaid) go below 20 hours per week. This must be reported within 10 days of the change. To inform participants that are ABAWDs of their SRS reporting requirements, DHS provides them with the Simplified Reporting System for Able-Bodied Adults Without Dependents form (DHS 0854).

Limits to DHS actions for Simplified Reporting System (SRS) cases

Cases assigned to SRS receive certain protections from changes between certification and periodic change report times. See Interim Change Report for Supplemental Nutrition Assistance Program form
Benefits may be changed for these groups during these in-between times only as follows:

- The reported change creates an increase in the SNAP allotment.
- The household requests a closure of benefits.
- The reported change is not questionable (does not need verification) and the individual making the report has first-hand knowledge of the information reported. (This is called “verified upon receipt.”)
- Verification was received with the report of the change. (This is called “verified upon receipt.”)
- The individual reported information that results in loss of eligibility.
- The individual reports financial group income exceeding the SNAP countable income limit.

DHS checks and acts on information reported through computer matches (including IEVS) only when the Interim Change Report for Supplemental Nutrition Assistance Program form (DHS 0852) is processed, when the individual is recertified, or when the monthly match with the Department of Corrections indicates a member is incarcerated. If an individual calls and reports a change in income, but it is unclear if the filing group will exceed 130% of the federal poverty level, a Simplified Change Report (DHS 0853) should be sent with a note reminding them when to report. If the individual is reporting gambling or lottery winnings equal to or greater than the SNAP resource limit for elderly or disabled households, the amount still available to the individual will need to be determined. If the amount is below the resource limit, no action is needed other than clear narration in TRACS.

**Oregon Administrative Rule(s)**

- 461-170-0101 — Simplified Reporting System (SRS); SNAP
- 461-150-0020 — Prospective Eligibility and Budgeting
- 461-150-0060 — Prospective or Retrospective Eligibility and Budgeting; ERDC, REF, REFM, SNAP, TANF
- 461-170-0011 — Changes That Must be Reported

**Change Reporting System (CRS)**

The Change Reporting System is a 10-day reporting system with many reporting requirements. While in CRS, program benefits may change each time the household reports a change that is expected to continue. To inform participants of their CRS reporting requirements, DHS provides them with the Change Report (DHS 0943).

Filing groups certified to receive SNAP benefits for less than six months or that include a member working under a JOBS Plus agreement are placed into CRS.

The following changes are required to be reported within 10 days when SNAP cases are in CRS:

- A change in earned income of more than $100
A change in unearned income of more than $50
A change in an income’s source
A change in membership of the filing group and any resulting change in income (earned or unearned)
A change in residence and the shelter costs associated with the new residence
A change in the legal obligation to pay child support
When the household’s resources reach or exceed SNAP resource limits (including cash on hand, stocks, money in a checking or savings account or any other form of liquid assets), and
Acquisition of or change in ownership of a non-excludable vehicle.

When multiple changes are reported at the same time, they must be acted on at the time of reporting and have the same effective date. Individuals are also required to report the receipt of gambling or lottery winnings equal to or greater than the resource limit for elderly or disabled households.

**TANF**

TANF cases are in CRS.

The following changes are required to be reported within 10 days:

- Acquisition of or change in ownership of a non-excluded vehicle
- A change in earned income of more than $100
- A change in unearned income of more than $50
- Job loss or employment separation
- A change in membership of the household group
- A change in marital status or other changes in membership of the filing group
- A change in mailing address or residence
- A change in pregnancy status for any member of the filing group
- A change in source of income
- A change in who pays shelter costs if they are paid by a non-custodial parent, and
- Sale or receipt of a resource that causes total resources to exceed TANF resource limits.

**ERDC**

ERDC cases are in CRS.

Individuals receiving ERDC benefits must report any of the following within 10 days of occurrence:

- A change in child care provider
- A change in employment status
- A change in mailing address or residence
- A change in membership of the filing group
- A member of the filing group is discharged from the U.S. military and returning from active duty in a military war zone, and
- A change in income above the ERDC ongoing and exit income limit that is expected to continue.
Changes that will increase the copay or decrease approved child care hours during the certification period will not be acted upon in most cases, with the exception of changes to the household or error made at determination (administrative error). When multiple changes are reported at the same time, they must be acted on at the time of reporting and have the same effective date.

Individuals receiving ERDC may report changes on the Change Report form (DHS 0943) or the Change Report for Employment Related Day Care form (DHS 0862).

Click here for Income changes.
Click here for Adding or removing a household member.

REF cases are always in CRS.

The following changes are required to be reported within 10 days:
- Acquisition of or change in ownership of a non-excluded vehicle
- A change in earned income of more than $100
- A change in unearned income of more than $50
- Job loss or employment separation
- A change in membership of the household group
- A change in marital status or other changes in membership of the filing group
- A change in mailing address or residence
- A change in pregnancy status for any member of the filing group
- A change in source of income
- If an individual enrolls in higher education full-time
- Sale or receipt of a resource that causes total resources to exceed TANF resource limits.

### Oregon Administrative Rule(s)

- [461-150-0020](#) — Prospective Eligibility and Budgeting
- [461-150-0060](#) — Prospective or Retrospective Eligibility and Budgeting; ERDC, REF, REFM, SNAP, TANF
- [461-170-0011](#) — Changes That Must be Reported

### Transitional Benefit Reporting System (TBA/TBS)

This applies specifically to SNAP.

When a SNAP participant is receiving TANF and their TANF case closes, their SNAP case may be eligible to be placed into Transitional Benefit Reporting System (TBA aka TBS). SNAP cases that meet the below eligibility requirements are placed into TBA for five months following the TANF case closure.

An individual assigned to TBA is not required to report any changes.

If the filing group separates into two or more groups during the TBA period, only the group containing the head of household continues in the TBA. TANF cases that close for no eligible child in the household will
still include the child on the SNAP case while in TBA, unless someone else has applied for SNAP for that child.

Click here for Case closures and transitions between programs.

The benefit level for the transition period is based on the countable income for SNAP during the last month before TBA begins, excluding the TANF grant. Once the TBA SNAP benefits allotment is established, the benefit level is changed only when—

- The filing group submits a new SNAP application and will receive more SNAP benefits if they are not using the TBA reporting system.
- A member of the filing group leaves and applies for SNAP benefits as a member of another household.
  or
- DHS initiates certain changes due to cost-of-living adjustments or changes other eligibility criteria based on legislative or regulatory actions.

A group may not participate in TBA when any of the following situations apply:

- A member of the filing group is receiving benefits of the TANF program.
- TANF benefits are stopped because the household does not reside in Oregon.
- TANF benefits are stopped because of a change that results in ineligibility for TANF and the household failed to complete a timely report or to complete a required action on time.
- As of the date the TANF case closed, an individual in the household was serving a penalty imposed in the TANF program.
- TANF benefits are stopped at the request of the household after the household is informed of an impending disqualification in the TANF program.
- The head of household becomes ineligible for SNAP because that person lives in an institution or in a facility that provides at least 50 percent of the meals.
- A member of the financial group is subject to a penalty in SNAP because of the individual’s conduct; e.g., because the individual:
  - Was excluded from the need group
  - Was penalized for failure to meet a requirement of an employment program
  - Was ineligible for SNAP benefits, or
  - Was ineligible for or disqualified from participation in SNAP because of a failure to comply with a requirement of the program to provide complete and accurate information to DHS.

TANF
No additional program-specific information.

Please see SNAP for information regarding TBA.

ERDC
This does not apply to the ERDC program.

REF
This does not apply to the REF program.
Adding or removing a household member

When a new person is reported to have entered the household, it may affect program eligibility. All changes of this nature will generally occur the month after they are reported, although there are some exceptions to this, such as in the case of an infant being born.

Sometimes individuals may report a group member has moved out. This may also affect program eligibility. The effective date for removing an individual from the benefit group depends on the following for all programs:

- If the individual has left the benefit group in the current budget month because they are ineligible, disqualified or have left the household, the effective date is:
  - The first of the month after the notice period ends, if the change will reduce benefits, or
  - The last day of the month in which the notice period ends, if the change will end benefits; or
  - The first of the month following the change being reported if the change will increase benefits.

- If the individual is reasonably expected to leave the household the next month, the effective date is the later of the following:
  - The first of the month following the month in which the individual is expected to leave the household, if the change will reduce benefits, or
  - The end of the month in which the individual is expected to leave the household, if the change will end benefits, or
  - The first of the month following the month in which the individual is expected to leave the household, if the change will increase benefits.

- When an individual in a benefit group of more than one person passes away, the effective date is:
  - The first of the month after the notice period ends, if the change will reduce benefits, or
  - The last day of the month in which the notice period ends, if the change will end benefits, or
  - The first of the month following the change being reported if the change will increase benefits.

**SNAP** Adding a member to benefits (other than a newborn)

When an individual reports the addition of a person to their household, DHS collects all necessary information including but not limited to: income and resources, any counting months for the current SNAP Time Clock, citizenship status, student status and identity (date of birth, SSN, etc.).

Action is taken on the following effective date after the request to add a member is received:
• The first of the month after the notice period ends, if the change will reduce benefits, or
• The last day of the month in which the notice period ends, if the change will end benefits, or
• The first of the month after they have reported the individual has joined the household if the change will increase benefits.
  • If the individual reports in advance that a person will join their household, benefits are not increased until the month following when the change occurs.

**Adding a newborn member to benefits**

If a request is received to add a newborn to a SNAP case, or DHS receives an email from OHA reporting the birth of a newborn, DHS collects the information regarding the newborn baby and adds the child to the SNAP case the first of the month following report of the birth. If DHS has been informed that the alleged father (or other parent of the newborn) was residing with the mother during the pregnancy, the other parent’s information is collected as well. In this circumstance, both newborn and the other parent must be added to the SNAP case at the same time. If it is voluntarily reported to DHS that the newborn is still residing in the hospital or did not go home with the parent(s), e.g., the child was taken into Child Welfare custody, the newborn is not added to the SNAP case at that time.

A newborn may be included in a SNAP benefit group for six months following the date the child is born or until the next recertification of the benefit group, whichever is later, without applying for or providing an SSN.

Click here for [Social Security number (SSN)](#).

**Adding a household member (other than a newborn)**

When adding a new person (other than a newborn) to an open case, a new application or an addendum must be received to establish a filing date. If a new filing date is not established, the individual is added to the case when eligibility is met.

Establishing a filing date with the Application for Services (DHS 0415F) or “Additional space for other people living with you” (DHS 0415X) will ensure the TANF supplement will start on the filing date once the new person clears eligibility.

DHS takes the following steps when an addition to the household is reported:

• DHS determines if the individual must be added to the filing group and adjusts the household number on UCMS.
• If the person is included in the filing group, DHS determines the eligibility factors the new person must meet.
• If adding this person will increase benefits, they are added effective the date when all eligibility requirements are met and verified, unless an application was submitted and a new filing date was established. If a filing date was established and all eligibility was cleared within 30 days of the filing date, the individual is added effective the filing date.
• The new household member’s actual current income is used to determine eligibility and the amount
of potential supplement when they are added.

and

- If benefits have been issued for the month and adding the new person would reduce benefits, the person is added the first of the month following the month in which the notice period ends.

**Adding an eligible newborn**

The effective date for adding an eligible newborn to an open case is:

- The date of birth, if all eligibility requirements are met and verified within 30 days after the birth, or
- The date all eligibility factors are met and verified, if the verification is completed more than 30 days after the date of birth.

When adding a newborn child born in an Oregon hospital to a case, proof of birth or Social Security number is not required.

Click here for [Social Security number (SSN)](#).

**Removing a household member**

Removing a person from their TANF grant means either reducing or terminating the benefits of the benefit group. A timely continuing benefit decision notice is required except:

- When a child is removed from the home because of a court decision or a voluntary placement in foster care by their caretaker relative, a basic decision notice is sent to close the child’s benefits only. Child Welfare cannot remove a child from the child’s home without a court order; therefore, a basic decision notice is sufficient when Child Welfare has custody of the child.

**Adding a household member**

When a parent or spouse moves into the home:

- If the parent being added has income and the income will increase the copay, DHS gives a 10-day notice. If the income puts the household income at or above the ERDC ongoing income limit, the case is closed with a 10-day notice.

- If the parent is not employed and is looking for work, they are added to the ERDC case and authorized work search (AWS) is applied to that parent. AWS can only be applied to one parent at a time.

Click here for [Authorized work search (AWS)](#).

When a child moves into the home:

- If the child needs care, they are added to the case in the month the child is reported in the home. If the child will use the same provider as the other child, an email should be sent to DPU to reissue the billing form.

- If the child does not need care, they are added to the case the month after the child is reported in the home.
In both situations, any income that comes with the child will need to be added (verify income). Allow for a 10-day notice if it will increase the copay.

**Removing a household member**

When it is reported that a filing group member has left the household, that person is removed from the case. If the action will cause decrease (higher copay) in benefits, a 10-day notice is required.

**Adding a household member**

When adding a new person (other than a newborn) to an open case, a new application or an addendum must be received to establish a filing date. If a new filing date is not established, the individual is added to the case when eligibility is met.

Establishing a filing date with the Application for Services (DHS 0415F) or “Additional space for other people living with you” (DHS 0415X) will ensure the REF supplement will start on the filing date once the new person clears eligibility.

DHS takes the following steps when an addition to the household is reported:

- DHS determines if the individual must be added to the filing group and adjusts the household number on UCMS.
- If the person is included in the filing group, DHS determines the eligibility factors the new person must meet.
- If adding this person will increase benefits, the individual is added effective the date when all eligibility requirements are met and verified, unless an application was submitted and a new filing date was established. If a filing date was established and all eligibility was cleared within 30 days of the filing date, the individual is added effective the filing date.
- The new household member’s actual current income is used to determine eligibility and the amount of potential supplement when they are added.

   and

- If benefits have been issued for the month and adding the new person would reduce benefits, the person is added the first of the month following the month in which the notice period ends.

**Removing a household member**

Removing a person from their REF grant means either reducing or terminating the benefits of the benefit group. A timely continuing benefit decision notice is required.

**Pregnancy**

When an individual becomes pregnant, they are required to apply for TANF in the month before the due date falls.

Click here for [Pregnancy](#).
Income changes

Income changes during the certification period should be reported by participants according to the program’s specific reporting system. If the income change is required to be reported, verification of new income is required unless it clearly places the household above the ongoing and exit income limits for a program.

Changes in income are generally effective the next month after they are reported; however, there are some situations and programs that allow the change to take effect the same month in which the change is reported.

Whenever a change results in a reduction in benefits, there must be enough time for a timely reduction notice to be sent. Increases in benefits do not require timely continuing benefit decision notice or a ten-day notice.

Click here for Simplified Reporting System (SRS).
Click here for Change Reporting System (CRS).
Click here for Transitional Benefit Reporting System (TBA/TBS).

SNAP When any change is reported, regardless of whether it was required, it must be acted on for SNAP. The action is sometimes simply to narrate that a change was reported, because it does not affect the benefit amount or doesn’t meet the criteria for taking action. Other times, the action will be to recalculate benefits, request verification and/or send appropriate notice(s).

Some changes initiated by the state or federal government affect significant portions of or the entire caseload. Because DHS is notified of these changes by the agencies responsible, individuals do not need to report the following changes when they occur:

- Periodic cost-of-living adjustments to SSB, SSD or SSI benefits
- Periodic cost-of-living adjustments to other assistance programs administered by DHS
- Changes in eligibility criteria due to legislative or regulatory actions
- Adjustments to SNAP countable and adjusted income limits, Thrifty Food Plan, dependent care deduction, utility standard, excess shelter deduction, and/or standard deduction. These adjustments generally are effective Oct. 1.

No notice is required for these mass changes.

Employed children turning age 18

When an employed child on a SNAP case turns 18, the earned income of a child is counted in the budget
Chapter 3: Processes and procedures • Section 1: Acting on reported changes

When a TANF participant obtains employment, their anticipated income will be addressed. DHS determines anticipated income by receiving critical information called the “Big 3.” The Big 3 consist of the following reported information:

• How many hours the participant is scheduled to work per week
• The participant’s hourly wage, and
• The date of the participant’s first paycheck.

Using this information, DHS is able to calculate the individual’s ongoing anticipated income. If their income places them over the TANF exit limit, their case will close; if they receive their first paycheck on or before the 14th of the month, the case will close at the end of the month; and if they receive their first paycheck on the 15th or later during the month, the case will close at the end of the following month.

If income is less than the TANF exit limit (ELI), verification is required. It is added to the case with timely reduction notice.

If any of the Big 3 are not reported, DHS will send a Notice of Information or Verification Needed (DHS 0210A) or Request for Information (RFI) to obtain this information, due by the 15th of the following month.

Click here for Case closures and transitions between programs.

ERDC Reporting income increases, decreases or a change in work hours during the certification period is not required for ERDC cases unless the household income goes over the ERDC ongoing income limit.

Click here for Income limits.

Decrease in income

When there is a decrease in income reported by the caretaker, DHS takes the following steps:

• DHS determines if the change is anticipated to continue.
• If yes, DHS sends a Notice of Information or Verification Needed (DHS 0210A) or a Request for Information (RFI) to request verification of income.
  • If the caretaker does not respond to the notice, no action is taken on the case.
  • Once verification is received, DHS updates the case with the new copay amount and also updates the SNAP dependent care deduction.
  • If verification shows increased income, no action is taken unless the income exceeds the ongoing exit limit.
  • Child care hours are not reduced during the certification period; even if verification shows the caretaker is working less hours, DHS will not reduce authorized hours.
• If no, no action is taken.

Increase in income

When there is an increase in income due to a raise or new job resulting in higher income reported by the
caretaker, no action is taken on the case unless they are working a greater number of hours. In this case, DHS takes the following steps:

- DHS determines if the change is expected to continue.
- If yes, DHS sends a Notice of Information or Verification Needed (DHS 0210A) or Request for Information (RFI) to request verification of their new work hours.
  - If the caretaker does not respond to the notice, no action is taken on the case.
  - Once verification is received, DHS updates the authorized child care hours on the case.
  - If verification shows increased income, no action is taken on the case. The copay is not adjusted.
  - If income is included with verification of hours and exceeds the ongoing income limit, the case is closed with timely notice.
- If no, no action is taken.

When a change in income results in the caretaker being unable to pay the copay in the month the change is reported, the Child Care Billing (CCB) may be able to be replaced. A billing form can be replaced in the following situations:

- **Administrative error** – The original billing form was incorrect because of an administrative error.
- **Job loss or reduction of income** – The individual reported in a timely manner a good cause job loss or an ongoing reduction in pay, and the parent does not have enough income in that month to pay the copay. The change must make a difference of at least $25 or more in the copay amount.
- **Increased work hours** – The individual reported and verified an increase in work hours in the current month, and the parent does not have enough income in that month to pay the additional cost of child care caused by the increased hours.
- **Reported after CMS cut-off** – The individual reported a change during compute deadline, and the CCB has already been issued for the next month.
  
  or

  - **Reported timely in the beginning of the next month** – A change that will benefit the family that occurs toward the end of the month is effective the month after the change occurs when it is reported within 10 days of the change.

**REF** When a REF participant obtains employment, their anticipated income will be addressed. DHS determines anticipated income by receiving critical information called “the Big 3.” The Big 3 consists of the following reported information:

- How many hours the participant is scheduled to work per week
- The participant’s hourly wage, and
- The date of the participant’s first paycheck.

Using this information, DHS is able to calculate the individual’s ongoing anticipated income. If their income places them over the REF income limit, their case will close; if they receive their first paycheck on or before the 14th of the month, the case will close at the end of the month; if they receive their first
paycheck on the 15th or later during the month, the case will close at the end of the following month.

If income is less than the REF income limit, verification is required. It is added to the case with timely reduction notice.

If any of the Big 3 are not reported, DHS will send a Notice of Information or Verification Needed (DHS 0210A) or Request for Information (RFI) to obtain this information, due by the 15th of the following month.

Click here for Case closures and transitions between programs.

Click here for examples: Income changes.

**Oregon Administrative Rule(s)**

- [461-180-0020](#) — Effective Dates; Changes in Income or Income Deductions That Cause Increases
- [461-180-0030](#) — Effective Dates; Changes in Income or Income Deductions That Cause Reductions

### Authorized work search (AWS)

This applies specifically to the ERDC program but can also affect SNAP benefits.

While ERDC is initially certified for employment hours, parents may be eligible to maintain child care assistance even if they have temporarily or permanently lost their job. Child care can be allowed in these instances so the parent may look for work. This continuation of child care assistance is called authorized work search, or AWS.

Click here for Job separation and voluntary reduction of hours.

**SNAP**

When a copay is waived due to AWS on a corresponding ERDC case, the child care deduction will need to be addressed with the participant. The child care deduction should reflect the actual amount the participant paid.

Click here for Expenses and deductions.

**TANF**

This does not apply to the TANF program.

**ERDC**

Authorized work search, or AWS, is an exception within the ERDC program that allows parents to continue to use child care if they have lost their employment. This may be a permanent or temporary job loss.

A permanent job loss means:

- The employee is fired, the job was a short-term job that has ended, the employee was permanently laid off (no return to work date), or the employee voluntarily quit.

A temporary job loss means:

- The employee has a break in work and the employer gave the employee a specific return to work date or time period to return. This can include:
  - Those who received layoff notification from their employer with a return to work date
  - Those who work for the school system and are not working during summer break
Those who work seasonal jobs, such as someone who works for a ski resort.

When a permanent job loss or temporary break in work occurs, DHS will:

- Ask the participant why they are off work; were fired, quit or laid off; had a seasonal break, etc.
- If fired or quit, DHS will review to determine good cause.
- If there is no good cause, close the case with a 10-day notice.
- When good cause is determined, DHS will code a full three-month work search period starting the first of the month following the job loss.
- If there is a break in work (from being laid off, having a seasonal break, etc.), DHS will ask if a return to work date was given.
- If the participant has a return to work date, DHS will code AWS with the return to work date.
- AWS is not coded more than three months past the certification end date,
  even if return to work date is farther out.
- When no return to work date is given, DHS will approve AWS with a full three-month work search period starting the first of the month following the job loss.
- Nonspecific return to work date – The employer is not specific about a participant’s return to work date (such as three to four months).
  - The worker will code the shortest time. If three to four months is expected, code the AWS for the third month.
  - If the participant reports they are not back to work in the third month, the worker can extend the date to the fourth month or adjust it based on new information the participant received from their employer.

**Coding AWS**

Needs resource (N/R) code: AWS MM/YYYY:

- AWS will waive the copay.
- AWS will close the case with 10-day notification if not removed by the N/R date.
- The AWS code and date is added based on the participant’s break in work or job loss situation.
- With no return to work date: AWS is coded with a three-month work search period.
- With a return to work date: AWS is coded based on return-to-work date their employer gave them.

When adding AWS, DHS will:

- Not adjust the APR date
- Not adjust the child care hours
- Not adjust the income
- Address the child care deduction on the SNAP case, if applicable.

The AWS code will cause the system to waive the copay until:
• The case closes based on the AWS date, or
• The code is removed because of new employment or return to work.

When a participant reports new employment or has returned to work, the AWS code is removed with a 10-day notice. Once the code is removed, the copay will no longer be waived. The copay amount will be based on the income prior to the job loss or layoff or based on the new income if lower. (A 10-day notice is required to decrease benefits.)

When a job loss or temporary break in work occurs in months 10–12:
• For a permanent job loss with good cause, full three-month work search period is applied.
• For a break in work with no return-to-work date, full three-month work search is applied.
• For a break in work with a return date or time period, AWS is coded based on the date of return up to three months beyond the APR date. AWS cannot be coded for more than three months beyond the APR date.

When employment is reported in months 1–10 of the certification period, before the AWS code closes the case:
• New or return-to-employment does not need to be verified when the AWS code is on the case, unless the participant requests a change because:
  • They are earning less; DHS will verify new income only (the child care hours remain the same).
  • They are working more hours; DHS will verify hours only (increase the child care hours but not the copay).
• If the new income will result in a lower copay or higher child care hours, DHS will send a Notice of Information or Verification Needed (DHS 0210A) or Request for Information (RFI) to update the case. If the participant does not respond, no action should be taken on the case and the income/hours should remain the same.
• DHS will remove the AWS code and send a 10-day reduction notice because copay was zero during the AWS period.

DHS will not verify income and will only address income if parent states it is lower or when income may be at or above the ongoing ERDC income limit. If the parent sends income verification, it is not updated for ERDC if it will increase the copay.

If possible, DHS will only verify the hours to avoid adverse reduction to other benefits (e.g., SNAP verified upon receipt); ERDC copays do not increase even if higher income is verified.

If the parent reports more hours or less pay, verification is required. The preferred method is a phone call to the eligibility worker or family coach or a letter from the employer.

Employment or return to work date in certification month 11:
When the participant reports new employment or return to work in month 11 of the certification period, the recertification for ERDC will still need to be completed in month 12.
• If there is time for 10-day notice in the 11th month, the normal process outlined above will be
followed; notice is given of benefit reduction for the 12th month.

- If there is no time for a 10-day notice in month 11, the case remains in AWS.
- A recertification will need to be completed for benefits to continue beyond the APR or AWS (whichever is later).
- If a current application has been received, DHS will use that application.
- If there is no current application and participant states they did not receive one, DHS staff should mail an application or give options to download the application.
- The recertification process should be completed as normal.

**Employment or return to work date in certification month 12 or one of the following three months due to AWS coding:**

When the participant reports new employment or return to work in month 12 or after their APR date, but before the AWS date, a recertification must be done.

- If an application was received during the AWS period, DHS will use that application.
- If an application was not received, DHS will mail an application or give information to download an application and follow the regular recertification process.

**Recertification application (Employment Related Daycare and Supplemental Nutrition Assistance Program Application — DHS 7476)**

- The recertification application will be sent 45 days prior to the APR date.
- If the participant re-applies during the AWS period but is not yet employed, DHS will deny the application. The AWS coding is not removed; a closure will be sent to the participant if the code is not removed by the last AWS month.
- Applications denied due to work search can be used if employment is reported by the AWS date.

**When a job loss, layoff or break in work is reported late**

- When the job loss, layoff or break in work is not reported within 10 days:
  - DHS will determine if good cause applies for the job loss.
  - If good cause applies, work search is allowable for any months remaining.
- If the job loss is reported in the third month, AWS is not coded, and the case will close with 10-day notice.
- If the change in employment status is due to a layoff or break in work, with a return to work date, AWS is coded based on the return date.
- The copay will not be waived for current or previous months when job loss is not reported within 10 days.
- If the job loss, layoff or break in work is reported after the three-month AWS period and the parent used the child care subsidy, the case may be reviewed for an overpayment.

**Two-parent families and AWS coding**
AWS is used on one- and two-parent families. The code can only be on one person on a case at a time. If there are two parents in a household, they can each receive AWS, but not during the same time frame. For example, if a parent becomes unemployed and the other parent is working, AWS can be applied on the first parent. If the first parent returns to work, but the second parent becomes unemployed or laid off in the same month, AWS can be applied to the second parent. No notice is required when ending AWS for one parent if it is being added to the second parent because the copay will remain $0.

For two-parent families, when an AWS parent becomes employed or returns to a job, child care work hours are not adjusted unless the participant states they need additional child care hours. If they ask for more hours, verification is required showing the parent’s work schedule to determine the new overlapping hours.

If the other parent’s work schedule has changed, work schedules will need to be requested for both parents. If there is more of an overlap, the case will be updated with a higher number of child care hours. If there are fewer overlapping hours, the hours will not be updated because ERDC does not reduce child care hours during the certification period.

**AWS automated notices**

Two system generated notices will be sent to the participant. A notice is sent when the code is added to the case explaining the copay waiver period. The second notice is the 10-day closure notice; it will be sent in the last AWS month.

**REF** This does not apply to the REF program.

**Click here for examples:** Authorized work search (AWS).

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**Authorized medical leave (AML)**

This applies specifically to the ERDC program but can also affect SNAP benefits.

When a caretaker leaves work for a temporary period of time for medical reasons, they may be eligible to continue to use child care benefits. This is called authorized medical leave (AML).

**SNAP** When a copay is reduced due to AML on a corresponding ERDC case, the child care deduction will need to be addressed with the participant. The child care deduction should reflect the actual amount the participant paid.

Click here for Expenses and deductions.

**TANF** This does not apply to the TANF program.
**Medical and maternity leave**

Medical leave coding (AML) can be used when an individual reports they are not working due to a medical condition or maternity leave.

Maternity leave may be authorized for up to three months without medical documentation. If additional complications occur that require the participant to remain on leave, documentation is required.

Medical leave requires verification of medical situations by a qualified medical professional. This must include:

- Diagnosis
- Prognosis, and
- Expected period of time off work.

**Income received during medical leave**

Income is still counted during medical leave. However, the income may need to be adjusted. If the client’s income has changed, DHS will follow the process below:

- If the income is less, request verification of the new income using a Notification of Information or Verification Needed (DHS 0210A) form. Once verification is received adjust the income.
- Remind the parent of the reporting requirements; they must report when they return to work and if income exceeds the ongoing income limit.
- DHS will not adjust the child care hours;
- If the income is more, DHS will not take any action, unless it exceeds the ongoing income limit.

**Coding AML**

AML is a need resource (N/R) code. The date entered is the predicted date from the verification received. The AML need resource (N/R) date will be the last month of medical leave shown on the verification (up to three months is allowed for maternity leave without verification).

AML can be extended if medical leave goes beyond the anticipated time period. Additional verification will be required; maternity leave extending beyond three months must be verified.

**Medical leave coding beyond the APR date**

Medical leave date can be coded up to three months beyond the APR date.

If the individual has not returned to work by the third month after the APR date, the case will automatically close with a system-generated close notice.

**Extending AML**

If the individual reports they are unable to return to work, DHS will request new Notice of Information or Verification Needed (DHS 0210A) and extend medical leave. Medical leave cannot be extended beyond the certification period.
If the individual does not respond to the DHS 0210A, no action is taken. The case will automatically close at the end of the AML period.

**Two parents and medical leave**

The same process applies to a one-parent and two-parent family. However, in two-parent households, only one parent can have an AML at a time.

**Returning to work after AML**

When the individual reports they are returning to work, DHS must find out if the income is the same as the previous amount (if it has been removed from the case or decreased during the AML period).

- If the income is the same, it is added on the ERDC case allowing for a 10-day notice to decrease the benefits.
- If the income is higher, re-add the amount of income they received prior to the medical leave back to the case. The income does not increase.
- If the income is lower, DHS will verify and add the lower amount but will not adjust the child care hours.

**Job loss after AML**

When the individual contacts DHS to report they are cleared to work but have lost their job, the participant may qualify for authorized work search (AWS). DHS will determine if there is good cause for the job loss, remove the medical leave code and add the AWS N/R for three months following the job loss. The AWS code will auto close the case. A 10-day close notice is sent to the individual if the code is not removed.

Click here for [Authorized work search (AWS)](#).

**REF** This does not apply to the REF program.

**Click here for examples:** [Authorized medical leave (AML)](#).

**Oregon Administrative Rule(s)**

- [461-160-0040](#) — Dependent Care Costs; Deduction and Coverage
- [461-170-0010](#) — Reporting Changes – Overview
- [461-170-0011](#) — Changes That Must be Reported

**Authorized military transition (AMT)**

This applies specifically to the ERDC program but can affect SNAP benefits.

AMT stands for “authorized military transition.” The intent of AMT is to allow child care usage (at the same level) for the purpose of family transition activities, work search, medical appointments and other activities needed for the caretaker returning from a military war zone to transition to civilian life. This allows the children to maintain
a routine and continuity of care during the six-month transition. The family does not need to identify what the transition activities are: it is based on the needs of the individual.

SNAP When a copay is waived due to AMT on a corresponding ERDC case, the child care deduction will need to be addressed with the participant. The child care deduction should reflect the actual amount paid by the participant.

Click here for Expenses and deductions.

TANF This does not apply to the TANF program.

ERDC Child care can continue for up to six months to allow a transition period for a family that includes a caretaker who is a discharged U.S. military member returning from active duty in a military war zone. Active duty means they are in the military full time. If a military member returns home and is still in active duty or a member of a National Guard or a U.S. Armed Forces Reserve unit (not discharged), there is no need for a transition period. The case will remain the same.

**Coding for authorized military transition**

AMT is a needs resource (N/R) that will waive the copay and close the case at the end of the six months. The six months can extend beyond the certification period.

AMT begins the month after the participant returns home. If they do not report within 10 days, the six-month count still starts the month after they have returned home; however, the waiver will begin the month after the change is reported. AMT ends before six months if the military member returns to active duty.

The waiver ends after the six-month period, and the case remains open through the end of the certification if the military member becomes employed; however, if the military member does not find employment, the AMT coding will automatically close the case at the end of six months.

Income is not adjusted during the AMT period unless it is less than the amount received prior to AMT; in that case, verification is required.

**Employment after AMT**

If the military member finds employment, DHS will only adjust the income if it is less than the amount prior to AMT; verification will be needed. The child care hours may be increased if they need more hours; verification of hours will be needed.

AMT is not removed when new employment is reported prior to the end of the six-month transition; AMT allows the copay to continue to be waived for a full six months. The case is tracked to remove the AMT code at the end of six months.

A reapplication is needed if the end of the six-month transition occurs the last month of the certification or if AMT extends beyond the APR date.

If there are months remaining in the certification, remove AMT at the end of six months; this allows ERDC to continue through the end of the certification.
Required notices

A decision notice is a written notice sent to the benefit group describing the action taken on an application or the benefits.

A decision notice must be sent when approval, denial, reduction or closure of benefits have been determined. Decision notices are also often required when DHS is taking action on an application or has received a request for benefits on an ongoing change, e.g., when DHS needs to request more information or pend. The action taken on a case will determine what type of notice must be sent to the client.

Notices must contain certain information. Standard, preprinted information consists of the hearing rights and procedures around hearings. The part that is not standard consists of the action DHS intends to take, the effective date of that action, the reason for the action and the date of the notice. The notice can be computer-generated or completed by DHS staff and sent manually.

There are three types of decision notices that can be given to individuals. They are:

- A basic decision notice. This notice is mailed no later than the planned date of action on the case and does not give the individual the right to continuation of benefits pending a hearing. The notice period is the month in which the notice is mailed.

- A continuing benefit decision notice. This notice is mailed in time to be received by the date benefits are or would be received. It gives information on the benefit group’s right to continuing benefits. The notice period is the budget month from which information is used to initiate the decision notice.

- A timely continuing benefit decision notice is also known as a ten-day notice. This notice must be mailed no later than 10 calendar days before the effective date of the action; the exception is individuals participating in the Address Confidentiality Program, who are allowed 15 calendar days for the notice to be considered timely. The day after the notice is mailed is counted as the first calendar day. The effective date is the 11th calendar day or later. If the 10th calendar day falls on a weekend or a holiday, the date is extended to the first working day after the end of the 10-day period. This notice also contains information on the benefit group’s right to continuing benefits. The notice period is the month in which the 10-calendar-day mailing requirement ends.

A decision notice must do all of the following:

- Except for mass changes, specify the action DHS intends to take, the effective date of the action, the date the notice is mailed and the reason for the action.

- Provide the name and phone number of the DHS staff person or office to contact for additional information.
• Inform the individual of their right to a hearing before an impartial person. This includes the following:
  • Specifying the method and time frame for requesting a hearing;
  • Informing the client of their right to a pre-hearing conference with staff representing DHS
  • Informing the individual of their right to representation (including legal counsel)
  • Informing the client about availability of free legal help, and
  • Informing the individual of their right to have witnesses testify on their behalf.

• Cite the Oregon Administrative Rule (OAR) that supports the action being taken on the case.

Continuing benefit decision notices and timely continuing benefit decision notices must also inform individuals of their right to continuing benefits. Individuals are entitled to a continuation of benefits if they request a hearing by the later of the following:

• Within 10 days of the mailing of the notice (within 15 days of the mailing notice for individuals participating in the Address Confidentiality Program), or
• On or before the effective date of the action.

Click here for DHS Production Calendar, which provides deadlines for 10-day notice.

A Notice of Expiration is automatically sent to the filing group when a case is going to expire. It includes the following information:

• The date the certification ends
• The consequences of failure to apply for recertification.

A decision notice must also state under what circumstances benefits will be continued pending a hearing.

A continuing benefit decision notice and a decision notice must also state the individual’s household will incur a liability for any overissued benefits if benefits are continued pending a hearing, and the hearing decision is adverse to the individual.

For SNAP, no notice is needed in the following scenarios:

• Everyone in the benefit group is deceased;
• A hearing upholds the department’s decision, and a notice was sent before the participant requested the hearing;
• The filing group has moved out of Oregon;
• In CRS cases, when department mail has been returned with no forwarding address and the individual’s whereabouts are unknown;
• There is a mass change;
• A drug or alcohol treatment center is disqualified by FNS as a restailer or an authorized representative or loses its state certification;
• An adult foster care home loses its state license;
• A residential care facility is disqualified as an authorized representative or loses its state certification;
• A participant is notified of benefits changing month to month at application (usually given on the Notice of Income and Benefit Calculation (DHS 7294));

• Individual applied on a joint application for SNAP and cash benefits, when the receipt of a new public assistance grant reduces SNAP (because the individual received prior notice of this when they signed the Your Rights and Responsibilities (DHS 415R) or Rights and Responsibilities (SDS 539R));

• An ongoing participant reapply for SNAP during the certification period (e.g. checks the food benefit box on the application when applying for medical benefits);

• A group was previously notified they would receive a restoration of benefits over a period of time, and the restoration payments end at the end of that time;

• Benefits are reduced when the SNAP certification period is extended following receipt of verification requested during expedited service.

TANF
No additional program-specific information.

ERDC
No additional program-specific information.

REF
No additional program-specific information.

Click here for Returned mail.

Oregon Administrative Rule(s)

461-175-0010 — What a Decision Notice Must Include
461-175-0050 — Notice Period
461-175-0250 — Notice Situation; Mass Changes
461-170-0010 — Reporting Changes – Overview
461-170-0011 — Changes That Must be Reported

Case closures and transitions between programs

Cases may close for any variety of reasons, such as a filing group earning more than the income limits for a specific program, or no longer meeting non-financial requirements. Some case closures may result in transitions between programs rather than complete closure of all public assistance; this occurs most often between the TANF and ERDC programs.

SNAP
Families receiving SNAP benefits are often eligible to receive a special reporting system when their TANF case closes under certain circumstances, called Transitional Benefit Reporting.

Click here for Transitional Benefit Reporting System (TBA/TBS).

Coding employment payments on SNAP cases

If the TANF participant goes OVI for TANF and is eligible for TBA, employment payments are not coded on the SNAP case.

If the TANF participant goes OVI for TANF and is not eligible for TBA, workers will need to average the
employment payment.

SSP will code the SNAP case with OTH and 75.00. During the third month of payment, workers will need to remove the OTH 75.00 from the SNAP case to ensure proper issuance the following months.

Reduction notice is not needed.

**TANF Employment payments**

Currently, when a family exits the TANF cash program, there are no support dollars available to provide a cushion or transition off the TANF program. Sometimes a full paycheck is a month away. Families also may have become reliant on receiving benefits at the beginning of the month and no longer have that predictable safety net.

The employment payments will be paid out through a “step down” approach over three months. The first month after TANF ends, they will receive $100; in the second month, $75; and in third month, $50.

To be eligible for the three months of employment payments, a participant in the benefit group or a participant excluded from the benefit group because they have exceeded the allowable time on TANF must:

- Have obtained unsubsidized paid employment, and
- Reported in a timely manner, and
- Meet TANF Oregon residency requirements, and
- Remain at or below 350 percent Federal Poverty Limit, and
- Be JOBS-eligible and closed by TANF due to one of the following:
  - Have become ineligible for the Pre-TANF, SFPSS or TANF programs due to income above the applicable countable income limit
  - Voluntarily closed TANF to avoid accruing time toward the TANF time limit, or
  - Voluntarily closed TANF to be eligible for TBA.

Employment payments are not to exceed a total of $225 and will be paid out in a three-month period following the closure of TANF benefits.

<table>
<thead>
<tr>
<th>Month</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st month</td>
<td>$100</td>
</tr>
<tr>
<td>2nd month</td>
<td>$75</td>
</tr>
<tr>
<td>3rd month</td>
<td>$50</td>
</tr>
</tbody>
</table>

There are no restrictions on how many times a participant may access employment payments.

When the participant is eligible for employment payments, the worker will need to code the UCMS screen with:

A program P2 or M5 Need/Resource (n/r) line: EP1 (first month date), 100.00
EP2 (second month date), 75.00
EP3 (third month date), 50.00
Employment payments will automatically drop off the UCMS case when the months are complete. The EP will be issued on the EBT card by the first of the month coded.

If the first EP code is not added to the UCMS case prior to end of month (EOM), the worker will need to request the first month EP payment of $100 on the Authorization of Cash Payment form (MSC 0437). Still code the UCMS case with the proper EP coding.

**Ending employment payments**

Employment payments end:

- After the third month of receipt, or
- At any time during the three months the participant reports a job loss, or
- When the participant is approved for REF, Pre-TANF, SFPSS or TANF program benefits.

The Employment Payments and Reduced Copay are both the approval and closure notice in one. Workers will need to send the notices up front and no other notice is needed for the three-month periods. If reduced copay is ended prior to the fourth month, timely reduction notice is still needed.

The Employment Payment notice can be located on NOTM under CMEP123.

The Reduced Copay notice can be located on NOTM under CMRCP01.

For changes in income due to employment and the Big 3, select here for Income changes.

**TANF to ERDC transition**

When a TANF participant has gone over income, they may be eligible for ERDC if they have a child care need. Participants who have been receiving child care support services while on TANF assistance (JCCB) may not know the process for requesting ERDC. The individual should be contacted right away to discuss child care and their ERDC eligibility.

A written application is not required when an ERDC request is made prior to TANF closing. Eligibility will still need to be cleared by completing the application process, verifying and narrating all ERDC eligibility requirements, and completing an interview in person or by phone. A participant may request ERDC by:

- Phone call, written request or office visit
- A completed and returned TANF 6E Application for ERDC; Conversion from TANF (a computer-generated notice) or
- Any other method that results in enough information to determine a child care need.

Verification of hours and income are still required when TANF participants are transitioning to ERDC, using a month’s worth of income.

- New employment verification may include a first paycheck from a new job (if representative of the future), an employer statement or a phone call to the employer by staff determining eligibility.
- Child support income should be updated from CSP/PSP to SUP when transitioning a family from TANF to ERDC; the system will not count the child support on the ERDC case if this is not updated correctly.
Click here for Child support programs.

- Child care hours may change when transitioning from TANF child care to ERDC. This is because TANF work hours are averaged, while ERDC allows child care for the highest number of verified hours.

When a participant is already receiving TANF child care (JCCB), an email will need to be sent to the Direct Pay Unit to ensure billing has been updated for the individual’s new eligibility.

Click here for Direct Pay Unit (DPU).

For additional assistance, click here for the Transitioning TANF to ERDC Cheat Sheet.

**Reduced copay (RCP) for TANF-ERDC transition cases**

When an ERDC case is opened, the individual’s copay requirement is limited to the $27 minimum copay amount for up to three months in which a copay would apply. When UCMS is coded correctly, the computer will bypass the usual copay calculation and enter a $27 copay amount for the three months of eligibility.

Eligibility for the reduced copay depends on three factors:

- The family meets all ERDC eligibility criteria and is approved.
- The family has transitioned off TANF due to employment.
- The family has requested ERDC within 90 days of closure of TANF.

If the applicant requests ERDC within 90 days of TANF closure, their number of months to receive the reduced copay is dependent on the date of request (DOR).

There are no restrictions on how many times a participant may access the reduced copay after transitioning from TANF.

The reduced copay ends after the third month of receipt or in the following circumstances:

- When the participant requests TANF benefits, or
- When the participant becomes ineligible for ERDC.

The employment payments and reduced copay are both the approval and closure notice in one. Workers will need to send the notices up front and no other notice is needed for the three-month periods. If reduced copay ends prior to the fourth month, timely reduction notice is still needed.

The employment payment notice can be located on NOTM under CMEP123.

The reduced copay notice can be located on NOTM under CMRCP01.

**ERDC to TANF transition**

When an ERDC participant loses their employment, they may apply for TANF. The applicant should be
asked whether they would like to apply for TANF or if they would like to pursue authorized work search (AWS).

No closure notice is necessary if the individual applies for and is determined eligible for TANF benefits.

In most cases, individuals will not have both a TANF and ERDC case in the same month. However, this can apply in the initial month of benefits, such as when a child care billing form has been issued for ERDC and an individual applies for and is found eligible for TANF in the same month.

Click here for Concurrent and other benefits.

It is also important that the individual understands their child care hours will be determined based on their JOBS plan activities.

Click here for Working with families.
Click here for Support service payments.

**ERDC**  
**TANF to ERDC transition**

When a TANF participant has gone over income, they may be eligible for ERDC if they have a child care need. Participants who have been receiving child care support services while on TANF assistance (JCCB) may not know the process for requesting ERDC. The individual should be contacted right away to discuss child care and their ERDC eligibility.

A written application is not required when an ERDC request is made prior to TANF closing. Eligibility will still need to be cleared by completing the application process, verifying and narrating all ERDC eligibility requirements, and completing an interview in person or by phone. A participant may request ERDC by:

- Phone call, written request or office visit
- A completed and returned TANF 6E Application for ERDC; Conversion from TANF (a computer-generated notice), or
- Any other method that results in enough information to determine a child care need.

Verification of hours and income are still required when TANF participants are transitioning to ERDC, using a month’s worth of income.

- New employment verification may include a first paycheck from a new job (if representative of the future), an employer statement, or phone call by staff to the employer.
- Child support income should be updated from CSP/PSP to SUP when transitioning a family from TANF to ERDC. The system will not count the child support on the ERDC case if this is not updated correctly.
  
  Click here for Child support programs.

- Child care hours may change when transitioning from TANF child care to ERDC. This is because TANF work hours are averaged, while ERDC allows child care for the highest number of verified hours.

When a participant is already receiving TANF child care (JCCB), an email will need to be sent to the Direct
Pay Unit to ensure billing has been updated for the individual’s new eligibility.

Click here for Direct Pay Unit (DPU).

For additional assistance, click here for the Transitioning TANF to ERDC Cheat Sheet.

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- The family meets all ERDC eligibility criteria and is approved.
- The family has transitioned off TANF due to employment.
- The family has requested ERDC within 90 days of closure of TANF.

If the applicant requests ERDC within 90 days of TANF closure, their number of months to receive the reduced copay is dependent on the date of request (DOR).

There are no restrictions on how many times a participant may access the reduced copay after transitioning from TANF.

The reduced copay ends after the third month of receipt or in the following circumstances:
- When the participant requests TANF benefits, or
- When the participant becomes ineligible for ERDC.

The employment payments and reduced copay are both the approval and closure notice in one. Workers will need to send the notices up front and no other notice is needed for the three-month periods. If reduced copay ends prior to the fourth month, timely reduction notice is still needed.

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When an ERDC participant loses their employment, they may apply for TANF. The applicant should be asked whether they would like to apply for TANF or if they would like to pursue authorized work search (AWS).

No closure notice is necessary if the individual applies for and is determined eligible for TANF benefits.

In most cases, individuals will not have both a TANF and ERDC case in the same month. However, this can apply in the initial month of benefits, such as when a child care billing form has been issued for ERDC and an individual applies for and is found eligible for TANF in the same month.
Click here for Concurrent and other benefits.

It is also important that the individual understands their child care hours will be determined based on their JOBS plan activities.

Click here for Working with families.
Click here for Support service payments.

REF An individual who becomes pregnant is required to apply for TANF in the month before the due date falls.

Click here for Pregnancy.

**Oregon Administrative Rule(s)**

461-135-0506 — Transitional Benefit Alternative (TBA) in the SNAP Program
461-180-0081 — Effective Dates; Cases Receiving Transitional Benefit Alternative (TBA)
461-160-0040 — Dependent Care Costs; Deduction and Coverage
461-135-1270 — Specific Requirements; Employment Payments
Chapter 3:
Processes and Procedures

Section 2: Verification

FAMILY SERVICES
Manual
(1/2020)
Verification

Introduction

Individuals must provide verification to DHS when it is requested.

Verification may be received in a variety of ways but must come from a third party. The third party, however, must have direct knowledge of the information and cannot be a member of the filing group.

Verification may be a document that is copied and put into the agency file. It may be received via a telephone conversation, or a document may be viewed during a home visit. When verification is not placed in the file or available online, the worker must carefully narrate the information received.

The following factors must be verified at application, redetermination and when changes occur:

- SSN or application for an SSN
- Noncitizen status verified through SAVE
  - Staff may not ask applicants or recipients to verify their citizenship solely on the basis of the individual’s ethnicity or ability to communicate in English. If an individual identifies themselves as a noncitizen on the application, noncitizen status must be verified.
- Income
- Pregnancy, if it is an eligibility requirement. The individual must turn in verification of the pregnancy (as well as the estimated due date – this must be documented for TANF and participant’s statement for SNAP) if there are no other eligible children in the home. If there are other dependent children in the home, the individual’s statement that the pregnancy was determined by one of the following is adequate for verification:
  - Medical practitioner
  - Health department
  - Clinic
  - Crisis pregnancy center, or
  - Like facility.
- Verification of time on TANF in another state or from a tribal program.

Sometimes verification can be waived in certain circumstances. Click here for Expedited service and priority processing.

Income verification

DHS must gather information regarding an applicant’s anticipated representative income. Most of the time, this means a recent month’s worth of income verification. This can be provided via paystubs, an employer letter or a phone call to the employer (which must be clearly narrated including the person spoken to, position and phone number).

Verification received from the employer, other than pay stubs, should include the following:
Name of employee
Position
Hourly wage
Number of hours worked per week (can be a range, e.g., 10–15 hours)
Date of first pay check.

All requests for income verification must be made in writing, and the participant must be given at least 10 days to provide the requested verification. At certification and recertification, the Notice of Pending Status (DHS 0210) is used. When changes in income are reported that require verification, the Notice of Information or Verification Needed (DHS 0210a) is used.

Some individuals are paid under the table or do odd jobs that do not generate pay stubs or income verification (e.g., picking up soda cans to recycle, selling plasma, etc.). These may also be considered marginal income. The applicant should be interviewed regarding the type and amount of income they receive. This should be narrated, including the reason why verification is not available.

Applicants may have the ability to get verification even if they receive only marginal income. For example, an applicant who is working for the same person in the neighborhood each week doing odd jobs may be able to get a statement from the neighbor to verify how much they are earning. In this case, verification must be requested.

Acceptable forms of verification for income are as follows:

- Pay stubs
- Pay envelope
- Employee’s W-2 form
- Wage tax receipts
- Income tax return – state and federal
- Self-employment bookkeeping records
- Employer’s wage record
- Wage/hour records on terminal
- Statement from employer
- Employment service office
- Occupation tax agency
- Local wage tax agency
- State income tax bureau
- Employer’s records of attached wages
- SSA award letter
- Benefit payment check
- Unemployment compensation award letter
- Pension award notice
• Divorce or separation decrees
• Court order
• Contribution check
• Veterans Administration award notice
• Correspondence on benefits
• Income tax record – state and federal
• Support agreement
• Correspondence on support payments
• Rental agreement or lease
• Income-producing contract
• Terminal screens (EWC9 screen, the Work Number, BEIN, TPQY, etc.)
• SAIF (worker’s compensation, MVAF)
• Union records
• Veterans’ Administration letter, form 3288, local service officer, etc.
• Lawyer’s records
• Probation office record
• Statement of person making contribution
• Canceled checks of person making contribution
• Receipts for contribution
• Financial aid statements
• Rental receipts of tenant, roomer or boarder
• Statement of person providing in-kind income
• Insurance company records
• Lodge, club or fraternal organization records
• Railroad retirement board records
• United Mine Workers of America union (black lung benefits)
• State Data Exchange (SDX) microfiche
• Bureau of Indian Affairs
• Local armed services

For information regarding how to count income received, click here for Treatment of specific assets.

**SNAP** Terminated income

Workers are not required to verify terminated income for SNAP.

If the income was from a job, it can be difficult for the applicant to obtain proof. In most cases, it is
acceptable merely to talk with the applicant and get information verbally regarding why the job ended, date last worked, and the date and amount of last paycheck.

If the work was seasonal or temporary, the applicant’s statements are used and narrated. Good cause for job separation may need to be addressed.

If the termination of income is questionable, workers may contact the employer to verify the last day of work and date of the final paycheck. However, many employers are reluctant to state an employee has been fired or give any reason for termination.

**Reduced work hours**

In most cases, a reported drop in employment hours must be verified before income can be reduced on a case. Although the participant is responsible for obtaining proof, the worker can get verification by talking with the employer. The exception for this is for jobs in which seasonal fluctuations or similar circumstances explain the drop in hours (e.g., for retail sales or tourist employment, or a cut in hours one month due to illness). For these cases when the work situation is generally known in the community, it is acceptable for the worker to narrate the reduction in work hours without pursuing verification.

For individuals identified as ABAWD, verification is required for reduction in work hours if they are not working at least 20 hours per week.

Click here for SNAP employment services.
Click here for Income changes.

**Terminated income**

Verification is required for terminated income if the income is received in the initial month. If it was received prior to the initial month, verification is not required because this is not counted in the certification period.

**Reduced work hours**

In most cases, a drop in employment hours must be verified before income can be reduced on a case. Although the participant is responsible for obtaining proof, the worker can get verification by talking with the employer.

Click here for Income changes.

**New employment**

For new employment, acceptable verification includes the first paycheck from a new job (if hours are representative of the future) or, when no pay has yet been received, an employer statement including expected hours, pay dates and rate of pay. If verified by phone, the conversation should be narrated, including hours, pay dates, rate of pay, name of person who verified the information, and employer name and phone number. Additional verification may be needed and requested if income is variable or questionable, or if the income or job changes between the date of request and interview.
Terminated income

Verification is required for terminated income if the income is received in the initial month. If it was received prior to the initial month, verification is not required because this is not counted in the certification period.

Reduced work hours

A reported drop in employment hours must be verified before income can be reduced on a case. Although the participant is responsible for obtaining proof, the worker can get verification by talking with the employer.

Verification is not required if the applicant is not requesting a lower copay amount.

Click here for Income changes.

REF Terminated income

Verification is required for terminated income for REF if the income is received in the initial month. If it was received prior to the initial month, verification is not required because this is not counted in the certification period.

Reduced work hours

In most cases, a drop in employment hours must be verified before income can be reduced on a case. Although the participant is responsible to obtain proof, the worker can get verification by talking with the employer.

Click here for Income changes.

Citizenship status

Staff may not ask applicants or recipients to verify their citizenship solely based on the individual’s ethnicity or ability to communicate in English. If an individual identifies themselves as a noncitizen on the application, noncitizen status must be verified.

Noncitizen status must be verified through SAVE. If verification is not available through SAVE, additional verification may be used as listed below.

The following items may be used to verify citizenship/"alien" status:

- Documents or other records generally available from the individual:
  - Naturalization papers
  - Permanent visas
  - Birth certificates or hospital birth records
  - Refugee registration cards
  - US passport
• U.S. Citizenship and Immigration Services ID card
• “Alien” registration cards/reentry permits
• Certificate of citizenship
• Military service papers
• Indian census records
• Verification information from other sources:
  • U.S. State Department records
  • U.S. Citizenship and Immigration Services records
  • Baptismal or other religious record (only if place and date of birth is shown)
  • Family Bible

**Work quarters for noncitizens**

DHS staff may verify 40 qualifying work quarters for noncitizens by accessing the Social Security Administration’s (SSA) Quarters of Coverage History System (QCHS), verifying work income and calculating the appropriate quarters using SSA’s methodology, or a combination of both.

Click here for Noncitizens.

**Other required verification**

**Age/relationship**

Most documents that can be used to verify age can also be used to verify relationship. The following items can be used as appropriate to verify these eligibility factors.

• Documents or other records generally available from the individual:
  • Birth certificate
  • Baptismal certificate
  • Confirmation papers or other religious records
  • Military service papers
  • Immigration papers
  • Naturalization papers
  • Hospital birth records
  • Adoption papers or record
  • Passport
  • Voter registration card
  • Family records (Bible, birthday books, genealogy, newspaper birth announcements, etc.)
  • Marriage license
  • Driver’s license
• Oregon Liquor Control Commission (OLCC) card
• Employee ID card
• Life insurance policy
• Support decree
• School records
• Divorce decree
• Certificate of citizenship
• Social Security records

• Verification information from other sources:
  • Social Security records (numident file with a ‘P’ in the IDN field, BEIN, IEVS screens)
  • State, federal or Indian census record
  • Medical records
  • Statement from person attending birth (e.g., physician, midwife, nurse, relative)
  • Oregon Vital Records or local government records of birth
  • Court records of parentage
  • U.S. Citizenship and Immigration Services records
  • Child Welfare records
  • Child care records
  • Job Training Partnership Act (JTPA) documents

**Deductible expenses**

This applies specifically to the SNAP program.

Click here for [Expenses and deductions](#).

The following items may be used to verify deductible expenses for SNAP (if applicable):

• Rent receipt
• Statement from landlord
• Rent/lease agreement
• Mortgage payment book
• Property tax statements
• Fire insurance/homeowners’ policy or billing statement
• Real estate sales agreement
• Receipt/stub for campground fees
• Statement from person with whom individual shares shelter costs
• Statement from HUD
• Utility bills
• Statement from utility company
• Receipt for firewood, propane, fuel oil, kerosene, etc.
• Statement/receipt from landlord for utilities
• Canceled check for utilities
• Statement from collateral contact
• Medical expenses:
  • Billing statements
  • Itemized receipts
  • Medicare care indicating Part B coverage
  • Health insurance policy showing premium
  • Medicine/pill bottles with costs on label
  • Lodging/transportation receipts from obtaining medical treatment or services
  • Receipts for animal food/veterinarian services for seeing eye/hearing dogs and housekeeper monkeys
  • Statement from pharmacy
  • Repayment agreement with physician/hospital
  • Statement from doctor verifying over-the-counter drugs prescribed
  • Bill for visiting nurse, homemaker, home health aide, etc.
  • Bill or receipt for prescribed equipment, sick room equipment and/or medical supplies (includes rental costs)
  • Statement from collateral contact
• Child support:
  • The support must be legally obligated, which can be verified using court order or administrative order.
  • The amount of support actually being paid is verified using canceled checks, evidence of withholding from wages or unemployment compensation, RSS or county payment records, or a statement from the custodial parent for payment of child support.

**Establishing paternity**

When the mother is absent from the home but information indicates a self-alleged father is in fact the child’s father, Division of Child Support (DCS) must first try to find the mother and serve her with legal papers (unless she is deceased) before establishing paternity. This process may be delayed if the mother cannot readily be located. The branch must do the following:

• Have the self-alleged father complete and sign a DCS “Self-Alleged Father (SAF) Application” (this form is available from DCS branch offices). Send this completed form to DCS. Keep a copy in the Department of Human Services (DHS) case record to document TANF eligibility for the self-alleged father, or
• Depending on whatever process the branch and the DCS branch have agreed to, refer the self-alleged father
to the DCS branch and ask the self-alleged father to bring back a copy of his signed DCS “Self-Alleged Father Application” to the DHS branch. This will document the self-alleged father’s TANF eligibility in the DHS case record.

Identity

This applies specifically to the SNAP program.

For SNAP, verify the identity of the head of household/primary person in all cases. When an authorized representative makes the application, verify the identity of both the authorized representative and the head of household. Use readily available documents including, but not limited to:

- Driver’s license
- Work or school identification card
- Identification for health benefits or another social service program
- Voter registration card
- Wage stubs
- Birth certificate

Picture ID is not required. When no other documents are available, SSP staff should use a collateral contact; obtain the collateral contact from as reliable a source as possible.

Insurance as a resource

Definitions of insurance terms:

**Beneficiary:** That individual (or entity) named in the contract to receive the policy proceeds upon the death of the insured.

**Burial insurance:** Insurance that, by its terms, can only be used to pay the burial expenses of the insured.

**Cash surrender value:** The amount the insurer will pay upon cancellation of the policy before death (or maturity). This value usually increases with the age of the policy.

**Endowment insurance:** Endowment policies that pay the policy owner the face value plus dividends after a stated period of time. The face value of the policy is paid to the beneficiary upon the death of the insured if death occurs during the stated time period. This type of policy has a cash surrender value.

**Face value or amount:** The basic death benefit or maturity amount of the policy specified on its face. This amount may be decreased by loans. The face value does not include dividends or additional amounts payable because of accidental death or other special provisions.

**Individual and group policies:** Individual policies are issued to a person or family and are paid for entirely by the owner. Group policies are usually issued through an employer or organization and may receive some contribution from the employer. Group insurance is usually term insurance and would not be counted in computing life insurance.

**Insured:** A person whose life is insured against loss.
**Insurer-assurer:** The company or association that contracts with the owner.

**Limited payment life:** Ordinary life insurance on which premiums are paid for a limited number of years (e.g., 20 pay life, 30 pay life). This insurance has a cash surrender value.

**Ordinary life (also known as whole life or straight):** A contract for which the insured pays premiums during his lifetime and on which the company pays the face amount of the policy to the beneficiary on the death of the insured. This type of insurance has a cash surrender value, usually after the second year. It is the most popular type of life insurance written.

**Owner:** The individual paying the premium on the policy with the right to change such policy as they may see fit.

**Term insurance:** A contract of temporary protection. The insured pays relatively small premiums for a limited number of years, and the company agrees to pay the face amount of the policy only if the insured dies within the time specified in the policy. It is temporary protection and usually has no cash surrender value.

**Additional considerations when verifying insurance as a resource:**

- The first page of the policy generally states the type of policy, the name of the insured and beneficiary, the face value and the date the policy was issued. This and the cash surrender table within the policy usually provide all the information needed to determine if further verification is necessary.

- Most policies do not have a cash value until they are at least two years old.

- Whether a policy pays dividends is usually stated on the cover sheet of the policy. Accrual of dividends may increase the cash value of the policy. The policy owner has several options for disposition of the dividends. They may be paid to the owner directly, applied to reducing the premium payment, or left to accumulate (plus interest) in the cash value of the policy. The owner usually receives a yearly statement from the company concerning the disposition of dividends.

- If the value of the policy contributes to resource ineligibility, the client should be advised to consult the insurance agent about options other than canceling/cashing in the policy. Other options may include conversion to term insurance or to a policy of smaller face value.

**Pending eviction**

Documentation of a pending eviction must be a written statement or a notice that explains the reason(s) for eviction and the date the person is to be evicted. It can be from any of the following individuals:

- Landlord or apartment manager

- Homeowner

- The person with whom the filing group is living in a shared housing situation

**Residency**

The following may be used to verify residency for all programs.

Note: For ERDC only, if an applicant states on the application they intend to reside in Oregon, this is sufficient verification of residency.
Documents or other records generally available from the participant:

- Voter registration card
- Library card
- Utility bills
- Rent receipts, mortgage receipts, lease agreement
- Driver’s license
- Piece of mail received at stated address
- Real estate tax receipts
- Renters, homeowners or standard fire insurance policy
- Statement of intent to reside in Oregon
- School registration
- Letter from Oregon employer containing job offer

Verification information from other sources:

- Home visit
- Collateral contact
- Statement from nonrelative landlord
- Religious records

**Resources**

The following may be used to verify resources of an applicant:

- Bank books
- Bank statements
- Stock certificates
- Bond certificates
- Mortgage
- Notes
- Securities
- Credit union statements
- Savings and loan statements
- Deed
- Sales agreement
- Life estate agreement
- Articles of agreement
- Real estate tax receipts
- School tax receipts
- Income tax return
- Will
- Life insurance policy
- Burial arrangement contract
- Stock brokers
- Credit union records
- Judgment and lien records
- Credit applications
- Credit account applications
- Courthouse records
- Tax records
- Title search
- Utility company records
- NADA bluebook
- Kelley Blue Book
- Written value assessment from local business (e.g., auto, boat)
- Statement from insurance company indicating cash value of policy
- Statement showing current value of burial plot

**Social Security number**

The following documents can be accepted as proof of a client’s Social Security number (SSN) or proof they have applied for one:

- Social Security card
- SSB or SSI award letter from SSA bearing the SSN
- Enumeration Request ([DHS 415Z](#)) or equivalent SSA form signed by staff at the SSA office
- A completed form SSA 2853 (paper only), signed by staff at the hospital where a newborn was born. This is acceptable verification that parents have applied for an SSN for their newborn child. Social Security will issue the child’s SSN in about 13 weeks. If the SSN does not arrive within 13 weeks, the parent should contact Social Security, or
- Other documents usually showing a correct SSN, such as wage stubs, unemployment records and federal income tax forms.

Staff should not require documentation if the SSN has been verified through W204.

**Requesting change in child care hours**

This applies specifically to the ERDC program.
When additional child care hours are requested due to increased work or school hours, verification is required. If possible, only verification of the increased hours should be requested to avoid unnecessary impacts to other program benefits. This can be done via employer letter or phone call.

Note: If verification does show increased income, the copay is not increased.

Click here for Child care hours.

**Student child care hours**

This applies specifically to the ERDC program.

When child care hours are requested due to schooling, verification of registration and current class schedule are required.

Click here for Child care hours.

**Out-of-state verification**

Verifying out-of-state benefits is only a requirement if DHS has reason to believe an individual currently has open benefits outside Oregon. Reasons it may be appropriate to verify out-of-state benefits include, but are not limited to:

- Applicant presents an out-of-state ID or license, or
- Applicant marks on the application for benefits that they received benefits or resided previously in another state.

Below is a list of central phone numbers or fax numbers staff may use to find out if a person applying for assistance in Oregon has already received benefits in another state or American territory. If the applicant has a different phone number for a specific worker in another state or territory, that number should be used. Policy units should be notified as needed regarding any changes to the numbers on this list.

For verification of duplicate participation or receipt of out-of-state SNAP benefits, click here for the National Directory of Contacts.

For all other programs’ verification of assistance, click here for a list of Out of State Contacts.

If another state contacts SSP to verify Oregon time on assistance, they should be referred to Central Office at 503-945-5600.

**SNAP** Click here for information about verifying counting months from out of state for SNAP.

**TANF** **Verifying time on TANF from another state**

When an individual indicates on the application that they received TANF benefits in another state(s) or from a tribal program, the agency must verify how many months the individual received TANF in the other state(s) or program.

If verification is needed, SSP staff should do the following things:
• Pend the adult’s benefits for 30 days and open a case for the children if all other TANF eligibility requirements are met, and
• Attempt to verify the out-of-state time by contacting the other state.

If verification of time on TANF from another state or tribe is not received within the 30-day application period, deny the application for the adult for failure to complete the application process. Leave the case open for the children.

When verification is received within the 30-day application time frame:
• If the adult has less than 60 months on TANF: Add the adult and supplement TANF back to the filing date.
• If more than 60 months, the adult’s needs would not be added to the grant unless the individual meets one of the hardship extension criteria. The children would continue to receive benefits as long as all other TANF eligibility requirements were met.
• If more than 60 months and the adult meets one of the hardship extension criteria, add the adult and supplement TANF back to the filing date.

Out-of-state months, once verified, must be added to the Out-of-State Time Limits screen. If verification from the other state identifies months in Indian Country, those months do not count toward the federal or Oregon time limit.

ERDC  No additional program-specific information.

REF  No additional program-specific information.

Oregon Administrative Rule(s)

461-115-0610 — Verification; General

Vital statistics

This section contains addresses of Vital Records offices to contact for information on births, deaths and marriages in the United States. Fees and processes are subject to change without notice.

Many states require a written, signed statement from the individual to release vital records. When ordering records from another state, SSP staff should send a signed release statement from the individual to expedite the request.

Internet sites with vital statistics information include:
• For Oregon information, click here.
• For other states’ information, click here or here.

Quick reference charts

Supplemental Nutrition Assistance Program (SNAP) verification table
<table>
<thead>
<tr>
<th>Type of asset</th>
<th>Certification</th>
<th>Interim change</th>
<th>Recertification**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Verify</td>
<td>Accept statement</td>
<td>Verify</td>
</tr>
<tr>
<td>Countable income</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical costs</td>
<td>X</td>
<td>X (Only verify new costs that are provided)</td>
<td>X (See below)</td>
</tr>
<tr>
<td>Child support deduction</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID of head of household</td>
<td>X</td>
<td></td>
<td>Only if a new applicant</td>
</tr>
<tr>
<td>SSN</td>
<td>X</td>
<td></td>
<td>Only if not verified before</td>
</tr>
<tr>
<td>Noncitizen status for adults</td>
<td>X</td>
<td></td>
<td>Only if green card is expired or status changed</td>
</tr>
<tr>
<td>ID of other filing group members</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residency</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household composition</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Work status</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work hours for ABAWD</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter cost</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility allowance</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of asset</td>
<td>Certification</td>
<td>Interim change</td>
<td>Recertification**</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td>Verify</td>
<td>Accept statement</td>
<td>Verify</td>
</tr>
<tr>
<td>Dependent care deduction</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Student status</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility factors</th>
<th>Accept client statement</th>
<th>Verify</th>
<th>Commonly used documents/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification may be required for any questionable information. Refer to OAR 461-115-0610 for guidelines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity of applicant (SNAP)</td>
<td>X</td>
<td></td>
<td>Driver’s license, birth certificate.</td>
</tr>
<tr>
<td>Identity of applicant (TANF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity of other persons in filing group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td>Identity verification will usually confirm age.</td>
</tr>
<tr>
<td>Residency (TANF)</td>
<td>X</td>
<td></td>
<td>Client states on application their intent to reside.</td>
</tr>
<tr>
<td>Residency (SNAP)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household composition</td>
<td>X</td>
<td></td>
<td>Shared housing may need verification.</td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSN</td>
<td>X</td>
<td></td>
<td>Social Security card, other documentation that normally has a person’s correct SSN, or completed form DHS 415Z.</td>
</tr>
<tr>
<td>Citizenship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical recipients and applicants</td>
<td>X</td>
<td>X</td>
<td>Most medical applicants and recipients who declare citizenship are now required to show citizenship and identity documentation. See Medical Assistance A.11 (MA A.11) for more information regarding citizenship documentation requirements.</td>
</tr>
<tr>
<td>• Other programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alien status</td>
<td></td>
<td>X</td>
<td>Check SAVE to verify validity of immigration card when client states they are not a U.S. citizen.</td>
</tr>
<tr>
<td>Income (earned, unearned, etc.)</td>
<td></td>
<td>X</td>
<td>Pay stub, statement from employer, tax records, award letter, copy of check.</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Eligibility factors</td>
<td>Accept client statement</td>
<td>Verify</td>
<td>Commonly used documents/comments</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------</td>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time limits (TANF)</td>
<td></td>
<td>X</td>
<td>Verify from other state.</td>
</tr>
<tr>
<td>SNAP work status</td>
<td>X</td>
<td></td>
<td>Determine reason for a job quit or reduced hours and explore good cause.</td>
</tr>
<tr>
<td>SNAP shelter cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNAP medical expenses</td>
<td></td>
<td>X</td>
<td>Medical bills.</td>
</tr>
<tr>
<td>SNAP child support deduction</td>
<td></td>
<td>X</td>
<td>Court or administrative order to verify legally obligated. SMUX verifies this. Canceled checks or evidence of withholding from wages or UC to verify amount paid.</td>
</tr>
<tr>
<td>SNAP dependent care deduction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td>X</td>
<td></td>
<td>Accept participant’s statement that pregnancy has been verified – actual verification is required if there are no other eligible children.</td>
</tr>
<tr>
<td>Third party resources</td>
<td></td>
<td>X</td>
<td>Complete Notification of Other Health Insurance (MSC 415H) if needed.</td>
</tr>
<tr>
<td>Student status</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 3:
Processes and Procedures

Section 3: Issuance of benefits
Issuance of benefits

Introduction

Issuing benefits is a separate function from eligibility determination. The security of benefits and the household’s circumstances should be considered in determining the appropriate method of issuing benefits. Currently, the program benefits available on EBT cards include SNAP, TANF, Refugee Program, prison release funds, Summer Electronic Benefit Transfer for Children, Low Income Home Energy Assistance Program and Job Participation Incentive (JPI).

The Oregon Trail Card makes benefits available electronically to recipients of cash and SNAP benefits by using a plastic debit card at point-of-sale (POS) devices and most automated teller machines (ATMs – cash only). For participants 65 and older or who receive Supplemental Security Income (SSI) and live in the cash-out demonstration area (Clackamas, Columbia, Multnomah and Washington counties), SNAP benefits are deposited to a cash account and are available at both POS devices and ATMs.

Electronic benefit transfer

The Oregon Trail Card (EBT) system makes SNAP and CMS-issued TANF benefits and HIP reimbursements (TANF and HIP equal cash) available to individuals by using a plastic debit card at point-of-sale (POS) devices and automated teller machines (ATMs). EBT operates through a partnership between Fidelity Information Services (FIS or eFunds/FIS) and SSP. SSP’s EBT computer system is EB (electronic benefits). The system functions through an interface among EB, CI-FIND, CMS and FSMIS on one side, and eFunds/FIS’s system on the other.

One advantage of the Oregon Trail Card is benefit availability. Weekends and holidays do not affect when an individual receives their benefits. The individual will know when their benefits are available.

There are two types of accounts available in the system: a cash account and a SNAP account. Cash benefits issued by CMS will be deposited in the cash account. For SNAP cash-out, SNAP benefits will be deposited to the cash account unless participants opt for direct deposit of their SNAP cash benefits. All other SNAP benefits will be deposited in the SNAP account.

SNAP cash-out individuals must be issued their SNAP benefits through the EBT or DD system. On a case-by-case basis, SNAP cash-out individuals who are unable to adjust to the EBT system may receive their benefits by check only if direct deposit is not an option. If, in the professional judgment of the case manager and supervisor, the SNAP cash-out individual has a medical or mental health condition (documented or not) that makes it very difficult to adapt to using an EBT card, the individual may be issued their SNAP benefits by check.

New individuals may be issued an Oregon Trail Card and select a personal identification number (PIN) before their eligibility is determined; generally, the EBT card is issued after the initial screening interview. When the benefits are issued, they will be deposited to the EBT account.

The Oregon Trail Card and PIN together control access to individual accounts. The PIN is a four-digit number known only to the individual. The selection device encrypts the PIN as the numbers are selected. The PIN number is not kept in the system. If an individual forgets their PIN number, they may call eFunds/FIS Customer Service at 888-
997-4447 or go online at www.ebtEDGE.com to select or reset their PIN. The individual can also go into the local branch for PIN assistance.

Cash direct deposit is not affected by EBT. Individuals whose cash benefits are directly deposited into a bank account will remain in direct deposit unless changed by the worker. Companion SNAP benefits will be issued by EBT, unless they are for SNAP cash-out individuals who have an alternate method (direct deposit or check).

**How does EBT work?**

The responsibilities are as follows:

- The individual applies for services. SSP staff sets up a CMS or SNAP case. The case can be in pending status.
- The EB system creates an EBT case or connects the CMS/SNAP case to an existing EBT case. The EBT case and individual information is sent to eFunds/FIS.
- When SSP determines the individual may be eligible for benefits, the branch will issue an EBT card.
- SSP’s EB system sends the card information to eFunds/FIS.
- The individual selects a PIN for their card.
- Once SSP determines eligibility and the applicant is approved, the case will be issued benefits using CMS and FSMIS.
- Benefit issuances are sent to the eFunds/FIS system. For regular issuance, an overnight process will send the data to eFunds/FIS. For immediate issuance, the data is transmitted to eFunds/FIS online when SSP authorizes it.

**Setting up the EBT case and changing payees**

**EBT case creation**

EBT cases are created automatically by the EB system when a CMS or SNAP case is added and when a payee is changed on a case. To ensure a single EBT case is created for individuals with companion cases, the cash payee and SNAP head of household need to be the same person.

**Changing payees**

When the EBT payee is changed, the EB system recognizes benefits need to be issued to the EBT case with the current payee connection. The connection between the EBT case and the previous payee is automatically changed. The EBT Case Detail screen displays the case numbers of the eligibility cases connected to the EBT case. It also displays the payee’s status for each eligibility case as “C” (current payee) or “P” (previous payee).

Benefits cannot be transferred from one EBT account to another. If there are any benefits remaining in the previous payee’s account, they must be withdrawn by the previous payee or their alternate payee. Balances cannot be transferred between EBT cases.

If an old SNAP case exists in the computer files but no EBT case was created, an ADJ transaction will establish the EBT case.
About EBT alternate payees

Alternate payees are individuals who may be used to obtain and use benefits for the benefit group. During the eligibility interview, SSP can discuss the potential need for an alternate payee. Make sure the individual understands the alternate payee will have access to benefits without the individual giving any further authorization.

Any adult member of the benefit group may appoint an alternate payee. The head of household, primary person or primary contact, or authorized representative may designate an alternative payee by completing the Authorized Representative or Alternate Payee form (MSC 0231). Do not use the form for filing group members. When this form is submitted, DHS staff must do the following:

For authorized representatives, record the information on the CM or FS record.

For alternate payees:

- Locate the person on CI-FIND. If the person does not have a FIND record, use the Add a Person screen to add the payee, and
- Go to the EBT Case Detail (EBCAS) screen for the individual. Type the alternate payee’s SSN or name on the payee line and press {F11} Get a Person to bring in the payee from FIND and press {F9} Save. The benefit access level will automatically default to B (both). If you want to restrict the alternate payee, change the code to C (cash only) or F (food benefits only). Once this code is sent to FIS, it can only be changed by the EBT administrator.

Access to each type of account (cash and SNAP) can be controlled separately. The primary payee chooses which account(s) an alternate payee can access. Benefits spent by an alternate payee will not be replaced.

If the head of household (payee) decides they no longer want an alternate payee outside the filing group to have access to their account(s), the individual will need to contact SSP. Designated branch staff may inactivate or cancel the EBT card online. Their card must be inactivated (can be reactivated) or deactivated (canceled and cannot be reactivated).

- To inactivate a card, branch staff use the EBCAS screen to change the Card stat code to IA (inactivate). A card that has been inactivated can be reactivated.
  - Note: Inactivating the alternate payee’s card, instead of deleting the alternate payee, allows historical payee information to remain on EBCAS without allowing that person’s access to the account.
- To cancel a card, authorized card issuance branch staff use the EBCRD screen using one of the permanent card status codes listed in the Help Window for the Crd stat field (e.g., card lost, card damaged). Once a card has been canceled, it cannot be reactivated to be used again.

Participants may temporarily block access by the alternate payee by calling the eFunds/FIS Customer Service number on the back of their card and having the alternate payee’s card status changed to INACTIVE. The individual can also request an alternate payee’s card be deactivated/canceled if they need to immediately end an alternate’s access.

When SSP is notified a person with an EBT card has left the household, it is important to cancel the card. If the card is not cancelled and the alternate payee continues to use it after being removed from the case, DHS must restore benefits.
Oregon Administrative Rule(s)

461-165-0035 – Alternate Payees

EBT support

eFunds/FIS provides telephone assistance through separate numbers for individuals, DHS staff and retailers. eFunds/FIS Customer Service number is an automated response unit (ARU) available 24 hours a day, seven days a week. You can also reach a person at eFunds/FIS Customer Service 24 hours a day, seven days a week. To speak to a person at eFunds/FIS Customer Service, individuals must stay on the line. This includes individuals who have rotary phones or who need language services other than Spanish or English.

Using the ARU, individuals can check their benefit balance and review their last 10 transactions; or transfer to a customer service representative to report a card lost, stolen or damaged or to request other assistance.

For protection of their benefits, individuals should call eFunds/FIS Customer Service to report a lost/stolen card or a compromised PIN as soon as they discover the loss or suspect someone knows their PIN.

Help for individuals

The individual customer service number is printed on the training pamphlet and on the back of each Oregon Trail Card. The number is 888-997-4447; it is a toll-free call. eFunds/FIS has a variety of bilingual staff. If they do not have someone on staff who speaks the individual's language, they have access to other resources, such as the telephone language interpreter services. As an FYI, DHS employees may follow the guidance in the Office of Equity & Multicultural Services to request language access assistance. Customers can also visit www.ebtedge.com to access similar information and actions for their Oregon Trail Card.

For issues other than equipment problems, staff should call the OIS Service Desk at 503-945-5623 or 888-457-3375.

Help for retailers

To make SNAP transactions with the EBT card, retailers must be approved by FNS. Retailers that have questions about using the EBT card or need other assistance, such as equipment problems, can call eFunds/FIS at 800-831-5235. They will be requested to enter their store’s FNS number or store location ID. If retailers need information about becoming certified to accept Oregon Trail Cards, refer them to FNS at 877-823-4369.

Participant training; EBT

Districts should have a local process to provide Oregon Trail Card training to new individuals and their alternate payees.

The training may include review of the How to Use Your Oregon Trail Card (DHS 0208) individual pamphlet. The DHS 0208 is available through Distribution Services or online at the form server. It is important for staff to go over the pamphlet with the individual to ensure they are familiar with the process. Some individuals may need more individualized training.
Card issuance and PIN selection; EBT

Card issuance involves:

- Providing Oregon Trail Card training to new individuals and their alternate payees
- Issuing original and replacement Oregon Trail Cards to individuals and their alternate payees when allowable
- Helping the individual and alternate payee with the PIN selection process
- Helping the individual and alternate payee use the POS device, the PIN pad and the printed receipt.

The worker who determines cash and SNAP does not issue the Oregon Trail Card to the individual. The separation of responsibility is an important security measure. SSP will decide who will issue EBT cards from the office.

The branch person authorized to issue EBT cards must:

- Positively identify the individual
- Log out an EBT card and record it on the individual’s EBCRD screen
- Have the individual select a PIN on a POS device
- After the individual has successfully selected the PIN, perform a balance inquiry with the individual to verify the card and PIN are working properly. When the balance inquiry is completed, the system prints a statement for the individual.

During PIN selection, SSP will advise the individual to keep their PIN secret and not share it with anyone. In addition, SSP will inform the individual of the need to call eFunds/FIS Customer Service as soon as they discover their card is missing or they have compromised their PIN. A PIN is compromised anytime the payee feels someone else may know the number. SSP will direct the individual to call the eFunds/FIS customer service number and not the local branch office. When an individual has reported a card lost or stolen, eFunds/FIS Customer Service staff will deactivate the card. This will prevent anyone from using the card to obtain benefits.

If the individual comes into the local branch with their current EBT card that is damaged and the last four digits can be read, the local branch can issue the EBT card out of the office. Follow the procedures above to replace a damaged card.

EBT cards by mail

Some individuals may not be able to come into the office to obtain an Oregon Trail Card for a reason such as medical issues. In addition, with the increased number of applicants and recipients applying for benefits online and the ability to conduct an eligibility interview over the telephone, an individual may need to have the Oregon Trail Card mailed to their home. These cards will be mailed by the branch, not the EBT Replacement Unit.

The card issuer must follow the steps outlined above, except:

- Write “mailed” in place of the individual signature on the Oregon Trail Card Issuance Log (DHS 0248).
- Do not assign a personal identification number (PIN).
- Place the EBT card and How to Use Your Oregon Trail Card brochure (DHS 0208) in an envelope and send to the mailing address of the individual.
Inform the individual, when they receive the Oregon Trail Card they must call the eFunds/FIS/FIS Help Desk or go online at [www.ebtEDGE.com](http://www.ebtEDGE.com) to select a PIN.

The toll-free customer service telephone number and website are printed on the back of the Oregon Trail Card.

### Replacing lost, stolen or damaged EBT cards

The following steps may be taken at the branch level:

**If the card is lost or stolen on a weekday during business hours:**

- An individual may call the toll-free Oregon Trail Card Replacement Line at 1-855-328-6715 to request a replacement card. The Replacement Line is open Monday through Friday from 8:30 a.m. to 4:30 p.m. Replacement cards are sent by mail and typically arrive within five business days.

- Only under certain circumstances can the branch issue out a lost or stolen card. If approved by branch, the card needs to be approved by either a manager or lead.

**If the card is lost or stolen on a weekend or outside normal business hours:**

- The card may be reported as lost or stolen by calling the toll-free Oregon EBT Customer Service Help Line at 888-997-4447 to cancel the card and protect the remaining benefits. The Help Line is open 24-hours a day, seven days a week.

- The person will then need to make a second call the Oregon Trail Card Replacement Line toll-free at 855-328-6715 to order a replacement card. The Replacement Line is open Mondays through Friday from 8:30 a.m. to 4:30 p.m. Replacement cards are sent by mail and typically arrive within five business days.

Before issuing a replacement, the card issuer must verify the individual’s identity and ensure the old card is no longer active. When the individual gets a new card, they can use their old PIN or select a new one.

If someone finds a lost card, it should be returned to the address on the back of the card. The card will then be destroyed. Cards returned to branch offices should be destroyed and logged in the destruction log. Cards left in automated teller machines (ATMs) will not be returned to individuals and must be replaced by the branch.

### Forgotten or compromised PINs; EBT

Participants have three options to get a new PIN number. They may:

- Bring their Oregon Trail Card to the closest DHS Aging and People with Disabilities (APD), SSP office or an Area Agency on Aging (AAA) office to request a new pin.

- Call the toll-free customer service number at 1-888-997-4447 and ask for their PIN to be changed.

- Go online to [www.ebtEDGE.com](http://www.ebtEDGE.com) and change their PIN.

The eFunds/FIS system keeps track of the number of times an incorrect PIN is used during the day. Anytime an individual tries to use the EBT card and enters an incorrect PIN, the transaction is rejected and the number of “PIN fails” increases. If a person fails to enter the correct PIN four times in one calendar day, the card/PIN is locked up. The hold will be released after midnight. If the individual does not know their PIN or cannot wait until the next day, they can select a new PIN through Customer Service or they can go into their local office to select a new PIN. It is not necessary to cancel the EBT card to assign a new PIN. If the individual successfully uses their PIN after fewer
than four failures, the PIN fail number resets to 0. It also resets every day at midnight.

If an individual forgets their PIN or believes someone else knows what it is, they should call eFunds/FIS Customer Service to report it. eFunds/FIS Customer Service staff will assist them in selecting a new PIN.

**Access to benefits via EBT**

**Cash benefits**

Individuals and their alternate payees may access cash benefits (including SNAP cash-out benefits) in two ways, through POS devices at some retailers displaying the “Oregon Trail Card Accepted Here” sign and at participating ATMs. As retailers sign up to participate in the Oregon Trail Card project, they decide what amount of cash they will allow an individual to withdraw per visit using the POS device. Each store will have their own policy, so the individual should ask how much cash they can get back, and if they can do cash-only withdrawals. Individuals will not be charged for a cash purchase or a purchase with cash back. They have two free POS cash-only withdrawals each month. After the two free withdrawals, there will be an 85-cent charge for each subsequent withdrawal in a calendar month. Retailers can sell individuals money orders at a minimal fee, for all or part of their cash benefits. This would count as a purchase, not one of the two free withdrawals. This option provides a good solution to both the individual and retailers because the individual does not leave the store with large amounts of cash, and the retailer reduces security issues by not being required to keep large amounts of cash on hand.

**ATMs**

Some individuals choose to use ATMs to access their cash benefits. DHS does not charge a fee, but there can be a bank surcharge. Many ATMs have a surcharge and the amounts differ. Most ATMs will accept the Oregon Trail Card.

The following is a partial list of participating ATMs:

- US Bank
- Bank of America
- First Security Bank
- Chetco Federal Credit Union
- Card Capture Services.

There are other participating ATMs with an Oregon Trail Card sign. For others, the only way to know if the ATM accepts the card is by trying.

**ATM mis-dispense**

If individuals contact the branch to report they received the wrong amount from an ATM (a mis-dispense), refer them to eFunds/FIS Customer Service Desk at 888-997-4447. Federal banking laws require a resolution within 30 days, but it sometimes takes as long as 45 days. If the bank finds the ATM out of balance, eFunds/FIS will credit the individual’s EBT account. SSP will narrate when an individual calls to report a mis-dispense.

**SNAP benefits**
Individuals can access their SNAP benefits through POS devices at retailers displaying the Oregon Trail sign. There is no transaction fee when an individual uses their EBT card to purchase food each month. The retailer is responsible for ensuring only allowable food items are purchased from the SNAP account. Most of the store systems will separate the items into food and nonfood automatically. It would just be a second card swipe rather than a separate transaction. With the card swipe, they select the form of payment, i.e., SNAP or cash. The individual will not receive change or cash back on a SNAP transaction. A return of a SNAP purchase results in a credit to the individual’s SNAP benefit account.

Individuals can also access their Oregon Trail Card SNAP benefits when no POS device is available by using an off-line voucher system with retailers approved to accept SNAP benefits. This includes nontraditional retailers such as route delivery providers. These retailers, and traditional retailers when their terminals are down, will use an off-line voucher system. However, not all retailers will process voucher transactions when their terminals are down. If they will not, the individual will either have to return when their terminals are back up or go to a different store. The voucher works much like a credit card transaction. The retailer fills out the voucher, which is then signed by the individual. The retailer compares the signatures on the voucher and the Oregon Trail Card, and then calls for telephone confirmation of benefit availability by eFunds/FIS. The retailer calls the eFunds/FIS Help Desk number. The offline voucher system applies only to purchases from SNAP benefits.

Because elderly and SSI individuals in the cash-out demonstration area receive SNAP benefits in their cash account, they will not be able to use the voucher system.

**Retailer issues; EBT**

**Overcharges**

When individuals report a retail store has deducted money from their account in error (i.e., the store said the card did not work and they paid cash or left the groceries, but the amount was deducted):

- Print a copy of the transaction from EBT Financial History
- Give it to the individual, and
- Suggest they take this back to the store for resolution.

If the issue cannot be resolved at this level, have the individual call eFunds/FIS and file a claim with their research department. eFunds/FIS will research the issue and credit the individual’s account, if appropriate.

**Undercharges**

Retailers cannot identify individuals unless the retailer has a voucher with the individual’s name. There have been occasions where clerks fill out the voucher and get approval but fail to record the entire card number. It is appropriate to provide the retailer with this information if the voucher information is available on EBT Financial History.

For POS transactions, the only individual information retailers have is the Oregon Trail Card, or only the last four digits of the card. They may contact branch offices to request help when the individual’s account is not deducted because the store made an error or when the system errors. Since the retailer has only the last four digits of the card, the branch will be unable to assist them.
Retailers contacting the branch regarding equipment problems should be referred to the eFunds/FIS Customer Service Desk for retailers at 800-831-5235.

**Other retailer information**

- Retail stores cannot require identification in addition to the Oregon Trail Card. The card and the PIN are the identification;
- For voucher transactions, the signature on the card reverse, and the voucher signature are the individual identification.

**Availability of benefits via EBT**

Benefit authorizations are transmitted to eFunds/FIS in one of three ways:

- For an individual’s regular monthly benefit, there is the monthly transmission to eFunds/FIS. Benefits issued this way are available by 8 a.m. For SNAP, the benefits are available on the calendar day equal to the last number of the SNAP case number-Social Security number. For CMS and SNAP cash-out, benefits are available on the first of the month. Benefits will be available on these dates regardless of which day of the week it falls. Weekends and holidays do not affect availability of benefits.
- The second method is the daily transmission. For CMS, benefits sent this way are available to the individual by 8 a.m. the calendar day following the benefit authorization, but no earlier than the first of the payment month. For SNAP, once the monthly report has been processed, the benefits are available on the next day or the calendar day equal to the last number of the SNAP case number.
- The third method is immediate issuance. Benefits issued this way are immediately available to the individual. SNAP benefits will be available the same day as issued when an immediate issuance release code such as IA, IX or IJ is used on FSMIS. TANF benefits are available immediately when issuing from the EBT Immediate Cash Issuance screen (EBISS).

**EBT benefit aging**

Benefits issued through direct deposit (cash and SNAP cash-out) are not affected by the aging process.

**Aging process**

If an issuance does not have any withdrawals for 12 benefit aging periods, it becomes inactive and the remaining balance is “aged off” and expunged from the state. Benefits that have aged off cannot be restored to the individual.

- eFunds/FIS tracks which issuances have not been accessed by an EBT payee for each aging period. Aging periods for TANF and SNAP are from the 16th of each month through the 15th of the following month. Partial months are not counted. For example, an issuance available June 3 would not be counted in the aging period beginning May 16 and ending June 15. Instead, because eFunds/FIS does not include partial months, it would first be included in the aging period beginning June 16 and ending July 15.
- eFunds/FIS tracks each benefit issuance, not the total account balance. The system works on a “first-in, first-out” basis. Purchases are deducted from the balance of the oldest issuance first. For individuals who wish to accumulate benefits in their account, making a small purchase each month will only preserve the oldest remaining issuance but not more recent ones.
Individual notification

Notice WCN005R-A: EB12 – Unused Benefits May be Lost – will be sent monthly to all individuals with a balance of $2 or more that has not been accessed for 12 months. Information on this notice will be displayed on the Individual Notice Log – LOGI. The notice is mailed mid-month.

Tracking aged benefits

Information about aged benefits is available in the EB:

- For 90 days after the issuance has been aged off, the aging transaction will display on the individual’s EBT Financial History screen (EBFHL) with the Msg-Type “S1014”: and the Trans-Type “DEL.” The aged off issuance will also display on the individual’s EBT Benefit Issuance History screen (EBISH) with the benefit status code “D.”

- SNAP issuances that have been aged off will display on page 3 of FSUP. When none of the original SNAP issuance was accessed by the individual, and the original issuance amount is aged off and expunged, the aged issuance displays as canceled. When the aged off issuance is a portion of the original issuance amount, it is displayed as an adjustment.

- Cash issuances that have been aged off will display on WISH. When none of the original cash issuance was accessed by the individual, and the original issuance amount is aged off, the aged issuance displays as canceled. When the aged issuance is a portion of the original issuance amount, it is displayed as an adjustment.

Restoring aged benefits

Benefits will remain in individuals’ EBT accounts for 12 months. Once the benefits age off, they are expunged from the account and sent back to FNS; those benefits cannot be restored to the individual.

Using EBT benefits to make voluntary repayments

By completing and signing the Voluntary Agreement to Take Action on Case (MSC 0457D), individuals may choose to make voluntary repayments of part or all of their SNAP or cash account balance. Workers with appropriate RACF authority may reduce, in whole dollar amounts, the available SNAP or cash benefit using the EBT Adjustments/Conversion screen. Cash adjustments will display on the WISH screen.

To avoid an overpayment

The individual’s SNAP or cash account balance is reduced on the EBT Adjustments/Conversion screen by entering the amount of available balance to be reduced to avoid an overpayment. An “N” should be entered in the repayment of overpayment field.

To repay an overpayment

The individual’s SNAP or cash account balance is reduced on the EBT Adjustments/Conversion screen by entering the amount of available balance to be reduced to repay an overpayment. An individual may also choose to reduce a cash balance in order to repay a SNAP overpayment. A “Y” should be entered in the repayment of overpayment field. An Overpayment/Over issuance Change Report (MSC 0284A) must be completed and sent to
the Overpayment Recovery Unit so the individual’s overpayment may be reduced.

**Canceling EBT issuances**

Individuals may request EBT issuances canceled by completing and signing the Authorization to Cancel Benefits Deposited to an Electronic Benefits Transfer (EBT) Account (DHS 0215). EBT issuances may be canceled on the EBT Benefit Issuance History (EBISH) screen by a worker with the appropriate RACF authority. Only issuances that have not been accessed may be canceled. SNAP issuance cancellations will display on page 3 of FSUP. Cash issuance cancellations will display on WISH.

**When the FSMIS and CMS cases close; EBT**

The Oregon Trail Card account does not close when a case is closed. This means the individual is entitled to use whatever TANF or SNAP amounts remain in their account. In addition, the individual may still need EBT services from the local office (e.g., they may need to add an alternate payee, get a replacement card, select a new PIN).

When a case is closed, advise the individual to hold on to their card. If they reapply, they may use the same card if they meet all the following conditions:

- The primary payee for the case has not changed.
- They still have the card.
- The card has not had the status changed to anything other than INACTIVE.
- The card is still in good working order. The individual can perform a balance inquiry to make sure the card still works.

If they do not meet any of these conditions, issue a new card to the individual.

When benefits end because a person has died and there are no other persons in the SNAP benefit group, a worker with RACF authority will remove the balance from the SNAP account using the EBADJ (EBT Adjustments/Conversion) screen. For all other benefits the balance belongs to the individual’s survivors. Determine if DHS should designate an alternate payee.

**When an individual moves out of state; EBT**

The Oregon Trail Card can be used to access SNAP and cash benefits in almost all locations in the United States. When an individual leaves the state with benefits remaining, they will need to locate a retailer or ATM that accepts the Oregon Trail Card.

**Cash individuals**

If the individual does not have an active card or valid PIN and has only cash or SNAP cash-out benefits remaining, use the EBADJ (EBT Adjustment/Conversion) screen to convert the benefits. Issue a special paycheck using special pay reason code 5.

**SNAP individuals**

If the individual does not have an active card or valid PIN and has SNAP benefits remaining, issue a new card and
have the individual select a PIN by phone. The card is to be mailed to the individual. The PIN is not to be mailed to
the individual. The individual must remember the PIN they selected. The identity of the individual must be verified to
the satisfaction of the card issuer.

Nonstandard living situations; EBT

Some individuals receive their SNAP benefits in nonstandard living situations. Some considerations that may not
apply to individuals living independently include:

- The individual may designate an employee of the facility as their alternate payee, or the individual may choose
to use their benefits for themselves.

- Facilities may use SNAP benefits through a POS device in the facility, through vouchers or by shopping at the
store with cards. How this is done will be decided on a facility-by-facility basis depending on SNAP volume.
The facility with a POS device can swipe the Oregon Trail Card and transfer SNAP benefits to the facility’s
account. Individuals in semi-independent living may shop for themselves and swipe the card at the store. In
some instances, facilities with a smaller SNAP volume will use vouchers to transfer SNAP benefits. To have a
POS device or use vouchers, the facility must be authorized by FNS as a retailer.

- When the facility accesses SNAP benefits, they should determine a prorated daily amount based on that
individual’s SNAP benefit, with the facility swiping the card weekly or biweekly based on the cost of meals
for the week. Facilities not authorized as a retailer and that must shop with individual cards will need to use
SNAP benefits carefully to ensure one-half of the benefits are left in the individual’s account should they leave
the facility before the 15th.

- The facility should ensure the individual has their card and the amount in their EBT account reflects the full
balance the individual is entitled to receive. If the individual is entitled to any part of the EBT funds already
deducted, the facility can process a SNAP purchase refund. This will debit the center’s daily transactions and
credit the individual’s SNAP benefit account.

If an applicant is a resident of a Group Living Arrangement or Drug or Alcohol Treatment and Rehabilitation Program
Click Here (insert the rest as a worker guide; same as how examples are throughout the manual)

Worker Guide Residents of Institutions

Group Living Arrangements

Residents of a group living arrangements who are blind or disabled (see GP-a.24) and receiving benefits under Title
I, Title II, Title X, Title XIV, or Title XVI of the Social Security Act and residents of group living arrangements who are
considered residents of institutions may be eligible to participate in SNAP.

A group living arrangement is defined as:

- A community-based residential facility operated by a public or private nonprofit organization, or

- An institution authorized to serve no more than 16 residents.

Some examples of group living arrangements are: Residential Care Facilities (RCF), Mental Health Group Homes
and group homes for Developmentally Disabled individuals. In order for residents to be eligible for SNAP the facility
must:
• Be certified by an appropriate state agency, such as the State of Oregon, Department of Human Services (DHS) under regulations issued pursuant to section 1616(e) of the Social Security Act, or
• Under standards determined by the Secretary of Agriculture, to be comparable to standards implemented by appropriate state agencies.

Ineligible Group Home Population:

The following residents of group living arrangements are ineligible for SNAP:
• Individuals residing at ineligible facilities; or
• Residents who do not meet the definition of disabled or blind and who are not receiving benefits under Titles I, II, X, XIV or XVI of the Social Security Act.

Application Procedures for Group Living Arrangements:

Residents of group living arrangements may apply and be certified:
• Through the use of an authorized representative who is an employee of and designated by the facility, or
• On their own behalf; or through the use of an authorized representative of their choice.

The facility makes the determination as to which method of application will be used, based on the resident’s physical and mental ability to handle their own affairs. Some residents of the group home may use an authorized representative while others may not.

Calculating Shelter deductions:

Residents of group living arrangements may be eligible for a shelter deduction (SNAP-G.23). This allowable shelter cost is the amount of the payment for the room only when the housing cost is separately identified. When the room and board payment is not separately identified, calculate the shelter cost by subtracting the Thrifty Food Plan (TFP) from the room and board cost.

For example, an individual pays $583.00 room and board:
$583 - $192 (TFP) = $391 allowable shelter deduction.

Allow this calculated amount, unless verification is provided that the room cost exceeds the calculated amount. Allow the higher amount once verified.

Group Living Arrangement as Authorized Representative

Residents who apply through the facility’s authorized representative must have eligibility determined as a one-person household unless they live with their child/ren under 22 years old. The facility must:
• Receive and spend the residents’ SNAP benefit allotment for food to be prepared and served to the eligible residents, or
• Allow the residents to use any portion of their allotments on their own behalf; and
• Be knowledgeable about the residents’ situation, the facility designated authorized representative is responsible to provide accurate information regarding the residents’ situation.

The facility is liable for any overpayment resulting from failing to report and/or inaccurately reported information.
Rights of residents acting on their own behalf

When a resident applies and is certified on their own behalf, or designated an authorized representative of their own choice, the resident may:

- Use the SNAP benefits to purchase meals prepared and served by the facility.; or
- Use any portion of SNAP benefits to purchase and prepare food for their own consumption

Drug and Alcohol Treatment and Rehabilitation Programs

Residents of a facility or treatment center that are participating in a drug and alcohol (D&A) treatment and rehabilitation program, may be eligible for SNAP benefits. To receive benefits the resident applies and is certified in accordance with OAR 461-115-0020, through the use of an authorized representative employed by the facility and designated for that purpose.

Not all facilities meet the requirements for their residents to receive SNAP. The facility must meet the following criteria:

- The drug and alcohol treatment and rehabilitation program is conducted by a private, nonprofit organization or institution, or a publicly operated community mental health center, under part B of title XIX of the Public Health Service Act to receive funds, even if it does not actually receive funding under part B of title XIX. ([https://findtreatment.samhsa.gov/](https://findtreatment.samhsa.gov/)); or
- The treatment center or facility is an authorized retailer by FNS ([https://www.fns.usda.gov/snap/retailer-locator](https://www.fns.usda.gov/snap/retailer-locator)); and
- Designate an employee to serve as authorized representative on behalf of residents.

Residents of Approved Facilities:

Residents of approved facilities or treatment centers may voluntarily apply for SNAP through the authorized representative at the facility.

The application process is as follows:

- The authorized rep for the facility must have an in-depth conversation with the resident so that they are knowledgeable about the resident’s situation.
- The authorized rep submits the SNAP application on behalf of the resident. The resident must designate and sign the MSC 0231 and DHS 222 (MSC 0231 and DHS 222 embed) appointing the facility designated employee as authorized representative for SNAP benefits.
  - The resident can only apply for SNAP benefits with the assistance of the authorized representative designated by the facility.
  - If the resident refuses to designate the facility as an authorized representative and sign the MSC 0231 and DHS 222, they are no longer eligible for SNAP since it is a requirement of the program to designate the facility as their authorized representative. The facility is not able to receive or apply for SNAP benefits for a resident without their knowledge and consent.
- Ensure timely notice or a signed 457D to remove the applicant from any existing SNAP cases and deactivate any cards currently issued to the applicant.
• Each resident is in a separate filing group and there is no need to determine how meals are purchased and prepared;
  • Only the resident and any child/ren under 22 years old also residing in the facility should be on the SNAP case.
  • Spouses and children may reside in the same facility or treatment center. In this circumstance, children under the age of 22 will need to be included in only one parents filing group. The authorized representative will need to discuss and determine with the residents which filing group the children should be included in.

• The AFS 222A (AFS 222A) is required to be updated and submitted monthly reporting the current residents in the facility receiving SNAP. If form is greater than 30 days old a new AFS 222A is required.
  • The DHS 222A (AFS 222A) must be on file at the local branch dated within 30 days.

• On FSMIS, add the facility name on the authorized rep line.

• Request a new EBT card.
  • The card should be issued to the facility as soon as the application/interview is completed.
    » For instructions on how to designate the card for SNAP/Cash only please contact the SNAP policy unit to get the card updated
  • Do not require the authorized rep to give you an SSN to be added as the alternate payee.
  • The facility is allowed to take 50 percent of the EBT benefits on the first half of the month, and the remaining benefits on the 16th or after. The facility may not access or remove benefits from the resident’s EBT card after they leave the facility.

Exit Procedures:

The household is allowed sole access of any benefits remaining on the card at the time they left the facility. If the resident leaves before the 16th day of the month the facility must ensure that half of the household’s monthly allotment is available to the individual. If the household leaves the facility on or after the 16th day of the month there is no requirement that the facility return any benefits already used.

The following are responsibilities when a resident exits the facilities:

1. The Facility:
   (a) If possible, provide a change report form (DHS 853) when the resident exits the facility and advise them to return the report form within 10 days to report new mailing address or any required changes.
   (b) No longer act as an authorized representative for certification or for obtaining or using SNAP benefits.
   (c) Notify the branch of the household’s departure from the facility and provide a new address if available.
   (d) When possible, provide the household with the EBT card.
      i. Any EBT cards not returned to the resident must be returned to the Department by the end of the month.
   (e) When a card is received by the branch from a facility follow destruction of Oregon Trail Card process detailed here.
2. The Branch;
   (a) Remove the authorized rep;
   (b) Deactivate any returned EBT cards received from a facility and follows the destruction of Oregon Trail Card process detailed here.
   (c) Verify the facility has not accessed any benefits after the date the household exited the facility.
   (d) Take no additional action on the case during the certification period unless verified information is received or action is required based on the SNAP reporting system requirements.

Facility Acting as an Authorized Representative Reporting Requirements and Responsibilities:

- The facility is responsible for reporting required changes.
- The facility is liable for any SNAP overpayments incurred while acting as authorized representative for a resident.

If there is reason to believe that a facility is misusing SNAP benefits and/or EBT cards in its procession contact SNAP Policy with facility and case information. Take no action against the facility, organization or institution before or after submitting report to SNAP policy.

Residents of Ineligible Facilities:

Residents of an ineligible facility may be eligible for SNAP if meals are separately and they have space to store their food.

If the resident does not purchase and prepare separately from other residents;

- Take action to close the case. Allow for timely closure of the case (10-day notice) unless a Voluntary Agreement to Take Action on Case (MSC 457D) form is submitted. When an MSC 457D is completed the closure can happen without 10-day notice.
- Cancel the EBT card immediately.

**Direct deposit (DD)**

Direct deposit (DD), also called electronic fund transfer (EFT), is an issuance method for cash benefits (including SNAP cash-out). Direct deposit is not affected by EBT. Individuals with a bank checking or savings account may prefer to use DD instead of EBT. There is a fee to withdraw EBT benefits from an ATM, but there is no fee to withdraw money from a personal bank account. Additionally, benefits issued by DD are not subject to the aging process, such as those issued to EBT accounts.

Individuals whose cash benefits are directly deposited into a bank account will remain in direct deposit unless changed by SSP. Companion SNAP benefits will be issued by EBT, except for SNAP cash-out. Benefits direct deposited into bank accounts will not be displayed on EBT screens. Using DD, individuals can have their benefits deposited directly into their checking or savings account. DD is available for CMS-issued benefits and reimbursement of cost-effective, employer-sponsored health insurance premiums (HIP). Special cash payments cannot be made via DD. DD is also available for FSMIS-issued benefits only for SNAP cash-out individuals.
Benefits are replaced only if some problem with coding the case prevents direct deposit. Once DHS transmits the electronic transfer to the individual’s bank, credit union or savings and loan account, the benefits are considered the same as a check the individual has cashed.

The Client Maintenance Unit (CMU) does the DD data entry for all individuals. CMU is also responsible for resolving problems with deposits. Report all problems to CMU at 503-378-4369. Branches should send all authorizations they receive to CMU using the state shuttle (if available) or the mail.

**How to sign up for direct deposit**

The sign-up procedure for DD is as follows:

- The branch will give a Request for Direct Deposit — A Safer, Easier Way to Put Your Benefits in Your Bank Account (AFS 7262) and a pre-addressed, postage-paid envelope to any new or ongoing individuals who want to sign up for DD.
- Individuals who want to use DD complete the AFS 7262 or take it to their financial institution.
- The bank, credit union or savings and loan enters the account number and routing number shown on the AFS 7262 and returns the form to the individual.
- The individual then returns the DD authorization to the address on the form using the pre-addressed, postage-paid envelope.
- DHS sends a pre-note to the individual’s bank to ensure the account is open, and all information is accurate.
- When the individual’s first DD is successfully completed, a computer notice is sent to inform the individual. The notice is recorded in the individual notice file (LOGI).

**Direct deposit check redirects**

Individuals receiving their cash benefits via DD may get their benefits redirected, just like other individuals.

For CMS-issued benefits, the benefit redirect is processed using HLD1/HLD2. These checks are redirected to the branch. The hold may be generated by the worker or the system. All holds are listed on HLD2 (accessed via HLD1) and the List of Branch Held Checks report (WCM0120R-A) on ViewDirect.

**Removing individuals from direct deposit**

Individuals receiving their cash benefits via DD may get their benefits redirected, just like other individuals.

For CMS-issued benefits, the benefit redirect is processed using HLD1/HLD2. These checks are redirected to the branch. The hold may be generated by the worker or the system. All holds are listed on HLD2 (accessed via HLD1) and the List of Branch Held Checks report (WCM0120R-A) on ViewDirect.

The DD authorization becomes invalid when either of the following occurs:

- The DD is rejected (e.g., the individual's account is closed, the payee changed or the CMS/SNAP case is closed), or
- An individual indicates they no longer want to receive their benefits through DD.
When the individual indicates they no longer want to receive benefits via DD, contact CMU to make the change. When CMU closes the DD record, the system sends a notice to confirm the change in issuance method.

**Check registers and assistance summaries**

**CMS/CASH**

Check registers and assistance summaries show the codes for cash payments. The indications of direct deposit issuances are:

- A DD beside the check amount under the heading DD, and
- A DD series of check numbers.

The assistance summary will show the electronic deposit as a regular CP with no DD notation.

**SNAP**

Page 3 of FSUP and the Electronic Deposit Transaction Register report (WEB387X-B) on CA VIEW show the codes for SNAP cash-out benefits issued by DD. The indications of direct deposit issuances are:

- A two-digit release code (REL ATP) starting with a “D” (e.g., DG indicates direct deposit for a monthly batch issuance).

**Rejected direct deposit**

When an individual has DD and reports they did not receive a deposit because their bank account closes or their account number changes, the worker needs to take action to issue the monthly benefits.

Below is a summary of what to do:

- **Call CMU (503-378-4369).** CMU needs to know the individual closed their bank account, or their account number changed. CMU receives a notice when a DD did not go through. It can take six to 10 days for the notice to get to CMU. A call from SSP allows CMU to change the DD status so DHS does not try to make any further DDS to the closed account.

- **When the worker is sure DHS did not make a DD, issue the individual a check.** Use either the special cash pay process online or, if the worker decides the individual needs the money right away, issue the check through the revolving fund. In either case, use code 03 for CMS and code 81 for SNAP cash-out benefits.

This transaction will show on the MCR1 screen for CMS replacements and FSUP page 3 for SNAP cash-out replacements. If the individual wants to continue using DD, they must complete a new Request for Direct Deposit — A Safer, Easier Way to Put Your Benefits in Your Bank Account (AFS 7262) and send it to CMU.

It is unnecessary to do a check replacement or go through the check replacement procedure. Because DHS could not make an electronic deposit, the individual needs a check instead of the DD.

**Replacement checks for direct deposit benefits**
To determine if an individual in DD is entitled to a replacement check for CMS-issued benefits, look at the WCMI or UCMS screen to determine if the case is coded Y in the DD field. The Y will be deleted if the DD cannot be made.

- If DD is not coded Y, check MCR1 to determine if cash payment was issued. If no special cash payment was issued, issue a replacement check. If a special cash payment check was issued but not received, issue a replacement using the check replacement procedure. Otherwise, do not issue replacement benefits.
- If DD is coded Y, but the individual claims no deposit was made, contact CMU.

For SNAP-issued benefits, look at FSUP to see if Y displays in the DD field and FSUP page 3 to determine whether and how the issuance was made.

- If a direct deposit issuance is indicated and BR also displays, check EBISH to see if the issuance was deposited into the EBT account.
- If a direct deposit issuance displays, there is no BR status indicated for that issuance and individual claims no deposit was made, contact CMU (503-378-4369).

**JOBS Plus for TANF/SNAP companion cases**

TANF participants may be placed in a JOBS Plus assignment up to six months (with a potential for extension) as part of their JOBS activity. JOBS Plus provides an incentive to participants and employers through subsidized employment in the public or private sector where the participant is placed on the employer’s payroll and the family’s TANF/SNAP benefits are suspended.

It is important for the participant to understand that SNAP benefits are diverted for the entire filing group. Although the case remains open, no issuance is made. If, for example, a minor parent living with her own parents and siblings is placed into a JOBS Plus worksite, no one in the filing group will receive SNAP benefits as long as the job continues.

The following actions should be taken to suspend payment of SNAP for TANF JOBS Plus participants:

- Send the Notice of Entering Job Opportunities and Basic Skills (JOBS) Plus Program (DHS 7874) explaining TANF and SNAP benefits will stop effective the end of the month in which the individual receives their first JOBS Plus paycheck.
- Using an ADJ transaction code, add the PL hold code, PLS HH Type and TANF GNT amount (before JOBS Plus started) to FSMIS effective the first of the month after the individual receives their first JOBS Plus paycheck.
- Extend the recert date (Expr Cert) to the month after the month in which the assignment is scheduled to end.
- Remove SNAP from SRS and convert to CRS.

To ensure TANF or SNAP participants do not incur a net loss of income because of participating in JOBS Plus, SSP will mail to the participant a supplemental check for the portion of income that falls below their benefit equivalency. TANF and SNAP benefits resume the first of the month after the JOBS Plus worksite assignment ends. To restore benefit issuance, remove the PLS HH Type and PL Hold codes. Use prospective eligibility and budgeting for ongoing months. There is no need for the individual to reapply unless the certification period is ending.

Other considerations for JOBS Plus individuals:

- JOBS Plus wages are excluded income.
• If the individual is hired as a direct employee and goes over income for TANF, transfer their SNAP case into TBA.

**Legal status of benefit payments**

Under Oregon law, cash benefits are not subject to assignment, transfer, garnishment, levy or execution, as long as they can be identified as program payments and are separate from other money in the individual’s possession.

- A cash payment accrues to and becomes vested in the individual when issued.
- Except for EBT, consider a benefit issued if the check has been handed to the individual in the branch office or mailed to the individual. Consider a benefit issued and received by the individual when a direct check deposit is made to the individual’s bank account.
- For EBT, consider benefits issued and received when an EBT card and personal identification number (PIN) have been issued in person to the individual, or the EBT card and PIN have been received by the individual in the mail, and the benefits have been deposited to the individual’s EBT account.
- SNAP benefits in the EBT account remain available for individuals to access as long as the account is active. The EBT system removes them after three calendar months without activity. If there is no activity in 12 months on the account, the balance is expunged/gone.
- Cash benefits, including SNAP cash-out, are unrestricted and do not require accountability for individual expenditures or amounts. SNAP benefits are required by federal law to only be used for allowable food items.

Stores accepting SNAP benefits are required by federal law to restrict the usage to allowable food items.

<table>
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<th>Oregon Administrative Rule(s)</th>
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**Concurrent and duplicate program benefits; EBT**

Individuals cannot receive benefits of the same type (cash, medical, SNAP) for the same time period from Oregon.

The exceptions to this rule follow:

- An individual receiving TANF for themselves and their children may also receive ERDC for children who are in the household group but cannot be included in the TANF filing group.
- An individual may receive TA-DVS and cash payments from other programs for the same time period.
- A child who is an ERDC benefit group member may also be a member of the following benefit groups:
  - TANF benefit group when living with a non-needy caretaker relative, If the caretaker relative is not the parent
  - An OSIP-AB benefit group
- SNAP individuals who leave a filing group that includes a person who abused them and enter a domestic violence shelter/safe home may receive SNAP benefits twice that month
  - A QMB-BAS individual may also receive medical benefits from EXT, MAA, MAF or OSIPM.
Individuals cannot receive benefits of the same type (cash, medical, SNAP) for the same time period from Oregon and another state, except as follows:

- Medical benefits may be authorized for an eligible individual if an Oregon provider refuses to bill another state and the individual would not otherwise receive medical care. Accept the individual’s statement as verification that a provider will not bill another state for needed medical services.

Applicants for SNAP from another state are not eligible in Oregon if they have already received their SNAP through EBT, even when they are unable to access the benefits. The state they left is responsible for issuing their SNAP benefits by a method they can use here.

If eligible, prorate benefits based on the application filing date unless the applicant is a migrant or seasonal farm worker.

Use the following procedure to determine if the individual received benefits from another state while receiving benefits in Oregon:

- Contact the other state to see if benefits were issued to the individual.
- If benefits were issued, but then returned and canceled, that is proof the individual did not receive benefits from the other state.
- For all programs except SNAP, if benefits were issued but not returned and canceled, have the individual sign a statement that they did not receive benefits from the other state. If the other state says the benefit check was cashed, ask them to send a copy of the check to Oregon. Use the replacement check procedures to determine if the signature on the other state’s check is the individuals. If it is, the individual is responsible for the overpayment. SNAP does not accept individual statements in any form as verification.

**Oregon Administrative Rule(s)**

461-165-0030 — Concurrent and Duplicate Program Benefits

**Emergency payee; SNAP and TANF**

An emergency payee may be appointed for an open SNAP case when all the adults in the filing group are deceased, incarcerated or have left the household with whereabouts unknown. SSP will appoint an alternate payee for the adult acting as guardian. SSP will issue them an EBT card and have them choose a PIN to access any remaining benefits. SSP will send a timely notice; SSP will send a 10-day notice to close the SNAP case. The guardian may apply for the children.

An emergency payee for ongoing TANF may be used when the dependent children are abandoned by the caretaker relative for reasons such as the caretaker relative dies or whereabouts are unknown, and there are no other relatives immediately available to be the children’s caretaker. An emergency payee:

- May be used for up to two payment months
- Does not have to be related to the dependent child
- May not be used for initial payments.

An emergency payee may be included in the benefit group if all the following are true:
They meet all eligibility requirements except relationship and cooperation with JOBS
Their income and resources are counted, and
There is no other caretaker relative in the benefit group.

When an emergency payee or alternate payee is named and benefits are issued via EBT, issue that person an EBT card; they must also select a PIN.

Payee and case names are changed during the 60-day emergency period. DHS should use an authorized representative or alternate payee (if benefits issued via EBT) designated by the individual or the branch when the caretaker relative has not relinquished care, control and supervision of the children.

Oregon Administrative Rule(s)

461-165-0045 — Emergency Payee; TANF

Dual payee: when to use

For OSIP and REF, a dual-payee check is used for protective payments if the benefit group has shown they are not able to properly manage benefits meant to meet their needs. The dual-payee check is issued in both the name of the individual and the name of the service provider.

TA-DVS checks are issued for shelter, moving costs, property taxes and home repairs as dual-payee or vendor checks. The supervisor or manager must authorize an exception to this policy in advance and only when necessary to prevent putting the individual at risk of harm.

To make sure a JOBS payment is used to meet a specific need, the branch office may write a special cash pay or dual-payee revolving fund check in the name of both the individual and the vendor.

Oregon Administrative Rule(s)

461-135-1230 — Benefits; TA-DVS
461-165-0050 — Dual Payee; When to Use

Prohibition against benefits in amounts less than $10

In the SNAP program, a benefit group is not eligible for benefits in the initial month if the allotment is less than $10. For ongoing months, SNAP benefits are issued as follows:

• An eligible, including categorically eligible, benefit group of one or two persons receives a minimum monthly allotment of $15
• An eligible benefit group of three or more persons receives the calculated allotment. A categorically eligible benefit group of three or more persons does not receive an allotment, but the case remains open with zero net allotment.

For TANF and REF, benefits should not be issued if the computed monthly benefit is less than $10. People who do not receive a cash payment because the monthly benefit is less than $10 may still be eligible for medical benefits. The $10 limitation does not apply to:
• Special payments, such as one-time special needs, emergency assistance, supplements or a benefit amount under $10 due to recovery of an overpayment
• Dual-payee payments made in money management cases if the monthly benefit amount is $10 or more (Issue the individual any remaining funds after the dual-payee payments are made.)
• Wage supplements issued to JOBS Plus participants.

**Immediate and advance issuance**

Immediate issuance of benefits should be used for new, reopened and restored cases if the individual is eligible for a benefit and has emergent needs that must be met before a benefit can be issued through the automated computer system, or for SNAP, meets the criteria for expedited service.

Provide immediate issuance of benefits as follows:

• For cash benefits, issue by EBT using the EBT Immediate Cash Issue Screen (EBISH), revolving fund check or the special cash pay system.
• For medical benefits, issue a temporary medical I.D. card.
• For SNAP, except for SNAP cash-out individuals who receive a check or DD, issue by FSUP into the EBT account.
• For SNAP cash-out individuals who receive benefits by check or DD, issue a revolving fund check (code 80).

**Oregon Administrative Rule(s)**

461-165-0070 — Immediate Issuance of Benefits

**Method of delivery of benefits**

Benefits are delivered several ways, depending on the program and individual situation. All mailed benefits should be sent to the individual’s address. A rural route box number is acceptable as an individual address.

The following exceptions may apply on a case-by-case basis if directions to the home are included in the case record.

• A post office box number can be used if any of the following is true:
  • There is no mail service to the individual’s home.
  • The individual lives in a nonstandard living arrangement.
  • There have been verified cases of benefits being stolen from home mailboxes in the individual’s neighborhood.
• Use General Delivery only if it is the individual’s sole means of mail receipt.

**Oregon Administrative Rule(s)**

461-165-0080 — Method for Delivery of Benefits

**Alternate methods of delivery of non-EBT benefits**
Non-EBT cash benefits should be redirected to the branch office if any of the following is true. The benefit group:

- Is unstable (i.e., moving constantly, and the branch needs to re-establish contact when there has been an unreported change of address)
- Is transferred to a new branch
- Has not cooperated in completing a QC review
- Must be contacted personally to obtain essential information that may affect eligibility or the correct computation of the benefit amount.

Additionally, if a SNAP cash-out individual receives a check for the value of their SNAP benefit because they are unable to adapt to EBT, DD is not an option. If the individual has a history of theft from their mail or lives in an area that has been identified by branch staff or postal inspectors as high-risk for mail loss, they may receive their benefits redirected to the branch.

**Issuance date of benefits**

For all programs except the EA and SNAP programs:

- Date an authorized cash payment check on the first day of the payment period, or as soon as possible thereafter.
- Mail checks so they can be delivered to the individual on the first day of each month.

Exceptions are:

- Initial month benefits for new/reopened/restored cases
- If the first day of the month falls on Sunday or a holiday, mail the check in time for the individual to receive it on Saturday or the mail day preceding the holiday
- Checks redirected to the branch office may be released any time on the workday preceding a weekend or holiday.

Benefits issued by EBT should be available on the first day of each month, except for the following:

- Initial month benefits for new/reopened/restored
- SNAP benefits sent through staggered issuance.

SNAP benefits issued by EBT (except SNAP cash-out) are staggered based on the last digit of the case number (aka Social Security number) over the first nine calendar days of the month, except for the following:

- The benefits for the initial month of eligibility for a new or re-opened case
- The benefits for the seventh month of the certification period for a case in the semi-annual reporting system.

SNAP benefits issued through the SNAP cash-out are available as follows:

- Benefits are accessed through an EBT account are available on the first day of the month.
- Checks are mailed on the first day of the month.
- Direct deposit funds are available on the third working day of the month.

For SNAP changes that could not be made in time to adjust the monthly allotment, issue a supplement within 10
days of the date the change was reported.

**Oregon Administrative Rule(s)**

461-165-0100 — Issuance Date of Benefit

**Exception to staggered issuance; SNAP**

The second month’s allotment of SNAP benefits is not subject to staggered issuance if the filing group applies after the 15th of the month and the application is not for a redetermination of eligibility. Once eligibility for SNAP benefits is established for these groups, benefits are issued as follows:

- If the SNAP case is opened by the last day of the initial month of eligibility, the computer will prorate benefits for the initial month and automatically issue benefits for the second month on the first of that month.
  
  or
  
- If the case is opened after the initial month of eligibility, the computer will prorate benefits for the initial month and will automatically issue benefits for the second month on the same day if the SNAP benefits are issued using a prior month issuance code.

Federal regulations require individuals who qualify for SNAP and apply after the 15th of the month to have their second month’s benefits excluded from staggered issuance. The computer automatically issues the second month’s benefits. If the second month’s benefits are incorrectly calculated due to a change the branch could not act on, a supplemental payment may be made.

**Oregon Administrative Rule(s)**

461-165-0105 — Exception to Staggered Issuance; SNAP

**Issuing expedited SNAP**

To ensure SNAP expedited benefits are received by the seventh calendar day following the date of application, immediate issuance benefits should be authorized on the system by the seventh calendar day after the filing date.

When these benefit groups provide the pended items requiring verification, the second month’s benefits should be issued:

- Within seven working days of receipt of the verification, or
- On the first of the month, whichever is later.

Benefits should be issued even if the report has not been received. The last month’s report should be used to determine the benefit amount.

Applicants qualifying for expedited SNAP who apply on the first through the 15th of the month and do not supply complete verification are not eligible for the second month’s benefits. FSMIS should be coded so the second month’s benefits are not automatically issued.

Applicants qualifying for expedited SNAP who apply after the 15th of the month and do not supply complete verification are not eligible for the third month’s benefits. When these benefit groups provide the postponed
verification, benefits are issued according to regular staggered issuance procedures.

**Alternatives to direct money payment**

For OSIP, REF and TANF, the alternative to direct money payment is protective payments when the goal is to ensure the benefits are used to meet basic needs. For REF and TANF, protective payments may be made whenever individuals demonstrate such an inability to manage funds that SSP determines their benefits are not being used in their best interest. Protective payments should be used particularly if mismanagement of funds, caused by repeated interruptions of TANF benefits, poses a threat to the health and safety of children in the household.

Protective payment methods include the following:

- Payments to authorized representatives
- Dual-payee payments
- Vendor payments.

If the branch is paying an individual’s benefits by vendor payment, all money left over after the individual’s bills are paid are to go to the individual. The branch may not retain leftover TANF grant money.

**Oregon Administrative Rule(s)**

| 461-165-0110  | Alternatives to Direct Money Payment |
| 461-165-0010  | Legal Status of Benefit Payments    |

**Payment of benefits out of state**

For all programs except the GA, SNAP and OCCS Medical programs, send benefits out of state if individuals are absent from Oregon and they establish their intent to return within 60 days.

If individuals are detained out of state beyond 60 days for medical reasons, continued eligibility is determined, and the individual is required to provide documentation of the need to remain in the other state.

For medical benefits, out-of-state medical expenditures must have prior authorization.

For OCCS medical programs, an individual can use their Oregon Medicaid/CHIP benefits in another state as long as they remain eligible and if the provider is willing to bill and is contracted with OHA.

In the GA and SNAP programs, SSP does not send benefits out of state.

**Protective payment; general information**

For OSIP, REF and TANF, protective payment is part of case management. Additionally, for REF and TANF, protective payment should be discussed as part of case planning decisions around potential disqualifications to reduce the risk of harm to the children and cannot continue for longer than 24 months.

All protective payment plans should be reviewed monthly for REF and TANF and every six months for OSIP cases. This review can be part of the redetermination of eligibility.
Endorsement of benefits and benefits to survivors

The individual or the individual’s payee must endorse checks issued in payment of a benefit. The endorsement on the check must be the same as the name appearing as payee.

The individual can endorse a check with a mark or thumbprint if duly witnessed by two people giving their full names and addresses.

The person with power of attorney may:

- Act as authorized representative or alternate payee
- Endorse and cash the benefit check as in the following example:

  John Doe (Recipient)
  by Richard Jones (Power of Attorney)

For all programs except SNAP, any cash benefit issued to individuals before their death is available to their survivors.

Checks may be endorsed in the name of the deceased beneficiary by the surviving spouse or next of kin, or by the administrator of their estate. Use the following procedure:

- Before the next of kin endorses a check, the check must be presented to the branch office.
- Rubber-stamp the endorsement on the check only if it has been determined that the individual died on or after the first day of the period for which the payment was provided.
- The endorsement must show both the name of the deceased beneficiary and the name of the surviving spouse or next of kin, as well as the relationship of the endorser to the beneficiary.
- The person who endorses the check receives the proceeds of the benefit.

For cash benefits in an EBT account (except for SNAP cash-out), an adult survivor is designated as the alternate payee. The payee should be issued an EBT card and PIN to access the balance in the EBT account.

For SNAP, there is no survivor’s right to benefits unless the survivor is independently entitled to benefits as a member of the benefit group. When the survivor is not in the benefit group, DHS staff should:

- Ask them to return the non-negotiated SNAP cash-out checks to the branch.
- For SNAP benefits issued via EBT, cancel the remaining benefits from the EBT account.

When the only survivor(s) is a child, refer to policy on emergency payees.
SNAP cash-out project for SSI or seniors

When all members of a SNAP filing group are at least 65 years old or are SSI recipients and reside in Clackamas, Columbia, Multnomah or Washington counties, they receive their SNAP benefits through the “cash-out” program. This is called the SNAP Cash-Out project.

Individuals receiving SNAP Cash-Out must meet the same eligibility criteria as other SNAP participants. To receive their benefits using cash-out, each person in the filing group must be one of the following:

- Individuals living alone who are 65 years of age or older or have been determined eligible to receive SSI benefits under title XVI of the Social Security Act, or
- Individuals living together, all of whom are 65 years of age or older or have been determined eligible to receive SSI benefits under title XVI of the Social Security Act.

The SNAP Cash-Out benefits may be issued in one of three ways:

- **EBT** – SNAP benefits are issued as cash into an EBT account. These are accessed as cash transactions. For ongoing monthly issuances, these are available on the first day of each month. The staggered mail schedule used for EBT SNAP benefits is not used for EBT benefits in the SNAP Cash-Out project.
- **Direct deposit (DD)** – SNAP benefits are issued by direct deposit into their private bank or credit union account. For ongoing monthly issuances, these are available on the third bank day of the month.
- **Check** – SNAP benefits are issued by check and mailed to the individual. For ongoing monthly issuances, these are mailed on the first mail day of the month.

These SNAP Cash-Out benefits are cash benefits and, as such, may be used to purchase food and nonfood items and for cash withdrawals. When an individual’s status changes from SNAP Cash-Out individual to a regular SNAP individual, the case manager must explain how this change will affect their benefits.

Cash-Out individuals may be exempted from EBT or direct deposit participation if, in the professional judgment of the case manager and supervisor, the SNAP Cash-Out individual has a medical or psychological condition (documented or not) that makes it very difficult for them to adapt to using an EBT card, and they do not have a bank account for direct deposit.

FSMIS has been modified to support the SNAP Cash-Out project. The computer program will use the case coding to determine if the individual is age 65 or older and/or receiving SSI. The branch cost center is used to determine if the individual lives in the cash-out area. There is no need to change the codes on FSMIS. The REL ATP code will be the same whether benefits are issued as EBT (cash) SNAP Cash-Out or EBT SNAP benefits. The two-character REL ATP code will be the same whether benefits are issued as EBT (cash) SNAP Cash-Out or EBT SNAP benefits. The two-character REL ATP code will start with a “D” if the case is direct deposit or “E” for EBT or Check. FSMIS automatically determines if the individual gets EBT SNAP Cash-Out or EBT SNAP benefits.

To issue using EBT

To use the EBT issuance method, code the case the same as all other SNAP cases. The individual must have an active EBT case and an EBT card. Normal ongoing issuances show up on FSUP page 3 with an EG.

To change a SNAP case from receiving cash-out checks to EBT, type S in the CHG Status field and press {F9} to
To issue using direct deposit

To issue benefits using direct deposit, the individual must have an EBT case. The EBT case must have an A-active or S-sent/submitted code in the status field on EBCAS. When there is an active EBT case and an active enrollment record, the direct deposit enrollment flag (DD) on FSUP page 1 will be Y. For normal monthly issuances, the Rel ATP code on FSUP page 3 will be DG.

Enrollment in direct deposit

The individual must complete the Request For Direct Deposit – A Safer, Easier Way to Put Your Benefits in Your Bank Account form (AFS 7262). Send the completed form to the CMU Unit. The DD enrollment record is created (submission code 1) and a pre-note is sent overnight to the bank. The enrollment record becomes active the next day.

Monthly issuances

During monthly processing, the system will check each SNAP Cash-Out case. If there is not a direct deposit account, the benefits will be sent to EBT.

Coding initial/exceptional issuances

To issue initial benefits or any exceptional benefits (supplements, retroactive, etc.) through direct deposit, use D in the left-hand digit of the Rel-ATP. The individual must have a direct deposit enrollment in active status (DD:Y) for you to use the D Rel-Code.

Direct deposit rejected

If the direct deposit could not be made, a notice is sent to DHS Accounting, which forwards the information to CMU. CMU will contact the field office. The local office must determine the appropriate action. If the individual has an EBT card, they may use it to access their benefits. If the individual cannot use EBT to access their benefits, the local office can cancel the EBT benefit and issue a revolving fund or special paycheck. Use pay reason code 81-FS Cash-Out Replacement.

To issue using a check

To issue using a check, the individual’s EBT case status must be changed to T on the EBCAS screen. Normal ongoing issuances show up on FSUP page 3 with a CG.

To issue initial benefits or any exceptional benefits (supplements, retroactive, etc.) by check, use C in the left-hand digit of the Rel-ATP. The individual must have a T EBT case status for you to use the C Rel-Code.

Using a T code on EBCAS status cuts the EBT connection to E-Funds, and EBT information will no longer be available. In order to complete transactions on untouched issuances on EBISH or to view financial EBT transactions completed prior to bypassing EBT, you will need to reconnect to EBT.

Issuance date of SNAP benefits
For ongoing months, SNAP benefits issued by EBT are issued based on the last digit of the case number over the first nine calendar days of the month. Those people receiving SNAP Cash-Out get their benefits on the first of the month.

**Oregon Administrative Rule(s)**

461-165-0100 — Issuance Date of Benefit

**SNAP coupons returned to the branch**

With the passage of the Food and Nutrition Act of 2008 (formerly known as the Farm Bill), Congress has de-obligated the old Food Stamp Coupons. Effective June 18, 2009, coupons can no longer be redeemed or returned.
Chapter 3:
Processes and Procedures

Section 4: Individual loss and restoration of benefits

FAMILY SERVICES
Manual
(1/2020)
Individual loss and restoration of benefits

Introduction

This section covers how to restore benefits to individuals. For program eligibility, please see other areas of this manual.

Non-negotiated check replacement procedures

Business.Security@dhsoha.state.or.us should be contacted for any questions. There are also the replacement check policy and procedures online at OFS Forgery section on SharePoint – FBPM has Financial Clerk Support.

Original CMS or special cash pay (SPL) check not negotiated process:

- First, the agency uses MCR1, RCIQ or the branch office’s check register to verify an original check was issued. Verify the payee name, check number, amount and date of the check.
- The branch has the payee complete an Affidavit Concerning Lost Check (DHS 0138A). The payee must fill out every section, except payment alert number. When the payee signs the form, it must be notarized.
- The branch calls Forgery Services (in the DHS General Accounting Unit) and gives them the information needed to complete a Request for a Payment Alert and Follow-Up (DHS 0435A) (paper only).
- Payroll assigns a Payment Alert number to be written in the designated area of the DHS 0138A.
- The worker writes the payment alert number on the DHS 0138A and forwards the original to Forgery Services.

The branch can issue a replacement check by computer or by revolving fund (for emergent needs). The procedures are described below:

To replace a check by computer:

- If the individual did not receive the check, wait five mailing days from the date it was issued before issuing a replacement.
- If the check was lost, stolen or destroyed but not endorsed, issue a replacement check without a waiting period.
- If the payee endorsed the check before it was lost, stolen or destroyed, issue a replacement only if the remnants of the check are provided as evidence, or the check was noted by the payee for deposit only.
- To issue the replacement check, complete an Authorization of Cash Payment (MSC 0437) using pay reason code 03. Refer to the reverse side of the MSC 0437 for more information. The computer will generate a check, and it will be mailed to the payee.

To replace a check by revolving fund (for emergent needs):

- Write the replacement check number on the MSC 0437 (Authorization of Cash Payment) and the DHS 0138A.

When original child care provider check from PP/SA is not negotiated:

- Only DPU may replace child care provider checks issued by PP/SA. Branch offices are not authorized to
replace provider checks issued by PP/SA.

There are two reasons why the branch should never replace a provider check issued by PP/SA:

- When a provider has multiple claims paid all on one check, each claim must be manually adjusted to reconcile the payment record.

  and

- If the branch and DPU both replace provider checks, it is very likely there could be duplicate payments on the same claim.

If the provider contacts SSP with a request for a replacement check, SSP will advise the provider to call DPU. The provider must wait at least five mailing days from the date the check was issued before requesting a replacement check.

After receiving a request for a replacement check, DPU will contact Forgery Services and give them the information needed to complete a DHS 0435A (paper only).

DPU will notify the local branch office that the provider will come in to complete the DHS 0138A. The local branch office will obtain the payment alert number from Forgery Services, assist the provider in completing the DHS 0138A, notarize the form and send to General Accounting, Forgery Services. Forgery Services will make a replacement decision and notify DPU; DPU will replace the check and mail it to the provider.

If the provider wants a replacement check right away, DPU will make a determination of emergent need and contact the branch for issuance of payment.

**Criteria DPU will use to determine emergent need:**

- The payment is at least $100, and

- The provider is in a crisis (in jeopardy of losing housing, utilities or vehicle use). Proof of crisis is required. Documents can be supplied through the branch or faxed to DPU, or

- SSP has made an error causing a financial hardship for the provider by an undue delay in payment through no fault of the provider.

**SNAP cash-out checks not negotiated:**

Should any SNAP cash-out individuals be unable to adapt to EBT and are instead issued a check, these are the two methods for replacing SNAP cash-out checks:

When the individual needs a replacement right away, use the following procedure:

- The branch completes the top portion of the DHS 0138A using information from FSMIS.

- The branch gives the DHS 0138A to the payee. When the payee signs the form, it must be notarized.

- The branch calls Forgery Services and gives them the information needed to complete a DHS 0435A (paper only).

- Forgery Services assigns a payment alert number to be written in the designated area of the DHS 0138A.

- The branch writes the payment alert number on the DHS 0138A and forwards the original to Forgery Services.
• The branch types a revolving fund check and codes it “SNAP 81.”
• The payment information is entered on SPL5 as a SNAP load sheet.

If the individual does not need a replacement right away, use the computer, using “RB” release ATP code.

**Administrative checks not negotiated:**

Have the payee complete a [DHS 0138A](#). After the payee signs the form, it must be notarized.

• Forward the [DHS 0138A](#) to Forgery Services.
• Forgery Services will complete the necessary paperwork and issue a replacement check to the payee.

**Restoring benefits**

Restoration or supplemental payment of benefits should be authorized even if the benefit group is currently ineligible, if a benefit group received fewer benefits than it was entitled to because of any of the following:

• A change that would cause an increase in benefits was reported before the first of the payment month, but too late for the branch to adjust the next payment.
• The branch caused an administrative underpayment. Administrative underpayments include, but are not limited to, the following:
  • Failing to take action on information reported, e.g., not canceling the EBT card of alternate payees who leave the household.
  • Using an incorrect effective date.
  • Denying, closing or reducing benefits in error.
  • Failure to send the individual a required decision notice when benefits were closed or reduced.
  • Making calculation errors.
• An individual is entitled to a restoration of lost benefits if:
  • The branch was directed to restore benefits in a hearing or a court order decision.
  • SSP withheld too much when collecting an overpayment.
• The amount restored is issued in addition to the benefits a currently eligible group is entitled to receive. For SNAP, the branch office must honor reasonable requests by benefit groups to restore benefits in monthly installments.
• A benefit group that moves from the state can still receive any restoration of benefits due it.
• Restoration of benefits is limited to the extend provided in Effective Dates; Restored Benefits (OAR 461-180-0130).

SNAP individuals may only have benefits restored or supplemented when SSP made an error that caused the household to get fewer benefits than it was entitled to receive.

If an individual notifies the office that a member of the filing group has left the household, the branch is to cancel any EBT card the member who left the household may have. If the office fails to cancel the card, this is an administrative error and the benefits used by the person who left must be restored to the filing group.
Calculating restored or lost benefits

Calculate the amount of benefits to restore using the following process:

- Determine the effective date the benefit group is eligible for lost benefits. The benefit group is not eligible for restored benefits any month eligibility for those benefits cannot be established. Give the benefit group an opportunity to prove eligibility for questionable months.

- Calculate the correct benefit amount for the months the benefit group was underpaid, closed or denied in error.

- Subtract the amount the benefit group actually received from the amount they should have received.

- Prior to issuing lost retroactive benefits, review overpayment records for any outstanding overpayment balance in the program in which the overpayment occurred. When an overpayment balance exits, reduce the amount of retroactive benefits otherwise payable to the individual by subtracting the amount of the outstanding overpayment balance.

When an overpayment exists, complete the Notice of Restoration of Benefits (DHS 0362) and send a copy to the Overpayment Recovery Unit for the retroactive payment to be credited to the overpayment. This form serves as the individual’s notice of restoration of benefits.

Benefits are restored to the group containing the largest number of people who were benefit group members at the time the loss occurred. If the location of this group is unknown, restore benefits to the benefit group containing the primary person at the time the loss occurred. Restorations are limited to the most recent 12-month period for all programs except JPI. JPI may be restored only for the four preceding months.

Click here for Overpayments.

Replacing benefits

Lost, stolen or undelivered checks:

Payment alert procedures begin when a payee reports a check was lost, stolen, destroyed or not received and completes an Affidavit Concerning Lost Check (DHS 138A).

A replacement check should be issued if the original check is still outstanding and the payee claims any of the following:

- The original check was not received. Allow five postal service working days from the date the original check
was issued before issuing a replacement.

- The original check was received but not endorsed. Issue a replacement check without a waiting period if the unendorsed check was received and has been lost, stolen or destroyed.
- The original check was received and endorsed but not cashed before it was lost, stolen or destroyed. Issue a replacement check if the check was destroyed and remnants of the check are provided as evidence or if the check was noted by the payee “for deposit only.”

A dual-payee check should be replaced only if:

- The individual completes an affidavit that the unendorsed check has been lost, destroyed or stolen, or
- The individual has endorsed the check and the second party completes

A replacement should be issued for an original check (which the payee has reported as lost, stolen, destroyed or not received) processed by the state treasurer for payment only after:

- The Business Security Unit has begun forgery procedures, and
- The individual has completed a forgery packet.

The written report by the Oregon State Police on the handwriting analysis of the check signature is binding on SSP. The payee has the right to prove the analysis incorrect.

Replacement checks cannot be issued in either of the following situations:

- The individual fraudulently cashes a dual-payee check without the second party’s signature. The second party can take civil action against the individual to recover the money, but the branch office does not replace the check to the second party.
- A check has been direct deposited to the account specified by the individual.

**Negotiated check replacement procedures**

Benefits issued via EBT should not be replaced when:

- Benefits are considered to be issued and received because the card and PIN have been issued in person to the individual and the benefits have been deposited to the individual’s account
- EBT benefits were issued by a state other than Oregon, they may be redeemed in Oregon.

Benefits issued via EBT are replaced under the following circumstances:

- EBT benefits accessed by the wrong person because DHS inadvertently switched cards and issued a card and PIN to someone unrelated to that case or failed to cancel an EBT card when removing an alternate payee from a case. When reported by the individual, deactivate the card issued to the wrong individual, issue a card and PIN to the correct individual and replace the amount of lost benefits.

For SNAP, replace the value of food purchased with SNAP program benefits destroyed by a verified household misfortune (e.g., a fire or loss of electricity) or disaster (e.g., a flood or earthquake). The branch must replace the value of food destroyed within 10 calendar days if the filing group:

- Reports the loss of food within 10 days of occurrence
- Submits a signed statement or affidavit attesting to the loss within 10 days of reporting the loss.
When replacing the benefits, do not exceed one month’s allotment unless it includes restored benefits that will be replaced up to the full value of the restored benefits.

Issue a timely replacement of the value of the loss within ten days after the filing group reported the loss or within two working days of receiving a signed statement or affidavit.

If the U.S. Department of Agriculture has issued a disaster declaration and the household is otherwise eligible for emergency SNAP benefits, the household cannot receive both disaster benefits and benefits to replace the value of lost food.

Click here for examples: Negotiated check replacement procedures.

Oregon Administrative Rule(s)

461-165-0230 — Replacing SNAP Program Benefits and EBT Cards

Subsequent action on payment alerts

Business Security/Forgery Services will follow up on all payment alerts and close the check file if the original check is not paid/canceled within 60 days.

If the original check is returned to the branch office or DPU, the branch (DPU, if the check was originally issued by them) will verify whether a replacement check has been issued:

- If a payment alert and replacement have been issued, send the original check to the Business Security/Forgery Services for cancellation.
- If no payment alert or replacement has been issued, attempt to deliver the check to the payee. Send the original check to Business Security/Forgery Services for cancellation if it cannot be delivered to the individual or provider.

Notify Business Security/Forgery Services immediately if:

- The original check is given to the payee after a payment alert has been called in
- A replacement check is issued after the DHS 0138A and the payment alert have been processed stating, “No replacement will be issued”
  or
- Any business calls or writes to the branch about checks returned to them from the Office of the State Treasurer.

Replacement of benefits due to a disaster or household misfortune

SNAP benefits may be replaced when the food purchased with SNAP benefits has been spoiled or destroyed in a disaster or household misfortune (e.g., due to fire, flood or loss of electricity). Please see transmittal SS-IM-9-004 and form DHS0349D (Affidavit of Loss of Food Purchased with SNAP Benefits Due to a Disaster).

The following should be considered when a household reports a loss and asks for a replacement:
• The filing group must have been receiving SNAP when the misfortune occurred.
• The filing group must report the loss within 10 days of the occurrence either orally or in writing.
• The filing group must submit a signed statement attesting to the loss.
  - The statement must include a detailed list including the cost of food destroyed or lost.
  - The statement must be received by SSP within 10 days of the date the loss was reported to SSP. If the 10th day falls on a weekend or holiday and the statement is received the first workday after the weekend or holiday, SSP will consider the statement received on time.

The disaster’s or misfortune’s occurrence should be verified, and:

• If the household has not supplied proof of the misfortune when requesting the replacement, DHS should send a Notice of Information or Verification Needed (DHS 0210A) or verify with a call to a collateral contact.
• Verification must be received within 10 days of the report of the loss to the agency. If the 10th day following the report of loss falls on a weekend or holiday, any verification received on the next workday thereafter will be considered received on time.
• DHS will not replace the full SNAP allotment for the month. Instead, staff should determine the amount to be replaced. The replacement is only for the value of the food purchased with SNAP benefits and lost due to the misfortune. The replacement cannot exceed a one-month SNAP allotment for the filing group.
• The replacement should be issued no later than the 10th day following the date the loss was reported to the agency or within two days of receiving the items needed to process the request, whichever is later.
• It is important for staff to carefully narrate the situation and decisions to show this is a replacement and not a duplicate issuance. It is important to include in the narration the date of the event, the date of the loss and the date the loss was reported to the agency.
• If the replacement is denied, a denial notice should be issued.

Verification that the misfortune exists can be proof the filing group resides in a power outage area, the national disaster area, flood area, etc. If the spoilage occurred due to a misfortune such as loss of power to the filing group’s residence only, the verification may include statements from repair persons or the local utility company.

After determining the cause of the food loss, DHS should ask the filing group where the food was located when it was spoiled (e.g., cupboard, refrigerator or freezer). Staff should determine if the amount of food spoiled is a reasonable amount based on the situation.

For example, refrigerated food will last about 24 hours without electricity. Food kept in a freezer will last about 48 hours and maybe longer if the freezer is kept closed and it is full. Also, if the disaster happened at the start of the month, did they just get their SNAP benefits and spend them on a full month’s worth of food, or is it the end of the month and they have very little food left from the month?

Once it has been determined food was spoiled or lost due to a valid disaster or misfortune, the replacement should be issued using the ISS transaction code and an IH or EH issuance code. Code the actual dollars being issued (replaced) and the current month’s date.

**Issuing the Oregon Trail Card when the individual cannot be**
present

Sometimes an individual or their alternate payee cannot come to the office to get their EBT card or their PIN. Under no circumstances should a PIN ever be released to another person (even if in the same filing group).
Chapter 3: Processes and Procedures

Section 5: Program integrity
Program integrity

Introduction

Many aspects of Self-Sufficiency Programs are not covered in basic eligibility and benefit determination. These are a part of a greater entity called “program integrity,” which includes such categories as definitions, confidentiality, overpayments, hearings, Direct Pay Unit, Background Check Unit, Job Participation Incentives, quality control, and participant rights and responsibilities. This area of the Family Services Manual may be updated as needed with program SSP changes.

Confidentiality

SSP works with many types of information. It is critical this information is kept confidentially and not shared with outside entities or individuals. This information is kept confidential by permanent and temporary employees, as well as volunteers or contractors of all Self-Sufficiency Programs who either work at a SSP site or have access to any DHS database, case management software or email access for the state.

The intent of confidentiality policies are as follows:

- To preserve the confidentiality and privacy of individual and family information
- To work together with partners, other agencies and the individual for the benefit of the individual, and
- To summarize how information about individuals may be used and disclosed, consistent with confidentiality requirements.

SSP’s expectations are that employees, volunteers and contractors covered by this policy may only use or disclose information that identifies a Self-Sufficiency participant as permitted by either this policy or by a current and valid written authorization from the participant.

Confidentiality is presumed. All information that identifies an individual is considered confidential. SSP may not release or disclose individual information, except as specifically authorized by the individual in writing, by statute or administrative rule, or as ordered by a court. This policy summarizes the situations in which use and disclosure is permitted.

A signed Authorization for Disclosure, Sharing and Use of Individual Information (MSC 3010) form from the individual is needed if there is any question regarding whether a release of information is required. The request should honor and respect the choice and dignity of families, not an impediment to providing services.

DHS employees who violate DHS policies and procedures regarding the safeguarding of information about an individual are subject to disciplinary action up to and including dismissal, as well as legal action by the individual. DHS employees who knowingly and willfully violate state and federal law for improper use or disclosure of information about an individual are subject to criminal and civil penalties.

Staff must make reasonable efforts to limit the individual information they are using, requesting or disclosing to the minimum necessary in the particular situation. This requirement does not apply to:

- Disclosures or requests by a health care provider for treatment
• Disclosures made to the individual about his or her own protected information
• Uses or disclosures authorized by the individual that are within the scope of the authorization, or
• Disclosures required by law.

The minimum necessary standard should be considered at the time the staff member and individual are mutually completing a written Authorization for Use and Disclosure of Individual Information (MSC 2010).

**Situations in which a written authorization is not required**

There are a number of instances in which federal and state law and rule allow information about an individual to be used and disclosed without written authorization and, as necessary, to administer DHS programs (including Title XIX). These include the following situations:

• When the information is health or treatment information (but not HIV or substance abuse treatment information) and is being released for the purposes of treatment, payment or health care operations (The minimum necessary standard applies to releases for purposes of payment or health care operations.)

• When the information being released is non-health information necessary to carry out the intent of an assistance or service program connected with or operated by SSP or the designated agency

• When the information being released is about a specific individual and is being released to that individual (This exception means DHS participants have access to their own information without signing an authorization.)

• When the information is non-health information and is being released to an Oregon attorney who represents that individual if both of the following requirements are met:
  • The attorney states he or she is currently representing the individual and
  • The attorney states the individual has authorized disclosure of the individual’s information to the attorney

• When using de-identified information (limited data sets)

• When exchanging non-health, non-treatment information with other governmental or private, nonprofit agencies, if necessary to assist applicants or recipients of public assistance to access and receive other governmental or private, nonprofit services that will benefit or serve the applicant or recipient (This exception includes instances in which a DHS staff member is in a position to advocate for an individual without disclosing health or treatment information. Nevertheless, reasonable efforts must be made to obtain the applicant or recipient’s authorization in advance.)

• To report suspected abuse of a child or an adult (elder abuse, or abuse of a person with a mental illness or developmental disability)
  • Substance abuse treatment information may be disclosed to Child Welfare, if necessary, in order to make an initial report of suspected abuse of a child. Any subsequent disclosure of substance abuse information would require a court order or written authorization by the individual.
  • Substance abuse treatment information may not be disclosed without authorization in order to report suspected elder abuse or abuse of a person with a mental illness or developmental disability. If it is necessary to make a report without authorization, the report must be made without revealing a person is
in substance abuse treatment or has a substance abuse problem.

- Mental health records are not required to be part of mandatory reporting for suspected child abuse, elder abuse or abuse of a person with a mental illness or developmental disability. Release of mental health records requires a court order or the individual’s written authorization.

- To conduct any investigation, prosecution or criminal or civil proceeding in connection with administering DHS programs, or for any legally authorized audit or review by a governmental entity in relation to administering DHS programs

- To the extent needed to provide emergency medical treatment (this includes substance abuse treatment or mental health treatment)

- When DHS believes in good faith the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the report is to a person reasonably able to prevent or lessen the threat, including the target of the threat (e.g., if DHS believes a person to be suicidal, information may be released without authorization to a mental health provider), or

- When DHS has a court order signed by a judge.

Use of information within DHS

Information can be shared for the purposes of program use and cross-program use without needing written information.

Program use refers to the sharing of individual information within Self-Sufficiency Programs or the sharing of information between program staff and DHS administrative staff that support or oversee the program, such as the exchange of information between an eligibility worker and the Overpayment Writing Unit. Program use of information is permitted without a written authorization from the individual, but it is subject to the minimum necessary standard.

Cross-program use refers to the sharing of information about a Self-Sufficiency participant with another DHS program, such as Child Welfare or Vocational Rehabilitation. The following circumstances would allow sharing of information without an individual’s written authorization:

- As needed to determine eligibility and/or to coordinate services or benefits
- The disclosure is intended to benefit the individual or to assist the individual in accessing other services
- For mandatory reporting of child or elder abuse, or
- Self-Sufficiency is a member of the local county multi-disciplinary child abuse team as statutorily defined; the information shared is necessary for the prevention, investigation and treatment of child abuse.

While SSP strives to work together with other program areas to better serve individuals, at times SSP may be limited by federal and state laws in sharing individual information across programs without a written authorization. Unless sharing information is for a purpose described above, an authorization will generally be required. For other types of information in the absence of written authorization, the permissibility of cross-program use of information (within DHS) depends on the intended use of the information.

Disclosure of information outside DHS
In general, individual information may not be used or disclosed without individual authorization for purposes other than those related to the administration of DHS programs. However, non-health information may be disclosed to other governmental or private nonprofit agencies, if necessary, to assist applicants or recipients of public assistance to access and receive other services that will benefit or serve the applicant or recipient. Reasonable efforts must be made to obtain the applicant’s or recipient’s authorization in advance; however, DHS applications for benefits do inform individuals that SSP may verify what is reported. Health and treatment information cannot be shared without a release of information.

Release of information chart

<table>
<thead>
<tr>
<th>Entity DHS is sharing information with</th>
<th>When a release is not needed</th>
<th>When a release is needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>State and federal agencies</td>
<td>Subject to the minimum necessary standard, client information may be disclosed without a written authorization to state and federal agencies such as the Department of Justice, Secretary of State Audits Divisions, or Food and Nutrition Service that provide administrative support or oversight to the DHS program whose information is being disclosed. No authorization is required to provide sufficient information to accomplish a referral on behalf of a client.</td>
<td>All other situations</td>
</tr>
<tr>
<td>Substance abuse providers and mental health providers, managed care plans and health providers</td>
<td>No authorization is required to provide sufficient information to accomplish a referral on behalf of a client; reasonable efforts to obtain an authorization must be made. No authorization is required to provide information necessary for activities related to payment, including billing and collection.</td>
<td>An authorization is required to share information about substance abuse treatment and HIV for purposes of treatment. An authorization is not required to share other information for treatment purposes. An authorization is required to receive or provide information for purposes other than treatment, referral and payment</td>
</tr>
<tr>
<td>Social Security Administration (SSA)</td>
<td>No authorization is required to report suspected fraud or abuse to SSA</td>
<td>All other situations</td>
</tr>
<tr>
<td>Service Type</td>
<td>Authorization Required</td>
<td>All Other Situations</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td>Medical transportation</td>
<td>No authorization is required to provide sufficient information to accomplish a referral on behalf of a client or to obtain the appropriate level of care during transportation. No authorization is required to provide information necessary for activities related to payment, including billing and collection.</td>
<td></td>
</tr>
<tr>
<td>Non-medical transportation</td>
<td>No authorization is required to provide sufficient non-health information to accomplish a referral on behalf of a client. No authorization is required to provide information necessary for activities related to payment, including billing and collection.</td>
<td></td>
</tr>
<tr>
<td>Child care providers</td>
<td>No authorization is required to release to the individual’s child care provider(s): the program for which the individual is eligible, the amount of the DHS child care payment, the individual's copayment amount, or reasons for a delay in payment. <strong>Information should not be shared other than what is specific to the delay.</strong></td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>No authorization is required to provide non-health information to accomplish a referral on behalf of a client. No authorization is required to provide information necessary for activities related to payment, including billing and collection.</td>
<td></td>
</tr>
<tr>
<td>Employers</td>
<td>No authorization is required to disclose the minimum necessary information when needed to verify questionable information reported by the individual.</td>
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</tbody>
</table>
| Law enforcement | No authorization is required when law enforcement is involved in carrying out public assistance laws, investigating proceedings connected with administering SSP’s benefit programs or reporting a crime related to abuse. No authorization is required when an SSP staff member is disclosing personal knowledge about an individual that does not come from the interaction by the individual with SSP. | SSP may release the client’s address, Social Security number and photo (if available) to a law enforcement officer without an authorization if the law enforcement officer makes the request in the course of official duty, supplies the person’s name and states the individual:  
- Is a fugitive felon (someone fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime, that would be classified as a felony or is violating parole or probation), or  
- For all programs except SNAP, has information necessary for the officer to conduct official duties of the officer and the location or apprehension of the client is within the officer’s official duties. For individuals only in the SNAP program, has information necessary to conduct an official investigation of a fugitive felon or someone violating parole or probation.  
If domestic violence has been identified in the household, information about a survivor of domestic violence should not be released unless a member of the household is wanted as a fugitive felon or is violating probation or parole.  
An authorization is required to provide other participant-specific information to a law enforcement officer. This requirement includes when a law enforcement officer is requesting information about the owner of an EBT card. DHS cannot release EBT information regarding the owner of the card to anyone, even an arresting officer. DHS may take information from the officer regarding the card, including the number of the card, in order to take the necessary steps internally to correct the situation. |
<table>
<thead>
<tr>
<th>Insurance companies</th>
<th>No situations</th>
<th>All situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public and elected officials</td>
<td>Except for Social Security numbers, health, treatment and domestic violence information, no authorization is required to provide the minimum necessary information in response to a staff member in the office of a member of the Oregon Legislature or U.S. Congress who has received a complaint from an individual and the program responding is provided with a copy of the written complaint.</td>
<td>Oral authorization is required if a DHS worker is contacted by a staff member in the office of a member of the Oregon Legislature or U.S. Congress who has received only an oral complaint. The DHS worker will confirm with the participant that the worker may speak with the staff member regarding the participant. Confirmation from the participant should be documented in the participant’s file.</td>
</tr>
<tr>
<td>Other interested persons (friends, neighbors, etc.)</td>
<td>If other interested persons are present while the participant is disclosing information about themselves, authorization is not needed.</td>
<td>An authorization is required if the worker is disclosing any participant-specific information while other interested persons are present.</td>
</tr>
<tr>
<td>Research</td>
<td>No situations</td>
<td>Disclosure or review of department records for research purposes is prohibited unless the designated DHS executive manager to approve research requests has authorized the specific person or organization and their research subject. For situations not covered here, contact Central Office.</td>
</tr>
<tr>
<td>Foster care and adoption assistance</td>
<td>For all programs except SNAP, no authorization is required to disclose information for purposes directly connected with foster care and adoption assistance under title IV-E of the Social Security Act.</td>
<td>All other situations</td>
</tr>
<tr>
<td>Individual request for their own information</td>
<td>No authorization is required to disclose information to the individual themselves.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Guardians</td>
<td>No authorization is required for that subject matter/information over which the guardian has authority. The guardian has the same access to the client file as the client in those areas. A guardian with full powers would have access to the entire file.</td>
<td>If unclear, SSP may ask to see the order of court appointment.</td>
</tr>
</tbody>
</table>
Legal services (private attorney or Legal Aid) | Individual information, other than health or treatment information, may be disclosed without a written authorization to an Oregon attorney who represents that individual if both of the following requirements are met:

- The attorney states he or she currently is representing the individual, and
- The attorney states the individual has authorized disclosure of the individual information to the attorney.

All other situations

<table>
<thead>
<tr>
<th>Redaction of information disclosed to individuals, representatives and family members</th>
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</thead>
</table>

An individual’s records are subject to redaction prior to disclosure or access; this means the information is deleted or omitted to better protect individual privacy. Records often include information pertaining to other individuals, so this information must also be redacted. Redaction is first done by copying the original record, blacking out necessary information with permanent black marker and finally creating a new copy of the record so the obsoleted information is no longer accessible.

In most cases, the following information needs to be redacted:

- Names, Social Security numbers, dates of birth, addresses and phone numbers of all third parties (those not included in the filing group)
- Social Security numbers, dates of birth and other personally identifiable information for other individuals on the case, including spouse or partner
- All substance abuse treatment records pertaining to someone other than the individual
- All medical, mental health and Vocational Rehabilitation records pertaining to someone other than the individual
- Any records pertaining to domestic violence
- Information that could cause harm to the individual or to another person.

If information requested is being withheld, SSP will indicate the general nature of the document or information withheld.

While parents may have access to personally identifiable information regarding their minor children on their own case, minimum necessary standards should still be considered. Minors age 14 and older have the right to confidential mental health as well as substance abuse treatment.

**Individual requests for their own information**

DHS participants have a right to access their own records, which include mental health or medical information...
and reports, subject to certain requirements. If DHS denies access because of a good-faith belief that a disclosure could cause harm to the individual or another person, the decision to deny must be made by a licensed health care professional or other designated staff; DHS must make a review of this denial available to the individual. If the individual wishes to have this denial reviewed, the review must be done by a licensed health care professional who was not involved in the original decision.

Except for HIV information, case record information may be requested by the individual and released to the individual by telephone if the individual can verify their identity. If the individual is requesting physical copies of case record information, a DHS staff member must be present while the individual or authorized representative has access to original copies of the case record.

An individual does not need to complete a release of information form to access their own records.

In response to individual requests for verification of benefits received, the Supplemental Nutrition Assistance Program (SNAP) Benefit Verification Letter (DHS 0839) or the Notice of Income and Benefit Calculation (DHS 7294) should be used for most purposes. If these options do not meet the need, DHS screen prints can be used as an alternative (FSMIS, WISH, etc.). However, DHS does not have the authority to and should never print or disclose screens from other agencies, such as the Social Security Administration, Employment Department, SAVE (Systemic Alien Verification for Entitlements program).

All DHS screen prints must be redacted as earlier outlined.

**Disclosure of individual information to family members**

SSP is generally required to make the minimum necessary information in the case record available to a family member if the family member is a member of the filing group or is authorized by a member of the filing group. This minimum necessary standard does not allow sharing of personally identifying information (such as Social Security number or date of birth), substance abuse information, mental health records or other sensitive information unless the client to whom the records pertain has authorized access via a written authorization of release of information. The primary person (including non-needy caretaker relatives) and filing group members may only have access to information related to the time during which they had that position in the case. If the family member is not in the filing group, there must be a signed authorization before information may be disclosed to the family member. Information regarding domestic violence should not be shared with family members.

**Authorization for use and disclosure of information**

An individual gives consent to share information to identified entities by completing the Authorization for Disclosure, Sharing and Use of Individual Information (MSC 3010). Ideally, this form is signed by the participant in the presence of SSP staff, but this is not required; this can help facilitate discussion and to ensure the participant understands the form before signing. SSP staff should also answer any questions the participant has about the form and explain to the participant their rights to request limitations on the disclosure of any of their information.

There may be barriers to understanding of the release form. These barriers may include physical or mental disabilities, limited English proficiency or literacy challenges. The presence of a barrier to understanding does not necessarily mean the person is incapable of giving informed consent.

There is no need to obtain a witness for the participant signing the release form unless there are other reasons to
do so (e.g., the individual is requesting a witness).

There should only be one record holder per form; each member of a two-adult household would need to sign their own form to consent to disclosure. The form must include the signature of the individual on the form. In situations where a release of information is required, SSP may not identify the individual as being a recipient of public assistance through DHS until the authorization has been completed.

The release of information must include a specific reason for why the information is being shared; information may not be disclosed beyond the purpose stated on the release of information form. SSP should not request unnecessary information about a participant, or more than is needed.

The Authorization for Disclosure, Sharing and Use of Individual Information (MSC 3010) form is valid for one year, unless otherwise specified. The release form should be provided in the appropriate native language or in an alternate format (Braille, large print, etc.) as necessary.

Click here for Alternate formats.

**Oral authorization**

Except for health, treatment and domestic violence information, an oral authorization from the participant is sufficient to allow oral release of case record information specified by the participant to third parties. An oral authorization to release information to a third party is valid for a period of 30 days unless a shorter time period is given. The oral authorization should be narrated in TRACS.

**Non-DHS authorization forms**

The use of a non-DHS authorization form is permissible if the authorization contains all of the following information:

- A description of the information to be disclosed that identifies the specific information
- The identity of the person, classification of persons or DHS program area authorized to make the disclosure
- The identity of the person, classification of persons or entity to whom the information may be disclosed
- The purpose of the disclosure
- An expiration date or an expiration event, and
- The dated signature of the individual, the individual’s attorney or the individual’s personal representative.
  - If the authorization is signed only by the individual’s personal representative, a description or explanation of the representative’s authority to act for the individual, including copies of any court documents appointing the personal representative, must be provided.

**What if the individual refuses to sign the authorization?**

An individual does not have to sign the release form and sometimes will refuse to sign a release form. SSP should talk through with the participant what specific objections they have to the release and why. It may also help to explain to the individual why it is helpful to SSP to receive and share certain information about the individual. If, following that conversation, the individual still does not want to authorize disclosure of their information, SSP should explain to the individual that they are then responsible for providing any information that would have otherwise been obtained with the authorization.
Failure to sign an authorization cannot be the basis for denying program services to otherwise eligible applicants. However, if the release of information is necessary to obtain documentation related to eligibility for the program, a denial would be based on the lack of required verification necessary to determine program eligibility and not on the refusal to sign the authorization.

If verification is needed to ensure compliance with JOBS program activities, click here for Working with families.

**Revocations or cancellations of authorizations**

A valid revocation should be treated similarly to the situation of an individual who refuses to sign an authorization. A revocation about substance use information may be made orally. For all other information, the request must be in writing. The method and date of the cancellation should be written on the authorization form; the current date should be added if different from the cancellation date. An SSP staff member should initial the cancellation entry and scan the authorization form into EDMS.

**Requests to restrict use or disclosure of individual information**

An individual has the right to request a restriction on use or disclosure of their information. The Request for Restriction and Use of Disclosures (MSC 2095) is used for this purpose. DHS is not obligated to agree to a restriction and may deny a request for restriction, or DHS may agree to a restriction more limited than what the individual requested.

When approving an individual’s request for restriction on use and disclosure of their information, caution should be used; there must be adequate safeguards provided to the information in question. If safeguards cannot be provided, the request must be denied. When denying a request, the bottom portion of the MSC 2095 is completed. Certain information, such as substance use or mental health information may only be used and disclosed as authorized by the individual. This means if the individual has asked for disclosure of this type of information to be restricted to a particular entity or person, SSP may not deny the restriction and instead must abide by that restriction.

**Further disclosure (re-disclosure) of information**

Further disclosure is any use or disclosure of information obtained under an information form:

- With any program in DHS or entity outside of DHS not listed on the authorization form, or
- For any purpose not listed on the authorization form.

Information received by SSP that is otherwise confidential or privileged under state or federal law may not be further disclosed to another person or entity unless the individual provides written authorization for disclosure of that information or another exception applies. This requirement means that, prior to further disclosure of information, the applicant or individual must first fill out, sign and date an Authorization for Disclosure, Sharing and Use of Individual Information (MSC 3010) form for that disclosure.

**Suspected child abuse or elder abuse**

Department employees are required to comply with the following Oregon laws:

- Child abuse reporting laws
- Elder abuse reporting laws, and
• Mentally ill persons and persons with developmental disabilities reporting laws.

Any questions regarding abuse reporting should be directed to a staff member’s management.

When there is suspected abuse, the worker must do all of the following:
• Comply with the abuse reporting laws by making a mandatory report
• Narrate the referral in TRACS by stating only “Referral made to [agency].” The abuse itself should never be narrated.

**Alcohol and drug (A&D) and mental health information**

Pursuant to federal A&D law and state mental health law, an individual has the right to authorize use and disclosure of A&D or mental health treatment information to DHS or to a specific program within DHS, such as Self-Sufficiency, or to a specific person (name or title).

A&D and mental health treatment information may be used only for the specific purpose listed on the Authorization for Disclosure, Sharing and Use of Individual Information (MSC 3010) form. A client has the right to informed consent when filling out the MSC 3010. This means the worker has told the client he or she may authorize the use of A&D and mental health information to DHS as a whole or may limit disclosure to a specific program such as to Self-Sufficiency Programs.

Federal A&D law prohibits unauthorized use, disclosure and re-disclosure of A&D treatment information. State mental health law prohibits unauthorized use, disclosure and re-disclosure of mental health information. These laws:
• Give an individual the right to restrict to what entity or person and for what purpose treatment information may be used or disclosed
• Require the individual’s right to limit use and disclosure of A&D and mental health information be communicated to the individual
• Prohibit re-disclosure of A&D and mental health treatment information without the specific authorization of the individual
• Allow an individual to authorize use and disclosure of information by filling out and signing a release (such as the Authorization for Disclosure, Sharing and Use of Individual Information MSC 3010 form) that includes the:
  • Name of the person or program making the disclosure
  • Name or title of the individual or organization to which disclosure is to be made
  • Name of the participant
  • Purpose of the disclosure, which must be specific
  • How much and what kind of information is to be disclosed.

**TRACS narration of A&D and MH information**

The A&D and MH narrative is for information that is:
• From a treatment provider, and
• Related to a participant’s A&D or MH diagnosis, prognosis or progress in treatment
However, some A&D and MH information — such as that a participant was referred for treatment, attended a treatment appointment or was referred for a urinalysis (UA) — should still be narrated in the regular TRACS narrative.

In addition, individual self-disclosure of A&D- or MH-related information should be narrated in the regular TRACS narrative.

Information in the A&D and MH narrative should be limited to the minimum necessary to communicate the individual’s challenges.

**Secure A&D and MH narrative vs. a restricted A&D and MH narrative**

There are two different levels of security within the A&D and MH narrative. This means the worker entering the A&D and MH narrative will have to choose a level of security. The two levels of security are the secure A&D and MH narrative and the restricted A&D and MH narrative.

The secure A&D and MH narrative is used when an individual authorizes their A&D or MH treatment information to be disclosed to an entity such as DHS or Self-Sufficiency. Authorization is given on the Authorization for Disclosure, Sharing and Use of Individual Information (MSC 3010) form. The secure narrative is viewable by group’s assigned access. For example, an A&D and MH narrative viewable by all Self-Sufficiency case managers in District 3 is a secure A&D and MH narrative. It is anticipated that the vast majority of A&D and MH narratives entered will be secure A&D/MH narratives.

The restricted A&D and MH narrative is used when an individual authorizes their A&D or MH treatment information to be disclosed to only a specific worker or workers in the branch. (Authorization is given on the Authorization for Use and Disclosure of Individual Information (MSC 2010) form. For example, if an individual wants their A&D treatment information to be disclosed to only their Self-Sufficiency family coach, the information must be entered into TRACS as a restricted A&D and MH narrative, which means it will be viewable by only that family coach.

Secure and restricted narratives are to be used for A&D and MH information only.

**Sharing information across programs**

Information that may be shared between programs within DHS without a signed release (not protected by 42 CFR) includes:

- Observations of suspected substance abuse or mental health issues
- Any information SSP obtains prior to the diagnosis and/or treatment of an individual that does not originate from the A&D provider. This includes the screening and/or referral for an assessment, including the name of the treatment provider conducting the assessment (even if that provider eventually provides treatment)
- Self-disclosed information about the existence of a substance abuse or mental health issue, including that client is receiving or has received treatment.

**Applicability to mental health records**

Disclosure of A&D records is governed by 42 CFR Part 2: Disclosure of Mental Health records are governed by ORS 179.505. Because 42 CFR Part 2 is the more restrictive regulation, and because it is not practical to distinguish the different sharing limitations between these records, the more restrictive analysis applies to both A&D and mental
health records.

Cross-program use of A&D and mental health treatment information outside the guidelines listed above will require a signed release of information by the participant.

If A&D or mental health treatment information is used or disclosed more broadly than the participant has authorized on the Authorization for Disclosure, Sharing and Use of Individual Information (MSC 3010) form, the person using the information or making the disclosure may be in violation of federal or state law.

**Domestic violence**

Click here for the Temporary Assistance for Domestic Violence Survivors (TA-DVS) Eligibility Manual.

Confidentiality is assumed in cases where domestic violence is a factor. Both the Code of Federal Regulations (45 CFR 260.52) and state statute (ORS 411.117) instruct SSP to keep information confidential about individuals experiencing domestic violence. Information shared should be limited to the minimum necessary and should not be shared without a signed release. The release should be clear about the specific information to be released, for what purposes and the time frames the release covers.

Information sharing with Child Welfare

Domestic violence information, or information from which domestic violence can be inferred, may be shared by SSP with the CW program when there is a common case unless:

- Perpetrator works for CW
  - Protocol: SS staff reports information to their program manager for action, or
- Relatives of perpetrator work for CW
  - Protocol: SS staff reports information to their program manager for action, or
- Perpetrator has a close business relationship with CW, such as a program partner or contracted worker
  - Protocol: SS staff reports information to their program manager for action, or
- When DV survivor affirmatively asks that information not be shared and the information in question does not otherwise trigger a mandatory report
  - Protocol: SS staff discusses with DV survivor the survivor’s concerns about sharing and, if needed, consults with their program manager to determine whether information may be shared in a manner that protects the victim but still achieves the purpose for which it is shared.

**Access to information in the file**

It is critical to be mindful of safety issues for individuals in domestic violence situations. This applies to all Self-Sufficiency programs. If there is any likelihood an abuser (family member or friend) may have access to the file, staff should proceed with caution. Branch procedures might include keeping domestic violence/abuse information in a separate file or attached separately so it can be easily removed. This separation would include the safety assessment (if used), the TA-DVS addendum (if used), any safety or case planning documents and any information from domestic violence service providers.

In cases where the alleged abuser is no longer in the household but is requesting information, staff should
remember a person is only entitled to see information from the time they were a household member and an applicant or recipient. If a staff member is required to share the narrative, any references to the abuse, as well as the address of the victim or services accessed, should be removed before providing a copy to the alleged abuser. When printing a TRACS narrative, a black felt marker should be used to cross out any references to domestic violence before sharing the narrative.

**When it is safe to narrate, a DHS staff member should do the following:**

- Use the TRACS “DV” narrative type.
- Narrate what you actually see (e.g., Mary came in with a black eye and a broken tooth).
- Describe the survivor’s situation. Record the survivor’s description of what happened (e.g., Mary said, “My boyfriend got a little drunk and threw a bottle at me.”). What is the survivor afraid the abuser is likely to do?
- Narrate any history of abuse, abuser criminal history, other factors that might inform case planning efforts including abuser’s access to the victim or to weapons.
- If the survivor identifies the abuser as boyfriend/girlfriend, wife/husband, roommate or family member, ask for the actual name and record it in TRACS. (Though this is not required for eligibility, unless there is question about relationship, it is important to record this information in case the abuser shows up at the office or the survivor reapplies for services.)
- Document both financial and non-financial eligibility information including any TANF or TA-DVS requirements waived due to domestic violence.
- Narrate eligibility decisions and notice sent.
- Narrate payments made on behalf of the survivor.
- Document initial safety planning with the survivor (completion of the Self-Sufficiency Domestic Violence Assistance Agreement (DHS 1543), and
- Document any other information pertinent to working with the client or to the survivor’s safety, such as a child support or good cause determination.

**Restricted and secured narrative**

DHS staff should not narrate domestic violence-related information in the Drug and Alcohol/Mental Health (D&A/MH) restricted or secure narrative. If safety concerns exist in adding information to the TRACS narrative, domestic violence-related information should be kept in the hard file marked “Confidential.”

If staff are concerned about abuser access to a file, a narration should not be made in TRACS. Instead, staff should hand narrate the information and put it in an envelope marked confidential and “Do not disclose.”

**Use of alternate identities on CMS and TRACS**

In some cases, an individual may request use of an alternate identity, or they may be going through a name change to protect their identity or location from an abuser.

DHS staff must have permission from Central Office or local management to use an alternate identity on the system. The manager or their designee needs to contact Central Office to authorize release of the procedure to code alternate identities.
When using an alternate identity, eligibility information (e.g., client identifying information, citizenship, relationship, Social Security numbers, Oregon residency) should be secured. A file containing the confidential information could be kept in the manager’s office, put in a separate folder marked “confidential,” kept in the hard file in an envelope marked “do not disclose” or otherwise protected. Check with your manager or DV point person to determine the process used in your branch.

**Safety tools in the Child Support Program**

There are two ways to address potential safety concerns and confidentiality in the Child Support Program. If a client indicates it is not safe to pursue child support, we can grant good cause. DCS will take no actions to pursue paternity establishment, medical support or child support. If the client wants to pursue support but would like to protect information during pursuit, there is an additional tool. A client may request nondisclosure based on “claim of risk,” which protects not only the client’s resident address but personal identifying information such as where the client works, their Social Security number, their driver’s license number and where the child attends school. These options are explained in the Client Safety Packet on Good Cause Version A (DHS 8660).

**Address Confidentiality Program (ACP) through Department of Justice, Crime Victim and Survivor Services Division**

What the ACP does:

- The ACP enables survivors of domestic violence, sexual assault, stalking and human trafficking to keep their new relocation address information confidential.
- The ACP authorizes program participants to use a PO box as a “substitute address” when working with state and local government agencies.
- The ACP receives participant mail and provides mail forwarding services.

**and**

- The ACP enables participants to:
  - Obtain an Oregon driver’s license or ID card
  - Register to vote
  - File court documents (including restraining orders), and
  - Apply for marriage licenses with their substitute address.

This creates a new public record without the participant’s actual address.

What the ACP does not do:

- The ACP is not a witness protection program.
- The ACP does not help participants “go underground,” change their identities or relocate.
- The ACP does not remove or delete existing records (or any information contained in those records).
- The ACP does not offer legal advice.
- The ACP does not hide participants from having to provide actual address information when supervised offenders’ records are created.

**and**
• Convicted sex offenders who are required to register their residential address with criminal justice agencies are not allowed to use the ACP substitute address for community registration purposes.

When approved for the ACP:

Each participant receives a laminated identification card. It will have the participant’s name with their participant number.

**ACP Participant ACP 0001-01**

**PO Box 1108**

**Salem OR 97308**

That address will serve participants across the state. Program participants must present the identification card when requesting a state agency to use the ACP address. The PO box is used as the survivor’s mailing address.

What should DHS staff do when an individual presents them with the ACP identification card?

• Enter the PO box into the mailing address.
• Write “Do Not Disclose” in the resident address.
• Do not add the county code or resident ZIP code on CMS/FSMIS.
• Mark an envelope with “Confidential Information – Do not Disclose” and put a copy of the ID card and the actual resident address in the envelope.
• For all Self-Sufficiency programs, an additional five days should be added to 10- day notices.
• For managed care enrollment, an exception needs to be requested for out-of-area enrollment, due to the Salem address. Send an email to CES DMAP with client name, case number and prime numbers for all individuals and the managed care plan the client chose, along with the reason why the exception is needed. DMAP has been made aware of the need for an exception for ACP participants.
• For child care payments issued through the Direct Pay Unit system where care is provided by someone using the ACP PO Box, the maximum payment rates will default to Region A.

People selected for the program have completed safety planning with a local domestic violence service provider or district attorney-based victims’ assistance program. For further information about the program, go to [http://www.doj.state.or.us/victims/pages/index.aspx](http://www.doj.state.or.us/victims/pages/index.aspx).

To apply for the program, the survivor should be referred to your local domestic violence and sexual assault service provider or the local crime victims’ assistance program through your local district attorney. The survivor will work with an application assistant who can help them decide if the program is appropriate for them.

**Other ways to protect information in domestic violence cases**

There are several options available for survivors to protect their address from being used in public records including voter’s registration, driver’s license and court proceedings. Survivors should be referred to the individual agencies to learn more information or to the local domestic violence service provider who may help the survivor plan around these options. Legal aid has information about confidentiality protections for survivor of domestic violence, sexual assault and stalking; go to [https://www.doj.state.or.us/crime-victims/](https://www.doj.state.or.us/crime-victims/).
HIV/AIDS

According to Oregon Revised Statutes 433.045(3), in no instance may a department employee reveal to any person or agency that a client is HIV positive (a person who is HIV positive has been exposed to the AIDS virus) without a written client authorization. On the Authorization for Use and Disclosure of Individual Information (MSC 2010) form, the authorization must specifically identify HIV test results in Section B and be initialed in the correct box below Section B.

Information on a client’s HIV status may not be included in the case record unless necessary to determine eligibility. Workers must judge whether a report containing information about HIV is needed to determine eligibility. If not, the information must be destroyed. If HIV information is needed for eligibility determination, the report should be retained but marked with a notation that the information cannot be released to any person or agency.

Do not enter HIV status information into any shared communication system such as TRACS.

When you receive a subpoena

A subpoena is not a court order. A court order is signed by a judge. A subpoena is almost always signed by an attorney. SSP must comply with a court order to provide testimony or documents unless SSP is able to persuade a judge to amend or rescind the order. In response to a subpoena, SSP must file written objections within 10 days or appear to present objections in court (or convince the attorney to drop the subpoena), but a subpoena alone does not require testimony or release of documents. If the time period to object to a subpoena is not waived, there must either be a court order or a valid written authorization from the client for SSP to release documents or provide testimony.

How you respond to a subpoena will depend on what the subpoena is directing you to do

- If the case record or worker is subpoenaed to appear before a judge, you should testify or release client information in the judicial proceeding if at least one of the following is true:
  - The proceedings are directly connected with administering a Self-Sufficiency program (except that release of information about substance abuse treatment and mental health still requires an authorization).
    or
  - The client has given a current and valid written authorization for release of specific information sought that covers both the purpose of the proceeding and those present in court.
    or
  - A judge directs you to provide the information.

If there is no valid client authorization and the proceeding is not about Self-Sufficiency Programs, take a copy of the records requested and appear as directed by the subpoena. Give the presiding judge a copy of the state statutes that relate to the confidentiality of client records. (ORS 411.300, 411.320, 411.335, as well as ORS 179.505 (behavioral health), ORS 411.117 (domestic violence), ORS 412.074 (TANF)).

These statutes provide an explanation of the laws governing confidentiality of client information and let the judge know we can provide the information if the judge orders us to do so. Testify only to the extent the judge orders you to testify.
If a case record or a worker is subpoenaed and the subpoena directs the record or worker to provide documents or appear in a deposition or an attorney’s office or in an administrative hearing where a judge will not be present, do the following:

- Look at the date you are asked to appear or provide documents. If the subpoena gives SSP less than five working days to comply, contact the DHS Central Office subpoena liaison immediately and fax a copy of the subpoena to them at 503-373-7032. You should also check the client file to see if the client has signed an authorization to release information to the attorney; fax any releases that may apply. Note that a release in the file may not cover the scope or purpose of the request. If time permits, contact the attorney or agency that issued the subpoena. Explain that ORS 410.150, ORS 411.300, ORS 411.320, and ORS 411.335 prohibit SSP from disclosing client information without the client’s written release. Ask that the subpoena be withdrawn and for brief written confirmation that SSP is not required to comply with the command of the subpoena.

- If you cannot reach the attorney or the attorney is not willing to withdraw the subpoena, immediately contact the DHS Central Office subpoena liaison and fax a copy of the subpoena and any related authorizations to share information to the liaison at 503 373-7032.

- SSP may file written objections or seek to quash the subpoena, especially if only documents are requested. If only documents are requested, do not provide them in the absence of a court order or valid written client authorization or specific direction from the Attorney General’s Office (AG) contact or confidentiality analyst.

- If a subpoena for your testimony is not quashed, the person subpoenaed should appear as directed by SSP’s AG contact or the subpoena liaison. You would bring any documents directed; however, actual testimony or release of documents at this hearing would still require a court order or valid, written authorization.

- If the worker or the case record is subpoenaed for a grand jury and the proceedings are not directly connected to administering SSP’s programs, or the client has not given written authorization for the release of specific information, immediately contact the subpoena liaison. Fax a copy of the subpoena to them at 503-373-7032.

**Verification**

In every situation in which information is shared with or without an authorization and inside or outside of DHS, staff, volunteers and contractors are required to take reasonable steps to verify the identity of the individual receiving the information. The only exception is if the SSP workforce member fulfilling the request already knows the person or has already verified identity.

When releasing information to a client’s attorney without an Authorization for Use and Disclosure of Individual Information (MSC 2010) form, staff must verify the individual is an attorney. Instructions for how to do this are at [http://intranet.dhs.state.or.us/caf](http://intranet.dhs.state.or.us/caf).

If the person is not known to the DHS staff member fulfilling the request, take one of the following reasonable precautions to verify the individual with whom staff is communicating is that same attorney:

- Ask to see an identification badge or driver’s license when the request is made in person.

- Conference call in another DHS employee who knows the attorney, will recognize the attorney’s voice and can verify identity.

- Ask for a phone number at the same location you can call back that will confirm you are communicating with
a law firm or legal services.

- Receive an email from the attorney’s email address that will serve to verify the attorney is the person on the phone.
- Confirm the fax number or address to which you will send the documents is that of the attorney. You can confirm the fax number on the Oregon State Bar website: [http://www.osbar.org/members/start.asp](http://www.osbar.org/members/start.asp).
- Receive a fax from the attorney’s fax number to verify the attorney is the person on the phone.
- Use another reasonable approach.

**Forms**

- [MSC 2090](#), DHS/OHA Notice of Privacy Practices
- [MSC 2093](#), Request for Access to Records
- [MSC 2094](#), Request for Amendment of Health Record
- [MSC 2095](#), Request for Restriction of Use and Disclosures
- [MSC 2096](#), Request for Accounting of Disclosures of Health Records
- [MSC 2097](#), Disclosures of Protected Health Information (PHI)
- [MSC 3010](#), Authorization for Disclosure, Sharing and Use of Individual Information

**References**

**DHS Policy**

- [DHS-100-001](#), General Privacy
- [DHS-100-002](#), Individual Privacy: Permissible and Prohibited Use and Disclosure of Information
- [DHS-100-003](#), Uses and Disclosures of Individual Information
- [DHS-100-004](#), Minimum Necessary Information for Releasing Personally Identifiable Information

**Oregon Administrative Rule(s)**

- [407-014-0000](#), Definitions
- [407-014-0020](#), Uses and Disclosures of Client or Participant Protected Information
- [407-014-0030](#), Client Privacy Rights
- [407-014-0040](#), Minimum Necessary Standards
- [461-105-0060](#), Release of Information to the Client
- [461-105-0070](#), Client Authorization for Release of Client Information to Third Party
- [461-105-0100](#), Release of Client Information to Law Enforcement Officers
- [461-105-0110](#), Release of Client Information to Service Providers and Legal Bodies
- [461-105-0120](#), Release of Information on Child Support and Paternity Cases
- [461-105-0130](#), Disclosure of Client Information

**Oregon Revised Statutes**
• 179.505, Disclosure of written accounts by health care services provider
• 410.150, Use of files; confidentiality; privileged communications
• 411.117, Requirements when applicants or recipients victims of domestic violence; identification
• 411.320, Disclosure and use of records limited; contents as privileged communication; exceptions
• 412.074, Use and custody of records of temporary assistance for needy families program; rules
• 412.094, Public officials to cooperate in locating and furnishing information concerning parents of children receiving or applying to receive public assistance and in prosecuting nonsupport cases; use of information restricted
• 419B.005–419B.045, Reporting of child abuse
• 430.735–430.765, Abuse reporting for persons with mental or developmental disabilities

Federal Law
• 7 CFR 272.1
• 42 CFR Part 2
• 45 CFR Part 164.522164.528

Oregon Administrative Rule(s)
461-105-0130 — Disclosure of Client Information
461-105-0110 — Release of Client Information to Service Providers and Legal Bodies
461-105-0070 — Client Authorization for Release of Client Information to Third Party

Overpayments

Click here for Personal injury liens.

An overpayment is defined as a benefit or service received by or on behalf of an individual, or a payment made by SSP on behalf of an individual, that exceeds the amount for which the individual is eligible. It can also be defined as:

• A payment made by SSP and designated for a specific purpose; the payment is spent by a person on an expense not approved by SSP and not considered a basic living expense.
  • Basic living expenses are limited to the need of the individual at the time the payment was designated for shelter, utilities, household supplies (other than food, and personal incidentals the individual could not meet with other immediately available resources. Payment amounts are limited to 200 percent of the payment standard for the benefit group.

• A misappropriated payment is when a person cashes and retains the proceeds of a check from SSP on which that person is not the payee and the check has not been lawfully endorsed or assigned to the person.

• A benefit or service is provided for a need when that person is compensated by another source for the same need and the person fails to reimburse SSP when required by law.

• A cash benefit received by an individual in the General Assistance (GA) or SFPSS programs for each month for which the individual receives a retroactive Supplemental Security Income (SSI) lump-sum payment;
SSP provides overpayment identification and collection services to the extent possible based on the following expectations:

- SSP has a responsibility to ensure that state and federal funds are appropriately expended and to identify where funds have been misapplied.
- Individuals receiving services or payments have a responsibility to provide timely and accurate information to assist SSP in appropriate distribution of services and funds.
- SSP will hold claimants accountable for repayment of overpayments.
- When overpayment recovery is necessary, the process must be clear and fair to all parties to maintain public trust.

**Identifying potential overpayments**

Identifying who is responsible for the overpayment is an important part of the process. The overpayment process provides the basis for determining:

- When an overpayment occurs
- Who is responsible for the overpayment
- The type of overpayment (overpayment categories)
- The amount of the overpayment
- Who is liable for repaying the overpayment, and
- Appropriate actions, including collection.

Overpayments may be discovered from the following sources:

- Information from the individual or provider
- Discrepancies identified by agency staff
- Community complaints
- Information received from an employer
- Information supplied by the Fraud Investigation Unit
- Information received from community partners
- Employment Department quarterly wage reports, and
- Other sources of information.

**Establishing overpayments in the initial month**

SSP may establish an overpayment for the initial month of eligibility under circumstances including but not limited to the following:

- The filing group, ineligible student or authorized representative withheld information.
- The filing group, ineligible student or authorized representative provided inaccurate information.
- SSP failed to use income reported as received or anticipated in determining the benefits of the filing group.

or
• The error was due to an error in computation or processing by SSP.

In the OCCS Medical programs, SSP may establish an overpayment for the budget month when OCCS medical program household group or authorized representative withheld or provided inaccurate information.

**Establishing overpayments in months of ongoing eligibility**

When an overpayment is caused by reported or unreported changes as required per Changes That Must Be Reported (OAR 461-170-0011), the overpayment start date is determined as follows:

**For cases in CRS:**

Administrative error overpayments: When the change is reported as required per OAR 461-170-0011, allow 10 days to report the change, 10 days to take action and the notice period per Notice Period (OAR 461-175-0050).

An individual's error and fraud overpayments: When the change is not reported as required per OAR 461-170-0011, allow 10 days to report the change and the notice period per OAR 461-175-0050 only. This applies to administrative error, an individual's error and fraud overpayments.

**For cases in SRS:**

For SRS the overpayment start date is the same for reported or unreported changes Per OAR 461-170-0011, required changes must be reported by the 10th day of the month following the month of occurrence. The overpayment begins the month after the required change is due. This allows for the required notice period per OAR 461-175-0050. This applies to administrative error, an individual's error and fraud overpayments.

**Establishing overpayments when prospective budgeting was used**

It is not an overpayment when prospective budgeting is used to calculate income and the actual income is different unless:

- SSP failed to use income reported
- SSP miscalculated the income
- The filing group, ineligible student or authorized representative failed to make a required change report
- The filing group, ineligible student or authorized representative provided inaccurate information, or
- The filing group, ineligible student or authorized representative withheld information.

**Continuation of benefits pending a hearing**

When benefits issued incorrectly are continued unreduced pending a hearing and the hearing decision supports SSP, the additional benefits beyond the initial notice period are an overpayment. This overpayment is considered an individual's error.

In all programs except OSIP and OSIPM, when an individual disputes a disqualification and benefits are continued, do not establish an overpayment for the continued benefits unless an overpayment exists for a reason other than the disqualification.
The disqualification will be applied when SSP is upheld.

**Overpayment categories**

**AE “administrative error”** overpayment is a result of an error made by SSP. Examples include:

- SSP fails to reduce, suspend or end benefits after timely reporting by the filing group, OCCS Medical Program household group, ineligible student or authorized representative of a change covered under Changes That Must Be Reported (OAR 461-170-0011 or OAR 410-200-0235) and the reported change requires SSP to reduce, suspend or end benefits.
- SSP fails to use the correct benefit standard.
- SSP fails to compute or process a payment correctly based on accurate information timely provided by the filing group, OCCS Medical Program household group, ineligible student or authorized representative.
- In the GA and SFPSS programs, SSP fails to require an individual to complete an interim assistance agreement. 
  or
- SSP commits a procedural error that was no fault of the filing group, OCCS Medical Program household group, ineligible student or authorized representative. For example, a case is opened as JOBS Plus, but SNAP benefits continue to be issued.

**CE “client error”** overpayment is caused by a misunderstanding or unintended error on the part of the individual, ineligible student or authorized representative, such as unintentionally providing incomplete information or not reporting a change, even if the information was available to SSP. Examples include:

- An overpayment caused by the failure of a filing group, OCCS Medical Program household group, ineligible student, or authorized representative to declare or report information or a change in circumstances as required under Changes That Must Be Reported (OAR 461-170-0011 or OAR 410-200-0235), including information available to SSP that affects the individual’s eligibility to receive benefits or the amount of benefits
- An individual’s unreduced liability or receipt of unreduced benefits pending a contested case hearing decision or other final order favorable to SSP
- An individual’s failure to return a benefit known by the individual to exceed the correct amount
- An individual’s use of a JOBS or SFPSS program support payment for other than the intended purpose
- A payment for child care when the individual was not engaged in an activity that made the individual eligible for child care, such as an activity of the JOBS program
- A payment for child care when the individual was not eligible for child care benefits
  or
- The failure of an individual to pay his or her entire share of the cost of services or the participant fee (see Client Liability; OSIPM (except OSIPM-EPD) OAR 461-160-0610 and Determining Participant Fee; OSIP-EPD, OSIPM-EPD (Including In-Home Services) OAR 461-160-0800) in the month in which it is due.

**FR “fraud”** occurs when an overpayment is determined to be an intentional program violation (see Intentional Program Violation Defined, OAR 461-195-0601, and Intentional Program Violations; Establishment and Appeal, OAR 461-195-0611) or is substantiated through a criminal prosecution.
PE “provider error” overpayment:

- In the SNAP program, a provider error overpayment is an overpayment made to a drug or alcohol treatment center or residential care facility that acted as an individual’s authorized representative.
- In the child care programs, a provider error overpayment is a payment made by SSP on behalf of an individual to a child care provider when:
  - Paid to an ineligible provider or
  - The payment exceeds the amount for which a provider is eligible, or
  - Paid to a provider who does not submit attendance logs upon request.

PF “possible fraud” overpayment occurs when an individual or provider is suspected of intentionally causing an overpayment to occur in order to receive or increase payments or benefits they are not eligible to receive.

PI “provider intentional” overpayment occurs when there is clear and convincing evidence the provider intended to mislead, misrepresent, conceal or withhold facts.

Provider intentional overpayment occurs when the provider intentionally does any of the following:

- Bills SSP for more child care than actually provided, including duplicate billings
- Collects payment directly from an individual after SSP’s payment for the services has been garnished or after overpayment recovery action have reduced the amount paid
- Fails to comply with the agreements of the Child Care Provider Listing (DHS 7494) form, including failing to list required individuals for the record check, or
- Establishes eligibility for payment for another person.

Overpayment thresholds

SSP establishes an overpayment when the following thresholds are exceeded:

**AE overpayments** concerning:

- Cash and child care programs, when the amount is greater than $200
- SNAP open case, when the amount is greater than $100
- SNAP closed case, when the amount is greater than $200

Do not establish AE overpayments in the medical programs.

**CE overpayments** in:

- Cash and child care programs, when the amount is greater than $200
- SNAP open case, when the amount is greater than $100
- SNAP closed case when the amount is greater than $200
- Medical programs, when the amount is greater than $750.

**PE overpayments** in:

- Cash and child care programs, when the amount is greater than $200
SNAP open case, when the amount is greater than $100
SNAP closed case when the amount is greater than $200.

There are no overpayment thresholds in the following situations:

- In the SNAP program, if the overpayment was identified in a quality control review
- In all programs, if the overpayment was caused by an individual’s receipt of continuing benefits in a contested case
- In all programs, if the overpayment was caused by possible fraud by an individual or provider
- In the REF, SFPSS and TANF programs for an overpayment caused by the individual using or accessing cash benefits in any EBT transaction in a:
  - Liquor store: This includes retail establishments that primarily or exclusively sell beer or wine.
  - Casino, gambling casino or gaming establishment.
  - Retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment. This includes adult video stores that exclusively or primarily sell or feature adult-oriented videos or movies.
  - Marijuana dispensaries.

The amount of the overpayment is the amount of cash benefits used or accessed in the EBT transaction.

**Verification and overpayment claims establishment timelines**

Department staff should seek verification of potential income or eligibility discrepancies within 30 working days of first identifying them. Additional steps may need to be taken before discovering if an overpayment of benefits has actually occurred.

The date of discovery of an overpayment is defined as the date on which an overpayment of benefits, the specific dollar amount and time period are all confirmed. This is typically achieved once all evidence, eligibility verifications, earnings and household composition factors have been confirmed, and the appropriate benefit level has been calculated.

The goal is to complete the overpayment within 90 days following the calendar quarter in which the overpayment was discovered. For SNAP benefits, 90 percent of the overpayments should be written within this time frame.

**Responsibility for completing overpayments and referral process**

When SSP employees receive information indicating a potential overpayment exists, they report the information to the appropriate branch worker. The case is reviewed by the worker to determine if a discrepancy exists resulting in an overpayment. The worker is responsible for referring potential overpayments that exceed the overpayment threshold guidelines to the Overpayment Writing Unit. Narrate the referral in TRACS. If a potential overpayment does not meet the threshold, do not submit a referral and narrate the reason for not referring. Overpayment writers from the Office of Payment Accuracy (OPAR), Overpayment Writing Unit (OWU) complete all cash, medical, SNAP and child care (both individual and provider) overpayments. To refer an overpayment to OWU, follow the process below:
• Complete Self-Sufficiency Overpayment Referral form (MSC 0284F). Include your name, branch number, date and your phone number. Indicate on the referral form the approximate dates of the potential overpayment and describe the cause. It is important that the cause of the potential overpayment be specific and clear. List sources of income and the persons receiving it. If the overpayment was caused by earned income, list the employer and the name of the person on the case who was working.

• Attach the documentation you have gathered. It is not a requirement for field staff to obtain supporting documents, such as verification of earnings, mainframe screen prints and copies of narratives. This preparatory work is completed by an overpayment referral specialist in OPAR.

• Submit the referral form to OPAR using one of the following methods:
  • Email to OVERPAYMENT REFERRALS (OVERPAYMENT.REFERRALS@dhsoha.state.or.us)
  • Fax to 503-378-3872.
  • Mail to OPAR OVP Referrals, PO Box 14150, Salem OR 97309.
  • Submit directly to your local overpayment writer if there is no preparatory work that needs to be done or supporting documentation that needs to be obtained. For example, income cases where no hard copy verification needs to be obtained from an outside employer or agency, such as:
    » APD home care worker income (HINQ);
    » Unemployment (ECLM);
    » The work number (please note on the referral form if income is on the work number).

When a QC review results in an overpayment, the referral will be sent to OWU by staff in the QC Unit. This does not apply to overpayments resulting from other types of reviews, such as those conducted by the Self-Sufficiency Program Accuracy Team, manager reviews or peer reviews.

Calculating overpayments

The overpayment is calculated by determining the amount the individual received or the payment made by SSP on behalf of the individual that exceeds the amount for which the individual was eligible.

The overpayment starts with the first incorrect payment or program benefit following receipt or possession of income, property, resources or another change in circumstances that caused the overpayment. It ends with the payment in which benefits are corrected or ended.

Benefits paid during a required notice period are included in the calculation of the overpayment when:

• The filing group, OCCS Medical Program household group, ineligible student or authorized representative failed to report a change within the reporting time frame under Changes That Must Be Reported (OAR 461-170-0011) or OAR 410-200-0235), and

• Sufficient time existed for SSP to adjust the benefits to prevent the overpayment if the filing group, OCCS Medical Program household group, ineligible student or authorized representative had reported the change at any time within the reporting time frame.

When an overpayment is caused by both an administrative and the individual’s error in the same month, SSP determines the primary cause of the overpayment and assigns as either an administrative or the individual’s error
Income general information

Assign unreported income to the applicable budget month without averaging the unreported income, except:

- An individual’s earned income reported quarterly from the Employment Department is considered received by the individual in equal amounts during the months identified in the report.
- In the ERDC, REF, SNAP and TANF programs, an individual’s actual self-employment income is annualized retrospectively to calculate the overpayment.
- In the OCCS Medical Program, if actual income is not available for the month in which overpayment occurred, an individual’s actual self-employment income received during the year when an overpayment occurred is annualized to calculate an overpayment.

When benefits were calculated using prospective budgeting and the actual income differs from the amount determined under OAR 461-150-0020(2), use the actual income to calculate the overpayment when:

- The filing group, ineligible student or authorized representative failed to report a change
- The filing group, ineligible student or authorized representative provided inaccurate information, or
- The filing group, ineligible student or authorized representative withheld information.

When prospective income was reported correctly, but SSP miscalculated the income or failed to use income reported, SSP should use the actual income only if it results in a lesser overpayment amount for the individual.

When using anticipated income for the OCCS Medical programs and the actual income differs from the amount determined under Changes That Must Be Reported (OAR 410-200-0310), there may be an individual error overpayment only when the OCCS Medical Program household group or authorized representative withheld information, failed to report a change or provided inaccurate information. In such case, SSP uses the actual income to determine the amount of an overpayment.

Earned income overpayments

Reported earned income:


Unreported and under-reported earned income

Compute total countable earned income on a month-to-month basis, allowing earned income deductions (see OARs 461-160-0160, 461-160-0190, 461-160-0430, 461-160-0550, and 461-160-0552) as follows:

- In OSIP, OSIPM, QMB and REF, allow the earned income deduction.
- In REF and TANF, do not allow the earned income deductions unless good cause exists.
- In SNAP, do not allow the earned income deduction on the portion of the income not reported or under-reported.

Unearned income overpayments
Compute unearned income on a month-by-month basis if it is:

- Less than the monthly benefit amount for cash, SNAP or child care programs. Remember, there may not be a medical program overpayment if this is the only income source.
- Equal to or more than the monthly benefit amount for cash, SNAP or child care programs.
- For GA and General Assistance Medical (GAM) programs in prospective budgeting, an administrative overpayment occurs in the month the financial group received a lump sum that resulted in ineligibility, regardless of when the income is reported.

**Child support, including cash medical support**

When support is retained:

- In the TANF program, the amount of support (other than cash medical support) the Department of Justice retains as a current reimbursement each month is added to other income to determine eligibility. When an individual is not eligible for TANF program benefits, the overpayment is offset by the support the Department of Justice retains as a current reimbursement.
- In the medical programs, the amount of the cash medical support SSP retains each month is excluded income and not used to determine eligibility for medical program benefits. When an individual has incurred a medical program overpayment, the overpayment is offset by the amount of the cash medical support SSP retains during each month of the overpayment.
- In the REF and TANF programs, when an individual directly receives support used to determine eligibility or calculate benefits, the overpayment is:
  - If still eligible for REF or TANF program benefits, the amount of support the individual received directly, or
  - If no longer eligible for REF or TANF program benefits, the amount of program benefits the individual received.
- In the SNAP program, exclude child support payments the group receives that must be assigned to SSP to maintain TANF eligibility, even if the group fails to turn the payments over to SSP, per OAR 461-145-0080.

**Credits against overpayments**

Allow appropriate credits against the amount of benefits paid in error. Document credits allowed in the narrative portion of the Overpayment/Overissuance Report form (MSC 0284) or the Overpayment/Overissuance Change Report form (MSC 0284A). Allowable credits are:

- In all programs, for underpayments or adjustments
- In GA, REF and TANF an individual’s verified payment for medical services made during the period covered by the overpayment, in an amount not to exceed SSP fee schedule for the service (Do not allow a credit for an elective procedure unless it was prior authorized by SSP.)
- In TANF months where there was no eligibility, child support payments made on behalf of the individual that are retained by the state and applied to reimburse assistance paid (Only the amount up to the monthly legally obligated support is allowed.)
- For SFPSS and TANF earned income overpayments occurring on or after April 1, 2009: Allow a credit for Post-TANF only if:
- The individual reported in a timely manner
- The individual met Post-TANF eligibility per Specific Requirements; Post-TANF (OAR 461-135-1250), including verification of the minimum number of work hours, and
- The individual has received less than 12 months of Post-TANF program benefits. An individual cannot receive a Post-TANF payment and a credit in the same month.

- In medical programs, cash medical support SSP retained during each month of the overpayment
- In SNAP, if the overpayment was caused by unreported earned income allow a credit for the following (when verified only)
- Paid child care costs, to the extent they would have been deductible under Dependent Care Costs; Deduction and Coverage (OAR 461-160-0040) and Income Deductions; SNAP (OAR 461-160-0430).

**Overpayments caused by failure to reimburse SSP**

When an overpayment occurs because an individual fails to reimburse SSP despite a legal requirement to do so, the overpayment may be limited. This is true when the overpayment is for benefits or services, including cash medical support provided for a need for which that individual was already compensated by another source. These overpayments are limited to the lesser of the following:

When an overpayment occurs due to the failure of an individual to reimburse SSP, when required by law to do so, for benefits or services (including cash medical support) provided for a need for which that individual is compensated by another source, the overpayment is limited to the lesser of the following:

- The amount of the payment from SSP
- Cash medical support, or
- The amount by which the total of all payments exceeds the amount payable for such a need under SSP’s rules.

**Medical, screening for all programs**

In the OCCS Medical Program and the OSIPM, QMB and REFPM programs, if the individual was not eligible for one program, but during the period in question was eligible for another program:

- With the same benefit level, there is no overpayment
- With a lesser benefit level, the overpayment is the amount of medical program benefit payments made on behalf of the individual exceeding the amount for which the individual was eligible.

When an overpayment is caused by administrative error (see Definitions and Categories of Overpayments, OAR 461-195-0501), any overpayment of GA, OSIP, REF, SFPSS or TANF program benefits is not counted as income when determining eligibility for the GAM, OCCS Medical Program, OSIPM and REFPM programs.

**OSIP and OSIPM, individual's share of cost of service and EPD Program participant fee**

In the OSIP and OSIPM programs, when a participant does not pay his or her share of the cost of services or the EPD program participant fee (see Client Liability; OSIPM (except OSIPM-EPD), OAR 461-160-0610, and Determining Participant Fee; OSIP-EPD, OSIPM-EPD (Including In-Home Services), OAR 461-160-0800) in the month in which it is due, an overpayment is calculated as follows: All payments made by SSP on behalf of the participant during the
month in question are totaled, including but not limited to any payment for:

- Capitation
- Long-term care services
- Medical expenses for the month in question
- Medicare buy-in (when not concurrently eligible for an MSP)
- Medicare Part D
- Mileage reimbursement
- Special needs under Special Needs; Overview (OAR 461-155-0500) to Special Need; Diversion Services; OSIP and OSIPM (OAR 461-155-0710), and Waivered services, including home delivered meals and nonmedical transportation.

Any partial or late liability payment made by a participant receiving in-home waivered services or participant fee paid by an EPD program participant is subtracted from the total calculated under subsection (a) of this section. The remainder, if any, is the amount of the overpayment.

**Continuation of benefits pending a hearing**

When benefits issued incorrectly are continued unreduced pending a hearing and the hearing decision supports SSP, the additional benefits beyond the initial notice period are an overpayment. The overpayment is considered the individual’s error. Calculate from the date of the proposed action to the date benefits are reduced or closed as a result of the hearing decision.

In all programs except OSIP and OSIPM, when the individual disputes a disqualification and benefits are continued, do not establish an overpayment for the continued benefits unless an overpayment exists for a reason other than the disqualification.

If the hearing concerns a proposed action to reduce, suspend or end benefits due to an overpayment that has already been reported, add the additional overpayment amount via the Overpayment/Overissuance Change Report form (MSC 0284A). If the overpayment has not been completed, report the entire overpaid amount via the MSC 0284.

When the individual’s liability is unreduced pending the outcome of a contested case hearing about that liability, the overpayment is the difference between the liability amount determined in the final order and the amount, if any, the individual has repaid.

**Overpayment notification**

The Overpayment Writing Unit (OWU) completes the overpayment calculation, enters the overpayment in the overpayment system and sends the overpayment notice to the individual or provider. Overpayment benefit calculation worksheets are also included to explain how the overpayment was calculated. The notice includes hearing rights (see Hearing Requests (OAR 461-025-0310) and Contested Case Hearing (OAR 410-200-0145) and recovery information (see Methods of Recovering Overpayments (OAR 461-195-0551).

When notice is required in an alternate format, it is noted on the MSC 0284. OWU Central Office will have the alternate format notice generated.
If any overpayment notice is returned by the Postal Service as “undeliverable,” the Overpayment Recovery Unit (ORU) will attempt to locate the person’s current address and resend the notice.

**Noncitizen overpayment liability**

Click here for [Noncitizens](#).

**Reporting changes in individual-liable overpayments**

When changes occur in an individual-liable overpayment, the information needs to be reported to either the Overpayment Writing Unit (OWU) or the Overpayment Recovery Unit (ORU) within the Office of Payment Accuracy and Recovery as follows:

Report to the Overpayment Writing Unit (OWU) when:

- The original amount of the overpayment needs to be adjusted
- The reason for the overpayment needs to be changed
- An allowable credit not deducted previously needs to be applied against the overpayment balance, or
- The adjustment is due to a hearing.

The change information will be entered on the Overpayment/Overissuance Change Report form (MSC 284A) and processed by OWU.

Submit an Overpayment/Overissuance Change Report form (MSC 284A) to the Overpayment Recovery Unit (ORU) when:

- SSP recovered on an overpayment that is later determined to not be an overpayment
  - When recovery occurred by reduction of cash benefits and a reimbursement is needed, ORU will process the reimbursement and add the benefits to the EBT card.
- TANF overpayment recovery is being restored to the individual because they requested unreduced benefits pending a hearing decision on the overpayment or the EOP (TANF overpayment recovery from earned income deduction)
- For all programs except SNAP, when a benefit check (that the individual was eligible to receive) is canceled to recover an overpayment and no check is reissued, report the amount of the check and the amount the overpayment is to be reduced on the Use an Overpayment/Overissuance Change Report (MSC 284A).

Do not submit an MSC 284A when an overpayment is recovered from:

- Payment by cash when a DHS General Receipt Book (DHS 0029) (paper only) is issued (The DHS 0029 will be used to adjust the overpayment balance)
- For cash benefits, when benefit reduction is coded on UCMS, except as required above (The computer adjusts the balance(s))
- For TANF, disallowance of earned income deduction coded EOP on UCMS (The computer adjusts the balance).

**Overpayment recovery**

**Collecting overpayments**
Collection action is initiated by sending liable persons (see Liability for Overpayments, OAR 461-195-0541) notice of overpayment and demand. The demand includes a due date and options for repayment. The Overpayment Recovery Unit (ORU) will allow 10 working days before taking any recovery action. Individuals requesting continuation of benefits must make the request within 10 days of the notice date to delay benefit reduction. When the request is made within this time frame, no recovery action is taken until a hearing decision is reached.

To recover child care provider overpayments from an inactive child care provider (see Definitions and Categories of Overpayments, OAR 461-195-0501) refer to SSP’s Account Receivables Unit.

In addition to judicial process, SSP may recover an overpayment (see OAR 461-195-0501) through an agreed repayment plan, reduction in benefits, voluntary payment from the individual or authorized representative (see Authorized Representatives; General, OAR 461-115-0090), and offset of the debt.

Involuntary recovery may begin 90 days from the date of the initial notice if the individual has not requested a hearing or agreed to an acceptable payment plan.

All correspondence received from a bankruptcy court on an individual’s or former participant’s bankruptcy must be forwarded to ORU.

SSP reduces current benefits to collect an overpayment only as follows:

- In the GA and OSIP programs, SSP may recover an overpayment by reducing cash benefit payments by the lesser of the following:
  - The total overpayment amount
  - The total benefit amount, or
  - Ten percent of the individual’s total benefit requirement at the standard of need.

- In the REF, SFPSS and TANF programs, SSP:
  - Allow only half of the 50 percent earned income deduction described in Earned Income Deduction; REF, REFM, and TANF (OAR 461-160-0160)
  - Reduce the benefit payment by 10 percent of the total benefit requirement of the benefit group (see Benefit Group, OAR 461-110-0750) at the appropriate program payment standard. The reduced benefit payment after such reduction, when combined with all other income (before allowing the 50 percent earned income deduction), may not be less than 90 percent of the benefit group’s adjusted income payment standard for a family with no income. In the TANF program, the cooperation incentive (see TANF Cooperation Incentive Payment, OAR 461-135-0210) is not included in the calculations prescribed by this paragraph.

Mandatory recovery is automated through overpayment system linkage to the CM system. No recovery can be made if the monthly benefit amount is less than $10. If the amount is $10 or more, the computer will enter the overpayment amount on UCMS, enter an OVM Resource code, compute 10 percent of need, round this amount down to the next lowest dollar and enter the amount as the OVM amount. If the benefit amount is less than $10 after the 10 percent mandatory reduction, a check will be issued to the individual.

Recovery by a reduction in benefits will end when benefits are:

- Suspended or ended
• Converted to medical only, where there is no financial eligibility, or

• For TANF, under $10. The case will remain open with a zero monthly benefit. No overpayment recovery credit will be allowed for the amount of money the benefit group did not receive because it was under the $10 limit. In such cases, the recovery resource code must be on UCMS so that overpayment records will not show a reduction of the overpayment balance(s).

The benefit group may voluntarily repay cash program overpayments using cash benefits over and above any mandatory benefit reduction. When benefits are used as repayment, the branch office will complete a Voluntary Agreement to Take Action on Case (MSC 0457D) form and an Overpayment/Overissuance Change Report (MSC 0284A) form. The branch EBT card issuer must adjust the EBT account accordingly. The individual and worker must sign the MSC 0457D or the MSC 0284A for the dollar amount. Send completed forms to ORU.

In the SNAP program, SSP collects an overpayment from a liable member of a filing group participating in the SNAP program by reducing the food benefits allotment of the benefit group each month as follows:

• For an overpayment caused by an individual’s error (see Definitions and Categories of Overpayments, OAR 461-195-0501) or administrative error, 10 percent of the group’s monthly allotment or $10 a month, whichever is greater.

• For an overpayment caused by an IPV (see Intentional Program Violation Defined, OAR 461-195-0601), 20 percent of the group’s monthly entitlement or $20 a month, whichever is greater.

In the child care programs:

• SSP may not recover an overpayment through reduction of the individual’s child care program benefits.

• When a child care program provider is liable for a child care overpayment (see Definitions and Categories of Overpayments, OAR 461-195-0501) SSP may recover the child care overpayment by reducing up to 100 percent any future child care payment for which the provider bills SSP.

• Voluntary agreement occurs to reduce benefits above any mandatory benefit reduction.

• The benefit group may voluntarily request to repay their existing overpayment with unused EBT benefits in the following programs:
  • SNAP benefits can be applied toward SNAP overpayments.
  • TANF benefits can be applied toward TANF or ERDC overpayments.

SSP may recover above any mandatory reduction only if the individual signs a Voluntary Agreement to Take Action on Case (MSC 0457D) form. The MSC 0457D must indicate the program and the amount of the benefit reduction to be applied toward the existing overpayment. Branch staff should refer individuals directly to ORU for these voluntary requests. ORU will explain to individuals the available benefits that can be applied toward the existing overpayment; ensure the MSC 0457D is completed and signed; adjust the EBT account accordingly; apply the requested amount to the overpayment balance; and narrate the action taken.

SSP may recover an overpayment by offset as follows:

• Using the collection services provided by the Department of Revenue and any other state or federal agency to collect a liquidated claim established by:
  • A court judgment
A confession of judgment

A document signed or acknowledged by the debtor that acknowledges the debt, such as:

- cSP-designated form to acknowledge an IPV (see Agreement to Intentional Program Violation, Temporary Assistance to Needy Families (TANF – cash for families), Supplemental Nutrition Assistance Program (SNAP – food benefits) Waiver of Right to Hearings (MSC 0649C), Agreement to Waive Child Care Provider Hearing for Intentional Program Violation (MSC 0649CP))

- A plea-bargain agreement

- Any other document acknowledging the overpayment.

- A written notification of overpayment from SSP to the debtor, advising the debtor of the basis and amount of the overpayment and the right to request a hearing, if the debtor has exhausted his or her rights of administrative appeal

- A written communication from the debtor acknowledging the debt.

- A voluntary agreement to reduce benefits, or a mandatory reduction, does not prevent or preclude recovery from other sources, such as state income tax refund offset.

- Through use of a warrant authorized by ORS 411.703. Upon issuance of the warrant, SSP may issue a notice of garnishment in accordance with ORS 18.854 (Notices of garnishment generally)

- The amount of any retroactive payment or restoration of lost benefits otherwise payable to the individual, when the retroactive payment corrects a prior underpayment of benefits in the program in which the overpayment occurred

- In the SNAP program, by offsetting the full amount of the overpayment against restored benefits owed to the benefit group or to another benefit group a liable member of the overpaid group has joined.

The retroactive payment amount is credited to the overpayment by the following method:

- Complete a Provider Overpayment/Over-Issuance Report (DHS 0362).

- Issue to the individual only the portion of the retroactive payment that exceeds the overpayment balance.

- Send a copy of the completed Provider Overpayment/Over-Issuance Report (DHS 0362) to ORU for the retroactive payment to be credited to the overpayment.

A confession of judgment is used in the case of the individual’s error (see Definitions and Categories of Overpayments, OAR 461-195-0501) in overpayment. SSP may not file a confession of judgment while the individual receives public assistance or medical assistance and may file one only if the individual has refused to agree to or has defaulted on a repayment plan.

When individuals are found by a court to be guilty of fraud, the court may order restitution. SSP will initiate recovery actions for the full amount of the overpayment even if the court did not order restitution, or the amount of the restitution ordered is less than the full overpayment amount.

SSP may not take collection action against a filing group while a member of the filing group is working under a JOBS Plus agreement.

**Receipting direct overpayment reimbursements**
The branch must transmit all money it collects to SSP Receipting Unit via DHS 0029 (DHS General Receipt Book) (paper only) system. For direct reimbursements via check, cash or money order, enter the following receipt codes (for additional receipting codes, see the Business Integrity Manual, now titled Field Business Procedures Manual):

- 745 for administrative error overpayments in the SNAP program
- 746 for an individual’s error in the SNAP program
- 747 for IPV in the SNAP program
- 231 for all TANF overpayment recoveries that have an Overpayment/Overissuance Report MSC 0284 form
- 232 for all ERDC and GA reimbursements with appropriate MSC 0284 forms processed
- 216 for Medical overpayment recoveries that have an MSC 0284.

Do not use these codes when benefits are reimbursed to prevent an overpayment; use code 216.

Compromise of overpayment claims

For overpayments in Child Care, SNAP, Medical and TANF programs, the Overpayment Recovery Unit (ORU) will consider requests for a compromise on the unsatisfied balance. When an individual or former participant has questions regarding recovery of their overpayment claim, including compromising, refer them to ORU. The following specifies when and how SSP compromises an overpayment (see Definitions and Categories of Overpayments, OAR 461-195-0501) claim:

- SSP may consider a request to compromise an overpayment claim only if the estimated administration and collection costs necessary to collect the account in full likely exceed the current balance of the overpayment.

The following limitations apply to the compromise of an overpayment claim:

- The authority of SSP to compromise may be limited by federal or state law.
- SSP may compromise a claim only after it is liquidated (see OAR 461-195-0551).
- SSP may compromise a claim only if the requester has made a good faith effort to repay the overpayment;
- SSP may not compromise:
  - A fraud overpayment (see Definitions and Categories of Overpayments, OAR 461-195-0501) claim
  - Any overpayment claim, unless 36 months have passed since the requester initially was notified of the overpayment
  - An overpayment claim if the debtor has the ability to repay the overpayment in full within 36 months of the request date
  - An overpayment claim for less than 75 percent of the total amount of the claim
  - An overpayment claim if the debtor is a member, currently or in the previous 12 months, of a filing group or OCCS Medical Program household group that received benefits under the program in which the overpayment occurred
  - A child care provider overpayment claim if the provider, currently or in the previous 12 months, received a direct provider payment for child care.

SSP may allow a compromised claim to be paid in installments over a period not to exceed 90 days.
During the 12 months following the date of the compromise agreement, SSP reserves the right to collect the original unmitigated claim through benefit reduction under Methods of Recovery Overpayments (OAR 461-195-0551).

Referrals to the Investigations Unit

Role of the investigator

The investigator conducts investigations as needed to support the operations of the branch office in case management. Results of these investigations are reported to the branch and/or OWU and can result in eligibility determinations, overpayments, intentional program violations and/or referral to a district attorney for criminal prosecution.

Protocol for appropriate referrals to the Investigation Unit

Do not disclose to an individual that a case will be or was referred to a DHS investigator, or the status of an investigation.

Do not narrate that an investigator referral was made.

The following are examples of referrals that are appropriate for the SSP investigator:

- Individuals/providers receiving duplicate benefits using different names and SSNs
- Individuals receiving cash, medical or SNAP benefits simultaneously from more than one state or in more than one filing group in Oregon
- Individuals failing to report receipt of earned or unearned income
- Under-reported earned or unearned income
- False report of nonreceipt of benefit and receipt of duplicate benefit
- Not reporting assets (e.g., real property, boats, recreational vehicles, livestock, etc.)
- Unreported liquid or easily converted assets (e.g., cash, bank accounts, bonds, stock, etc.)
- Unreported marriage
- Unreported self-employment
- Unreported property settlement
- Presentation of forged documents by an individual
- An individual’s receipt of assistance for nonexistent children or children no longer in the household
- “Absent” parent in the household
- False presentation of child care expenses including falsified or forged documents, care not provided, a fictitious provider, etc.
- Presentation of false claims for OHP benefits including unreported and under-reported income, false claim of residency, unreported assets/resources, false financial groups, etc.

Do not refer routine eligibility matters such as:

- Routine home visits on new, reopened or ongoing cases
- Separate financial group verification
- In-state motor vehicle license checks
- Vital statistics checks
- School attendance verification
- Citizenship verification
- Determining value of assets.

Do not ask the SSP investigator to investigate sale of drugs or income from illegal activities. These are police matters.

**Reporting the result of an investigation**

Upon completion of an investigation, the SSP investigator will send a written report (enclosing any documented evidence obtained) to the branch office/DPU with a copy to the ORU overpayment writer and/or the IPV Team, if appropriate.

If a case is referred to a district attorney for consideration of prosecution, the branch office/DPU will be notified in writing and will receive a copy of the report to the district attorney when the case has reached its disposition.

If the Investigator has documented evidence of an IPV and has decided not to refer the case for prosecution, the investigator will refer the case to the IPV Team for IPV processing.

The IPV Team will notify claimants that they can avoid an IPV hearing by signing an Agreement to Intentional Program Violation, Temporary Assistance to Needy Families (TANF – Cash for families), Supplemental Nutrition Assistance Program (SNAP – food benefits) Waiver of Right to Hearing (MSC 0649C). If the claimant signs the MSC 0649C, they waive all rights to an IPV hearing for the offense and accept the disqualification period (unless the waiver is set aside by an ALJ or court because the waiver was signed under duress). OWU will initiate collection and disqualification. OWU will notify the branch or DPU of the IPV.

When claimants choose not to sign an MSC 0649C, and the IPV Team has documented evidence to support IPV, an IPV hearing will be initiated by the IPV Team. The hearing is scheduled and the claimant and branch/DPU office’s designated contact person is notified of the time and place of the hearing.

When the final hearing order is received by the IPV Team, and the claimant is found to have committed an IPV, the case is referred to OWU for initiation of disqualification penalties and collection of the overpayment.

**IPV disqualification periods**

IPV (intentional program violation) person disqualification periods:

\[
\begin{align*}
1st \ DQ &= 12 \text{ months} \\
2nd \ DQ &= 24 \text{ months} \\
3rd \ DQ &= \text{permanently}
\end{align*}
\]

Additionally, effective October 1996:

For SNAP, when an IPV is established against any person found guilty of:
• Trading SNAP benefits for firearms, ammunition or explosives, the person will be disqualified from SNAP benefits permanently starting with the first DQ

• Trading SNAP benefits for controlled substances, the person will be disqualified from SNAP benefits for 24 months with the first DQ and permanently for the second DQ

• Trafficking (buyer or seller) in SNAP benefits of $500 or more, the person is permanently disqualified from SNAP benefits.

A person is disqualified for a 10-year period from receiving benefits in the program in which the person committed fraud if the person:

In the TANF Program:
• Is convicted in state or federal court of having made a fraudulent statement or representation with respect to the place of residence of the individual in order to receive assistance simultaneously from two or more states under programs funded under title IV or XIX of the Social Security Act, or
• Is found in an IPV hearing or admits, in a written waiver of the right to an IPV hearing, to having made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive benefits simultaneously from two or more states.

In the SNAP Program:
• Is found to have made a fraudulent statement or representation regarding the identification of place of residence of an individual in order to receive multiple benefits from one or more states simultaneously under programs funded under the Food Stamp Act of 1997 and Nutrition Act of 2008 through:
  • A state or federal court conviction
  • An IPV hearing, or
  • A written waiver of the right to an IPV hearing.SNAP IPVs established in another state or established in the Food Distribution Program on Indian reservations continue in effect in Oregon.

For ERDC, an individual is not subject to an IPV disqualification but is still required to repay overpayment amounts.
• A child care provider who has incurred an overpayment established as an IPV claim between April 1, 2001, and Sept. 30, 2005, is permanently disqualified to receive payments.
• A child care provider who has incurred an overpayment in the Child Care Program established as an IPV after Sept. 30, 2005, is disqualified:
  • For six months and until the full amount of the overpayment is paid, or
  • Permanently, if the Child Care Program manager finds it in the best public interest.

Forms

Use a DHS General Receipt Book (DHS 0029) (paper only) to receipt monies received directly from the individuals or providers.

Use a SNAP Benefits Computation (DHS 0221) or the SNAP Calc, (or PC facsimile) to compute SNAP overpayments.

Use an Overpayment/Overissuance Report (MSC 0284) to compute and record all overpayments, except child care
provider overpayments.

Use an Overpayment/Overissuance Change Report (MSC 0284A) to adjust the amount of an overpayment already reported. Do not use this form to submit a new overpayment or to increase an overpayment if the reason to increase is different from the reason for the original overpayment. Submit to OWU within three days of completion.

Use Form CO 01ST to notify an individual or former participant of an overpayment and their hearing rights. Show the computation of the overpayment on the TANF Calc used to compute the overpayment.

Use a Notice of Overpayment and Planned Action for Provider Overpayments (MSC 0284BP) to notify child care providers of overpayments.

Use a Daycare Overpayment Worksheet (MSC 0284DC) to compute all child care overpayments. Additionally, for child care overpayments, indicate on the Overpayment/Overissuance Report form (MSC 0284) in which ERDC program the overpayment occurred. Complete and attach an MSC 0284DC. Send the completed forms to OWU within three days of completion.

Use a Self-Sufficiency Overpayment Referral (MSC 0284F) to refer potential participant-caused overpayments to the Overpayment Writing Unit.

When the overpayment is calculated using the TANF calculation program, be sure to include an explanation of the calculation.

Use a Notice of Medical Overpayment and Planned Action (MSC 0284M) to notify an individual or former participant of a medical program overpayment and their hearing rights. Show the computation of the overpayment on medical overpayment calculation worksheets. Attach a copy of the participant notice and the calculation sheets to the MSC 0284.

Use a Provider Overpayment/Over-Issuance Report (MSC 0284P) to record a claim for a child care provider overpayment.

Use a Provider Overpayment/Over-Issuance Report (DHS 0362) when benefits are restored to an individual who has been underpaid. Send a copy to ORU when restored benefits need to be applied to an overpayment.

Use an OPAR Fraud Investigation Unit Investigation Referral (MSC 0371) to refer a case for investigation to the Investigation Unit.

Use an Authorization of Cash Payment (MSC 0437).

Use a Voluntary Agreement to Take Action on Case (MSC 0457D).

Use an Agreement to Intentional Program Violation, Temporary Assistance to Needy Families (TANF – cash for families), Supplemental Nutrition Assistance Program (SNAP – food benefits) Waiver of Right to Hearing (MSC 0649C) when the individual agrees they intentionally violated an eligibility requirement or withheld information.

Use a Verification of Earnings (MSC 0851).

SNAP In the SNAP program, overpayments include the trading of a controlled substance (as defined in section 102 of the Controlled Substances Act in 21 U.S.C. 802) as the buying or selling of SNAP program benefits...
for cash or consideration other than eligible food; or the exchange for SNAP program benefits of firearms, ammunition, explosives or controlled substances.

**Overpayment liability**

In the SNAP program, the following individuals are liable for repayment of an overpayment or a claim that results from the trading of a controlled substance (see Definitions and Categories of Overpayments, OAR 461-195-0501(6)):

- The primary person (see Definitions; SNAP, OAR 461-001-0015) of any age, an ineligible student in the household and all adults who were members of or required to be in the filing group (see Filing Group; SNAP, OAR 461-110-0370) when excess benefits were issued
- A sponsor of a noncitizen household member if the sponsor is at fault, for payments prior to Nov.21, 2000
- A drug or alcohol treatment center or residential care facility that acted as the authorized representative of the individual.

No member of a financial group (see Financial Group, OAR 461-110-0530) is liable for an overpayment caused by a change the group was not required to report.

An emancipated minor is an adult under state law and therefore liable.

**Overcollection of SNAP overpayments**

If money was collected in error or if the overpayment claim is over-collected, ORU will reimburse the individual the over-collected amount including over-collected benefit reductions.

In the REF, SFPSS and TANF programs, overpayments include the full amount of cash benefits when the cash benefits were used or accessed in Oregon, outside Oregon or on Tribal lands at a:

- Liquor store, including retail establishments that exclusively or primarily sell beer or wine
- Casino, gambling casino or gaming establishment
- Retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment, including adult video stores that exclusively or primarily sell or feature adult-oriented videos or movies
- Marijuana dispensaries.

These restrictions also apply to using or accessing TANF cash benefits from a private bank account.

In the TANF program, an overpayment includes a payment for child care made by SSP to or on behalf of an individual that:

- Is paid to an ineligible provider
- Exceeds the amount for which a provider is eligible
- Is paid when the individual was not engaged in an activity that made the individual eligible for child care, such as completing activities for the JOBS program, or
- Is paid when the individual was not eligible for child care benefits.
It is not an individual overpayment in the Child Care Program when an individual would otherwise be eligible for a child care payment and provides inaccurate information due to an aspect of a documented disability of the individual.

It may not be a provider overpayment in the Child Care Program when the total paid to two or more providers exceeds the monthly limit SSP may pay on behalf of the individual unless:

- Two or more providers were paid at the full-time rate, or
- One of the providers is under contract with SSP to provide child care.

Cash benefits include JOBS program support payments, including child care support service payments.

**Overpayment liability**

In the TANF program, the following individuals are liable for repayment of an overpayment:

- Each individual in the filing group or required to be in the filing group and the payee when the overpayment was incurred, except an individual who did not reside with and did not know he or she was included in the filing group
- A caretaker relative (see Definitions for Chapter 461, OAR 461-001-0000) and his or her spouse (see OAR 461-001-0000) who were not part of, but resided with, the filing group when the overpayment was incurred
- A parent (see OAR 461-001-0000) or caretaker relative of a child (see OAR 461-001-0000) in the benefit group (see Benefit Group, OAR 461-110-0750) and the spouse of the parent or caretaker relative if the parent, caretaker relative or spouse was a member of or resided with the filing group when the overpayment was incurred
- An individual determined liable for an overpayment remains liable when the individual becomes a member of a new filing group
- An authorized representative (see Authorized Representatives; General, OAR 461-115-0090) when the authorized representative gave incorrect or incomplete information or withheld information resulting in the overpayment.

**ERDC**

In the ERDC program, an overpayment includes a payment for child care made by SSP to or on behalf of an individual that:

- Is paid to an ineligible provider
- Exceeds the amount for which a provider is eligible
- Is paid when the individual was not engaged in an activity that made the individual eligible for child care, such as working or attending school, or
- Is paid when the individual was not eligible for child care benefits.

It is not an individual overpayment in the child care program when an individual would otherwise be eligible for a child care payment and provides inaccurate information due to an aspect of a documented disability of the individual.

It may not be a provider overpayment in the child care program when the total paid to two or more
Liability for Child Care Program overpayments

An overpayment caused by administrative error is collectible as follows:

- The provider is liable for a provider overpayment made on behalf of the individual eligible for child care payments.
- Each adult in the filing group or required to be in the filing group is liable for an overpayment if the individual was not eligible for the payment. This is referred to as the individual-liable overpayment.

Each adult in the filing group or required to be in the filing group is liable for an individual overpayment, and a provider is liable for an overpayment caused by the provider. The individual and provider are jointly liable for an overpayment caused by both. In situations where there is joint liability, the amount of the overpayment cannot exceed the total benefit amount. In the case of an alleged provider overpayment, a provider’s failure to provide adequate records of care creates a rebuttable presumption that the care was not provided.

An adult who cosigned an application with a minor provider applicant is liable for an overpayment incurred by the minor provider.

Use this general rule of thumb in figuring out who is liable for the overpayment:

- If the provider provided the child care service and the individual is not eligible, it is the individual’s overpayment.
- If the provider did not provide the service or was not eligible and the individual is eligible, it is a provider overpayment.
- If both the provider and individual were not eligible, it is a joint liability overpayment.

The following questions should be used to determine who is liable for a child care overpayment:

- Were the individual and/or child eligible for child care services? This means the individual and/or child were:
  - Engaged in an activity that made the individual eligible for child care, and
  - Eligible for child care benefits
  
  **YES** – Go to next step.  
  **NO** – Write OVP for the individual or administrative error.

- Is the provider eligible for approved listing status?
  
  **YES** – Go to next step.  
  **NO** – Write OVP for provider.

- Did the provider on the billing form provide the child care services?
  
  **YES** – Go to next step.  
  **NO** – Write OVP for provider.

- Was the child in provider’s care the same number of hours as billed?
  
  **YES** – Go to next step.  
  **NO** – Write OVP for provider.
• Was child care billed at correct rate?
  **YES** – Go to next step.  **NO** – Write OVP for provider.

• Did DHS data entry make the correct payment?
  **YES** – Go to next step.  **NO** – Write OVP as administrative error for provider.

• Is there evidence the parent and provider collaborated to receive a payment for which they were not eligible (other than parent signature on billing form)?
  • This means the parent was not eligible for the service and the provider was not eligible to provide or did not provide the child care.
  **YES** – Write OVP for both provider and parent.  **NO** – Does an OVP really exist?

**REF**

In the REF, SFPSS and TANF programs, overpayments include the full amount of cash benefits when the cash benefits were used or accessed in Oregon, outside Oregon or on Tribal lands at a:

• Liquor store, including retail establishments that exclusively or primarily sell beer or wine
• Casino, gambling casino or gaming establishment
• Retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment, including adult video stores that exclusively or primarily sell or feature adult-oriented videos or movies
• Marijuana dispensaries.

These restrictions also apply to using or accessing TANF cash benefits from a private bank account.

**Overpayment liability**

In the REF program, the following individuals are liable for repayment of an overpayment:

• Each individual in the filing group or required to be in the filing group and the payee when the overpayment was incurred, except an individual who did not reside with and did not know he or she was included in the filing group
• A caretaker relative (see OAR 461-001-0000) and his or her spouse (see OAR 461-001-0000) who were not part of, but resided with, the filing group when the overpayment was incurred;
• A parent (see Definitions for Chapter 461, OAR 461-001-0000) or caretaker relative of a child (see OAR 461-001-0000) in the benefit group (see Benefit Group, OAR 461-110-0750) and the spouse of the parent or caretaker relative if the parent, caretaker relative or spouse was a member of or resided with the filing group when the overpayment was incurred
• An individual determined liable for an overpayment and who remains liable when the individual becomes a member of a new filing group
• An authorized representative (see OAR 461-115-0090) when the authorized representative gave incorrect or incomplete information or withheld information resulting in the overpayment.
Hearings

A hearing is a formal proceeding about client benefits when the client has filed a hearing request and disputed a decision made by branch staff. The hearings process provides a “second look” to ensure the benefit or overpayment decisions are correct. Hearings are also held to resolve other issues (see item 2 below). Administrative Law judges from the Office of Administrative Hearings (OAH) preside over each hearing, and SSP’s position in the hearing is explained by SSP representative, usually a Compliance Specialist (Hearing Rep). When a client/provider requests a hearing, they are then referred to as the “Claimant”.

For more information, click here for Hearings guide.

Direct Pay Unit (DPU)

The Direct Pay Unit is responsible for issuing payments to approved child care providers as well as to employers contracting with SSP for the Jobs Plus program. It is a closed facility, meaning it is not accessible by the public, and operates a phone line Monday through Friday 8:30am-4:30pm which can be accessed by the public or SSP staff by dialing 1-800-699-9074.

SNAP This does not apply to the SNAP program.

TANF JOBS Plus billing

JOBS Plus is a subsidized work program administered by the State of Oregon, Department of Human Services. Individuals receiving Temporary Assistance for Needy Families (TANF) can be placed with private or public employers and receive a subsidy for wages paid. Employers determine the wage rate and pay the worker directly.
JOBS Plus workers receive a paycheck in lieu of public benefits. There is no requirement that the employer hire the worker at the end of the JOBS Plus subsidy. Employers are reimbursed by DHS at the Oregon minimum wage plus employer wage taxes and workers’ compensation costs. Employers are reimbursed for a maximum of 26 weeks.

The Direct Pay Unit (DPU) administers payment to JOBS Plus employers.

Click here for JOBS Plus.

Assisting child care providers with the approval process

The Direct Pay Unit (DPU) is responsible for many things, but helping child care providers become listed and approved with DHS is one of the most prominent. This is a process which includes:

- Reviewing Provider Listing Forms (DHS 7494) to ensure child care providers meet DHS pre-service requirements;
- Entering provider information into the Legacy system;
- Changing the List Status of a provider to Failed if they do not meet DHS pre-service requirements, including health and safety requirements;
- Referring child care providers in need of assistance meeting health & safety requirements to their local Child Care Resource and Referral (CCR&R) office; and
- Forwarding listing forms to the Background Check Unit (BCU) for possible approval.

Child care provider payment

In addition to assisting child care providers in the process of becoming listed, DPU also assists in the payment process for families receiving child care subsidy. For families receiving JOBS child care through the TANF program, this means:

- Setting up the connection between families and their child care providers;
  - To set up the connection, families can contact DPU via phone by calling 1-800-699-9074 Monday through Friday 8:30am-4:30pm, or eligibility staff can submit a Connection Request Form to DPU.ChildCare@dhsoha.state.or.us.
- Sending Child Care Billing (CCB) and JOBS Child Care Billing (JCCB) forms to a family’s child care provider(s);
- Answering questions from families, providers, and SSP staff on their phone line;
- Replacing CCBs and JCCBs as needed and processing adjustment payments to child care providers when a family’s eligibility has changed;
- Processing provider changes, such as a change in address, household composition, or other changes;
- Providing technical assistance with the billing process to SSP staff (this does not include eligibility assistance); and
- Referring families and child care providers to community resources as needed.
Assisting child care providers with the approval process

The Direct Pay Unit (DPU) is responsible for many things but helping child care providers to become listed and approved with DHS is one of the most prominent. This is a process which includes:

- Reviewing Provider Listing Forms (DHS 7494) to ensure child care providers meet DHS pre-service requirements;
- Entering provider information into the Legacy system;
- Changing the List Status of a provider to Failed if they do not meet DHS pre-service requirements, including health and safety requirements;
- Referring child care providers in need of assistance meeting health & safety requirements to their local Child Care Resource and Referral (CCR&R) office; and
- Forwarding listing forms to the Background Check Unit (BCU) for possible approval.

Child care provider payment

In addition to assisting child care providers in the process of becoming listed, DPU also assists in the payment process for families receiving child care subsidy. For families receiving ERDC, this means:

- Setting up the connection between families and their child care providers;
  - To set up the connection, families can contact DPU via phone by calling 1-800-699-9074 Monday through Friday 8:30am-4:30pm, or eligibility staff can submit a Connection Request Form to DPU.ChildCare@dhsoha.state.or.us.
- Sending Child Care Billing (CCB) forms to a family’s child care provider(s);
- Answering questions from families, providers, and SSP staff on their phone line;
- Replacing CCBs as needed and processing adjustment payments to child care providers when a family’s eligibility has changed;
- Processing provider changes, such as a change in address, household composition, or other changes;
- Closing ERDC cases when there is a Copay Not Met (CNM) – i.e., the family did not meet their copay responsibility;
- Providing technical assistance with the billing process to SSP staff (this does not include eligibility assistance); and
- Referring families and child care providers to community resources as needed.

This does not apply to the REF program.

Oregon Administrative Rule(s)

461-155-0150 – Child Care Eligibility Standard, Payment Rates, and Copayments

Background Check Unit (BCU)
The Background Check Unit (DHS) reviews criminal and child protective service (CPS) records for those wishing to become home care workers, personal support workers, or DHS approved child care providers. Their duties include, but are not limited to the following:

- Conducting criminal history, adult protective service (APS), child protective service (CPS), and other records checks as required by state and federal law or rules. These checks are performed on Department of Human Services (DHS) and Oregon Health Authority (OHA) employees, contractors and volunteers, as well as DHS and OHA providers, including but not limited to DHS child care providers, home care workers, and personal support workers;
- Responding to reports of new criminal or protective service history on BCU-covered providers, including DHS exempt child care providers and household members, and DHS exempt child care center staff; and
- Failing or denying listing on child care provider records check. On re-evaluations, this stops CCBs from going out to this provider and generates a notice to the parent(s). On new child care providers, no payment will be made from DHS.

**SNAP** This does not apply to the SNAP program.

**TANF** No additional program-specific information.

**ERDC** No additional program-specific information.

**REF** This does not apply to the REF program.

**Oregon Administrative Rule(s)**

[461-165-0180](#) – Eligibility of Child Care Providers

### Job Participation Incentive (JPI)

Job Participation Incentive (JPI) is to provide an additional food benefit to help increase the ability for parents with children to meet the nutritional needs of their families.

JPI benefit provides a $10 payment per month to SNAP cases with individuals that meet the TANF federal work participation rate by working at unsubsidized employment. The incentive is issued through the Oregon Trail (EBT) card connected to the SNAP open case. The benefits have the same USDA restrictions as the monthly SNAP food benefits. Individuals must be parents of a dependent child under 18. Also, the individual needs to meet SNAP citizen or qualified noncitizen criteria and be in the benefit group for SNAP.

SSP will not count JPI as income for any DHS program the participant is eligible for. The incentive will allow SSP to include these individuals in the TANF federal work participation rate.

#### Initial enrollment

For initial enrollment, SSP will review for JPI eligibility when they process the application for SNAP benefits.

To be enrolled in the JPI program, an individual must:

- Be an eligible adult in a SNAP benefit group and the parent of an eligible dependent child in the same SNAP benefit group;
For anyone in the SNAP benefit group to have not received any of the following in the same month as JPI: Employment Payments, Post-TANF, SFPSS or TANF program benefits;

- Be working at an unsubsidized paid employment averaging weekly hours that meet federally required participation rates. (For self-employed participants, income must be equivalent to hours at Oregon minimum wage);
  - Average of 20 weekly hours for a single parent with a dependent child under 6 years, or
  - Average of 30 weekly hours for a single parent with a dependent child age 6 to under 18; or
  - Combined average of 35 weekly hours for a two-parent family with a dependent child under 18 that does not receive ERDC benefits; or
  - Combined average of 55 weekly hours for a two-parent family with a dependent child under 18 that receives ERDC benefits.

- Provide SSP with employer-produced documents of paid, unsubsidized work hours covering a consecutive two-week period that has occurred within the last 60 days;

- Anticipate the weekly employment hours will remain the same or increase for the SNAP reporting period; and

- Report changes as required for SNAP cases in CRS, SRS or TBA reporting systems.

In a two-parent family, only the working parent(s) need to be in the SNAP benefit group. The other parent needs to be in the SNAP filing group.

There is no formal application process for JPI. SSP will identify eligible participants as they process SNAP benefits.

SSP will not pend or deny JPI benefits.

**Ongoing enrollment**

Ongoing enrollment will be determined as SNAP cases are updated:

- Participants will need to provide employer-produced documents of paid, unsubsidized work hours each time requested by SSP or no later than the last day of the sixth month in conjunction with SRS and recertification time frames; and

- Participants will need to continue to meet all JPI eligibility criteria.

If a participant loses JPI eligibility in a month, the participant may apply and, if eligible, receive other TANF-funded benefits.

Initial month of eligibility has to be issued manually by using EN or IN issuance code.

**Verification of eligibility**

Participants must provide documentation to SSP when it is requested. Documentation needs to be from an employer that verifies the number of work hours or, if income is derived from self-employment, the participant will need to provide verification of self-employment income. Work hours can also be verified through collateral contact, including The Work Number or verbal evidence given by an employer or written evidence given by a third party that has direct knowledge of the hours worked or self-employment income.
The following information is to be verified at initial application, at interim change report, at recertification and/or when reported changes occur:

- Hours worked;
- Parent of a dependent child;
- SNAP eligibility; and
- Reporting requirements for SNAP CRS, SRS or TBA reporting system.

Verbal employer verification and verification of work hours from anyone but employer should be limited and used as a last resort for verification. SSP will narrate the conversation: who they received the information from and what the information was.

**Financial eligibility requirements**

To be eligible for JPI, the participant will need to meet SNAP financial eligibility. If a participant is making more than the categorical eligibility limit, they become ineligible for benefits.

**Resource and resource limits**

JPI participants do not need to meet resource or resource limit requirements. They should be considered categorically eligible for SNAP.

**JPI income and payment standards**

Participants must submit employer verified hours worked for a two-consecutive-week period. Eligible participants will receive a $10 JPI food benefit each month as long as they continue to meet SNAP eligibility requirements and enrollment criteria for JPI.

**Calculating hours for JPI, JP2, J82**

Guidance on calculations in the following situations:

- Contracted/Piecework – Hours are determined using the monthly gross income and dividing it by the Oregon minimum wage and 4.3 weeks in a month.
- Commission – When SSP does not have proof of hours for commission, take total amount received and divide by the Oregon minimum wage and 4.3 (if received monthly) 2.15 or 2, etc.
- S-Corporations – A Subchapter S-corporation is incorporated under Chapter S of the Internal Revenue code. Each shareholder is responsible to file his or her own taxes on the profits the corporation distributes. For example, a law firm or other partnership may incorporate their business under Chapter S. Owners or shareholders of a company are NOT self-employed and the profits distributed to shareholders of a S-Corporation are therefore not divided by minimum wage to obtain hours worked. Applicants/recipients must provide documentation of work hours (paystubs w/hours, employer contact, etc.)
- Salary – SSP needs verification of hours worked for salaried jobs. Applicants/participants need to provide documentation of work hours (paystubs w/hours, employer contact, etc.)

The WAGE screen cannot be used as a current primary source of verification of hours worked, but if the participant
has current salary verification and reports the same job and hours as prior work quarters, then the hours from WAGE can be used to determine weekly work hours. SSP will narrate how they came to their determination.

**Program benefits**

JPI payments are treated as follows:

- The JPI is issued out as a food benefit and should be excluded for all programs.

**Making Job Participation Incentive (JPI) Issuances**

When a participant has been determined eligible for JPI, there are codes that need to be added to both the CM and FSMIS systems. Without proper coding the benefit may not get issued correctly and/or the individual will not help Oregon meet TANF federal work participation rates. The monthly payments are made by entering the correct HH type on FSMIS system. The work participation hours are gathered by entering the correct Case Descriptor and Need/Resource coding on the CM system.

**Making updates to or create a UCMS case**

Identify UCMS cases that can be used for JPI in the following order:

- An open UCMS in P2/M5 status where the JPI eligible individual is listed as a member (ex. AD or NO);
- An inactive UCMS case where the JPI eligible individual is listed as a member and this person was the payee on the case before; or
- Create a UCMS case to house the JPI coding.

Update the identified UCMS case with the following codes:

- Program type “P2” unless Participant is also eligible for ERDC – then “M5.”;
- JPI Case Descriptor coded on the JPI eligible individual;
- JPI, JP2 or J82 need resource (n/r) coded on the JPI eligible individual. The end date should match the SNAP Reporting date (which is the SRS period, the end of TBA or the recertification period). The amount should reflect the average weekly hours the JPI eligible individual is employed, this entry must be minimum:
  - 20.00 for JPI n/r
  - 30.00 for JP2 n/r
  - 35.00 for J82 n/r for a two-parent family not receiving ERDC (P2 case)
  - 55.00 for J82 n/r for a two-parent family receiving ERDC (M5 case)
- Use the Need Resource (n/r) to enter the hours – the system will count this as weekly participation hours, not as a dollar amount.
- Add ‘S’ to the JS (job status) field of the JPI eligible individual to reflect that this person is in a TANF-related but state-funded program.
- Add last grade completed to the JPI eligible individual – if known. (Do not guess.)
- There needs to be a child (under 6 for JPI and under 18 for JP2 or J82) on the case and there needs to be a parent relationship coded on the child. Add the parent letter for the parent on the case. There does not need
to add absent parent information.

- For J82 cases, it is important to code the mom and dad fields on the children of the parents on the case to establish a two-parent household.
- Upon saving the UCMS setup, SSP will be required to add or update the TANF Report Data for each individual on the case. This is required information for reporting the individual’s federal work participation hours.

When coding JPI on a two-parent case where the family receives ERDC, code the JPI on the m5 case.

These cases are not subject to the requirement to cooperate with the Division of Child Support to establish paternity and pursue child support

**Making updates to or creating a FCAS case**

When making updates, SSP will do the following:

- Add JPI (for a single parent with a child under 6);
- Add JP2 (for a single parent with a child 6 to under 18);
- Add J82 (for a two-parent family with a child under 18)
- Update the household (HH) type to the FCAS case. The worker may add it at same time as REC, TBS and SRS transactions with or without an ADJ ISS. If you are adding at CRT when you are issuing a household’s initial month of SNAP benefits, you will need to wait until the following day to add the JPI, JP2 or J82 HH type and issue the JPI issuance together. This allows you to open and issue regular SNAP benefits first, then go back and issue the JPI $10 IN/EN benefits.

**Issuing JPI**

Use the ‘N’ issuance type when issuing JPI. This code will to track the JPI and JP2 benefit issuances. There are a separate issuance from a participant’s regular SNAP benefits. JPI is not considered a SNAP benefit, but they are a food benefit. The ‘N’ issuance type can be used with either ‘I’ or ‘E’ with an ISS transaction code (IN or EN).

The issuance type requires you to fill in the amount and the date. For the amount, SSP will issue increments of $10, $20, $30, and no more than $40, depending on how many months of benefits needs to be issued. For the ‘date field’ put the month and year of the benefit start month.

Reminder: do not use the “D” issuance type. This is funded with SNAP dollars, not TANF

**Benefit period**

There are no prorated JP, JP2 or J82 benefits. A participant who is eligible for JPI, JP2 or J82, receives the full $10 for a month which makes them eligible for the month.

**Reporting requirements**

JPI participants must report changes in accordance with SNAP reporting requirements.

Click here for [Acting on reported changes](#).

To continue to be eligible for JPI, participants will need to report and verify work hours every six months using the
Interim Change Report for Supplemental Nutrition Assistance Program (SNAP) (DHS 0852) and Employment Related Day Care (ERDC) (DHS 0862) form or the Application for Services (DHS 0415F) packet.

The JPI certification period aligns with SRS due date, TBA end date or recertification due date for SNAP. The certification period is a six-month or less period. Enrollment could be fewer than six months if a participant is enrolled in JPI in the middle of an SRS period or in TBA.

Benefits will not begin again until the participant has submitted complete documentation to SSP and has been determined eligible for JPI based on enrollment criteria.

What to do when a participant reports a change

When a JPI participant reports a change in the middle of a report period, SSP will make a re-determination of whether the change affects the participant’s eligibility for JPI.

Changes that affect a Participant’s eligibility for JPI include:

- JPI participant lost employment or decreased average weekly work hours to be less than what is needed to meet TANF federal participation rates:
  - 20 hours weekly for single parents with children under 6,
  - 30 hours weekly for single parents with children 18 or under,
  - 35 hours for a two-parent family not receiving ERDC
  - 55 hours for a two-parent family receiving ERDC;
- The JPI participant is no longer the sole parent of a qualifying dependent child and does not qualify for JPI as a two-parent family;
- The JPI participant is no longer receiving SNAP benefits;
- The JPI participant no longer has a dependent child under 18 in their SNAP benefit household.

For a change reported during the certification period that will end JPI eligibility (and not decrease SNAP benefits), remove all JPI coding (FSMIS and UCMS) and SSP will send a basic decision notice to the participant. The effective date of the change is the end of the month in which a basic decision notice was sent.

No notice is required to end JPI in the following situations:

- When a participant applies for and is determined eligible for Pre-TANF, SFPSS or TANF;
- When a prior decision notice with established eligibility period has already been provided; and
- When it is determined the Participant has moved out of state or when whereabouts are unknown.

SSP will act on all changes reported by a JPI participant that:

- Are required to be reported; or
- Are considered verified upon receipt.

For a change reported at interim (DHS 0852) reporting or recertification, that SSP determines the participant to no longer be eligible for JPI, SSP will remove all JPI coding from FSMIS and UCMS. No other actions are needed, including no participant notice. The effective date of the change is the month the interim report or recertification
period ended.

**Late, incomplete or nonreporting**

Individuals will need to provide employer-produced documents of paid-unsubsidized work hours each time requested by SSP no later than the last day of the sixth month in conjunction with SRS and recertification.

If a late interim report is processed and the participant would have been JPI eligible, retroactive JPI benefits may only be issued to the previous four months. The participant is eligible for a retroactive JPI payment beginning the month SSP received verification of work hours and the participant met all other JPI criteria. SNAP households determined JPI-eligible based on two-parent eligibility may not receive JPI prior to June 2014.

If it is discovered a participant failed to report information or a change they are required to report and, as a result, the SNAP benefit group was completely ineligible to receive a SNAP payment and a JPI issuance, SSP will file an overpayment against the filing group. The JPI overpayment will be pursued as part of the larger SNAP overpayment.

Click here for [Overpayments](#).

If a participant failed to report a change that made the SNAP benefit group eligible for reduced SNAP benefits but ineligible for JPI, an overpayment for the JPI issuance will not be pursued.

**Oregon Administrative Rule(s)**

- 461-135-1260 — Specific Requirements; Job Participation Incentive
- 461-145-0410 — Program Benefits
- 461-180-0130 — Effective Dates; Restored Benefits
- 461-170-0011 — Changes That Must be Reported
- 461-175-0200 — Notice Situations; General Information
- 461-175-0210 — Notice Situations; Client Moved or Whereabouts Unknown
- 461-175-0300 — Notice Situation; Prior Notice

**Quality Control unit**

The Quality Control (QC) unit provides information about eligibility and the correctness of benefits. This is a part of a federal and state Performance Reporting System.

The results of the information gathered by QC serve as a management tool. Federal agencies or state management in CAF, DMAP or APD may use the information gathered by the Quality Control Unit (QCU). QC review information may influence agency policy decisions or legislative actions. The QC information also influences corrective action plans. A part of the QC data includes case and household characteristic information.

QC is a multipurpose system. QCU conducts QC reviews to determine:

- If households are eligible for benefits and receiving the correct benefits
- If the decision to deny, terminate or suspend benefits was correct.

QCU conducts QC reviews on federally matched programs. The programs reviewed include SNAP and Medical. Cases are chosen monthly for review. Other programs (i.e., TANF, OSIP, including related medical) may be affected.
in the course of the QC review. They are from a statistically reliable statewide sample.

QCU uses specific review methodology to conduct the reviews. The QC reviews are also conducted using state policy, approved waivers after implementation, federal regulations and state and federal laws.

An important function of QC is to determine the number and kinds of errors in the total caseload. QCU analyzes the case findings and shares the results for management decisions. With the knowledge gained, management can determine the cost/benefit of corrective actions.

**Participant cooperation with QC**

Cooperation with QC is an eligibility requirement for programs receiving a federal match. Therefore, SNAP and OHP participants must cooperate with the QC review process. Refusal to cooperate will result in the termination of their benefits. The QC reviewer will notify the branch office when a client fails to cooperate. When this happens, send a 10-day notice to end benefits for the entire filing group.

The household may reapply for benefits, but they will not be eligible again until they cooperate with the QC review. The QC disqualification may last a lifetime for Medical Programs.

**Branch action on cases selected for QC review**

A branch office must do all the following when notified a case has been selected for review:

- Gather all case material from the worker’s desk and filing area. Include any other material found elsewhere in the office.
- Mail the material within three working days to (or hold for) the QC reviewer, as requested.
- Do not discuss the pending review with the client before the QC home visit. The one exception is if the client has failed to cooperate with the QC reviewer. QC will use the form Quality Control Request for Branch Assistance (DHS 0375) (QC form) to request branch office assistance.
- Notify QCU immediately if QC selects a case, and the branch transferred the case to a different branch. Inform QCU of the date the transfer occurred and the branch receiving the case.
- If a worker needs information from a case record being read by QC, contact the QC reviewer to obtain the information.
- Any changes made on the case after the branch is notified the case is to be reviewed will affect future benefits but will not affect the benefits under review.

This includes not contacting the client after receipt of the error decision notice, Quality Control Unit Medicaid Case Review Report (DHS 0372) (QC form), to discuss statements made to QC. Only discuss restoration of benefits or a repayment plan.

- Notify QCU immediately if QC selects a case, and the branch transferred the case to a different branch. Inform QCU of the date the transfer occurred and the branch receiving the case.
- If a worker needs information from a case record being read by QC, contact the QC reviewer to obtain the information.
- Any changes made on the case after the branch is notified the case is to be reviewed will affect future benefits but will not affect the benefits under review.

**QC review process**

The QC review process focuses on verification of all factors of eligibility and benefit amount. The QC reviewer obtains verification through case record review and field investigation. Case record review includes the paper case file and the agency computer screens. Field investigation includes a personal interview with the individual and any collateral contacts needed to obtain verification.
The QC reviewer looks at eligibility and the amount of benefits for a point in time. The reviewers make a determination about eligibility for the sampled month. If eligible, the reviewer determines if the correct benefit amount was authorized. If the review is of a denied, suspended or terminated case, the QC reviewer determines if the decision to deny, suspend, or terminate was correct.

**QC relationship with branch offices**

QCU uses information from the records in the branch office and may use certain branch office resources for gaining additional information. The review itself must be completely independent of the branch office, with one exception. The exception is to gather additional medical information needed to prove eligibility. The reviewer may ask the branch to request medical information or a report.

QC staff is responsible for evaluating the information and making an eligibility determination. QC does not share this responsibility with the branch.

**Distribution of QC findings**

QCU shares individual case review decisions with branch/agency staff when the review is completed. The branch has five working days to agree or disagree with the QC findings. If the branch does not respond by agreeing or disagreeing within the five-day time frame, the reviewer’s findings and conclusions are considered final.

To disagree with the review findings, the branch must present factual evidence and documentation about why the review finding is in error. QCU must receive the facts supporting the disagreement within the five working day period.

In addition, when they disagree with the QC decision, local offices can ask QC to expand the review and make further contacts or look at different policies. However, the final decision on the review is with QC alone.

QC and the agency must resolve the disagreement before the QC completion deadline. Program or other appropriate staff may help resolve the disagreement.

**Data analysis**

QCU analyzes QC data to give management a clear picture of QC findings. The analysis includes the following:

- Analyze which error rates are increasing or decreasing.
- Estimate caseload dollar loss associated with the error rate and different types of errors.
- Identify errors that corrective action can specifically address.
- Identify the cause of the errors.
- Prepare clear and concise summaries and explanations of QC findings for distribution and use to plan or evaluate corrective actions.

QCU distributes information monthly to appropriate management staff. QCU also generates semiannual and annual reports for corrective action planning.
Oregon Administrative Rule(s)

461-105-0410 — Client Requirement to Cooperate in Quality Control Review; ERDC, REF, REFM, SNAP, and TANF

Special need

This applies specifically to Medical Program eligibility.

Rights and responsibilities

Rights of participants

SSP’s participants have the following rights, which branch offices must explain to them either orally or in writing:

- The right to information about the programs administered by SSP
- The right to confidentiality for individually identifiable information to the extent provided under federal and state law, including the administrative rules of SSP
- The right to refuse social services unless the service is court-ordered or is related to a case plan (See Definitions; SNAP Employment and Training Components and Activities, OAR 461-001-0020, and Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF, OAR 461-001-0025) or required treatment (see Requirement to Attend an Assessment or Evaluation, or Seek Medically Appropriate Treatment for Substance Abuse and Mental Health; Disqualification and Penalties; Pre-TANF, TANF, OAR 461-135-0085)
- The right to request a hearing to the extent provided in Hearing Requests (OAR 461-025-0310)
  - A child care provider payment is considered a client benefit paid to a provider, not a provider benefit. Therefore, the right to a hearing resides with the client and not the provider, except in circumstances where a provider is denied listing or is assessed an overpayment.
- The right to apply for any program administered by SSP
- The right to be offered available screenings or evaluations that identify barriers or the existence of a disability unknown to and relevant to the program
- The right to decline a screening or evaluation that would disclose the existence of a disability unknown to the program
- The right to receive a decision on eligibility within the timelines set forth in Application Processing Time Frames; Not Pre-TANF or SNAP (OAR 461-115-0190) and Application Processing Time Frames; SNAP (OAR 461-115-0210)
- The right to apply for and receive benefits and services without discrimination on the basis of race, color, national origin, gender, sexual orientation, disability or political beliefs
- The right to courteous, fair and dignified treatment by SSP personnel and to file a complaint with SSP about staff conduct or customer service to the extent provided in OAR 407-005-0100 to 407-005-0120.
- The right to file a complaint with SSP about discrimination or unfair treatment as provided in Procedure DHS 010-005-01, “Filing a Client Complaint or Report of Discrimination” or Report of Discrimination and Other Remedies Available for Alleged Discrimination (OAR 407-005-0030).
Responsibilities of participants

To be eligible for benefits, individuals must do all the following:

- Provide true, complete and accurate information required to determine eligibility, and verify that information to the extent permitted by their physical and mental condition or authorize the branch office to obtain verification.
- Comply with the eligibility requirements of the program for which they are requesting or receiving benefits.
- Report within 10 calendar days any changes that could affect their eligibility for benefits.
- Accept social services that are court-ordered or related to a case plan.
- Cooperate with case reviews by providing requested information and verification.
- Complete the application process or inform the branch office of their decision to withdraw the application for program benefits.
- Share these responsibilities with a spouse who resides in the same household.

Responsibilities of branch offices

Branch offices must explain the following information to participants, either orally or in writing:

- The participant’s responsibilities listed above
- The participant’s rights listed above
- The eligibility requirements of the program for which they are applying or receiving benefits
- What the required verification is and methods for providing verification
- The methods SSP may use with the permission of the client to obtain verification the client is unable to provide
- The social services and community resources available
- SSP’s responsibility to:
  - Administer cash, medical and SNAP programs within the laws, regulations and available funds, and
  - Establish and enforce child support obligations of noncustodial parents by referral to the proper support enforcement agency
- SSP’s right to do all the following:
  - Recover overpayments
  - Obtain payments or repayments from medical insurance coverage
  - Recover cash and medical benefits from the estates of former GA, GAM, OSIP-AD, OSIPM-AD, OSIP-OAA and OSIPM-OAA participants, and medical benefits from the estate of former OSIP-AB and OSIPM-AB participants over age 65 and QMB participants.

Nondiscrimination

Nondiscrimination in determining eligibility

SSP should determine eligibility without discrimination on the basis of race, color, sex, national origin, disability,
political beliefs, age or religious creed.

**Discriminatory actions**

The rules of SSP protecting individuals with disabilities against discrimination are set out at OAR 407-005-0000 to 407-005-0030.

The following acts of discrimination on grounds of race, color, sex, political beliefs, age, religious creed or national origin are specifically prohibited:

- Denying an individual any service, financial aid or other benefit provided under any program
- Providing any service, financial aid or other benefit to an individual that is different or is provided in a different way from that provided to others under the program, unless such action is necessary to provide individuals with disabilities with aids, benefits or services as effective as those provided to others
- Subjecting an individual to segregation or separate treatment in any way related to receipt of any service, financial aid or other program benefit
- Restricting an individual in any way from any advantage or privilege enjoyed by others receiving any service, financial aid or other benefit under any program
- Treating an individual differently from others in determining whether they satisfy any admission, enrollment, quota, eligibility, membership or other requirement or condition individuals must meet to be provided any service, financial aid or other benefit provided under any program
- Denying an individual an opportunity to participate in any program or afford them an opportunity to do so that is different from that afforded others under the program
- Denying a person the opportunity to participate as a member of a planning or advisory body that is an integral part of the program.

**Complaints about discrimination**

There is an SSP-wide complaint process.

See sections 21 to 24 of **DHS-010-005**.

See **DHS-010-005-01, Filing a Client Complaint or Report of Discrimination**.

**SNAP** The SNAP analysts keep a record of all complaints and their disposition for a period of three years. All complaints should contain the information as specified in (d) below.

If an individual verbally alleges a discriminatory act has been committed but does not put it in writing, the person receiving the complaint will do so. Record the following information:

- Name, address and telephone number or other means of contacting the complainant
- Location and name of the organization or office accused of discriminatory practices
- The nature of the incident, action or the aspect of program administration that led the person to allege discrimination
- The reason for the alleged discrimination (age, race, color, sex, religious creed, national origin, political belief or handicap)
• Names, titles (if appropriate) and addresses of people who may have knowledge of the alleged discriminatory acts
• The date or dates on which the alleged discriminatory actions occurred.

Food and Nutrition Service Civil Rights staff will work with the Office of Equal Opportunity to resolve civil rights complaints.

Display the USDA nondiscrimination poster “...and Justice for All” prominently in the branch office and all issuance offices. Provide participants and other low-income households with access to nondiscrimination statutes, policies and complaint procedures within 10 days of a request.

- **TANF** No additional program-specific information.
- **ERDC** No additional program-specific information.
- **REF** No additional program-specific information.

### Oregon Administrative Rule(s)

- [461-105-0010](#) — Rights of Clients
- [461-105-0020](#) — Responsibilities of Clients
- [461-105-0190](#) — Discriminatory Actions
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Chapter 4:
Working with families

Section 1: Family assessment
Family assessment

Introduction

Assessment is an ongoing process with the intent of understanding a participant or family’s needs, strengths and goals. Information gained through the assessment process is used to build a plan and to match individuals with the most suitable programs and services. The assessment may also be used to help identify possible resources to meet the needs of the family.

Screening and assessment requirements

Individuals who are applying for or receiving SNAP, TANF and REF program benefits may be required to cooperate in determining their employment status.

SNAP  This does not apply to the SNAP program.

TANF  The Employability Screening (DHS 415A) form is the designated initial screening tool required to be completed by TANF applicants who are parents or caretaker relatives in the need group. This form helps family coaches determine employment status of TANF participants. Assistance is provided by SSP should the family need help in completing the form.

Work authorized TANF and REF applicants must receive an overview of the JOBS program and be given information about services available through other DHS programs, such as Family Support and Connections (FS&C), State Family Pre-SSI (SFPSS) and Temporary Assistance for Domestic Violence Survivors (TA-DVS).

All eligible JOBS participants are offered screenings for:

- Domestic violence
- Learning needs
- Substance use
- Mental health, and
- Physical health.

Participants have the right to decline screenings.

Referral for a learning disability, mental health or substance use disorder evaluation must be offered when:

- Participants score high on the initial assessment (Learning Needs Screening or GAIN-SS-MH or AD)
- A barrier was identified and recommendation for mental health or substance use disorder treatment came from a psychological evaluation, or
- Participants self-disclose untreated mental health or substance use disorder issues.

Information gained from the evaluation including diagnosis, accommodations and recommendations will
be reviewed with participant, and the case plan should be adjusted as appropriate. All accommodations must be offered and documented in the case record.

Participants identified by a qualified medical professional as needing mental health or substance use disorder treatment must cooperate and follow through with the referral and the treatment program requirements.

The Employability Screening form includes questions to help identify a possible disability that would affect engagement and the choice of activities. All individuals are protected from discrimination based on physical, mental, cognitive, addiction or learning disabilities. All services are available to participants, regardless of disability status, and activities should be reasonably modified, if necessary, to allow those with disabilities to engage. Participants are also provided reasonable accommodations to engage in JOBS services and activities.

This does not apply to the ERDC program.

This does not apply to the REF program.

**Family assessment expectations**

This does not apply to the SNAP program.

This does not apply to the TANF program.

The family assessment is to be completed by work authorized caretaker relatives in the need group alongside their family coach prior to goal identification and plan development. Family coaches are required to offer all domains of the family assessment within 90 days of TANF approval at both initial application and recertification. The family assessment may be conducted over a series of appointments, or in one sitting, whichever is most convenient for the participant. The purpose of ongoing assessment is to evaluate the effectiveness of the plan and success in reaching milestones.

If the participant declines to complete all or part of the family assessment, the family coach must narrate that the offer was made but declined. The family assessment may be offered again in the future if circumstances change or if the participant feels more comfortable completing at a later date once trust has been established. If it becomes difficult to offer or complete the assessment, family coaches should narrate the efforts and why all domains have not been addressed.

Screening and assessment information includes participants’ strengths, interests, disability concerns, family circumstances, JOBS eligibility, and vocational aptitudes and interests. This information is then used when working with the participant to determine goals, JOBS program engagement and necessary support services.

Areas covered during the family assessment include, but are not limited to:

- Level of safety and affordability in current living situation for all family members
- Immediate service needs such as food or ability to maintain food security
- Ability to meet basic needs with current income
- Safety and reliability of transportation options
- Stability and appropriateness of child care arrangements
• Availability and access to clothing for adults and children
• Immediate service needs such as medical access or ability to obtain and maintain affordable medical access
• Physical health challenges
• Emotional health challenges
• Substance use challenges
• Children’s behavior challenges
• Developmental needs and school engagement of children
• Social support from family, friends and community
• Immediate safety need or ability to maintain safety
• Participant’s training and education needs
• Participant’s ideal learning environment
• Communication challenges that limit training or employment
• Current workplace skills including decision making, communication, people skills, time management, problem solving and prioritizing
• Previous work experience, and
• Legal issues that prevent employment or housing.

Family coaches are required to complete the data tracking spreadsheet for all families that complete the family assessment. This data allows SSP to measure the progress of the participant services being used and the resources needed. This data will also help SSP produce statewide data for the Oregon Legislature to consider when making decisions about funding allocations.

**What to do with the assessment**

The goal of all screenings and the family assessment is to gather information and develop the most robust and thorough plan between the participant and SSP as well as identify the need for accommodations. All screening results and family assessment scores should be entered in the system in order to track progress and positive growth.

**Assessment best practices**

Screenings and the family assessment should be offered as part of the initial eligibility process at each recertification and at any time the participant shares there have been significant changes.

ERDC No additional program-specific information.

REF No additional program-specific information.

SNAP No additional program-specific information.

TANF When discussing the family assessment, family coaches should remember to:
• Explain the intent of screenings and assessment to the participant ahead of time
• Identify strengths the participant already possesses
• Listen to the participant and ask them to offer their best thinking on their goals
• Allow the participant an opportunity to self-identify a possible disability or other challenges to employment, as well as how it may affect their ability to reach their goals
• Use open-ended questions and try to focus on a natural flow
• Look for indicators of challenges such as domestic violence, disability or substance use disorder that may affect progress toward the participant’s goals
• Be aware of local labor market, referral processes and resources to address any challenges that may arise during the conversation
• Discuss how the participant has dealt with job issues in the past, and
• Remember to involve partners and other supports as appropriate.

No additional program-specific information.

Oregon Administrative Rule(s)

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Chapter 4:
Working with families

Section 2: Engagement in the JOBS Program
Engagement in the JOBS Program

**What is JOBS engagement?**

To receive a full TANF grant, JOBS-eligible participants must engage with the activities specified in their case plan. These activities may include pursuing available assets such as child support, alcohol or drug diagnostic appointment or treatment, referrals to Vocational Rehabilitation Services, employment-related activities and domestic violence support groups.

Engagement is encouraged through identification of goals, strengths, barriers and resources, development of plans with participants, sharing problem-solving responsibilities with the participant and by helping the participant see the possibility for personal growth.

Participants who are JOBS eligible must also accept a bona fide offer of employment, whether it is temporary, permanent, full time or seasonal. Once they are employed, participants must maintain employment.

DHS will support engagement by informing participants about any support services or programs that can help them reach their goals.

It is important that a participant engages with the activities specified in their case plan. Participants with continued noncooperation may lead to receiving a TANF grant reduction.

**Who must cooperate with the JOBS program?**

A caretaker relative of a dependent child or unborn is eligible for JOBS engagement if they:

- Are in the same filing group as the dependent child or unborn; and
- Are not JOBS-exempt per section 3 of this chapter.

Noncitizens who receive TANF or whose children receive TANF are required to prepare for or pursue employment if they can legally work in the United States.

Participants with physical or mental disabilities are not JOBS-exempt. Per the Americans with Disabilities Act (ADA), all participants must have access to JOBS activities and support services as long as accommodating them does not fundamentally alter the purpose or intent of the JOBS activity in which they would engage.

All participants must engage in the process of determining appropriate JOBS activities. This includes providing information and documentation to support JOBS-exempt status.

Refugees within their first 12 months in the U.S. who live in the New Arrival Employment Service (NAES) project area must engage and follow the NAES employment program rules.

Adults in the State Family Pre-SSI program, including both adults in a two-parent household, are able to engage in the JOBS program but they are not subject to JOBS disqualification or TANF time limits.

**Who is considered JOBS-exempt from the employment program?**

This applies specifically to the TANF program.
The following participants are JOBS-exempt from JOBS engagement and disqualification:

A JOBS exemption identified with ** must be verified by a licensed or certified professional that is qualified to determine the condition or circumstance. A JOBS exemption cannot be given until verification is received.

- Parents providing care for a family member living in the home who has a disability (see OAR 461-001-0000 rules definitions). Medical documentation to support the need for the parent to remain in the home to care for the disabled family member is required. (a DHS 7785 can be used to document need);
- Noncitizen participants who are not authorized to work in the United States;
- Recipients of supplemental security income (SSI) from the Social Security Administration;
- Non-needy caretaker relatives;
- For REF participants age 65 years of age or older, or those for whom participate is likely to cause undue hardship to the individual.

JOBS-exempt individuals are not eligible to have a TRACS case plan and not eligible for JOBS support services, this includes parents determined JOBS exempt based on caring for a family member living in the home who has a disability. If the parent is requesting to engage in JOBS and receive support services, the JOBS exemption would be ended.

Participants experiencing DV-related safety issues or concerns are not considered JOBS-exempt from engagement, however this can be built into their JOBS plan.

### Who can volunteer for the JOBS program?

The following participants from the need group are JOBS-volunteers and are not subject to disqualification. If these individuals choose to engage in the JOBS program and create a plan, the JOBS exemption status would need to be removed.

A state exemption identified with ** must be verified by a licensed or certified professional that is qualified to determine the condition or circumstance.

- Participants who are pregnant and have reached the first of the calendar month prior to the month in which the due date falls;
- Participants experiencing medical complications due to pregnancy that prevent participation in activities of the program**;
- VISTA volunteers;
- A parent who is 20 years or older during the first six months after the birth of their dependent child. The department may require the parent to engage in parenting classes or a family stability activity;
- A parent under age 20 years old during the first sixteen weeks after the birth of their dependent child. The department may require the parent to participate in parenting classes, a family stability program, or an educational track if they have not completed high school, GED program, or its equivalent;
- During the seventh and eighth month of pregnancy, participants are only required to participate 10 hours a week. Verification of due date from a qualified medical professional is required.

A parent with a child under six months old may volunteer for the JOBS Program and request support services. Only
one parent may be a JOBS volunteer for the six months following a dependent child’s birth.

For further information see OAR 461-130-0310: Participation Classifications: Exempt, Mandatory, and Volunteer

### Changing status from a JOBS volunteer to JOBS-eligible

When a JOBS volunteer’s status changes from JOBS-exempt to JOBS-eligible, DHS cannot impose a disqualification while the participant was JOBS-exempt.

It is important for the DHS branch office to explain how the participant’s JOBS status has changed and the requirements of the program.

DHS also needs to do the following:

- Review the JOBS rights and responsibilities form and have the participant sign if they have not done so within the previous 12 months

### Non-engagement in JOBS program

Non-engagement exists when a JOBS-eligible participant fails to complete the activities as specified on their case plan without good cause.

Additionally, participants in the JOBS program are considered not engaging if they fail to do the following without good cause:

- Accept a bona fide offer of employment, whether temporary, permanent, full-time, part-time or seasonal;
- Schedule and keep all appointments and interviews;
- Attend and complete scheduled activities as specified on the case plan;
- Attend drug and alcohol assessment or treatment, or attend mental health treatment (See OAR 461-135-0085);
- Notify DHS or the JOBS contractor of the reason for not keeping any assigned activities, including all appointments, classes and activities;
- Provide DHS with verifiable documentation of JOBS engagement hours, including, but not limited to paid work, job search, employment readiness activities, family stability activities and educational activity hours.

### Non-engagement with JOBS and domestic violence

If the domestic violence affected the participant in a way that made it unsafe for them to engage or if they were otherwise affected by the domestic violence (e.g., court appointments, did not receive notices, abuser sabotaged the participant’s ability to engage in planned activities, etc.), consider a plan to capture the activities they are engaged in, potentially including a domestic violence (DV) step.

If the participant did not engage and it was not a result of domestic violence, follow the normal JOBS re-engagement process.

### Good cause for non-engagement with the JOBS program

Good cause is what DHS considers a valid reason or circumstance that keeps a participant from engaging in their
case plan. It is the participant’s responsibility to provide evidence to establish good cause for non-engagement and to work with DHS staff to try to resolve problems that interfere with engagement. It is important to determine whether the participant is able or unable to engage with their case plan.

A JOBS program participant may have good cause for not engaging if any of the following is true:

- Engagement or placement at a specific activity would place the participant at risk of domestic violence;
- Engagement in a specific activity would have an adverse effect or risk on the participant’s physical or mental health. Documentation from a licensed or certified professional that is qualified to determine the condition or circumstance is required;
- Non-engagement is caused by an aspect of the participant’s disability;
- DHS failed to provide a needed accommodation or modification in order for the participant to engage;
- The worksite violates established health and safety standards;
- A pregnant participant is in their seventh or eighth month of pregnancy and either works in a job that requires them to work more than 10 hours;
- A pregnant participant has reached the first of the calendar month prior to the month in which the due date falls and is JOBS-exempt;
- Appropriate child care (or day care for an incapacitated person in the household) is not available or there is a breakdown in child care arrangements for a child in the household. The participant must attempt to get child care from another provider. “Appropriate child care” means that: (a) both the provider and the place where care is provided meet health, safety and provider requirements as defined in OAR 461-165-0180; (b) the care accommodates the parent’s work schedule; and (c) the care meets the specific needs of the child, such as age and special needs requirements;
- The participant’s failure to engage is due to a circumstance beyond his/her reasonable control (see OAR 461-130-0327).

Good cause for missed appointments

Good cause for missing JOBS Program appointment with DHS, DHS contractor or designee, community service provider as related to the participant’s case plan, or scheduled mental health or alcohol and drug treatment appointments and activities includes:

- A verified mental or physical illness, impairment or condition preventing engagement;
- A verified court appearance or temporary incarceration (30 days or less);
- A verified breakdown in transportation with no readily accessible alternative;
- A verified adverse circumstance(s) that affected the participant’s ability to attend, as determine by DHS;
- Inclement weather that prevented the participant and others similarly situated from traveling;
- Family problems, including medical, legal, domestic violence or school problems with other family members;
- A legitimate breakdown in communication, such as DHS or contractor failure to inform the participant of an appointment;
- Due to an aspect of a known or previously unknown disability;
• DHS or contractor failed to provide a needed accommodation or modification.

Good cause for a missed A&D treatment appointment must be granted if an aspect of a disability related to A&D caused the participant to miss the appointment. For example, if memory loss caused by past methamphetamine use caused the participant to miss an appointment, good cause must be granted. However, workers are not required to grant good cause when a participant reports they missed an appointment because they were using alcohol or drugs at the time.

**Good cause when participants meet federal engagement requirements**

Good cause is granted when a participant meets the following federal requirements even though they may not have completed all the hours agreed to in their case plan:

- A single custodial parent with a child under 6 years of age if they engage for an average of 20 hours per week in core activities;
- A single custodial parent caring for a child under the age of 6 who has clearly demonstrated an inability to obtain needed child care;
- Gross misconduct (e.g., drunkenness or insubordination) does not have to be preceded by a warning from the employer;
- A single custodial parent with a child age 6 or over is engaging in core and noncore activities for an average of 30 hours a week, 20 of which must be core activities;
- A participant who is married or a single head-of-household under 20 years old who:
  - Maintains satisfactory attendance at a secondary school or the equivalent; or
  - Participates in education directly related to employment for an average of at least 20 hours per week.

**What is re-engagement?**

The re-engagement process provides an opportunity for the department to utilize Strength-Based and Trauma Informed Care practices, to gain an understanding of what may be preventing a participant from engaging in services and to allow the participant an opportunity to engage in a plan that is right for their family’s needs and goals.

Re-engagement is a process intended to encourage participants to engage in case plan activities. It is important that a participant is treated in a manner that is in line with our Agency’s Core Values, Mission and Vision. The re-engagement process is initiated when a concern related to the plan or engagement in the plan has arisen.

The re-engagement process can be initiated by the participant, DHS, DHS contractor or a community partner. It is a team approach redesigned to holistically engage the JOBS-eligible participant in JOBS related activities and possible wraparound services. The team is composed of the participant, DHS representatives and other persons (e.g., DHS contractor representative, a neutral third party, etc.) related to the case plan or family goals.

It should be conducted via a face-to-face meeting or if necessary due to participant hardship, over the phone.

The outcome of the re-engagement appointment must be clearly narrated by using the TRACS Re-engagement Narrative or the Re-engagement page in TRACS.
The re-engagement process is intended to:

- Clarify the department’s understanding of the participant’s goals:
  - How do the planned activities support the participant’s goals;
  - What is not working for the participant and how we can improve it.
- Identify what the participant believes could change to meet their goals; and
- Identify what resources both the participant and the department can provide to support future engagement.

Re-engagement begins when the participant misses a planned activity or appointment or stops engaging in an ongoing planned activity.

Activities could include, but are not limited to:

- Any activity on the participant’s case plan;
- Missed appointment with the Family Coach or JOBS contractor such as a JOBS appointment or orientation;
- Low or no attendance for any JOBS activity in the participant’s case plan.

Once the department has determined a participant has stopped engaging in their ongoing case plan, the department must make contact to determine good cause.

If good cause is determined and the department is able to engage with the participant, the re-engagement process stops.

If good cause is not determined or the department is unable to engage with the participant in JOBS activities, the re-engagement process continues.

The department must provide the participant with timely written notice of JOBS re-engagement appointment so they can make arrangements or request accommodations timely to insure engagement in services. The department must mail notice of a formal re-engage JOBS appointment using the JOBS Re-engagement Notice (DHS 7869). The notice is required to be mailed no less than seven calendar days prior to the appointment. A copy of the notices can be delivered during a home visit, but this does not replace the mailing of the notification requirement.

**Note:** It is possible that the conversation during the home visit may lead to engagement of the participant which may end the re-engagement process.

The department must add re-engagement (RE) step to TRACS:

- Planned start and end date must equal the date of the re-engagement appointment;
- The description line needs to identify the time and location of the re-engagement appointment;
- The updated PDP does not need to be mailed to participant, as they will receive a corresponding re-engagement letter.

The re-engagement (RE) step is used to track re-engagement outcomes. It allows a “data point” to compare re-engagement outcomes.
Note: Before a disqualification may be applied, the participant must have had the opportunity to participate in the re-engagement process (OAR 461-190-0231). Mail a re-engagement appointment letter offering an opportunity to participate in the process. Give the participant enough time between delivery of the re-engagement letter and the appointment date in order for them to make arrangements to attend.

Re-engagement appointment/staffing

The re-engagement appointment provides the participants with an opportunity to share what has changed in their situation and what is preventing engagement. The re-engagement staffing is intended to give the department a structured process of reviewing for possible limitations or obstacles that could be preventing engagement, provide resources, and encourage engagement in services.

During the re-engagement appointment, the department must provide participants with:

- A review of JOBS program requirements;
- A review of the formal re-engagement process; and
- A review of possible outcomes, including grant reductions.

The department works with the participant to re-evaluate the appropriateness of current plan activities and modify the plan based on the participant’s goals, strengths, barriers and resources. Support participants in making informed decisions regarding program requirements, expectations and consequences for non-engagement.

Using strength-based practices, re-engagement appointments should:

- Be used to gather information for the department to make a determination of “good cause” or “no good cause” for nonengagement in services;
- Provide the participant an opportunity to complete screenings they may have missed such as learning needs, mental health or substance use;
- Provide the participant with additional community resources and allow them the opportunity to develop a new plan that meets their family’s goals and needs, such as:
  - Possible referral to services within DHS (such as SFPSS or TA-DVS), referral to community partners (such as housing, Family Support and Connections or A&D treatment);
- Re-evaluate the appropriateness of current plan activities and modify the plan based on the participant’s goals, strengths, barriers and resources; and
- Help participants make informed decisions.

When all needed information is available at the time of the re-engagement appointment, the case review will take place at the same time. When all needed information is not available at the time of the re-engagement appointment, the department must follow up on all needed information prior to making any determination.

Things to keep in mind:

- Setting:
  - Try to create a space that is empowering, hopeful, culturally diverse and soothing.
- Confidentiality:
• Be aware of your surroundings;
• Be aware of others around you who may overhear this information; and
• During group settings, limit oversharing of customer’s personal situations.

• Conflict:
  • Be aware of staff’s personal biases that could influence their decision-making;
  • Be aware of participants who have conflict with other participants or staff; and
  • Use clear, concise, and positive language that is strength-based.

**Case review and staffing**

Case review and staffing gives the department time to ensure understanding of the participant’s situation. It allows time to collect needed information required in the re-engagement process prior to making a team determination.

When all needed information is available at the time of the re-engagement appointment, the case review will take place at the same time. When all needed information is not available at the time of the re-engagement appointment, the department must follow up on all needed information prior to making a determination.

During the re-engagement process the department must review:

• Information from the participant’s Employability Screening Tool and Family Assessment;
  • Determine if there are potential barriers the department has not addressed that could have prevented engagement;
  • If barriers exist, clearly narrate what steps the department took to address reported barriers;
  • If it is determined that the department failed to address reported barriers, the department may not impose a grant reduction or disqualification.

• Child risk review: Review if a reduction in TANF benefits would result in additional risk to children in the filing group:
  • Review is completed in collaboration with Child Welfare staff. (Child risk review may be done after re-engagement staffing, but must be done prior to team determination.)
  • If there is a determined child risk, the department may not impose a grant reduction or disqualification.

• Information about potential or known disability or limitations: Review the case for potential documented or reported disabilities or limitations using:
  • Information on the DHS 415A;
  • Information from screenings/evaluations documented on the TRACS testing page;
  • Information on the TRACS Disabilities page; and any
  • Recommendations from mental health or A&D treatment providers, doctors or other professionals.

• Home visit: Provide services and options for participants during the re-engagement process:
  • A Home Visit must be attempted within 30 days prior to a grant reduction. (An attempted home visit may be done after re-engagement staffing but must be done prior to team determination.)
  • Home visit sites are not limited to the participant’s home. They can take place on the participant’s front
porch, yard, nearby community park or other neutral location in the community as determined through conversation with the participant;

- Sending the following forms prior to or after home visits are optional:
  » Notice of Home Visit (DHS 7997);
  » Home Visit Resource Letter (DHS 7998);
  » Notice of Attempted Home visit (DHS 7999);

Offer any screenings, assessments or evaluations that have not been completed or determine whether an updated or further screening/assessment might be needed (e.g., A&D/MH screening, Learning Needs Screening (LNS), Domestic Violence screening or Physical Health Needs screening):

- The alcohol and drug, Domestic Violence, mental health and physical health screenings should be offered a minimum once every 12 months. LNS only needs to be completed once; however, if the participant didn’t score 12 or above on a previous screening there may be indicators requiring additional learning needs screenings;

- Screenings can be offered in person, over the phone or in writing. Regardless how the screening was offered, it will need to be documented in TRACS that an offer has occurred;

- A screening is considered completed when it has been:
  » Offered – Accepted – Conducted – Documented;
  » Offered – No Show – Documented;
  » Offered – Refused – Documented.

If a screening is refused, the refusal must be documented in TRACS. Use of the DHS TANF/JOBS Program Client Rights – Screenings and Evaluations form (DHS 7826) is optional.

**Note:** GAIN-SS and LNS should only be administered by department staff or designees that have met department training requirements and who are comfortable and capable of administering said screenings.

These tools should be administered one-on-one between a participant and department staff or designee with appropriate follow up provided by the department at time of screening.

The LNS must be conducted where the department staff or designee ask the questions verbally and records the response. The participant may be given a copy of the screening tool.

Information regarding the participant’s current safety: Review the case for potential documented or reported instances of Domestic Violence or other potential safety risks:

- Family Assessment;
- Last application;
- UCMS coding;
- TRACS or case narratives.

When reviewing for ongoing safety concerns look back six months in the case record. Each potential safety incidence must be determined individually as a factor or not a factor in the participant’s nonengagement.
Information from community partners (e.g., domestic violence service providers, community action agencies, housing, etc.) or other agencies with which the participant may be working, etc., should be considered when determining if the participant’s safety risk directly prevented them from engaging in the JOBS program requirements.

Note: Participants currently experiencing domestic violence regardless of whether they have an open DV grant are JOBS-eligible.

Their plan can consist of services to meet their safety needs such as family stability, housing and safety planning with an advocate. or

**Department determination/staffing outcomes**

The department must make a determination based on all the information gathered during the re-engagement process of whether the participant does or does not have good cause for nonengagement in planned activities.

In TRACS, clearly document the situation that led to the request for re-engagement, including:

- The participant’s perception of the situation;
- Steps taken to encourage re-engagement;
- Findings of good cause or no good cause (even if the participant is now willing to re-engage);
- Staffing with community partners and Child Welfare;
- Home visits or attempted home visits (required at the first instance of grant reduction and before a total grant reduction);
- Screenings completed (or offered);
- Alternative resources offered or available to the participant; as well as
- Any outcomes from the re-engagement process.

**Good cause determination**

The local re-engagement team determines the participant had good cause for nonengagement:

- Document the process and outcome in the Re-Engagement Record on TRACS or a TRACS narrative using the statewide Re-engagement TRACS (form) narrative;
- Do not apply a grant reduction;
- Engage the participant in appropriate ongoing JOBS program activities;
- Finalize re-engagement page or save the Re-engagement TRACS (form) narrative into TRACS.

Things to consider while determining good cause:

- Was the participant JOBS-exempt during the engagement period or any time of the re-engagement process? (JOBS exemption may have not been known to the department before the staffing.)
- Was there a situation outside of the participants control that prevented engagement?
- Did the participant have ongoing challenges in the following areas and the department failed to provide consideration, reasonable accommodations or referrals?
• Active DV (last six months);
• Ongoing MH (with treatment);
• Addictions (in treatment);
• Learning needs / disability;
• Physical health (participants or others in HH).

No Good cause determination, grant reduction

The local re-engagement team determines the participant did not have good cause for nonengagement.

• Document the process and outcome in the Re-Engagement Record on TRACS or a TRACS narrative using the statewide Re-engagement TRACS (form) narrative;
• Apply disqualification at the appropriate level;
• Finalize the re-engagement page or save the Re-engagement TRACS (form) narrative into TRACS;
• Continue to attempt to engage the participant in JOBS program activities.

No Good cause determination, no grant reduction

The local re-engagement team determines the participant did not have good cause for nonengagement but is not imposing a grant sanction.

• Document the process and outcome in the Re-Engagement Record on TRACS or a TRACS narrative using the statewide Re-engagement TRACS (form) narrative;
• Finalize the re-engagement page or save the Re-engagement TRACS (form) narrative into TRACS;
• Connect the family with additional agency and community resources, such as Child Welfare, Family Support and Connections and other local community agencies and or partners; and
• Continue to attempt to engage the participant in JOBS program activities.

When does the re-engagement process end?

The re-engagement process ends when any of the following are met:

• The department and the participant agree to case plan and the participant completes two-consecutive weeks of cooperation. The participant is considered successfully re-engaged in JOBS;
• Efforts to re-engage are unsuccessful:
  • The participant clearly indicates the intent not to participate in the re-engagement process;
  • The participant is willfully noncompliant and has the ability to be fully engaged;
  • The participant refuses to take appropriate steps to address identified barriers to participation; or
  • The participant did not have good cause for not complying with a requirement of the program and the participant is able but unwilling to address the issue through activities to remove the barrier.
• There is no appropriate activity available in which the participant may engage and/or there are no support services available to support engagement in appropriate activities.
Who can be disqualified from the JOBS program?

Individuals who are JOBS-eligible and required to engage with the activities specified on their case plan and who fail to engage without good cause are subject to disqualification/grant sanction.

JOBS disqualifications are applied independently to any JOBS-eligible individuals who do not engage in JOBS program requirements. In multi-parent households, more than one adult can be disqualified if the individual adults do not engage in JOBS program requirements.

Click here for Program compliance.

Effective date for ending a disqualification

A participant or JOBS-eligible adult in the need group who informs the department they intend to cooperate in JOBS activities must:

- Complete a new or revised case plan or agree to complete each activity in the current case plan; and
- Be assigned a cooperation period of two consecutive weeks.

The disqualification ends after the participant completes two consecutive weeks of cooperation:

- If the disqualified person or another JOBS-eligible adult in the need group demonstrates cooperation prior to the effective date of the disqualification:
  - Do not impose the financial penalty;
  - Code the appropriate DQ C/D history under the noncooperative individual.
- If the first day of the month occurs during the two consecutive weeks of cooperation:
  - Restore benefits effective the day the participant completed the two weeks of cooperation;
  - Code the appropriate DQ C/D history under the noncooperative individual.
- If cooperation starts after the effective date of the disqualification:
  - Restore benefits effective the day the participant completed the two weeks of cooperation;
  - Code the appropriate DQ C/D history under the noncooperative individual.

Click here for examples: Engagement in the JOBS program.
Oregon Administrative Rule(s)

461-130-0305 — General Provisions; Employment Programs
461-135-1195 — Specific Requirements; SFPSS Eligibility
461-110-0330 — Filing Group; TANF
461-130-0310 — Participation Classifications: Exempt, Mandatory, and Volunteer
461-130-0315 — Requirements for Mandatory Employment Program Individuals; Pre-TANF, REF, SNAP, TANF
461-130-0327 — Good Cause
461-190-0231 — Re-engagement; JOBS, Pre-TANF, REF Employment Program, SFPSS, TA-DVS
461-130-0330 — Disqualifications; Pre-TANF, REF, SNAP, TANF
461-130-0335 — Removing Disqualifications and Effect on Benefits
461-135-1200 — Domestic violence
461-135-0085 — Requirement to Attend an Assessment or Evaluation, or Seek Medically Appropriate Treatment for Substance Abuse and Mental Health; Disqualification and Penalties; Pre-TANF, REF, TANF
461-135-0200 — Multiple Disqualifications; TANF
461-135-0089 — Demonstrating Compliance with Substance Abuse and Mental Health Requirements; Restoring Case Benefits; Pre-TANF, TANF
Chapter 4:
Working with families

Section 3: Case plan development
Case plan development

Introduction

Case plan development is a process that continues throughout the life of a case. Information that informs the development of a case plan is gained during all conversations with the participant, from eligibility intake, through assessment, screenings and ongoing appointments.

Case plans are individualized and developed in partnership with the participant. Plans should be built on strengths, resources and goals and should reflect what the participant believes to be achievable. Included in the plan should be activities that support the participant in meeting their goals, reducing or eliminating barriers, and promoting family stability.

Plan requirements

Case plans are required for individuals in the JOBS, REP, SFPSS and TA-DVS programs. The plans should be used as an agreement between the participant and SSP. Details should include activities the participant feels will help them move forward as well as support services SSP has agreed to provide.

Case plans should be reviewed regularly and modified when circumstances change. Plans for JOBS participants are in effect even if they are not signed. This allows SSP to create plans following phone calls or home visits with the participant, even if there is no option to print and sign a formal plan.

For TANF applicants, the case plan should be developed by the end of the initial screening and assessment process. All screenings and assessments should be offered before a plan is documented.

Oregon Administrative Rule(s)

461-001-0025 — Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, TANF
461-190-0151 — Case Planning; JOBS, Pre-TANF, REP, SFPSS, TA-DVS

Plan expectations

- Case plans are individualized, based on the unique needs of each participant.
- Participants are in charge of their own plan and they, rather than SSP, should be primarily responsible for determining the actions on their plan.
- Individuals are informed about their rights to develop a plan, choose whether to release information and decide if individuals outside of the benefit group are included in the planning process.
- For individual in the TA-DVS program, initial case plan development should focus on any immediate safety concerns. Ongoing plan development should look at both safety issues and stabilizing the family from the effects of domestic violence.
- SFPSS case planning will focus on the SSI/SSDI application process.
- Long-term goals in case planning can include family stability, increased self-sufficiency and employment.
- Short-term goals include the steps to address safety and immediate family stability, and to reduce or
eliminate barriers to the individual’s long-term goals.

- Plans may include activities for the adults and the children, or only activities for the children if the adults are not participating.
- All case plan activities and connected support services are entered in the TRACS system.

**Oregon Administrative Rule(s)**

No current OARs apply.

### Identifying activities and support services

For each goal identified by the participant, try to find matching activities that align with those goals. Assist the participant in exploring the range of possible activities that may reflect their short- and long-term goals.

In addition to the participant’s goals, consider the outcomes of all screenings and assessments completed by the individual. This leads to a plan more likely to address their unique needs and goals.

Discuss what support services the individual will need to complete these activities. Document what SSP will pay for and what other resources the participant may use.

**Oregon Administrative Rule(s)**

No current OARs apply.

### Reviewing and documenting the plan

When updating or reviewing case plans with participants, confirm their understanding of the agreements made. Make changes to the plan as necessary, following up through regular contact with the participant.

Ensure there is a current, signed Your Rights and Responsibility While in JOBS, JOBS Plus, and Refugee Employment Services (DHS 7819) form on file.

Narrate the conversations with the participant and what is in the plan on TRACS. If the plan is not signed, provide a reason and document how an explanation of the plan was provided to the participant.

**Oregon Administrative Rule(s)**

No current OARs apply.
Chapter 4: Working with families

Section 4: Evaluating progress
Evaluating progress

Introduction

The purpose of evaluating progress is to maintain communication with the participant and to provide the most appropriate services to individuals and families. These services include not only case plans activities, but also referrals to other services.

Identifying progress

Progress is not identified only through the completion of an activity, but also by changes in the individual’s situation and readiness to move toward their goals. Progress can be identified through:

- Contact with the participant and discussion around their own challenges and successes
- Review of attendance records
- Reports from contracted or community providers
- Information gathered in ongoing evaluation and assessments.

Oregon Administrative Rule(s)

No current OARs apply.

Modifying plans

When it becomes apparent there is a need to modify the plan, SSP should work in partnership with the participant to make the necessary changes. Changes may include the number of hours for an activity, the activity itself or the support services agreed upon to ensure the participant’s success.

Any change in the plan or in support services must be documented. If the change causes a reduction in support services, formal notice is required.

Oregon Administrative Rule(s)

No current OARs apply.

Best practices

- Have regular contact scheduled for all participants.
- Narrate plan outcomes and modifications in the case record.
- Continue to ask open-ended questions, summarizing what you hear from the participant.
- Remind the participant that they know what is best for themselves and their family; build a plan to reflect on their own goals.
- Expect the participant will share more about themselves as trust increases.
- Remember not all paths to self-sufficiency will be linear. Instead, focus on the success of the participant and
help them to continually focus on their short- and long-term goals.

**Oregon Administrative Rule(s)**

No current OARs apply.
Chapter 4:
Working with families

Section 5: Collaborating with partners
Collaborating with partners

Introduction

The intent of collaborating with partners is to ensure families are able to access the most holistic and supportive services as they work toward their short- and long-term goals. When families are being served by other agencies, it is important to discuss those services and build a plan that reflects those efforts. When establishing service relationships with partners, it is important to focus on the individual’s goals and desired outcomes.

When collaborating with families, it is important to identify the recourse the participants bring to the process, who they are already working with, and what additional resources may be helpful. If appropriate, SSP may help participants contact and obtain services from other benefit programs and resources. Any time other agencies may be involved in serving the family, it is important to obtain the appropriate releases.

Referring to partners

Once a case plan has been developed and the participant has identified their own goals and needs, SSP can offer additional resources through contracted entities or community partners. The referral to partners should only happen after the participant has granted permission; participants have the right to change their mind at any time.

Staff may advocate with partners on behalf of the participant, refer to previously developed community partner relationships or assist the participant in finding a specific partner that meets their needs.

Oregon Administrative Rule(s)

- 461-105-0060 — Release of Information to the Client
- 461-105-0070 — Client Authorization for Release of Client Information to Third Party
- 461-105-0100 — Release of Client Information to Law Enforcement Officers
- 461-105-0120 — Release of Information on Child Support and Paternity Cases
- 461-105-0130 — Disclosure of Client Information

Best practices

- Have regular contact scheduled for all participants.
- Narrate plan outcomes and modifications in the case record.
- Continue to ask open-ended questions, summarizing what you hear from the participant.
- Remind the participant that they know what is best for themselves and their family and build a plan to reflect their own goals.
- Expect the participant to share more about themselves as trust increases.
- Remember not all paths to self-sufficiency will be linear. Instead, focus on the participant’s success, and help them continually focus on their short- and long-term goals.
Oregon Administrative Rule(s)

No current OARs apply.
Chapter 4: Working with families

Section 6: Child support programs
Child support programs

Introduction

The Department of Justice (DOJ) Division of Child Support (DCS) establishes paternity and child support orders and enforces child support. These activities help children in need, encourage family self-sufficiency, return money to the state and reduce the state’s cost in providing public assistance.

Accounting

DCS provides billing, receipting, payment distribution and record-keeping services on all Oregon child support cases being enforced by DCS or a district attorney (DA).

<table>
<thead>
<tr>
<th>Oregon Administrative Rule(s)</th>
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<td>137-055-1070 — Provision of Services</td>
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Specific child support cases

TANF, Child Welfare and Oregon Youth Authority cases

DCS establishes paternity and child support orders and enforces child support when a child:

- Is currently receiving TANF assistance
- Has received TANF assistance in the past and past-due support owed for the child has been assigned to the state to reimburse past TANF assistance, or
- Is in the care or custody of Department of Human Services (DHS) Child Welfare (CW) or the Oregon Youth Authority (OYA).

Other cases

For cases that are not current or former TANF, CW or OYA, the county DA offices provide child support services at the request of eligible families. (In some Oregon counties, DCS provides these services in lieu of the DA under a separate contract with the county.)

In 1997, DHS and DCS began entering into arrangements with Oregon Tribes to provide child support services on lands under tribal jurisdiction.

If any participants who are not required to pursue child support want help establishing paternity or pursuing child support, SSP will refer them to their local child support office.

Assignment of support rights

Support assignment requirement

The purpose of assigning support rights is to allow the state to recoup TANF paid to the family. The terms of the
assignment are specified on the Application for Services (DHS 0415F). By signing the application, TANF participants automatically assign their support rights to the state. Assigning support rights is a condition of eligibility for TANF.

Who must assign their rights?

- Applicants: TANF applicants must assign their rights to all child support and spousal support to the state for all persons in their TANF benefit group. (This does not apply to applicants who are a two-parent family.)
- Participants: TANF participants must assign their rights to all child support and spousal support for all persons in their TANF benefit group to the state. (This does not apply to participants in SFPSS or JOBS Plus or who are a two-parent family.)
- Non-parent caretaker relative: When a participant is a caretaker relative but not a parent of the child in the TANF benefit group, the child support rights are still assigned to the state even though the caretaker relative is not the legal holder of the rights to support owed for the child. Because the child is getting TANF, support is still assigned to the state.

Amount of support assigned

When a family receives TANF cash assistance, they assign their rights to child support up to the total amount of unreimbursed assistance (URA). URA is the amount of cash assistance paid for a family minus the child support payments kept by the state to repay to the state account.

If support arrearages are owed to a TANF applicant/participant who has received unreimbursed TANF in the past, the arrearages for months when the applicant/participant received TANF go to repay the past TANF. Both current TANF and past arrearages are assigned. However:

- There is no assignment and no accumulation of URA for TANF participants who are:
  - In JOBS Plus or State Family Pre-Social Security (SFPSS) or
  - A two-parent family.
- URA does not include any amount of child support pass-through and disregard.

Special considerations: assignment of support

The following are special considerations for assignment of support:

- The non-parent caretaker relative (e.g., a grandparent or an aunt) must cooperate in pursuing child support from both noncustodial parents.
- In benefit groups that have more than one noncustodial parent who owes support, assigning support rights covers all current and past due support owed by all noncustodial parents.
- Assignment of support owed by a noncustodial parent ends when the TANF benefits end for that parent’s child(ren). However, any support accrued while TANF was open remains assigned to the state.
- If all children of one of the noncustodial parents are removed from the benefit group that remains active for other children, assignment of support owed by that noncustodial parent also ends. (For the other children in the benefit group, assignment of support remains active.) The participant becomes entitled to receive any ongoing support payments for the children removed from the benefit group. The state, however, retains its claim to all assigned support arrears owed by the noncustodial parent accrued while the TANF cash grant
was open (not to exceed the total amount of TANF cash benefits provided to the group).

- When a person reopens a TANF grant, there will be URA for the current cash grant benefits and any past monthly cash benefits that have not already been repaid to the state.
- For assignments entered before October 1997, all past-due support is permanently assigned to the state up to the total URA.

**Procedure for assigned support**

When child support is assigned to the state, it must be paid through DCS. If the TANF participant and the parent who pays support (obligor) have a support order in place that is not being paid through DCS, DCS will send both of them a letter to notify them that child support payments must now be sent to DCS.

![Oregon Administrative Rule(s)](https://example.com/rules)

**Procedures for turning direct child support payments over to the Division of Child Support**

Although child support is required to be paid to DCS when there is an assignment of rights in place, at times the obligor continues to directly pay the TANF participant. When this happens, the participant must turn over the support to DCS. To turn over a direct payment of cash child support to DCS, the participant has the following options:

- Turn over the cash child support in person at the Salem DCS office located at 4600 25th Avenue NE, Suite 180, Salem, OR 97301.
- Take the cash child support to a payment kiosk at one of the locations listed below. (There is a small fee deducted for paying at the kiosk. This means the obligor will get credit for the child support payment minus the fee.) The kiosk locations are found at [oregonchildsupport.gov/payments](http://oregonchildsupport.gov/payments).
- Purchase a money order and send to the attention of: Oregon Department of Justice, PO Box 14506, Salem, OR 97309. (The payment needs to have the child support case number and obligor’s or obligee’s name written on the money order.)

When child support is paid directly to a participant receiving TANF and the participant turns the child support over to DCS, the participant will be sent any child support pass-through the participant is eligible to receive.

Click here for [Child support pass-through and disregard](https://example.com/pass-through).

**Procedures when TANF participant does not turn over a direct payment of child support**
If a TANF participant (single parent or single caretaker relative TANF case not in SFPSS or JOBS Plus):

- **Reports receipt** of a direct child support payment from an obligor but does not turn over the child support to DCS, DHS codes the entire amount of the child support as SUP. DHS does not allow any disregard of the child support.

- **Does not report receipt** of a direct child support payment to their DHS worker and does not turn over the support to DCS, DHS establishes a TANF overpayment against the participant for the dollar amount of any support payments retained by the participant. The case record must document the reason for writing the overpayment.

**Oregon Administrative Rule(s)**

- 461-120-0310 — Assignment of Support Rights; Not SNAP
- 461-145-0080 — Child Support and Cash Medical Support

## Requirement to cooperate, noncooperation penalties and good cause

### Requirement to cooperate with DHS and DCS in obtaining child support payments

Child support for TANF applicants: To be eligible for TANF, caretaker relatives must cooperate unless good cause exists (see below) with DHS and DCS in establishing paternity and obtaining support payments for all children in the benefit group. (This does not apply to applicants eligible as a two-parent family.)

**Child support for TANF participants**

This does not apply to TANF participants in JOBS Plus or SFPSS or who are a two-parent relative household.

TANF participants must also cooperate (unless good cause exists; see below) with DHS and DCS in establishing paternity and obtaining support payments for all children in the benefit group. When a TANF participant who is required to cooperate does not cooperate and there is no good cause for the noncooperation, the participant will be subject to the penalties below.

**What is cooperation?**

Cooperation with child support exists when the participant provides information that DHS and DCS need or request to establish paternity or to establish, modify or enforce a child support order for the child(ren) in the TANF benefit group.

The participant demonstrates cooperation by supplying enough information for DCS to proceed with appropriate action. This information includes, but is not limited to, as many of the following elements as the participant knows (or can reasonably be expected to find out):

- Regarding all noncustodial parents of the dependent children:
  - Full legal name and nicknames
• Social Security number
• Current or last known address
• Current or last known employer, including name and address
• If a student, current or last known school
• Criminal record, including where and when incarcerated
• Date of birth, or age
• Race
• Date and place of each child’s conception (if paternity is not established)
• Any known group or organizational affiliations
• Names and addresses of close friends or relatives
• Any other information DHS or DCS requests that would help locate or identify a noncustodial parent of a child in the benefit group
• Supplying documentation or explanation of efforts to get information requested by DHS or DCS (if unable to provide any necessary information listed above)
• Keeping appointments with DHS and DCS related to establishing paternity
• Returning telephone calls or responding to correspondence when requested by DHS or DCS
• Otherwise demonstrating a good faith effort to obtain necessary information and to locate and identify each alleged parent or noncustodial parent, establish legal paternity, establish and enforce a support order, and obtain support payments.

Encouraging cooperation

DHS encourages participants to cooperate by emphasizing these points:
• Support from the noncustodial parent could help lessen the child’s feelings of abandonment or desertion.
• Establishing paternity can entitle the child to receive SSB or veterans’ benefits on the alleged father’s account, should the alleged father die or become entitled to disability benefits.
• Support payments can help families pay for living expenses and become self-sufficient, especially after the family is no longer eligible for TANF.
• If the participant has safety concerns, DHS tells the participant there may still be options for safely collecting support. This can be done by establishing a contact address and/or filing a “nondisclosure of information” request within the Client Safety packet on Good Cause Version A (DHS 8660). Give the participant a copy of this packet to help discuss options for safely collecting support.

Determining noncooperation

DHS or DCS can determine if a participant is not cooperating with the establishment of support. DCS must let DHS know whenever they determine a participant is not cooperating (noncooperation). DHS contacts the participant and:
• If the participant claims good cause for not cooperating, ask the participant for more information and work with the participant to determine if they qualify for a good cause exception.
• If the participant does not claim good cause for not cooperating, or if the participant claims good cause and DHS determines the participant does not have good cause, apply penalties per below.

Participants in JOBS Plus or SFPSS or who are a two-parent family are not required to cooperate with child support (and are not penalized for noncooperation).

Good cause for failure to cooperate; child support

A participant may claim good cause for not cooperating with DHS and/or DCS to establish paternity or to collect child support.

If the participant claims good cause due to a domestic violence situation, TA-DVS should be discussed with the participant as well as any other crisis intervention or domestic violence counseling services that may be locally available.

Good cause for failure to cooperate with child support exists when any of the following are true:

• Cooperation is reasonably anticipated to result in emotional or physical harm to the participant or to other caretaker relatives of the child(ren) involved.
• One of the following circumstances exists and DHS believes continuing efforts to obtain support would be detrimental to the child(ren):
  • The child was conceived due to incest or rape.
  • Legal proceedings for adoption are under way before a court.
  • A public or licensed private social agency is helping the parent resolve the issue of whether to release the child for adoption. This good cause reason is limited to three months.

If good cause is found, DCS will take no action to establish paternity or a child support order or to enforce child support on a new or ongoing child support case.

When DCS determines a participant is not cooperating and there is an open TANF case, DCS will inform the DHS branch office. Before imposing a penalty for noncooperation, the DHS branch office must contact the participant and determine if the participant had good cause.

If good cause is found on an open TANF case, DHS will:

• Notify the appropriate DCS worker that the case has been coded good cause by email, and
• The need for continued good cause will be reviewed at each redetermination.

When a participant applying for or getting TANF tells DCS that pursuing paternity and/or support may cause a safety concern for the participant or the child(ren) and DHS does not already know of the concern, the following steps shall be followed:

• The DCS worker who learns of the participant’s concern will send an email to the local DHS worker.
• The email sent by DCS will include the name of the parent who pays support (obligor), the name of participant (obligee), the name(s) of the children and any information the DCS worker has about the safety concern.
• The same day that DHS receives the email from DCS, the local DHS worker will narrate that good cause was added at the request of DCS.
• The local DHS worker will proceed with determining whether there is good cause for noncooperation with support, or whether claim of risk may be an option to safely pursue paternity and support.

• If the local DHS worker determines the case should have good cause for noncooperation with support, the worker will take appropriate case action.

• If the local DHS worker determines the case does not have good cause, the worker will take appropriate case action.

• The DHS worker will narrate on TRACS the good cause or the reason there is not good cause. The worker will also email the final decision to the DCS worker. DHS can determine good cause only on open TANF cases. When TANF is closed, the obligee must notify DCS that they would like to request good cause and DCS determines whether good cause exists.

DHS cannot remove good cause coding on a closed TANF case. When TANF is closed and an obligee no longer wants good cause, the obligee must notify DCS and DCS removes the good cause coding.

**Good cause; branch office responsibilities**

The DHS branch office informs participants of their right to claim good cause, both when the participant applies for assistance and at each redetermination of eligibility.

If the participant claims good cause due to a domestic violence situation, TA-DVS should be discussed with the participant as well as any other crisis intervention or domestic violence counseling services that may be locally available.

When the participant applies for TANF and one or both parents of any child in the benefit group are absent from the benefit group, the branch office will do the following:

• Explain to the participant that, unless the participant has good cause for not cooperating or is eligible for TANF as a two-parent family, cooperation in efforts to obtain child support payments is a condition of eligibility for TANF, and

• Explain to the participant the purpose of the referral to DCS and encourage the participant to cooperate with both DHS and DCS for the benefit of the children.

DHS asks the participant to read and sign a Cooperating with Child Support Enforcement form (DHS 0428A). This is not a mandatory form.

**Note:** If the participant will not sign the form, the branch office should narrate that the form was given, and the participant did not want to sign.

**Confidentiality of participant’s address:** Under state law, certain information that is confidential under DHS rules could be released during legal proceedings. For example, the participant’s home address could be revealed to the noncustodial parent if the address appears in the noncustodial parent’s copy of a child support order.

**Contact address:** If the participant does not want their address revealed to the noncustodial parent and does not want to claim good cause, the participant may ask DCS to use a contact address. The contact address must be in Oregon and will be used for child support purposes only.

Note: The contact address will only be used once DCS adds the address to their computer system. If the contact
address was not requested at the time the child support case was created, the home address may have already been included on child support paperwork sent to the other party on the case or to court.

If DHS knows the participant would like to use a contact address, DHS will notify DCS of this by calling or emailing the appropriate DCS worker.

Caution:

- If a contact address has been in place for six months, DCS will attempt to contact the participant to ask if the contact address is still valid prior to initiating a new legal action. The contact address will stay in effect until the participant retracts it.
- Participants must pick up mail at their contact address. If participants do not pick up their child support-related mail, they may lose an opportunity to request parentage testing or to help determine a proper monthly support order.
- Even if the participant claims good cause, they may want to designate a contact address (for mailing child support information only). This is because law requires DCS to provide services (including establishment of paternity) to custodial and noncustodial parents who apply for services; this includes, self-alleged fathers. If the only address on the case is the DHS address, this address will be on the legal documents during any subsequent proceedings. If the participant claiming good cause wants to use another address such as a contact address, this is allowed.
- DCS cannot guarantee the participant’s actual home address will not be revealed during enforcement or court proceedings. Designating a contact address simply decreases the likelihood of this occurring and enables DCS to proceed on what could otherwise be a good cause case.

Nondisclosure of information based on a claim of risk: DHS will advise the participant that DCS has protection available for participants who would cooperate with child support if their personal identifying information will not be revealed. This is known as “claim of risk.”

Before initiating any court proceedings, DCS will notify the participant in writing that:

- DCS must include the participant’s personal identifying information in any motions, pleadings, petitions, orders or other legal documents filed with the court, and
- To avoid having their personal identifying information revealed in court documents, the participant may work with DCS to file a nondisclosure of information based on a claim of risk. To file a nondisclosure of information based on a claim of risk request, the participant must provide a contact address.

If the participant files a claim of risk in response to receiving notification from DCS of a forthcoming legal action, DCS will reveal the participant’s personal identifying information to the court only in the form of sealed documents submitted to the court. These documents do not become public record.

- The participant can contact DCS to request claim of risk at any time. However, if DHS knows the participant would like to request claim of risk, DHS should have the participant complete the Claim of Risk form (within DHS 8660) and DHS should email or fax the form to the appropriate DCS office.

Evidence of good cause; child support

Evidence of good cause for noncooperation with child support includes, but is not limited to:
• A participant’s statement, for participants who believe pursuing support will put their safety or the safety of their child(ren) at risk
• Birth, medical or law enforcement records as evidence of incest or rape
• Court records, other legal records or written statements from a public or licensed private social agency or an attorney regarding possible or pending adoption of the child(ren) in question
• Sworn statements from individuals, other than the participant, with knowledge of the circumstances that provide the basis of the participant’s claim of good cause.

Penalties for noncooperation; child support

The penalties for failure to cooperate with support requirements are:

• For benefit groups not currently receiving TANF, where the failure to cooperate occurs during the process of applying or reapplying for TANF: total ineligibility for the filing group.

• For benefit groups receiving TANF when failure to cooperate is determined, the net monthly TANF benefit amount, after income deductions and reductions for JOBS noncooperation are applied (where applicable), shall be reduced by the following percentages:
  • 25 percent (refer to as “CS1”) for the first month following the month in which failure to cooperate is determined
  • 50 percent (refer to as “CS2”) for the second month following the month in which failure to cooperate is determined
  • 75 percent (refer to as “CS3”) for the third month following the month in which failure to cooperate is determined
  • 100 percent (“CS4” and total ineligibility for the benefit group) for the fourth month following the month in which failure to cooperate is determined, and all subsequent months in which failure to cooperate continues. DHS will close TANF benefits at the end of the fourth month and TANF will remain closed in subsequent months in which the noncooperation continues. The CS4 notice generated by the system explains the case will close and no additional closure notice is needed. Before applying the 100 percent level of penalty, DHS uses the existing grant termination staffing process to assess the family’s situation. When appropriate, community partners are involved in the family assessment.

• Once a penalty has ended, any subsequent penalties for noncooperation with support will start at the first level (CS1, 25 percent, per above) for participants who were previously disqualified or penalized for noncooperation but later had full benefits restored.

• For SNAP, when a TANF payment is reduced or ends due to DCS noncooperation, DHS will count the amount the TANF benefit payment would have been if not reduced for noncooperation, for the duration of the penalty.

Coordination on cases excused from the requirement to pursue child support

Self-Sufficiency and Child Welfare agree to work together, and with other affected agencies such as DCS and OYA, on cases granted good cause or a permanent exemption and transition from one program to another.

• TANF: Participants receiving TANF are excused from the requirement to pursue child support if they meet the requirements for good cause in Good cause for failure to cooperate; child support.
• Child Welfare: Participants receiving services from Child Welfare are excused from the requirement to pursue child support if:
  • The biological mother conceived the child as a result of incest or rape and efforts to obtain support would be detrimental to the child.
  • The biological parents have signed a relinquishment of parental rights or a court action has terminated parental rights. This includes situations where:
    » A child who has been adopted through the state comes back into state care because of emotional or physical treatment needs, or
    » The assistant director of Child Welfare or their designee determines pursuing child support is not in the best interest of the child.

**Coordination on cases**

In order to support the transition and coordination of cases excused from the requirement to pursue child support because of good cause or a permanent exemption, the Child Welfare and Self-Sufficiency Programs agree that:

• Whichever program makes a determination of good cause or permanent exemption “owns” the determination until or unless that program is no longer providing services. This means only the program that made the determination of good cause or permanent exemption may change the determination until or unless that program is no longer providing services.

• A determination of good cause or permanent exemption applies to all open cases that involve the same obligee and obligor without regard to which program made the determination of good cause or permanent exemption and whether the children are receiving multiple services. For example, if a Self-Sufficiency participant were excused from pursuing child support for good cause, that participant would also be granted a permanent exemption for not pursuing child support if the participant subsequently opens a case with Child Welfare.

• Once a case closes or services are no longer provided by a program, that program may not change a determination of good cause or permanent exemption it made prior to the case closing.

• When there has been a determination of good cause or permanent exemption and services are closed with one program, the new program providing services will follow these steps:
  • The new program providing services will determine whether good cause or permanent exemption is still appropriate by contacting the person who originally claimed good cause or permanent exemption.
  • If it is determined after contact with the person who originally claimed good cause or permanent exemption that if:
    » There are still safety or other issues that continue to make good cause or permanent exemption appropriate, the new program providing services will code the newly opened case with good cause or permanent exemption.
    » There are no longer safety or other issues, the new program providing services will not code the newly opened case with good cause or permanent exemption coding should be removed from the child support case and pursuit of child support resumed.
If, pursuant to (2)(b) above, it is determined after contact with the person who originally claimed good cause or permanent exemption that there are no longer safety or other issues, the new program providing services will give notice to the person who originally claimed good cause or permanent exemption. The program providing notification must document notice to the person who originally claimed good cause or permanent exemption.

**Coordination with partner agencies**

When OYA has excused a case from the requirement to pursue child support or medical support, Child Welfare and Self-Sufficiency shall coordinate with OYA in the same manner as if Child Welfare or Self-Sufficiency had excused the participant from pursuit of child support because of good cause or a permanent exemption.

When a case has been excused from the requirement to pursue child support or medical support, regardless of which program has made the determination of good cause or permanent exemption, Child Welfare and Self-Sufficiency will work with DCS to support transition and coordination of the case.

**Oregon Administrative Rule(s)**

- 137-055-1160 — Confidentiality — Finding of Risk and Order for Nondisclosure of Information
- 461-120-0340 — Client Required to Help Department Obtain Support from Noncustodial Parent; TANF
- 461-120-0350 — Clients Excused for Good Cause from Compliance with Requirements to Pursue Child Support, Health Care Coverage, and Medical Support

**Reporting noncustodial parents to the Division of Child Support**

**Noncustodial parent questions for intake and redetermination**

For DHS, the participant is the primary source of information regarding each noncustodial parent (NCP) and the resources the NCP may have to help support the child. The below questions may be asked to gather information about the NCP.

**Identification**

- What is the last name of the NCP? Middle name? First name?
- If the NCP is the mother, what is or was her maiden name?
- Does the NCP have a nickname or use an alias?
- If you do not know the NCP’s last name, do you know someone who does? Does this “someone” have a name, address or phone number?

**Location**

- Where did you meet the NCP? If it was at a friend’s house, what is your friend’s name and address?
- Where does the NCP live? If unknown, where has the NCP lived previously?
- What is NCP’s SSN, DOB or approximate age?
- Where was the NCP born?
- Has the NCP ever sent you a letter, text or email? If so, from where?
Note: This may give the noncustodial parent’s correct name, current return address, phone number, email address, etc.

- Where did the NCP go to school (high school or college)?
- Does the NCP drive?
- What are the names and addresses of the NCP’s relatives?
- Does the NCP have an alien registration card? In what state was the NCP admitted into this country?

**Description**

- Has the NCP been in trouble with the law? If so, where?
- Can you give a description of the NCP (height, weight, etc.)? Any distinguishing marks or tattoos?
- Do you, or someone you know, have a photo of the NCP?

**Existing support order**

- Has the NCP ever been ordered (by a court or administrative agency) to pay child support for your child or any other children? If so, where (city, county, state)?
- Do you have a copy of any such order?

**Employment/income**

- Does the NCP work? Where does the NCP work, or where has the NCP worked? Do you have the name/address of the NCP’s last employer? What type of work does the NCP usually look for? Is the NCP self-employed? What is the name and address or location of the business and what kind of business is it?
- If the NCP is in the military, which branch? Do you know where the NCP is stationed (APO, ship, base)?
- Is the NCP receiving SSB, worker’s compensation or UI?
- Is the NCP on public assistance or SNAP in Oregon or any other state?
- If the NCP paid you child support by check, on what bank/branch was it drawn?
- Does the NCP have any special licenses?

**Paternity**

- Does the NCP know about the child?
- Does the NCP have other children? If so, do you know the other parent’s or parents’ name, address, etc.?
- Were you ever married to the NCP?
- Has the NCP ever signed an acknowledgment of paternity, or any other documents that he is the father? If so, do you have a copy? If so, in what state?

**TANF cases to be reported to DCS**

Cases are reported to DCS when the TANF case is opened and the DHS computer system sends information to DCS. The following cases must be reported unless there is good cause for noncooperation with support:

- New TANF cases (except for two-parent households)
- Ongoing TANF cases.
Note: This does not apply to participants who are in the SFPSS, JOBS Plus or Post-TANF programs, who are getting employment payments or who are a two-parent family.

For the cases described above, report the following to DCS:

- All living noncustodial parents (natural or adoptive)
- The caretaker relative (e.g., a grandparent or an aunt) must cooperate in pursuing child support from both noncustodial parents.

Absent stepparents: DCS will not pursue enforcement against absent stepparents.

Spousal support/alimony cases: DCS will not establish an order for spousal support. However, DCS will enforce an existing order for spousal support for a participant receiving assistance or if the noncustodial parent of a child on the grant has been ordered to pay spousal support for the participant and DCS is enforcing a child support obligation for the child.

Caretaker relative other than a parent: When both parents are absent, and the caretaker is someone other than a parent, DCS will pursue support from both the absent mother and absent father.

Parents of a minor parent (grandparents): If a minor parent is receiving a TANF grant, DCS will generally not pursue enforcement against either parent of that minor parent unless the parent has already been ordered to pay support for the minor under an existing order. When there is no existing support order against the mother or father of a minor parent receiving TANF, DCS will only pursue support if the minor parent is living with a caretaker and is coded as a child on the grant. However, in all cases, DHS reports the NCP of the minor parent’s child to DCS.

Paternity cases: Except when paternity has already been legally established for all children in the benefit group or when a participant is exempt under “good cause,” the mother of each child included in the benefit group must complete a Declaration in Support of Establishing Parentage form (MSC 0112FLS) or complete with the alleged father the Oregon Health Division Voluntary Acknowledgment of Paternity Affidavit (OHD 45-21). These forms can be requested by phone at 971-673-1155 or via email at lara.p.munox@dhsoha.state.or.us, kristen.farrell@state.or.us or kristen.mercer@state.or.us.

Voluntary Acknowledgment of Paternity: DHS uses the Voluntary Acknowledgment of Paternity Affidavit (OHD 45-21) instead of the Parentage Declaration (MSC 0112FLS) in all cases where:

- Paternity has not been legally established, and
- The child was born in Oregon, and
- The mother was not married when the child was born, and
- Both the mother and alleged father are present, have had their rights and responsibilities presented to them and willingly sign the Voluntary Acknowledgment of Paternity Affidavit to establish the alleged father is indeed the legal father.

According to federal law, parents must hear the “Statements of Rights and Responsibilities” printed on the back of the Voluntary Acknowledgment of Paternity Affidavit. Staff may read this statement out loud to the parents, or parents may watch the DVD provided by the state and available on the DCS website at http://www.oregonchildsupport.gov/services/pages/paternity.aspx.
Paternity cases with more than one possible father: If the mother names more than one man as being a possible father for the child, the mother will complete the Parentage Declaration, which is part of the Declaration in Support of Establishing Parentage, only for the man who the mother thinks is the most likely father. The mother will list the other possible father(s) in the appropriate section on the Parentage Declaration. If DCS or a court finds a man named on the Parentage Declaration is not the father, the mother must complete a new Parentage Declaration for the next most likely father.

“Father unknown” cases: If the mother does not know the name or identity of the alleged father, or the name or identity of any of the possible fathers when more than one man is a possibility, the mother writes “unknown” on the Parentage Declaration. This will provide a sworn statement that the identity of the father is unknown. In doing so, DHS will do their best to determine, as affirmatively as possible, that the mother truly does not know who the father may be.

DHS will do the following:

- Make sure the forms are legible and as complete as possible.
- Not give the appearance of pressuring the mother into completing and signing the Parentage Declaration. However, if DHS believes the mother has sufficient knowledge to complete the form, and the mother refuses to cooperate and does not have good cause, DHS makes sure the mother understands DHS will apply penalties for noncooperation. DHS should initiate penalties when warranted.
- If the mother is hesitant to sign these forms, make sure she understands her right to ask DCS for a contact address, to make a claim of risk for nondisclosure of information or to ask for good cause for noncooperation with support, as discussed in this section.
- Make sure the Voluntary Acknowledgment of Paternity Affidavit is notarized. (The Parentage Declaration does not have to be notarized.)
- Oregon Vital Events Registration System (OVERS): If the mother names the same man named on OVERS as father, consider paternity already established. However, if OVERS names a man as father, but the mother states a man other than the man named on OVERS is the father, DHS takes the following steps:
  1. Has the mother completed a Parentage Declaration naming the biological father and sent it to DCS.
  2. Narrates TRACS regarding the conversation with the mother including why the mother believes a man other than the man named on OVERS is the biological father and indicates the Parentage Declaration has been completed and forwarded to the appropriate DCS office.
  3. Notifies the appropriate DCS worker via email.

Sending completed parentage forms to DCS: When eligibility for TANF is approved, promptly forward the completed form to: Oregon Child Support Program, PO Box 14680, Salem OR 97309 or CSPCentralMail@doj.state.or.us, subject to the following additional requirements and considerations:

- Do not send the Parentage Declaration to DCS until the TANF grant is opened. Do not send the form at intake or while approval of the grant is still pending.
- Do not send the Parentage Declaration for an unborn child.
- Carefully review the form to make sure it is filled out completely and the answers are consistent.
Process when ERDC or SNAP participants want child support services

For ERDC and SNAP cases where the participant wants child support services, DHS should refer the case to DCS by having the participant complete an Application for Services (CSF 03 0574) for each noncustodial parent and sending the completed and signed form to Oregon Child Support Program, PO Box 14680, Salem OR 97309 or CSPCentralMail@doj.state.or.us.

DCS responsibilities (paternity)

Genetic testing: If the mother names more than one possible father or has named only one possible father and he denies paternity, DCS must conduct genetic testing to determine the named father is the actual father before establishing paternity. Genetic testing requires obtaining genetic samples (by means of a buccal swab) from the alleged father, the mother and the child. Results are available approximately four to six weeks after everyone’s sample is taken. Once paternity is established, DCS will give the mother and father a copy of the order that established him as the father.

When an alleged father is excluded by genetic testing, DCS will issue an order of non-paternity and will send copies to the now-excluded alleged father, the mother and the court. If the mother named only one possible alleged father and that father is excluded by genetic testing, reexamination of paternity information she provided is required. The DHS branch must talk with the mother to identify other possible fathers and determine if she is not cooperating. A new Parentage Declaration needs to be completed for each subsequent alleged father named by the mother.

Establishing paternity for self-alleged fathers when mother is absent: When the mother is absent from the home, but information indicates a self-alleged father is in fact the child’s father, DCS must first try to find the mother and serve her with legal papers (unless she is deceased) before establishing paternity. This process may be delayed if the mother cannot readily be located.

DHS should alert the self-alleged father that, to begin the process of establishing paternity through DCS, he should complete and sign the DCS form Request to Establish Paternity (CSF 01 0760) and send the form to DCS. This form may be obtained through DCS.

The self-alleged father cannot be a caretaker relative for the child for TANF until DCS establishes paternity.

Deceased noncustodial parent or alleged father – special considerations

Even if the NCP or the alleged father is deceased, DCS may be able to establish paternity or pursue estate assets that could help the child(ren). By establishing paternity for a child when the alleged father is deceased, DCS may enable the child to qualify for Social Security survivor’s benefits on the deceased father’s account, or for an inheritance. If this situation occurs, DHS will:

- Notify DCS that an alleged father or NCP is deceased so DCS can start appropriate actions.
- If the participant has claimed good cause with regard to the deceased NCP or alleged father, DHS contacts the participant to re-evaluate whether the good cause claim is still necessary and explains to the participant that cooperating with DCS could now result in the child(ren) qualifying for Social Security survivor’s benefits, an inheritance or other benefits.
- Ask the participant for any information that might help DCS establish paternity even though the alleged father is deceased, such as letters, other written documentation or acknowledgments or other evidence
the participant or child(ren) might have to indicate the deceased alleged father is the true father or has acknowledged paternity.

Oregon Administrative Rule(s)

137-055 -2020 — Case Assignment

Disbursement of child support payments

Division of Child Support (DCS) responsibilities

When DCS receives a support payment on an active TANF or TANF support case, the support payments, other than support payments passed through and disregarded, will be kept by the state up to the total amount of unreimbursed assistance (URA). URA does not include any amount of child support pass-through and disregard.

Department of Human Services (DHS) responsibilities

DHS ends TANF benefits no later than the end of the third consecutive month when ongoing monthly support, either by itself or with other ongoing income (not including any amount of child support pass through and disregard), exceeds the monthly benefit amount, unless there is reason to believe ongoing support will not continue (such as if the NCP has just become unemployed).

If the monthly court-ordered support amount (not including the amount of child support pass-through and disregard) exceeds the benefit amount and the ordered amount is received by DCS, assume the support will be ongoing income in excess of need.

When the monthly court-ordered support amount (not including the amount of child support pass through and disregard) is for less than the monthly benefit amount, but a support payment is received that exceeds the benefit amount, consider the payment to include a one-time payment on support arrearage.

DHS will notify the participant when TANF benefits are ending because support payments to DCS exceed the TANF income standards. DHS will inform the participant that DCS will send future support payments directly to the participant.

Child support pass-through and disregard

Pass-through and disregard

Pass-through means child support intended for a TANF participant, up to $50 per dependent child or minor parent per financial group per month and not to exceed $200 per financial group per month. This amount is sent to the participant before any remaining amount of current child support is kept by the state. Pass-through includes current child support only.

Disregard means child support, up to $50 per dependent child or minor parent per financial group per month and not to exceed $200 per financial group per month, not counted as income of the participant. Disregard includes current child support only.

TANF participants
**Single-parent participants** who are not in the SFPSS or JOBS Plus programs have to assign their child support rights to the state. However, TANF participants will receive a pass-through of child support up to the limits. The pass-through is disregarded when determining ongoing TANF eligibility and benefits. This means the child support is not counted as income for TANF.

**Certain caretaker relatives, including needy and non-needy caretaker relatives:** In the case of a caretaker relative other than the obligee on a child support case where the child named in the child support order does not reside in the obligee’s home, the following is the process by which the pass-through is redirected to the needy or non-needy caretaker:

- If the child support case already has a voluntary redirect or joinder (which means the needy or non-needy caretaker has been added to the child support case as a “pay to”) and the needy or non-needy caretaker opens TANF and a subsequent child support payment is received, the child support computer system will disburse the child support payment and send the appropriate pass-through amount to the needy or non-needy caretaker.

- If the child support case does not already have a voluntary redirect in place and a joinder has not yet been initiated, the child support system will alert the child support case manager to begin the process. The needy or non-needy caretaker will not receive a pass-through until DCS is able to secure a voluntary redirect or until the joinder legal action has been completed. Once a voluntary redirect or a joinder legal action has been completed and a subsequent child support payment is received, the pass-through will be sent to the needy or non-needy caretaker.

The pass-through to the needy or non-needy caretaker is disregarded when determining ongoing TANF eligibility and benefits. This means the child support is not counted as income for TANF.

**Two-parent families and SFPSS**

Pass-through does not apply to TANF applicants, two-parent households and families in SFPSS. This is because the state does not generally withhold child support for these participants, so the participants already receive their child support. However, disregard does apply. TANF applicants, two-parent households and families in SFPSS receive a disregard up to the limits. This means the disregard amount of child support will not be counted as income for TANF.

**JOBS Plus**

When a participant is engaged in a JOBS Plus activity, their full child support is re-directed back to the participant and any child support received by the participant is not counted as income toward their TANF case.
Chapter 4:
Working with families

Section 7: Tribal programs
Tribal programs

Introduction

Under current federal law, Native American tribes are granted the authority to establish and operate programs specifically for their enrolled members. This allows for services to be offered in a culturally specific manner. Tribes are afforded considerable discretion in designating both their service areas and service populations.

Oregon’s tribes

There are nine federally recognized tribes in Oregon, including:

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians, and
- Klamath Tribes.

There is also federal recognition that the Tolowa Dee-Ni’ Nation has recognized land based in Oregon, but the tribe operates out of California.

Tribal recognition is determined by the federal Bureau of Indian Affairs. Each tribe operates as a sovereign nation and chooses how to work with its enrolled members.

Tribal TANF

Through the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), tribes are granted the authority to offer a tribal TANF program. This authority is similar to the authority granted to states, in that tribes are allowed to determine their own TANF eligibility criteria, benefit standards, program services and sanctions. Unlike states, tribes have the option to implement or not implement TANF programs.

In Oregon, there are currently two tribes operating their own tribal TANF programs. The Confederated Tribes of Siletz Indians implemented their TANF program in October 1997 while the Klamath Tribes implemented their TANF program in July 1997.

The TANF service areas and service populations of these tribes are:

- Confederated Tribes of Siletz Indians
  - Service area – Benton, Clackamas, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington
and Yamhill counties
- Service population – Single-parent families, two-parent families, caretaker relative (nonparent) families and pregnant tribal members
- Klamath Tribes
  - Service area – Klamath County
  - Service population – Single-parent families, two-parent families and caretaker relative (nonparent) families.

Families who indicate tribal affiliation must apply for TANF services through either the Confederated Tribes of Siletz Indians or Klamath Tribes if they:
- Reside within the Siletz or Klamath Tribes’ services areas, and
- Belong to the respective tribal service population.

Tribal families will first need to apply directly with their tribe for TANF services. They do not have the option of applying to the Department of Human Services (DHS) for TANF services. The tribes will then determine whether these families meet their tribal TANF program eligibility criteria. The eligibility criteria are established by each tribe and are not required to be consistent with the DHS TANF program.

If a family fails to meet the tribal TANF eligibility criteria as determined by the tribe, they may apply for and receive DHS TANF services. If a tribal family is determined to be ineligible for tribal TANF services solely due to the imposition of a tribal TANF sanction, that family is not eligible for DHS TANF services.

Tribal TANF families are not eligible for DHS JOBS services or DHS child care support services. When financial assistance for child care or any other support service is needed, Tribal TANF participants must seek that assistance from the tribe.

**Oregon Administrative Rule(s)**

No current OARs apply.
Chapter 4: Working with families

Section 8: Narration and computer entry
Narration and computer entry

Introduction

The purpose of narration and computer entry is to create a documented, detailed history of eligibility and case plan services. This is necessary so anyone within SSP is able to work with the family, fully informed of past decisions and actions, and with the tools and necessary information to support the participants’ plans and goals.

The detailed case record also allows for program services and components to be evaluated for effectiveness. SSP is responsible for keeping eligibility information and benefit details documented.

TRACS

The TRACS system serves as one of the electronic case records for each individual or family. It is available to all appropriate program staff and stores case notes, personal plans, plan details, household contact information and eligibility determination information. In addition to narration and case notes, TRACS is equipped with additional tools for capturing case details and participant details. Some of these features include:

- Testing page
- Disability and accommodation pages
- Plan detail, including attendance.

Appropriate narration

Narration is vital in order to provide accurate information to partners, to evaluate family engagement services at the state and local levels, and to show how SSP arrived at decisions regarding eligibility, coaching and family engagement. Some important reminders include:

- Narratives should contain concise, descriptive, objective observations of an individual’s engagement.
- Narratives should detail how staff arrived at decisions relating to eligibility.
- All case plans, support services, timelines, accommodations, referrals and family engagement should be recorded in narration.

The following case information and actions should always be included in narration:

- Eligibility information and determinations
- Results of screenings and assessments
- Specific accommodations, and whether or not they were offered and accepted
- Actions to issue program benefits
- Case plans and support services
- Re-engagement efforts
- Participant goals
- Referrals to resources and community partners
• Receipt of documents or information from families
• All completed and attempted contact with participants and individuals.

The following information is considered inappropriate for the case record and should never be narrated:
• Child or elderly abuse reports
• HIV/AIDS status
• Personal opinions
• Information not relevant to the case or working with the family.

Oregon Administrative Rule(s)
461-105-0010 — Rights of Clients

Secure and restricted narration

Health Insurance Portability and Accountability Act (HIPAA) requires SSP to add a second level of security relating to substance use disorders or mental health. We are required to secure or restrict information when narrating or creating a disability record where a provider has included a diagnosis, prognosis or treatment information relating to substance use disorders or mental health.

Secure narrations should be used in all situations where the narration or disability record includes a diagnosis, prognosis or treatment information from a qualified provider.

Restricted narrations should be used only when the participant requests certain employees have access to a qualified provider’s diagnosis, prognosis and treatment information.

Documenting plans

Documenting plans is an essential part of working with families. It provides a detailed record of a family’s goals, barriers and resources.

Click here for Case plan development.

Computer entry

The purpose of computer entry is to ensure eligibility has been appropriately determined and benefits are issued correctly. The electronic case detail provides a detailed description of the individual’s or family’s situation at any point in time.

SSP is responsible for keeping a documented history for each family who applies for or receives benefits.
Chapter 4:
Working with families

Section 9: Employment and training (E & T) services
Employment and training (E & T) services

Introduction

Working with families often includes helping to connect them with services or activities in order to help them reach their goals. For individuals in either the SNAP or TANF program, there are components designed to support participants by connecting them to employment, preparing them for employment and linking them to training.

SNAP components

Click here for SNAP employment services.

TANF components

For individuals connected to the TANF program, the Job Opportunity and Basic Skills (JOBS) program is their connection to employment and training services. The JOBS program seeks to connect participants to activities that will help them achieve their short- and long-term goals. Whether a participant is already working, is ready to look for work, needs additional training or needs to address barriers keeping them from working, there is a JOBS component available to help.

The JOBS activities are separated into several different categories. These include:

- Employment Activities
- Wellbeing Activities
- Educational Activities
- Family Stability Activities
- Other

Employment activities:

- **CP** – community service program Unpaid work that must be performed for the direct benefits of the community; fields include health, social services, environmental protection, education, recreation, public facilities, safety and child care.
- **MI** – microenterprise Supports participants with their small business, which must have a business plan approved by a third-party expert.
- **PL** – JOBS Plus Provides an incentive to participants and employers through employment in the public or private sector where the participant is placed on the employer’s payroll.
- **SW** – supported work Activity for participants who need more intensive support, skills training and job-related intervention and counseling at an unpaid work site or work simulation activity.
- **WE** – work experience Unpaid work to develop work habits, skills, training and knowledge to obtain permanent employment. Work is conducted at a work site and is available through private for-profit, non-profit or public sector.
- **WO** – working Full- or part-time unsubsidized employment for current TANF participants in the public or
private sector.

Educational activities:

- **AB** – adult basic education Activity that addresses basic literacy or math skills for adults 20 years of age and older without a high school diploma or GED. Activity needs to be related to an employment opportunity requiring a specific literacy or numeracy grade level. Activity is not related to pursuing a high school diploma or GED.

- **ES** – English as a second language (ESL) Activity for participants with whom English is not their first language to improve English proficiency.

- **HS** – high school diploma or GED Activity for any participant, regardless of age, who is working toward a high school diploma or GED.

- **SI** – self-initiated training Activity where participants are enrolled in a two- or four-year program, earning credit toward a college degree.

- **VT** – vocational training Activity that provides participants with up to 18 months access to specific vocational education training that will lead to a certificate, job offer and/or career.

Family stability activities:

- **CH** – child activities Activity that enables participants to gain skills to successfully parent, balance work and family, and contribute to the well-being and health of the child.

- **CI** – crisis intervention Short-term services to identify and address an immediate crisis needed to protect family stability and safety.

- **FC** – family support and connections (FS&C) Contracted services to help families maintain the safety and well-being of their children, thus preventing Child Welfare involvement.

- **LS** – life skills Activities and classes offering development of skills that prepare participants to be successful in the workplace and daily living.

- **SL** – stabilize living Activity intended to stabilize participant housing concerns that prevent or limit employment or self-sufficiency.

Wellbeing activities:

- **DA** – drug/alcohol services Activity to help participants identify and overcome substance use disorders (SUD) that prevent or limit their employability and self-sufficiency.

- **DV** – domestic violence services Activity to help the participants who are experiencing a domestic violence situation (this is not exclusively for TA-DVS recipients).

- **ME** – medical-related services
Activities to assess and address health concerns that prevent or limit employment and self-sufficiency.

- **MH** – mental health
  Activities to reduce barriers to employment caused by mental health issues (Must be determined to be necessary by a qualified medical professional.)

- **RA** – rehabilitation services
  Activity to reduce barriers caused by ongoing physical, medical and/or other disabilities. Must be determined necessary and documented by a health professional.

- **SS** – SSI application process
  Activity for participants who are applying for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

Other:

- **PE** – program entry
  JOBS appointment or meeting to assess a family’s needs and strengths, determine JOBS status and mutually develop a personal development plan.

- **RE** – re-engagement
  Used to document the date and time or any re-engagement appointment.

Developed as a tool for the field staff, the JOBS Activity Guidelines (JAG) is intended to provide a more detailed description of each of the JOBS activity. The JAG also outlines how each activity is connected to support service payments, how each activity may be interconnected to the other programs, as well as best practices for working with families in each activity.

Please see link to [JAG in Staff Tools](#).
Chapter 4: Working with families

Section 10: Support service payments
Support service payments

Introduction

The intent of support services is to provide individualized assistance for families to participate in case plan activities, build skills for and reduce barriers to employment, accept job offers, and retain employment. Support services are subject to the limitations of state funding and should be used as part of a cooperative agreement with families after other resources have first been explored and exhausted.

This section applies specifically to the TANF program as it pertains to TANF JOBS case plans.

Supporting case plans

DHS supports individuals in attaining self-sufficiency by providing payments for items families may need to be able to participate in available JOBS activities on their plans.

Payments can be made for items such as child care and transportation. They may also include other payments needed to be successful in plans to address work readiness, education or family stability.

Support service payments are authorized in advance of the participant beginning the JOBS activity or employment. They should be issued in time for the participant to be able to participate in the planned activities.

In approving support service payments, SSP must consider lower-cost alternatives. Family coaches should work collaboratively with families to seek resources as appropriate and use support service payments as needed.

Oregon Administrative Rule(s)

461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF

Eligible individuals

In order to receive a support service payment, an individual has to meet both of the following criteria:

• The individual must be one of the following people:
  • A TANF recipient who is not otherwise ineligible from the JOBS program
  • A TANF-related program recipient or non-TANF recipient who is:
    » A participant in the SFPSS Program
    » A disqualified individual if any of these payments are necessary for the person to re-engage in the JOBS program and end their current disqualification
    » Serving an IPV disqualification and is required to and is engaged in specific JOBS activities
    » An adult who, due to TANF time limits, is no longer receiving cash assistance but whose minor children remain on assistance; the adult is engaged in a JOBS plan
  • The individual has agreed to participate in an activity or set of activities as outlined in the case plan.
Approval and denial of payment requests

An individual may request a support service by phone, in person, in writing or by using the Request for Temporary Assistance for Needy Families (TANF) Support Services and Notice of Decision and Action Taken (DHS 7822) form.

When an individual requests a support service payment, DHS has 30 days in which to make an eligibility decision if the individual is receiving ongoing TANF. DHS should act as quickly as possible to either approve or deny a request for a support service payment. DHS will make an adequate and timely support service payment available to individuals to ensure they are able to engage in activities.

There may be circumstances where SSP does not have enough information to determine whether an individual is eligible for a support service payment. In those instances, it may be necessary to issue the participant a Notice of Pending Status (DHS 0210) requesting the specific information or verification necessary to determine payment eligibility.

Approving a payment

Discussions around needed support services should occur during the case plan development process. This provides an opportunity for the worker to discuss what support the participant needs to be successful in completing their case plan, resources the participant may have available, resources within the community, and lower cost alternatives. Agreed upon payment should be noted in the case plan.

When approving a request for a support service payment, staff do not need to send a notice informing the participant that payments have been approved because this information can be found on the plan.

Denying a payment

Staff must issue notices to individuals when they deny a request for a support service payment. The form to use is the Notice of Decision and Action Taken (DHS 0456 or DHS 7822). The reason for the denial should be specified on the decision notice.

If the amount or type of payment is different than what is requested by the individual, the form must also be provided, specifying the denied amount and reason. This is true even if the participant is approved for a lesser amount than requested.

SSP may reduce, close or deny all or part of an individual’s request for a support service payment if any of the following are true:

- The participant does not meet the definition of an eligible person
- The individual making the request for the support service payment is disqualified for non-cooperation with their case plan (However, the branch may authorize support service payments to disqualified participants if these payments are necessary for the participant to re-engage in the JOBS program and end their
• The request is not related to the individual’s case plan, or
• A lower-cost or no-cost alternative is available.

When support services are stopped, denied or reduced, the participant is eligible for an expedited hearing.

Oregon Administrative Rule(s)

461-175-0200 — Notice Situations; General Information
461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF

Ending or changing support services provided

Staff must issue a notice (use the DHS 0456 or DHS 7822) to the participant if a payment a participant has received on an ongoing basis is stopped, closed or reduced. The effective date for closing ongoing support service payments is the day the case plan activities expire or the day the payment is no longer needed. Timely notice is required for all support service closures or reductions.

Oregon Administrative Rule(s)

461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF

Verification of need for support service payments

DHS may require an individual to provide verification of the need for a support service payment prior to the payment’s approval and issuance. DHS can also require individuals requesting support service payments to provide verification of the need and the costs associated with such payments if verification is reasonably available. If verification is not reasonably available to the family, no verification may be required.

Oregon Administrative Rule(s)

461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF

Child care support service payments

Support service payments for child care will be provided, as limited by administrative rule, when necessary to enable the individual to participate in approved JOBS program activities specified in the case plan. Support service payments for child care are made directly to the child care provider.

Payment for child care in the JOBS program is limited as follows:

• Child care may only be made to eligible providers who are approved with DHS.
• Child care is paid at the lesser of the actual rate charged by the care provider or DHS maximum rates.
• Care is paid for the minimum hours necessary, including meal and commute time, for the individual to participate in approved JOBS program activities.
• Child care should be for actual time spent addressing the barrier. Expected hours will affect authorized hours on child care billing forms, so this should be closely monitored to ensure attendance is recorded properly.
• Child care for TANF participants is issued by JOBS Child Care Billing (JCCB) with no copay.

Click here for Child care payment process.

Oregon Administrative Rule(s)
461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF
461-135-0700 — Specific Requirements; GA
461-160-0040 — Dependent Care Costs; Deduction and Coverage
461-155-0150 — Child Care Eligibility Standard, Payment Rates, and Coverage

Housing and utility payments

Although the intent of the monthly TANF cash grant is to help a family meet their basic needs, there are times where a need for housing or utility support service payments is identified. When appropriate, payments for housing, including rent and mortgage costs, can be made. Utility bills may also be a cost that can be covered. In both cases, all other support service payment guidance applies, and the cost should be related to a need outside of the family’s control.

Oregon Administrative Rule(s)
461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF

Transportation payments

SSP will provide payment for transportation costs incurred in travel to and from JOBS or other approved activities. Payment is made to support an individual’s engagement in their plan.

In considering transportation payment options, it is vital that staff evaluate all aspects of the individual’s transportation need and which method of transportation most appropriately meets that need.

Transportation payments may include, but are not limited to:
• Bus passes or other public transportation
• Gas vouchers
• Vehicle repairs
Payments related to educational costs

Often, the most appropriate activity for an individual to work toward their goals is education or training. In this case, SSP can support these activities with a plan and support services. For costs related to education and training, SSP may help with things such as books, class fees, uniforms and supplies. In the event an individual requests assistance with tuition or program enrollment costs, DHS should first consider other options including financial aid or community resources. For any remaining tuition, district leadership may approve support service payments subject to local budgets and the participant’s plan.

Other support service payments

When no other resources are available, DHS can also provide payment for other items needed to look for work, accept a job offer or work toward family stability. Some examples of these payments may include, but are not limited to, the following:

- Interview clothing
- Work uniforms or boots
- Grooming or personal hygiene needs
- Bonding and licensing
- Food handler card.

Non-allowable payments

Support services may not be used to pay for the following items:

- Nonessential items, such as television
- Legal costs, including fine, reinstatement fees, court costs, restitution or other costs associated with a penalty
- Purchase of a car, recreational vehicle, motor home, etc.
- Pet-related costs including pet deposits, pet fees, kennels, etc.
• ERDC copayments.

No support service payments may be made to individuals who are not eligible for the JOBS program. This includes individuals who are:
  • Receiving SSI payments
  • Noncitizens who are not authorized to work in the United States
  • Non-needy caretaker relatives
  • Exempt in order to provide care to a disabled household member.

Oregon Administrative Rule(s)

461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF

Issuing payments

Payments are made by DHS staff designated by the branch or contractor staff designated by DHS to issue vouchers or checks. All payments except JOBS Plus wage reimbursement and child care are made using one of the following methods:
  • Check entered on JASR
  • Revolving fund check

The preferred method is a check issued to the participant through overnight JASR, to arrive in time for the participant to meet their needs. Revolving fund checks should only be used when there is an urgent need.

Oregon Administrative Rule(s)

461-190-0211 — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, REP, SFPSS, TA-DVS, TANF

Best practices

Click here for the JOBS Activity Guidelines.
Chapter 4:
Working with families

Section 11: Home visits
Home visits

Introduction

Home visits are an important tool in working with families. They can be helpful with engaging participants in their plan, developing relationships in an environment where the individual feels most comfortable and delivering important information regarding benefits.

Although the concept of home visits implies the contact must happen in the participant’s home, this is not always the case. These visits may occur in a public setting, such as a park, library or coffee shop. They may also take place in a shelter, school or other partner’s location. The goal is to meet the family or individual where they are comfortable and where it is convenient.

Home visits as a tool

There are many reasons for conducting a home visit. Some of the most common include:

- To make contact and relationship building convenient for participants
- To meet the safety needs of individuals who do not feel safe coming into the office
- To accommodate a medical or mental health condition.

Family coaches and engagement specialists should not use home visits to conduct an investigation but rather as a tool to engage with families. Meeting a family in a comfortable and safe environment may lead to more open conversations and allow individuals to better identify:

- Their strengths that make change possible
- Barriers that may be standing in the way of change
- Possible resources and supports that will lead to better outcomes.

Appropriate home visits

Although there is general guidance around home visits provided by Central Office and the Self-Sufficiency Training Unit, many local offices or districts have developed more specific procedures. It is important that staff follow local processes for conducting and tracking home visits. In most situations, home visits should be planned and scheduled in advance. Staff should have a specific goal in mind when scheduling the home visit.

Identifying the purpose of the home visits allows staff to better plan for the engagement opportunity. Some questions to ask may include:

- Why is the home visit needed? The answer to this question will vary depending on your position and the reason for the home visit.
- What are the benefits to the family? Is there any way to help the individual look forward to the home visit?

Whenever possible, the home visit should benefit the family by either providing resources or information, eliminating the need for the individual to come into the office, or creating a safe space to share personal information.
Things to remember

When conducting a home visit, it is important to be as prepared as possible. However, if questions arise that cannot be answered without additional research or verification, inform the family that they can expect an answer when staff are back in the office.

Safety is something to be aware of when conducting home visits. Some things to keep in mind:

- Be aware of any details that may affect the visit, such as previous domestic violence, pets in the home, remote location, or a history of mental health or substance use.
- Observe the surroundings; watch for potential safety issues or hazards on the property.
- Staff should always trust their instincts. If at any time a person feels unsafe, they should excuse themselves from the appointment.

Home visiting best practices

When planning the home visit:

- Read narratives and review the case information before the home visit.
- Be aware of any cultural considerations that may affect the home visit.
- Contact the family, explain the purpose and benefits of the visit, and set up a convenient time. It may also be beneficial to remind the family the day before the visit.
- Make a travel plan that considers the location, schedule a state car, and follow local processes for notifying the office of your home visit.
- Gather the important information you will need on the home visit, such as:
  - Questions or information to discuss with the participant
  - Any forms or resources you want to share
  - State identification and business cards.

Note: Do not take the case file or records from the office.

When conducting the home visit:

- Remember that this is the family’s home. Show respect for them and their belongings at all times.
- Even if the home visit is scheduled in advance, at the point of the home visit, ask the participant if it is a good time.
- Ask for or wait for permission to enter before going into the residence.
- Ask who else may be in the house.
- If asked to leave at any time, respect that request and leave immediately.

When returning to the office after the home visit:

- Follow your office procedures for checking in.
- Document the home visit in TRACS.
• Follow up on things learned at the home visit or agreements you made with the family.
Chapter 4:
Working with families

Section 12: State Family Pre-SSI Program (SFPSS)
State Family Pre-SSI Program (SFPSS)

Program intent and overview

Intent

The intent of the state Family Pre-SSI (SFPSS) program is to provide interim cash assistance, case management and professional level support to TANF-eligible adults and their families while they are pursuing Supplemental Security Income (SSI). The TANF-eligible adult must have severe physical or mental impairment(s) that has been assessed and determined to meet the program impairment criteria by the program’s disability analyst.

Overview

The state Family Pre-SSI program is funded by General Fund dollars. The department recoups a portion of the money allocated for the program through SSI reimbursement. When the TANF-eligible adult is found eligible for this program, they agree to and sign an Interim Assistance Authorization (DHS 7814). This contract allows the department to be reimbursed for the adult’s portion of any SFPSS payments made to the family out of the initial lump-sum payment the adult receives from SSI.

Eligibility

To be eligible for the State Family Pre-SSI program, all of the following must be true:

- The adult must:
  - Be eligible for and receive assistance through the Temporary Assistance for Needy Families (TANF) program;
  - Meet the program’s impairment criteria; and
  - Have signed an Interim Assistance Authorization (DHS 7814).

The department will advise participants that the adult portion of the SFPSS cash benefits paid to the family is subject to recovery per the Interim Assistance Authorization.

Eligibility determination groups for SFP are the same as the TANF program.

**Oregon Administrative Rule(s)**

- [461-115-0715](#) — Required Verification; SPFSS
- [461-135-1195](#) — Specific Requirements; SFPSS Eligibility

Nonfinancial requirements

The family, including the adult, must meet all of the nonfinancial requirements for the TANF program to be considered eligible for the SFPSS program.

These requirements are:

- Age;
• Residence;
• Citizen/Alien Status;
• Social Security Number;
• School Attendance;
• Pursuing Assets;
• Pursuing Substance Abuse and Mental Health Treatment;
• Cooperating with Division of Child Support (DCS);
• Living with a Caretaker Relative.

Specific program requirements

The participant must:
• Complete the application process for SSI,
• Cooperate with the department in applying to the Social Security Administration for SSI, if eligible, and
• Attend all appointments designated by the department and relating to obtaining SSI.

If the SSA finds that the participant does not meet the SSI disability criteria, they may continue receiving SFPSS cash benefits without Program Review Team review while appealing the SSA finding, until a decision is rendered by an Administrative Law Judge (ALJ) for the Social Security Administration’s Office of Hearings and Appeals. A participant who loses their appeal to the ALJ, are no longer eligible for SFPSS program, unless they are determined by the Program Review Team to continue program eligibility.

In addition, a participant whose impairments no longer meet the criteria in OAR 461-125-0260 is no longer eligible for the SFPSS program.

The decision by the ALJ is binding unless the participant has a new or significantly worsened impairment as determined by the Program Review Team or unless ruling or legal errors were made on the case by the ALJ.

Legal costs

If an SFPSS participant has been denied by the Social Security Administration (SSA) at the initial and reconsideration level, they will be encouraged to obtain legal counsel. The department will provide a list of attorneys specializing in SSI litigation. The SFPSS participant may choose their own attorney. The legal fees will be paid by SSA based on their regulations.

Disability determination

The disability determination is a process that determines if the individual:
• Meets the listing of impairments found in 20 C.F.R. Part 404, subpart P, Appendix 1; or
• Meets the medical vocational guidelines found in 20 C.F.R. Part 404, subpart P, Appendix 2 for SSI; or
• Meets the definition of disability in 20 C.F.R. §§404.1505 or 416.905.

Impairments
The participant must have a physical or mental impairment or a combination of both that can be expected to last for a continuous period of no less than 12 months from the filing date. The medical condition must meet or equal the Listing of Impairments as found in Social Security Regulations contained in 20 CFR Part 404, subpart P, Appendix 1.

Most of the listed impairments are permanent or expected to result in death. For all others, the evidence must show that the impairment is expected to last for a continuous period of 12 months from the filing date. The diagnosis of a listed impairment is not enough in making a determination for SFPSS.

The 14 Listings of Impairments Contained in 20 CFR subpart P Appendix 1:

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.00</td>
<td>Growth Impairments</td>
</tr>
<tr>
<td>1.00</td>
<td>Musculoskeletal System</td>
</tr>
<tr>
<td>2.00</td>
<td>Special Senses and Speech</td>
</tr>
<tr>
<td>3.00</td>
<td>Respiratory System</td>
</tr>
<tr>
<td>4.00</td>
<td>Cardiovascular System</td>
</tr>
<tr>
<td>5.00</td>
<td>Digestive System</td>
</tr>
<tr>
<td>6.00</td>
<td>Genito-Urinary System</td>
</tr>
<tr>
<td>7.00</td>
<td>Hemic and Lymphatic System</td>
</tr>
<tr>
<td>8.00</td>
<td>Skin Disorders</td>
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<tr>
<td>9.00</td>
<td>Endocrine System</td>
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<tr>
<td>10.00</td>
<td>Multiple Body Systems</td>
</tr>
<tr>
<td>11.00</td>
<td>Neurological</td>
</tr>
<tr>
<td>12.00</td>
<td>Mental Disorders</td>
</tr>
<tr>
<td>13.00</td>
<td>Malignant Neoplastic Diseases</td>
</tr>
<tr>
<td>14.00</td>
<td>Immune System</td>
</tr>
</tbody>
</table>

Meeting a listed impairment

If the participant’s medical evidence contains a set of signs, symptoms, and laboratory findings which match the criteria included under a listing, the participant’s impairment meets the listing and the participant is medically eligible for the SFPSS program.

Equaling a listing

The medical findings are at least equal in severity and duration to the listed findings. If the participant’s impairment is not listed, the department considers the listed impairment most like the participant’s impairment to decide whether the participant’s impairment is medically equal to the listed impairment. If the participant has more than one impairment, and none of them meets or equals a listed impairment, the department reviews the symptoms, signs, and laboratory findings about the participant’s impairments to determine whether the combination of those impairments is medically equal to a listed impairment.

Individual does not meet or equal a listed impairment

The participant will be eligible for the SFPSS program if they do not meet or equal a listed impairment or have a medical condition that is expected to be terminal within 12 months, provided the participant:
Meets the medical vocational guidelines found in 20 C.F.R. Part 404, Subpart P, Appendix 2 for SSI.

**Basic work activity:** Any kind of work activity that averages at least eight hours a day for which income is received, regardless of the adequacy to meet the participant’s needs. Work performed against medical advice or at an activity center or sheltered workshop is not basic work activity.

**Light work:** Work that requires lifting no more than 20 pounds at a time. Frequent lifting or carrying objects weighing up to 10 pounds and requires occasional stooping. It also requires standing or walking for a total of approximately six hours of an eight-hour workday.

**Past relevant:** Work that the individual has performed in the last 15 years and that constitutes substantial gainful activity as defined in 20 CFR 404.1574 and 404.1575, effect November 1, 2003. Also, the past relevant work must have lasted long enough for the participant to learn the techniques, acquire the necessary information, and develop the facilities needed for average performance of the job situation.

**Sedentary work:** Work that requires lifting no more than 10 pounds at a time and occasionally lifting or carrying articles such as docket files, ledgers, and small tools. Although sitting is involved, a certain amount of walking and standing is often necessary in carrying out job duties. Periods of walking and standing should total no more than two hours of an eight-hour workday and sitting should total approximately six hours of an eight-hour workday. Most unskilled sedentary jobs require good use of the hands and fingers for repetitive hand/finger actions.

**Severe physical impairment:** An impairment that significantly limits the participant’s physical ability to do basic work activity.

**Unskilled work:** Requires little or no judgment to do simple duties that can be learned on the job within 30 days.

Participants are not eligible if the department determines that drug addiction or alcoholism is material to their disability. These participants cannot be considered impaired on that diagnosis of drug addiction or alcoholism alone. On the other hand, a diagnosis of drug addiction or alcoholism should not have an effect on a disability evaluation that is averse to the participant. Drug addiction and alcoholism are diagnostic terms; they do not denote impairment value or severity. It is necessary to evaluate the severity of the impairment which may be associated with, manifested by, resulting from, or coexisting with these diagnoses. In making the decision, the key issue is whether the participant would continue to meet the definition of disability even if drug or alcohol use were to stop.

**Financial requirements**

For the tables below, “adult” means an individual who is age 18 years or older, and either a parent (see OAR 461-001-0000) or caretaker relative (see OAR 461-001-0000).

The payment standard for the family in the SFPSS program is based on the following:

When one adult in the filing group (see OAR 461-110-0330) is applying for SSI:

<table>
<thead>
<tr>
<th>Individuals in Need Group</th>
<th>Adult Payment</th>
<th>Total Payment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$125</td>
<td>$339</td>
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<tr>
<td>2</td>
<td>125</td>
<td>432</td>
</tr>
<tr>
<td>3</td>
<td>125</td>
<td>506</td>
</tr>
<tr>
<td>4</td>
<td>125</td>
<td>621</td>
</tr>
</tbody>
</table>
When there are two individuals in the filing group who are either a parent (see OAR 461-001-0000) or a caretaker relative (see OAR 461-001-0000), and one of them is an adult and applying for SSI.

<table>
<thead>
<tr>
<th>Individuals in Need Group</th>
<th>Adult Payment</th>
<th>Total Payment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$93</td>
<td>432</td>
</tr>
<tr>
<td>3</td>
<td>74</td>
<td>506</td>
</tr>
<tr>
<td>4</td>
<td>115</td>
<td>621</td>
</tr>
<tr>
<td>5</td>
<td>100</td>
<td>721</td>
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<tr>
<td>6</td>
<td>112</td>
<td>833</td>
</tr>
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<td>7</td>
<td>90</td>
<td>923</td>
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<tr>
<td>8</td>
<td>107</td>
<td>1,030</td>
</tr>
<tr>
<td>9</td>
<td>63</td>
<td>1,093</td>
</tr>
<tr>
<td>10</td>
<td>111</td>
<td>1,204</td>
</tr>
</tbody>
</table>

When two adults in the filing group are applying for SSI:

<table>
<thead>
<tr>
<th>Individuals in Need Group</th>
<th>Adults Payment per Adult</th>
<th>Total Payment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$93</td>
<td>432</td>
</tr>
<tr>
<td>3</td>
<td>74</td>
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<td>10</td>
<td>111</td>
<td>1,204</td>
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</tbody>
</table>

The standard for 11 individuals or more in the need group is the sum of the Adult Payment (single adult), Adults Amounts (two adults) for 10 individuals in the need group, plus the payment for 10 individuals in the need group, plus $110 for each additional individual in the need group.

**Oregon Administrative Rule(s)**

461-155-0320 — Payment Standard; SFPSS

**Issuing benefits and changes**
Overview of changes

Participants can report changes by telephone, office visit, report forms or in writing. The change is considered reported the day it is received by the department. When a change is reported for one program, consider it reported for all programs in which the participant participates.

Participants must report most changes within 10 days of their occurrence. The 10-day time frame starts when the change occurs, with two exceptions:

- The 10-day time frame for earned income begins upon the participant’s receipt of the first paycheck from a new job, on the participant’s receipt of the first paycheck reflecting a change in the rate of pay or on the last day of employment in the case of a job separation;
- The 10-day time frame for unearned income occurs the day the participant receives the new or changed payment.

The agency will narrate the information received. At times, the action is simply to note that a change was reported because it does not affect the benefit amount. Other times, the action will be to recalculate benefits and send the appropriate notice.

Oregon Administrative Rule(s)

461-170-0011 — Changes That Must be Reported

Effective dates: initial month’s benefits

Cash benefits: The effective date for initial month’s benefits is:

- The first of the month following the day all eligibility requirements are met and verified; or
- If the day all eligibility requirements are met and verified falls after the compute deadline, the initial month of cash benefits will be the first of the month following the month after compute deadline.

Oregon Administrative Rule(s)

461-180-0070 — Effective Dates; Initial Month Benefits

Effective dates: other

The effective date is the day that an action will be taken, or a change made on the case. When a change is not made on a case by the effective date, make the change as soon as possible and supplement benefits for the current month, restore lost benefits for past months or write an overpayment as appropriate.

The effective date of an action is determined by the type of action and the reporting system.

Actions to close or suspend are effective on the last day of the month in which the notice period ends. The effective date for denying benefits is the earlier of the following:

- The date the decision is made that the participant is not eligible; OR
- The end of the application processing time frame, if the application or required verification is incomplete.
Changes causing increase of benefits can have different effective dates, depending on when the participant reports the change and whether it has to do with adding a person. If the participant reports the change prior to the month in which it will occur, the effective date is the first of the month in which it will occur, unless the change is for adding a person.

When a person is being added to an open case, the effective date is the date which all eligibility requirements are met. If benefits have been issued for the month and adding the new person would reduce benefits, add the person the first of the following month. When the change is not reported until the month it occurs or later, the effective date is the first of the month following the date the change was reported.

Changes causing reduction of benefits, are effective the first day of the month after the 10-day notice period expires. If the change will end benefits, the effective date is the last day of the month in which the 10-day notice period expires.

**Effective dates: special circumstances**

**Restored benefits**

When participants are underpaid benefits that are legally theirs or have benefits denied or closed in error, they are entitled to a supplemental of those benefits. This called restoration of lost benefits. When a department error caused the underpaid of benefits, the effective date of restoration is the date the error was made, up to a maximum period of 12 months.

When a participant error caused the underpaid benefits, the effective date the participant notifies the department of the error, the month the agency discovers the error or the date of a hearing request.

**Redetermination of eligibility**

At initial application, a filing group is approved for benefits for a specific certification period. Prior to the certification period expiring, it is time for a redetermination of eligibility to approve or deny continuing benefits. Eligibility is at least once every 12 months for meeting the TANF program requirements.

The redetermination of benefits is required not only when the certification period expires, but also at any other time the department determines that eligibility for benefits is questionable.

The process involves reviewing the application and supporting verifications. Participants must cooperate in the redetermination process. Failure to do so causes ineligibility and benefits are stopped.

If the group receives SNAP benefits, certify the TANF benefits for the same period as SNAP, so that eligibility for SNAP and TANF will come up for review at the same time. This allows participants to apply for multiple program benefits on one application.

The effective date for continuing eligibility at the end of the redetermination period is one of the following:
- If the redetermination form is received before the end of the last month of the redetermination period, the effective date is the first of the month after the redetermination period ends;
- If the redetermination form is not received before the end of the participant’s last month of eligibility, end the benefits unless the filing group has:
- Contacted the branch; and
- Completed the redetermination within the month following the last month of the redetermination period.

Give the filing group 45 days from the date that the participant contacts the department to re-establish their eligibility under the same or a different medical program. If all necessary eligibility information is received prior to the end of the 45-day period, take the appropriate case action (continue current medical eligibility, change program, end benefits), and send appropriate decision notice(s).

If circumstances or information needed to determine eligibility is expected to be received after the 45-day deadline and the participant has no control over the circumstances or information, the 45-day application process may be extended.

**Redetermination interview**

All interviews are conducted by the department. An interview is needed for SFPSS participants once every 12 months for continued program eligibility.

Interviews should be scheduled as promptly as possible to ensure compliance with the application processing time frames. Interviews may be at the branch office, out of office or by phone.

**Oregon Administrative Rule(s)**

461-115-0430 — Periodic Redeterminations; Not EA, ERDC, REF, REFM, SNAP or TA-DVS

**Participation, cooperation, and re-engagement**

Program participants, including both parents in a two-parent household, are required to participate in activities deemed necessary by the department. These may include family stability activities, medical-related activities, employment-related activities and activities related to the SSI process.

SFPSS program participants have access to the entire range of activities offered to TANF participants and may in fact benefit from work-related activities.

The department and the disability analyst will develop an individualized case plan in partnership with the SFPSS participant.

In the event a participant is not cooperating with their individual case plan, the situation will need to be reviewed. This review is referred to as the “Re-Engagement” process.

The re-engagement will be led by the department and the disability analyst. They will consult with qualified and appropriate medical professionals during the re-engagement process.

The re-engagement process is used to determine if the participant had good cause for not cooperating with their individualized case plan.

Good cause is what the department considers as valid reasons or circumstances that kept the participant from cooperating with elements of their individualized case plan. It is the participant’s responsibility, with the assistance of the department, to provide evidence to establish good cause for noncooperation and to work with the SFPSS
program staff to try to resolve problems that interfere with cooperation. It is important to determine whether the participant is unable or unwilling to cooperate with their case plan.

**Good cause for noncooperation with activities**

Good cause for noncooperation with activities include:

- Cooperation or placement at a job site would place the participant at risk of domestic violence;
- Participation in a required activity would have an adverse effect or risk on the participant's physical or mental health:
  - Documentation from a qualified and appropriate professional is required.
- The SFPSS program failed to provide a needed support service payment in time for the participant to participate;
- Noncooperation is caused by an aspect of the participant’s disability;
- The SFPSS program failed to provide a needed accommodation or modification in order for the participant to participate;
- The work site violates established health and safety standards;
- A pregnant participant is in her seventh or eighth month of pregnancy and either works in a job that requires her to work more than 10 hours each week or has a case plan that requires her to participate more than 10 hours each week;
- A pregnant participant has reached the first of the calendar month prior to the month in which the due date falls and is now considered JOBS-exempt;
- Appropriate child care (or day care for an incapacitated person in the household) is not available or there is a breakdown in child care arrangements for a child in the household. The participant must attempt to get child care from another provider;
  “Appropriate child care” means that:
  - Both the provider and the place where care is provided meet health, safety, and provider requirements as defined in OAR 461-165-0180;
  - The care accommodates the parent’s work schedule; and
  - The care meets the specific needs of the child, such as age and special needs requirements.
- The work attachment position or employment offered is vacant due to a strike, lockout or other labor dispute;
- The work attachment position or employment requires a participant to join a union and the participant has religious objections to unions;
- The participant belongs to a union and the employment goes against the conditions of the participant’s membership in that union. Good cause does not exist if the employment is not governed by the rules of the union to which the participant belongs;
- The job referral or employer is discriminatory in terms of age, sex, race, religious or political belief, marital status, disability or ethnic origin. Age, sex and disability requirements are allowable when there are valid or legal reasons for the requirements;
- The person’s participation in Grand Ronde Tribe new program activities prevents or interferes with
participation in SFPSS assigned activities or completion of assignments;

- The participant’s failure to participate is due to a circumstance beyond his/her reasonable control;
- The wage for the participant’s current or potential job is:
  - Less than minimum wage; or
  - If minimum wage laws do not apply, the wage (rate for piecework) is less than that normally paid for similar work.

**Good cause for missing appropriate medical appointments**

Good cause for missing appropriate medical appointments (including mental health and substance treatment, SFPSS program appointments and appointments required by the Social Security Administration) includes:

- A mental or physical illness, impairment or condition preventing compliance;
- A verified court appearance or temporary incarceration (30 days or less);
- A verified breakdown in transportation with no readily accessible alternative;
- Inclement weather that prevented the participant and others similarly situated from traveling;
- Family problems, including medical, legal, domestic violence or school problems with other family members;
- Verified adverse circumstances that affected the participant’s ability to attend, as determined by the department;
- A legitimate breakdown in communication, such as the department or contractor failure to inform the participant of an appointment;
- Due to an aspect of a known or previously unknown disability;
- Department or contractor failed to provide a needed accommodation or modification.

**Good cause related to Alcohol & Drug (A&D) treatment:**

Good cause for a missed A&D treatment appointment must be granted if an aspect of a disability related to A&D caused the participant to miss the appointment. For example, if memory loss caused by past methamphetamine use caused the participant to miss an appointment, good cause must be granted. However, the agency is not required to grant good cause when a participant reports they missed an appointment because they were using alcohol or drugs at the time.

**Good cause for noncooperation with substance abuse or mental health treatment:**

A participant who is identified in need of mental health or substance abuse treatment must cooperate and follow through with the treatment program requirements. The treatment services must be provided to the participant at no cost. Participants may have good cause for missing scheduled appointments or activities because of the circumstances specified under item above. Also, good cause exists if a domestic violence victim fails to cooperate with a treatment plan when the batterer is also receiving treatment from the same provider.

**Good cause for not pursuing assets**
A participant may have good cause for not pursuing assets if any of the following is true:

- The assets are unavailable because:
  - They are not in the participant’s possession (e.g., a participant has title to a car, but the car is stolen); or
  - They are jointly owned with others who are not in the financial group, who are unwilling to sell, and the participant’s interest is not reasonably saleable.
- The participant is incompetent and there is no legal representative to act on behalf of the participant. The participant’s condition must be verified by a doctor or other authorized person on the form designated by the department;
- The participant is a victim of domestic violence and pursuing the asset will put the participant or the participant’s children at risk of further, future violence;
- The asset is an irrevocable or restricted trust and cannot be used to meet the basic monthly needs of the financial group.

What is noncooperation?

Noncooperation exists when a participant fails to complete the assigned activities as specified on their individualized case plan, which was developed in partnership with the department, without good cause. The assigned activities may include cooperating with family stability requirements, cooperating with activities in pursuit of SSI/SSDI, cooperating with medical appointments, cooperating with alcohol and substance abuse or mental health treatment program requirements, pursuing available assets, etc.

Additionally, participants who are in the SFPSS program are considered not cooperating if they fail to do the following without good cause:

- Meet the requirement to keep appointments and interviews;
- Attend all scheduled classes and activities;
- Spend a SFPSS support service payment on the goods or services the payment was intended to cover, or fail to return an unused payment to the department or the department contractor;
- Inform their child care provider that they were not participating in authorized activities and therefore the department is billed in error.

What is re-engagement?

Re-engagement is a process intended to determine good cause for failure to cooperate with necessary activities assigned by the SFPSS program, and to help participants and potential participants resolve disputes and misunderstandings. This includes disputes about case plans, SFPSS program support service payment amounts, irregular attendance at assigned activities, missed appointments and failure to participate in an activity.

Re-engagement is an opportunity offered to participants and is not a required activity. It can be requested by the participant, the department or a community partner. It is conducted by the family coach, disability analyst, and qualified-appropriate professional. It can be conducted by a face-to-face meeting or phone call between the participant and the conciliator or conciliation team.

Re-engagement includes informing the participant of their rights and responsibilities under the SFPSS program and
informing them of the potential for removal from the program and return to the TANF/JOBS program. It may also include establishing good cause, modifying an individualized case plan or taking other remedial actions.

Re-engagement may end under any of the following conditions:

- A decision is made as to whether the participant had good cause for not cooperating with the requirements of the SFPSS program;
- The department and the participant agree on modifications to the disputed individualized case plan;
- No agreement is reached during the re-engagement call or at the re-engagement meeting;
- The participant expresses or otherwise clearly indicates the intent not to cooperate in the re-engagement process.

Re-engagement must end before a decision notice is sent. All re-engagement efforts and activities must be documented in TRACS using the Re-Engagement Page. Unresolved issues can be addressed through the hearing process only after the decision notice has been sent.

The department is required to review all noncooperation for known or unknown disability issues prior to applying a disqualification. This is done by a team consisting of the family coach, disability analyst and qualified-appropriate professional. The agency will document this information on the TRACS Re-Engagement Page.

**SFPSS re-engagement review process**

1. The SFPSS program arranges re-engagement meeting to discuss noncooperation.

2. The SFPSS program staff (family coach, disability analyst, qualified-appropriate professional) will use the following to determines if there is “good cause”:

   (a) Review all evidence for good cause explained in items 1 (PSS F.1), 2 (PSS F.2), 3 (PSS F.3), and 4 (PSS F.4) of this section.

   (b) Review known disability issues for cause of noncooperation.

   (c) Review results of formal evaluations or assessments to determine if an aspect of a previously unknown medical, mental health, learning disability, cognitive, addiction issue, etc., caused the noncooperation.

   (d) Review accommodations and modifications for the following:

      i. Were all needed accommodations or modifications offered to the participant?

      i. Did the participant accept the accommodations or modifications?

      i. Were the accommodations or modifications appropriate?

      i. Are there alternative accommodations or modifications to consider?

   (e) If the SFPSS program staff review determines “good cause,” the participant will remain in the SFPSS program.

   (f) If the SFPSS program staff review determines there was “no good cause” for the noncooperation, the participant will be removed from the SFPSS program. They will return to the TANF program as a JOBS-eligible participant and be engaged in a JOBS case plan.

   (g) Document all findings in TRACS using the Re-Engagement Page or TRACS Re-engagement Narrative,
which is found on the TANF Staff Tools website under Re-engagement and Disqualification. Remember that certain A&D and mental health information narrated in TRACS needs to be placed in the A&D/MH narrative.

Remember, the participant has the right to ask for a hearing if a decision to remove them from the program was determined by the SFPSS staff review.
Chapter 5:
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

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Chapter 5:
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

Section 1: Intent and overview of program
Intent and overview of program

Program intent

In 1997, the Oregon Legislature passed HB 3112, now ORS 411.117, as Oregon’s response to the Wellstone-Murray Family Violence Amendment of the 1996 federal welfare reform law. The “Family Violence Option” provides an opportunity for states to certify standards and procedures to screen for and identify individuals affected by domestic violence.

The Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program was created as a TANF-funded program intended to provide temporary financial assistance and support to families affected by domestic violence during crisis or emergent situations when other resources are not available. TA-DVS is used to help the domestic violence survivors and their children address their safety concerns and stabilize their living situation, thus reducing the likelihood of the survivor returning to the abuser. TA-DVS is intended to provide support to survivors of domestic violence and their children, not to the perpetrator.

The worker’s role is to help determine eligibility for the TA-DVS Program, help the survivor identify safety risks, refer them to domestic violence advocates and community resources that may address those needs, and provide financial assistance to help the survivor and the children remain free from abuse.

Once the survivor is found eligible, an individualized case plan is developed with the client that includes activities supporting the client’s goals related to safety and stabilization from the abuse; a plan to address how future housing costs will be covered; financial planning around the need for TA-DVS payments; as well as partner coordination and referral.

Oregon Administrative Rule(s)

461-001-0000 — Definitions for Chapter 461
461-135-1200 — Specific Requirements; TA-DVS

Program overview

The TA-DVS Program supports domestic violence survivors by providing temporary financial assistance to flee domestic violence (DV) and to help domestic violence survivors remain free of violence.

To be eligible for TA-DVS, a survivor must:

- Meet TANF eligibility requirements
- Have a current or future risk of domestic violence
- Be in a situation that meets the SSP definition of domestic violence.

Some examples of situations where TA-DVS approvals and payments could be used to meet a survivor’s need:

- The domestic violence survivor and children are fleeing the abuser and need help to relocate to another state.
- The domestic violence survivor is unable to pay rent because of domestic violence. For example:
  - The survivor used all their available resources to move from the household held with the abuser and...
cannot pay rent this month, or
  • The abuser stole the money.

• In either case, TA-DVS would be used to stabilize the survivor’s living situation so they are less likely to be forced to return to the abuser’s household.
• The domestic violence survivor is in the process of fleeing domestic violence, is staying at a temporary shelter or is in a temporary living situation. The survivor needs financial help to get into an apartment and set it up.
• The domestic violence survivor wants to stay in their home and needs new locks to increase safety.
• The domestic violence survivor missed work due to the abuse and is unable to pay the rent.
• A roommate has been physically abusive, and the survivor and their partner want to leave the situation.
• The domestic violence survivor has fled to Oregon from another state after a recent abusive situation and has concerns the abuser will follow or knows where she/he has moved to.
• The domestic violence survivor needs to move because the abuser has located them and their children.
• The abuser was arrested. The case has not gone to trial. There has been no conviction and no jail release date has been set. Even though the abuser is in jail, the survivor has no way of knowing how long the abuser will be in jail. A potential safety risk still exists.
• The abuser was arrested and convicted of domestic violence. They will be in jail for one year. The victim wanted to stay in their home. The abuser’s family has started making threats on behalf of the abuser saying the abuser was going to take care of them when they get out. The victim is afraid for themselves and the children and wants to move.
• The abuser has been in jail for five years and is being released. The victim is still living at the same address that was shared with the abuser. There is fear the abuser will make good on threats made prior to the arrest and incarceration. The survivor wants to move to protect himself or herself and their children.

**Oregon Administrative Rule(s)**

- [461-001-0000](#) — Definitions for Chapter 461
- [461-135-1200](#) — Specific Requirements; TA-DVS

**SSP definition of domestic violence**

Domestic violence is the occurrence of one or more of the following acts between family members, intimate partners or household members:

• Attempting to cause or intentionally, knowingly or recklessly causing physical injury or emotional, mental or verbal abuse.

• Intentionally, knowingly or recklessly placing another in fear of imminent serious physical injury.

• Committing sexual abuse in any degree as defined in Chapter 163 of the Oregon Revised Statutes.

• Using coercive or controlling behavior.

**Qualifying relationships:**

Family member: Anyone related by blood, marriage or adoption
Household member: Anyone in the household

Intimate partner: Anyone in either a current or past relationship of a romantic or intimate nature with the abuser (Intimate does not require sexual intimacy.)

These can include any of the following:

- Spouse
- Former spouse
- Individuals related by blood, marriage or adoption
- Individuals who are cohabitating or have cohabited with each other
- Individuals who have been involved in a sexually intimate or dating relationship
- Unmarried parents of a child.

A single or one-time instance of abuse or controlling behavior does not necessarily constitute a risk of further or future abuse. When there is a history of these behaviors, or when the behaviors have escalated in frequency or type, or if the survivor is concerned these behaviors will lead to physical abuse, there may be a higher risk of further or future abuse.

Oregon Administrative Rule(s)

461-001-0000 — Definitions for Chapter 461

Policy unit contacts

For staffing of TA-DVS cases, please email the TA-DVS Policy Box at TADVS.Policy@dhsoha.state.or.us.
Chapter 5:  
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program  
Section 2: Application
Chapter 5: Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program • Section 2: Application

Application

Filing date

For the TA-DVS Program, the filing date is the date when a completed, signed application is received, which establishes the beginning of the application time frame.

Application time frames

SSP must assess the emergent safety concern within eight working hours of receiving the application, including narrating and addressing any immediate safety concerns identified.

This must be done by offering to complete the TA-DVS Safety Screening (DHS 7802). If the survivor indicates they do not want to complete the safety assessment, SSP narrates the conversation.

Eligibility must be determined within 16 working hours after receiving a completed, signed application.

Exceptions to determining eligibility within 16 working hours of application:

- The survivor requests a specific date outside of the 16 working hours.
- The application is not completed.
- The survivor does not show for the interview.

If the survivor requests the intake appointment be made outside the 16 working hours:

- Check with the survivor to ensure they have a safe place to stay until the appointment can be scheduled.
- Schedule the appointment at the earliest date the survivor is available (and in time to meet any emergent needs).
- Narrate that the appointment is being delayed based on a survivor request.

The 16 hours to determine eligibility would start from the scheduled intake date and time, if the survivor attends the intake. If the survivor does not attend the intake, the TA-DVS application is good for 30 days.

Oregon Administrative Rule(s)

461-115-0020 — Application Requirements

Certification period

The TA-DVS eligibility period is exactly 90 calendar days. The eligibility period begins the date the survivor is determined eligible for the TA-DVS Program.

There are no extensions in the TA-DVS Program, and TA-DVS 90-day eligibility periods may not overlap.

SSP is to be in frequent contact with the survivor to discuss safety planning and the survivor’s needs throughout the eligibility period.
Incomplete application process

If an eligibility decision cannot be made because the survivor turned in an Application for Services (DHS 0415F) and did not show at the appointment or left an application via drop box, attempt to contact the survivor to reschedule either by phone or mail (if we have determined they have provided a safe address).

When leaving a voicemail for the survivor, leave a generic message and do not provide information about the TA-DVS application.

Before contacting the survivor via mail, the worker needs to determine the receiving mailbox is safe. If it is not determined the contact address is safe, DHS will create the appropriate notice and store in a file with the application documents.

DHS will hold the Application for Services (DHS 0415F) for 30 days. If no contact after the end of the 30 days occurs, DHS will complete a Notice of Decision and Action Taken (DHS 0456), denying the application, and place it in the file.

If it is not known whether the address or phone number is safe, hold any notices in the file, do not leave any detailed voice messages, and narrate action taken and why.

When a new application is required

If an applicant has completed an Application for Services (DHS 0415F) in the past 30 days and no eligibility determination was made, update the application as appropriate with current information. Do not have the applicant complete a new one.

If benefits were denied within 30 days and there has been no change of circumstances, the applicant can request a hearing.

If the applicant has had a change in circumstances, take a new application.

Notices and required forms

Using a basic decision notice (see OAR 461-001-0000) is appropriate for approvals, denials and closures in TA-DVS cases. Notices should be sent to a safe mailing address or hand-delivered.

Exercise caution when issuing notices to DV households:

- When possible, hand-deliver in the office or at a safe meeting place with survivor.
- Verify with the client that using the mailing address is safe.
- If unable to mail, narrate the notice and keep a copy in file.

**TA-DVS required forms chart**

<table>
<thead>
<tr>
<th>Form</th>
<th>When required</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS 0456DV Decision Notice Approving TA-DVS</td>
<td>TA-DVS eligibility is approved</td>
</tr>
<tr>
<td>DHS 0456 Notice of Decision and Action Taken</td>
<td>TA-DVS eligibility is denied, payment is denied, or TA-DVS is closed before the 90th day</td>
</tr>
<tr>
<td>DHS 7802 TA-DVS Safety Screening</td>
<td>Within eight hours of filing date, at time of safety assessment</td>
</tr>
<tr>
<td>DHS 1543 Self-Sufficiency Domestic Violence Assistance Agreement</td>
<td>At TA-DVS eligibility determination</td>
</tr>
<tr>
<td>DHS 1543M Self-Sufficiency Domestic Violence Motel Use Agreement</td>
<td>At time of motel payment request</td>
</tr>
<tr>
<td>MSC 0437 Authorization of Cash Payment</td>
<td>At time of TA-DVS payment request</td>
</tr>
</tbody>
</table>

**Oregon Administrative Rule(s)**

461-175-0200 — Notice Situations; General Information

**Approval notice – decision notice approving TA-DVS (DHS 0456DV)**

To approve program eligibility for TA-DVS, use the Notice of Decision and Action Taken (DHS 0456DV). This notice includes the dates of eligibility as well as information about how the program operates. The notice also explains clients’ hearing rights.

If the program remains open for the entire 90 days, there is no reason to send another decision notice at the end of the 90-day eligibility to close or end TA-DVS. The DHS 0456DV includes the program eligibility dates and, as such, meets the requirements of both an approval and closure notice.

**Denial notice – Notice of Decision and Action Taken (DHS 0456)**

The Notice of Decision and Action Taken (DHS 0456) is used in TA-DVS cases to deny TA-DVS Program eligibility or TA-DVS payments. Document the reason for the denial.

To end or close the TA-DVS Program prior to the end of the 90-day periods, use the Notice of Decision and Action Taken (DHS 0456). Document the reason the program is ending early (e.g., no eligible child; moved out of state; reconciled with the abuser).

Use TANF denial or closure codes when appropriate. For specific TA-DVS related denials or closures, see [Domestic Violence Staff Tools](#).
TA-DVS Safety Screening (DHS 7802)

Screening for domestic violence happens in several ways in Oregon. On the DHS 0415F, generic questions on safety are asked. The TA-DVS Safety Screening (DHS 7802) asks questions on safety. Use the DHS 7802 to help determine immediate safety concerns, their level of safety, and if they may need a referral to the co-located DV advocate.

The TA-DVS Safety Screening (DHS 7802) is mandatory when a signed application for the TA-DVS Program is received, and must be completed within eight hours of receiving the signed application.

Self-Sufficiency Domestic Violence Assistance Agreement (DHS 1543)

Click here for Safety plan.

In April 2004, the Self-Sufficiency Domestic Violence Assistance Agreement (DHS 1543) became a mandatory form for use in case planning with survivors of domestic violence who are currently experiencing domestic violence or who have been approved for Temporary Assistance for Domestic Violence Survivors (TA-DVS).

The DHS 1543 asks for the immediate plan to address safety concerns, as well as the plan to stay safe from abuse. These sections help guide the conversation in developing the required safety plan and increase stabilization.

The immediate plan should address the actions a survivor feels they need to complete to stay safe when leaving the office. Examples are calling family for resources, connecting with a DV advocate and getting copies of verification of pregnancy.

The plan to stay safe should include a more long-term concept of what is needed. Remember that long term could mean two weeks, two months, etc. Things needed could include locating a job, moving out of state or moving into a new housing situation.

Self-Sufficiency Domestic Violence Motel Use Agreement (DHS 1543M)

Click here for guidance on approving motels/hotels.

The Self-Sufficiency Domestic Violence Motel Use Agreement (DHS 1543M) was created in 2013 for guidance around access to motels.

The DHS 1543M must include the need for motel/hotel and the expected length of stay.

Payments should be paid directly to the motel as a vendor or dual payee check.

Signature is not required on the Self-Sufficiency Domestic Violence Motel Use Agreement (DHS 1543M) but is preferred. If you are unable to get a signature, have the conversation with the survivor and narrate the discussion that occurred.

Authorization of Cash Payment (MSC 0437)

Click here for Payments.

The Authorization of Cash Payment form (MSC 0437) is used to request and authorize cash payment issuances in the special cash pay (SPL), revolving fund and the EBT immediate cash issuance (EBISS) system.
The **MSC 0437** needs to be signed by the worker requesting payment. It also needs to be signed and authorized by a DHS worker with signature authorization.

Do not send the **MSC 0437** to business entities.

### Oregon Administrative Rule(s)

**461-175-0200** — Notice Situations; General Information

#### Interviewing the survivor

In the TA-DVS Program, we are required to complete a face-to-face interview with the survivor.

The requirement to complete a face-to-face interview can be waived if there is a safety risk due to domestic violence, or if there is a hardship. Hardship follows the TANF rules and would be considered:

- Care of household member
- An individual’s age, disability or illness
- A commute of more than two hours from the individual’s residence to the nearest branch office
- A conflict between the individual’s work or training schedule and the business hours of the branch office
- Transportation difficulties due to prolonged severe weather or financial hardship

In these cases, where there is a safety risk due to domestic violence or a hardship, we can complete the interview via phone, home visit or offsite appointment. The safety concern should be included in the narration.

If the interview is completed by phone, first ask the survivor if this is a safe time to talk. It is important to be mindful that, in a phone interview, we are not able to confirm who else is present during the intake. Listen to determine if there are others present and pay attention to cues from the survivor that they may not be safe to talk.

**Note:** Due to safety concerns, phone interviews are rare in the TA-DVS Program.

If completing an offsite appointment or home visit, confirm the abuser will not be at the visit. We cannot complete a home visit or offsite appointment if it is not safe for DHS staff or the survivor. DHS will not go on a home visit when the abuser still lives in the home. If determined it is safe to complete a home visit or offsite appointment, inform leadership in person and by email before leaving for the appointment; note your expected return time. You will be accompanied for these appointments by another DHS staff member or partner.

Safety is our primary concern when interviewing a client:

- Never ask the survivor about domestic violence in front of or within hearing of the alleged abuser.
- Build rapport, encourage conversations and support the survivor in their actions and decisions.
- Ask open-ended questions to facilitate the conversation.
- Express concern about bruises or other injuries (e.g., “That looks like it hurts. Do you need to go to the doctor?”).
- If the survivor expresses positive feelings toward the alleged abuser, focus on the violence and controlling behaviors, not the abuser’s personality.
• Express concerns for the survivor.
• Ask the survivor what she/he needs to feel safe.

The survivor is the best judge of their safety. Show support for the survivor’s priorities. This will help in developing rapport and trust.

When working with survivors, have a conversation about their concerns and where they are at. Consider using the following questions:

• What support system does the survivor already have in place?
• What have they done in the past that worked well for their safety?
• Are there family or friends that have been helpful in the past?
• What do they feel is needed for their safety?
• What is their immediate need? What are some additional future needs?

Remember to take time listening to the survivor. Survivors may be experiencing varying forms of trauma. Sharing their story may not be easy. Interviews are more conversation based and built on creating rapport with survivors.

**Oregon Administrative Rule(s)**

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**461-115-0230** — Interviews

**Narration**

Narration for the TA-DVS Program is as important as documentation for all other programs. We must narrate everything we do with TA-DVS. These are considered legal records and must be kept by SSP. TA-DVS records are also audited and tracked; therefore, we must keep narratives for this purpose. The purpose of a narrative is to be sure others can follow up and we have a record of what has happened. You must always narrate, whether it is in TRACS or kept in a hard file.

TA-DVS narratives are to be separate from all other programs, even if the application is for more than one program. Use DV narrative type for all TA-DVS related narrations including intake, appointments, payments, etc. This helps remove DV information when sharing information or when records are requested.

Eligibility narratives should include all financial and non-financial eligibility, including:

• Filing date, interview date, eligibility decision and certification period
• Safe contact information (address and phone number)
• Household composition
  • Household group and filing group (narrate if this is excluding the abuser)
  • Living situation (where are they staying and how long can they stay there?)
  • Caretaker relative relationship
• How the situation meets the SSP definition of domestic violence
  • Name and relationship of abuser
- Type of abuse (e.g., ongoing verbal and physical abuse; never include specific details of the abuse)
- Current and future safety concerns (e.g., abuser will locate them, abuser is contacting and harassing them, abuser always waits two weeks before showing up at their home)
- Safety plan and intended use of TA-DVS funds
- Residency and citizenship
- Financial eligibility
  - Available income at time of intake
  - Expected ongoing income
- Any requirements waived due to domestic violence
- Previous TA-DVS eligibility dates and what funds were used for
- Can narrate if CW was contacted, but it is not required. Never narrate details of child abuse.

Payment requests or ongoing conversations about their DV situation should be their own narrative with the DV narrative type for safety.

**Determining when it might not be safe to narrate in TRACS**

When determining it might not be safe to narrate in TRACS, we need to establish what is unsafe about narrating. The safety reason must pose a risk of further domestic violence. We want to have a conversation with the survivor to explain the safety of our systems. Our systems have securities and protections already in place.

There are times when some information is unsafe, but it is still safe to narrate in TRACS. In these situations, the unsafe information can be protected in another way.

- Address is unsafe.
  - The address can be protected by coding DND in the system and have mailing address. We do not need to protect narratives for this reason.
- Naming abuser in narration is unsafe.
  - Keep hard file for name of abuser. The remaining eligibility and conversations can be narrated.
- Survivor is a DHS employee.
  - See [Domestic Violence Staff Tools](#) for this process.

Situations when it may not be safe to narrate in TRACS:

- The abuser is a DHS employee.
  - What is the likelihood the abuser will look in the system?
  - Will the abuser know the survivor has applied for TA-DVS?
  - Would they know how to find the information?
  - What is the safety concern if the information is located?
- The abuser is a community partner and has access to TRACS and other case files.
  - Have they looked before?
- Do they have access?
- Do they know to look?
- Have they threatened looking?
- What is the safety concern if the information is located?

- The survivor believes the abuser has access to any computer system. Either they are a hacker or other public figure.
- Have they hacked or gained access to government systems before?
- Have they threatened to hack or gain access to government systems and have the ability to hack into the system?
- Have they hacked or gained access to systems to obtain survivor information before?
- What is the safety concern if the information is located?

**How to store a hard file when not safe to narrate in TRACS**

Manager holds file in a locked file for the 90-day eligibility period. Some offices may have a lead or district point hold these files.

Manager holds the file in a locked file for an additional 12 months (for review of the file for subsequent requests for the TA-DVS Program or for impact to other cases) after close of the 90-day eligibility period, so it can be reviewed if there is a subsequent request. Route to EDMS as restricted file. Do not secure in EDMS.

Narrate in TRACS to indicate an intake was completed, the outcome and file location. There must be tracking in our systems of the TA-DVS intake. This is for survivor safety, to follow-up on the case and for covering workers or offices to support the survivor.

For example: “E2 Intake Completed today. Approved. See hard file for narrative. File stored in Manager AJB’s desk.” (If not safe to have E2 because the abuser works for DHS and knows that code, narrate “Full Intake Completed. See hard file…”)

**Confidentiality**

Confidentiality is crucial in domestic violence cases. In some cases, how we narrate and how we track information can affect a survivor’s safety.

Be cautious sharing any information on DV cases, even within the branch. You may not be aware of family or community connections the abuser or survivor has. Abusers often try to use the system to manipulate or control the survivor.

Forms, notices or other information should be sent only when we know there is a safe address.

**Person alias process**

For a survivor to have a person alias created, there must be a safety concern with their name and identity being in all DHS systems.
Authorizing person alias is very rare and must be approved jointly by TA-DVS Policy and local management.

There are important considerations to follow when thinking about creating a person alias case. We follow the person alias process, as outlined in Domestic Violence Staff Tools.

Here are some initial considerations to be reviewed with the survivor:

- What information is the concern? What is the safety concern with their real identity being in DHS systems?
- All names and dates of birth of those in the filing group must change in the system, for all programs.
- We must follow the process completely. There are no exceptions. We cannot change some names and not others.
- All person alias requests must be approved by policy and your management.

For more information, refer to the person alias process on Domestic Violence Staff Tools.

**Subsequent requests**

Field offices are to jointly staff approval or denial of subsequent application requests for TA-DVS with a DV point, Co-located advocate (when you have a release of information to do so) Management, or TA-DVS Policy.

Subsequent request is considered as follows:

- The survivor received TA-DVS benefits in the last 12 calendar months and TA-DVS funds were issued; or
- It is the third or fourth request for TA-DVS in the last 12 calendar months, whether funds were issued, or not.

In this section, the “last 12 calendar months” means the end of the 90-day eligibility period feel in the last 12 months.

If there is ever a case with multiple requests over many years, or a case that the worker would like a second opinion on, you can always staff these cases with the above as well.

<table>
<thead>
<tr>
<th>Number of requests in the last 12 months</th>
<th>Were funds used?</th>
<th>Requires staffing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd request</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>2nd request</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>3rd request</td>
<td>YES or NO</td>
<td>YES</td>
</tr>
<tr>
<td>4th request</td>
<td>YES or NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

When a survivor is in need of help to flee at any time, but especially multiple times throughout a year, it is important that time is spent to discover how SSP can best support this family in their plan to stay safe.

In order to get the best idea of how we can support the survivor, and what their ongoing plan is, the DHS Subsequent Request Process form should be used in conjunction with your TA-DVS intake interview, staffing of the case and gathering all necessary information.

This form is intended to help guide conversation with the survivor and is to be used with the survivor to get the best idea of their safety as we make a new plan. Once the questions on the form are completed with the survivor:
• Staff the case and safety plan details on the form with any of the persons listed above, and have them sign off on the form.
• The completed form should be taken to a Manager or TA-DVS policy for authorization.

Many times, survivors need to adjust their safety plan and request TA-DVS multiple times as they attempt to find what will work best to help them stay safe. The intent of having additional safety planning questions is to ensure survivors are supported and that SSP is helping to guide them to resources that can help them safety plan.

Difficult scenarios that may arise:

Shared children with the abuser: When there are children involved, often it can be hard for the survivor to separate themselves from legal obligations of visitation, etc. Abusers can coerce children into giving additional information about whereabouts, contact information, etc. It could be a strong plan to have an advocate talk with the survivor to aid in safety planning with the children around what to share and not to share. Other good resources would be school counselors, and mental health to support these conversations.

Hotel payments with TA-DVS funds: Often, survivors are hoping to use funds to flee their situation immediately. Sometimes, they may request the use of a hotel so they can better plan for their safety or have other reasons they may request to use their grant for this purpose. When this is part of a secondary request, it’s important to have more conversation to create an in-depth plan for their ongoing safety. The hotel may still be a valid piece of their plan. Before issuing payments, additional resources are to be addressed and planning is to be adjusted to aid in long-term safety and stability. This is another good time to get a co-located DV advocate involved to help with ideas, resources, and additional support to the survivor.

Planning the use of the grant funds: Asking a survivor how they plan to use the TA-DVS grant can be helpful in moving forward with safety planning. This question provides an opportunity to discuss budgeting with their grant, looking at other resources to meet their needs, and preparing them for additional information that may be needed to provide payments (e.g. Proof of pregnancy). It can also help to determine what the grant can be used for and how to access it. For example, if they want to purchase a firearm with the grant, this is an opportunity for SSP to have a conversation with the survivor about restructuring the safety plan around what payments TA-DVS funds can help with.

Authorized representatives and payees

Due to safety concerns, the TA-DVS Program does not allow authorized representatives or alternate payees.

If a survivor comes into a DHS office and needs assistance with an application, payment request, etc., DHS can have a conversation with the survivor to determine if an Authorization for Disclosure, Sharing and Use of Individual information (MSC 3010) is appropriate. The MSC 3010 can be used to share needed and relevant information regarding DHS case information.

Have a conversation with the survivor about the information they want to share and with what individual they want to share. Determine if this is a safe person to be a contact for the survivor. If determined this is a safe person and sharing information would benefit the survivor, DHS can complete the MSC 3010 detailing the purpose of the disclosure, the exact person receiving the disclosure and what information is being disclosed. Remember, we can refer survivors to co-located DV advocates for additional support. DHS can also help survivors complete the...
application for TA-DVS.

**Oregon Administrative Rule(s)**

461-115-0090 — Authorized Representatives; General
Chapter 5:
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

Section 3: Eligibility groups
Eligibility groups

Introduction

There are five eligibility determination groups (EDG): household, filing, financial, need and benefit. Who is included in each of these groups may affect program eligibility, whose assets are considered, whose non-financial criteria are reviewed, and who receives benefits.

To be eligible for TA-DVS, applicants must meet the TANF eligibility determination group requirements. However, there are some exceptions based on situations unique to domestic violence.

Household group

The household group is usually the people who live together, with or without a dwelling. For a residence to be considered separate, it must have access to the outside that does not pass through another residence. It also must have a sleeping area, bathroom and kitchen facility. The household group forms the basis for determining who is in the remaining eligibility groups.

“Homeless” means lacking a fixed regular and adequate nighttime residence and includes living in an emergency shelter; shared housing with others due to loss of housing or economic hardship; or staying in motels, cars, parks, public places, tents, trailers or other similar settings.

For homeless applicants, the household group consists of the individuals who consider themselves living together.

Individuals who live in more than one household group during a calendar month are members of the household group in which they spend more than half of their time.

No children in the household

To be eligible for TA-DVS, the survivor must have a dependent child in the household more than 50 percent of the time. If the survivor fled without their child due to domestic violence, review recent, current and ongoing household composition. Determine what the household composition was before fleeing, what the current living situation is, and what is anticipated to change in the next 90 days.

In some situations, the survivor flees without their children, or their children are placed in another household for safety reasons due to the domestic violence. If this is the only reason the children are not in the household at time of application, we consider them in the household if they were living with the caretaker more than half of the time before they fled, and they are anticipated to be living with the caretaker within 90 days of application.

Abuser in the household

For TA-DVS, the definition of household group is the same as TANF unless the abuser is in the same household as the survivor; in that case, we can exclude the abuser only from the TA-DVS case due to safety concerns. The abuser would not be listed on the E2 case and would not have access to narratives or case records.

Living in domestic violence shelter
If the survivor is residing in a domestic violence shelter or safe home, the survivor and their children would be considered a separate household group from all others in the shelter.

**Oregon Administrative Rule(s)**

461-110-0210 — Household Group

**Filing group**

The filing group consists of individuals from the household group whose circumstances are considered in the eligibility determination process. The filing group includes participants from the household group who choose to apply for benefits and those who must apply together because of their relationship or circumstance.

**Pregnancy**

For TA-DVS, if there is a safety concern related to domestic violence and the survivor is pregnant and has no other children, the pregnancy does not have to have reached the first of the calendar month prior to the month in which the due date falls. Verification of pregnancy is not required for initial TA-DVS eligibility, but verification is required before payments can be made.

If there is an emergent need for payment without pregnancy verification (e.g., for a bus ticket to get to shelter on the day of intake) and the survivor does not have verification of pregnancy, local management can make a determination to waive the verification for the payment. Verification of pregnancy is needed for ongoing payments.

**Oregon Administrative Rule(s)**

461-110-0310 — Filing Group; Overview

**Financial group**

The financial group includes all individuals in the filing group whose income and resources count in determining eligibility and benefits. Everyone in this group will have their income and resources reviewed to determine whether they are countable or excluded, unless otherwise specified in rule.

**Oregon Administrative Rule(s)**

461-110-0530 — Financial Group

**Need group**

The need group includes individuals from the financial group whose basic and special needs are used in determining eligibility and benefit level, unless otherwise specified in rule.

**Oregon Administrative Rule(s)**

461-110-0630 — Need Group

**Benefit group**
The benefit group includes all individuals in the need group who receive benefits.

**Oregon Administrative Rule(s)**

461-110-0750 — Benefit Group
Chapter 5: Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

Section 4: Individual information
Individual information

Introduction

When applying for benefits, individuals must provide certain information about themselves and any other applicants. They have the right for this information to be treated with respect and confidentiality; and they have the responsibility to provide true, complete, legal and accurate information.

Some information must be verified, and other information can be accepted as stated by the applicant. If safety is a concern, arrangements can and should be made to provide an extra level of protection for individuals and their information in DHS systems.

Oregon Administrative Rule(s)

461-105-0010 — Rights of Clients
461-105-0020 — Responsibilities of Clients
461-135-1200 — Specific Requirements; TA-DVS

Name/identity

All benefit applications request the name(s) of the applicant and any other person for whom benefits are being requested. Applicants need to provide their true legal identity/name(s), which for SSP purposes is the name registered with the Social Security Administration (SSA). SSP calls this the person’s primary name and this name is used in the system to identify the person.

If an individual has legally changed their name through Oregon courts but SSA shows a different name, SSP will continue using the primary name and refer the person to the SSA to complete the name change. Changing a name through Oregon or other state courts does not change the person’s name registered with the SSA.

Click here for Confidentiality.

Date of birth (DOB) and age

Recipients must provide their date of birth for themselves and all other applicants. Age is important for many programs and can affect who is considered when determining eligibility, as well as for which program(s) they may be eligible.

To be eligible for TA-DVS, the dependent child must be under age 18, or age 18 and enrolled in school. The caretaker relative(s) may be any age.

Minors who are married, married and legally separated or legally emancipated do not qualify as a dependent child.

If the caretaker relative is under age 18, SSP needs to determine there are no other adult relatives to care or be responsible for the well-being of the applicants, and the applicants are living in a safe environment.
**Social Security number (SSN)**

Not all programs require applicants to provide SSNs. The SSN is used to verify income and other assets; and to match with other state and federal records such as those for the Internal Revenue Service (IRS), Medicaid, child support, Social Security benefits and unemployment benefits.

For TA-DVS, the survivor must provide their SSN if they have access to this information. It is not required if accessing this information creates a safety concern.

**Address**

Addresses are an important part of communicating with survivors. If a mailing or physical address is out of state, it is essential to review residency in depth during the interview.

For TA-DVS, SSP must ensure survivors have provided a safe address when sending any correspondence regarding this program.

Although individuals are not required to have a fixed mailing address, they must provide a location to get notices from SSP. This mailing address cannot be the branch address. A mailing address may be General Delivery or the address of a shelter or a friend.

Note: If the survivor is staying in a domestic violence shelter, do not ask for the location of the shelter. It is not safe or confidential to receive the address of the domestic violence shelter.

If an unacceptable address is provided on an application, DHS accepts this for establishment of a filing date and collects a useable address during the interview.

Address fields for all programs should be reviewed and updated when a change of mailing and/or physical address is reported. The HZIP system or [USPS Look Up a ZIP Code](http://www.usps.com) can be used to verify the address and ZIP code.

Some individuals will have special coding that SSP will enter for their physical address field, due to their unique situation(s). These specific situations are:

- TEMP “Temporary”:
  - TEMP will be used only for participants who state they do not have a “fixed address.” This would be used for anyone who claims they are homeless, staying in a shelter (this includes domestic violence shelters), living with a friend, couch surfing, living in an RV or any place they feel is not their permanent home address.

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**Oregon Administrative Rule(s)**

- [461-120-0510](http://www.oregon.gov) — Age Requirements for Clients to Receive Benefits
- [461-135-1200](http://www.oregon.gov) — Specific Requirements; TA-DVS

- [461-120-0210](http://www.oregon.gov) — Requirement to Provide Social Security Number (SSN)
- [461-135-1200](http://www.oregon.gov) — Specific Requirements; TA-DVS
• **DND “Do Not Disclose”:**
  - DND is for safety purposes only and not for individuals who, for reasons other than safety, simply do not want to provide an address.
  - DND will only be used for cases with a safety concern, including but not limited to domestic violence and trafficking. DHS will code the residential street line with DND, the city and ZIP code of current residence; the mailing address will continue to be the address where they want their mail delivered.
  - Below are the reasons SSP would code DND:
    » The alleged perpetrator is an employee of DHS, or
    » The alleged perpetrator is a community partner or contractor and has access to DHR, ACCESS, MMIS, ONE or TRACS, or
    » The alleged perpetrator is a member of the household and has access to case information, or
    » The survivor believes the alleged perpetrator may have gained, or be able to gain, access to case information in DHS systems.

• **ACP “Address of Confidentiality Program”:**
  - ACP is only used for individuals who participate in ACP. Participants will have an ACP ID card issued to them, with the ACP PO Box and their recipient number.
  - DHS will code the residential street line with ACP, Salem as the city, 97308 as the ZIP code, FIPS code 047; the mail street will be the standard ACP PO Box address along with participant ID number.
  - Participants in ACP know they must show state agencies their identification card. SSP will narrate ACP card viewed.
  - Important: There is an extended notice period for individuals in the ACP (see OAR 461-175-0050 and OAR 461-175-0206). Notices require five additional business days for mailing.

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**Oregon Administrative Rule(s)**

- [461-105-0020](#) — Responsibilities of Clients
- [461-001-0000](#) — Definitions for Chapter 461
- [461-135-1200](#) — Specific Requirements; TA-DVS

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**Citizenship**

Click here for [Noncitizens](#).

Different programs have different United States citizen requirements.

For TA-DVS. The citizenship requirement can be waived if there is a safety concern related to domestic violence. Code the E2 case with the WDV Case Descriptor on each individual for whom citizenship was waived.

For noncitizens receiving TA-DVS benefits, use code 2N for TA-DVS payments.
Residency

To be eligible for benefits, an individual must be a resident of Oregon. An individual is a resident of Oregon if the individual lives in Oregon. If an individual is in Oregon solely for a vacation, that individual is not a resident. An individual continues to be a resident of Oregon during a temporary period of absence if the individual intends to return when the purpose of the absence is completed.

For TA-DVS, there is no minimum amount of time the survivor must live in Oregon to be a resident. If the survivor intends to move out of Oregon because of domestic violence, they do not need to intend to continue residing in Oregon.

Relationship

The relationship (responsibility, age, legal and biological) between individuals in the same household can affect eligibility in many ways.

It is important to gather each person’s relationship to every other person on the application and in the home. During the interview, SSP will inquire about roommates or significant others. It is important that DHS knows who is living together; this can be important in the future, if not now, especially if there is a pregnancy or common children.

If there are minor children in the home, it is important to determine who has care and control of the children.

In the TA-DVS Program, survivors may be living in temporary living situations. It is very helpful to determine who they are living with and the relationship. This helps identify potential resources, safety concerns and confidentiality.
Chapter 5:
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

Section 5: Financial eligibility
Chapter 5: Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program • Section 5: Financial eligibility

Financial eligibility

Introduction

Income is money or other benefits an individual receives from work, business, investment, etc. DHS gathers all information regarding income in the financial group, which is used to determine program eligibility.

TA-DVS applicants must still meet TANF financial eligibility requirements, except as follows:

- Compare the TANF countable income standard with the net income, not gross income, after removing appropriate expenses from the Temporary Assistance for Domestic Violence Survivors (TA-DVS) Eligibility and Benefit Calculation Worksheet (DHS 1542).
- The income standard for TA-DVS is the TANF countable income standard. However, the income of the financial group includes only the income immediately available for the group to meet the emergent needs of the domestic violence survivor and the children.
- Consider income unavailable if the abuser controls the income or if pursuing the income would put the survivor or the children at risk.
- Do not count income that is unavailable due to circumstances beyond the domestic violence survivor’s control:
  - For example: theft, income controlled by the abuser or money left behind when the survivor fled.
- Do not count income that is unavailable due to being needed for expenses necessary to escape the abuse:
  - For example: Having to use the income for unexpected needs, temporary housing to flee, car repair.
- TANF grants are not considered income for survivors fleeing domestic violence but can be considered in determining the level of benefit issued.
- There is no requirement for domestic violence survivors to pursue assets. Do not require survivors to pursue income if doing so would increase the risk to their safety.
- Exclude resources when determining eligibility but consider liquid (cash) resources as part of case planning to meet emergent need.
- SSI income is countable, if available in time to meet the emergent need of the survivor.

Oregon Administrative Rule(s)

461-140-0040 — Determining Availability of Income
461-135-1230 — Benefits; TA-DVS
461-135-1200 — Specific Requirements; TA-DVS

Countable income

Income calculation is determined at time of intake. Follow the process below at intake for the last 30-day period. When payments are requested, we evaluate income available at that time. Use the DHS 1542 as a tool for assessing countable income.
Step one:

What income has the survivor received in the last 30 days? Only consider liquid (cash) resources.

Do not count income if:
- It is controlled by the abuser
- It was, or will be, used to flee or stay free from domestic violence
- The survivor does not have access to it
- It creates a risk of further domestic violence for the survivor to access these funds.

Count income if:
- It is available in time to meet the emergent need, and
- It is not being used to stay free from the domestic violence, and
- It does not present a safety risk in accessing it (e.g., child support).

Step two:

What funds does the survivor have immediately available to meet their needs?

Are available (net) funds below the TANF countable income standard? If so, the survivor meets the financial eligibility for TA-DVS.

Step three:

What funds, if any, will the survivor receive within the 90-day eligibility period? When will the income be received? Do not delay addressing safety concerns based on potential future income.

What part of this income is available to meet part of the survivor’s needs? If any, plan with the survivor what part of their needs they can take care of and what we will help with. Document agreed upon expenditures in the Self-Sufficiency Domestic Violence Assistance Agreement (DHS 1543).

Oregon Administrative Rule(s)

461-135-1200 — Specific Requirements; TA-DVS
461-140-0040 — Determining Availability of Income
461-135-1230 — Benefits; TA-DVS

Resources

Each program has specific limits to how much in resources an individual can have access to, both at application and for ongoing eligibility.

For TA-DVS, there is no resource limit for initial eligibility. For payment requests, SSP will need to determine what resources the survivor has available for safety needs. For example, a survivor may have a savings account, which would not be considered at the time of intake, but we will discuss using the savings at the time of payment requests.
Pursuing assets

In some programs, applicants are required to actively pursue any income or resource to which they have a legal right or claim. This is called pursuit of assets. For programs that require pursuit of assets, benefits may not be opened until the individual has made a good faith effort to pursue the asset.

For the TA-DVS Program, there is no requirement to pursue assets including, but not limited to, pursuit of Social Security, unemployment and child support.
Chapter 5:
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

Section 6: Non-financial eligibility
Non-financial eligibility

Introduction

To be eligible for TA-DVS, a survivor must meet certain TANF non-financial eligibility requirements, as well as TA-DVS specific requirements, such as the need to meet the SSP definition of domestic violence and have a current or future safety concern related to domestic violence.

Need to meet SSP definition of domestic violence

For the TA-DVS Program, the situation must fit into the following definition of domestic violence.

The SSP definition of domestic violence is the occurrence of one or more of the following acts between family members, intimate partners or household members:

- Attempting to cause or intentionally, knowingly or recklessly causing physical injury or emotional, mental or verbal abuse
- Intentionally, knowingly or recklessly placing another in fear of imminent serious physical injury
- Committing sexual abuse in any degree as defined in Chapter 163 of the Oregon Revised Statutes
- Using coercive or controlling behavior

Definitions of relationship:

- Family member: Anyone related by blood, marriage or adoption
- Household member: Anyone in the household
- Intimate partner: Anyone in either a current or past relationship of a romantic or intimate nature with the abuser (Intimate does not require sexual intimacy.)

These can include any of the following:

- Spouse
- Former spouse
- Individuals related by blood, marriage or adoption
- Individuals who are cohabitating or have cohabited with each other
- Individuals who have been involved in a sexually intimate or dating relationship, or
- Unmarried parents of a child.

A single or one-time instance of abuse or controlling behavior does not necessarily constitute a risk of further or future abuse.

When there is a history of these behaviors, or when the behaviors have escalated in frequency or type, or if the survivor is concerned these behaviors will lead to physical abuse, there may be a higher risk of further or future abuse.
Verification of domestic violence

Survivor statement is acceptable for verification of domestic violence and safety concern.

There are only two situations where DHS will need additional information to make an eligibility decision:

- Two individuals apply against each other in the same eligibility period, or
- You learn an individual applying for TA-DVS has been arrested for, or was convicted of, an act of domestic violence in the past. You are uncertain whether the individual applying is currently a victim of domestic violence.

In these situations, DHS will pend the case for verification of domestic violence. Remember our processing time frames. All processing time frames must be met.

If two individuals have applied against each other and their eligibility periods are overlapping, each case is pended for verification. The open case is pended with a Notice of Information or Verification Needed (DHS 0210A) for verification listed below for 10 days. Survivors may ask for more time; SSP can extend for a reasonable amount of time. No payments can be made without verification. If the verification is never received, the case will close with the appropriate closure notice. Once verification is received, move forward with payments and eligibility as normal.

The new application for TA-DVS is to be pended with a Notice of Information or Verification Needed (DHS 0210A) for 16 hours. If the survivor requests more time, this time can be extended for up to the 30-day application time frame. No eligibility determination can be made without verification. If the verification is not received by the due date, the case will be denied with appropriate notices. If the verification is received, the case can be opened from the date they cleared eligibility, and payments can be made.

You cannot tell them they have applied against each other. It is a confidentiality and safety concern to tell survivors someone else has applied against them. Instead, let them know we have received additional information on their situation, and we need some additional verification. This can be a hard conversation; you may want to have a lead worker, DV point or DV advocate with you.

Acceptable verification of domestic violence

A statement or letter that the individual is not a perpetrator of domestic violence or is a self-defending survivor is to be received from a third party. Third party verification can come from:

- A law enforcement officer
- A district attorney
- The court
- A batterer intervention program (BIP)
- A victim’s advocate
- A Child Welfare worker
• A mental health provider
• A health care or other medical provider
• A member of the clergy; or another professional from whom the individual has asked for help to address the domestic violence.

Contact TA-DVS Policy to determine other types of acceptable verification.

At times, survivors of domestic violence are arrested because, at the time the police arrive, they believe them to be the aggressor. Sometimes there are mutual arrests because the police officer is unable to determine who is the primary or predominant aggressor. It may be found later that the person was a self-defending survivor, or the injury to the survivor was not apparent at the time of the arrest. In some cases, the perpetrator may be the one to call 911; they may access a restraining order before the survivor, or there may be mutual restraining orders. It is also common for abusers to claim to be the victim.

TA-DVS cases have only 16 working hours to determine eligibility. Narrate in TRACS how long the survivor has stated they need to verify the information if:

• The survivor states they need more time to verify an eligibility requirement, and
• Verification is necessary or the case will be denied.

Provide a pending notice, Notice of Pending Status (DHS 0210), with the needed information and 16-hour due date.

**Abusive situations not meeting TA-DVS policy**

TA-DVS cannot meet the needs of all victims of abuse. If an applicant does not appear to meet the TA-DVS eligibility criteria, consider the following options:

• **Crime Victim’s Compensation** for survivors of crime may be available, whether or not it is domestic violence
• If there are no dependent children, offer a referral to the local domestic violence service provider or the Victims Assistance Program through the county district attorney’s office
• If there are no current safety issues related to domestic violence and the individual is facing homelessness not as a result of domestic violence, offer a referral to local housing resources such as the Housing Stabilization Program through the local community action agency or program.
• If the survivor decides not to leave the abusive situation and remains in the household with the abuser, offer a referral to the local DV service provider for safety planning:
  • Do not issue a TA-DVS payment while the survivor is living in the household with the abuser. Explain that DHS is a resource and TA-DVS can be issued when the survivor is ready to leave.
  • If the survivor is currently with the abuser but intends to flee within the next 90 days, TA-DVS may be opened and a payment made when the survivor is ready to flee.
• A parent is being abused by their minor teenage child. Options might include referring to counseling or law enforcement, or connecting with school counselors.
• If they applied for TA-DVS because the roommate called them names and they want to move, but there has been no past abuse and they do not feel it is likely to happen again — offer them other housing options in the community.
• If they were threatened or assaulted by a neighbor who is not related, not an intimate partner and not a household member, offer a referral to the domestic violence service provider and/or law enforcement.

• A couple is living with her parents. Her parents tell her they do not like how she disciplines her kids, or they want her to pay rent, or they want money back she borrowed. These circumstances alone would not constitute a safety risk, but if there are threats of violence or if there has been violence in the past and they are afraid her parents will hurt her or her children, there could be a safety risk.

Elder abuse

• If you suspect abuse, neglect or financial exploitation of an elderly person or an adult with physical disabilities, report abuse or neglect to the DHS services office in your area or call 855-503-SAFE (7233) to make a report.

• If you suspect abuse, neglect or financial exploitation of an adult with developmental disabilities, report abuse or neglect to your county developmental disability program.

• If you suspect abuse, neglect or financial exploitation of an adult with mental illness, report abuse or neglect to your county mental health program.

• You may also call 855-503-SAFE (7233). This toll-free number allows you to report abuse or neglect of any child or adult to the Oregon DHS.

• Use the Guide for mandatory reporters.

• For information about abuse of the elderly and vulnerable adults, see: Adult Abuse Investigation and Prevention.

Child abuse

• If you suspect a child under the age of 18 is being abused or neglected, report abuse to the Oregon Child Abuse Hotline, 855-503-SAFE (7233). This toll-free number allows you to report abuse or neglect of any child or adult to Oregon DHS.

• Guide for mandatory reporters.

### Oregon Administrative Rule(s)

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### Safety concern

An eligibility requirement for the TA-DVS Program is there must be a safety concern related to domestic violence.

We must determine the current or future risk of domestic violence. By asking the questions in the next section, we can determine what the relationship was like to help the survivor explain the safety concern.

### Assessing the safety concern

SSP should identify the risks the survivor and their family face.

Questions that can foster this discussion include:
• Are you in immediate danger?
• Where is the abuser (use their name) now?
• What do you think the abuser (use name) will do if you …?
• Do you think police intervention would be helpful?
• What do you think your abuser is capable of?
• Do you think your abuser will injure you? What makes you think the abuser will or will not injure you?
• Tell me about the time you were most afraid of your abuser.
• Has your abuser’s pattern of behavior changed recently? If so, has it changed for the better or worse?
• What was the relationship like when it first started? What is different now?
• Has this ever happened before? What happened last time?
• Has the abuse been getting worse? Are you afraid for your life?

Has your abuser ever:
• Used or threatened to use weapons against you?
• Choked or attempted to strangle you?
• Stalked you?
• Hurt or threatened to hurt you or your children?

Remember: Domestic violence is a pattern of abuse. Understanding the pattern can help determine why a survivor may be concerned for their safety. If someone reports they are afraid for their life, we want to be sure to address the concern. We want to review the case with management and try to get advocacy services for the survivor.

As you assess the survivor’s safety concerns, listen to the survivor and provide validating messages such as those listed below:
• You don’t deserve this. There is no excuse for domestic violence.
• I am concerned for your safety.
• This is complicated. Sometimes it takes time to figure it out. Would you like to meet with an advocate to help you?
• You are not alone in figuring this out. There may be some options. I will support your choices.
• I care. I am glad you told me. I want to work together to keep you as safe as possible.
• Stopping the abuse is the responsibility of your abuser (use name), not your responsibility.

**Oregon Administrative Rule(s)**

461-135-1200 — Specific Requirements; TA-DVS

**Safety plan**

A safety case plan is required before issuing TA-DVS Program benefits. DHS and the survivor jointly create the safety plan to address their safety concerns. The survivor is the best judge of their safety.
All safety plans must be documented on the Self-Sufficiency Domestic Violence Assistance Agreement (DHS 1543) and narrated in TRACS. The DHS 1543 is a working document. The safety plan can change as the survivor’s situation changes. If the survivor determines they need something else for their safety, we update their plan. This can be a helpful tool for survivors. SSP will always offer a copy of the safety plan to the survivor.

Creating the safety plan begins with a conversation about what the survivor needs.

DHS creates safety plans based on:

- Resources the survivor has available or needs (financial, a car, community resources, etc.)
- Support systems in place or needed (friends, family, advocates, mental health, law enforcement, etc.)
- What is needed for stabilization (housing, support groups, change in locks, bill support)
- What community resources are being accessed or are being referred (co-located DV advocates, housing/community action agencies, etc.)

Remember that no safety plan guarantees safety. We want to evaluate what resources they need, what support is needed and how to access their grant.

Things to consider:

- Immediate concerns: What is most important to increase their safety? Examples include changing phone number, meeting with the advocate, getting the neighbor’s number to call, talking with the landlord, changing routes to work or school, etc.
- Long-term plan: Examples include moving into a new home using TA-DVS funds, moving out of state, getting into counseling for continued support in moving forward, joining a support group, etc.
- What has worked before and what has not worked: For example, survivor has been in the relationship and already taken steps to keep themselves and their children safe. Consider what has already been working and what has worked in the past to keep moving toward maintaining safety. For things that are not working, come up with creative ideas and new ideas with the survivor on what can be done differently or what resources are needed. Co-located domestic violence advocates can help in this conversation.

Note: There is a difference between a TA-DVS Safety Plan and DV step on a TANF JOBS Plan. For more information on the DV step and using JOBS Support Services, see the guide in Domestic Violence Staff Tools.

Click here for Co-located domestic violence advocates.

**Oregon Administrative Rule(s)**

- 461-135-1230 — Benefits; TA-DVS
- 461-190-0151 — Case Planning; JOBS, Pre-TANF, REP, SFPSS, TA-DVS

**Engagement**

In TA-DVS, there is no requirement to engage in any employment program, including, but not limited to:

- TANF JOBS Program
- SNAP Employment programs
• ABAWD
• Partner Employment Programs.

When engaging DV survivors, we should be creating safety plans to meet the family where they are at and regularly check in with the family.

Whether someone applies for TA-DVS or discloses they are affected by domestic violence, we should be checking in weekly for support, resource referral and plan changes.

**For TA-DVS:** Create a safety plan and update as the situation or needs change:

- Include resources, referrals and to-dos on the safety plan.
- Update the Self-Sufficiency Domestic Violence Assistance Agreement (DHS 1543) to align with updated plan changes.
- Contact survivor regarding their plan regularly. Regular follow-up helps give additional support to an individual experiencing trauma. Do not leave detailed messages on voicemails. Email only needed information if you know it is safe to do so.

**Things to consider in TA-DVS safety plan:**

- Acknowledge supports: This includes supports a survivor has available — friends, family, churches, support groups, co-workers, etc.
- Acknowledge financial supports: This includes savings account, employment income, SSI, family that can loan or gift money, etc.
- Consider immediate concerns: What are the most important items to increase safety? Examples include changing phone number, meeting with the advocate, getting the neighbor’s numbers to call, talking with the current landlord.
- Consider the long-term plan: Examples include moving into a new home using TA-DVS funds, moving out of state, getting into counseling for continued support in moving forward, joining a support group.

**Problem solving and resources**

Many of the challenges survivors face take specialized work and resources SSP accesses through community partnerships. We want to use subject matter experts as resources for domestic violence survivors. Refer survivors to domestic violence service providers, aid organizations Family Support and Connections, housing, mental health providers, victim’s services, alcohol and drug services or other specialized services when issues arise.

Your local domestic violence or sexual assault service provider is the expert on resources for survivors of DV and sexual violence. They can assist with safety plans for home, work, school and travel. They may also offer referrals for survivors of trauma.

Click here for Co-located domestic violence advocates.
Name of abuser

Though getting the name of an abuser is not an eligibility factor, it is important to know who the abuser is. There are benefits to the survivor in establishing the abuser’s relationship with the victim and/or children:

- In consideration of good cause for noncooperation with child support if the abuser is an absent parent on the TANF case
- Effective safety planning in subsequent applications for TA-DVS when the person has re-abused
- Potential for the abuser to try to use the system against the victim (e.g., false report to Child Welfare or to SSP alleging fraud)
- Important safety consideration if that person comes into the office or tries to access confidential information about the survivor.

Oregon Administrative Rule(s)

461-130-0305 — General Provisions; Employment Programs
461-135-1230 — Benefits; TA-DVS
461-190-0151 — Case Planning; JOBS, Pre-TANF, REP, SFPSS, TA-DVS
Chapter 5:
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

Section 7: Waiving eligibility requirements
Waiving eligibility requirements

Introduction

To be eligible for TA-DVS, a survivor must meet TANF eligibility requirements. Some of these requirements can be waived for TA-DVS applicants.

The intent of waiving certain TANF requirements is to keep the survivor safe from domestic violence or the threat of domestic violence, and to ensure the safety of the survivor and their children.

What requirements can be waived

The TANF requirements waived for all TA-DVS applicants if there is a risk of domestic violence are:

- Citizenship/SSN, and
- Requirement to be in month prior to ninth month of pregnancy.

Some TANF requirements are not requirements in the TA-DVS Program. The following TANF requirements are not TA-DVS Program requirements:

- Pursuing assets
- Cooperating with the Division of Child Support
- Participating in any employment programs
- Addressing employment separation good cause
- Regular school attendance for dependent child
  - Child must be enrolled in school but, in many situations, attendance is disrupted due to domestic violence situation.

What requirements cannot be waived

The following requirements cannot be waived:

- The requirement to be an Oregon resident
  - For TA-DVS, if the survivor does not intend to stay in Oregon and the reason for leaving is due to their current domestic violence situation, they still meet the residency requirement.
- TANF countable income limit. Click here for Financial eligibility.
- The requirement to be a dependent child, caretaker relative or parent
- The requirement that a dependent child live with a caretaker relative, unless:
  - The child is out of the home due to safety reasons related to the domestic violence situation, or the caretaker is homeless because of the domestic violence situation, and
  - The child is expected to return within the 90-day eligibility period.

Check with the Child Welfare worker to determine when the child will likely be returned to the survivor if
• The only child is in Child Welfare custody due to domestic violence in the household, and
• The parent does not have care, control and supervision of the child.

If Child Welfare is unable to say it is likely to return the child within 90 days, deny TA-DVS. Let the survivor know they can reapply when the child is returned or is close to being returned. Refer the survivor to other appropriate resources, including the local co-located domestic violence advocate.

Click here for Co-located domestic violence advocates.

Oregon Administrative Rule(s)

[461-135-1200] — Specific Requirements; TA-DVS
Chapter 5:
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

Section 8: Payments
Payments

Introduction

The intended uses of TA-DVS benefits are twofold:

- To help meet emergent needs related to the domestic violence situation, and
- To help stabilize the family so they can stay free from domestic violence.

Agreed-upon payments address the specific crisis situation or specific need related to stabilization from the domestic violence. Payments are documented on the Self-Sufficiency Domestic Violence Assistance Agreement (DHS 1543).

TA-DVS payments can be issued to meet the family’s needs for shelter, relocation and other factors contributing to safety and stabilization. TA-DVS payments can also be used to meet other needs that will promote safety or independence from the abuser.

Payments cannot be made that would benefit the abuser. For example, payment cannot be made for past due rent or utility bills if the abuser is on the lease or bills.

If a payment is denied or modified under the TA-DVS Program, provide the survivor with a Notice of Decision and Action Taken (DHS 0456) that states the reason for denial or the modification.

Oregon Administrative Rule(s)

- 461-135-1230 — Benefits; TA-DVS
- 461-135-1200 — Specific Requirements; TA-DVS

Payment limit

TA-DVS benefits are limited to the minimum necessary within the 90-day eligibility period to meet their safety needs. TA-DVS benefits are up to $1,200 for services needed to stabilize families who are fleeing domestic violence or who need assistance to remain free of violence. Program benefits are not intended to meet ongoing or recurrent needs.

TA-DVS Program benefits will:

- Not exceed $1,200 in the 90-day eligibility period
- Address a specific episode of crisis or need
- Be related to their domestic violence safety plan
- Pay the minimum amount necessary.

If the survivor has income available during the 90-day eligibility period, consider it in determining appropriate benefit level at each payment request. Payment of program benefits should not be delayed based on pending income if doing so would put the client at increased risk of domestic violence.

Alternate community resources, if they exist, should be pursued prior to issuing TA-DVS payments unless doing so
would cause a delay that could affect the survivor’s safety.

At this time, staff will not write IOUs, promissory letters or use the SPOTS card for any payments to business entities.

TA-DVS benefits can only be used during the 90-day eligibility period.

DHS cannot make payments past the 90-day eligibility period unless all needed verification was received by DHS prior to or on the 90th day and DHS was unable to make payment due to agency error.

All payments must be issued within 10 days after the final date of the eligibility period.

**Examples of agency error:**

- There was no financial clerk in the office to make payment at the time of request.
- DHS called the landlord before the end of the eligibility period and got a return call after business hours.
- There was no one with signature authorization available to sign the Authorization of Cash Payment (MSC 0437).
- All information was received, and DHS did not have available staff to review and authorize before the end of business day.

**Oregon Administrative Rule(s)**

461-135-1230 — Benefits; TA-DVS

**Payment verification**

Verification is needed for every TA-DVS payment request. The required verification will vary based on what is being requested. Verification must be narrated and kept in file.

When a survivor requests a payment, gather the needed verification. If we do not have all the information we need, pend the payment request with a DHS 0210A.

Examples of appropriate verification:

- **Request for move-in costs at rental home:** Verify information such as property ownership (can use assessor and tax records) to determine appropriate benefit level or for dual payee purposes; verify details on the lease or rental agreement such as who is listed to be in the home and rental payment terms.

- **Request for truck/trailer rental:** Verify the cost of the rental, the number of miles to be driven and the estimated cost of gas. Request information about how many trips the survivor believes they need to make to cover costs, verification of valid driver’s license (or statement that another driver with valid license is driving).

- **Request for lock change:** If renting, verify if the landlord can change the lock, verify the cost of the locks with a printout from the store, etc.

If DHS does not receive all required verification or the verification was not accurate, the payment request is denied. Denied payments must be given a Notice of Decision and Action Taken (DHS 0456).

Only mail the notice if there is a safe address. If there is no safe address, narrate the notice and keep a copy in file.
Oregon Administrative Rule(s)

461-115-0610 — Verification; General
461-135-1230 — Benefits; TA-DVS

Issuing payments

All TA-DVS payment requests must be authorized on an Authorization of Cash Payment (MSC 0437). All MSC 0437 requests must be signed by the worker requesting the payment and signed and authorized by a DHS staff member with signature authorization. TA-DVS benefits cannot be paid with the VISA SPOTS card or by adding TA-DVS benefits to the EBT (EBISS).

Payments should be issued as vendor or dual-payee. If there is an emergency, a check out of office may be issued in the survivor’s name.

Staff will need to explain to the survivor that any payment made to the survivor is now considered vested. Vested is a legal word used to say payment has been issued and there is no longer a commitment by DHS for further payment, and the payment is now considered the survivor’s money.

For all TA-DVS payments, use reason code 22, unless payments are for medical costs or for noncitizens:

- For medical costs, use code 2M.
- For noncitizens, use code 2N.

Click here for Authorization of Cash Payment (MSC 0437).

Oregon Administrative Rule(s)

461-165-0010 — Legal Status of Benefits Payments
461-135-1230 — Benefits; TA-DVS

Allowable payments

The TA-DVS Program benefits are intended to support survivors with their safety plan. There are many payments the program can make using the funds.

Shelter and relocation needs

When issuing shelter-related payments, the survivor’s immediate safety concerns must be addressed. Make all attempts to help the survivor access affordable housing.

Make sure to verify landlord information in TA-DVS cases for the purpose of issuing a dual payee or vendor payment. Contact your local county taxation and assessment to verify ownership of the property.

It is inappropriate for landlords to ask for more money from survivors than from other potential renters. In this type of situation, you would inform the landlord you are only able to pay the same amount they would ask of other prospective renters.

If the landlord continues to ask for more money, notify the survivor of the maximum we can pay (what the landlord
asks from other prospective renters) and that the landlord is requesting them to pay more. The survivor has the option of paying any additional amount requested. The survivor may want to contact a legal aid organization to see what rights they may have in this situation.

The following are shelter and relocation need costs that can be potentially paid through TA-DVS funds, if they align with their safety plan:

- Initial month’s rent or first and last if required to secure safe housing; mortgage and utility costs, including basic payments, connection charges and deposits
- Rent, if the inability to pay rent is related to domestic violence
- Moving and relocation costs
  
  Note: If making a vehicle-related payment (moving van or private vehicle), the driver needs to have a valid driver’s license and car insurance.
- Transportation to another area of residence within or out of state
- Transportation costs to look for housing during the 90-day eligibility period if no other resources are available
- Repairs to provide safe housing
  
  Note: One-time house, electrical and plumbing repairs are allowed if essential to the health and safety of the occupants and if less costly than moving to other quarters. This can include repairs necessary for health and safety when damage was done by the abuser.

Past due costs should only be paid if:

- Money/payment was withheld or taken by the abuser, or the money was used to help the survivor stay safe
- The payment enhances safety or decreases risk of further domestic violence and a lesser cost alternative is not available.

If rental/housing costs are above the survivor’s demonstrated ability to pay, this is not an automatic reason for denial. If the monthly housing costs are above future available income levels, a plan to address how the survivor will meet future housing costs should be discussed and documented on the [DHS 1543](https://www.dhs.wa.gov/professional-resources/forms/dhs-1543). A discussion about what the survivor is doing to make this happen should take place:

- If the survivor states they plan to get a roommate, has the survivor placed ads in the newspaper, posted roommate requests on bulletin boards, gotten a potential roommate lined up, etc.?
- If the survivor indicates they are going to get a job, what are they doing to make this happen? Have they registered with the Employment Department, contacted temporary agencies working with the JOBS program, have a job offer pending, etc.?
- If the survivor indicates they are working with housing, who are they working with? What are the time frames for accessing a housing subsidy?

If the local office receives a return check from a landlord or business entity, contact [TA-DVS Policy](https://www.dhs.wa.gov/professional-resources/policies/ta-dvs-policy) for directions on how to handle.

### Roommates

When a survivor and people (18 and older) not in the filing group are moving into a new home together, the people
moving with the survivor are expected to pay an equal or representative portion of the move-in costs.

In rare circumstances, if the person the survivor is moving in with is unable to pay an equal portion of the move-in costs, we need to discuss what sort of agreement is being made between the survivor and roommate. If the survivor is moving in with a friend and the survivor will have two out of three bedrooms in the house, the survivor may have an agreement with their friend to pay more of the ongoing rent costs. This plan should be discussed and documented.

**Motels/hotels**

TA-DVS funds address-specific crisis situations where safety is at risk due to domestic violence. TA-DVS funds cannot be used to meet ongoing or recurrent needs such as ongoing rent and utilities. This includes ongoing use of a motel.

A payment for use of a motel is intended to meet temporary safety concerns when no other suitable public or private housing is available. More than 50 percent of the TA-DVS allocation should rarely be used to pay for motels. Consider the following when agreeing to make a motel payment:

- What other housing options are available to the survivor?
  - Domestic violence shelters (in the area or outside of the area)
  - Other community shelters where appropriate (i.e., sober living, safe home, etc.), community programs that provide motel/hotel vouchers
  - Staying with family or friends
  - Bus or train tickets to family and friends out of town.

Any funds the survivor has available should be used prior to DHS agreeing to pay for a motel.

Once SSP approves a hotel stay, the Domestic Violence Assistance Agreement (DHS 1543M) can be completed to help in the discussion. The 1543M must include the need for motel/hotel and the expected length of stay. Remember:

- Approvals should be limited to the minimum necessary nights to keep someone safe. If a survivor has additional safety concerns, further nights (within the financial limits noted above) can be approved.
- The survivor must actively seek permanent safe housing. If this does not occur, a continued motel/hotel stay request should be denied.
- No person except the victim and their children should be staying overnight in the motel room.
- The survivor is responsible for following the motel rules and for any fees or additional charges such as smoking fees, pet fees, damage to the room or theft of motel property.

If TA-DVS funds are still available, a branch can decide to use the remaining TA-DVS funds to pay for repairs or minor damage in order to maintain good relationships with the motel.

If the survivor has applied for and received TA-DVS in the past 12 months and the funds were used for a motel/hotel, the safety plan ([DHS 1543](#)) should not include further motel/hotel stays except in an emergency situation. If approved, payments are for minimum necessary nights. It is recommended these payments be staffed with a manager or lead worker. Payments should be paid directly to the motel as a vendor or dual payee check.
Methods of travel

DHS can authorize payments for relocation costs, including but not limited to:

- Train tickets
- Bus tickets
- Gas money for relocation
- Air travel and baggage costs.

For all air travel, DHS contracts with an outside agency to purchase flights. All flights must be purchased through the contractor.

For process and current contractor information, refer to the DHS Self-Sufficiency Domestic Violence Staff Tools web page.

Food needs

Payment for food needs are to be related to the domestic violence situation and are not intended to replace SNAP program benefits. Food costs are to be specific to an emergency situation related to domestic violence; payments for food should be rare. Remember other community resources such as food banks, community dinners, and shelters. Food payments are most often issued as part of relocation costs.

Medical needs

TA-DVS funds can be used for medical needs in the following situations:

- Medical care for situations that appear to be life threatening at the time of occurrence (Accept the client’s statement for verification.)
- Medical care necessary to prevent medical problems from becoming life threatening
- Medical care determined necessary by the branch office.

Explore medical benefits offered through other programs before issuing under the TA-DVS Program. TA-DVS Program benefits are to be used after we have determined there is no other available medical coverage.

For any medical payments made using the TA-DVS funds, workers must use SPL code 2M on the Authorization of Cash Payment (MSC 0437) form.

Other payment situations

The following are additional situations when TA-DVS funds may be used:

- When a survivor requests items necessary to set up a household (e.g., beds or other basic furniture needs) that were left behind when fleeing abuse, and these items are not available through other community resources.
- When a survivor requests an initial fee and month of storage and it would be less expensive than replacing items they would be forced to leave behind. Payment of ongoing storage costs is not appropriate because it is a recurrent ongoing fee.
• When a survivor requests payment for other needs that will contribute to the safety of the family (e.g., new locks, motion detectors, security cameras, a post office box, etc.).
• When a survivor requests payment to replace personal items that were left behind when fleeing the abuse (e.g., clothes for both the survivor and the child, hygiene items, etc.), and these items are not available through other community resources.
• Limited child care costs to attend support group or to complete activities listed on the domestic violence assistance agreement during the 90-day eligibility period, if TA-DVS funds are available after emergent needs have been addressed.

Oregon Administrative Rule(s)
461-135-1230 — Benefits; TA-DVS

Nonallowable payments

TA-DVS funds, while intended to meet needs related to domestic violence, are not intended to cover items such as:
• Purchase of a car (including making car payments) or purchase of a recreational vehicle, including a travel trailer
• Purchase of a gun or other weapons
• Payment of legal fees or attorney fees (refer the client to your local legal aid organization)
• Payment of fines or other penalties
• Purchases of a pet (this includes animals designated as guard animals)
• Payment of pet fees (unless the pet is a service animal, and only when the service status has been verified by a medical or counseling professional)
• Purchases of new furniture:
  • Unless the furniture was left behind when the client fled domestic violence, and
  • The furniture is essential to setting up a household (such as beds, dressers, dining room table and chairs, a couch), when those items are not available through a community resource or lower-cost alternatives are not available
• Payment of outstanding or past due costs such as rent or utilities when the client does not intend to stay in the residence and/or the need for payment was not related to the current domestic violence situation
• Payment for moving household or personal belongings from another state
• Nonessential items such as a television or a computer or services such as cable, satellite, internet, even if such items or services were left behind when the client fled the domestic violence
• Payment of a request that included inaccurate information
• Payment requests without verification of the costs and/or the payment information.

Oregon Administrative Rule(s)
461-135-1230 — Benefits; TA-DVS
Reimbursements

Normally DHS will not reimburse payments on behalf of or by the client that were not pre-approved by the DHS worker. Workers will need to add to the DHS 1543 or TRACS narrative that they have agreed to a payment. If there is no prior approval, reimbursements will not be approved.

Oregon Administrative Rule(s)

461-135-1230 — Benefits; TA-DVS
Chapter 5:
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

Section 9: Co-located domestic violence advocates
Co-located domestic violence advocates

Who is a co-located domestic violence advocate?

The DHS co-located domestic violence advocate is a certified domestic violence advocate that is not a Department of Human Services (DHS) employee. The advocates are contracted to be co-located in DHS Child Welfare and Self-Sufficiency program offices.

“Certified advocate” means a person who has completed at least 40 hours of training in advocacy for victims of domestic violence, sexual assault or stalking that meets the minimum training requirements and is currently employed by a qualified victim services program.

“Qualified victim services program” means a nongovernmental, nonprofit, community-based program receiving moneys administered by the Oregon Department of Human Services or the U.S. Department of Justice that offers safety planning, counseling, support or advocacy services to victims of domestic violence, sexual assault or stalking.

The advocates are from your local nonprofit domestic violence sexual assault (DVSA) organizations. The primary purpose of an advocate is to support victims of domestic violence (DV). The advocates can provide confidential advocacy services for survivors and DHS staff. Advocacy services can include but are not limited to:

- Safety planning
- Referrals and help with accessing other community resources
- Help with restraining orders
- Attending court with survivor
- Attending DHS home visits with Self-Sufficiency, and
- Other confidential services for survivors of domestic violence with or without children.

These services apply to all survivors. Employees of DHS may also access services provided by the co-located domestic violence advocates.

Domestic violence advocates’ confidentiality and privilege

Co-located DV advocates have specific confidentiality rules called advocate privilege. This means the information shared with an advocate is not shared elsewhere. Co-located DV advocates have very strict confidentiality standards as a condition of their federal grant funding from the Family Violence Prevention and Services Act (FVPSA) and the Violence Against Women Act (VAWA). The standards state the advocates cannot disclose any information without the survivor’s consent that can personally identify an individual or any individual information or reveal information of individuals who are accessing services.

Why is confidentiality important?

- It enhances survivor safety.
- It preserves the dignity of survivors.
- Survivors may be more willing to access services.
• Survivors may disclose the true nature of abuse or assault to allow effective safety planning and responses.

What does advocate privilege mean?

Advocate privilege is legal protection that protects all communication between a certified advocate from a qualified victim’s services program and a survivor. This means the survivor gets to decide whether any communication shared with the advocate is shared with a third party. Without the survivor’s approval, the information cannot be disclosed.

Advocate privilege also means the co-located DV advocates are not mandatory reporters. This allows open and honest communication for effective safety planning and support.

For more information on advocate confidentiality and privilege, see the Working Together guide on DHS SSP Staff Tools.

How is the advocate plan different from the DHS safety plan?

There are differences in safety plans between Self-Sufficiency, Child Welfare and the co-located DV advocate.

For example, when someone is approved for TA-DVS, DHS reviews what the survivor intends to do with their TA-DVS grant: how they intend to spend the funds, what other agencies they are working with and what next steps they plan. The plans are based around actionable items, what resources are available to them and what support they need.

When a co-located DV advocate creates a safety plan with the survivor, the plan addresses but is not limited to:

• Survivor’s physical and emotional safety
• Helping survivor plan how to get safe and stay safe
• Each plan being specific to the survivor’s needs and their situation
• Identifying which community resources are available: food, financial assistance, housing, child care, parenting classes, DV support groups, etc.
• Addressing the current physical safety threat, including lethality assessment.

An advocate safety plan may not include protection orders because they are not always an effective tool for keeping people safe. Sometimes protection orders could put the survivor in more danger. Safety plans may be more complex depending on the survivor and their needs.

Safety plans from both co-located DV advocates and DHS Self-Sufficiency staff are fluid. They may stay the same or change over time. It is normal for safety plans to change frequently.

Release of information (ROI)

Self-Sufficiency needs a signed Authorization for Disclosure, Sharing and Use of Individual Information (MSC 3010) before DHS can share any identifying information with the co-located DV advocates including referrals, names, phone numbers, etc.

Give the co-located DV advocate information to the survivor to make contact if they choose. Let the survivor know
Self-Sufficiency cannot share any information with the co-located DV advocate until an MSC 3010 is signed. Once DHS has a signed MSC 3010, DHS is permitted to share the information listed in the release with the co-located DV advocate. The signed DHS release does not mean the advocates are able to share information with DHS. The advocates can take in the information DHS shares and can answer hypothetical questions.

Due to privilege and federal funding, co-located DV advocates are not able to share information with DHS or anyone without their own completed release of information, meeting requirements below.

The Violence Against Women Act (VAWA) federal requirements mandate the co-located DV advocates to have releases that are:

- Signed in person, with the survivor and the advocate present
- Time sensitive (usually 30 days)
- Specific:
  - Must include what specific information is to be shared.
  - Must include with which specific individual(s) the information can be shared.

The co-located DV advocates must use their own release. DHS releases will not cover the requirements for the advocates.

The survivor can revoke a release at any time. If this happens, the advocate cannot share any information, including the fact that the release was revoked.

**Engaging together with the advocate and survivor**

The co-located DV advocate is available for hypothetical conversations, when DHS would like another opinion, and to be engaged in DHS employees’ conversations with survivors. The advocates can be a part of staff meetings for DV expertise on questions and can be invited to join conversations with survivors.

There are many ways to open the conversation to engage an advocate and help enhance support and resources for survivors:

- Invite the advocate into safety planning conversations with the survivor.
- Ask hypothetical questions when struggling to create a safety plan.
- Engage the advocates during case reviews or meetings.
- Begin the discussion when a survivor is approved or denied for TA-DVS.
- Start the conversation anytime a survivor would like support.

It is a best practice for DHS to meet with the survivor and the co-located DV advocate together. This opens the door for more support, having domestic violence expertise and giving a warm hand-off for the survivor. Do not forget to ask the survivor first if they are OK having an advocate present.

After the joint conversation, provide a confidential location for the survivor and the advocate to further the safety plan.

It is important to remind the survivor that DHS employees are mandatory reporters and the co-located DV
advocates are not mandatory reporters. DHS should tell survivors, “You have the right to an advocate.” This can empower survivors by informing them of their right to access confidential services including further support and domestic violence expertise on safety planning.

DHS can always ask questions and engage with advocates. If a survivor does not want to engage in advocacy services, advocates are still a resource to DHS for general questions, hypothetical scenarios, to help get safety planning ideas, get general information and get resources from the domestic violence experts.

Example of how DHS can hypothetically speak with an advocate without breaking confidentiality:

“I am working with a survivor who applied for the TA-DVS grant, but she is not ready to talk to the advocate. She is planning to leave this weekend, but I am concerned about her abuser still being in the home. What are some ideas I can talk to her about to be safer while making this plan?”
Chapter 5:
Temporary Assistance for Domestic Violence Survivors (TA-DVS) Program

Section 10: Program integrity
Program integrity

Hearings

Domestic violence survivors applying through the Application for Services (DHS 0415F) process have the right to an expedited hearing for the following reasons:

- If their request for TA-DVS is denied
- If TANF rules that put the client at further risk of domestic violence or that would prevent them from escaping domestic violence were not waived or modified as allowed in OAR 461-135-1200
- If they disagree with the payment amount.

Oregon Administrative Rule(s)

461-135-1200 — Specific Requirements; TA-DVS
461-135-1235 — TA-DVS; Right to Hearing

Overpayments

Overpayments for the TA-DVS Program should be pursued in cases when:

- There was an intentional program violation
- The overpayment was not caused by coercion or intimidation by the abuser, and
- It is safe to pursue without putting the client at greater risk of domestic violence.

Examples of when it may not be safe to pursue an overpayment:

- A survivor who is living with the abuser might be subject to further abuse if wages or tax returns are garnished.
- A survivor who is in the process of fleeing may need all their financial resources to escape the abuse.

A survivor’s written or verbal explanation of why pursuit of repayment would endanger the physical safety of the survivor or minor children in the survivor’s care is sufficient to establish good cause for not pursuing the overpayment.

Intentional program violations

In the TA-DVS Program, a person commits an intentional program violation by intentionally and without coercion from the abuser:

- Concealing information that would have made them otherwise ineligible for TA-DVS
- Knowingly providing false documentation or statements such as invalid rental agreements, notes from landlords, statements related to children being in the home, proof of pregnancy.
Oregon Administrative Rule(s)

461-195-0601 — Intentional Program Violations; Defined
461-195-0621 — Intentional Program Violations; Penalties and Liability for Overpayments

Fraud

If there is a belief that someone is committing fraud in the TA-DVS Program, DHS needs to ask more questions to clarify the safety situation. There is a safety factor in every TA-DVS case or domestic violence situation. The reason for the fraud may be related to the domestic violence and may be a way for a survivor to remain safe.

Contact TA-DVS Policy when there are questions regarding fraud.
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Chapter 6: Examples
Chapter 2, Eligibility

Section 1: Application

Date of request

Multi-program example 1
Gena calls the office on 10/15 requesting SNAP, ERDC and TANF.

- **SNAP**: DOR does not apply to the SNAP program.
- **TANF**: DOR does not apply to the TANF program.
- **ERDC**: The DOR is 10/15 for ERDC.
- **REF**: DOR does not apply to the REF program.

Individual program example(s)

- **ERDC Example 1**: Petri started his new job on March 27. He will only work two days. His cost of child care for March is $28; however; his copay is $98. In this situation, it makes sense to start ERDC effective April 1. Explain to Petri why benefits are starting the first of April and narrate the conversation. Benefits for March do not need to be denied, the parent was eligible, but there is nothing for DHS to pay on behalf of the parent to the provider.

- **Example 2**: Macy calls the office on 4/10 because she has received a notice that her TANF case is closing 4/30. The worker sees that she has been using child care for the last couple months through JOBS support services as she has been working. Though Macy did not ask about child care initially, the worker asks her if she is interested in applying for ERDC. This establishes a date of request.

After interviewing Macy, the worker is able to narrate her work schedule and get proof of income by calling the employer. The worker reviews the DPCS screen (DPCS,case#) to ensure that there are no unmet copays on Macy’s case. The worker reviews all eligibility requirements for ERDC and discovers that Macy is eligible. ERDC is approved by using a Compute 5/1 action.

The April billing form it would be covered by a JOBS Child Care Billing (JCCB) with a $0 copay. The May billing form will be a Child Care Billing (CCB) with the ERDC copay amount based on Macy’s household size and income, or $27 if she qualifies for reduced copay when transitioning from TANF.

Filing date

Multi-program example 1
Gena returns page 1 and 2 of the 415F with a DOR of 10/15, requesting SNAP, TANF, and ERDC on 10/20. The application has her name, address, and signature.

**SNAP**
The filing date would be 10/20.

**TANF**
The filing date would be 10/20.

**ERDC**
Filing dates do not apply to the ERDC program. The DOR would be Oct. 15, and ERDC benefits would begin the first of the month of the DOR, Oct. 1.

**REF**
The filing date would be 10/20.

**Individual program example(s)**

**SNAP**
**Example 1:** James applies for SNAP benefits on May 10 for his family. They have already received benefits in another state in May. They are ineligible on the filing date. The effective date is June 1, if they have closed their other SNAP case.

**Example 2:** Darren provides verification within 30 to 60 days after his filing date and the office did not give him extra time to do this. The effective date is the date he provided the verification, as long as he met all eligibility requirements on that date.

**Example 3:** The effective date is the first of the month for applications with families including migrant or seasonal farm workers who received SNAP benefits in another state the month before applying for SNAP benefits in Oregon.

**TANF**
**Example 1:** On 4/16, Jamal turns in his TANF application at the local branch. Front staff add the date stamp for the filing date of 4/16 and schedule an intake.

**Example 2**
On 4/2 Abby calls her worker and states that her husband Jerald moved back in. The worker explains that though Jerald had been on the case only a few months ago, eligibility needs to be reviewed. The worker also explains that if she establishes a filing date with a new 415F then once eligibility is cleared, benefits would go back to the filing date. Abby turns in a completed 415F on 4/3. Eligibility is cleared on 4/10. Benefits would begin on the filing date of 4/3.

**Example 3**
Natalie calls her worker stating that her daughter Janine moved in with her. Natalie is not sure of Janine’s SS number and the worker is unable to locate the SS number through IEVS. The worker explains that she would need to provide the SS number to clear eligibility for Janine. Natalie does not turn in a 415F to establish a filing date. Benefits would begin until the day eligibility is cleared for Natalie.
REF  Example 1: Mia requests REF by phone on 7/1; A 415F is sent to her; she turns in the 415F with her name, address and signature section complete on 7/6. Mia’s filing date is 7/6. If deemed eligible, cash benefits would begin on 7/6.

The application process

Multi-program example 1
Gena turns in her 415F with DOR of 10/15; Filing of 10/20. She completes her SNAP, TANF, and ERDC interview on 10/20. She is applying on behalf of herself, her 11yoa daughter and 10yr old son. Her part time job is ending on the 21st; It is determined that she is OVI for TANF and is denied Oct benefits. She is pended for additional information for SNAP and ERDC. She requests an interview for TANF on 11/3. She brings her pended information for SNAP and ERDC to the TANF intake on 11/3. The worker determines that Gena is eligible for SNAP, ERDC and TANF.

SNAP  Gena completed the application process by establishing a filing date, completed an interview, submitted needed verification for eligibility and cleared eligibility.

TANF  Gena can establish a new filing date by resigning her 415F in the month of Nov. Gena’s previous interview on 10/20 would have exceeded 10 calendar days from her new filing date on 11/3, therefore she would be scheduled a face-to-face interview to determine eligibility unless she meets the hardship rule for a phone interview.

ERDC  Gena completed the application process by establishing a DOR, ERDC does not use a filing date, completed an interview, submitted needed verification for eligibility and cleared eligibility for the month of October.

REF  This example does not apply to the REF program.

Multi-program example 2
Rukia comes to the office requesting to apply for REF and SNAP on 4/16. Staff note in TRACS that Rukia established a Date of Request by phone on 4/5. Staff adds the DOR date stamp of 4/5 for REFM to the completed 415F with a date stamp for the filing date of 4/16 for both REF and SNAP. She is then scheduled an intake and submits all verification needed. The worker determines eligibility for both SNAP and REF.

SNAP  Rukia completed the application process by establishing a filing date, completed an interview, submitted needed verification and cleared eligibility.

TANF  This example does not apply to the TANF program.

ERDC  This example does not apply to the ERDC program.

REF  Rukia completed the application process by establishing a filing date, completed an interview and submitted needed verification for eligibility.

Individual program example(s)
**SNAP**

Example 1: Clair completes a SNAP interview in the first 20 days from the filing date but calls her worker on day 26 of the application period to say that she is not able to get all of the verification before day 35, because the verification source is out of town. The worker extends the application processing period to day 35 and adds the EAT HH Type code to FSMIS. Clair provides the requested verification on day 35, eligibility is determined and benefits are opened back to the filing date.

Example 2: Meg is receiving SNAP benefits through March 31st. In December, she applies for medical and SNAP benefits. The worker should clarify with Meg that she is already receiving SNAP benefits and there is no need to reapply. Narrate this conversation and no denial notice is needed.

**TANF**

Example 1: Jon and Sam turn in an application and have a face-to-face interview for TANF on April 25. They were found to be over-income for the month of April. The worker explained to Jon and Sam how to establish a new filing date. They reapply on May 3. 

Since they had a face-to-face interview within 10 calendar days of their filing date, a phone interview is scheduled.

**ERDC**

Example 1: Tabatha leaves a note on 12/7 asking for ERDC. The worker notes in TRACS and sends Tabatha a 415F with a DOR of 12/7. Tabatha completes the application and turns it in on 1/10. The worker schedules and completes an interview with Tabatha on 1/12. Tabatha meets all eligibility requirements and is found eligible for ERDC.

The application process is considered complete as the interview and clearing of all eligibility factors was done within 45 days from the DOR.

**REF**

Example 1: Tania turns in a completed 415F requesting REF benefits on 5/9. She is scheduled an interview on 05/10, but does not show. She calls back and reschedules her interview for 05/20. She completes the interview and is pended for verification of income, but does not return the verification. A denial is sent. She then calls back on 06/19 stating that she has the verification and would like to continue the process.

Tania will need to restart the application process due to not completing her application process within 30 days from the filing date.

**When to use an application**

**Multi-program example 1**

Marvin turns in his 415F with a DOR of 11/19; filing date of Nov. 27. He completes his SNAP, TANF, and ERDC interview. It’s determined that he had SNAP and TANF benefits in Florida that will not be closed until 12/31. His SNAP and TANF are denied due to concurrent benefits.
SNAP If Marvin comes back and resigns the application in January prior to the 60th day of the Nov. 27 filing date, then the same application can be used.

TANF There is no eligibility in the month of application, nor the next month. Therefore, a new application would be required.

ERDC Marvin does not currently have ERDC in Florida, has established a DOR, and an interview. If Marvin clears all other eligibility requirements he could be considered eligible for ERDC.

REF There is no eligibility in the month of application, nor the next month. Therefore, a new application would be required.

Individual program example(s)

SNAP Example 1: Drake applies for SNAP benefits on June 2 for his family. They have already received benefits in another state in June. They are ineligible on the filing date. If they have closed their other SNAP case, you can use the same application for July benefits.

TANF Example 1: Val receives TANF. Returned mail is received. A basic decision notice is sent and the TANF case is closed effective March 31. Val comes into the office March 25 and reports a new address.

Since Val came in during the same month the case is closing, a new application is not needed.

Example 2: Mary is pregnant and on TANF. She is due May 1. She reports on May 8th that she had her baby May 2.

A new application is not needed.

Example 3: Daryl and his two children are on TANF. Daryl’s case is closed Sept. 30 due to being over income. He reports on Oct. 10 that he was laid off due to lack of work. He meets all requirements for TANF, including financial requirements, in October.

Since he met eligibility in the month following closure, a new application is not needed.

Example 4: Jane and her son, Michael, are receiving TANF benefits. Jane reports that her new husband, Curtis, has moved into the home. He is requesting to be the head of household.

Curtis will need to review the application and sign the rights and responsibilities page in order to become the head of household.
Example 5: Tangia reports that her husband moved in on 6/8. Tangia does not complete an application.

Once Tangia’s husband clears eligibility, his TANF will begin the date he becomes eligible for the program.

Example 6: Oscar turns in an application stating that his wife and son moved in. Oscar’s application receives a filing date of 7/5. Due to circumstances, Oscar could not come back for an intake until 7/28.

Once Oscar’s family clears eligibility, their TANF will open back to the filing date.

Example 7: Jon and Sam turn in an application and have a face-to-face interview for TANF on April 25. They were found to be over-income for the month of April. The worker explained to Jon and Sam how to establish a new filing date. They reapply on May 3.

Since they had a face-to-face interview within 10 calendar days of their filing date, a phone interview is scheduled.

**ERDC**

Example 1: Ben calls on Oct. 12; his case was closed Sept. 30, because he did not have a DHS approved provider connected. His provider is now approved. The worker confirms the provider is now approved by checking DPPM and asks Ben what date care started. The worker also asks Ben if he has any changes to his shift work schedule, work hours, rate of pay, household composition or children who need care. Ben has no other changes. The worker will reopen the case, narrate and email an electronic provider connect to DPU to connect Ben and his provider.

Example 2: Alicia is receiving ERDC. Her current certification date is set to end Dec. 31. On July 10, Alicia reports she was permanently laid off from work. Alicia’s worker determines that she had good cause for her job loss, and adds the Authorized Work Search (AWS) code to her case. AWS is coded for three months after her job loss, for the months of August, September and October. At the end of October, Alicia’s case closes because she did not contact DHS to report new employment. On Nov. 12, Alicia calls and reports she was hired for a new job and starts Nov. 17. Her ERDC may be re-opened effective Nov. 1 as long as she meets the ongoing and exit income limits for ERDC. Her certification dates will remain the same.

**Who must sign the application and complete the application process**

**Multi-program example 1**

On May 16th, Shawn inquires how to apply for SNAP, TANF and ERDC for her two godchildren: Levi, age 11, and Angelica, age 17. She reports as it is unsafe for them to live with either of their parents. Shawn provides care, control and supervision of both children. Angelica is pregnant and due June 3.
### SNAP
Shawn is considered the responsible adult and would sign and complete the application process.

### TANF
Shawn would not be considered a caretaker relative for TANF as she is not related to either child. Angelica could choose to apply for TANF for herself and her unborn baby.

### ERDC
ERDC does not require caretakers to be related to children in care. May 16th would establish a date of request and Shawn would need to sign and complete the application process. Note: Angelica is over the age limit for ERDC, so Special Needs Age (SNA) eligibility may need to be addressed if there is a child care need, otherwise the case would be opened for Levi only.

### REF
This example does not apply to REF.

### Multi-program example 2
Mia, age 40, and her pregnant daughter Jana, age 17, are refugees inquiring about SNAP, TANF and REF on Dec. 2. Jana is not currently enrolled in school and will turn 18 on Jan. 16. She is due to give birth Jan. 10.

#### SNAP
Mia is considered the responsible adult on the case. She would sign and complete the application process.

#### TANF
Mia is the caretaker of Jana. She would sign and complete the application process. Once Jana turns 18 and the baby is born, she could apply for TANF on her own. Jana would then sign and complete the application process.

#### ERDC
This example does not apply to ERDC.

#### REF
Once Mia is no longer eligible for TANF, she would sign and complete the application process for REF.

### Interviews

#### Multi-program example 1
Erica mailed in a 415F and requests to be scheduled for a phone interview for TANF, SNAP, ERDC and REF.

#### SNAP
A phone interview is scheduled for SNAP eligibility.

#### TANF
A face-to-face interview is required unless Erica meets a hardship.

#### ERDC
A phone interview is scheduled for ERDC eligibility.

#### REF
A face-to-face interview is required unless Erica meets a hardship.

### Individual program example(s)
**SNAP**

Devin turned in his CAPI application requesting TANF. Staff call to inform him that TANF requires a face-to-face interview. Devin explains that his child has been going through a rough patch with his autism. He worries that going into the office with him would trigger his sensory issues and cannot find care for him.

Since Devin is the only caretaker relative in the home, he would be granted the hardship for a phone interview.

**TANF**

Darren requests ERDC by phone, turns in a completed application with a note to please call him for a phone interview.

The eligibility worker would schedule and complete a phone interview.

**ERDC**

Anila turned in her CAPI application requesting REF. Staff call to inform her that REF requires a face-to-face interview. Anila explains that she lives more than two hours away from her local branch and her friend who usually gives her rides isn’t able to due to a dead battery. There isn’t a bus for her to ride, but even if there had been one, she doesn’t have enough money to pay for the transportation.

Anila would be given an intake by phone based on living over two hours from her nearest branch, transportation difficulties due to no transportation and/or financial hardships. The worker would narrate carefully on TRACS the reason for the phone interview.

---

**Head of household**

**Multi-program example 1**

Chetan, age 46, and daughter Asha, age 20, and Asha’s son Ashwin, age 2, would like to apply for SNAP, TANF, ERDC and REF benefits.

- **SNAP** Chetan or Asha could be considered the primary adult who could serve as the head of household.
- **TANF** Asha would be the head of household, as Chetan would not be in the filing group.
- **ERDC** Asha would be the head of household, as Chetan would not be in the filing group.
- **REF** Chetan would be the head of household, as Chetan would be the only person in the filing group.

**Authorized representative**

**Multi-program example 1**

Josh’s mom Janie comes to the office and asks to become Josh’s authorized representative. Janie does not have power of attorney. Josh is 25 and currently receiving SSI. Janie further explains that he needs help with his budgeting and understanding how to work with SSP. Josh has not completed a form to designate Janie as his...
authorized representative.

**SNAP** Janie cannot assign herself as an Authorized Representative. However, the agency can look at allowing the request if it seems that Josh is not capable of handling his own affairs.

**TANF** Janie cannot assign herself as an Authorized Representative. However, the agency can look at allowing the request if it seems that Josh is not capable of handling his own affairs.

**ERDC** Janie cannot assign herself as an authorized representative. However, the agency can look at allowing the request if it seems that Josh is not capable of handling his own affairs.

**REF** Janie cannot assign herself as an Authorized Representative. However, the agency can look at allowing the request if it seems that Josh is not capable of handling his own affairs.

**Multi-program example 2**

Janie returns to the office with Josh and they complete the MSC0231.

**SNAP** The form is accepted and given to a worker to process.

**TANF** The form is accepted and given to a worker to process.

**ERDC** The form is accepted and given to a worker to process.

**REF** The form is accepted and given to a worker to process.

**Multi-program example 3**

The worker looks up Janie’s information and notices that Janie has an IPV and that Josh’s father Danny is already an authorized representative for Josh’s SSI.

**SNAP** The request to become an authorized representative is denied due to having an IPV, and it appears that another authorized representative is available.

**TANF** The request to become an authorized representative is denied due to having an IPV, and it appears that another authorized representative is available.

**ERDC** The request to become an authorized representative is denied due to having an IPV, and it appears that another authorized representative is available.

**REF** The request to become an authorized representative is denied due to having an IPV, and it appears that another authorized representative is available.

**Alternate payee**

**Multi-program example 1**
Darby has a medical condition that is limiting her ability to shop for herself. She requests that her friend Christy be her alternate payee. She completes the MC10231. The worker reviews the form and notices that Christy is potentially Darby’s landlord.

**SNAP**  The worker would inquire about the relationship between Darby and Christy to determine if this is considered a conflict of interest prior to approving the request. The worker can make exceptions based on Darby’s limiting condition, relationship and no other viable options.

**TANF**  The worker would inquire about the relationship between Darby and Christy to determine if this is considered a conflict of interest prior to approving the request. The worker can make exceptions based on Darby’s limiting condition, relationship and no other viable options.

**ERDC**  The worker would inquire about the relationship between Darby and Christy to determine if this is considered a conflict of interest prior to approving the request. The worker can make exceptions based on Darby’s limiting condition, relationship and no other viable options.

**REF**  The worker would inquire about the relationship between Darby and Christy to determine if this is considered a conflict of interest prior to approving the request. The worker can make exceptions based on Darby’s limiting condition, relationship and no other viable options.

### Assistance with applications

**Multi-program example 1**

Debbie is receiving SSDI, she is legally blind and struggles to apply for services.

**SNAP**  If Debbie did not have someone to help her complete the application, a staff member would assist her in completing the application. All further written correspondence would be provided in Braille and Spanish.

**TANF**  If Debbie did not have someone to help her complete the application, a staff member would assist her in completing the application. All further written correspondence would be provided in Braille and Spanish.

**ERDC**  If Debbie did not have someone to help her complete the application, a staff member would assist her in completing the application. All further written correspondence would be provided in Braille and Spanish.

**REF**  If Debbie did not have someone to help her complete the application, a staff member would assist her in completing the application. All further written correspondence would be provided in Braille and Spanish.

### Expedited service and priority processing

**Individual program example(s)**
Example 1: Jarrell, a noncitizen, has $100 a month in income, and no resources. He has a noncitizen status that makes him ineligible for SNAP benefits. Jerrell meets the expedited service criteria but is denied because he does not meet all other SNAP eligibility requirements.

Example 2: Nala, a noncitizen, has $100 a month in income, and no resources. She also has a noncitizen status that appears SNAP eligible but SAVE indicates to implement secondary verification. Nala is approved for SNAP benefits, because she appears to meet all eligibility requirements and the eligibility decision cannot be delayed beyond the seven-day processing time-frame while waiting for the secondary verification from SAVE.

Example 3: Brie applied for SNAP benefits on Aug. 18 and met the expedited criteria. She comes into the office for an interview on Aug. 25. This is the seventh calendar day following the filing date. Identification is viewed. She is mandatory and an ABAWD living in a time-limit area. She previously received CT1, CT2, and CT3. Brie lost benefits for exceeding the SNAP time limit. She has not worked since her benefits ended and does not meet an ABAWD exemption. She is not eligible for expedited service or SNAP until they regain eligibility.

Example 4: Malorie applied for SNAP benefits on Feb. 4 and meets the expedited criteria. The interview is completed on Feb. 4. Malorie is an ABAWD and lives in a time-limit area. She does not meet an ABAWD exemption and previously received CT1, CT2, and CT3, resulting in case closure at the end of October. She states that she worked 100 hours in December. Malorie is eligible for expedited services if the agency is able to verify the hours right away. If not, they are given a pending notice (DHS 210ABW) requesting proof of their work hours in December and case is opened when that verification is received.

Example 5: Jacob is an ABAWD. He does not meet any of the exemptions and is therefore mandatory. He lives in a time limit area and is subject to the SNAP time limits. Jacob received CT3 and his benefits closed two months ago. He meets the criteria for expedited service. However, he is ineligible due to being over the SNAP time limit. When questioned, he has not worked since his benefits closed two months ago. He has not regained eligibility and therefore remains ineligible for SNAP until he does regain. As he cannot complete 80 hours of work activities in the expedited period, he is ineligible for expedited service. Proceed using the regular application processing time frames.

TANF This does not apply to the TANF program.
Example 1: Shaniyah submits an ERDC application on Oct. 30. Shaniyah indicates that she and her children are homeless and she does not have access to their pay stubs, and the worker is unable to reach the employer by phone. The worker lets Shaniyah know that she may be eligible for ERDC through priority processing, but that she would still need to provide verification or her case will close.

Shaniyah indicates that she is currently working Monday through Friday between 32 and 36 hours a week at $11.00 per hour. This is what she expects to continue working. The worker documents the work schedule.

The worker takes the following actions:

- ERDC is certified for 10/01/15 – 09/30/16
- Authorized work hours are 36 x 4.3 = 154.80 (155)
- EML is 32 + 36 = 68 / 2 = 34
- 34 x $11 x 4.3 = $1608.20
- The DHS 210 is completed:
  - Priority child care processing: Your child care benefits are open from 10/01/15 to 12/31/15 while we wait for the above listed things. If we get these things by 12/14/15, we will decide if you qualify for child care benefits to continue. If you do not return these things, you will not receive a separate notice when your case closes on 12/31/15. OAR 461-170-0150(2) & 461-175-0300(5)(c)

Shaniyah turns in pay verification on Dec. 12. The new verification shows that Shaniyah is actually working only 20-25 hours a week.

- UCMS is updated:
  - Compute 01/01/17
  - Authorized hours reduced to 25 x 4.3 = 107.5 (rounded up to 108)
  - EML reduced to 20 + 25 = 45/2 = 22.5
  - 22.5 x $11 x 4.3 = $1064.25

  No reduction notice is needed even though the child care hours are decreasing. Child care hours are not the child care benefit; the copay has gone down meaning the family is receiving an increase in benefits.

This does not apply to the REF program.

Section 2: Eligibility groups

Household group

Individual program example(s)
Example 1:  Art, age 20, in a self-contained camp trailer on his parents’ property. He has a bathroom, microwave oven and a small stove in the trailer. Art states that he purchases and prepares his own food, and he is applying for SNAP benefits for himself only. Forming the group: Art does not need to apply for SNAP benefits with his parents, because he is in a separate dwelling where he prepares his own meals. He is living in a household separate from his parents and is therefore eligible to apply for SNAP benefits for himself only.

Example 2:  Dustin, age 18, lives in a camp trailer on his parents’ property with his girlfriend Aspen. They state that they purchase and prepare their meals together. However, the camp trailer is not equipped for cooking, they cook and eat at his parents’ house. Forming the group: Dustin and Aspen cannot form their own filing group separate from his parents, because they do not have the facility or equipment to prepare their own meals.

Example 3:  Winnie and her two children live with her husband, Jack, who is a long-haul truck driver. Jack is on the road three weeks out of every month. He buys his meals on the road. Winnie and the children want to apply for SNAP benefits separate from Jack. Forming the group: Winnie and the children are separate from the Jack. Jack is not included in the household, because he eats over 51 percent of his meals elsewhere. However, the portion of Jack’s pay that he gives to his family counts as unearned income (support).

Individuals living in multiple household groups in one month

Example 1:  Jenny and her daughter Geonna are applying for TANF. Geonna’s father, Tony, does not live in the home, but sleeps there three nights a week. Since Tony is sleeping in Geonna’s home more than 30 percent of the time (or at least nine nights), he is considered part of the household group.

Example 2:  Jenny and her daughter Geonna are applying for TANF. Geonna’s father, Tony, does not live in the home, but sleeps there three nights a week. Since Tony is sleeping in Geonna’s home more than 30 percent of the time (or at least nine nights), he is considered part of the household group.
Example 3: Kevin lives with his grandmother and grandfather, who currently receive a NNCR grant. Kevin’s biological mother, Tiffany, moves in along with her other son Justin. Tiffany is currently receiving a TANF grant for herself and Justin. Tiffany does not have care, control, and supervision of Kevin. The family will need to determine which grant will be most beneficial. The family is deciding whether Kevin’s grandparents keep the NNCR grant or Tiffany keeps her grant with Justin.

Example 4: Carrie and her daughter Tatiana are applying for TANF. Dad does not live in the home, but sleeps there three times a week. Since dad is sleeping in the child’s home more than 30 percent of the time, he is considered part of the household group.

**TANF**

**Individuals gone for 30 days or more**

Example 1: John is applying for TANF. His son, Jordan, is in foster care, but documentation from his child welfare worker shows that Jordan will be returned in two weeks. Since Jordan is expected to be returned within 30 days, he is part of the household group. (Jordan will not be added to the benefit group until his foster care payments end and he is returned to his dad.)

Example 2: Jessica is applying for TANF for herself and her child, Angel. She is recently divorced. The divorce settlement states Angel has 50 percent visitation with both parents. A divorce settlement, child custody order or other parenting agreement cannot solely be used to determine where a child is residing. A conversation with Jessica about the actual visitation taking place with Angel, as well as who has primary care, control and supervision would need to take place. After the conversation, it is determined that the child lives 50 percent of the time in the home of each parent; the child is not considered part of the TANF household group.

Example 3: Edgar provides documentation indicating that he will be in treatment an additional 45 days: DHS would approve the individual for a 60-day extension since the first 30-day extension would expire. Additional documentation would not be necessary under this circumstance. This could include other inpatient addiction services as well, for example, gambling addiction or eating disorder treatment.

Example 4: Andy and Mary apply for TANF for themselves and their child, Molly. The family is homeless. Mary and Molly are living in a homeless shelter. Due to the facility’s policies, Andy is not allowed to stay in the shelter. For up to 60 days, we would consider the family a two-parent household.
Example 5: In the previous example, Mary and Molly are still living in the shelter after 60 days. On a case-by-case basis, we could consider a 30-day extension to keep Andy in the household.

Example 6: Kevin lives with his grandmother and grandfather, who currently receive a NNCR grant. Kevin’s biological mother, Tiffany, moves in along with her other son Justin. Tiffany is currently receiving a TANF grant for herself and Justin. Tiffany does not have care, control, and supervision of Kevin. The family will need to determine which grant will be most beneficial. The family is deciding whether Kevin’s grandparents keep the NNCR grant or Tiffany keeps her grant with Justin.

The NNCR grant: Because Tiffany is in the home she would be included in the filing group with her child Kevin, and Kevin’s brother, Justin. Tiffany is included in the financial group and her income would also count against the NNCR grant.

Tiffany’s TANF grant: Because Kevin is Tiffany’s biological son and Justin’s brother, he is included in the filing group. Any income he receives would be counted. He would not be in the benefit group because Tiffany is not considered to be the caretaker for Kevin.

TANF

No-adult

Example 1: Grandma Betty is applying for a non-needy caretaker relative grant for her grandson, Christopher. Betty also lives with her husband, Ralph and foster child Gary. Gary is not included in the adjusted household group for the benefit calculation.

ERDC

Example 1: Cora is applying for ERDC benefits. She reports that her husband, Paul, is currently working in California. They are still together, though he does not know when he will be able to transfer to Oregon.

Paul is included in the ERDC household. He will be counted in the # ERDC field on UCMS and his income will be counted in calculating the copay. As a two-parent household, only overlapping work hours will be authorized.
Example 2: Clarissa is applying for ERDC benefits. She is working full time and her husband, Sam, has been staying home with the children. Sam left to help his grandmother while she is selling her home and moving to an assisted-living facility. They do not know how long it will take for Sam to return home. Sam is not receiving any payment or reimbursement for his time. The family is not eligible for ERDC, because Sam is still part of the household and considered available to provide care.

Example 3: Hans is a new applicant for ERDC. He is working while the children’s mother, Esther, had been staying home with the children. Esther left the country to take care of her mother during an illness, and is expected to return within 90 days. The family is not eligible for ERDC, because Esther is still part of the household and considered available to provide care.

Four months later, Hans contacts the office asking to apply for ERDC. Esther has tried to return home, but her VISA has expired. She has been unable to come back to the United States. Since Esther is no longer gone due to her mother’s illness and is not able to return home, the family can now be considered for ERDC benefits. Hans does not know how long it will take for Esther to re-enter the country. Esther is no longer absent to care for the emergent need caused by her mother’s illness and she is not reasonably anticipated to return within 90 days.

Example 4: Dori has applied for ERDC on the fifth of the month. She has no children in the home at this time. She provided information from Child Welfare stating that her children are returning home on the 28th of the month. Though Dori has visitation this month, she does not have a child care need until the end of the month. ERDC can be approved since the children are reasonably anticipated to return with 90 days.

The worker will need to compare the August copay against the family’s child care need for August. The copay may be higher than the cost of care for the family. If so, August benefits would be denied and the case can be approved Sept. 1.

Example 5: Ann calls the office to report that 17-year-old Sonja had to fly back east for her grandmother’s funeral. She will be returning in the next two to three months.

Though Sonja is going to a funeral, she is not caring for the emergent needs related to her grandmother’s death. She is “reasonably anticipated to return with 90 days.” The worker will not remove Sonja from the # ERDC field on UCMS.

If Ann reported that Sonja would be gone for three to four months, the worker would need to remove Sonja from the # ERDC field on UCMS. A 10-day notice would be required if the action caused an increased copay.
Example 1: A refugee family of six – Lakshaki and her husband Adeel and their 4 children ages 13, 15, 17 and 21, Maanika – applies for benefits.

**Forming groups:** Lakshaki, Adeel and their three teenagers will form one TANF filing group. Their 21-year-old, Maanika, would form her own REF filing group. If Maanika meets REF eligibility standards, she would have eight months total REF eligibility.

Example 2: A refugee family of five consists of two grandparents, Rada and Radford ages 68 and 72, Gabby her husband Hagan and their 22-year-old daughter, Hania.

**Forming groups:** Rada and Radford will be referred to APD for assistance. Gabby and Hagan will be in one REF filing group and Hania would form her own REF group.

Example 3: An Asylee family of 3- Ali, his wife Asha, and their 18-year-old daughter who is enrolled and attending high school

**Forming groups:** This would not be a REF cash case as the 18-year-old is still in high school. It would be a TANF case.

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**Filing group**

**Individual program example(s)**

SNAP Example 1: Lisa is pregnant and living with Daniel, the father of their unborn. They state that they purchase and prepare food separately. Lisa wants to apply for SNAP benefits separate from Daniel.

**Forming the group:** Lisa and Daniel can be separate for SNAP. When the baby is born, however, the baby must get SNAP with both parents. Therefore, at that time, the three of them will become one group, even if they continue to purchase and prepare food separately.

Example 2: Martha is 19 years old and currently pregnant. She lives with her parents and her brother Mark, age 12. She states she purchases and prepares food separately from the rest of the family and wants to apply for SNAP separately.

**Forming the group:** Martha must be part of the SNAP group that lives together. She is under age 22 and lives in her parents’ residence. Therefore, Martha is part of their filing group. Even when the baby is born, she and her baby cannot form a separate group from her parents until she turns 22.
Example 3: Micky is 18 years old and lives in a camp trailer on his friend Nick’s property. He states he purchases and prepares his own meals. He cooks and eats his meals at his friend’s house, because the trailer is not equipped for cooking.

**Forming the group:** Even though Micky is in his friend’s household group, he does not need to apply for SNAP with Nick, because he purchases and prepares his own meals. Mick can form his own filing group even though he cooks at Nick’s house, because his friend is not his parent.

Example 4: Heidi, 19, her friend Shane, 24, and their common child live with Heidi’s parents. Heidi states that she and her child purchase and prepare food separately from the rest of the household and want to apply for separate SNAP benefits.

**Forming the group:** Heidi, Shane and their common child must be part of the same SNAP filing group, because the child draws in both parents. Heidi is under age 22 and she is living with her parents. Therefore, they must all be part of the same filing group. (If Heidi and Shane were living with the Shane’s parents, they could be in a separate filing group from his parents.)

Example 5: Trish, 26, moved in with her parents. Two of her children, Maizy and Joey, also live with her parents. Trish’s parents have guardianship over Maizy and Joey.

**Forming the group:** Trish cannot be a separate filing group from her two children, because they are under the age of 22. The children cannot be a separate filing group from the grandparents because they have parental control, care and supervision. Therefore, the filing group consists of Trish, her parents, Maizy and Joey.

Example 6: Natalia, age 12, is on SNAP benefits with her mother, Denise. On March 16th, Natalia moves in with her father, Jeffrey, who applies for benefits for both of them. Although Jeff may be eligible in March, Natalia cannot receive SNAP benefits with him and is excluded from the filing group. Send 10-day notice to Denise to remove her daughter from that case before adding her to her father's filing group.

Example 7: Jess and Russ purchase and prepare food together and want to apply for SNAP benefits together. Russ is an ineligible student.

**Forming the group:** This is one household group, but since Russ is an ineligible student, he is excluded from the filing and other groups. Therefore, only Jess can get SNAP benefits, and none of Russ’ income or resources count.
Example 8: Tammy moves in with Tommy, and they are purchasing and preparing their meals together. Tommy wants to apply for SNAP benefits, but Tammy received benefits with her mother this month in Washington. Forming the group: Since Tammy was not the head of the household on her mother’s case, Tommy can receive benefits this month without Tammy.

Special living arrangements

Example 1: Elderly person – Anita and her spouse, Stan, live with their daughter Sarah, 21, and her husband, Brett. The couple has disabilities that prevent them from purchasing and preparing their own meals. The couple may form a separate filing group from Sarah and Brett even though Sarah is under age 22, as long as the daughter and her spouse meet the SNAP income limits.

Example 2: Elderly person – Mary, 72, lives with her daughter Luanne. Mary has temporary disabilities due to a car accident and is unable to purchase and prepare her own meals. Mary may not form a separate filing group from because she does not meet the criteria of a severe and permanent disability.

Example 3: Foster care – Leland is in adult foster care. His daughter Jill (age 26), her spouse Kelly and their two children, Hannah and Carol are applying together. Jill and Kelly may apply for SNAP benefits with or without her Leland. They are all purchasing and preparing meals together, but they may exclude her father from the filing group simply because he is getting AFC.

Example 4: Foster care – Ester and Charlie are elderly and living with their 27-year-old daughter Kristie. Kristie provides foster care for Charlie. Kristie purchases and prepares food for everyone in the household and wants to apply for SNAP benefits for herself and her mother, Ester only.

Forming the group: Kristie can choose to exclude Charlie because he is in foster care and his spouse, Ester along with children under 22 from the group. Kristie can only apply for her Ester if she includes her AFC father, Charlie. Kristie can be a separate SNAP group. Charlie and Ester, however, cannot be in a separate group because he is in foster care and is ineligible if he applies for himself and Ester.
Example 5: Foster care – Deborah is a foster care provider for teenager, Misty and her newborn baby, Jeremiah.

**Forming the group:** Deborah must choose to include or exclude her foster child, Misty and Jeremiah from the filing group. Jeremiah cannot receive SNAP benefits without his mother Misty. Misty can only receive SNAP benefits if the provider applies and includes the teen in their filing group.

Example 6: Live-in attendant – Aria’s household group consists of a person with disabilities, Devin, that keeps her from doing housekeeping or personal services. Aria has hired Mia to live in their home to provide these services.

**Forming the group:**

- Each may apply for SNAP as separate filing groups, as long as they are not required to apply together due to relationship.
- If the person receiving care, Devin, provides the majority of the attendant, Mia’s, meals, the attendant cannot apply for SNAP as a separate filing group.
- If Devin provides the majority of Mia’s meals and she is not in the filing group, Devin may also get a medical deduction for the cost of the meals up to a one-person SNAP payment standard.

Example 7: DV – Ingrid and her two children fled their home to her friend, Linda’s home to be safe. Ingrid may not get a second SNAP issuance in the month, because she did not flee to a DV shelter and is not in a dwelling that meets the definition of a safe home.

Example 8: Tyson and his wife Tammy are living with Gertrude’s 52-year-old mother Sherry. Tammy does all the grocery shopping, using Sherry’s money to pay for her mother’s own food. Tammy also does all the cooking, preparing separate meals each day for her mother.

**Forming the group:** There are two filing groups in this household – The married couple, Tyson and Tammy are one; Sherry, the mother is separate. Even though the daughter does all the shopping and cooking, the food is purchased and prepared separately for the two groups.

Example 1: TANF – Mary has three children. Two of the children are from a previous marriage, but the third is by her current boyfriend, Roland, who does not live with her. Mary wants to apply for TANF for herself and her oldest children, but not for the youngest child, because she does not want to pursue the boyfriend for child support. All three children must be included in the filing group with the mother, because they are blood-related siblings.
Example 2: Devin and Daphne apply for TANF. Daphne has two children by a previous relationship, but they have a child in common. They must all be in the filing group together for TANF, because the blood-related siblings cannot be separated from one another and the parents cannot be separated from the children.

Example 3: Gina, age 17, is applying for TANF for herself and her 2-month-old son, Charles. They currently live with her dad, Jonas.

Option 1: If Jonas has care, control, and supervision of both Gina and Charles, Jonas will be included in their filing group.

Option 2: If Gina is considered the caretaker relative, having sole care, control, and supervision of Charles, she can apply for herself and her child without her father Jonas. Income from Jonas would be deemed and applied to the grant.

TANF

Pregnant women

Example 1: Jillian is due on April 8. The calendar month prior to the due date would be March. We would look at the first of the month, which in this case would be March 1.

Example 2: Sarah is pregnant and applying for TANF for herself and her two children. The father of the unborn child, Mikey, resides in the home with her. Sarah, her children and Mikey must be in the filing group together.

TANF

Caretaker relatives and children on duplicate TANF cases

Example 1: Sheila applies for TANF, establishing her filing date on May 15 for her two children. She clears all other eligibility as of May 17. The children are currently receiving TANF on their father John’s case. Sheila’s worker does not find this questionable as John has already reported that the children have left his household. John’s worker sends a 10-day notice to close his TANF case May 31. Sheila may receive TANF for herself starting May 15. Her children are added to the case effective June 1.

Example 2: On May 25, Marcus applies for TANF for himself and his daughter, Bethany, who is receiving TANF on a non-needy caretaker relative grant with her grandmother. This report is considered questionable, as Marcus had previously reported having his daughter in his care when he did not. The worker pend for verification that Bethany lives with Marcus. This is received May 31. The grandmother’s worker sends a 10-day notice removing Bethany from the TANF case, effective June 30. Marcus receives TANF for himself only for May 31 through June 30. Bethany is added July 1.
### Example 3:
Tracy applies for TANF for her son Brody on May 16. It is not questionable as it is confirmed by Tracy’s Child Welfare worker. Brody is currently receiving TANF on his aunt’s case. Brody also receives $150 per month in SSB benefits. A 10-day notice is sent removing Brody from his aunt’s case effective May 31. The SSB counts against Tracy’s TANF grant which is opened effective May 16.

### Example 4:
On Aug. 2, Jonas applies for TANF for himself and his two children. It is not questionable that the children are in Jonas’ care as he has primary custody and provides care, control and supervision during the school year. His two children are currently receiving TANF on their mother’s case in California. The worker in California is closing TANF for the children Aug. 30. Jonas may receive TANF through the end of August on his own. His children will be added to his case effective Sept. 1.

### Example 5:
Nadia and her 2 children are receiving a Social Security check each month. Part of the check is SSB but the other part is SSI. The mother’s SSB would not count toward the children’s TANF grant because, due to the SSI, she is not in the financial group and none of her income is counted for TANF.

### Example 6:
Albert receives TANF for himself and his child Charles, but his daughter Cynthia is on SSI. The children have different mothers. Cynthia, of whom receives SSI, also received child support from her mother. The child support does not count toward the TANF grant of the father and the other child.

### ERDC Example 1:
Bryan and Elaine live together, they are not married. Bryan has a child from a previous relationship and Elaine also has a child from a previous relationship. They have no common children. Together Bryan and Elaine do not meet the requirements of an ERDC filing group. They do meet the requirements as two separate filing groups in the same household. Bryan and his child are on one case and Elaine and her child on another.

Three months later, Elaine calls to report she is pregnant with Bryan’s child. When Elaine calls to report the unborn, the cases are combined as one case because the common child (unborn) now ties Elaine and her other child to Bryan and his child. Any changes due to combining households and income that increase the copay must be given a 10-day notice.
Example 2: Molly has legal custody of her two grandchildren. The children’s biological mother, Liza, is also living in the home. In this situation, because Molly is the legal guardian, she, both children and Liza are all in the ERDC filing group. Any income Liza has is counted toward the ERDC income.

If Liza is not working, the ERDC case would be denied. This is because a parent is in the home and can care for their children. However, if the grandma, Molly, has court documentation or child welfare determination stating that Liza cannot be left home alone with her children, then the case can be reviewed for eligibility. Any income from Liza is counted.

Example 3: Samantha lives in the home with her two children and grandchild, Kara (17), Tyler (10) and Kara’s son Mason (18 months). Samantha is working 40 hours during the week. Kara is working 20 hours a week after school and on weekends. What are the family’s options and whose income would count?

Option 1: Samantha states that she watches Mason on the weekends and she needs child care for both Tyler and Mason while she is at work. She can apply as the caretaker for Kara, Tyler and Mason. Samantha’s income would count and her work hours would be used in determining how many child care hours to authorize. Kara’s earned income is excluded. Only Samantha’s work hours and commute time can be covered with the ERDC hours. Even when Kara is working on the weekend, Samantha is Mason’s caretaker and she cannot use ERDC to cover child care when she is not working.

There are four in the ERDC group. Both Tyler and Mason would show on the billing form.

Option 2: Samantha states that Kara is fully responsible for the care of Mason and the child care need is during Kara’s work hours only. Kara can apply as the caretaker for Mason. She would have her own ERDC case. Her earned income is now counted and the authorized child care hours are for the time she is working and commuting to and from work. The ERDC case is based on two in the ERDC group.

Example 1: Serena and Anthony are an unmarried refugee couple who just arrived in the U.S. last week. Serena is 3 months pregnant by Anthony.

Forming the group: Serena and Anthony if not married can each have their own filing group for REF cash until the pregnancy reaches the month before the due date. At that time they will need to apply for TANF together.
Example 2: Husband Mohamud arrived in the US three months ago and is working full time. His wife Selena recently arrived in the U.S. last week and is now in the home with him.

Forming the group: Mohamud and Selena are married and will be on the same REF cash case regardless whether Selena came later and Mohamud’s income and resources will be used to determine eligibility.

Financial group

Individual program example(s)

**TANF**

Example 1: Aisha and her two children are receiving a Social Security check each month. Part of the check is SSB, but the other part is SSI. Aisha’s SSB would not count toward the children’s TANF grant because, due to the SSI, she is not in the financial group and none of her income is counted for TANF.

Example 2: Van receives TANF for himself and one of his children, Avery, but his other child Kalen is on SSI. The children have different mothers. Kalen, who receives SSI also received child support from his mother. The child support does not count toward the TANF grant of the father and the other child, Avery.

Example 3: Jana receives TANF for herself and her two children, Kody and Kyle. Kyle’s father, Russel, stays with the family on Friday, Saturday and Sunday of each week. Russel is in the household group. He is also required to be in the filing and financial groups. His income is counted against the TANF grant for the entire family.

Example 4: Anita is applying for TANF for her two grandchildren, Annabelle and Stephanie, as a non-needy caretaker relative. Anita and her husband, Rusty, along with their two minor children also live in the household.

Anita, Rusty, their two children, Annabelle and Stephanie must pass the first income test. The combined countable income of all individuals in the filing group must be less than the NNCR countable income limit standard for six. If not, the entire caretaker relative filing group is ineligible. If the income is less than the standard, the dependent relative children (Annabelle and Stephanie) must also have income below the “no-adult countable income limit” for the need group to be eligible.
Example 5: Gina, age 17, is applying for TANF for herself and her 2-month-old son, Charles. They currently live with her dad, Jonas.

**Option 1:** If Jonas has care, control and supervision of both Gina and Charles, they will all be in the filing and financial groups, and income for all three will be considered when determining eligibility for TANF.

**Option 2:** If Gina is considered the caretaker relative, having sole care, control, and supervision of Charles, she can apply for herself and her child without her father Jonas. Gina and Charles are in the financial group, but income is deemed from Jonas and applied against the TANF grant as Gina is a minor parent.

REF Example 1: Aisha and her husband Cam are in the home together. Cam is receiving SSI and that income would not count towards the REF grant as he is not in the financial group.

### Need group

**Individual program example(s)**

**SNAP** Example 1: Tabatha, her husband John, along with their two children purchase and prepare food together and want to apply for SNAP together. Tabatha is an ineligible noncitizen.

**Forming the group:** This is one filing group. Tabatha is excluded from the need and benefit group, because she does not meet the nonfinancial requirement for citizenship. Because she is in the financial group, a prorated share of her income and deductions count.

**TANF** Example 1: Missy and her two children are applying for TANF. She does not want to get TANF for one child as she does not want to pursue child support. The mother can choose not to apply for TANF for the child. The child is required to be in the household, filing, financial and need group, but would not be in the benefit group. She would not be required to pursue support, but if she was receiving support for that child, it would be used in determining eligibility and benefit amount.

**REF** Example 1: Maria arrived in the US as a refugee 12 months ago and her husband Manuel arrived in the U.S. yesterday. Maria is currently not working.

**Forming the group:** Maria is excluded from the need and benefit group, because she has been in the U.S. more than 8 months. She is in the financial group so her income and deductions count towards the REF case.

### Benefit group

**Individual program example(s)**

Example 1: Tabatha, her husband John, along with their two children purchase and prepare food together and want to apply for SNAP together. Tabatha is an ineligible noncitizen.

**Forming the group:** This is one filing group. Tabatha is excluded from the need and benefit group, because she does not meet the nonfinancial requirement for citizenship. Because she is in the financial group, a prorated share of her income and deductions count.
**Example 1:** Belinda receives a non-needy caretaker relative TANF grant for her grandchild, Starla. Starla’s mother, Janine, is not allowed to have care, control or supervision of the child by order of Child Welfare. As part of Janine’s rehabilitation, she is ordered by the court to live with her mother, Belinda. Starla’s mother would be in the household group, filing group, financial group (income she is receiving would count against the child’s grant) and need group. The child’s mother would not be in the benefit group, because she does not meet all nonfinancial eligibility factors (she is not a caretaker relative). Therefore, the grandmother could potentially continue to receive benefits for the grandchild.

**Unborn child**

**Example 1:** Lacey is in her ninth month of pregnancy and is living with Liam, the father of the unborn child. Neither have any other dependent children.

- Household – Lacey, Liam, and unborn;
- Filing – Lacey, Liam, and unborn;
- Financial – Lacey, Liam, and unborn;
- Need – Lacey and Liam;
- Benefit – Lacey and Liam.

Lacey and Liam are living together. Both claim that the alleged father is, in fact, Liam (no other man has been identified as the father). Because, both of these individuals are a parent of the unborn child, both must be included in the filing group. Since the pregnancy has reached the calendar month before the due date month, both parents are in the benefit group and receive TANF.

**Example 2:** Jemma is in her third month of pregnancy and is living with Charlie, the father of the unborn. She also has a child, Ashley, from a previous relationship.

- Household – Jemma, Ashley, Charlie and unborn;
- Filing – Jemma, Ashley, Charlie and unborn;
- Financial – Jemma, Ashley, Charlie and unborn;
- Need – Jemma, Ashley, Charlie and unborn;
- Benefit – Jemma, Ashley, Charlie and unborn;

Because of the relationship of the individuals in the household (Jemma is a parent to her child and a parent to the unborn, Charlie is a parent to the unborn), all are included in the filing group. Although Jemma’s pregnancy has not reached the ninth month, because there is another dependent child in the filing group, Charlie is included in the benefit group along with Jemma and her child, regardless of the month of pregnancy.
Example 3: Kellie is in her ninth month of pregnancy. She does not live with the father of the unborn, but they are a “couple” and see each other every day. Once the baby is born, the father plans to be very involved in the child’s life.

- Household – Kellie, unborn;
- Filing – Kellie, unborn;
- Financial - Kellie, unborn;
- Need – Kellie;
- Benefit – Kellie.

Because Kellie and the father of the unborn do not live together and have no other eligible dependent children, the father is not considered in the household.

Blended family

Example 1: Cassie, her child Logan, boyfriend Steven and their common child Destiny are applying for TANF. The boyfriend voluntarily quit a full-time job without good cause 1 month ago. They are all applying for TANF together.

- Household – Cassie, Steven, Logan and Destiny
- Filing – Cassie, Steven, Logan and Destiny
- Financial – Cassie, Steven, Logan and Destiny
- Need – No eligible persons;
- Benefit – No eligible persons.

Because of relationship of the individuals (Cassie is a parent to Logan; Logan is a half-sibling to the common child Destiny; Steven is Destiny’s parent), all are included in the filing group. Since Steven (who is in the need group) quit a full-time job without good cause, this family is ineligible for TANF.

Example 2: Jolene, spouse Frank, Jolene’s daughter Jasmine, and common child, Zoie. Frank is working full time. Jolene is applying for TANF for herself and Jasmine.

- Household – Jolene, Frank, Jasmine and Zoie;
- Filing – Jolene, Frank, Jasmine and Zoie;
- Financial – Jolene, Frank, Jasmine and Zoie;
- Need – Jolene, Frank, Jasmine and Zoie;
- Benefit – No eligible person.

Because of relationship of the individuals (Jolene is a parent to Jasmine; Jasmine is a half-sibling to Zoie; Frank is a parent to Zoie and step-parent to Jasmine), all are included in the filing group. Because Frank is working full-time, this family is over the income limit to receive TANF.
Child Welfare/child in foster care

Example 1: Becca, her child, Mackenzie and along with two unrelated foster children, David and Donny are in her care.

- Household – Becca, Mackenzie, David and Donny;
- Filing – Becca and Mackenzie;
- Financial – Becca and Mackenzie;
- Need – Becca and Mackenzie;
- Benefit – Becca and Mackenzie;

Since David and Donny are in foster care and are unrelated, they are not part of the filing group. Becca and Mackenzie would be in the need and benefit group as they meet all eligibility requirements.

Example 2: Melanie, her only child, Jeannette, who is in foster care, but will return to the household within the next 30 days.

- Household – Melanie and Jeannette;
- Filing – Melanie and Jeannette;
- Financial – Melanie and Jeanette;
- Need – Melanie;
- Benefit – Melanie;

Because the Jeannette is will be returned to the home in the next 30 days, she is considered part of the household. Jeannette also remains in the filing and financial groups. She is not in the need group as she is in foster care. Melanie is eligible for TANF as her only child, Jeannette, is in foster care but expected to return in the next 30 days.

Adopted children

Example 1: Neva, her biological child, Tiffany and adopted child Celina (not receiving adoption assistance).

- Household – Neva, Tiffany and Celina;
- Filing – Neva, Tiffany and Celina;
- Financial – Neva, Tiffany and Celina;
- Need – Neva, Tiffany and Celina;
- Benefit – Neva, Tiffany and Celina;

Because the adopted child, Celina, is NOT receiving adoption assistance, she remains in the filing group. Everyone meets all eligibility requirements and are in the need and benefit groups.
Example 2: Fen, her two adopted children, Lynsi and Geegee (both receiving adoption assistance).

- Household – Fen, Lynsi and Geegee;
- Filing – No eligible person;
- Financial – No eligible person;
- Need – No eligible person;
- Benefit – No eligible person.

Because the children are receiving adoption assistance, they are not considered part of the filing group. In order for the Fen to be eligible for TANF, she must have an eligible dependent child or unborn in her filing group. Since the children are not in the filing group, Fen is ineligible for TANF.

Example 3: Dana, and her two adopted children, Emily and Cindy (both receiving adoption assistance).

- Household – Dana, Emily and Cindy
- Filing – No eligible person;
- Financial – No eligible person;
- Need – No eligible person;
- Benefit – No eligible person.

Because the children are receiving adoption assistance, they are not considered part of the filing group. In order for Dana to be eligible for TANF, she must have an eligible dependent child or unborn in her filing group. Since the children are not in the filing group, the mom is ineligible for TANF.

Non-needy caretaker relative

Example 1: Aunt Nellie, uncle Thom, their minor child Amber and niece Violet. Only requesting benefits for niece Violet.

- Household – Nellie, Thom, Amber and Violet;
- Filing – Nellie, Thom, Amber and Violet;
- Financial – Violet;
- Need – Violet;
- Benefit – Violet.

Because Nellie, Thom and Amber are not requesting benefits and have income less than 185 percent of the non-needy caretaker relative countable income limit, they are not in the financial group. The niece, Violet, remains in the need and benefit group as she meets all eligibility requirements.
Example 2: Grandma Bahati, grandson James, granddaughter Candace (cousin to James). She is only requesting TANF for grandson James.

- Household – Bahati, James and Candace;
- Filing – Bahati, James and Candace;
- Financial – James
- Need – James
- Benefit – James

Since Bahati is not requesting benefits for the Candace and Candice is not a sibling to James, Candice is not in the filing group. Also, because Bahati is not requesting benefits for herself and has income less than the non-needy caretaker relative countable income limit, she is not in the financial group. James remains in the need and benefit group as he meets all eligibility requirements.

Example 3: Great-grandma Dorthea, great-grandson Jimmy, great-granddaughter Arlene (second cousin to Jimmy). Dorthea is only requesting TANF for great-grandson Jimmy.

- Household – Great-grandma, great-grandson, great-granddaughter;
- Filing – Great-grandma, great-grandson;
- Financial – Great-grandson;
- Need – Great-grandson;
- Benefit – Great-grandson.

Since great-grandma is not requesting benefits for the great-granddaughter and the great-granddaughter is not a sibling to the great-grandson, the great-granddaughter is not in the filing group. Also, because great-grandma is not requesting benefits for herself and has income less than the non-needy caretaker relative countable income limit, she is not in the financial group. The great-grandson remains in the need and benefit group as she meets all eligibility requirements.

**TANF**

Example 1: Olivia of whom receives SSI and her child.

- Household – Mom and child;
- Filing – Mom and child;
- Financial – Child;
- Need – Child;
- Benefit – Child.

Because the mom receives SSI, she is not in the financial group. The child remains in the need and benefit group because he or she meets all eligibility requirements.

**SSI recipient**
**Example 2:** David, his wife, Jaden, and their child of whom receives SSI.

- Household – Mom, dad and child;
- Filing – Mom, dad and child;
- Financial – Mom and dad;
- Need – Mom and dad;
- Benefit – Mom and dad.

Because the child receives SSI, he or she is not in the financial group. The mom and dad remain in the financial need and benefit group as they meet all eligibility requirements.

**Example 3:** Allison of whom receives SSI and SSDI, and her child.

- Household – Mom and child;
- Filing – Mom and child
- Financial – Child;
- Need – Child;
- Benefit – Child.

Because the mom receives SSI, she is not part of the financial group. Since she is not part of the financial group, none of her income, including her SSDI, counts. The child remains in the financial, need and benefit groups as he or she meets all eligibility requirements.

**TANF**

**Example 1:** Martina, who is an ineligible noncitizen, Emilio and their child.

- Household – Mom, dad, child;
- Filing – Mom, dad, child;
- Financial – Mom, dad, child;
- Need – Mom, dad, child;
- Benefit – Dad, child.

Because of their relationship, mom, dad and child are in the filing, financial and need group. Mom falls out at the benefit group as she does not meet the citizenship and alien requirements, and therefore, does not meet all nonfinancial requirements.
### Example 2:
Victoria, who is an ineligible noncitizen, at risk of harm due to domestic violence and pregnant in the fourth month.

- Household – Mom, unborn;
- Filing – Mom, unborn;
- Financial – Mom, unborn;
- Need – Mom;
- Benefit – Mom.

Since mom is at risk of harm due to domestic violence, the requirement to meet citizenship requirements and to be in the month prior to her due date can be waived. Since she meets all other requirements, she would be TANF eligible.

### Minor parent

#### Example 1:
Major mom, Paula, minor parent, minor parent’s child, sibling of minor parent. Major mom is requesting TANF for everyone, and has care, control and supervision of the minor parent’s child.

- Household – Major mom, minor parent, minor parent’s child, sibling of minor parent;
- Filing – Major mom, minor parent, minor parent’s child, sibling of minor parent;
- Financial – Major mom, minor parent, minor parent’s child, sibling of minor parent;
- Need – Major mom, minor parent, minor parent’s child, sibling of minor parent;
- Benefit – Major mom, minor parent, minor parent’s child, sibling of minor parent.

Since major mom is requesting TANF for the minor parent, the minor parent cannot be a separate filing group than major mom.
Example 2: Major mom, minor parent, minor parent’s child, sibling of minor parent. Major mom does not want TANF and does not have care, control and supervision of the minor parent’s child.

- Household – Major mom, minor parent, minor parent’s child, sibling of minor parent;
- Filing – Minor parent, minor parent’s child;
- Financial – Minor parent, minor parent’s child;
- Need – Minor parent, minor parent’s child;
- Benefit – Minor parent, minor parent’s child.

Since Major mom is not requesting TANF for the minor parent, the minor parent is therefore not considered a dependent child, the minor parent and their child can be in a separate filing group. Major mom’s income will still need to be deemed to determine eligibility.

Example 3: Gina, age 17, is applying for TANF for herself and her 2-month-old son, Charles. They currently live with her dad, Jonas.

Option 1: If Jonas has care, control and supervision of both Gina and Charles, they will all be in the filing group. Household – Jonas, Gina, Charles; Filing – Jonas, Gina and Charles; Financial – Jonas, Gina and Charles; Need – Jonas, Gina and Charles; Benefit – Jonas, Gina and Charles.

Option 2: If Gina is considered the caretaker relative, having sole care, control and supervision of Charles, she can apply for herself and her child without her father Jonas. Income from Jonas would be deemed and applied to the grant. Household – Jonas, Gina, Charles; Filing – Gina and Charles; Financial – Gina and Charles (income deemed from Jonas); Need – Gina and Charles; Benefit – Gina and Charles.

Example 1: Olga and Husband Sergey arrived in the U.S. three months ago. Olga just started receiving SSI this month.

Sergey would need to be removed from the benefit group as he is receiving SSI. Olga can continue to receive REF cash as SSI is excluded income for REF.

Section 5: Financial eligibility

Categorical eligibility

Individual program example(s)
Example 1: Malaki, his wife Jemma and their 20-year-old son Curtis are applying for SNAP together. They have income below 185 percent of FPL. They receive the TANF information and referral pamphlet Resource Guide for Low-Income Households (DHS 3400). This family is categorically eligible the length of the certification period unless the family income exceeds 185 percent of FPL.

Example 2: Ben is getting SSI and living in a Group Care home. He is categorically eligible for SNAP. The CAT EL field should have a “Y” and the CATEG field must be “PA.” SSI income must be coded. The CMS case number for medical and person letter should be coded with the person.

Example 3: Dani is receiving SSI. Her two children are receiving TANF (Program 2). They are categorically eligible for SNAP. The CAT EL field should have a “Y” and the CATEG field must be “PA” and each person has a CMS case and person letter listed.

Example 4: Misha and her three children are receiving ERDC. They are categorically eligible for SNAP. The CAT EL field should have a “C” and the CATEG field should be “NA” and each person should have a CMS case and person letter listed.

Example 5: Cynthia, and ineligible noncitizen, is receiving TANF (Program 2) for a child. Cynthia’s income and resources were used to determine eligibility for TANF and she is ineligible for TANF solely due to citizenship/alien status. This family is categorically eligible for SNAP. This means that even though the noncitizen is not eligible for SNAP, their resources are not considered when determining SNAP eligibility for the rest of the household. It also means that the computer will not look at the countable or adjusted income limits. The CAT EL field should have a “C” and the CATEG field should be “NA” and each person should have a CMS case and person letter listed.

Example 6: Julie 20yrs old and her James are receiving TANF. They live with the client’s mother Betty. Betty is not receiving any program benefits. Julie is under the age of 22; therefore, she is required to apply for SNAP with her mother Betty. The combined household income exceeds 185 percent of FPL. Julie and James are categorically eligible but the mother is not categorically eligible. The SNAP filing group is not categorically eligible for SNAP. Code the CAT EL field with an “N” and the CATEG field must be “NA.” If the FCAS message is over income, close or deny the case.

Example 7: Dorthea is a 52-year-old grandmother receiving TANF (Program 2) for her two grandchildren. Dorthea is not receiving any program benefits for herself. She is not categorically eligible for SNAP because her income in combination with the children’s exceeds 185 percent of FPL. Close or deny the case and code the CAT EL field with an “N” and the CATEG field must be “NA.”

Example 8: Amy and her 14yr old son Patrick have been receiving SNAP. Their household income is below 185 percent of FPL. Amy quit her job without good cause and is disqualified due to noncooperation with OFSET. They are not categorically eligible for SNAP because of the OFSET disqualification. To be categorically eligible she must meet the OFSET work requirements and have her needs restored to the SNAP case. The CAT EL field should have an “N” and the CATEG field must be “NA.”
### Income limits

#### Individual program example(s)

**Example 1:** Dorothy and Toto are in the office applying for TANF for themselves and their daughter Glenda. Toto is working and has a steady income of $10.00 an hour and works 20 hours per week:

\[ \$10 \times 20 \text{hrs} \times 4.3 = \$860.00. \]

Comparing the monthly earnings to the Countable Income Limit for a family of three ($616), the Oz family is OVI for TANF.

**Example 2:** Fred Farmer, his wife Bessie, and their daughter Banjette are applying for TANF. Bessie is working at the local dairy market and she is bringing home $400.00 a month. Comparing the monthly earnings to the Countable Income Limit for a family of three ($616), the Farmer family is under the Countable Income Limit and worker will need to review the Adjusted Income Limit.

**TANF**

#### Adjusted income

**Example 1:** Chrissy is in the office applying for TANF with her two children John and Janet. Chrissy states that she is working for a food demo company. Per statement from Food Yum, Chrissy earns $10.00 an hour and works a total of 30 hrs per month. After calculating her monthly income ($10 \times 30 \text{hrs} = \$300.00 \text{ pr month}$), Chrissy's gross of $300.00 is less than the Countable Income Limit for a family of three ($616). To determine the Adjusted Income, the worker will take the earned income of

\[ \$300/2(50\%) = \$150.00 \]

and compare to the Adjusted Income Limit ($485). $150.00 is less than the Adjusted Income limit. Therefore based on financial eligibility, the worker can continue to look at eligibility factors for the Roper family.

**NOTE:** A 50% earned income deduction is applied to the $300 earned income.

**Example 2:** Since Fred and Bessie’s monthly income is only $400.00 and is under the Countable Income Limit. We need to determine if the income is less than the Adjustable Income Limit of $485. At the Adjusted level, any earned income must be given the 50 percent earned income deduction. We will take $400.00 and with the 50 percent deduction, compare the new amount of $200.00 to the Adjusted Income of $485.00. The Farmer family is under the Adjusted Income.

**TANF**

#### Exit limit increase (ELI)
Example 1: Jason and his two children are TANF recipients of $506 a month. He reports he has started working at Coco Nuts. He turned in employer statement saying that Jason is working 20 hours per week at $10.00 per hour and earns a total of $860.00 a month. Since Jason is part of the TANF benefit group and has earned income, the worker will need to check the new Exit Limit Increase Countable chart and determine if his earnings are less than $1,012. Jason's income is less than the ELI. Once the 50 percent deduction is allowed and the computer counts $430.00, he will remain eligible for TANF with a new GNT amount of $76.00.

Example 2: Shane and his child are TANF recipients of $432 a month. Shane reports that he started working at the Walking Factory and reports the “Big 3.” He will earn $9.75 an hour at 40 hours per week and his first pay check is the 10th of the following month. The worker calculates that Shane’s monthly gross income will be $1677 and he is over the Exit Limit Increase of $864.00. Since he reported the “Big 3” and his first pay date is the 10th of next month, the worker will close TANF the end of next month.

Example 3: Jason and his two children receive TANF. In April, he calls to report he is no longer employed. The following month he calls to report his wife Amy has moved into the home and she is working. The agency verifies Amy earns $900 per month. Since Amy was not part of the original TANF benefit group, the worker will use the countable income limit to determine eligibility. Based on the countable income limit of $795 for a family of four, the household is over income. The household is not eligible for the Exit Limit Increase since wife was not part of the benefit group. Timely notice would be sent to close the TANF case.

**Coding exit limit increase (ELI) and non adult standard exit limit increase (NAS)**

Example 1: Brian is applying for TANF with his son. He works at Target earning $300.00 per month. The worker will need to determine if Brian’s income meets the countable and adjusted limit for a family size of 2 on the Adult Standard Chart or TANF Calculator. The worker determines that the countable income for 2 is $499 and Brian’s earnings of $300 is less, so the worker can now look at the adjusted limit of $416. The worker will use 50% of Brian’s earned income which is $150. Brian is under the adjusted as well and since he met all other TANF eligibility the worker will code UCMS with: Brian as an ‘AD’ in grant code with c/d ELI and n/r EML C 300.00.
Example 2: Amber is applying for TANF with her two children. She is employed at Target and earning $300 per month. Amber has received TANF more than 60 months and does not meet any reasons for an extension. The worker will need to determine if Amber’s income meets the countable and adjusted limit for a family size of three on the No Adult Standard Chart or TANF Calculator. The worker determines that the countable income for three is $410 and Amber’s earnings of $300 is less, so the worker can now look at the adjusted limit of $334. The worker will use 50 percent of Amber’s earned income which is $150. Amber is under the adjusted as well and since she met all other TANF eligibility the worker will code UCMS with: Amber as a ‘NO’ in grant code with c/d NAS and n/r EML C 300.00.

Example 3: Ambian is applying for TANF with her five daughters. She is self employed as a massage therapist. She turns in her tax documents and states that her income is consistent. Ambian’s taxes shows that she grosses $10,000 a year. The worker determines Ambian’s monthly gross is $833.33. Per the One or More Adult Standard Chart, Ambian’s monthly gross is less than the countable income limit of $1060. The worker will use 50% of Ambian’s self- employment which is $416.66. Ambian is under the adjusted as well and since she meets all other TANF eligibility the worker will code UCMS with: Ambian as an ‘AD’ in grant code with c/d ELI and n/r SLF C 833.33

Resource limits

Individual program example(s)

SNAP ELI & NAS

Example 1: A client’s resource limit is $2,250 and they have $1,500 countable resources. They give a countable resource with a fair market value of $4,000 to a relative prior to applying for SNAP benefits, so that they will be found eligible. $4,000 (transferred) + $1,500 (other resources) = $5,500 - $2,250 (allowable resources) = $3,250 uncompensated value. For this example, due to the uncompensated value falling between $3,250 and $4,999, the disqualification is 9 months. The worker will need to notify the applicant that they are denied for SNAP benefits. The forms are either the DHS 0456 (Notice of Decision and Action Taken) or SDS 0540 (Notification of Planned Action).

TANF

Example 1: Jane is on TANF with her children. Both of her children are in school. She has had a JOBS case plan in the past but failed to cooperate with the activities in the plan. She is currently serving a disqualification. She is at a DQ1 and will be moving to a DQ2 next month. The family’s TANF resource limit is $2,500 because Jane has a current JOBS disqualification.
Example 2: Bristol is receiving TANF for herself and her child. She is needed to care for her child who has a disability. Currently she is JOBS-exempt from JOBS participation. Bristol is a parent in the need group; she is not a new applicant for TANF; she does not have a case plan and is not serving a disqualification. The TANF resource limit for the family is $10,000.

Example 3: Harvey and his three children are receiving TANF. Harvey does not have a case plan. All three of Harvey’s children require childcare and one child special needs care. The district does not have the resources to cover the care. Harvey is not a new applicant for TANF; he does not have a case plan or current disqualification; and he is a parent in the need group. The TANF resource limit for the family is $10,000.

Example 4: Maria is on SSI. She is receiving TANF for her two children. The TANF resource limit for the family is $2,500 because there are no caretaker relatives or parents receiving TANF.

Example 5: James is applying for TANF benefits and states that he has a 2015 Honda Accord Civic Sedan LX with 45,000 miles on it and owes $15,735.00 on the vehicle. He states that he does not own any additional vehicles.

Per KBB at time of intake the vehicle is worth $9,196 FMV (Average Trade-in Value)

Is this vehicle counted as a resource? If so, how much?

$9,196 FMV (Good Condition)
- 15,735 amt owed on vehicle
$ - 6,539

This vehicle is not counted as a resource as he owes more than it’s worth.

Example 6: Lara and Monica are applying for TANF benefits and states that they have a 2017 Toyota Sienna SE with 35,000 miles on it and owes $6,052.00 on the vehicle. He states that he does not own any additional vehicles.

Per NADA at the time of intake the vehicle is worth $23,424 FMV (Average Trade-in Value)

Is this vehicle counted as a resource? If so, how much?

$23,424 FMV
- 6,052 amt owed on vehicle
$ 17,372 *Equity Value
- 10,000 Excluded Equity Value
$ 7,372 **Amount counted towards resources
Example 7: Larry and his mom Sheryl own a 2014 Nissan Titan 4X4. Sheryl will not allow Larry to sell the truck, therefore it is not considered an accessible resource for Larry. We would not count this as a resource.

Example 1: Brad has submitted an Employment Related Day Care (ERDC) Re-Application and Supplemental Nutrition Assistance Program (SNAP) Application (DHS 7476) to the local branch office. He is applying for child care assistance for his son, Maddox. On the application, Brad marks question #9, indicating the family assets exceed one million dollars. Since the family’s assets exceed the asset limit for the ERDC program, Brad will be denied child care assistance. A decision notice of ineligibility will need to be sent.

Availability of assets

Individual program example(s)

Example 1: Neil and his son, JJ’s, their TANF benefits are closing at the end of the month because of failure to engage in a plan. On the SNAP case, count the full TANF grant of $432 as DQI (the benefit amount they could be getting). The DQI income on the SNAP case will be coded for one year unless the TANF penalty is lifted, the family no longer meets other TANF eligibility criteria, or the if the TANF cash case has been closed for at least 12 month. Neil begins getting $200 child support for JJ. Code ($432 - $200 SUP) = $232 DQI, change GNT to 200.00, and add the MNL HH Type on the front page of FSUP and change Cat El. Coding to an N.

Example 2: Nellie and her daughter Aubrey’s TANF benefit of $432 closed because of failure to engage in a plan. Count $432 DQI on the companion SNAP case. The client begins working and will earn $700/month. This earned income exceeds the TANF countable income limit, so the client no longer qualifies for TANF. Remove the DQI income, GNT and MNL HH Type from the companion SNAP case due to this change.

Example 3: Masha and her daughter Sari’s TANF benefit of $432 closed because of failure to engage in a plan. Count $432 DQI on the companion SNAP case for up to one year, unless they become ineligible for TANF due to other reasons. Remember to review to see if any employment program disqualification needs to be applied for SNAP.
Example 4: Rose refused to engage in a JOBS plan. Following re-engagement, a notice of disqualification was sent to her. After receipt of the notice, she contacted the branch and asked that her family’s TANF benefits end. The current DQI of $506.00 (the full grant amount) is coded on FSMIS. End the DQI after one year if she has not otherwise become ineligible for TANF before that date.

Example 5: An individual with two children has a $150 client-caused TANF overpayment. The TANF grant is reduced by $20 a month to repay the overpayment. The COP of $20 is coded on FCAS with an expected end date noted in the comment field. The COP is re-evaluated at each recertification and continues either until the overpayment is repaid or the TANF grant closes.

Benefits from the GA program is available unearned income, including ongoing monthly payments, housing allowances paid to the landlord, utility allowances, accommodation allowances, and the personal incidentals payment.

Lump-sum income is a treated as a resource unless rule requires a different treatment.

Example 1: Terry, a noncustodial parent has been ordered by a court to pay child support his daughter Tabatha’s mother, Abigail but chooses to make a payment to a landlord for shelter expenses for Tabatha (rather than making the payment directly to Abigail). The shelter payment is considered available.

Example 2: Daryl is in the office needing to apply for TANF. Daryl states that his grandchildren, Beth, Mika, and Lizzie are all living with him. During the interview, Daryl reports that the grandchildren are not his biological grandkids. Daryl was dating their grandmother, but she left to Costa Rica. With this revelation, Daryl is not eligible for TANF.

Example 3: Uncle Rick needs to apply for TANF for his nephew Carl, but he is employed and wonders if his earnings will be looked at. The worker informs Rick that they will look at his monthly income and determine if his monthly gross is less than the NNCR countable income of $2,470 for a filing group of two.

Noncitizen

Example 1: Michonne is in the office needing to apply for TANF for herself and her two kids. Michonne states that she is working at a bakery and her youngest daughter Judith is a U.S. citizen. The worker will need to take her pay verification of $250.00 a month and determine eligibility using the countable and adjusted income test for the need group.

Prospective eligibility and budgeting

Individual program example(s)
Example 1: A client has received child support payments of differing amounts only twice in the past six months. None was received so far in the month of application. It is not known what amount will be received next or when the client will receive it again. Therefore, the child support should not be counted as anticipated income for the certification period. Be sure the client understands the need to report changes and that the decision and the reason to not use this income are carefully documented.

Example 2: A client reports on the last day of the month that someone joined their household earlier that month. The new person’s needs and income would be added for the following month’s benefits after receiving required verification. However, if they report the person will be joining the home next month, do not add that person’s needs until the month following the month they actually move in.

Example 3: In SRS: Filing date is 4/12. The applicant was just laid off work. As of the date of the interview on 4/13, he received one weekly pay check on 4/6 and expects to receive one more paycheck today. He has applied for UC and is currently serving the waiting week. This month’s income is not expected to continue. Issue April benefits using actual anticipated earned income for April, then zero out his EML for future months. Do not count any UC because the waiting week is not a guarantee of benefits. Explain reporting requirements.

Example 4: In TBA: A SNAP case can never be certified or recertified using the TBA report system. Therefore, TBA will never be the report method for a first month of SNAP benefits.

Example 5: The ERDC certification period runs from April through June and the SNAP redetermination period runs from May through July. The worker can do a four-month certification (July – October) for ERDC and a three-month SNAP redetermination (August – October) so both end in October. Or the ERDC certification period could run three months from July through September and the SNAP redetermination five months from August through December. The SNAP redetermination would then end at the same time as the October through December certification period for ERDC. Once the end dates are aligned, a 12-month certification of both, with the SNAP case in SRS, is strongly encouraged.
### Example 6:

CRS to TBA. Max and his child, Margaret, were receiving TANF (Program 2). On March 21, they report he went to work on March 12 and will get his first pay on March 31. This change was reported within 10 days of the start of the job and therefore timely reported. Pend the client for TANF benefits only for their first pay stub. This will be due April 10, 10 days after the first pay stub was received. When the pay stub was received, it was determined that the family is prospectively ineligible for TANF. As there is time for 10-day notice, notice is given to end TANF effective April 30. On CM, the TANF case is closed effective April 30 and the case is converted to EXT, effective April 1. On SNAP, the case is converted to TBA, effective May 1. For TBA, the GNT is changed to zero and any other income that was used to issue the April benefits continues unchanged. If the only income used for April benefits was the GNT, no income is used for TBA.

### Example 7:

Erika and her child Donald receive TANF (Program 2). She reports on October 28 that she went to work October 15. The change was reported outside of the 10 days required from the first day of work for TANF. The family is not eligible for TBA. Make any changes to SNAP benefits as appropriate for the CRS or SRS reporting system.

### Example 8:

Current TBA case: Client reports that someone joined their SNAP group. Client is informed they may re-apply for SNAP using the new situation. If client re-applies and benefits will increase, recertify the SNAP case under SRS or CRS. Make no changes to TBA if the new benefit amount is equal to or lesser than the amount under TBA.

### Example 9:

Children are removed from the household by child welfare and placed in foster care. SNAP is placed into TBA. These children remain coded as members of the TBA group for the five-month period. They are only removed from the group if their foster care provider begins to get SNAP for the children.

### Example 10:

Sarah was receiving TANF for herself and her 6-year-old son Adam. In March she started working and reported this information to the agency. Her TANF case ended April 30 based on income verification provided. Her SNAP case was converted to TBA effective May 1. On July 10, Sarah reapplies for TANF. She is placed in the Pre-TANF Program. Sarah continues to be TBA-eligible until her TANF cash case is opened.

### Example 11:

Current SNAP certification ends March 31 and TANF is closing at the end of March based on client’s verified earnings from a new job. SNAP case can be placed in TBA April 1 by extending the certification end date. A recertification action does not have to be done in this situation.
Example 12: Children are removed from the household by child welfare and placed with their grandparents. SNAP is placed into TBA. The following week, grandma comes to the SNAP office to apply for SNAP benefits for herself and the children. The children are removed from their parents SNAP TBA case so they may receive benefits with their grandparents. The parent becomes an ABAWD and unless otherwise exempt, the parent must comply with the work requirements. If they fail to do the 20 hours a week or 80 hours over the month in work-related activities, they receive a counting month. If they exceed the SNAP time limit before the end of the five-month TBA period, they will become ineligible for exceeding the SNAP time limit.

Example 1: For a 12-month certification period, add the total anticipated income for 12 months including the initial month, and divide by 12. The income calculation may not match SNAP income. Ending and starting a new job in the date of request (DOR) month.

Example 2: Applicant turns in an application with pay stubs attached from a job that ended but pay was received in the DOR month. Also attached is a pay stub from the new job received in the DOR month and a letter from the employer with the ongoing income, hours and work schedule.

Last pay from previous job is $785, the income verification from the new job includes pay check for $574 and ongoing on the letter states $10.25 per hour at 30 hours per week.

Calculations: month 1 = $785 + $574 = $1,359, ongoing months $1.25 \times 30\text{hrs} \times 4.3 = $1,322.25

Ongoing months $1,322.25 \times 11 = $14,544.75 + $1,359 = $15,903.75
Final calculation: $15,903.75/12 = $1,325.31

Frequency of income

Individual program example(s)

Example 1: Leonard owns the “Science Is Fun” store. His sales have really gone down in the last year. His income currently is not what it used to be. When you talk to him you find that the last three months are pretty representative of the future. Use the last three months to anticipate ongoing. We would want to re-look at this income at ICR.

Self-employment income

Individual program example(s)
Example 1: Joe owns “Joe to Go Coffee Kart.” He started his business eight months ago and income, while low, has been consistent. We would use the last eight months to anticipate ongoing income. We would want to re-look at the income at ICR.

Example 2: $35,000 annual rental income (not self-employment) is computed as follows:

- Annual rental income $35,000
- less repairs (rentals only, not home) - 3,059
- licenses, fees, advertising, and office supplies - 5,371
- utilities (rentals only, not home) - 7,276
- sanitary services - 2,500
- mortgage - 6,000
- property taxes and insurance - 2,570
- management fees (not paid to HH member) - 7,200

balance $1,024

In this example, the countable income from income-producing property is $85.33 a month ($1,024 ÷ 12). This income is coded as PTY on FCAS.

If this income is considered self-employment, the income of $2,916.66 ($35,000 ÷ 12) would be coded as SEC on FCAS.

Example 3: A farmer has $99,000 from the sale of livestock, produce, grains, etc. (look at Part 1 of Schedule F.) Some of the incomes listed on this form are excluded for SNAP. If income is received from an excluded source, subtract the amount before arriving at the gross figure. Deduct excluded incomes from line 9:

- Line 5: Commodity credit corporation bans. If a loan, treat like a loan. If a commodity payment to not plant a crop, the proceeds are counted as self-employment.
- Line 6: Disaster assistance is excluded. However, payments made for crop failure that is not connected to a presidentially declared disaster are counted as self-employment income.
- Line 6: Crop insurance payments are a nonrecurring lump-sum income and counted as a resource.
- Line 8: Federal and state gasoline tax credit or refund is excluded.
Example 4: $99,171 annual farm income from line 9 after deducting any amounts from lines 5, 6 and 8, which are not considered income (see above). The computations based on tax forms are:

- Countable Farm Income: $99,171
- Subtract allowable expenses from Schedule F, Part 2
  - Fertilizers and lime - 6,769
  - Lease on machinery - 2,000
  - Repairs/maintenance - 3,646
  - Gas, fuel, and oil - 2,327
  - Insurance (farm only and not home) - 5,488
  - Mortgage (farm only and not home) - 22,461
  - Supplies - 274
  - Utilities (farm only and not on home) - 1,500
  - Sanitary services (farm only, not on home) - 1,497
  - Telephone (farm only, not on home) - 2,823
  - Office costs (not wages paid to HH member) - 375
  - Registration and permits (farm only) - 784
  - Legal/professional fees - 547
  - Other costs - 661
  - Labor (excluding wages paid to the SNAP group) - 41,911
- Balance $ (3,892)

Expenses and deductions

Individual program example(s)

**SNAP Example 1:** A client reports in January that they will be moving at the end of the month and their rent for February will go up. The change would be made to the rent amount on the case for the month following the month the change actually occurs. In this case the change would be made for March.

**Example 2:** Clarice is allowed a deduction for $300 per month rent. She reports that she failed to pay her rent for two months because of a family emergency, and now she is being billed $400 per month until the back rent is paid in full. Do not allow a deduction for the extra $100 per month that the participant is now being billed, because it was already allowed during previous months when she failed to pay her rent.
Example 3: Bob reports renting his home and he has a roommate. They do not purchase and prepare meals together and each pays half the rent and half the utilities. This is a share-shelter situation. Allow half the rent, as owed by Bob for the shelter deduction and the appropriate utility standard.

Example 4: Jean is buying a home and the mortgage payment of $600 a month. She has a roommate who pays half the mortgage ($300) plus half of the utilities. They are separate filing groups. Allow Jean a shelter deduction of half the mortgage ($300) plus taxes and insurance and the appropriate utility allowance. If the roommate applies for SNAP benefits, they will receive a deduction for $300 rent plus the appropriate utility allowance.

Example 5: Alma is renting a house for $500 a month. She is sharing the house with three other individuals who are paying her a flat $150 a month toward the rent and utilities. They are each separate filing groups. The full rent is $500 less $150 less $150 less $150 = $50 as her share of the rent. Code $50 rent for the client and the appropriate utility allowance.

Example 6: Kristina is renting a house for $500 a month plus heating costs. She is sharing the house with three individuals who are paying her a flat $200 each toward the rent and another $50 for the utilities. The full rent is $500 less $200 less $200 less $200 = $0 as her share of the rent. Code zero rent for the client and allow the FUA because she pays the heating costs. In addition, she has income of $100 from the excess rental income. Code the $100 income as PTY.

Example 7: Tony is buying a home with a $500 mortgage payment plus $50 a month taxes and $25 a month insurance. He is sharing the home with two other persons who are paying him $400 a month rent, which includes the utilities. The full shelter cost is $575 less $400 less $400 = $0 as her share of the mortgage, taxes and insurance. Code zero shelter and allow the FUA because he pays the heating costs. In addition, he has income of $225 from the excess rental income. Code the $225 income as PTY.

Example 8: The Jones family receives a year’s worth of mortgage payments thru a MAP. If they sell their home within 5 years, they must repay that year of payments. If they stay in their home and do not default for five years, they do not have to repay the year of payments. As there are conditions on the year of payments, a shelter deduction is allowed.

Example 9: The Mendoza family receives a year’s worth of mortgage payments thru a MAP. They never, under any circumstances, have to repay that year of MAP payments. As there are no conditions for repayment, no shelter deduction is allowed. The family may report when they resume making their own mortgage payments.
**Reverse mortgage**

**Example 1:**
Alexander owns his home. He has a reverse mortgage on this home. Alexander provides his most recent reverse mortgage monthly statement. Alexander is charged $200 per month in interest, $50 in mortgage insurance, and $20 in recurring service fees. Alexander receives $500 per month from the reverse mortgage.

The allowable shelter deduction is $270 (this includes the interest, mortgage insurance and service fee).

The $500 Alexander receives from the reverse mortgage is treated as loan income, which is excluded.

**Example 2:**
Simone owns her home but is still paying on her original mortgage. She also has a reverse mortgage on this home. Simone pays $400 on her original mortgage. She provides a recent reverse mortgage statement. Simone is charged $350 in interest, $75 in mortgage insurance and $50 in recurring fees. Simone draws off the reverse mortgage payments when she needs to. On the reverse mortgage statement she provided, she withdrew $5,000. She states she used this to go on a cross-country trip.

The allowable shelter deduction is $875. This includes her original mortgage, the reverse mortgage accrued interest, mortgage insurance and recurring fees.

The $5000 Simone withdrew from the reverse mortgage is treated as loan income, which is excluded.

**Medical expenses**

**Example 1:**
Sidney is eligible for medical deductions and she reports she was in the hospital for a few days, and she now has a $3,000 unanticipated medical bill. Sidney does not have a repayment plan with the provider, the worker will average the bill over the remainder of the months in the certification period. When Sidney reapplies, she states she is still paying this bill at the rate of $150 per month. Do not allow a deduction for this $150 per month cost, because the entire bill was already allowed during the previous certification period.

**Example 2:**
John turns in and verifies $50 worth of medical expenses, yet he reports that his monthly expenses are $120. Since $50 is greater than $35 and the reported amount of $120 is less than $205, the work should code $120 on FSMIS.

**Example 3:**
John turns in and verifies $25 in medical deductions, but states that his monthly medical expenses are $120. Since John has not turned in verification of more than $35, the worker would code $25 on FSMIS.
Example 4: John turns in and verifies $50 worth of medical expenses, yet he reports that his monthly medical expenses are $300. Since the reported medical expenses are above $205, the worker should code $50 on FSMIS and explain to John that if he wishes to have a higher deduction than the SMD, he should turn in all verifications. John turns in and verifies $300 worth of medical expenses. The worker should code $300 on FSMIS.

Example 5: Dorothy currently has $55 coded as her medical deduction on FSMIS and she reports that her current medical expenses are $75. The worker would update FSMIS to $75 without requiring further verification.

Example 6: Dorothy currently has $55 coded as her medical deduction on FSMIS and she reports that her current medical expenses are now $225 a month. The worker should leave $55 coded on FSMIS and explain to Dorothy that if she wishes to have a higher deduction than the SMD of $4205, she should turn in all verifications.

Example 7: Dorothy currently has $25 coded on her medical deduction on FSMIS and she reports that her current medical expenses are now $45 a month. The worker should leave $25 coded on FSMIS and explain to Dorothy that if she wishes to have a higher deduction than the SMD, she should turn in all verifications. Follow-up: Dorothy turns in $35.01 worth of verifications. The worker would then code the reported amount of $45 in FSMIS.

SNAP Verifying medical deductions for elderly/individuals with disabilities

Example 1: A 67-year-old client, Gertrude, who has been prescribed two medications has costs that amount to $55 a month. She also has a medical insurance premium of $100 per month that she pays. Gertrude meets the definition of elderly for the SNAP program so she is eligible for medical deductions. Code $155 on FSMIS as a MED deduction.

Example 2: Toni, 29-year-old mother of two pays for medical insurance for herself and her son, Jake, who receive SSI. The total insurance cost is $249 a month. The portion she pays for herself is $145. Since the mother does not meet the SNAP definition of an elderly or person with disabilities, she is not eligible for a deduction. However, her son, Jake, receives SSI and is eligible for a medical deduction. Code $104, the portion of the insurance that is for her son, on a line under her son, in FSMIS as an MED deduction.

Example 3: A 58-year-old man, Bob, with a disability is told by his mental health counselor that he should be taking Melatonin to help him sleep and improve his mood. The cost of the melatonin is $13 at the local store for a month’s supply. He also pays $27 a month in prescription copays. Code $40 on FSMIS as a MED deduction.
Example 4: Denise is participating in the EDP (Employed Persons with Disabilities) Program. She must pay a $100 participant fee in order to receive medical coverage. To qualify for this program, the client must receive SSDI or meet the Social Security definition of disabled. Because of this, the participation fee is allowed as a medical deduction for SNAP.

Section 6: Non-financial eligibility

Caring for an incapacitated individual

Multi-program example 1
James’ father Dean is struggling with a medical condition that requires James’ to help Dean out with most of his daily living needs. Dean refuses to move in with James, so he drives to Dean’s house and spends most days caring for him.

- **SNAP**: If James’ statement is questionable, Jason would need to provide verification of the need of care from Dean’s physician. Otherwise, consider James exempt for caring for his father.
- **TANF**: James’s father is not a disabled person in the HH in need of care. Therefore, we would not be able to exempt James.
- **ERDC**: Does not apply to this program.
- **REF**: James’s father is not a disabled person in the HH in need of care. Therefore, we would not be able to exempt James.

Individual program example(s)

- **SNAP**
  Example 1: Steven was working for a department store. He has a son named Donny, with several disability. Recently his son’s conditions worsened; causing Steven to leave work on a regular basis. The employer was unable or unwilling to accommodate absences. Steven was fired. Steven presented his worker documentation from Donny’s Physician. The documentation includes a diagnosis, prognosis of which states that Donny is requiring a calmer and cleaner environment while balancing new medication. This will require consistency and time. The worker determines that Steven is needed to care for his child’s disability. Steven can be considered exempt from the JOBS program at this time.

- **Example 2**: Tia’s child Natalie was born with Clubfeet and qualified for SSI. Though Natalie has had multiple surgeries throughout her life, she attends school regularly. Tia is not needed in the home to care for an incapacitated individual and would not be exempt just because Natalie receives SSI. Her daughter’s condition does not prevent her from engaging in JOBS activities.
Example 3: Lori’s mother Daliah with stage 4 Cancer, has moved in with Lori, as no one else is able to care for her at this time. Lori is trying to get Hospice set up, but the process is not going as quickly as hoped. Daliah’s doctor writes a note confirming the diagnosis and need for 24hr care. Lori would be considered exempt to care for her mother.

Example 1: Jason and Jackie apply for REF. Jason has several documented disabilities and needs assistance from Jackie. DHS sends the DHS 7785 to Jason’s doctor, who returns to form to the department. According to the form, Jackie is needed to care for Jason. Jackie is now exempt.

Fleeing felons; probation and parole violators

Multi-program example 1

Dillon is in the office applying for services. Dillon marks the application that there is a warrant out for his arrest. He explains that he moved because his PO out of Clackamas County went to his mom’s residence looking for him. The PO informed Dillon’s mother that there is a warrant out for Dillon for not following through with his probation requirements. In the conversation with Dillon’s worker he informs the worker that his original charges were for a felony assault crime committed in Portland, Oregon. He knows that he needs to make contact with his probation officer, but doesn’t want to be arrested, as he will go back to jail for 30 days this time for a probation violation.

SNAP If the worker does not see that the participant has mental or physical issues preventing cooperation, a basic denial notice would be sent. The worker would let Dillon know that he would need to make substantial effort to resolve the matter for future eligibility and narrate the conversation.

TANF Dillon would be considered disqualified from benefits and removed from the benefit group until he is able to provide verification from the corrections agency or court that he is no longer in violation. Dillon’s income and resources would still count, but the other individuals in the benefit group may remain eligible for benefits. The worker would let Dillon know that he would need to make substantial effort to resolve the matter for future eligibility and narrate the conversation.

ERDC This does not apply to the ERDC program.

REF Dillon would be considered disqualified from benefits and removed from the need group until he is able to provide verification from the corrections agency or court that he is no longer in violation. Dillon’s income and resources would still count, but the other individuals in the benefit group may remain eligible for benefits. The worker would let Dillon know that he would need to make substantial effort to resolve the matter for future eligibility and narrate the conversation.

Pursuit of assets

Penalties for not pursuing assets
Multi-program example 1
Janelle comes in for an intake and states that she was injured on an escalator and is waiting for a settlement. The worker explains that she would need to complete the Non-Vehicle Related Personal Injury (MSC 0451 NV) form. She refuses to fill out the form.

<table>
<thead>
<tr>
<th>SNAP</th>
<th>This does not apply to the SNAP program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>The worker would deny the application.</td>
</tr>
<tr>
<td>ERDC</td>
<td>This does not apply to the ERDC program.</td>
</tr>
<tr>
<td>REF</td>
<td>The worker would deny the application.</td>
</tr>
</tbody>
</table>

Multi-program example 2
Jeff calls his worker to let them know that he cannot make it to his JOBS activity because he was rear-ended. The worker offers to assist Jeff in completing the online form, but Jeff doesn’t have all of the information with him. The worker pends Jeff on a DHS 210A for a completed Vehicle Related Personal Injury Form. Jeff does not contact his worker to confirm that this is completed.

<table>
<thead>
<tr>
<th>SNAP</th>
<th>This does not apply to the SNAP program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>The worker would close the TANF case benefits with a timely decision notice.</td>
</tr>
<tr>
<td>ERDC</td>
<td>This does not apply to the ERDC program.</td>
</tr>
<tr>
<td>REF</td>
<td>The worker would close the REF case benefits with a timely decision notice.</td>
</tr>
</tbody>
</table>

Good cause for not pursuing assets
Multi-program example 1
Anna explains to her worker that she jointly owns a newer BMW with her grandfather’s. Though, she has access to this car when she needs it, he is unwilling to sell the vehicle.

<table>
<thead>
<tr>
<th>SNAP</th>
<th>This does not apply to the SNAP program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>Anna has good cause for not pursuing this asset as she does not have the ability to sell it.</td>
</tr>
<tr>
<td>ERDC</td>
<td>This does not apply to the ERDC program.</td>
</tr>
<tr>
<td>REF</td>
<td>Anna has good cause for not pursuing this asset as she does not have the ability to sell it.</td>
</tr>
</tbody>
</table>
Specific assets

Multi-program example 1
Kris was laid off from the local mill that she has worked at for quite a long time. She is in applying for any program that may help her through this financial burden.

**SNAP**
This does not apply to the SNAP program.

**TANF**
Kris is pended on a DHS210 to apply for UC. Kris contacts the worker a few hours later and states that she completed the application process for UC. The worker accepts Kris’ statement and does not ask for documentation of the confirmation number.

**ERDC**
This does not apply to the ERDC program.

**REF**
Kris is pended on a DHS210 to apply for UC. Kris contacts the worker a few hours later and states that she completed the application process for UC. The worker accepts Kris’ statement and does not ask for documentation of the confirmation number.

Individual program example(s)

**TANF**

**Example 1:** Nala’s husband and the father of her son Nathan passed away. She is applying for TANF.

The worker would ask if she has applied for Survivor Benefits through the SSA for both herself and her son. If Nala states that she has applied, then the worker would accept her statement and remind her of her reporting requirements. If Nala states that she has not, then a DHS210 would need to be given and benefits would not be opened until this is complete.

**Example 2:** Joshua is applying for TANF program benefits for himself and child. During the intake appointment, the case worker finds out that Joshua was injured in an auto accident and is trying to get the other insurance company to pay for damages. The worker offers to assist Joshua in completing the online form or the paper format in the office or will pend on a DHS 210 for completion of the Vehicle Related Personal Injury form and submission to the Personal Injury Lien Unit if Joshua is not able or willing to do it in the office.

**Example 3:** Peter is in the office applying for TANF for himself and his three children. Peter informs the worker that Lois, his wife and the mother to his children, passed away six months ago due to a boating accident. The worker will need to pend on a DHS210 for Peter to apply for survivor benefits before TANF can be approved.
Cooperation with the Division of Child Support (DCS)

Refer to Child Support Program examples.

Requirement to live with a caretaker or caretaker relative

Multi-program example 1
Dan’s best friend Manny is the God-father for Dan’s son Justin. Shortly after Dan’s divorce he was diagnosed with a terminal illness. He moved himself and his son in with Manny, so that Justin could have a stable caretaker. Dan has since passed, leaving Justin in Manny’s care. Manny continues to be Justin’s caretaker, but would appreciate any help available.

SNAP  This does not apply to the SNAP program.

TANF  Manny is not considered a caretaker relative and cannot receive TANF on his behalf.

ERDC  Though Manny is not a caretaker relative, he is the caretaker of Justin. Therefore, he can receive ERDC if the remaining eligibility requirements are met.

REF  This does not apply to the REF program.

Individual program example(s)

SNAP  Example 1:  Julie is applying for TANF with her great grandson Eli. Due to their relationship, Julie is eligible since she is one generation removed from Eli, she is a blood relative in a preceding generation.

Example 2:  Elisa and Brad are in the office applying for TANF. Elisa is pregnant and due next month. Both Elisa and Brad state that he is the father of the unborn child. Since both adults state that Brad is the father, he is considered the father. Elisa and Brad would apply together, and if eligible, they would both receive TANF benefits.

ERDC  Example 1:  A single mom with two kids, ages 7 and 8, asks her neighbor to provide care for her children while she is away on active duty. Mom still has custody, even though she is out of the home for more than 30 days. In this case, you can authorize up to 172 hours of child care. Do not authorize more than full time hours. The provider should not bill for the time children are in school.

Immunization requirements

Individual program example(s)
**Example 1:** Audrey marks on the application her child is not up to date on the immunizations. In the interview, she states they will take their child to receive the needed immunization. The application is pended for proof that the series of immunizations has started. Proof can be a copy or written statement of upcoming doctor’s appointment or immunization record.

**Example 2:** Arya marks on the application that her child is up to date on the immunizations. In the interview, it is unclear whether the immunizations are up to date. Since it is unclear that the immunizations are up to date, the DHS worker can pend the application to show proof that the immunization series has started. Narrate clearly what was unclear and caused the application to be pended.

The conversation continues and Arya states she does not believe in immunizations for her child. A copy of a medical or nonmedical exemption form is needed to continue to process the application. The application is pended for 45 days for the exemption form. The worker gives the parent the website address to the Oregon Health Authority. [https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/index.aspx](https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/index.aspx) for more information on the exemption process of immunizations and the documentations required.

### Employability screening tool and JOBS Program overview

#### Individual program example(s)

**TANF**

**Example 1:** Gretchen and Paul are applying for TANF with their three children. Gretchen attends the TANF intake without Paul who is watching the children. Gretchen completes the Employability Screening Tool (DHS 415A) and listens to the JOBS overview. Before TANF can open, Paul will need to complete the DHS 415A or the worker could ask the questions on the form and narrate the conversation.

**Example 2:** Bernadette is a noncitizen authorized to work in the U.S. and is applying for TANF for herself and twin daughters. Since Bernadette is in the need group, the benefit for Bernadette to complete the DHS 415A is for the worker to be able to address any concerns that may stand out on the form and to address resources in the community for Bernadette and her family.

**Example 3:** Danika and her child are receiving TANF. Her new husband, Joe, moves into her home. Danika and Joe must both complete the DHS 415A to meet eligibility requirements. Joe completes a new DHS 415A and the worker has conversation with Danika to review the DHS 415A previously completed. The conversation is narrated and any changes noted, meeting the eligibility requirements.
Child care need

Individual program example(s)

**ERDC**

**Requirement to be employed or in self-sufficiency activities**

**Example 1:** Ann is an assistant teacher at a certified child care center. She is required to be certified in First Aid and CPR. She is not paid for the time it takes for her to complete her certifications, but the class time can be covered as a retention activity by her authorized child care hours for ERDC.

**Example 2:** Thorson is an EMT. He is required to take six hours of Airway Management/Ventilation classes in order to be eligible to renew his certification. His employer does not pay him during class time. He is allowed to use his ERDC child care to cover the time he is required to be in these classes. He calls his worker because he needs more child care hours for this month to cover the training. The worker emails DPU to cancel and replace the current month billing form, including the additional six hours.

(adding hours for ongoing)

Student hours for career advancement: Additional child care hours may be authorized for working students. The caretaker must be able to show that the coursework will lead to a certificate, degree or job-related knowledge and skills. The caretaker must request student hours either on the application (DHS 415F or DHS 7476) or using the ERDC change report (DHS 862). Caretakers approved for additional authorized student hours will be coded with the STU case descriptor.

Child care hours

Individual program example(s)

**ERDC**

**Caretaker work/school schedule**

**Example 1:** Paige is school aged and her sister is in preschool. The child care provider transports Paige to school at 8:20 a.m. and picks her up at 3:00 p.m. The provider cannot bill for the hours that Paige is at school.

**Example 2:** Katheryn is going into kindergarten this fall. Her preschool offers kindergarten classes and charges $700.00 per month for the kindergarten class which includes before and after school care (from 7 a.m. – 5:30 p.m.). DHS cannot pay for the kindergarten tuition. Since before and after school care is included in the cost of tuition, there is no remaining cost that DHS can cover.
Example 3: Morgan is applying for child care. She works during the day and reports homeschooling her child in the evenings and weekends. She is asking for full-time child care for her school-aged child. The worker explains to Morgan that DHS cannot pay for child care during hour when free care is available. This includes school hours for a school-aged child.

The worker will authorize Morgan’s work hours. The hours are not reduced based on the only child being school aged. This allows Morgan to have child care during school breaks, closures and when the child is unable to attend school (example: illness).

It is important for Morgan to understand the appropriate use of child care. When full-time hours are billed for a school-aged child, the case is flagged in a School Age Report and the payment is reviewed. If Morgan signs a billing form authorizing payment for school hours, she is liable for the overpayment.

Determining child care work hours for one-parent families

Example 1: Example of rounding up:

31 hours per week x 4.3 – 133.3 (round to 134)
35 hours per week x 4.3 = 150.5 (round to 151)

The parent’s verification shows they are working 30 to 35 hours per week, you would code 35 x 4.3 = 150.5 round up to 151 CC Wrk Hrs on UCMS.

Determining child care work hours with split physical custody

Example 1: Sophie is applying for ERDC for her two children. She has a 50/50 custody arrangement where she has the children every other week. Sophie works 40 hours every week. Her authorized child care hours would be 40 x 4.3 = 172 CC Wrk Hrs.

Even though Sophie states she has a 50/50 custody arrangement, her highest verified work hours are allowed as custody arrangements can vary. It is important to let her know that her child care provider should only bill when the children are in Sophie’s care and control.

Example 2: Rosie is applying for ERDC. She has split custody with her child’s father. She states that he has the child every week from Friday until Sunday. Rosie’s work schedule varies and she can be called in to work on the weekend. She states that sometimes she has the child on a Saturday or Sunday if the child’s father isn’t available or when she has special plans. Rosie’s authorized hours would not be lowered due to the split custody arrangement and it would be the provider’s responsibility to bill for the time the child is in Rosie’s care.

Determining child care work hours for two-parent families

Calculating work hours when less than minimum wage is earned
Example 1: Carissa is applying for ERDC. She has been employed selling kitchen knives for over a year. She is paid on commission only. She provides a statement from her employer, based in Jefferson County, that she is working between 20 to 30 hours a week. Her paystubs show that she earned:

Week 1 $200.00  
Week 2 $15.00  
Week 3 $55.00  
Week 4 $122.00

Determine the anticipated ongoing income, then determine the authorized hours.

$200.00 + $15.00 + $55.00 + $122.00 = $392.00  
$392.00 / 4 weeks = $98.00 x 4.3 = $421.40  
$421.40 / (OR Frontier County min. minimum wage) $9.50 = 44.3(round 45)

Example 2: Business is based out of home  
Katherine is working on commission selling kitchen goods from her home. She holds selling events at her home and hosts online parties. She is living in Washington County. She states that she is working 15 hours a week (x 4.3 = 65 hours a month) and she is paid once a month. Her income for the last month was:

May $550.00

The minimum wage for her business location is $9.75. She is not earning enough income to allow the worker to authorize 65 hours. The authorized hours are as follows:

$550.00 / $9.75 = 56.4 (round 57)

Determine the anticipated ongoing income, then determine the authorized hours.

$200.00 + $15.00 + $55.00 + $122.00 = $392.00  
$392.00 / 4 weeks = $98.00 x 4.3 = $421.40  
$421.40 / (OR Frontier County min. minimum wage) $9.50 = 44.3(round 45)
Example 3: **Business is based out of home**

Katherine is working on commission selling kitchen goods from her home. She holds selling events at her home and hosts online parties. She is living in Washington County. She states that she is working 15 hours a week (x 4.3 = 65 hours a month) and she is paid once a month. Her income for the last month was:

May $550.00

The minimum wage for her business location is $9.75. She is not earning enough income to allow the worker to authorize 65 hours. The authorized hours are as follows:

$550.00 / $9.75 = 56.4 (round 57)

Example 4: **Caretaker lives in a different minimum wage area than the business location**

Janet owns a tattoo shop in Portland and lives in Salem. She is self-employed. She commutes to Portland 4 days a week to run her business. After costs she is earning $800 a month and reports working 40 hours a week. Her authorized hours are:

$800 / $9.75 (Portland min. wage) = 82.05 (round 83)

Example 5: **Business based out of home and work is completed in various locations**

Eric is a self-employed landscaper. His business is based out of his home in Wilsonville. He has several clients within the Portland Urban Growth boundary. After costs he is earning $1500 per month and working 45 hours a week. His authorized hours are:

$1500 / $9.50 (min. wage for Wilsonville) = 157.8 (round 158)

**ERDC Student hours**

Example 1: **Rich is eligible for ERDC. He is working 25-30 hours a week and is attending GED classes at the community college five hours a week. He supplied verification of his registration and enrollment and is approved for 35 hours a week (30 for employment and five for student hours).**

Example 2: **Student hours higher than employment hours**

Brenda is working 10 hours a week and is attending class full time (14 hours a week) at SOU. Brenda is primarily a student, her work hours are less than her school hours. The worker authorizes 20 child care hours per week, 10 for work hours and 10 for student hours. This does not meet all of Brenda’s child care need, but the allowable student hours are based off the work hours.
<table>
<thead>
<tr>
<th>Example 3: Working full time</th>
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<tbody>
<tr>
<td>Robert is eligible for ERDC and is working 40 hours a week. He is taking additional classes at an online university and is requesting an additional 10 hours a week for student hours. Robert is not eligible for additional student hours because he is already authorized full time child care, 172 hours per month. The worker does not need to ask for verification of registration or class schedules. The worker should explain to Robert in the ERDC interview that additional hours cannot be given for his class time. The worker does not need to send a notice when student hours are not authorized.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example 4: Student hour verification not received</th>
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</thead>
<tbody>
<tr>
<td>Marie is applying for ERDC while she is working and attending school. She has supplied all of the required verification except for a copy of her current class schedule. Marie states that she will have her class schedule within the next week. The case is pended for the verification and the worker explains that we cannot open the child care case until we have proof of Marie’s class schedule. The worker should explain that Marie should contact the office as soon as possible if she decides not to pursue student hours. If Marie does not return the pended item the case will be denied.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example 5: Schooling completed</th>
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<tbody>
<tr>
<td>Jordan is eligible for ERDC. She was working 20 hours a week and attending school nine hours a week. She reports that she has completed her schooling and is asking about her child care hours. Her children are both enrolled in full-time spots at a local center. The center does not have any part-time spots available and Jordan is concerned that she will lose her child care if they cannot continue to attend full-time. The worker explains that the authorized hours will not be reduced for this certification period. Jordan can continue to take the children to the site full-time, at least 136 hours per month, in order to maintain their current enrollment. At her next re-certification the worker will determine Jordan’s authorized child care hours based on her work hours at that time. Jordan understands that her certification ends in three months and that she will need to increase her work hours if she wants her children to continue attending the center full-time.</td>
</tr>
</tbody>
</table>

**ERDC**  Requesting student hours during the certification period
Example 1: Cornelius is currently receiving child care benefits for his two children. He was working 25 hours a week at his initial certification. He reports that he is taking 10 hours of coursework a week to become a CNA. He also reports that his work hours have decreased. A DHS 210A is sent requesting verification of his registration, class schedule and work hours (income can be requested if he wants his copay decreased).

All verification is received. Cornelius’ work hours have decreased to 20 hours a week. Based on the decreased work hours and the additional school hours, the new authorized hours are 30 hours a week. His copay is decreased based on the new proof of income received.

Example 2: Jean is currently authorized 20 child care hours per week due to employment. She reports reducing her work hours and returning to school full-time to complete her accounting degree. Her current class schedule shows that she is taking 18 hours of classes per week. Her new income verification shows that she is working eight hours a week.

No change will be made to her authorized hours. It is explained to Jean that she is approved for student hours, but that her student hours are limited by her work hours. Her authorized hours will not be increased or decreased at this time. If her work hours have not increased by her recertification date her authorized hours will be reduced to 16 per week.

Example 3: No overlapping work hours 2 parent household
Vonda and Ellis are applying for ERDC for employment and student hours. Vonda works M-F 6 a.m. – 2:30 p.m. and Ellis works Th – Sun 4 p.m. – 8 p.m. Vonda also attends classes every Saturday from 5 p.m. – 7:30 p.m. Vonda and Ellis do not have any overlapping work hours. Since no hours can be authorized for employment, they are not eligible for student hours. They are not eligible for ERDC.

**ERDC**

**Authorizing a higher limit for extra hours**

Example 1: Highest verified hours when paid twice a month
Barbara is paid twice a month. She turns in two pay stubs. One shows 88 hours and the other shows 80. She reported on the application that she works 40 hours a week. The worker needs to address EXH in the interview.

Barbara states that she never works over 40 hours a week. The pay stub with 88 hours was only higher because of how the pay periods landed for that month. The case is coded with 172 hours, EXH is not given on the case, and the worker narrates the conversation with Barbara regarding her child care need.
### Example 2: No travel time needed

Angela is applying for child care. She is an assistant teacher at a child care center. Her pay stubs show that she is working between 40-45 hours a week. The worker addresses child care need with Angela in the interview. Angela brings her children to the child care center where she works, so she has no need for any travel time. The worker explains that full-time hours (172) will cover 10 hours a day, five days a week. Angela’s schedule of eight to nine hours a day with a half hour lunch break will be covered without authorizing EXH. The worker must narrate this information.

### Example 3: Some travel time needed

Alyssa is applying for child care. Her pay stubs show that she is working between 36-42 hours per week. Before authorizing EXH, the worker asks about her child care need. Alyssa works within five miles of her child care provider and has an hour lunch break. The worker narrates that the standard full time hours are sufficient to cover Alyssa’s work hours, meal break, travel time and occasional over-time. No EXH is authorized.

### Example 4:

Dani works 45 hours a week. The authorized hours would be coded:

\[
45 \times 4.3 = 193.5 \text{ work hours} \\
193.5 \times 1.25 = 242 \text{ work and travel time.}
\]

### Example 5:

Denny works 40 hours a week from 11 PM to 9 AM Saturday through Tuesday. He is requesting sleep time. You can authorize up to five hours of sleep time per work day. The authorized hours would be coded:

\[
40 \times 4.3 = 172 \text{ work hours} \\
172 \times 1.25 = 215 \text{ work plus travel time} \\
5 \times 4 \text{ days a week} \times 4.3 = 86 \text{ sleep hours} \\
215 + 86 = 301 \text{ work, sleep and travel time}
\]

### Example 6:

Misty is working 40 hours a week and commuting from Salem to Eugene for employment five days a week. They report that their commute time is one hour and 15 minutes to get to work and one hour and 45 min to return (due to traffic). Misty has a half hour unpaid lunch break. The family’s child care need is:

- 8 hours for work, .5 for the meal break and 3 hours for travel time
- \(8 + 0.5 + 3 = 11.5\) hours per day
- \(11.5 \times 5 = 57.5\)
- \(57.5 \times 4.3 = 247.25\) (248)

The 1.25 calculation is not used since travel time is already added.
Example 7: Jessie rides the bus to work five days a week and has to transfer several times. It takes her three hours a day to travel from the provider's house to work and back again. She works eight hours a day and is required to take a one-hour lunch break, so she needs 12 hours of care per day.

The worker calculates: \(12 \times 5 \times 4.3 = 258\) work and travel time

Example 8: **EXH Payment**

To determine the payment amount to the provider, the computer divides 258 by 215 = 1.2 and increases the maximum limit by 20 percent. If the monthly maximum rate for the child is $550 per month, 258 hours will pay $660.

Example 9: A parent works an overnight 12-hour shift and needs care for his pre-school children for both work hours and sleep hours, a total of 17 hours per day, five days a week. The parent needs additional travel time because they need to drive from child care to work, to home, and back to child care. The worker calculates:

\(17 \times 5 \times 4.3 = 366\) work and sleep

Since UCMS will accept no more than 323 hours, the worker enters 323 in the CC wrk hrs field. The maximum number of hours has been authorized; there is no need to calculate travel time. The computer divides 323 by 215 = 1.50 and increases the maximum limit by 50 percent.

**Child care copays**

**Individual program example(s)**

**ERDC Requirement for caretaker to pay ERDC copay**

**Example 1:** Julie reapplies on Aug. 15. On Sept. 5, the worker receives verification that the copay was met on Aug. 25. If all other eligibility factors are met for August, the case would be reopened effective Aug. 1.

**Example 2:** Dan's case closed Sept. 30 because he did not pay the August copay. Dan paid the August copay Dec. 10 and reapplies. If all other eligibility factors are met, the case would be reopened effective Dec. 1. There is no eligibility for October or November because the copay was not paid in those months.

**Child care provider requirements**

**Individual program example(s)**
Chapter 6: Examples

Example 1:
On 12/27, the computer system tries to send a billing form out on the parent’s case. When no provider is found, a close notice is sent to the parent that day stating that their case will close 2/28. A second notice is sent to the parent at the end of February stating that their case has been closed.

Example 2:
A provider failed in December completes the Orientation on Feb. 15. If client and provider are otherwise eligible, provider can be paid for the month of February – effective Feb. 15 (and forward). Billing forms will not be issued for January while the provider was in failed status. A provider is failed in February because they did not meet the requirement to attend the orientation. Billing forms issued for February will be paid (if client and provider are otherwise eligible). If the child care provider completes the orientation in March, billing forms will be issued for March and can be paid effective from the date the provider completed the orientation (and is in approved status).

Child care payment process

Individual program example(s)

Example 1: **Administrative errors:** The workers received pay stubs on Aug. 24 showing an increase in hours and income. The worker put a note to process the increased income on SNAP effective 10/01, but took no action on the increase in authorized child care hours. The September billing form can be canceled and reissued with higher authorized hours due to the administrative error.

Example 2: **Job loss:** Meg lost her job on May 4, her copay is $250. She will receive a check in May for $518. With no other income, the family is not able to meet the copay amount of $250 for May. The worker can contact DPU and have the CCB for May canceled and reissued. Based on the income of $518, the copay would be $27; this is more than a $25 change in the copay amount. This CCB can be canceled and reissued.

Example 3: **Reduction in income:** John’s hours were cut from full time to 15 hours a week on June 5. His income dropped from $400 a week to $150. His gross income for June is verified as $720:

- June 6 - $270
- June 13 - $150 ongoing income is anticipated to be $150 a week.

He will not have enough income to pay his $187, the copay would be $27; this is more than a $25 change in the copay amount. This CCB can be canceled and reissued.
Example 4: **Increased hours:** Georgia submits and employer letter on May 5 reporting her hours are increasing from 20 to 30 hours a week. She cannot afford to pay her child care provider the difference between the part-time monthly and full-time monthly rate. This CCB can be canceled and reissued.

Example 5: **Increased hours:** Paulette submits a pay stub on Sept. 22 showing her weekly hours have increased from 37 to 40 hours. She is requesting more child care hours. Paulette’s September CCB was issued with 200 child care hours (including travel time); this is a sufficient number of hours to cover her full child care need for September. The September CCB will not be canceled and reissued. Paulette’s authorized hours will be increased on the system for October 1.

Example 6: **Reported after CMS cutoff:** Ringo reported on Jan. 29 that he lost his job. The worker reviews the situation and determines good cause. AWS is approved for February through April. The February billing form was already issued out with a $300 copay. The worker emails DPU to request the February CCB be canceled and reissued with a waived, $0 copay.

Example 7: **When reported timely in the beginning of the month:** Nonie went into labor on Feb. 27. She contacted the DHS branch office on March 2, to report the birth of the baby and her maternity leave. Nonie also states she will have less income for March. The March billing form can be adjusted. Verification of actual March income and her expected income during her maternity leave is needed. Pend using a DHS 210A for required verification. Once it is received, the March billing form can be canceled and reissued with the lower copay. The AML coding is N/R AML 5/2016.

Example 8: **When reported timely in the beginning of the next month:** Sam lost his job on Dec. 30. He had a new job lined up to start on Dec. 31. He reported the job change to DHS on Jan. 4. At his new job, he is working more hours but is paid at a lower rate causing his monthly income to be less. Because Sam reported timely, his case can be updated effective January and the January CCB can be canceled and reissued with the higher hours and lower copay.

**Child care contracts**

**Individual program example(s)**

**ERDC Example 1:** Deborah works Thursday through Sunday at Walmart and in need of childcare. A parent who works Thursday through Sunday would not be a good fit for a contracted site that is open Monday through Friday.
TANF time limits

Individual program example(s)

**What is the Oregon TANF time limit?**

**Example 1:** Al has lived in Oregon his entire life and applies for TANF. His time limit records indicate 60 months federal and 24 months Oregon. Since eligibility in this situation is based on the Oregon Time Limit, Al may receive TANF if he meets all other eligibility requirements.

**Example 2:** Erica and her children move to Oregon from Colorado. In Colorado, Erica received TANF from 09/1997-08/2002 and then her TANF closed as she reached 60 months. Since Oregon does not count time prior to 07/2003, this time does not count towards the Oregon Time Limit and Erica may receive TANF in Oregon as long as she meets all other requirements.

**Example 3:** Nancy and her children move to Oregon from Florida. In Florida, Nancy received TANF intermittently between 2004 and 2016. TANF was closed in Florida because Nancy received 60 months of federally funded TANF. She does not qualify for a hardship extension in Oregon, so only the children will receive TANF in Oregon; Nancy will not be eligible for TANF, but remains JOBS-eligible.

**What is Indian Country?**

**Example 1:** Trevor is on TANF, is an enrolled member of the Klamath tribe and lives in Lincoln County. Effective October 1, 2015: Lincoln County is determined to meet the definition of Indian Country. As of October 1, 2015, Trevor has accrued 57 months of TANF. Because he lives in an Indian Country county and is an enrolled Klamath tribal member, none of the months from October 1, 2015, until Lincoln County’s Indian Country designation changes will be counted.

**What is an exemption?**

**Example 1:** Lisa has been on TANF. She was a victim of domestic violence in 2015 and was not able to obtain or maintain work due to safety issues. Since she was unable to obtain work, she was coded with a TLD N/R and this time was not counted towards the time limit.

**Example 2:** Michelle has been on TANF. She has a mental health condition. This condition has always been managed with medication and does not prevent her from looking for or accepting work. Since it does not limit her ability to work, she would not have been eligible for an exemption and each month would have counted towards her time limit.

**What is a time limit hardship criteria extension?**
Example 1: Julie is on TANF. During her 60th month, she is a victim of domestic violence and cannot obtain work right now due to safety issues. Since she is unable to obtain or maintain employment, she is coded as an “AD” with a TRH C/D and TLD N/R for three months. When the TLD N/R date approaches, the case should be reviewed for any other hardship extension criteria; if none are identified, Julie is removed from the benefit group and timely notice is sent.

Example 2: Jodie is on TANF. She has accrued 60 months toward the time limit and has been removed from the grant for several months. She tells her worker that she is now in treatment for substance abuse. Jodie turns in documentation from her treatment provider that she is unable to work from July to October. The worker should code the case with a TRH C/D and TLA N/R through October and code Jodie as an “AD” on the case. When the TLA N/R date approaches, the case should be reviewed for any other hardship extension criteria; if none are identified, Jodie is removed from the benefit group and timely notice is sent.

Temporary continuation of benefits

Example 1: Kris is on TANF and received her 60th month of benefits on Feb. 1. On Feb. 7, Kris calls and reports that she had a house fire and is now homeless. Her worker staffs this situation with a TANF policy analyst, and it is determined that Kris meets the Family Crisis Temporary Continuation of Benefits criteria. She is coded as an “AD” with a TRH C/D and a TLF N/R for 90 days. Once the 90 days TLF extension is over, Kris’ situation is reviewed for any other hardship; if none are identified, Kris is removed from the benefit group and timely notice is sent.

Example 2: Cecilia is on TANF and has been showing significant progress in her JOBS Plan. Her goal is to be placed in a JOBS Plus activity. In September, during her 59th TANF month, an appropriate site is identified, and Cecilia begins her JOBS Plus agreement in her 60th month. Her worker staffs with a TANF policy analyst and determines that Cecilia meets the criteria for a JOBS Plus Completion (TLP) temporary continuation of benefits. She is coded as an “AD” with a TRH C/D and a TLP N/R with an end date that matches the JOBS Plus agreement of 03/YY. When the TLP N/R date approaches, the case should still be reviewed for any other hardship extension criteria; if none are identified, Cecilia is removed from the benefit group and timely notice is sent.

JOBS participation after reaching 60 months

Example 1: Lisa and her child have received TANF for 60 months. DHS has documentation of Lisa’s learning disability, which has impacted her ability to obtain and maintain employment. Lisa and her child would be eligible to receive TANF beyond 60 months, as long as Lisa continued to engage with her case plan, and they continued to meet all other eligibility factors.
Example 2: Karen and her two children have received TANF for 60 months. Karen has provided documentation from her child’s pediatrician that she is needed in the home to care for her child due to his disabilities. Karen and her children would be eligible to receive TANF beyond 60 months, as long as they continued to meet all other eligibility factors. Karen is not able to engage in a case plan, because she is JOBS-exempt as she is caring for a disabled child.

Example 3: Juan and Maria just moved to Oregon with their children. They had both received TANF in WA for 60 months. The family meets all financial and nonfinancial eligibility requirements except for time limits. Juan has been looking for work, but Maria has been staying at home with their child who has chronic asthma and needs round the clock care. Maria has provided documentation from the child’s doctor that she is needed in the home. Juan meets no time limit hardship extension criteria, so he will not be able to receive cash, but Maria and the children will continue to be eligible. Juan is JOBS-eligible and must engage with his case plan for the family to continue to receive cash.

Example 4: Lisa received TANF in a state where the time limit was 48 months. She moved to Oregon after having timed out in the state she came from. She fits all TANF eligibility requirements. Because Oregon has a 60-month time limit, Lisa is eligible for an additional 12 months of assistance.

Example 5: Mary is a single parent with one child applying for TANF. She has received TANF out of state for 60 months. She has no identified barriers and does not meet a time limit hardship extension criteria. Mary will not be able to receive cash, but her child may receive TANF as long as Mary engages with her case plan.

Example 6: John is a single parent with two children who has received TANF in excess of 60 months. John does not meet any of the time limit hardship extension criteria but has been receiving TANF for his children. John has stopped engaging in activities listed in his case plan. Even though John’s needs have already been removed from the grant, John is entitled to have the opportunity to participate in the re-engagement process and look at good cause. If no good cause is found, John is subject to disqualification.

Example 7: Fred and his wife Genevieve came to Oregon after having received 60 months of TANF in Washington. The family meets all financial and nonfinancial eligibility criteria, except for time limits. Neither Fred nor Genevieve meet any Oregon hardship extension criteria. The TANF case would open just for the children. Both Fred and Genevieve would be considered JOBS-eligible and would need to engage with their case plan for the family to remain eligible for TANF.
Out-of-state benefits

Individual program example(s)

**SNAP**  
**Example 1:**  **ABAWD and SNAP time limits:** Lisa is an ABAWD and she applied for SNAP benefits on March 3, 2019. She is not exempt and is subject to the SNAP time limit. She must comply with the work requirements. She reports receiving benefits from the state of Washington from 10/1/2018 – 2/28/2019. She does not know if she was an ABAWD in Washington. You call the former state, and the Washington worker tells you that Lisa was an ABAWD subject to the SNAP time limits and she used three counting months in Washington for the months of 12/2018, 1/2019 and 2/2019.

Oregon’s clock began on 1/1/2019, two of the counting months in Washington were received 1/2019 or later. Therefore, two of the three-counting months count as CT months in Oregon. The worker should note 1/2019 and 2/2019 as countable months. The counting month received from the state of Washington for 12/2018 does not count in Oregon because it was applied before Oregon’s clock began.

**Example 2:**  **ABAWD and SNAP time limits:** Fred is an ABAWD and is applying for SNAP benefits on Dec. 28, 2020. He is not exempt and is subject to the SNAP time limit. You explain that he must comply with the work requirements. He presents an out-of-state I.D. from California during your intake and you ask if he received benefits from that state. Fred tells you that he received SNAP benefits there, but they closed his benefits because he did not keep doing his job classes.

You call the former state, and the California worker tells you that Fred was an ABAWD subject to the SNAP time limits and he used three counting months in California for the months of 9/2020, 10/2020 and 11/2020. All three-counting months count as CT months in Oregon because they were received after Oregon’s clock began.

**TANF**  
**Example 1:**  **Verifying time on TANF from another state**

Antonina moved to Oregon from Washington. At intake she said she had about four years on assistance in Washington. The worker called Washington but was unable to make a connection with anyone. Since all other eligibility factors were met, the worker opened TANF for the children only and pended Antonina for proof of time on TANF in Washington. The worker emailed Washington. Two weeks later, she received an email from Washington verifying she had received TANF for 48 months, none of which were prior to July 2003 or in Indian Country. The worker was able to supplement TANF back to the filing date.
Example 2: Eryk and his children moved to Oregon from Washington, D.C. Eryk said he had received 60 months of TANF in DC and so the family had timed out. Eryk did not meet a hardship extension criteria. The worker tried to call D.C., but the office was already closed because of the difference in time zones. Since the family met all other eligibility requirements, the worker opened benefits for the children only and pended Eryk for proof of time on TANF in D.C. The worker then faxed a request to D.C. to verify time on TANF for Eryk. The verification was received two days later. Because Eryk had received TANF for 60 months, none of which were prior to July 2003 or in Indian Country, the worker sent a notice to Eryk denying him TANF and updated the Out-of-State Time Limit screens. TANF remained open for the children.

Other parent available to provide care

Individual program example(s)

Example 1: Sam and Diane are applying for ERDC. Sam is working full time and Diane is receiving SSI. Receipt of SSI alone does not mean Diane cannot provide adequate care for their children. Diane provides medical documentation stating that she cannot lift more than 10 lbs. She has a 15-month-old child and a 5 year old. ERDC is approved because the worker can determine that the 15 month old requires a caregiver to lift them and the child weighs more than 10 lbs.

Job separation and voluntary reduction of hours

Individual program example(s)
Example 1:  Reduction in work hours without good cause; disqualification notice sent:

Certification period: October through March
Household composition: Jerod (age 24)
Work Registration Status: Mandatory
OFSET status: Exempt.

Situation: He was working 26 hours a week at $8.95 an hour, which equates to more than 30 hours a week at federal minimum wage.) On 11/2, he reported he was now working 16 hours a week. The employer verified that Jerod asked to work fewer hours. This is treated the same as job quit. Jerod told his worker that he asked for fewer hours because he works at night and he wants to spend more time with friends. This is not good cause.

Notices: The FS00CON (conciliation) and FSC1FJQ (disqualification) notices were sent. The disqualification also told him that ways to comply and one way to comply with the work requirements was to ask his employer to restore his work hours.

Disqualification effective: 12/1

Situation 1: On 11/26, Jerod reports his employer agreed to restore his hours. He is again OFSET exempt because he is working the equivalent of 30 hours a week. As Jerod became exempt from OFSET in November, the LV cannot be imposed for December. Undo the 12/1 close action on FSMIS. Remove the LV1, LV2 or LV3.

Situation 2: On 1/5, Jerod reapplied for SNAP. He is still working 16 hours a week. His supervisor stated that the busy season is over and he cannot increase Jerod’s hours. A DHS 210 is given to Jerod asking him to do six job search contacts in two weeks. He did not turn in the required work activities in the 30-day application period and the benefits were denied 2/4. Jerod arrived in the office on 2/8 with a completed Job Search Verification (DHS 475) showing he had completed the requested job search activity. The disqualification can be lifted 2/8, the date he submitted proof he completed the required work activity, and the case is recertified using 2/8 as a new filing date.
Example 2: Ending the disqualification due to a change in status:

Certification period: October through March
Household composition: Harry (age 32) and Ginny (age 30)
Work Registration Status: Harry is mandatory. Ginny is mandatory.
OFFSET status: Harry is Mandatory. Ginny is pregnant with no complications affecting her ability to work. (They live in a time-limit-exempt county.)

ABAWD status: Harry is mandatory ABAWD in a time-limit-exempt area; Ginny is an exempt ABAWD.

Situation: Harry quit a productive job in November. He did not have good cause.

Notices: The FS00CON (conciliation) and FSC1FJQ notices were sent to Harry in late November.

Disqualification effective: 1/1.

Situation 1: Harry comes into the branch on 12/22 to report and verify he is now working 25 hours a week at $9.50 an hour. He is now OFFSET and ABAWD exempt. Lift the disqualification and process SNAP benefits for January with Harry included. Remove the LV1 coding because his status changed to exempt prior to the effective date of the disqualification so it cannot be imposed. If including his anticipated earnings for January would result in a reduction in benefits, send 10-day notice before adding Harry and his income.

Situation 2: Harry comes into the branch on 1/15 to report and verify he is working 25 hours a week at $9.50 an hour. He is now exempt. Lift the disqualification for February after completing the penalty period (following add-a-person policy). Add both Harry and his anticipated earnings to FSMIS. Send a 10-day continuing benefit decision notice if this change results in less benefits for February than were issued in January. Do not remove the LV1 coding as Harry began to serve the disqualification before showing that he was exempt.
Example 3: Job quit without good cause in 30 days prior to apply for SNAP, one-person filing group:

- **Filing date:** 2/26
- **Household composition:** Robert (age 35)
- **Work Registration status:** Mandatory
- **OFSET & ABAWD status:** Mandatory.

During the interview it was determined that he walked off the job on 2/15. The branch determined he did not have good cause for the job quit.

**Notices:** Denial notice (DHS 456) stating he is not eligible due to a voluntary job quit and will not be eligible before 4/1 and until he shows cooperation.

**One calendar-month period of ineligibility due to a job quit:** 2/15 - 3/1 not eligible; 3/1 to 3/31 is the one-month LV1 disqualification.

Example 4: Job quit without good cause in 30 days prior to applying for SNAP, filing group greater than one:

- **Filing date:** 3/10
- **Household composition:** Elizabeth (age 32) and two children (ages 7 and 10)
- **Work Registration status:** Mandatory
- **OFSET & ABAWD status:** OFSET mandatory. Elizabeth is not an ABAWD as the dependents are part of the filing group.

Elizabeth was employed 40 hours a week in Iowa. She quit her job on 2/18 and moved her family to Oregon. It was determined that she did not have good cause for the job quit. The family meets all other eligibility factors.

**Notices:** FSC1FJQ notice stating she is not eligible before 5/1. However, the children are eligible during this period so the case is approved effective 3/10.

**One calendar-month period of ineligibility due to a job quit:** 3/10 to 3/31 Elizabeth is not eligible; 4/1 to 4/30 is the one-month LV1 disqualification.
### Example 5: Voluntary reduction in hours during 30 days prior to applying for SNAP:

- **Filing date:** 4/19
- **Household composition:** Richard (age 32)
- **Work Registration status:** Mandatory
- **OFSET & ABAWD status:** Mandatory.

During the interview it was determined his work hours were recently reduced. He was working 40 hours a week and is now working 20 hours a week. The branch determined that he asked to work fewer hours on 3/30 and he did not have good cause. This reduction is treated like a job quit.

**Notices:** Denial notice (DHS 456) stating he is not eligible before 6/1 and until he demonstrates cooperation.

**One calendar-month period of ineligibility due to reduction in work hours:** 4/19 to 4/30 not eligible; 5/1 to 5/31 is the one-month disqualification.

### Example 6: Involuntary reduction in hours during 30 days prior to applying for SNAP:

- **Filing date:** 1/21
- **Household composition:** Miguel (age 30)
- **Work Registration status:** Mandatory
- **OFSET & ABAWD status:** Mandatory.

During the interview, Miguel said he was fired on 1/15. The worker called the employer to verify and was told he did not show for work, so the employer considers it a job quit. The branch determined he caused his own dismissal but did not voluntarily quit his job. Miguel is not subject to disqualification due to voluntary job quit.
Example 7: SNAP recipient job quit:

Certification period: October through March

Household composition: Zane (age 28), Marilyn (age 26), and three children (ages 2, 4, and 7)

Work Registration Status: Zane is mandatory; Marilyn is exempt to care for a child under 6.

OFFSET status: Zane is exempt due to working 35 hours a week.

Situation: Zane reported in December he was no longer working. It was determined he quit his job without good cause.

Notices: NOTM FSC2FJQ was sent to Zane for a one-month penalty. The notice specifies Zane needs to do 12 job search contacts and leave four applications within a 30-day period before he could again receive SNAP.

Disqualification effective: 1/1 for Zane only. Marilyn and the children continued to receive benefits. Remember to change the cat el status to N if Zane is the HH on SNAP.

Situation 1: Zane arrives in the office on 1/24 with a completed Job Search Verification (DHS 475) showing he completed the requested job search. The disqualification was lifted and Zane was added to the SNAP benefits as of 2/1 as he completed the one-month penalty.

Situation 2: Zane arrives in the office on 2/8 with a completed DHS 475 showing he completed the job search. Following add-a-person policy, remove the disqualification effective 3/1.

What employment is reviewed?

Example 1: Sam was working for a department store. She has a child with several disability issues. Recently her son’s conditions worsened. She was forced to leave work on a regular basis. Her employer was unable or unwilling to accommodate absences. Sam was fired. Worker determines that Sam was needed to care for her child with a disability. She would have good cause.

Example 2: Ruth and her children are currently receiving TANF. Ruth was hired to work a job full time but quits her job, without good cause before she receives her first pay check. Ruth’s family is no longer eligible for TANF for 120 days from the date she quit her job. Send timely closure notice to end.

Example 3: Patrick and his wife Laurie are applying for TANF. Patrick states that he was working full time, but was terminated last month due to a scheduling issue. After follow-up questions, it is determined that Patrick does not have good cause for his separation of employment. The family is not eligible for 120 days from the date he was let go.
### Example 4:
Tom and his two children are current TANF participants. Tom gains employment and begins working more than 30 hours per week. This is expected to continue. His available monthly hours are more than 100 per month. Tom quits his job before his TANF closes and the department does not determine he had good cause for his job quit. The family is no longer eligible for TANF for 120 days from the date Tom quit his job.

### TANF
What is the penalty for leaving a job without good cause?

**Example 1:** Christina and her children are applying for TANF. The filing date for TANF program benefits was March 20. Christina left her last job, which she was working more than 100 hours, on March 10. She has not worked since that time. Since Christina’s job ended less than 120 days from the filing date, the worker will need to determine good cause or not. After determination has been made, and if the worker does not find good cause, Christina is ineligible for TANF for 120 days from March 10: this would be July 8.

**Example 2:** Roxanne and her five children are currently receiving TANF. Roxanne accepts and starts a full-time job. After receiving her TANF closure notice, Roxanne contacts her worker and lets them know she has quit her job for reasons the department does not grant good cause. The worker sends Roxanne a timely TANF closure notice for employment separation and closes the ongoing TANF case. Roxanne is ineligible for TANF benefits for 120 days from the date she quit her job.

### TANF
What would be the date the caretaker relative left their employment?

**Example 1:** Johnny was working for a local business for the past six months. He worked 40 hours per week. On October 15, his boss informed him he was being fired and his last day would be on October 19. October 19 would be the date Johnny left his last job.

**Example 2:** Gretchen had worked full time for the past two years in a factory. She decided to go back to school and quit her job. She turned in her two-week notice on June 4 and left the job on June 22. June 22 would be the date she left the job.

**Example 3:** Martha was hired by a bakery to work 30 hours per week and was to begin working on July 7. She did not show up for work. The date she left the job.

**Example 4:** Erin was on maternity leave for the past eight-weeks. She contacted her employer on Aug. 29 and informed them she would not be able to return to work. Aug. 29 would be the date Erin left the job.

### TANF
Guidance for determining good cause?
Example 1: Accommodation or accommodations provided were not adequate enough to overcome a physical or mental impairment

Brenda is applying for TANF program benefits for her and her child. She was recently working for a medical equipment fabrication company. She was hired five months ago for full-time work. The company has a six-month trial period. At her second- and fourth- month reviews, she received a below average performance rating due to her inability to perform at the required level. Brenda tried to improve her skills but was unable to succeed. The company chose to let her go. Worker determines that Brenda did not violate her employer’s standards of behavior. She was unable to perform the tasks associated with her job due to lack of skills. Brenda would be given good cause for leaving her employment.

Example 2: Accepted another job at a higher wage but less than 100 hours a month

Kristine was working for the local school district. She has a disability and required accommodations. The district provided the needed accommodations. Even with the accommodations, Kristine was unable to perform her assignments. The school district ended up letting her go from this job. The worker determined that Kristine is an individual with a disability. She needed accommodations in order to do her job. However, even with the accommodations her disability was preventing her from being successful. Kristine would have good cause for leaving this job.

Example 3: Caring for a family member with a disability

Joseph was working over 100 hours and earning $1,450 per month. Forty-five days ago, he left this job to accept a job paying $2,000 per month. He worked this job for one month before being laid off due to low company earnings. Joseph only worked 85 hours per month at this new job. The worker determines that Joseph left his job 45 days ago to accept a job at a higher monthly salary but less than 100 hours per month. He had good cause for leaving the one job to accept the other at a higher monthly salary. He was then laid off due circumstance beyond his control.

Example 4: Circumstance beyond the control of the applicant

Johanna was working at a restaurant. Last month there was a flood. The restaurant Johanna was working at was hit by a mud slide and damaged beyond repair. She lost her job and is now applying for TANF. Worker determines that Johanna lost her job due to the company going out of business. In Johanna’s situation, good cause would be given for the reason she left her employment.
Example 5: **When it’s a court order**

Darren was working for a fast food restaurant. He was court ordered to attend classes. He tried to work with his employer to set up a schedule around his classes but the employer was unable to accommodate. Darren knew that the classes were required and missing them could lead to serving jail time. Darren decided to leave this job and continue to attend the classes. The worker determines that Darren has good cause for leaving his job. He chose to attend the court mandated classes. The alternative would have been mandatory jail time and the potential loss of his child. Darren tried to work out a solution with his employer but his employer was unable to work with Darren’s schedule.

Example 6: **When an Employer was unable or unwilling to provide a needed accommodation**

Andrew had just secured a job six weeks ago. He has a disability and requires some accommodations. After Andrew was offered the job, he told his employer he would need a few accommodations. His employer was unwilling to provide the needed accommodation. Andrew tried to do the job but ended up leaving the job after only one month. The worker determines that Andrew would have good cause because his employer was unable or unwilling to provide a needed accommodation.

Example 7: **When an Employer engages in employment practices that are illegally discriminatory on the basis of age, sex, race, religious or political belief, marital status, disability, sexual orientation or ethnic origin.**

Isabella was working as a payroll technician for a manufacturing company. She was asked to join a political organization affiliated with the company. She explained that she could not join this organization because of her religious beliefs. Three days later she was fired. The worker determines that Isabella was asked to join a political organization and refused due to religious beliefs she would have good cause for leaving this employment.

Example 8: **When entered, or will be entering a residential treatment facility within 30dys**

Julia, Mason and their three children apply for TANF. Mason has been working for the past three years with the same employer. Over the past year his use of alcohol has increased. It is now becoming a problem, which is threatening his job, family and himself. He is working with a local organization to get help. They recommend residential treatment. Mason attempts to work something out with his job but his employer is unable to accommodate. Mason leaves his job to enter treatment. The worker determines that Mason has good cause for leaving his employment. He entered residential treatment center to address his alcohol abuse and work toward family stability.
Example 9: When recommended by Child Welfare or other agency

Alison was working as a supervisor in a warehouse. She was working the swing shift. Alison has two children. She has a history with Child Welfare. Her case worker suggests that she leave the swing-shift and find a job working during the day because of her children’s needs. Alison leaves the job and is currently looking for daytime work. She applies for TANF. The worker determines that Alison has good cause for leaving her employment.

Example 10: When unable to obtain or maintain appropriate child care

Sandy was working with a local computer company until two weeks ago. Her child, Michael, has special needs. Sandy had a good day care situation but her provider moved out of town. There were no other providers able to provide special needs care for Michael. She was forced to leave her job. Worker determines that Sandy has good cause for her job quit since she could not locate another special needs childcare provider.

Example 11: When it is an unsafe workplace, risk to an individual’s health and wellbeing

Judith is a TANF applicant in the sixth month of pregnancy. You find out she left a job last month. She was working full time, 100 plus hours per month. You ask why she left and she tells you she was working in a job that required close contact with different types of chemicals. She asked her boss about other positions but none were available. She says she was scared for the health of her unborn and decided, after consulting her doctor, it was best to leave this job. The worker determines that Judith was being reasonable and tried to work out a different position with her boss and when that failed she took the advice from her doctor and left the job.

TANF Self-employment job

Example 1: Self-employment and separation of employment

Patrick is self-employed. He last worked five weeks ago. He had been selling goods at Saturday market. He earned $600.00 in the final full calendar month. You will need to figure out the number of hours he worked. For self-employed, the hours worked is based on the income divided by Oregon minimum wage. Divide $600 / Oregon minimum wage = < 100 hours. Since Patrick’s total hours were less than 100, he is not subject to the job separation rule.

Example 2: Zoey has been receiving TANF for a year. It is time to re-determine her eligibility for TANF. She turns in her re-determination packet and you begin your eligibility determination. The worker will need to re-establish Zoey’s eligibility and look at if there was any current job separation.
| Example 3: | Silvia is applying for TANF. You are reviewing her eligibility and are looking at her past jobs. You discover that Silvia was working about a month ago and she was hired part-time and worked 60 hours that month. Silvia’s last job before this one was six months ago. The worker determines that the job separation rule does not need to be looked at, because Silvia only worked 60 hours a month within the last 120 days. |
| Example 4: | Brighton and his two sons are applying for TANF benefits. He had a job four weeks ago but left this job to take a trip with his sister to Alaska. He worked 150 hours in the final full calendar month on this job. This is his last job. The worker determines that Brighton voluntarily left this job to take a trip with his sister. In this scenario, Brighton and his children would not be eligible for TANF program benefits for 120 days from the date he left his job. |
| Example 5: | Jennie has come into your office to apply for TA-DVS. She is attempting to escape an abusive relationship. You remember that certain requirements can be waived when applicants are escaping domestic violence. You are able to waive the requirements of the employment separation rule when considering an application for TA-DVS. Remember, you are able to waive the requirements of the employment separation rule when considering Jennie’s application for TANF program benefits. The reason you can do this is because of the risk to Jennie if we deny TANF, which could force her back to the abuser. |
| Example 6: | Alma and Pat, along with their five children, come into your office to apply for TANF. Both Alma and Pat have worked in the past 120 days. You will need to determine how many hours per month Alma and Pat were working and the reason they left their last jobs. You find out Alma left her job because her hours were cut to 15 hours per week and the couple could no longer afford child care. Alma had the highest earnings. Pat was working 40 hours per week. He left his job when the company was laying off staff due to a downturn in orders. Since Alma’s hours were cut to 15 hours per week, you will not need to look at the job separation rule, but you will need to look at the job separation rule for Pat, since he was working full-time hours. |
| Example 7: | Lorena is a tattoo artist. A friend of hers, Brad, has let her set up a space in his store. She was working there for the past year. Two months ago, she got into an argument with her friend and he asked her to remove her things from his shop. The worker determines that Lorena was not working for Brad. She is self-employed and remains self-employed. At this time, she does not have a location to set up her equipment. She would not be affected by the employment separation as she has not separated from a job. |

**Two-week cooperation requirement**
Individual program example(s)

**TANF**

**Example 1:** Lin is applying for TANF for herself and her child in August. Lin’s TANF case closed at the end of June with an active disqualification, DQ2. Lin is JOBS-eligible and does not have good cause for non-engagement. Because Lin’s TANF case closed with an active disqualification within three months prior to her filing date she would be pended to complete a two-week engagement period.

**Example 2:** Mateus is applying for TANF for himself and his three children in May. Mateus’ TANF case went into DQR status effective March and April. Mateus is considered JOBS-eligible and does not have good cause for engagement. Because Mateus’ case closed with an active disqualification within three months prior to his filing date he would be pended to complete a two-week engagement period.

Chapter 3, Processes and procedures

Section 1: Acting on reported changes

Adding or removing a household member

Individual program example(s)

**ERDC**

**Example 1:** Nonie went into labor on Feb. 27. She contacted the DHS branch office on March 2, to report the birth of the baby and her maternity leave. Nonie also states she will have less income for March. The March billing form can be adjusted. Verification of actual March, and her expected income during her maternity leave is needed. Pend using a [DHS 0210A](#) for required verification. Once it is received, the March billing form can be canceled and reissued with the lower copay. The AML coding is N/R AML 5/20.

Income changes

Individual program example(s)
Example 1: Sam lost his job on Dec. 30. He had anticipated the job loss would occur, so Sam had been looking for a new job. He was hired at his new job on Dec. 31. He reported the job change to DHS on Jan. 4. At his new job, he is working more hours, but is paid at a lower rate causing his monthly income to be less. Because Sam reported timely his case can be updated effective January and the January CCB can be canceled and reissued with the higher hours and lower copay. Verification of income is needed before changes can be made, pend using a DHS 0210A.

Authorized work search (AWS)

Individual program example(s)

Nonspecific return to work date

Example 1: Larry calls his worker on Jan. 23 to report he is no longer working due to layoffs and expects to be called back in two to three months. The worker will code the AWS code on Larry as N/R AWS 03/2016. The worker used March because this the shortest time period. In March Larry calls his worker and tells her he is still not back to work. The worker can extend the AWS to April based on Larry’s original statement.

Example 2: Margie contacted her worker on 6/13, stating she was laid off for a month. The worker coded an AWS 7/2015 on Margie. In July Margie called and reported she had not returned to work and was told it would be another two months. The worker updated the coding to AWS 9/2015. On Sept. 25, Margie called again and reported she had not yet returned to work and was told at least another two months. The worker sent Margie a DHS 0210A requesting verification of the return to work period. The DHS 0210A pend items are due 10/12/2015. The worker updates the code to AWS 10/2015. If information verifying the return to work is not received the case will auto close on 10/31/2015.

Coding examples

Example 1: Mia called her DHS office and reported she lost her job on Aug. 15. The worker asks Mia if she was fired, quit, laid off, or has a break in work. Mia states she was told she was laid off but does not have a call back date. The worker updates Mia’s case with an AWS code of N/R AWS 11/2015: this is three months from the last month worked.

Example 2: Karla calls her DHS office and reports she was laid off July 25. The worker asks Karla if she was fired, quit, laid off, or has a break in work. Karla states she was laid off; her employer told her they should be calling people back about Sept. 23. The worker updates Karla’s case with an N/R AWS 9/2015.

When a job loss or temporary break in work occurs in months 10–12
Example 1: Robert calls to report he was laid off on 12/12/2015. His employer expects to call him back to work in April 2016. Robert’s APR date is 12/2015. Code Robert with an AWS of 3/2016. If Robert returns to work between December 2015 and March 2016 he will need to recertify when he reports his return to work because his certification end date is December. If he does not return to work by March the AWS code will close his case. If the reservation list is active, Robert would meet the reservation list exemption of a break in benefits of less than two months even if he does not return to work until May.

**ERDC**

**Employment or return to work date in certification month 12 or one of the following 3 months due to AWS coding**

**Example 1:** The APR date is July 31. The client reported a job loss on May 5; the worker added the AWS code for August 2015. The AWS code will keep the case open past the APR date.

The client reports on Aug. 20 they are employed. A new application will need to be completed because the recertification is due. If the client received the recertification application in June and returned it to the office, that application can be used. If new job verification was not received pend (DHS 0210) for income verification, hours and work schedule and anything else needed. The ERDC interview must be completed. Generally this is done prior to the pend notice but can be completed after pend items are received.

The new certification period starts Sept. 1, if the client meets all eligibility requirements.

**ERDC**

**When a job loss, lay off, or break in work is reported late**

**Example 1:** If the job loss occurred in April, but was not reported until June, the third work search month is July. July is the AWS date and the only month the copay is waived.

**ERDC**

**Two parent families and AWS coding**

**Example 1:** Parent 1 is employed. Parent 2 reported timely on May 5 they are no longer working. The worker determines good cause and adds the AWS code to the case for three months, AWS 8/2015. Parent 2 reports on June 26 they have new employment and they are working more hours than previous job. The worker sends a DHS 0210A requesting verification of work hours and work schedule. The verification shows more work hours for the parent, but less of an overlap in work hours. The worker does not adjust the child care work hours.

- Remind the clients they must report income at or above the ongoing ERDC income limit;
- Allow for 10-day notice.
Example 2: Parent 1 is unemployed, with no return to work date. They reported timely on June 15; good cause was given. The worker codes parent 1 with AWS 09/2015. On July 26 parent 2 called to report they have been laid off. Their employer gave them a return to work date of Oct. 1, 2015.

The AWS cannot be coded on parent 2, because it is already on parent 1.

To track the call from parent 2, you can make a note in the explanation field on UCMS N/R line or tickle the case narrative. Example: N/R EML C $1521 LO 7/26.

On Aug. 1, parent 1 called to report they have a new job. If needed, verify hours or income. Update case, remove AWS code from parent 1 and add to parent 2, if they are still laid off. The coding on parent 2 is N/R AWS 09/2015. Parent 2 will need to contact DHS before 09/2015 if they return to work or the case will close.

**One-parent family becomes a two-parent family**

**Example 1:** Dad calls on June 10, to report mom is now in the home. During the conversation the worker determines Mom returned in April. Mom is not employed. Add the AWS code for July 31, 2015.

**Authorized medical leave (AML)**

**Individual program example(s)**

**Maternity leave**

**Example 1:** Client is placed on bed rest five months into her pregnancy. Medical documentation will be required because the leave extends beyond three months.

**Medical leave coding beyond APR date**

**Example 1:** Christy’s ERDC APR date is 03/15/YYYY. She contacted her worker on Jan. 25 to report she will be on maternity leave Feb. 1 through April 5. The worker will code a N/R AML 04/2015. Christy will be required to complete her recertification in April to continue receiving ERDC. The Employment Related Day Care (ERDC) Re-Application and Supplemental Nutrition Assistance Program (SNAP) Application (DHS 7476) form will be mailed to Christy about Feb. 15.

**Returning to work after AML**
Example 1: Marylou has an open ERDC case. On 12/22/2015, she reports she will be off work due to surgery. The worker asks Marylou if she will have any income changes while she is off work. Marylou, states she will not receive any income from her job, but will continue to receive child support. The worker requests verification of the medical situation including diagnosis, prognosis and expected time off work. The verification received shows Marylou should be able to return to work on 01/15/2015. The worker removes Marylou’s EML from her case and codes an N/R AML 01/2015 on Marylou.

Marylou’s child care billing form will most likely need to be canceled and reissued for January. The reporting date of 12/22 may not give her enough time to get the verification by December’s compute deadline.

Marylou’s return to work: Marylou calls 1/16 to report she did return to work. The worker tells Marylou she will add the income from her job back on her case and will send her notification of the change. If Marylou had stated her income has changed since she went on medical leave the worker would need to ask if change in income is more or less than it was prior to the medical leave. If the income is more, no action is taken if it is less the worker will request verification of the income using a DHS 0210A.

Authorized military transition (AMT)

Individual program example(s)

Example 1: Sam returned home on March 25. His wife Sheila reported to DHS on May 10 that he had returned to the home. The worker determined Sam and his family meet the criteria for authorized military transition (AMT). The return home date was March 25, and the first month of AMT is April. Allow six months, which gives an AMT date of September. The case is coded N/R AMT 9/2016. However, the copay waiver is not effective until June 1, because the change was not reported until May.

If the report had been received in March, the AMT copay waiver would have been effective April 1, the end date of N/R AMT 09/2016 is the same.

Section 4: Individual loss and restoration of benefits

Negotiated check replacement procedures

Multi-program example(s)

Example 1: In the process of issuing cards to several clients, the card issuer enters a card number on Mary Munro’s case but assigns the card to Bad Pitt and helps Bad select his PIN. Bad Pitt’s case was in pending status and with no benefits but Mary Munro has available both TANF and SNAP benefits. Bad Pitt takes his new card (on Mary Munro’s case) and leaves the office. To Bad’s delight, he finds both cash and food benefits available
and promptly depletes both accounts. The branch realizes the error after Bad emptied both accounts. The branch
deactivates Bad’s card, issues a card and PIN to Mary, and replaces the amount of lost benefits.

Example 2: Tobey reports on May 15 that his brother, William, has left the household. The branch removes William
from the case effective June 1 but fails to note that he is an alternate payee. In June, William continues using
Tobey’s benefits. Because DHS failed to cancel William’s access to Tobey’s benefits, we must restore the loss to
Tobey.