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1619A SOCIAL SECURITY ACT
A provision allowing continued SSI and Medical Assistance eligibility for people who would otherwise lose SSI because of a demonstrated ability to work. See Chapter 13 (Basis of Eligibility) and the Health Care Programs Manual.

1619B SOCIAL SECURITY ACT
A provision allowing continued Medical Assistance eligibility for people who become ineligible for SSI benefits under 1619A due to excess income. See Chapter 13 (Basis of Eligibility) and the Health Care Programs Manual.

ABAWD
Able-Bodied Adults Without Dependents. See 0011.24 (Able-Bodied Adults).

ABSENT PARENT
See NON-CUSTODIAL PARENT in 0002.45 (Glossary: Netherlands' Act...).

AC
See ALTERNATIVE CARE in 0002.03 (Glossary: Agent Orange...).

ACCRUED MONTHS
MFIP : See BANKED MONTHS in 0002.05 (Glossary: Assistance Standard...).

ACKNOWLEDGEMENT OF PATERNITY
A legal DECLARATION OF PARENTAGE (DOP) or RECOGNITION OF PARENTAGE (ROP) signed by both the mother and father of a child born to a woman who was not married to the child's father when the child was conceived nor when the child was born, declaring that they are the biological parents of the child. The DOP may be signed before or after the child's birth and is valid only if it is executed before 8-1-95. Starting 8-1-95, use the ROP. The ROP cannot be signed until AFTER the child's birth. The Minnesota Voluntary Recognition of Parentage (DHS-3159) form is available from DHS Forms Supply. These forms must be signed before a notary public. See DECLARATION OF PARENTAGE in 0002.13 (Glossary: Conciliation...), RECOGNITION OF PARENTAGE in 0002.55 (Glossary: Recipient...).

ADDENDUM
For the specific Combined Application addendums, see 0002.11 (Glossary: Child Care…).

ADEQUATE COMPENSATION
FAIR MARKET VALUE or other compensation equal to it.

ADEQUATE NOTICE
A notice sent no later than the date of action.

ADJUDICATION OF PATERNITY
Determination of the identity of a child's father by a court.

ADMINISTRATIVE DISQUALIFICATION HEARING
An administrative hearing initiated by the county for people accused of wrongfully obtaining assistance or intentional program violations who, if found guilty, are disqualified from CASH ASSISTANCE and/or FOOD SUPPORT for a specified period of time.

ADOPTION ASSISTANCE
An adoption assistance grant from state or IV E funds to adoptive parents, a GUARDIAN, or a CONSERVATOR.

ADOPTION IV E
See IV E ADOPTION in 0002.35 (Glossary: Inventory...).

ADULT CHILD
FS : A person age 22 or over who lives with his or her natural or adoptive parent(s) or stepparent(s).

GA : A person age 18 or over who lives with his or her parent(s).

ADULT-SUPERVISED SUPPORTIVE LIVING ARRANGEMENT

MFIP : A private family setting which assumes responsibility for the care and control of a MINOR CAREGIVER and minor child; or other living arrangement, not including a public institution, which ensures that the MINOR CAREGIVER receives adult supervision and supportive services such as counseling, guidance, independent living skills training, or supervision. These other living arrangements must be licensed by the Commissioner of Human Services.

ADVANCED AGE
GA : Age 55 or older with a work history showing a marked deterioration compared to the applicant's or participant's work history before age 55 as indicated by decreasing occupational status, reduced hours of employment, or decreased periods of employment.

AFDC
See AID TO FAMILIES WITH DEPENDENT CHILDREN in 0002.03 (Glossary: Agent Orange...).

AFFIDAVIT
A written declaration made under oath before a notary public or other authorized officer.

AGENCY
See COUNTY AGENCY in 0002.13 (Glossary: Conciliation...).

AGENCY ERROR
An OVERPAYMENT or UNDERPAYMENT caused by the county agency's action or inaction.

AGENT ORANGE :

A herbicide used in the Vietnam War to eliminate foliage.

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) :

The program authorized to provide financial assistance and social services to needy families with a MINOR CHILD. The PERSONAL RESPONSIBILITY AND WORK
OPPORTUNITY AND RECONCILIATION ACT (PRWORA) replaced AFDC with a block grant called TANF. In Minnesota, AFDC was replaced by the MINNESOTA FAMILY INVESTMENT PROGRAM. See MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) in §0002.41 (Glossary: Medically Necessary...).

ALIMONY :

An allowance for support that a court orders a person to pay to his or her SPOUSE.

ALLOCATION :

A DEDUCTION from 1 person's income for the maintenance needs of others. See TEMP Manual TE02.10.60 (Family Cash Allocations), §0018.30 (Allocations).

ALTERNATIVE CARE (AC) :

Payments made by Social Services for HOME CARE SERVICES for a person over age 65 who would otherwise require care in a NURSING FACILITY. See the Health Care Programs Manual.

ALTERNATIVE EMPLOYMENT PLAN (AEP) :

MFIP :

The AEP was replaced by the Employment Plan. See §0028.15 (Employment Plan (EP)) for further information.

AMERASIAN :

A person of Asian and American parentage. There are special provisions for non-citizen children of Vietnamese mothers and American fathers. See §0011.03.18 (Non-Citizens - People Fleeing Persecution).

AMERICORPS :

AmeriCorps includes AmeriCorps*State and AmeriCorps*National (together these two programs are also known as AmeriCorps*USA), AmeriCorps*VISTA (formerly known as VISTA), AmeriCorps*NCCC (AmeriCorps*National Civilian Community Corps). For more information on the AmeriCorps Program, see

§0017.15.78 (National and Community Service Trust Act), §0017.15.87 (AmeriCorps Payments).

APPEAL :
A client's or authorized representative's request to the HUMAN SERVICES JUDGE for review of a COUNTY AGENCY's action or inaction. See §0027 (Appeals).

APPLICANT :
A person who has submitted a request for assistance for whom no decision has been made regarding eligibility, and whose application has not been acted upon or voluntarily withdrawn.

APPLICATION :
A request for assistance made by submitting a signed and dated page number 1 of the COMBINED APPLICATION FORM (CAF). See §0005 (Applications), §0009.06.03 (Recertification Processing Standards).

APPLICATION DATE :
Date of application varies depending on the program and the applicant's situation. See §0005.12.09 (Date of Application) for more specific information.

APPRAISAL :
Estimation of worth. See §0015 (Assets) for requirements for an acceptable appraisal.

APPROVAL :
The act of certifying that an APPLICANT is eligible to receive benefits.

ASSET LIMIT :
The maximum amount of NET COUNTED ASSETS clients may own or have available and remain eligible for assistance. See AVAILABILITY in §0002.05 (Glossary: Assistance Standard...).

ASSET TRANSFER :
The conveying of ownership of an asset to another party.

ASSETS :
REAL PROPERTY and PERSONAL PROPERTY owned wholly or in part by the client.

ASSIGNMENT :

To transfer legal claim, such as assignment of CHILD SUPPORT or MEDICAL SUPPORT.

ASSISTANCE :

Benefits received from the MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), WORK BENEFIT PROGRAM (WB), DIVERSIONARY WORK PROGRAM (DWP), FOOD SUPPORT (FS), MEDICAL ASSISTANCE (MA), GENERAL ASSISTANCE (GA), GENERAL ASSISTANCE MEDICAL CARE (GAMC), MINNESOTA SUPPLEMENTAL AID (MSA), REFUGEE CASH ASSISTANCE (RCA), REFUGEE MEDICAL ASSISTANCE (RMA), and EMERGENCY PROGRAMS. See the Health Care Programs Manual for the health care programs.

ASSISTANCE PAYMENT :

Assistance received from the MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), WORK BENEFIT PROGRAM (WB), DIVERSIONARY WORK PROGRAM (DWP), GENERAL ASSISTANCE (GA), MINNESOTA SUPPLEMENTAL AID (MSA), REFUGEE CASH ASSISTANCE (RCA), and EMERGENCY cash programs.

ASSISTANCE PROGRAMS :

The MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), WORK BENEFIT PROGRAM (WB), DIVERSIONARY WORK PROGRAM (DWP), FOOD SUPPORT (FS), MEDICAL ASSISTANCE (MA), GENERAL ASSISTANCE (GA), GENERAL ASSISTANCE MEDICAL CARE (GAMC), MINNESOTA SUPPLEMENTAL AID (MSA), REFUGEE CASH ASSISTANCE (RCA), REFUGEE MEDICAL ASSISTANCE (RMA), and EMERGENCY PROGRAMS. See the Health Care Programs Manual for the health care programs.

ASSISTANCE STANDARD
An amount set under Minnesota Statutes to provide for an ASSISTANCE UNIT's shelter, food, fuel, clothing, utilities, household supplies, and personal expenses. See 0020 (Net Income Limits).

MFIP : Also see TRANSITIONAL STANDARD in 0002.67 (Glossary: Thrifty...), FAMILY WAGE LEVEL in 0002.23 (Glossary: Fair Hearing...).

ASSISTANCE UNIT
A group of people receiving or applying for BENEFITs together.

ASYLEE
See 0011.03.18 (Non-Citizens - People Fleeing Persecution).

ASYLUM
See 0011.03.18 (Non-Citizens - People Fleeing Persecution).

ATM (AUTOMATIC TELLER MACHINE)
An electronic banking device used by some units to get their assistance benefits.

AUTHORIZED REPRESENTATIVE
A person authorized in writing by the UNIT or CLIENT to act on their behalf. An authorized representative may exercise all the rights and responsibilities of a client. See 0005.06 (Authorized Representatives).

AUTOMATIC TELLER MACHINE
An electronic banking device used by some units to get their assistance benefits.

AVAILABILITY
Used in reference to income or ASSETS. A client's degree of access to income due them or assets they own.

AVAILABLE
See AVAILABILITY above.

BALLOON PAYMENT
A final payment, much larger than previous ones, on a mortgage or CONTRACT FOR DEED agreement.

BANKED MONTHS
MFIP : Months credited during the initial 60 months of MFIP eligibility, which can potentially be used after the 60-month time limit is reached to extend eligibility. Banked months are accrued when a caregiver meets the conditions for special medical criteria. See 0011.36 (Special Medical Criteria).

BANKRUPTCY
A legal proceeding in federal court where a person or company owing money seeks protection from creditors.

BASIC NEEDS
MFIP, GA : The minimum personal requirements of subsistence, restricted to: shelter, utilities, food, clothing, and other items the loss or lack of which is determined by the county agency to pose a direct, immediate threat to the physical health or safety of the applicant or participant.

BASIS OF ELIGIBILITY
An identifying characteristic of a category of people specified as potentially eligible for an ASSISTANCE PROGRAM. People without 1 of the specified characteristics are ineligible.

BATTERED NON-CITIZEN
A NON-CITIZEN who is the spouse or child of a United States citizen or LAWFUL PERMANENT RESIDENT (LPR) and who has been battered or subject to extreme cruelty in the United States by a family member residing in the same household. The battered status must be determined by U.S. Citizenship and Immigration Services (USCIS). Battered non-citizens may petition for adjustment of status to LPR on their own behalf. A person with an approved or pending petition on that basis would be

considered a QUALIFIED NON-CITIZEN, but only if the United States Attorney General determines that there is a "substantial connection between such battery or cruelty and the need for benefits to be provided". The battered non-citizen must no longer reside in the same household with the person who committed the battery. See 0011.03.21 (Non-Citizens - Victims of Battery/Cruelty).

BATTERED WOMEN'S SHELTER
MFIP, WB, DWP, GA : A public or private non-profit crisis shelter, housing network, or other shelter facility providing services to battered women and their children.

FS : A public or private residential facility that serves battered women and their children. If the facility serves other people, a part of the facility must be set aside on a long-term basis to serve only battered women and children.

BATTERY/CRUELTY
See BATTERED NON-CITIZEN.

BEER
Beneficiary Earnings and Exchange Record. A monthly IEVS exchange between the Social Security Administration and the Department of Human Services reporting wages, self-employment, and federal pension earnings from federal tax returns. The original source is the Internal Revenue Service.

BENEFICIARY
The person named to receive BENEFITs or payments.

BENEFIT :

Any assistance payment, including CASH ASSISTANCE, and FOOD SUPPORT or other state-administered food program received by an ASSISTANCE UNIT or paid on their behalf. Also see §0012.12 (Applying for Other Benefits).

BENEFIT MONTH :

The month for which a BENEFIT is designated. Also see PAYMENT MONTH in §0002.47 (Glossary: OJT...).

BENEFIT RECOVERY SECTION :

A section of DHS which pursues collection of 3rd party payments, and determines if health insurance is cost-effective.

BLIND :

An SSI definition used for the FS and MSA programs. The condition of a person without vision. Or, a person with corrected vision of 20/200 or less in the better eye using a standard Snellen chart. If the corrected vision in 1 eye is better than 20/200 but the person's visual field is 20 degrees or less, consider the person blind. Blind also includes people with aphakic eye with vision of 20/70 or worse in the better eye.

BNDX :

Beneficiary Data Exchange. A monthly IEVS exchange between the Social Security Administration and the Department of Human Services. The report provides information on Title II benefits (RSDI) and Medicare Parts A and B.

BOARDER :

A person who eats with the UNIT and pays for meals but does not live with the unit and is not a unit member.

BRS :

See BENEFIT RECOVERY SECTION above.

BRU :

See BENEFIT RECOVERY SECTION above.

BUDGET MONTH :

The calendar month from which the COUNTY AGENCY uses the income or circumstances of a UNIT to determine the amount of the BENEFIT for the PAYMENT MONTH.

BUDGETING :

Assigning income to a PAYMENT MONTH. Using UNIT income to compute eligibility and BENEFIT levels. See PROSPECTIVE BUDGETING in §0002.51 (Glossary: Professional...), RETROSPECTIVE BUDGETING in §0002.57 (Glossary: Relative...). Also see §0022 (Budgeting and Benefit Determination).

BURIAL FUNDS :

Funds paid or designated in advance for funeral expenses.

BURIAL PLAN :

Funds paid or designated in advance for funeral expenses.

BURIAL PLOT :

A cemetery lot.

BURIAL SPACE :

Cemetery lot, burial vault, mausoleum space, etc.

BURIAL TRUST :

Funds paid in advance for funeral expenses and held in a TRUST.

BUSINESS ASSETS :

Assets used for the operation of a business.

BUSINESS LOANS :

Loans used for the operation of a business.

CAC :

See COMMUNITY ALTERNATIVE CARE (CAC) in §0002.11 (Glossary: Child Care...).

CADI :

See COMMUNITY ALTERNATIVES FOR DISABLED INDIVIDUALS (CADI) in §0002.11 (Glossary: Child Care...).

CAF (COMBINED APPLICATION FORM) :

See COMBINED APPLICATION FORM in §0002.11 (Glossary: Child Care...).

CALENDAR MONTH :

A period that begins with the 1st day of the month and ends with the last day of the month.

CAPITAL ASSET :

An asset with a useful life of more than 1 year.

CAPITAL EXPENDITURE :

The purchase or improvement of REAL PROPERTY or PERSONAL PROPERTY having a useful life of more than 1 year.

CAPITAL GAIN :

Profit from the sale of a CAPITAL ASSET.

CAREGIVER :

A person who provides care and support to a MINOR CHILD. The person may or may not receive benefits.

MFIP, WB, DWP :

See §0014.03.03 (Determining the Cash Assistance Unit) for a list of who may be a CAREGIVER. A pregnant woman with no other children is also considered a caregiver; see §0013.03.03 (Pregnant Woman Basis - MFIP/WB/DWP).

CASH ASSISTANCE :

Assistance received from 1 of the CASH PROGRAMS, excluding the food portion of an MFIP grant.

CASH GIFT :

Money given directly to a UNIT which is not otherwise counted as income to the unit, or considered to be a RELATIVE CONTRIBUTION.

CASH-OUT DEMONSTRATION PROJECT :

FS :

A pilot project that issues cash benefits to eligible people rather than benefits restricted to food purchases (People age 65 or older or eligible for SSI.)

CASH PROGRAMS :

MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), WORK BENEFIT PROGRAM (WB), DIVERSIONARY WORK PROGRAM (DWP), GENERAL ASSISTANCE (GA), MINNESOTA SUPPLEMENTAL AID (MSA), REFUGEE CASH ASSISTANCE (RCA), EMERGENCY GENERAL ASSISTANCE (EGA), and EMERGENCY MINNESOTA SUPPLEMENTAL AID (EMSA).

CASUALTY :

MFIP :

Damage to a HOMESTEAD such as from fire.

CATEGORY OF ASSISTANCE :

A general grouping of similar types of ASSISTANCE. The 2 categories in this manual are: CASH ASSISTANCE (see above) and FOOD SUPPORT (see §0002.25 (Glossary: First Adult...)). Also see HEALTH CARE PROGRAMS in §0002.29 (Glossary: Gross RSDI...).

C-CORPORATION :

An artificial 'legal being' (legal concept only) endowed by law with the powers, rights, liabilities and duties of a natural person. A corporation's assets are controlled by the business entity itself, not by the owners (stockholders) directly.

CERTIFICATION :

The initial determination that an APPLICANT is eligible for ASSISTANCE.

CERTIFICATION PERIOD :

The period of time between initial eligibility and the date a county must review the case, or the period of time between required reviews.

CHANGE REPORTERS :

Units that are NOT required to report changes on a monthly HOUSEHOLD REPORT FORM (HRF) or COMBINED SIX-MONTH REPORT (CSR). For more information, see §0002.11 (Glossary: Child Care...), §0002.31 (Glossary: Honoraria...), §0007.03.02 (Six-Month Reporting - FS), §0007.15 (Unscheduled Reporting of Changes - Cash) §0007.15.03 (Unscheduled Reporting of Changes - FS).

CHANGE REPORT FORM :

A form (DHS-2402) given to clients who do not report monthly or every 6 months to report required changes; the form may also be used to report changes for all programs. See §0007.15 (Unscheduled Reporting of Changes - Cash), §0007.15.03 (Unscheduled Reporting of Changes - FS).

CHEMICAL DEPENDENCY :

The compulsive use of a chemical(s) characterized by 3 or more of the following: daily use required to function, inability to stop using the chemical, repeated efforts to control or reduce excessive use, binge use, amnesia about events occurring while intoxicated, and use despite physical problems aggravated by use.

CHEMICAL USE ASSESSMENT :

GA :

An assessment interview and written listing of the client's specific problems related to chemical use which enables the assessor to determine a level of chemical involvement rating according to Minnesota Rules, Part 9530.6620, Subpart 2.

CHILD :

MFIP, WB, DWP :

See MINOR CHILD in §0002.41 (Glossary: Medically Necessary...).

FS :

A person under age 22 who is living with a parent(s). See §0014.03.06 (Determining the Food Support Unit).

CHILD & TEEN CHECKUPS :

A component of the Medical Assistance program that promotes comprehensive health care that includes screening, diagnosis, and treatment services for children from birth to age 21. Child and Teen Checkups (C&TC) is Minnesota's name for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. See the Health Care Programs Manual.

CHILD CARE FOOD PROGRAM :
A federal program authorized by the NATIONAL SCHOOL LUNCH ACT to provide for food service to children in child care who receive TITLE XX funding.

CHILD CARE SUPPORT :
A court-ordered payment by a NON-CUSTODIAL PARENT for a portion of the child care costs incurred by the CUSTODIAL PARENT.

CHILD NUTRITION ACT :
A federal law authorizing and providing for the nutritional welfare of children.

CHILD SUPPORT :
A voluntary or court-ordered payment by NON-CUSTODIAL PARENTS for the support of their children.

CHILD SUPPORT PAYMENTS :
See CHILD SUPPORT above.

CHILDREN'S HOME CARE OPTION (CHCO) :
See TEFRA OPTION in 0002.65 (Glossary: Suitable...).

CITIZENSHIP :
The status of being a native born or naturalized citizen of the United States. See 0011.03 (Citizenship and Immigration Status).

CIVIL RECOVERY :
Recovery of an OVERPAYMENT through the civil judicial process rather than the criminal one. See 0025.21.06 (Civil Recovery).

CLAIM :
The result of a county agency filing an OVERPAYMENT.

CLIENT :
A person who is an APPLICANT or PARTICIPANT.

CLIENT ERROR :
An OVERPAYMENT or UNDERPAYMENT caused by a client's action or inaction.

CLIENT ERROR OVERPAYMENT :

An OVERPAYMENT caused by a client's action or inaction, or a combination of a client's action or inaction and an agency's failure to act.

CLOTHING AND PERSONAL NEEDS ALLOWANCE :
The amount of monthly income institutionalized clients may retain or receive for their day to day expenses. See 0020.24 (Clothing and Personal Need Allowance).

COLA :
Cost of Living Adjustment. An increase in income to compensate for inflation.

COLLATERAL CONTACT :
A person outside the UNIT who confirms information about the unit's circumstances.

COMBINED APPLICATION FORM (CAF) :
The COMBINED APPLICATION FORM (DHS-5223) is used by people to apply for multiple assistance programs including: some CASH ASSISTANCE, FOOD SUPPORT, EMERGENCY PROGRAMS, and Health Care. See 0005.09 (Combined Application Form (CAF)). The CAF plus the Combined Application – Addendum (DHS-5223C) may be used for Child Care Assistance Programs. For health care only applications, see the Health Care Programs Manual.

COMBINED APPLICATION – ADDENDUM :
The COMBINED APPLICATION – ADDENDUM (DHS-5223C) is used for adding a person or people to an existing MFIP, WB, DWP, GA assistance unit after the initial application has been processed. It also can be used, but is not required, for collecting information on people added to Food Support households. For more information, see 005.09.09 (When to Use an Addendum to the CAF).

COMBINED APPLICATION - CHILD CARE ADDENDUM :
The Combined Application - Child Care Addendum (DHS-5223D) is used to apply for the Minnesota Child Care Assistance Programs (CCAP) if an assistance unit is applying for cash assistance, Food Support or health care and has completed a Combined Application Form (CAF) (DHS-5223).

COMBINED APPLICATION (CAF) IMPORTANT INFORMATION :
The COMBINED APPLICATION (CAF) Important Information (DHS-5223B) contains information that clients must be provided as a part of the application/recertification process. It should be given to clients along with the Combined Application Form (DHS-5223).

COMBINED SIX-MONTH REPORT (CSR) :

The COMBINED SIX-MONTH REPORT (CSR) (DHS-5576) is used by CLIENTS to report income and circumstance changes. For more information, see 0007.03.02 (Six-Month Reporting - FS), 0007.12.03 (What Is a Complete HRF/CSR), 0009.06.03 (Recertification Processing Standards).

COMBINED SIX-MONTH REPORT SUPPLEMENT FOR CASH PROGRAMS :

The COMBINED SIX-MONTH REPORT SUPPLEMENT FOR CASH PROGRAMS (DHS-5576A) is used by CLIENTS who receive assistance from a cash program and who may also receive Health Care or Food Support. It must be submitted with a complete COMBINED SIX-MONTH REPORT (CSR).

COMMISSIONER :

The Commissioner of the Minnesota Department of Human Services.

COMMODITY SUPPLEMENTAL FOOD PROGRAM :

Commodity Supplemental Food Program (CSFP) is a USDA Program administered by the Minnesota Department of Health, Family Health Division, Supplemental Nutrition Programs Section. In Minnesota, the programs are called Mothers And Children (MAC) and Nutrition Assistance Program for Seniors (NAPS). See 0029.07.12 (Commodity Supplemental Food Program).

COMMUNAL DINING FACILITIES :

FS :

Public or non-profit private establishments, approved by FNS, which prepare and serve meals for people age 60 or older and their spouses and SSI RECIPIENTs and their spouses.

COMMUNITY ALTERNATIVE CARE (CAC) :

A federally approved home and community based services waiver program for chronically ill people. See the Health Care Programs Manual.

COMMUNITY ALTERNATIVES FOR DISABLED INDIVIDUALS (CADI) :

A federally approved waiver program that allows people living in the community to receive services in addition to their regular MA coverage. See the Health Care Programs Manual.

COMMUNITY WORK EXPERIENCE PROGRAM (CWEP) :

MFIP, DWP :

A COUNTY AGENCY implemented program that helps DWP and MFIP participants gain employment experience in an actual work setting by placing

them in temporary, non-paid positions with public or private not-for-profit employers.

CONCILIATION CONFERENCE :

MFIP :

An informal meeting offered to the CAREGIVER by the EMPLOYMENT SERVICES PROVIDER or COUNTY AGENCY to resolve Employment Services-related non-compliance issues. This opportunity is also offered to a MINOR CAREGIVER to resolve non-compliance issues related to education requirements.

CONDITIONAL ENTRANT :

See REFUGEE in §0011.03.18 (Non-Citizens - People Fleeing Persecution).

CONFESSION OF JUDGMENT :

Written authority by a debtor allowing a legal judgment to be made against him or her in the event of payment default.

CONFIDENTIAL DATA :

Data that are available neither to the public nor the subject of the data under State law. See §0003.09.09 (Clients Rights, Private and Confidential Data).

CONSOLIDATED FUND :

A combination of state and federal dollars the state allocates to counties to administer Welfare Reform. Counties and tribes have the flexibility to use these funds to develop local programs and services designed to improve DWP and MFIP participant outcomes. These programs and services may include Employment Services, social services and emergency funds, as well as others with the goal of improving the economic stability of DWP and MFIP participants. Services may also be provided to families whose incomes are under 200% of FPG, and to non-custodial parents of a child receiving DWP and MFIP. See also TANF PARTICIPATION RATE in §0002.65 (Glossary: Suitable...).

CONTRACT FOR DEED :

A conditional sales contract for purchase of real estate. The contract is held by a private party as opposed to a lending institution. See §0015 (Assets), §0017 (Determining Gross Income), §0018 (Determining Net Income). Also see INSTALLMENT CONTRACT in §0002.33 (Glossary: Independent...).

CORRECTIVE PAYMENT :

An ASSISTANCE PAYMENT made to correct an UNDERPAYMENT. See §0025.09 (Correcting Underpayments), §0025.09.03 (Where to Send Corrective Payments).

COST EFFECTIVE :

A comparison of the cost of goods and services. An alternative that costs less than other choices but produces the desired result.

COUNTABLE INCOME :

EARNED and UNEARNED income that is not excluded or disregarded.

COUNTED EARNINGS :

The EARNED income that remains after applicable disregards have been subtracted from gross earned income.

COUNTY AGENCY :

The county human service agency(s) responsible for the administration of the cash, food, and health care programs. It also includes any agency(s) that contracts with the human service agency for the delivery of financial, health care, child care programs, and employment services.

COUNTY AGENCY ERROR OVERPAYMENT :

An OVERPAYMENT caused by county agency action or inaction.

COUNTY OF FINANCIAL RESPONSIBILITY :

The county obligated to pay a participant's benefits.

COUNTY OF RESIDENCE :

The county where the CAREGIVER has established a home.

COURT-ORDERED SERVICES :

A court imposed sentence requiring people to perform unpaid public work or community service.

CRIMINAL RECOVERY :

Recovery of an OVERPAYMENT through the criminal judicial process rather than the civil one. See §0025.24.03 (Recovering Fraudulently Obtained Assistance).

CRUELTY/BATTERY :

See BATTERED NON-CITIZEN in §0002.05 (Glossary: Assistance Standard...).

CSR :

See COMBINED SIX-MONTH REPORT (CSR) in §0002.11 (Glossary: Child Care...), §0007.03.02 (Six-Month Reporting - FS).

CUBAN ENTRANT :

See §0011.03.18 (Non-Citizens - People Fleeing Persecution).

CUBAN/HAITIAN ENTRANT :

See §0011.03.18 (People Fleeing Persecution).

CUSTODIAL PARENT :

A PARENT who has physical custody of his or her child.

CWEP :

See COMMUNITY WORK EXPERIENCE PROGRAM in §0002.11 (Glossary: Child Care...).

DATA PRACTICES MANUAL :

A manual issued by DHS that contains the policies and procedures that DHS has adopted to ensure compliance with laws governing the practices of sensitive information collected and maintained by the welfare system. It also outlines procedures to ensure that individuals and the public have access to appropriate data. See http://www.dhs.state.mn.us/id_016540

DATE OF APPLICATION :

See APPLICATION DATE in §0002.03 (Glossary: Agent Orange...).

DECLARATION OF PARENTAGE (DOP) :

A form printed by the Minnesota Department of Health, Vital Records Section, that serves as an ACKNOWLEDGEMENT OF PATERNITY. This form may be signed before or after the child's birth. However, to be valid, it must have been executed before 8-1-95. Starting 8-1-95, clients must use the Minnesota Voluntary Recognition of Parentage (DHS-3159). Notarized signatures of both parents must be on the form. See ACKNOWLEDGEMENT OF PATERNITY in §0002.01 (Glossary: 1619A...) for additional information.

DEDUCTION :

An amount of income not counted in the computation of a person's income because its use or intended use is for certain specific expenses. For example, the FOOD SUPPORT PROGRAM allows a deduction for SHELTER COSTS.

DEED
Legal document which conveys ownership of property between parties.

DEEM
To count all or part of the income from responsible members who are not in the UNIT toward the benefit as if it were income the unit had received. See 0016 (Income From People Not in the Unit).

DEFER
FS : Defer a mandatory FSET participant if all of the FSET funding has been used. See TEMP Manual TE02.05.70 (FSET Exemption/Participation Status).

DEFERRED ACTION
See "Other Discretionary Classifications" in 0011.03.24 (Non-Citizens - Lawfully Residing People).

DEFERRED ENFORCED DEPARTURE (DED)
See "Other Discretionary Classifications" in 0011.03.24 (Non-Citizens - Lawfully Residing People).

DENIAL
The act of disapproving an APPLICATION for ASSISTANCE or an ADDENDUM asking to add a person to a grant.

DEPENDENT CARE DEDUCTION
An income deduction based on the cost of caring for a child or adult. See 0018.09 (Dependent Care Deduction).

DEPENDENT CHILD
MFIP, WB, DWP : See MINOR CHILD in 0002.41 (Glossary: Medically Necessary...).

FS : A person under age 22 who is living with a parent(s). See 0011.24 (Able-Bodied Adults), 0014.03.06 (Determining the Food Support Unit).

DEPORTATION
Expulsion of a NON-CITIZEN from the United States.

DESTITUTE
FS : Describes MIGRANT AND SEASONAL FARMWORKER UNITS whose only income for the month is limited to the provisions listed in 0004.48 (DESTITUTE UNITS--MIGRANT/SEASONAL FARMWORKER).

DETOXIFICATION
GA : The program of services provided under Minnesota Statutes, Section 254A.08.

DHS
The Minnesota Department of Human Services.

DIRECT CHILD SUPPORT
Support a custodial parent receives directly from a non-custodial parent even though receipt of support is assigned as a condition of receiving assistance.

DIRECT SPOUSAL SUPPORT
Support a client receives directly from a former spouse even though support is assigned as a condition of receiving assistance.

DISABILITY
Each program has its own requirements for disability/incapacity. See 0012.15 (Incapacity and Disability Determinations).

DISABILITY PENSION
A fixed sum paid regularly to disabled people or their dependents.

DISABLED
Each program has its own requirements for disability/incapacity. See 0010.18.06 (Verifying Disability/Incapacity - FS), 0012.15

(Incapacity and Disability Determinations), 0013.09.09 (MSA Basis - Disabled Age 18 and Older), 0013.15 (GA Bases of Eligibility).

MFIP, DWP : Participants are considered ill, injured, or incapacitated if there is professional certification of an illness, injury, or incapacity that is expected to last more than 30 days which severely limits the participant's ability to obtain or maintain suitable employment. Consider a participant to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week. See 0010.18.05 (Verifying Disability/Incapacity - Cash).

DISASTER
See FNS DISASTER DECLARATION in 0002.25 (Glossary: First Adult...), NATURAL DISASTER in 0002.43 (Glossary: Money...).

DISCONJUGATE GAZE
GA : An inability to move both eyes in unison.

DISCOVERY DATE
The date the agency receives all documentation necessary to calculate a claim.

DISPLACED HOMEMAKER :

A person who is eligible for Minnesota displaced homemaker services. To be eligible a person must meet all of the following:

- Was the primary caregiver in a home for at least 2 years, while working less than full-time outside the home.
- During that time was supported by another person or public assistance.
- Lost that source of support through death, disability, divorce, legal separation, or becoming ineligible for public assistance.
- Is currently unemployed or underemployed and having difficulty finding employment adequate to support the person and his or her dependents.

DISQUALIFIED PERSON :

A person who is ineligible for ASSISTANCE due to non-cooperation with a program requirement. The length of disqualification may vary depending on which program provisions the person violated or failed to comply with.

DISQUALIFY :

To make a person ineligible for ASSISTANCE because of non-cooperation with a program requirement.

DISREGARD :

An amount of income which is excluded in determining NET INCOME.

DIVERSIONARY WORK PROGRAM (DWP) :

DWP is a short-term, work focused program for families applying for cash benefits. It provides a maximum of 4 consecutive months in a 12-month period, of necessary services and supports to families which will lead to unsubsidized employment, increase economic stability, and reduce the risk of needing longer term assistance under MFIP. See §0013.05 (DWP Bases of Eligibility).

DIVERSITY IMMIGRANT :

See §0011.03.12 (Non-Citizens - Lawful Permanent Residents).

DIVERSITY VISA :

See §0011.03.12 (Non-Citizens - Lawful Permanent Residents).

DIVIDEND :

The amount of the profit distribution a shareholder receives, or the amount of the surplus distribution a policyholder of a participating insurance policy receives.

DOCUMENTARY EVIDENCE :

Written VERIFICATION confirming information on the UNIT's circumstances.

DOCUMENTATION :

A written statement or record that substantiates or validates an assertion made by a person or an action taken by a person, agency, or entity.

DOMESTIC VIOLENCE :

See FAMILY VIOLENCE in §0002.23 (Glossary: Fair Hearing...).

DOMESTIC VOLUNTEER SERVICE ACT :

Federal law authorizing the Foster Grandparent Program, National Senior Volunteer Corps, Retired and Senior Volunteer Program, Senior Companion Program, VISTA, Volunteers in Service to America and University Year for Action. For more information, see §0017.15.78 (National and Community Service Trust Act), §0017.15.87 (AmeriCorps Payments).

DRUG ABUSE :

GA :

A pattern of inappropriate and harmful chemical use as defined in Minnesota Rules, Part 9530.6605, Subpart 18. It includes inappropriate and harmful patterns of chemical use that are linked to specific situations in a person's life such as loss of a job, death of a loved one, or sudden change in life circumstances. It does not involve a pattern of pathological use, but it may progress to pathological use.

DRUG ADDICTION OR ALCOHOLIC TREATMENT AND REHABILITATION PROGRAM :

FS :

Used in reference to the Food Support Employment and Training (FSET) program. A drug addiction or alcoholic treatment and rehabilitation program conducted by a non-profit organization or institution and licensed by the Department of Human Services (DHS) or the Minnesota Department of Health, unless they are on Indian reservations. Programs operating on Indian reservations must be tax exempt and funded by the National Institute of Alcohol Abuse and Alcoholism (NIAA) or formerly funded through the NIAA and transferred to Indian Health Services (IHS) funding. See §0004.06 (Emergencies - 1st Month Processing).

DRUG DEPENDENCY :

GA :

A pattern of pathological use as defined in Minnesota Rules, Part 9530.6605, Subpart 20, accompanied by the physical manifestations of increased tolerance to the chemical(s) being used or withdrawal syndrome after cessation of chemical use. It includes a pattern of pathological use accompanied by the physical manifestations of increased tolerance to the chemical(s) being used or withdrawal syndrome after cessation of chemical use, which has been interrupted by a period of incarceration or hospitalization.

DWP :

See DIVERSIONARY WORK PROGRAM.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) :
See CHILD & TEEN CHECKUPS in §0002.09 (Glossary: Calendar Month...).

EARLY WITHDRAWAL PENALTY :
A monetary penalty deducted from funds withdrawn before a specified date from a KEOGH PLAN, an IRA, a certificate of deposit, etc.

EARNED INCOME :
Cash or in-kind income earned in the form of salaries, wages, commissions, profit from employment activities, net profit from self-employment, payments made by an employer for regularly accrued vacation or sick leave, and any other profit earned through effort or labor. For all programs but MSA, the income must be in return for or as a result of legal activity. See §0017.12 (Determining if Income Is Earned or Unearned), §0017.12.06 (Earned Income).

EARNED INCOME CREDIT (EIC) :
A federal refundable tax credit for low or moderate income working individuals and families. People may receive an EIC once a year as a refund. Working families with children can apply for advance payments with each paycheck.

EARNED INCOME DISREGARD :
An employment incentive. See §0018.18 (Earned Income Disregards).
MFIP, WB, DWP :
The exclusion of a portion of earned income in determining eligibility and BENEFITs.

EARNED INCOME TAX CREDIT (EITC) :
See EARNED INCOME CREDIT (EIC) above.

EDUCATIONAL INCOME :
See STUDENT FINANCIAL AID in §0002.63 (Glossary: Special Diet...).

EFFECTIVE DATE :
The date you can implement a DENIAL, TERMINATION, or other change in eligibility or benefit amount after giving proper notice.

EIC :
See EARNED INCOME CREDIT (EIC) above.

EITC :
See EARNED INCOME CREDIT (EIC) above.

ELDERLY :

FS :

Age 60 or older.

ELIGIBILITY FACTORS :

Conditions and standards an APPLICANT or PARTICIPANT must satisfy to be eligible for BENEFITs.

ELIGIBILITY REVIEW :

See RECERTIFICATION in §0002.53 (Glossary: Qualified...).

EMANCIPATED MINOR :

A person under the age of 18 who is or was married, is on active duty in the uniformed services, or has been declared emancipated by a court.

EMERGENCY :

MSA :

A situation that threatens a client's health or safety.

GA :

A situation in which an ASSISTANCE UNIT is without, or will lose within 30 days after application, a BASIC NEED. An EMERGENCY situation must require immediate financial assistance. The financial assistance required by the EMERGENCY must be temporary and must not exceed 30 days.

EMERGENCY AID :

See EMERGENCY PROGRAMS below.

EMERGENCY GENERAL ASSISTANCE (EGA) :

An ASSISTANCE program available to UNITs who are ineligible for EMSA and who are in an EMERGENCY situation.

EMERGENCY MEDICAL ASSISTANCE :

A program meeting the emergency medical needs of people ineligible for MEDICAL ASSISTANCE. See the Health Care Programs Manual.

EMERGENCY MINNESOTA SUPPLEMENTAL AID (EMSA) :

A program meeting the emergency needs of MSA participants.

EMERGENCY PROGRAMS :

EMERGENCY GENERAL ASSISTANCE (EGA), EMERGENCY MINNESOTA SUPPLEMENTAL AID (EMSA). For Emergency Medical Assistance (EMA), see the Health Care Programs Manual.

EMPLOYABILITY DEVELOPMENT PLAN (EDP) :

FS :

An FSET plan specifying employment services and job search activities a client must participate in and support services the COUNTY AGENCY or EMPLOYMENT AND TRAINING SERVICES provider will provide.

EMPLOYMENT PLAN :

MFIP, DWP :

A plan developed by the job counselor and the participant which includes the participant's overall employment goal, activities necessary to reach that goal, and a time line for each activity. All DWP and pre 60-month MFIP participants MUST have an Employment Plan based on their individual assessment. There are special provisions for a client granted the Family Violence Waiver. See §0028.15 (Employment Plan (EP)).

EMPLOYMENT PREFERENCE :

See §0011.03.12 (Non-Citizens - Lawful Permanent Residents).

EMPLOYMENT SERVICES :

The term Employment Services refers to programs, activities, and services that help clients become employed and self-sufficient. Services may include JOB SEARCH, job placements, client assessments, and training. See §0028 (Employment Services).

MFIP :

See MFIP EMPLOYMENT SERVICES (MFIP-ES) in §0002.41 (Glossary: Medically Necessary...).

EMPLOYMENT SERVICES PROVIDER (ESP) :

An agency or organization that operates under formal agreement with the county agency to provide employment services to certain clients on behalf of the county agency. In some instances the ESP is another unit of the county.

EMV :

See ESTIMATED MARKET VALUE (EMV) below.

ENCUMBRANCE :

A legal claim against REAL PROPERTY or PERSONAL PROPERTY payable when the property is sold.

ENROLLEE :

An MA or GAMC participant who is enrolled in a MANAGED CARE HEALTH

PLAN. See the Health Care Programs Manual.

EQUITY :
The FAIR MARKET VALUE of property minus any ENCUMBRANCE.

ESCROW :
A deed, bond, money, or piece of property held in trust by a 3rd party to be turned over to the grantee only on fulfillment of a condition.

ESTATE CLAIMS :
A method of recovering ASSISTANCE from the estate of a deceased person. See §0025.21.12 (Estate Claims).

ESTIMATED MARKET VALUE (EMV) :
The value assigned to real estate by the county assessor for the purpose of levying property taxes. Estimated market value is found on the annual property tax assessment statement.

EXCESS ASSETS :
The amount of ASSETS which exceeds the client's ASSET LIMIT.

EXCESS CHILD SUPPORT :
EXCESS CHILD SUPPORT occurs when collections disbursed to applicable assigned support (current and any arrears assigned as condition of eligibility for AFDC or MFIP) exceed the total of applicable assigned support. The total assigned support can never exceed the cumulative unreimbursed MFIP grant amount.

EXCLUDED INCOME :
Income not used to determine eligibility.

EXCLUDED TIME :
Excluded time varies by program. See §0006.18 (Excluded Time Facilities and Services).

EXCLUDED TIME RESIDENCE/FACILITY :
A type of living arrangement which affects the determination of state residence and the county of financial responsibility. See §0006.18 (Excluded Time Facilities and Services), §0011.06.03 (State Residence - Excluded Time).

EXCLUDED TIME SERVICES :
Excluded time varies by program. See §0006.18 (Excluded Time Facilities and

Services).

EXEMPT MONTHS :

MFIP :

Refers to months that are not counted toward the 60-month time limit.

EXEMPT FROM EMPLOYMENT SERVICES :

MFIP :

Refers to a person who is not required to participate in Employment Service activities because he or she meets certain criteria.

FS :

Refers to a person who is not required to participate in Employment Service activities because he or she meets certain criteria. See §0028.06.10 (Who Is Exempt From FSET).

EXPEDITED SERVICE :

Special procedures and priority processing of APPLICATIONS to make BENEFITs available to people with immediate need. See §0004.04 (Emergency Aid Eligibility--FS/Expedited Food), §0004.06 (Emergencies - 1st Month Processing).

EXPERIENCE WORKS :

Part of the Senior Community Service Employment Program authorized by the OLDER AMERICANS ACT, formerly known as GREEN THUMB. See TEMP Manual TE02.08.010 (Experience Works Income).

EXTENSION :

MFIP :

Allows families to receive additional months of MFIP beyond the 60-month time limit if certain criteria are met. See §0011.33 (MFIP Hardship Extensions).

FACE-TO-FACE INTERVIEW :

A face-to-face meeting arranged to determine initial or ongoing eligibility for ASSISTANCE. See §0005.12.12 (Application Interviews), §0009.06.03 (Recertification Processing Standards), §0009.06.06 (Recertification Interview), §0011.27.03.01 (Drug Felons - FS), §0011.30.03 (MFIP Transition Period), §0011.30.06 (180 to 60 Days Before MFIP Closes), §0028.30.04 (Post 60-Month Empl. Services Sanctions).

FAIR HEARING :

The hearing conducted by the Department of Human Services Appeals Office to decide disagreements concerning eligibility determinations and benefit amount.

FAIR MARKET VALUE :

The price an item would sell for on the open market in a local geographic area. See individual sections in §0015 (Assets) for EXCEPTIONS and provisions.

FAMILY :

MFIP, WB, DWP :

For the definition of FAMILY, see §0013.03 (MFIP Bases of Eligibility), §0013.04 (WB Bases of Eligibility), §0013.05 (DWP Bases of Eligibility).

GA :

The following people who live together:

- An applicant or participant client.
- The client's spouse.
- Any minor child of whom the client is a parent, stepparent, or legal custodian, and that child's minor siblings, including half-siblings, or step-siblings.
- The other parent of the client's minor child or children together with that parent's minor children, and, if that parent is a minor, his or her parents, stepparents, legal guardians, and minor siblings.
- If the person is a minor, the minor's parents, stepparents, or legal guardians, and any other minor children for whom those parents, stepparents, or legal guardians are financially responsible.

FAMILY HOMELESS PREVENTION AND ASSISTANCE PROGRAM :

Provides grants to communities to help prevent homelessness, shorten stays in emergency shelters and assist families with securing housing. See §0029.20.09 (Family Homeless Prevention Assistance).

FAMILY MAINTENANCE NEEDS :

DWP:

Current housing costs including rent, manufactured home lot rental costs, monthly principal, interest, insurance premiums, property taxes due for mortgages or contracts for deed, association fees required for home ownership, utility costs for current month expenses of gas and electric, garbage, water and sewer; and a flat rate of $35 for telephone services.

FAMILY PREFERENCE :

See §0011.03.12 (Non-Citizens - Lawful Permanent Residents).

FAMILY STABILIZATION SERVICES (FSS) :

A state funded service track in MFIP/DWP. Participants are not included in the TANF work participation calculation and services are provided through a case management model.

FAMILY SELF-SUFFICIENCY PROGRAM ESCROW ACCOUNTS :

These accounts created by HUD promote employment and increased savings for public housing residents as a way to save for home ownership. Families may withdraw funds from the escrow account for purposes related to completing higher education, job training, or to meet start up expenses involved in the creation of a small business.

FS:

Funds in the escrow accounts are not available to buy food; therefore, they are excluded as an asset and as income.

FAMILY SUPPORT GRANT PROGRAM :

A state-funded program that provides funds to help families provide home care for children under 21 with disabilities. See §0029.03.06 (Family Support Grant Program).

FAMILY UNIT :

DWP:

A group of people applying for or receiving DWP benefits together. See §0014 (Assistance Units).

FAMILY UNITY :

See §0011.03.24 (Non-Citizens - Lawfully Residing People).

FAMILY VIOLENCE :

An act or a combination of acts such as: physical harm, bodily injury or assault; the infliction of fear of imminent physical harm, bodily injury or assault; terroristic threats; criminal sexual conduct; interference with an emergency call committed against or committed by a family or household member. See §0005.12.12.09 (Family Violence Provisions/Referrals).

For family violence purposes, a family or household members are:

- Spouses and former spouses.
- Parents and children.
- People related by blood.

- People who are residing together or who have resided together in the past.
- People who have a child in common regardless of whether they have been married or have lived together at any time.
- A man and a woman if the woman is pregnant and the man is alleged to be the father, regardless of whether they have been married or have lived together at anytime.
- People involved in a current or past significant romantic or sexual relationship.

FAMILY VIOLENCE WAIVER OPTION :

MFIP :

A provision under which participants, who are VICTIMS OF FAMILY VIOLENCE, may be exempt from the 60-month lifetime limit. See §0005.12.12.09 (Family Violence Provisions/Referrals).

FAMILY WAGE LEVEL :

MFIP :

A standard used for calculating benefits for families with earned income which is set at 110% of the TRANSITIONAL STANDARD.

FARM LOSS OFFSET :

The amount a Food Support client's countable income is reduced because of a net loss in farm income. See §0017.15.33.18 (Self-Employment Loss Offset).

FBR :

See FEDERAL BENEFIT RATE below.

FEDERAL BENEFIT RATE (FBR) :

The assistance standard the Supplemental Security Income (SSI) Program uses to determine clients' eligibility and benefit level. See §0029.06.03 (Supplemental Security Income Program).

FEDERAL MEANS TESTED PROGRAM :

Defined by federal agencies overseeing the programs. These include Temporary Assistance for Needy Families (TANF), Medical Assistance, Food Support, and SSI.

FICA :

Social Security withholding tax.

FINANCIAL CONTRIBUTION :

The amount of money which program rules require a legally responsible person to pay toward a PARTICIPANT's support or cost of care.

FINANCIALLY RESPONSIBLE PERSON :

A person legally responsible for the financial support of another person. See §0016 (Income From People Not in the Unit).

FIRST ADULT STANDARD :

GA :

The standard of ASSISTANCE which is designated to meet the needs of the 1st CAREGIVER. See §0020.18 (GA Assistance Standards). Also used in some calculations as the amount of ALLOCATION or amount DEEMed for an individual's needs. See §0018.30 (Allocations).

FIRST COUSIN ONCE REMOVED :

The relationship between a person and the child(ren) of the person's 1st cousin.

FIVE DAY NOTICE :

A notice sent at least 5 days before the date of action.

FMV :

See FAIR MARKET VALUE in §0002.23 (Glossary: Fair Hearing...).

FNS (FOOD AND NUTRITION SERVICE) :

See FOOD AND NUTRITION SERVICE (FNS) below.

FOOD AND CONSUMER SERVICE (FCS) :

See FOOD AND NUTRITION SERVICE (FNS).

FOOD AND NUTRITION SERVICE (FNS) :

The Food and Nutrition Service of the United States Department of Agriculture. (Formerly known as the Food and Consumer Service (FCS).)

FOOD STAMP CASH OUT DEMONSTRATION PROJECT :

FS :

A pilot project that issues direct deposit or a check to eligible people instead of Food Support benefits. (People age 65 or older or eligible for SSI.)

FOOD SUPPORT EMPLOYMENT AND TRAINING (FSET) :

An employment and training program for some Food Support participants.

FOOD SUPPORT :

Benefits issued under the FOOD SUPPORT PROGRAM for the purchase of food.

FOOD SUPPORT PROGRAM :

Minnesota’s name for the Supplemental Nutrition Assistance Program (SNAP), a United States Department of Agriculture program that issues benefits in the form of electronic benefits to increase food purchasing power.

FORECLOSURE :

A legal proceeding removing the right of a person who mortgages property to redeem (free from a lien by payment of the mortgage amount) the mortgage on the property.

FOSTER CARE :

- Care given to a MINOR CHILD or adult including emergency, interim, or permanent care.

- The 24-hour-a-day care of a child that provides 1 or more child(ren) with a substitute for the care, food, lodging, training, education, supervision, or treatment they need, but which for any reason cannot be furnished by their PARENTS or LEGAL GUARDIANS in their homes.

FOSTER HOME :

A home licensed to provide care to minor children and adults including emergency, interim, or permanent care.

FRAUD :

A person is considered to have committed fraud when obtaining, attempting to obtain, or aiding and abetting another to obtain assistance benefits to which the person is not entitled, through intentionally false statements, representations, or the withholding of material information.

FRAUD OVERPAYMENT :

An overpayment which is determined to be fraud by:

- Court action, including criminal conviction, disqualification consent agreement, pre-trial diversion plan, or civil fraud judgment.

- Administrative Disqualification process (an ADH hearing or ADH waiver).

- Confession of judgment which admits intentional program violation.

FS :

See FOOD SUPPORT above.

FSET :

See FOOD SUPPORT EMPLOYMENT AND TRAINING (FSET) in §0002.25 (Glossary: First Adult...).

FULL-TIME STUDENT :

MFIP, WB, DWP, GA :

A person who is enrolled in a graded or ungraded primary, intermediate, SECONDARY, GED preparatory, trade, technical, vocational, or POST-SECONDARY SCHOOL, and who meets the school's standard for full-time attendance. Summer vacations and school holidays do not affect the student's full-time status.

FS :

A person who meets the definition of full-time student as defined by the school the person is attending. Summer vacations and school holidays do not affect the student's full-time status.

FUNCTIONAL ILLITERACY :

GA :

Inability to read at or above the 8th grade level.

GA :

See GENERAL ASSISTANCE (GA) below.

GAMC :

See GENERAL ASSISTANCE MEDICAL CARE (GAMC) below.

GARNISHMENT :

A legal withholding of a specified sum from wages to satisfy a creditor.

GED (GENERAL EDUCATION DEVELOPMENT CERTIFICATE) :

See GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED) below.

GENERAL ASSISTANCE (GA) :

A program providing financial ASSISTANCE and services to people who are unable to provide for themselves.

GENERAL ASSISTANCE MEDICAL CARE (GAMC) :

A program to provide medical care to people receiving GA, or ineligible for medical coverage through MSA or MEDICAL ASSISTANCE as long as ineligibility for MA is not due to program non-compliance. People on GAMC may be eligible for

MINNESOTACARE but may not be covered on both programs at the same time. See the Health Care Programs Manual.

GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED) :

A certificate issued by the Minnesota Board of Education or a similar certificate from another state equivalent to a SECONDARY SCHOOL diploma.

GENERAL EQUIVALENCY DIPLOMA (GED) :

See GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED) above.

GIT :

GROSS INCOME TEST. An eligibility test based on the gross income limit. See §0019 (Gross Income Test).

GOOD CAUSE :

The circumstances beyond a person's control which keep the person from following program requirements or specific eligibility conditions.

GOOD CAUSE EXCEPTION :

MFIP, DWP :

A situation or circumstance beyond a participant’s control which may allow a sanction or disqualification to be removed retroactively or allow a person to be excused from some ES activities for a certain period of time.

GRANT DIVERSION :

A program in which an EMPLOYMENT SERVICES provider arranges for the county agency to reimburse an employer for a portion of a client's wages. Reimbursement is from the ASSISTANCE payment that the CLIENT would be eligible for if the client were not employed.

GRANT STANDARD :

See ASSISTANCE STANDARD in §0002.05 (Glossary: Assistance Standard...).

GREEN THUMB :

Former name of a part of the Senior Community Service Employment Program authorized by the OLDER AMERICANS ACT, now called EXPERIENCE WORKS. See §0002.21 (Glossary: Employability...).

GRH :

See GROUP RESIDENTIAL HOUSING (GRH) in §0002.29 (Glossary: Gross RSDI...).

GROSS EARNED INCOME :

The income earned from employment before mandatory and voluntary payroll deductions. See §0017 (Determining Gross Income).

GROSS INCOME :

Total non-excluded income (minus expenses for SELF-EMPLOYMENT and student income) before any DEDUCTION or DISREGARD.

GROSS INCOME TEST :

An eligibility test based on GROSS INCOME. See §0019 (Gross Income Test).

GROSS RECEIPTS :

The total amount of EARNED INCOME received from SELF-EMPLOYMENT, before DEDUCTION for expenses. See §0017.15.33 (Self-Employment Income).

GROSS RSDI :
The RSDI benefit amount before deducting the Medicare premium.

GROSS SELF-EMPLOYMENT INCOME :
GROSS RECEIPTS from SELF-EMPLOYMENT, less DEDUCTION for allowable business expenses. See §0017.15.33 (Self-Employment Income).

GROSS SSI :
See FEDERAL BENEFIT RATE (FBR) in §0002.23 (Glossary: Fair Hearing...).

GROUP HOME :
A specialized facility providing 24-hour care for no more than 10 children, including the group home parents' own children under age 21.

GROUP LIVING ARRANGEMENT :
A public or private non-profit facility certified under Section 1616(e) of the Social Security Act or a comparable state law or rule which serves no more than 16 people. This may include ICF-MRs.

GROUP RESIDENTIAL HOUSING (GRH) :
A state-funded program that provides at a minimum, room and board for unrelated people who live in certain licensed or registered group living arrangements and who receive SSI or would be eligible for SSI EXCEPT for excess income and are blind, age 65 or older, or disabled and age 18 or older, or meet a category of eligibility under the GA program.

GSL :
See GUARANTEED STUDENT LOANS (GSL) below.

GUARANTEED STUDENT LOANS (GSL) :
A federal educational loan program for post-secondary students.

GUARDIAN :
See LEGAL GUARDIAN in §0002.37 (Glossary: Learning...).

HAITIAN ENTRANT :
See §0011.03.18 (Non-Citizens - People Fleeing Persecution).

HALF-TIME STUDENT :
MFIP :

A person who is enrolled in a graded or ungraded primary, intermediate, secondary, GED, trade, technical, or vocational school, and who meets the school's standard of half-time attendance.

HALFWAY HOUSE :

- A place that provides a temporary residence for people waiting for institutional placement.
- A place that provides a temporary residence for people who have left an institution and who are preparing to re-enter the community.

HEAD OF HOUSEHOLD :

See PRIMARY CONTACT PERSON in §0002.49 (Glossary: Permanent...).

HEALTH CARE PROGRAMS :

MEDICAL ASSISTANCE (MA), GENERAL ASSISTANCE MEDICAL CARE (GAMC), Refugee Medical Assistance, and MINNESOTACARE. See the Health Care Programs Manual for Health Care programs.

HEALTH MAINTENANCE ORGANIZATION :

An organization licensed by the Department of Health to provide all defined health care benefits to people in return for a capitated payment.

HMO :

See HEALTH MAINTENANCE ORGANIZATION above.

HOME:

The primary place of residence used by a person as the base for day to day living and does not include locations used as mail drops.

HOMELESS :

FS :

A person who lacks a fixed and regular nighttime residence, or a person whose primary residence is: a supervised shelter designed for temporary accommodations; a halfway house or similar facility that provides temporary residence; a place not designed for sleeping accommodations (bridge, lobby, etc.); a temporary accommodation in the home of another person (a person in this situation may be considered homeless for no more than 90 days).

HOMESTEAD :

Definitions vary among programs. See §0015.12.03 (Excluded Assets - Homestead).

HONORARIA :
Payments given to professional people for services for which fees are not legally or traditionally required.

HOSPITAL :
An INSTITUTION used primarily for the treatment and care of people with illnesses other than mental diseases and tuberculosis.

HOUSEHOLD :
People who live together.

HOUSEHOLD REPORT FORM (HRF) :
A form (DHS-2120) used by CLIENTS to report income and circumstance changes.

HRF :
See HOUSEHOLD REPORT FORM (HRF) above.

HUBER LAW :
A federal law allowing people temporary release from jail to work, seek employment, or live with their families.

HUD :
The United States Department of Housing and Urban Development.

HUMANITARIAN PAROLE :
See §0011.03.24 (Non-Citizens - Lawfully Residing People).

HUMAN SERVICES JUDGE :
A person who presides over APPEAL hearings and issues a recommendation on the appealed matter to the Commissioner of DHS.

IEVS (INCOME AND ELIGIBILITY VERIFICATION SYSTEM) :
A set of data exchanges with other state and federal sources that is used to verify income and assets of applicants for or participants of MFIP, WB, DWP or FS.

IMD :
See INSTITUTION FOR MENTAL DISEASES (IMD) in §0002.33 (Glossary: Independent...).

IMMIGRANT :
A person who leaves another country to settle permanently in the United States.

IMMIGRANT SPONSOR :

A person, church, organization, or group agreeing to help receive and place refugees in the United States.

IMMIGRATION REFORM AND CONTROL ACT (IRCA) :

The Immigration Reform and Control Act (IRCA) of 1986, Public Law 99-603, which amended the Immigration and Nationality Act (INA).

IMMIGRATION STATUS :

The status of a person who is not a United States citizen. See §0011.03 (Citizenship and Immigration Status).

IMPROPER TRANSFER :

When an ASSET is sold, given away, or otherwise disposed of for less than FAIR MARKET VALUE for the purpose of obtaining ASSISTANCE.

IN-KIND INCOME :

Payment for a service in a form other than money, or receipt of non-cash gifts or non-cash contributions such as gift cards, food, or clothing. See §0017.15.24 (In-Kind Income).

GA :

Income, benefits, or payments that are provided in a form other than money or LIQUID ASSETS, and which the APPLICANT or PARTICIPANT cannot legally require to be paid in cash to himself or herself, including goods, produce, services, privileges.

INCOME :

CASH or an IN-KIND benefit whether earned or unearned, received by or available to an APPLICANT or PARTICIPANT that is not an ASSET.

INCOME COMPUTATION WORK SHEET :

A state or COUNTY AGENCY form that shows the income and calculations used to determine NET INCOME.

INCOME-PRODUCING ASSET :

An ASSET, LIQUID or non-liquid, that earns interest or produces income for the CLIENT. See §0015.09 (Excluded Assets for Self-Support), §0015.42 (Excluded Assets - Liquid Assets) to determine whether to exclude or count INCOME-PRODUCING ASSETS.

INDEMNITY BOND :

A bond that provides reimbursement for a loss that results from a breach of trust. (For example, a VENDOR receives a check replacement and then cashes both the replacement check and the original check.)

INDEMNITY POLICY :

An insurance policy that pays benefits directly to people for each day of hospitalization or for a specified injury and does not limit using benefits to paying for medical expenses.

INDEPENDENT LIVING OUTSIDE A LONG TERM CARE FACILITY
Not needing the ongoing care provided by a hospital or nursing home.

INDIAN LAND HELD IN TRUST
REAL PROPERTY held in trust for an Indian TRIBE by the federal government.

INDIAN RESERVATIONS
The geographical area recognized by the federal or a state government as being set aside for the use of Indians and governed by Indians.

INDIGENT IMMIGRANT
FS : A sponsored immigrant who is determined by the county to be unable to obtain food and shelter taking into consideration the sponsored immigrant's own income, assets, and assistance provided by others such as a sponsor. "Unable to obtain food and shelter" means that the sum of all contributions, income, assets, and in-kind assistance provided by the sponsor and others does not exceed 130% of the federal poverty income guideline for the unit's size. The county may only deem the actual amount the sponsor provides. Indigence may last up to 12 months and be renewed for additional 12-month periods. The county must notify DHS of the indigent cases including the names of the sponsor and the sponsored immigrant involved. See 0016.21.03 (Income of Sponsors of Immigrants with I-864).

INELIGIBLE NON-CITIZENS
People who are not United States citizens, whose non-citizen status causes them to be ineligible for benefits.

INELIGIBLE PERSON
A person who does not meet eligibility requirements for ASSISTANCE.

INITIAL ELIGIBILITY
MFIP, WB, DWP : The determination of eligibility for an APPLICANT.

INITIAL MONTH
FS : The 1st month for which a Food Support allotment is issued to a household, or the 1st month for which an allotment is issued to a household after any period in which the household was not participating in the Food Support program after the expiration or termination of a certification period. This does not apply to reinstatement for a late HOUSEHOLD REPORT FORM (HRF) or COMBINED SIX-MONTH REPORT (CSR). For more information, see 0002.11 (Glossary: Child Care...), 0002.31 (Glossary: Honoraria...).

INPATIENT
A person admitted to a HOSPITAL. Inpatient applies to a person absent from the hospital on pass or as ordered by a physician. Inpatient does not apply to a person absent from the hospital against medical advice.

INQUIRY
A communication to a county agency through mail, telephone, or in person, by which a person or authorized representative requests information about public assistance. The county agency shall also treat as an inquiry any communication in which a person requesting assistance offers information about the person's family circumstances that indicates that eligibility for public assistance may exist.

INSTALLMENT CONTRACT
A conditional sales contract for purchase of real estate, vehicles, or other assets. This includes, but is not limited to, CONTRACTs FOR DEED, mortgages, and chattel mortgages.

INSTALLMENT PAYMENT
One of several successive payments in the settlement of a debt.

INSTITUTION
An establishment providing services or treatment in addition to room and board to people unrelated to the proprietor.

FS : A university or college where a student may live on or off campus and purchase meal plans. See 0011.12 (Institutional Residence), 0011.18 (Students).

MSA : A hospital, consistent with Code of Federal Regulations, title 42, section 440.10; regional treatment center inpatient services, consistent with section 245.474; a nursing facility; or an intermediate care facility for persons with mental retardation or related condition.

INSTITUTION FOR MENTAL DISEASES (IMD)
An institution for the treatment of mental diseases.

INSTITUTION OF HIGHER LEARNING
FS : Any institution which normally requires a high school diploma or equivalency certificate before enrollment. This includes, but is not limited to, colleges, universities, and vocational or technical schools at the post-high school level.

INTERIM ASSISTANCE
Assistance people receive pending receipt of other maintenance benefits they have applied for. See 0012.12.03 (Interim Assistance Agreements).

INTERSTATE COMPACT FOR JUVENILES (ICJ)
An agreement between states that are part of a compact to transfer supervision of probation and parole of juveniles from one state to another. The compact is the means of returning youth who have run away, escaped, absconded or fled to avoid prosecution and crossed state lines. See 0008.06.06 (Adding a Person to the Unit – Cash), 0011.21 (Receipt of Other Assistance).

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)
An agreement among all 50 states that coordinates the movement of children across state lines for the purpose of placement in foster care, adoptive homes, group homes, residential treatment centers, or on a trial basis with a parent.

INVENTORY :

Products or items used in a SELF-EMPLOYMENT business which can be identified as related to a particular sale or service; raw materials or parts which become part of an item for sale; or items purchased for resale. Also see CAPITAL ASSET and CAPITAL EXPENDITURE in §0002.09 (Glossary: Calendar Month...), SUPPLIES in §0002.65 (Glossary: Suitable...).

IRA :

Individual Retirement Account. A savings account recognized by the Internal Revenue Service as being for retirement purposes.

IRCA :

See IMMIGRATION REFORM AND CONTROL ACT in §0002.31 (Glossary: Honoraria...).

IRREVOCABLE TRUST :

A TRUST which allows neither the person originating the trust nor the beneficiary to change the provisions of the trust.

ISSUANCE CYCLE :

The length of time between issuing benefits.

IV-D AGENCY :

An agency responsible for CHILD SUPPORT enforcement.

IV-D UNIT :

A unit within a COUNTY AGENCY that is responsible for establishing PATERNITY and collecting CHILD SUPPORT according to TITLE IV-D of the Social Security Act.

IV-E ADOPTION :

Adoptions that are subsidized under Title IV-E of the Social Security Act.

JOB CORPS :

A Workforce Investment Act (WIA) program providing education and training to people ages 16 to 24.

JOB SEARCH :

MFIP, DWP:

A component developed with the CLIENT by the EMPLOYMENT SERVICES provider.

FS :

An FSET component included in a FS client's EMPLOYABILITY DEVELOPMENT PLAN.

JOB SERVICE :

An office within the Minnesota Department of Employment and Economic Development with branches throughout the state helping people find employment.

JOINT OWNERSHIP :

Two or more people owning the same piece of property. Each joint owner has rights to the entire property, including the right to survivorship. Also see MULTIPLE OWNERSHIP in §0002.43 (Glossary: Money...), TENANTS-IN-COMMON in §0002.65 (Glossary: Suitable...).

KEOGH PLAN :

A savings account recognized by the Internal Revenue Service for the retirement of self-employed people.

KNOWN TO THE AGENCY :

FS:

Information about a unit's circumstances that a county agency receives from the unit or discovers from sources such as BENDEX, SDX, MEC2, Child Support information through the MAXIS/PRISM system, NEW HIRE reports, and matches such as UNVI, BEER, and UBEN.

For more information, see §0002.11 (Glossary: Child Care...), §0002.31 (Glossary: Honoraria...), § 0007.15.03 (Unscheduled Reporting of Changes – FS), § 0008 (Changes in Circumstances), § 0008.06.01 (Implementing Changes – Program Provisions).

For the purposes of this determination, the county agency includes the Minnesota Department of Human Services and the county human service agency(s) responsible for the administration of the cash, food, and health care programs. It also includes any agency(s) that contracts with the Human Service agency for the delivery of financial, health care, child care programs, and employment services.

LAG QUARTERS:

Current year work quarters and the year preceding it which may not appear in the work quarter history because of the employer report, or the self-employment tax return has not been processed by the Social Security Administration (SSA). The number of lag quarters could be up to 7 quarters depending on when a request for

work quarter history is processed. See §0010.18.15.06 (Verifying Social Security Credits).

LAWFUL PERMANENT RESIDENT (LPR) :
An IMMIGRANT legally admitted to the United States under the United States Immigration and Nationality Act on a permanent basis. See §0011.03.12 (Non-Citizens - Lawful Permanent Residents).

LAWFUL TEMPORARY RESIDENT (LTR) :
An IMMIGRANT legally admitted to the United States under the United States Immigration and Nationality Act on a temporary basis. See §0011.03.24 (Non-Citizens - Lawfully Residing People).

LAYETTE :
Clothing and equipment for a new baby.

LEARNING DISABLED
MFIP, DWP : A disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using concepts through verbal language or non-verbal means. It does not include learning problems that are primarily the result of visual, hearing, or motor handicaps; of developmental disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage. The disability must severely limit the person's ability to obtain, perform, or maintain suitable employment.

FS, GA, GRH : A disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using concepts through verbal language or non-verbal means. It does not include learning problems that are primarily the result of visual, hearing, or motor handicaps; of developmental disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage.

LEGAL CUSTODIAN
MFIP, WB, DWP : A person under legal obligation to provide care for and who is in fact providing care for a minor. For a Native American child, any Native American person who has legal custody of a Native American child under tribal law or custom, under state law, or to whom temporary physical care, custody, and control has been transferred by the parent of the child. If assistance is being requested for the MINOR CHILD, this person meets the definition of CAREGIVER in 0002.09 (Glossary: Calendar Month...).

LEGAL GUARDIAN
"Legal guardian" or "guardian" is a person appointed by a parent's will or by the court to have the powers and responsibilities of a parent, except that the guardian is not legally obligated to provide support for the ward out of the guardian's own funds. If assistance is being requested for the MINOR CHILD, this person meets the definition of CAREGIVER in 0002.09 (Glossary: Calendar Month...).

LEP
See LIMITED ENGLISH PROFICIENCY (LEP) below.

LICENSED MOTOR VEHICLE
A MOTOR VEHICLE legally permitted to use the streets and highways.

LICENSED PHYSICIAN
A person licensed to practice medicine under Minnesota state statutes.

LIEN
A legal claim against property for the satisfaction of a debt. The lien is paid off at the time the property is sold.

LIFE ESTATE
Ownership allowing the occupancy and use of real estate during a person's lifetime. Life estates are REAL PROPERTY. Establishing a life estate is a TRANSFER.

LIHEAP
See LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) below.

LIMITED ENGLISH PROFICIENCY (LEP)
Unable to speak, read, write, or understand the English language well enough to allow a person to interact effectively with health care, social services, or other providers.

LIQUID ASSETS
Cash or property (such as stocks or bonds) easily converted to cash. Consider the amount of money from child support payments in a Stored Value Card as liquid assets. See STORED VALUE CARD in 0002.63 (Glossary : Special Diet).

LITERACY TRAINING PROGRAM
GA : A program for GA clients who lack formal education or job skills. The program must assess reading level, learning disabilities, reading potential, and vocational and occupational interests, and must teach language and reading skills needed for job performance.

LOCAL LABOR MARKET

A geographic area no more than 2 hours round trip from a person's home in which the person must search for SUITABLE EMPLOYMENT.

LONG TERM CARE FACILITY (LTCF)
A place such as a skilled nursing facility (SNF), intermediate care facility for people with mental retardation or related conditions (ICF/MR), medical hospital, MA-covered bed in a psychiatric in-patient hospital or a SNF that is also an Institution for Mental Diseases (IMD), where a person resides or is expected to reside for 30 days or longer. Group Residential Housing (GRH) and assisted living facilities are not long-term care facilities. See the Health Care Programs Manual.

LONG TERM CARE FACILITY RESIDENT
A person living in a LONG TERM CARE FACILITY.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
A program that helps low income people pay heating costs, resolve heating related emergency crises, and reduce home energy consumption through conservation and weatherization activities.

LPR
See LAWFUL PERMANENT RESIDENT (LPR) in 0002.35 (Glossary: Inventory...).

LTCF
See LONG TERM CARE FACILITY above.

LTR
See LAWFUL TEMPORARY RESIDENT in 0002.35 (Glossary: Inventory...).

LUMP SUM :

Cash received on a non-recurring or irregular basis that cannot reasonably be anticipated. Lump sums include winnings, insurance settlements, and inheritances, retroactive payments of RSDI, VA, and UNEMPLOYMENT INSURANCE. See §0015.60 (Evaluation of Lump Sums), §0017.15.30 (Lump Sum Income), §0022.15 (Counting Lump Sums as Income).

MA :

See MEDICAL ASSISTANCE (MA) below.

MAC :

See MOTHERS AND CHILDREN (MAC) PROGRAM in §0002.43 (Glossary: Money...).

MANDATORY SCHOOL FEES :

FS :

Fees charged to all students of a school or to all students within a certain curriculum. This includes the rental or purchase of equipment, materials, or supplies related to the pursuit of the course of study involved.

MANDATORY UNIT MEMBERS :

People who must be included in the ASSISTANCE UNIT. See §0014 (Assistance Units), §0005 (Applications).

MARKET VALUE :

The most probable price property would bring on the open, competitive market. For REAL PROPERTY this is the ESTIMATED MARKET VALUE on the REAL ESTATE TAX STATEMENT or the appraisal of a licensed REAL ESTATE APPRAISER.

MASS CHANGE :

A change brought about by a shift in federal or state policy which affects many or all ASSISTANCE UNITS.

MATCHING GRANT PROGRAM:

The Matching Grant program is administered federally by the Office of Refugee Resettlement. The purpose of the program is to help eligible clients attain self-sufficiency within 120 to 180 days of becoming eligible for the program. The Matching Grant program will provide cash benefits for 4 months. The Matching Grant Program also provides Employment Services.

In Minnesota the Matching Grant Program is administered by the Voluntary Agencies (VOLAGs). For more information about VOLAGs, see §0002.73 (Glossary: Victim...), §0030.01 (Voluntary Agencies (VOLAGS)).

MATERNITY HOME :

Any home or institution that provides residential care for 3 or more pregnant women.

MAXIS :

Minnesota's statewide automated eligibility system for public assistance programs.

MEDICAL ASSISTANCE (MA) :

The program established under Title XIX of the Social Security Act and Minnesota Statutes 256B providing for health care to needy people. See the Health Care Programs Manual.

MEDICAL CERTIFICATION :

A statement about a person's illness, injury, or incapacity that is signed by a LICENSED PHYSICIAN, licensed consulting psychologist, or licensed psychologist who is qualified through professional training and experience to diagnose or certify the person's condition. For an incapacity involving a spinal sub-luxation condition, a statement signed by a licensed physician or by a licensed chiropractor who is qualified through professional training and experience to diagnose and certify the condition.

MFIP, DWP :

A statement about a person's illness, injury, or incapacity that is signed by a LICENSED PHYSICIAN, licensed chiropractor, licensed consulting psychologist, or licensed psychologist who is qualified through professional training and experience to diagnose or certify the person's condition.

MEDICAL DEDUCTION :

FS :

An income DEDUCTION based on medical expenses. See §0018.12 (Medical Deductions).

MEDICAL EVIDENCE :

GA :

Records, reports, treatment notes, or other written documentation about a person's illness, injury, or impairment from a hospital, clinic, treatment facility, detoxification facility, physician, psychologist, nurse, therapist, or other mental

health professional, including evidence listed in a copy of the Disability Determination Rationale provided by the Social Security Administration.

MEDICAL PROGRAMS :
See HEALTH CARE PROGRAMS in §0002.29 (Glossary: Gross RSDI...).

MEDICAL SUPPORT :
Health insurance or other payments from a liable 3rd party or FINANCIALLY RESPONSIBLE PERSON which may be applied to the cost of medical care.

MEDICALLY NECESSARY :

A health service rendered in response to a life-threatening condition or pain; to treat an injury, illness, or infection; to achieve a level of physical or mental function consistent with prevailing community standards for the diagnosis or condition; to care for a mother and child through the maternity period; is a preventative health service; or to treat a condition that could result in physical or mental disability. The provider's professional peer group must recognize the service as the prevailing standard or current practice and consistent with the participant's diagnosis or condition.

MEDICARE :

A federal health insurance program for people who are over 65, disabled, blind, or have permanent kidney failure. Part A covers hospital care, hospice care, and home health care. Part B covers doctor's services, x-rays, laboratory services, and medical supplies.

MENTAL ILLNESS :

An organic disorder of the brain or a clinically significant disorder that seriously limits a person’s capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.

GA :

A psychological disorder resulting in behavior that limits people from getting, performing, or keeping SUITABLE EMPLOYMENT.

MFIP :

See MINNESOTA FAMILY INVESTMENT PROGRAM.

MFIP EMPLOYMENT SERVICES (MFIP-ES) :

MFIP Employment Services is the name of the program that provides employment services to current and former MFIP participants. See §0028 (Employment Services).

MFIP STANDARD OF NEED :

The appropriate standard used to determine MFIP benefit payments for the MFIP unit which includes the TRANSITIONAL STANDARD and the SHARED HOUSEHOLD STANDARD. See §0020.09 (MFIP/DWP Assistance Standards).

MIGRANT FARMWORKER UNITS :

Units with people who travel between states or work sites to follow the flow of seasonal agricultural work. Not all members of the unit must work or be in agricultural work but all members must be traveling for this purpose.

MIGRANT WORKER :

A person who travels away from home on a regular basis, usually with a group of other laborers, to seek employment in an agriculturally related activity.

MINIMUM WAGE :

The lowest wage established by law that an employer may pay an employee. See TEMP Manual TE12.05 (Minimum Wage) for the current wage amounts.

MINNESOTACARE :

A premium-based health care coverage program for uninsured Minnesota residents who meet the income guidelines. It is administered by the Department of Human Services. See the Health Care Programs Manual.

MINNESOTA CHILD CARE FOOD PROGRAM :

See CHILD CARE FOOD PROGRAM in §0002.11 (Glossary: Child Care...).

MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) :

Minnesota's Family Assistance program. The program is both TANF and state-funded. MFIP benefits provide cash and food benefits to eligible applicants. For information on what constitutes a family for MFIP, see §0013.03 (MFIP Bases of Eligibility).

MINNESOTA STATE JOB SERVICE :

See JOB SERVICE in §0002.35 (Glossary: Inventory...).

MINNESOTA SUPPLEMENTAL AID (MSA) :

A state-funded program that provides cash ASSISTANCE to SSI RECIPIENTs, BLIND people, people age 65 or older, and DISABLED people who are age 18 and older.

MINNESOTA TRANSITION APPLICATION FORM (MTAF):

The MINNESOTA TRANSITION APPLICATION FORM (DHS-5223E) is used to transition clients currently receiving DWP or who have received DWP in the last 30 days to MFIP or WB.

MINNESOTA VOLUNTARY RECOGNITION OF PARENTAGE :

A form (DHS-3159) printed by the Department of Human Services (DHS) that is used to determine the paternity of a child. This form can only be signed after the child's birth. Notarized signatures of both parents must be on the form. See ACKNOWLEDGEMENT OF PATERNITY in §0002.01 (Glossary: 1619A...) for additional information.

MINNESOTA WORKING FAMILY CREDIT :

A state tax credit for which low or moderate income individuals and families are eligible if they qualify for the federal EARNED INCOME CREDIT. See EARNED INCOME CREDIT in §0002.19 (Glossary: Early...). The Minnesota Working Family Credit can be applied for by filing a Minnesota income tax return.

MINOR CAREGIVER :

MFIP, WB, DWP :

A person who:

- Is under the age of 18 years and not emancipated.

AND

- Has applied for or receives assistance as a CAREGIVER on behalf of himself or herself and his or her MINOR CHILD. See EMANCIPATED MINOR in §0002.19 (Glossary: Early...).

MINOR CHILD :

A child under age 18.

MFIP, WB, DWP :

A child who lives with PARENTS or other CAREGIVER, is not the parent of a child in the home, and who is 1 of the following:

- Less than 18 years old.

OR

- Under the age of 19 and a FULL-TIME STUDENT in a SECONDARY SCHOOL or equivalent level of vocational or technical training, designed to fit students for gainful employment.

MONEY MISMANAGEMENT :

MFIP :

Money mismanagement exists where the well-being of the child(ren) is jeopardized by a CAREGIVER'S inability to plan use of income. See §0024.09 (Protective and Vendor Payments).

GA :

A continuing pattern of money mismanagement includes, but is not limited to, a client having received a total of 2 or more emergency assistance payments within an 18-month period for which the emergencies were a direct result of the client's failure to use available resources for payment of basic need items. See §0024.09 (Protective and Vendor Payments).

MONTH OF APPLICATION :

The calendar month in which a county agency receives a client's APPLICATION for ASSISTANCE.

MONTHLY INCOME ALLOWANCE :

See ALLOCATION in §0002.03 (Glossary: Agent Orange...). Also see §0018.30 (Allocations).

MONTHLY INCOME TEST :

The test used to determine ongoing eligibility and the UNIT'S ASSISTANCE amount.

MONTHLY REPORTING :

The requirement to complete a HOUSEHOLD REPORT FORM (DHS-2120) every month. See §0007.03 (Monthly Reporting - Cash), §0007.03.01 (Monthly Reporting - Uncle Harry FS).

MORTGAGE :

A pledge of property to a creditor as security against a debt. In order for a loan to be considered a mortgage or 2nd mortgage, it must be secured by a legal lien against the property.

MORTALITY TABLES :

A chart issued by the Commissioner of Revenue which shows the value of a LIFE ESTATE based upon a person's age.

MOTHERS AND CHILDREN (MAC) PROGRAM :

A program administered by the Department of Health which gives commodity foods and recipes to women, children, and infants. On the Red Lake Indian Reservation,

MAC is called the Commodity Supplemental Food Program. See §0029.07.12 (Commodity Supplemental Food Program).

MOTOR VEHICLE :
A motorized road vehicle used to transport people or goods.

MSA :
See MINNESOTA SUPPLEMENTAL AID in §0002.41 (Glossary: Medically Necessary...).

MULTIPLE OWNERSHIP :
Two or more people have a financial share of the same property. Also see JOINT OWNERSHIP in §0002.35 (Glossary: Inventory...), TENANTS-IN-COMMON in §0002.65 (Glossary: Suitable...).

NADA :
National Automobile Dealers Association.

NADA USED CAR GUIDE :
A private publication giving standard values for motor vehicles.

NATIONAL SCHOOL LUNCH ACT :
A federal law which provides free and reduced price lunches for children.

NATURAL CHILD :
A parent's child by birth.

NATURAL DISASTER :
Destruction of life or property caused by natural forces including but not limited to destruction caused by fire or weather.

NATURALIZED CITIZEN :
A person who was not born in the United States, but who became a citizen by meeting legal requirements for citizenship and taking an oath of allegiance to the United States.

NEGOTIATED RATE FACILITY :
See GROUP RESIDENTIAL HOUSING in §0002.29 (Glossary: Gross RSDI...).

NET COUNTED ASSETS :
The total value of all ASSETS which are AVAILABLE and not excluded.

NET INCOME :

Income remaining after each program's DEDUCTIONS and DISREGARDS are subtracted from GROSS INCOME.

NET INCOME LIMIT :

The appropriate ASSISTANCE STANDARD for the UNIT or HOUSEHOLD size.

NETHERLANDS' ACT (WUV)
WUV is a Dutch acronym for payments the Dutch government makes under the Netherlands' Act on Benefits for Victims of Persecution 1940-1945. These payments are for both Dutch and non-Dutch people who, during the German and Japanese occupation of the Netherlands and Netherlands East Indies (now the Republic of Indonesia) in World War II, were victims of persecution because of their race, religion, beliefs, or homosexuality and, as a result of that persecution, suffer from illness or disability. Payments under this Act began 1-1-73, and include 4 categories of benefits: periodic income payments; compensation for non-definable disability expenses (Dutch acronym, NMIK); reimbursement of persecution-related disability expenses; and partial compensation for persecution-related disability expenses. See 0015.27 (Excluded Assets - Income), 0017.15.57 (Payments to Persecution Victims).

NON-APPLICANT
FS : A unit member who is not applying for FS. The non-applicant's income and assets may be deemed toward the eligible unit members. See 0011.03.09 (Non-Citizens - FS/MSA/GA/GRH), 0011.03.27 (Undocumented and Non-Immigrant People), 0015.48 (Whose Assets to Consider), 0016.42 (Income of Non-Applicants).

NON-CITIZEN
A person who is not a United States citizen. See 0011.03 (Citizenship and Immigration Status).

NON-CUSTODIAL PARENT
A natural or adoptive mother or father who is not living in the home. See TEMPORARY ABSENCE in 0002.65 (Glossary: Suitable...).

NON-FRAUD CLIENT ERROR OVERPAYMENTS
Non-fraudulent OVERPAYMENTS caused by a client's action or inaction.

NON-HOMESTEAD REAL PROPERTY
Any REAL PROPERTY which does not meet a program's definition of HOMESTEAD. See 0015.12.03 (Excluded Assets - Homestead).

NON-IMMIGRANT
A NON-CITIZEN legally present in the United States on a temporary basis such as a visitor, tourist, diplomat, student, and some temporary or agricultural workers. See 0010.18.21 (Identify Non-Immigrant or Undocumented People), 0010.18.21.03 (Non-Immigrant People: USCIS Class Codes), 0011.03.27 (Undocumented and Non-Immigrant People).

NON-PARENT CAREGIVER
A person who is a CAREGIVER for a child but who is not the child's PARENT.

NON-REAL PROPERTY USED AS A HOME
For example: boats, campers, and vehicles used as the person's residence.

NON-RECURRING INCOME
Income the county agency and the unit do not anticipate the client to receive more than once. For more information about specific program provisions, see 0017.01 (Non-Recurring Income).

NON-RECURRING LUMP SUM
FS: Money received in the form of a non-recurring lump sum payment including, but not limited to, income tax refunds, rebates, or credits; retroactive lump-sum social security, SSI, public assistance, railroad retirement benefits, or other payments, lump sum insurance settlements, or refunds of security deposits on rental property or utilities. See 0015.60 (Evaluation of Lump Sums).

NON-RECURRING MEDICAL EXPENSES
A medical expense reasonably expected to be a 1 time occurrence; for example, glasses. Also see RECURRING MEDICAL EXPENSES in 0002.55 (Glossary: Recipient...).

NOTARIZED AGREEMENT
A signed contract which also contains a Notary Public's seal and signature.

NOTICE OF EXPIRATION

FS : A notice used to inform Food Support participants of the date their current CERTIFICATION PERIOD ends, the last day the UNIT may apply for RECERTIFICATION with uninterrupted BENEFITs, and their rights and responsibilities concerning recertification.

OJT :

See ON-THE-JOB TRAINING (OJT) below.

OLDER AMERICANS ACT :

Federal law providing funding for services to and programs for the elderly, including congregate dining facilities, senior centers, home meal delivery, EXPERIENCE WORKS (formerly GREEN THUMB), etc.

ON-THE-JOB TRAINING (OJT) :

Training by an employer that is provided to a paid participant while engaged in productive work in a job that:

- Provides knowledge or skills essential to the full and adequate performance of the job.

AND

- Provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training.

AND

- Is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate.

OPTIONAL UNIT MEMBERS :

MFIP :

People who may choose whether to join an ASSISTANCE UNIT. See §0014.03.03 (Determining the Cash Assistance Unit).

OVERPAYMENT :

Benefits which ASSISTANCE UNITs receive that exceed the amount for which they are eligible.

OVERPAYMENT REPAYMENT AGREEMENT :

A voluntary payment plan agreed to by a responsible person and the county agency as a method of repaying an overpayment. See §0025.21.03 (Overpayment Repayment Agreement).

PARENT :

A child's natural, step, or adoptive mother or father. Also see STEPPARENTS in §0002.63 (Glossary: Special Diet...).

PARENTAL CONTRIBUTION :

An amount paid by a FINANCIALLY RESPONSIBLE PERSON not living in the home toward a CLIENT's support or medical expenses.

PARENTAL CONTROL :

See UNDER PARENTAL CONTROL in §0002.71 (Glossary: Two Party...).

PAROLE :

See §0011.03.24 (Non-Citizens - Lawfully Residing People).

PAROLED AS A REFUGEE :

See §0011.03.18 (Non-Citizens - People Fleeing Persecution).

PARTICIPANT :

A person who is on ASSISTANCE and has not been taken off, including during months of SUSPENSION.

PARTNERSHIP :

An unincorporated business owned by 2 or more people.

PASS :

See PLAN TO ACHIEVE SELF SUPPORT (PASS) in §0002.49 (Glossary: Permanent...).

PATERNITY :

Legal fatherhood, either ADJUDICATED or established through the RECOGNITION OF PARENTAGE.

PAYEE :

The person to whom a BENEFIT is paid.

PAYMENT MONTH :

The calendar month for which assistance is paid. Also see BENEFIT MONTH in §0002.07 (Glossary: Benefit...).

PAYMENT PLAN :

FS :

An arrangement with a medical vendor by a Food Support PARTICIPANT to pay for services in specified intervals and amounts.

PELL GRANT :

Federal financial aid program for post-secondary students.

PENAL SYSTEM :

The facilities and organizations for confinement of prisoners. See §0011.12.03 (Under Control of the Penal System).

PENSION :

A fixed sum paid regularly to retired people or their dependents.

PEOPLE WITH MENTAL RETARDATION :

People who have been diagnosed as having substantial limitations in present functioning, manifested as significantly below average intellectual functioning, existing concurrently with demonstrated deficits in adaptive behavior and who manifest these conditions before their 22nd birthday. See §0011.33.06 (MFIP Hard to Employ Extension Category), §0011.39 (Qualified Professionals), §0013.15.24 (GA Basis - Mental Retardation/Mental Illness).

PERIOD OF INTENDED USE :

FS :

The later of: the issuance month, the month after the issuance month if the original benefit was issued on or after the 20th of the month, or the month for which the benefit was issued.

PERKINS LOAN :

Federal financial aid program for post-secondary students.

PERMANENT EMPLOYMENT
GA : SUITABLE EMPLOYMENT that is not, by description, of limited duration.

PERMANENTLY AND TOTALLY DISABLED
People who are or could be considered permanently and totally disabled according to the provisions of the ASSISTANCE PROGRAM for which they are applying or are a participant. See 0012.15 (Incapacity and Disability Determinations).

PERSON TRAINED IN DOMESTIC VIOLENCE
MFIP, DWP : An individual who works for an organization designated by the Minnesota Center for Crime Victim Services as providing services to victims of domestic violence, a county staff person who has received similar training, or any other person or organization designated by a qualifying organization.

PERSONAL NEEDS ALLOWANCE
DWP : An allowance of up to $70 per month per DWP unit member to pay for expenses such as household products and personal products.

MSA, GA, GRH : The amount of monthly income clients may retain or receive for their day-to-day expenses.

PERSONAL PROPERTY
Any asset which is not REAL PROPERTY (including a CONTRACT FOR DEED).

PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY AND RECONCILIATION ACT (PRWORA)
An agreement signed into law on 8-22-96 which eliminated the federal entitlement program of AID TO FAMILIES WITH DEPENDENT CHILDREN and created a new program called TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF). PRWORA provides block grants to states to offer time-limited cash assistance. It also made major changes in the FOOD SUPPORT PROGRAM.

PLAN TO ACHIEVE SELF SUPPORT (PASS)
A plan approved by the SOCIAL SECURITY ADMINISTRATION for SSI RECIPIENTs which allows certain client assets or income to be excluded in determining benefits for some assistance programs. See 0018.06.06 (Plan to Achieve Self-Support (PASS)).

POST-SECONDARY SCHOOL
A school serving students beyond the 12th grade, such as a community college, university, or technical college.

PRE-ADMISSION SCREENING (PAS) PROGRAM
A screening program that prevents inappropriate nursing home or boarding care placement.

PREDICTION OF ELIGIBILITY
An informal prediction by a worker of a person's likelihood of eligibility for assistance. This is a separate and optional procedure from the initial contact process. See 0005.03.03 (Predicting Eligibility).

PREMARITAL AGREEMENT
A contract made before marriage which sets terms for division of property and support in the event of marriage dissolution.

PREPAID BURIAL ACCOUNT
Funds paid in advance for funeral expenses.

PRESIDENTIAL DISASTER DECLARATION
FS : A declaration made by the President of the United States or the designee such as the Secretary of Agriculture that establishes temporary emergency Supplemental Nutrition Assistance Program (SNAP) eligibility standards for people who are disaster victims.

PRIMARY CONTACT PERSON
The person designated by the UNIT or the COUNTY AGENCY to whom the agency directs correspondence and notices. The primary contact person may be someone other than the principal wage earner. For the description of principal wage earner, see 0028.03.06 (Determining FS Principal Wage Earner).

PRIVATE DATA
Data not available to the public under state law. Private data are available to the subject of the data and that person's AUTHORIZED REPRESENTATIVE. See 0003.09.09 (Client Rights, Private and Confidential Data).

PROCEDURAL ELIGIBILITY
Things people have to do to be eligible for assistance, such as requirements regarding Social Security numbers, being a MINOR CAREGIVER, Employment Services, applying for other benefits, disability, child and medical support, health insurance, and tort settlements or claims. See 0012 (Procedural Eligibility). Also see the Health Care Programs Manual.

PROCESSING MONTH
The month designated for processing a COMBINED SIX-MONTH REPORT (CSR), a HOUSEHOLD REPORT FORM (HRF), or a RECERTIFICATION. See 0002.11 (Glossary: Child Care...), 0002.31 (Glossary: Honoraria...), 0007.03.02 (Six-Month Reporting - FS).

PROCESSING PERIOD
The time program rules allow for processing an APPLICATION. Also called PROCESSING STANDARDS.

PROCESSING STANDARDS
The period of time allowed to determine eligibility.

PROFESSIONAL CERTIFICATION :

MFIP, DWP, GA :

A statement about a person's illness, injury, or incapacity that is signed by a licensed physician, licensed chiropractor, psychological practitioner, or licensed psychologist, qualified by professional training and experience to diagnose and to certify the person's condition. See §0011.39 (Qualified Professionals).

PROPERTY TAX STATEMENT :

The official annual notification from the County Assessor's office of the ESTIMATED MARKET VALUE of the property, amount of taxes levied, any credits, any special assessments, and the owner and taxpayer of record.

PROPERTY TRANSFER :

To cause right, title, or interest in REAL OR PERSONAL PROPERTY to pass from 1 person to another.

PRORATE :

To divide, distribute, or assess proportionally.

PRORATION :

An action in which initial BENEFITs are calculated from the date of APPLICATION or the date all eligibility factors are met, whichever is later. See PRORATION TABLE below.

PRORATION TABLE :

A chart used to calculate PRORATED benefits. See §0022.12.03.03 (Proration Table).

PROSPECTIVE BUDGETING :

A method of anticipating income and determining benefit levels in which the BUDGET MONTH and PAYMENT MONTH are the same. See §0022.03 (How and When to Use Prospective Budgeting), §0022.03.01 (Prospective Budgeting - Program Provisions), §0022.03.03 (Ineligibility in a Prospective Month - Cash), §0022.03.04 (Ineligibility in a Prospective Month - FS) for further information on prospective budgeting. Also see §0002.57 (Glossary: Relative....) for information on retrospective budgeting.

FS :

A method of anticipating income and determining benefit levels based on the unit’s current AND anticipated income.

PROSPECTIVE ELIGIBILITY :
Eligibility based on the UNIT'S estimated income and circumstances from the payment month.

PROTECTIVE PAYEE :
People outside the UNIT who receive the entire assistance BENEFIT on behalf of the unit and are responsible for paying for the basic needs of the unit to the extent of the assistance payment.

PROTECTIVE PAYMENT :
ASSISTANCE PAYMENTS made to a PROTECTIVE PAYEE.

PROTECTIVE SERVICES :
Social service programs designed to prevent abuse or neglect and safeguard dependent children and VULNERABLE ADULTS.

PROVIDERS :
See VENDORS in §0002.71 (Glossary: Two Party...).

PROVISIONS :
Procedures established for the program policy being discussed.

PRWORA :
See PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY AND RECONCILIATION ACT (PRWORA) in §0002.49 (Glossary: Permanent...).

PUBLIC INSTITUTION :
A facility that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

PUBLIC INTEREST PAROLE (PIP) :
See §0011.03.24 (Non-Citizens - Lawfully Residing People).

PUBLIC LIABILITY INSURANCE :
Insurance coverage against claims arising from the conduct or property of the client during the operation of a business.

PUBLIC RIGHT OF WAY :
The land used for a public road, by a public utility (such as for a transmission line), or for another public purpose.

PUBLICLY ASSISTED HOUSING :

Government owned, operated, or subsidized housing for low income people, senior citizens, and disabled people.

QUALIFIED NON-CITIZEN
A person who:

- Was lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
  OR
- Was admitted to the United States as a refugee under Section 207 of the INA.
  OR
- Was granted asylum under Section 208 of the INA.
  OR
- Whose deportation or removal is being withheld under Section 243(h) or Section 241(b)(3) of the INA.
  OR
- Was paroled under Section 212(d)(5) of the INA for a period of at least 1 year.
  OR
- Was granted conditional entry under Section 203(a)(7) of the INA as in effect prior to 4-1-80.
  OR
- Is a Cuban/Haitian entrant.
  OR
- Battered non-citizen. See BATTERED NON-CITIZEN in 0002.05 (Glossary: Assistance Standard...).

Qualified non-citizens are not automatically eligible for assistance. They must meet all other eligibility conditions. In addition, additional citizenship related criteria must also be applied. See 0011.03 (Citizenship and Immigration Status).

QUALIFIED PROFESSIONAL
See 0011.39 (Qualified Professionals).

QUALIFIED PROVIDER
GA : A non profit legal assistance organization; a private attorney at law; an agency that employs licensed practitioners or accredited counseling staff or staff with a master's degree from an accredited program in social work, psychology, counseling, occupational therapy, or physical therapy; or an organization or a person determined by DHS or the county agency to have sufficient training or experience to be effective in assisting clients applying for and establishing eligibility for SSI benefits.

QUALITY CONTROL
A performance reporting system established by Congress to review federal assistance programs.

QUALITY CONTROL REVIEWER
The person designated by the state or federal government to conduct the quality control review of assistance programs according to federal and state standards.

REAL ESTATE APPRAISER
A person holding a state license to evaluate the market value of REAL PROPERTY.

REAL ESTATE TAX STATEMENT
The official annual notification from the County Assessor's office of the ESTIMATED MARKET VALUE of the property, amount of taxes levied, any credits, any special assessments, and the owner and taxpayer of record.

REAL ESTATE TAXES
Those taxes listed on the REAL ESTATE TAX STATEMENT

REAL PROPERTY
Land, all buildings, structures, improvements, or other fixtures on it belonging or pertaining to the land and all mines, minerals, fossils, and trees on or under it. A mobile home is real property if it is attached to a foundation on land owned by the unit.

REASONABLE COMPENSATION
MFIP, WB : When the value received in exchange for transferred property is consistent with fair market value and equals or exceeds the seller's EQUITY in the property minus any sales expenses.

FS, MSA, GA : When the value received in exchange for transferred property equals or exceeds the seller's EQUITY in the property minus any sales expenses.

See TRANSFER in 0002.67 (Glossary: Thrifty...).

RECENT WORK HISTORY
MFIP, FS : The person received EARNED INCOME in any 1 of the 3 months prior to the PAYMENT MONTH. For FS, this applies to Uncle Harry FS ONLY.

RECERTIFICATION
The process used by the COUNTY AGENCY to determine a participant's continued eligibility for BENEFITs.

RECIPIENT
See PARTICIPANT in 0002.47 (Glossary: OJT...).

RECOGNITION OF PARENTAGE
See MINNESOTA VOLUNTARY RECOGNITION OF PARENTAGE in 0002.41 (Glossary: Medically Necessary...) for the definition of the form.

RECOUPMENT
Withholding part of a UNIT's ASSISTANCE BENEFIT to recover an OVERPAYMENT.

RECOVERY
The process of obtaining a repayment of an OVERPAYMENT.

RECURRING CHANGE
A change in circumstances expected to occur on a regular basis.

RECURRING INCOME
A form of income which is:

- Received periodically, and may be received irregularly when receipt can be anticipated even though the date of receipt cannot be predicted.
  AND
- From the same source or of the same type that is received and budgeted in a prospective month and is received in 1 or both of the 1st 2 retrospective months.

RECURRING MEDICAL EXPENSES
A medical expense that is reasonably expected to occur on a regular basis; for example, a drug prescription which is refilled every month. Also see NON RECURRING MEDICAL EXPENSES in 0002.45 (Glossary: Netherlands' Act...).

REDETERMINATION
See RECERTIFICATION in 0002.53 (Glossary: Qualified...).

REFEREE
See HUMAN SERVICES JUDGE in 0002.31 (Glossary: Honoraria...).

REFUGEE CASH ASSISTANCE (RCA)
A program that provides financial help to refugees ineligible for SSI or MFIP for up to 8 months after arrival in the United States. See 0030.03 (Refugee Cash Assistance).

REFUGEE MEDICAL ASSISTANCE (RMA)
A federally authorized program providing Medical Assistance to refugees. See 0030.06 (Refugee Medical Assistance) and the Health Care Programs Manual.

REFUGEE RESETTLEMENT PROGRAM
A program that reimburses state and county expenses of providing services to refugees. See 0030 (Refugee Resettlement Program).

REFUGEE UNACCOMPANIED MINOR
A person who:

- Is under 18 years of age (or 21, under state law on benefits to children who were in foster care at age 18).
  AND
- Entered the United States unaccompanied by and not destined to (a) a parent, (b) a close non parental adult relative who is willing and able to care for the child, or an adult with a clear and court verifiable claim to custody of the minor.
  AND
- Has no parents in the United States.

The U.S. Citizenship and Immigration Services (USCIS) determines Refugee Unaccompanied Minor status when a person enters the United States.

REFUGEES
See 0010.18.24 (Verification - I-94 Cards), 0011.03.18 (Non-Citizens - People Fleeing Persecution), 0030 (Refugee Resettlement Program).

REGIONAL TREATMENT CENTER (RTC)
Any state-operated facility for people who are mentally ill, developmentally disabled, or chemically dependent under the direct administrative authority of the Commissioner.

REHABILITATION CENTERS
See TREATMENT RESIDENCES in 0002.67 (Glossary: Thrifty...).

RELATIVE CONTRIBUTION
The amount of money which program rules require a relative who is a FINANCIALLY RESPONSIBLE PERSON to pay toward a participant's support or cost of care.

RELATIVE CUSTODY ASSISTANCE GRANTS
Monthly financial assistance payment administered by Social Services for relatives who take permanent legal and physical custody of children with special needs upon a juvenile court determination that the children are unable to return to their parent's home.

RELATIVE FOSTER CARE PROVIDER
A non parental CAREGIVER of a MINOR CHILD or MINOR CAREGIVER who provides FOSTER CARE services to that MINOR CHILD or MINOR CAREGIVER.

RELOCATION ASSISTANCE
Payments the federal or county government grant to people who are required to move or relocate their home. For example, people required to move because the federal government purchases the land they reside on for a new highway. See 0017.06 (Excluded Income).

REPAYMENT AGREEMENT
An agreement a client signs with a county agency to repay assistance received. See 0015.12.06 (Repayment Agreements on Real Property), 0025 (Benefit Adjustments and Recovery), 0025.21.03 (Overpayment Repayment Agreement).

REPRESENTATIVE PAYEE
A person or organization, selected by the Social Security Administration, designated to receive benefits on behalf of an RSDI or SSI RECIPIENT and obligated to use those benefits for the RSDI or SSI RECIPIENT's personal care and well being.

RESERVATION
The geographical area recognized by the federal or a state government as being set aside for the use of Indians and governed by Indians.

RESOURCE LIMIT
See ASSET LIMIT in 0002.03 (Glossary: Agent Orange...).

RESTITUTION
A court order for repayment of an OVERPAYMENT.

RESTORED BENEFITS
The issuance of BENEFITs to an ASSISTANCE UNIT that received fewer benefits than they were entitled to in previous months.

RETIREMENT FUNDS
Savings plans such as PERA (Public Employee Retirement Association), IRA, and KEOGH PLANS which are recognized by the Internal Revenue Service as being for retirement.

RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE (RSDI)
A program operated by the Social Security Administration that provides a monthly income to retired people, survivors or dependents of insured people, and people with disabilities. See 0029.06.06 (Retirement, Survivors & Disability Insurance).

RETROSPECTIVE BUDGETING
Calculating BENEFIT levels using income received 2 months before the PAYMENT MONTH to determine benefit levels for the payment month. For example, use January income to determine March benefit levels. See 0022.06 (How and When to Use Retrospective Budgeting), 0022.06.03 (When Not to Budget Income in Retro. Cases). Also see PROSPECTIVE BUDGETING in 0002.51 (Glossary: Professional...).

RETROSPECTIVE CYCLE
Looking back on conditions in a past month and applying the information in the present month. For example, budget income received in January for March. Budget income received in February for April.

RETROSPECTIVE ELIGIBILITY
Eligibility based on RETROSPECTIVE BUDGETING.

REVENUE RECAPTURE ACT
A method of recovering OVERPAYMENTs by intercepting Minnesota income tax or property tax refunds from former participants. See 0025.21.09 (Revenue Recapture Act).

ROOMER
A person who is not a UNIT member who lives with the unit and pays the unit for lodging but does not eat with the unit or pay the unit for food.

ROYALTIES
A share paid to an author or composer out of the proceeds resulting from the sale or performance of the work. A share paid to an inventor or proprietor for the right to use the invention or services. Compensation paid to the owner for the use of property, usually copyrighted material or natural resources such as mines, oil wells, or timber tracts. A royalty may be expressed as a percentage of receipts from using the property or as an amount per unit produced.

RSDI
See RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE (RSDI), 0002.57 (Glossary: Relative...).

RTC
REGIONAL TREATMENT CENTER. See 0002.55 (Glossary: Recipient...).

RULE 24
Minnesota's Consolidated Treatment Fund.

RULE 31
Chemical Dependency treatment licensing regulations.

RULE 36 FACILITIES
Facilities offering residential care and program services to 5 or more adult mentally ill people at one time.

S-CORPORATION
An S-Corporation begins its existence as a general, for-profit Corporation upon filing the Articles of Incorporation at the state level. A general for-profit corporation (also known as a C-Corporation) is required to pay income tax on taxable income generated by the corporation.

After the corporation has been formed, it may elect "S-Corporation Status" by submitting IRS form 2553 to the Internal Revenue Service (in some cases a state filing is required as well). Once this filing is complete, the corporation is taxed like a partnership or sole proprietorship rather than as a separate entity. Thus, the income is "passed-through" to the shareholders for purposes of computing tax liability. Therefore, a shareholder's individual tax return will report the income or loss generated by an S-Corporation.

An S-Corporation can have a maximum of 75 shareholders, and the income and expenses would still be passed through to each individual and taxed on that level.

MFIP, DWP: For information on how to compute rolling average on self-employment income, see 0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt), 0017.15.33.30 (Self-Employment Income From Rental Property).

SANCTIONS
Actions taken against units who do not cooperate with assistance program requirements.

SANITARIUMS
Institutions for tuberculosis treatment.

SAVE
See SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) in 0002.65 (Glossary: Suitable...), 0010.18.11.03 (Systematic Alien Verification (SAVE)).

SAFE AT HOME (SAH) PROGRAM
The Safe At Home (SAH) Program is a Minnesota address confidentiality program that assists survivors of domestic violence, sexual assault, and stalking by providing a substitute address for people who move or are about to move to a new location unknown to their aggressors. The Minnesota Secretary of State's office administers this program. See 0029.29 (Safe At Home Program) for more information.

SCHOOL LUNCH PROGRAM
A federally-funded program providing free and reduced price lunches to low income school children grades 1 to 12. See 0029.07.06 (School Lunch Program).

SDXS/SDXI
The State Data Exchange reports. A monthly IEVS exchange between the Social Security Administration (SSA) and DHS. It includes information on the SSI grant and income and asset information SSA uses to compute the grant.

SEASONAL FARMWORKER

A person employed in seasonal agricultural work that is not required to be absent overnight from the permanent residence when:

- Employed on a farm or ranch performing field work related to planting and harvesting.
  OR
- Employed in a canning or processing plant while being transported to or from the place of employment through a day-haul operation

A seasonal farm worker is not a MIGRANT WORKER.

SEASONAL FARMWORKER UNITS
Units in which any member is a SEASONAL FARMWORKER.

SECOND ADULT STANDARD
GA :The standard of ASSISTANCE which is designated to meet the needs of a 2nd or subsequent caretaker. See 0020.18 (GA Assistance Standards). Also used in some calculations as the amount of ALLOCATION or amount DEEMed for an individual's needs.

SECONDARY MIGRANTS
RCA :Immigrants who are originally resettled in another state but choose to move to Minnesota after resettlement.

SECONDARY SCHOOL
A school accredited by the Minnesota Department of Education as a secondary school. This includes grades 7 through 12 or an equivalent technical, vocational, or GED program.

SECURITIES
Written evidence of ownership or creditorship such as stocks and bonds.

SELF (STUDENT EDUCATIONAL LOAN FUNDS) :
State financial aid program for post-secondary students.

SELF-EMPLOYED :
Describes a person who works independently, is a SOLE PROPRIETOR, or owns a business in PARTNERSHIP.

SELF-EMPLOYMENT :
Employment where people work for themselves rather than an employer, are responsible for their own work schedule, do not have taxes or FICA withheld by an employer, and do not have coverage under an employer's liability or WORKERS' COMPENSATION insurance.

SELF-SUPPORT INDEX :
An MFIP/DWP outcome measure that tracks whether adults are either working 30 or more hours per week or no longer receiving MFIP/DWP cash payments 3 years after the baseline quarter.

SEOG (Supplemental Educational Opportunity Grants) :
A federal financial aid program for post-secondary students.

SHARED HOUSEHOLD STANDARD :
MFIP, DWP :
The standard used when unrelated people reside in the same household as the assistance unit and no EXCEPTION is met. See §0002.71 (Glossary: Two Party...), §0020.09 (MFIP/DWP Assistance Standards).

SHARED HOUSEHOLD UNIT :
MFIP, DWP :
An assistance unit living with unrelated people. See UNRELATED MEMBER in §0002.71 (Glossary: Two Party...), §0020.09 (MFIP/DWP Assistance Standards).

SHELTER COSTS :
MFIP :
Rent, manufactured home lot rentals, monthly principal, interest, insurance premiums, and property taxes due for mortgages or contracts for deed costs.
DWP :
See FAMILY MAINTENANCE NEEDS in §0002.23 (Glossary: Fair Hearing...)
FS :
See §0018.15 (Shelter Deductions).

MSA :

Rent; mobile home lot rentals; monthly principal, interest, insurance premiums, and property taxes for mortgages or contract for deed costs; utilities, including heating, cooling, electricity, water, and sewer; garbage removal; and the basic service fee for 1 telephone.

SHELTER DEDUCTION :

FS :

Income deductions based on the unit's shelter expenses. See §0018.15 (Shelter Deductions).

SHELTER FOR BATTERED WOMEN :

See BATTERED WOMEN'S SHELTER in §0002.05 (Glossary: Assistance Standard...).

SIBLINGS :

Brothers and sisters related through birth or adoption to 1 or both parents.

SICK PAY :

Salary or wages an employer pays to or on behalf of an employee who is on sick leave at or below the employee's regular wage.

SIGNIFICANT CHANGE :

MFIP :

The unit's gross earned and/or unearned income for the payment month declines by 37% or more from the gross earned and/or unearned income budgeted in the budget month. See §0008.06.15 (Removing or Recalculating Income), TEMP Manual TE02.13.11 (Significant Change).

FS :

A suspended Uncle Harry unit's loss of employment, decrease in hours of work, or loss of a unit member with countable income occurs in the suspension month. See TEMP Manual TE02.13.11 (Significant Change).

SIX-MONTH REPORTING:

The requirement for some Food Support units to complete a COMBINED SIX-MONTH REPORT (CSR) (DHS-5576). See §0007.03.02 (Six-Month Reporting - FS).

SMRT :

STATE MEDICAL REVIEW TEAM. People appointed by the COMMISSIONER to determine disability.

SNAP :
See SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM in §0002.65 (Glossary: Suitable...).

SOCIAL SECURITY :
See RETIREMENT SURVIVORS DISABILITY INSURANCE in §0002.57 (Glossary: Relative...).

SOCIAL SECURITY ACT :
A federal law authorizing such programs as RSDI, TANF, SSI, and MA.

SOCIAL SECURITY ADMINISTRATION :
A federal agency which administers the SSI and RSDI programs.

SOCIAL SECURITY CREDITS :
As a person works and pays taxes, he or she earns Social Security credits. The Social Security Administration gives a maximum of 4 credits in 1 year based on a person's own wages. However, EXCEPT for Title II, SSA also gives additional credits based on the wages of a spouse who is still married to the person (or a spouse who is deceased), and/or based on wages a parent earned while the person was a minor child. The same credits may be attributed to the person with wages and his or her spouse or child. See §0010.18.15.06 (Verifying Social Security Credits).

SOCIAL SECURITY DISABILITY INSURANCE :
The term sometimes used for the disability insurance part of the Retirement, Survivors, and Disability Insurance program. See RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE (RSDI) in §0002.57 (Glossary: Relative...). Also see §0029.06.06 (Retirement, Survivors & Disability Insurance).

SOCIAL SERVICES :
The services included in a county's community social services plan which are administered by the county board.

SOLE PROPRIETOR :
A person who is the sole owner of an unincorporated SELF-EMPLOYMENT business.

SPECIAL ADVOCACY SERVICES :
Services to GA CLIENTS to help them apply for SSI. See §0012.12.06 (Special Services - Applying for SSI).

SPECIAL DIET :

A diet prescribed by a physician for 1 of the medical conditions listed in §0023.12 (Special Diets).

SPECIAL NEED FUNDS :

Money available to some participants for some expenses not covered by the monthly grant. See §0023 (Special Needs Payments).

SPONSOR :

Any person, or public or private agency or organization, who signed an AFFIDAVIT agreeing to support an IMMIGRANT (who is not the MINOR CHILD or SPOUSE of the sponsor) as a condition of the IMMIGRANT's entry into the United States.

SPOUSAL SUPPORT :

An allowance for support that a court orders a person to pay to his or her SPOUSE or former spouse.

SPOUSE :

A person who is legally married to another person; husband or wife.

SR :

See SIX-MONTH REPORTING in §0007.03.02 (Six-Month Reporting - FS).

SSA :

See SOCIAL SECURITY ADMINISTRATION in §0002.61 (Glossary: SELF...).

SSDI :

See SOCIAL SECURITY DISABILITY INSURANCE in §0002.61 (Glossary: SELF...).

SSI :

See SUPPLEMENTAL SECURITY INCOME (SSI) in §0002.65 (Glossary: Suitable...). Also see §0029.06.03 (Supplemental Security Income Program).

SSI GROSS LIMIT :

The FEDERAL BENEFIT RATE for the Supplemental Security Income Program. See FEDERAL BENEFIT RATE (FBR) in §0002.23 (Glossary: Fair Hearing...).

SSI RECIPIENT :

A person who receives at least $1, or who is not receiving SSI due to recoupment or a 1-month suspension by SSA due to excess income. See the definitions of 1619A SOCIAL SECURITY ACT and 1619B SOCIAL SECURITY ACT in §0002.01 (Glossary: 1619A...).

SSN :

Social Security number.

STAGGERED ISSUANCE :

FS :

A BENEFIT issuance system which issues regular monthly FOOD SUPPORT benefits throughout the 1st 15 days of the month. Units receive their benefits on the same day each month.

STAGGERED ISSUANCE CYCLE :

Issuing BENEFITs over several days.

STANDARD DISREGARD :

An income DISREGARD some programs apply to the EARNED INCOME or UNEARNED INCOME of every CLIENT. See §0018.21 (Standard Disregard).

STANDARD UTILITY ALLOWANCE :

A type of expense allowance available only to units that incur expenses for heating and/or cooling. The allowance covers heating, cooling, electricity, water, sewer, garbage, and phone expenses. See §0018.15.18 (Standard Utility Allowance).

STATE MEDICAL REVIEW TEAM (SMRT) :

People appointed by the COMMISSIONER to determine DISABILITY.

STATE VERIFICATION AND EXCHANGE SYSTEM (SVES) :

The electronic data exchange which verifies Social Security numbers in a monthly batch job. It initiates SDX and BENDEX data exchanges to verify Title II (RSDI) and Title XVI (SSI) benefit information. It initiates BEER data exchanges to verify wages, self employment and federal pension earnings from federal tax returns.

STEPPARENT :

The spouse of a child's natural, adoptive, or legal parent.

STORED VALUE CARD (SVC):

The Stored Value Card or debit card is an option custodial parents have of an account to have their child’s support payment directly deposited into. The Stored

value card has a VISA logo and can be used like a credit or debit card for purchases or at ATM's. The only money on the SVC card is child support that has been deposited by the Minnesota Child Support Payment Center. See LIQUID ASSETS in §0002.37 (Glossary : LEARNING…) and excluded assets in §0015.27 (Excluded Assets - Income).

STRIKER :

An employee involved in a work stoppage, slowdown, or interruption of work, whether or not the employee voted for the strike.

STRUCTURED SETTLEMENT :

Compensation awarded as a result of a lawsuit which is paid over a period of time.

STUDENT EDUCATIONAL LOAN FUNDS :

State financial aid program for post-secondary students.

STUDENT FINANCIAL AID :

Loans, grants, scholarships, and work study funds to be used for educational and living expenses while attending school.

SUBSIDIZED ADOPTION :

See ADOPTION ASSISTANCE in §0002.01 (Glossary: 1619A...).

SUITABLE EMPLOYMENT :

The definition of SUITABLE EMPLOYMENT varies by program. See §0028.18.03 (Suitable/Unsuitable Work).

SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (SEOG) :

A federal financial aid program for post-secondary students.

SUPPLEMENTAL LOANS FOR STUDENTS (SLS) :

Federal financial aid program for post-secondary students.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) :

The federal Food and Nutrition Service Program of the United States Department of Agriculture. Formally known as Food Stamps.

SUPPLEMENTAL SECURITY INCOME (SSI) :

A program operated by the Social Security Administration that provides monthly income to low income people who are AGED, BLIND, or have a DISABILITY.

SUPPLIES :

Products or items used or consumed in a SELF-EMPLOYMENT business which cannot be identified as related to a particular sale or service and which have a useful life of less than 1 year. See also CAPITAL ASSET and CAPITAL EXPENDITURE in §0002.09 (Glossary: Calendar Month...), INVENTORY in §0002.35 (Glossary: Inventory...).

SUPPORT AND COLLECTIONS :

The IV-D or child support agency.

SUPPORTED WORK :

MFIP, DWP :

Funding or activities and services designed to support a participant who is engaged in paid employment. This includes, but is not limited to, wage subsidies, supervision and job coaching, and on-the-job specific skills training.

SUSPENSION :

A 1-month interruption in eligibility for BENEFITs. BENEFITs suspended 1 month are reinstated the next month without a new APPLICATION.

SWORN STATEMENT:

MFIP, WB, DWP :

A written declaration made by participant. It is similar to an affidavit, but unlike an affidavit, it does not need to be sealed by an official such as a notary public or other authorized officer. The signing of the statement only needs to be witnessed if a Notary is not available.

SVES :

See STATE VERIFICATION AND EXCHANGE SYSTEM in §0002.63 (Glossary: Special Diet...).

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) :

A process which allows access to U.S. Citizenship and Immigration Service (USCIS) data to validate the IMMIGRATION STATUS of NON-CITIZEN APPLICANTs for MFIP, DWP, FOOD SUPPORT, REFUGEE CASH ASSISTANCE, and MINNESOTA FOOD ASSISTANCE PROGRAM (MFAP) who are determined eligible for those programs; or for PARTICIPANTs of those programs who report an IMMIGRATION STATUS change. Authorized staff may access the USCIS data through the Alien Status Verification System. See §0010.18.11.03 (Systematic Alien Verification (SAVE)). SAVE is also required for some health care programs; see the Health Care Programs Manual.

TANF :

See TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) GRANT below.

TANF PARTICIPATION RATE :

An MFIP and WB process measure that tracks the percentage of participants in a given month who are fully engaged in the work or work-related activity requirements of MFIP and WB. For more information, see Employment Services Manual §16.3 (TANF Participation Rate).

TARGETING :

The setting of special parameters by DHS to reduce the number of IEVS matches referred to county agencies for follow-up.

TECHNICAL ELIGIBILITY :

Non-financial eligibility requirements dealing with criteria such as CITIZENSHIP, residence, student or STRIKER status, and eligibility for other types of assistance. See §0011 (Technical Eligibility)

TEFRA OPTION :

Provides MA eligibility to some disabled children who live with their families. It was part of the Tax Equity and Fiscal Responsibility Act of 1982. See the Health Care Programs Manual.

TELEPHONE ASSISTANCE PROGRAMS :

Lifeline, Telephone Assistance Plan (TAP), and Link-Up provide new telephone service installations and monthly telephone service discounts to low-income people. Telephone Equipment Distribution (TED) program provides equipment for those who have hearing loss, speech, and/or mobility impairment that limits their use of a standard telephone. For additional information about these programs, see §0029.09 (Telephone Assistance Programs).

TEMPORARILY UNOCCUPIED :

Refers to a home which a client intends to return to, but is not living in currently due to travel needs for employment or training, illness, natural disaster, or CASUALTY. The home cannot be rented out.

TEMPORARY ABSENCE :

A period of time a person may be physically absent from a residence but still considered to be in the UNIT. See §0014.09 (Assistance Units - Temporary Absence).

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) GRANT :

A federal grant which replaced the AFDC program in Minnesota.

TEMPORARY DAY LABOR :

Work acquired by going to an agency each day to compete for a work assignment for that day. The workers are often paid on a daily basis.

TEMPORARY PROTECTED STATUS :

See §0011.03.24 (Non-Citizens - Lawfully Residing People).

TEN DAY NOTICE :

Notices mailed or given to clients at least 10 days before the date of action. See §0026.12.03 (10 Day Notice).

TENANTS-IN-COMMON :

Ownership of property whereby the owners' equity is prorated according to shares of ownership. Also see JOINT OWNERSHIP in §0002.35 (Glossary: Inventory...), MULTIPLE OWNERSHIP in §0002.43 (Glossary: Money...).

TERMINATION :

A discontinuation of program participation and BENEFITs.

THRIFTY FOOD PLAN AMOUNT :
The standardized maximum amount of monthly FOOD SUPPORT a UNIT can receive based on its size.

TIMELY NOTICE :
A notice sent at least as far ahead of the proposed action as program rules require.

TITLE IV :
A title of the Federal Higher Education Act which authorizes grants and loans for post-secondary students.

TITLE IV-A :
The section of the Social Security Act authorizing the TANF program.

TITLE IV-D :
The part of the Social Security Act that authorizes establishing PATERNITY and collecting CHILD SUPPORT by the IV-D UNIT.

TITLE IV-E FOSTER CARE :
FOSTER CARE payments authorized under Title IV-E of the Social Security Act.

TITLE IV-E SUBSIDIZED ADOPTION :
A federally-funded program providing financial assistance to adoptive parents, GUARDIANs, or CONSERVATORs.

TITLE XX :
The section of the Social Security Act authorizing block grants to the states to provide social services.

TORT LIABILITY :
The legal obligation of a party responsible for an accident or injury to pay for the resulting costs.

TORT SETTLEMENT :
Compensation awarded as a result of a lawsuit.

TRADE ADJUSTMENT ACT :
Federal law which provides payments to people whose employment was adversely affected by the importation of goods.

TRAFFICKING VICTIMS :

People who are forced into the international sex trade, prostitution, slavery, and forced labor through coercion, threats of physical violence, psychological abuse, torture, and imprisonment, who have been certified as trafficking victims by the Office of Refugee Resettlement (ORR) of the United States Department of Health and Human Services (HHS). NOTE: People under age 18 who are trafficking victims are not required to be certified but are issued letters of confirmation by ORR. See §0011.03.30 (Non-Citizens - Trafficking Victims).

TRANSFER :

To cause right, title, or interest in REAL PROPERTY or PERSONAL PROPERTY to pass from 1 person to another.

TRANSITIONAL HOUSING :

Housing designed for independent living and provided to a homeless person or family at a rental rate of at least 25% of the family income for a period of up to 24 months. If a transitional housing program is associated with a licensed facility or shelter, it must be located in a separate facility or a specified section of the main facility where residents can be responsible for their own meals and other daily needs.

TRANSITIONAL STANDARD :

MFIP :

The basic standard for a family with no earnings consisting of a combination of the CASH ASSISTANCE needs and the food assistance needs for a family of that size.

TREATMENT PLAN :

GA :

Method of rehabilitation, care, and therapy designed by a social service agency for chemically dependent or mentally ill people in certain facilities.

TREATMENT RESIDENCES :

FS :

Public or private non-profit facilities licensed by either the Minnesota Department of Human Services or Department of Health for the treatment of drug or alcohol abuse. (The state does not license hospitals with residential treatment facilities.)

TRIBAL LAND CLAIM SETTLEMENTS :

Settlements of property claims between the Federal government and Indian TRIBES under Public Laws 92-203, 94-189, 94-114, 94-540, 95-433, 96-420, and 93-531.

TRIBAL MEMBER :

A person officially recognized by tribal authority as a member of the TRIBE.

TRIBAL MFIP CASE MANAGEMENT :

MFIP case management offered for tribal members living in a tribal service area and operated by an Indian tribe.

TRIBE :

- Any Indian Band, Nation, or other organized Indian group on a RESERVATION and recognized as eligible for Federal Programs because of their status as Indians.
- Any Indian Band, Nation, or other organized Indian group on a RESERVATION holding a treaty with a State government.

TRUST :

Any arrangement in which a grantor transfers money or property to a trustee(s) with the intention that it be held, managed, or administered by the trustee for the benefit of certain designated persons (beneficiaries). See §0002.69.01 (Glossary: Trust Definitions) for additional definitions related to trusts.

MFIP :

Property held by 1 person for the benefit of another.

TRUST AGREEMENT :

The legal documentation establishing a TRUST.

TRUST FOR BURIAL :

Funds paid or designated in advance for funeral expenses and held in a TRUST.

TRUST FOR CREMATION :

Funds paid in advance for funeral expenses and held in a TRUST.

TRUST PRINCIPAL :

Property or funds used by a trustor to set up a trust, also called the trust corpus.

TRUSTEE :

A person or entity which holds the legal title to money or property for the benefit of another person or persons for certain specified purposes. A trustee may also be a beneficiary if specified in the trust. A trustee has the responsibility to manage the trust's resources and income for the benefit of the beneficiaries according to the terms of the trust and requirements of state law.

MFIP :

Person or institution who holds the legal title to property for the benefit or use of another.

TRUSTOR :

The person who created a trust; also called a settlor or grantor.

SEE §0002.69.01 (Glossary: Trust Definitions) FOR ADDITIONAL DEFINITIONS RELATED TO TRUSTS.

GLOSSARY: TRUST DEFINITIONS 0002.69.01

BENEFICIARY :

The person(s) designated in the trust as benefiting in some way from the trust, EXCEPT for the trustee or other individual whose benefit consists only of reasonable fees or payments for managing or administering the trust. The beneficiary can be the grantor, another person or persons, or a combination.

CORPUS :

Also called the trust principal, it is the income and/or resources that form the main body of the trust. Resources or income in the trust corpus may be available to a person but the person no longer owns them.

GRANTOR :

Also called the trustor or settlor, is the person or entity which creates or establishes the trust.

IRREVOCABLE TRUST :

One which cannot be revoked in any way after it is established by the grantor or his or her representative.

LEGAL INSTRUMENT OR DEVICE SIMILAR TO A TRUST :

Any instrument that exhibits the general characteristics of a trust. This can include, but is not limited to, escrow accounts, investment accounts, pension funds and other similar devices managed by an individual or entity with fiduciary obligations.

PAYMENT FROM A TRUST :

A payment from a trust includes any disbursement from the trust corpus or from income generated by the trust, including but not limited to cash and other liquid items that are easily convertible to cash, personal property, real property, or the right to use and occupy real property.

PAYMENTS TO OR FOR THE BENEFIT OF A PERSON :

Any payments made from the trust to the person of any amount, including an amount from the trust corpus or income produced by the corpus, that are paid directly to the person or to someone acting on the person's behalf, such as a guardian or legal representative. It also includes payments of any sort, whether from trust corpus or trust income, paid to another person or entity so that the person gets some benefit from the payment. This includes, but is not limited to:

- Payments for clothing or other items for the person.
- Payments for services the person receives.

- Payments for care such as medical or personal that the person receives.

- Payments to maintain a home.

REVOCABLE TRUST :

One which can be revoked, or dissolved, by the grantor. A trust which provides that the trust can be modified or terminated by a court is considered to be a revocable trust since the grantor or his/her representative, can petition the court to terminate the trust. A trust which is called irrevocable but which terminates if some action is taken by the grantor is considered to be a revocable trust. For example, a trust may require a trustee to terminate a trust and disburse the funds to the grantor if the grantor leaves a nursing home and returns home.

TRUST INSTRUMENT :

A formal written document which creates a trust and contains the powers of the trustee(s) and the rights of the beneficiaries, also called a TRUST AGREEMENT.

TWO PARTY PAYMENT :

ASSISTANCE BENEFIT issued by the COUNTY AGENCY to the PARTICIPANT and another person jointly. Neither party can cash the check without the signature of the other party.

UBEN :

Unemployment Insurance data. An IEVS exchange with the Department of Employment and Economic Development completed monthly for participants and semi-monthly for applicants for federal programs.

UHFS :

See UNCLE HARRY FOOD SUPPORT.

UNCLE HARRY :

See UNCLE HARRY FOOD SUPPORT (UHFS).

UNCLE HARRY FOOD SUPPORT (UHFS) :

Food Support benefits received by any person who lives with a MFIP unit AND who would be part of the unit under Food Support policy, but is NOT a mandatory unit member under MFIP policy.

UNCOLLECTIBLE CLAIMS :

OVERPAYMENTs for which the county agency documents it cannot locate the overpaid UNIT, or the cost of continuing collections is likely to exceed the amount the county agency can recover.

UNDER PARENTAL CONTROL :

FS :

To be under age 18 and dependent, financially or otherwise, on an adult unit member.

UNDERPAYMENT :

A BENEFIT which is less than the amount to which the CLIENT is entitled.

UNDOCUMENTED PEOPLE :

People living in the United States without the knowledge or approval of the U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS). See §0011.03.27 (Undocumented and Non-Immigrant People), §0011.03.27.03 (Protocols for Reporting Undocumented People).

UNEARNED INCOME :

Income a person receives without being required to perform any labor or service as a condition of receiving the income. See §0017.12 (Determining if Income Is Earned or Unearned), §0017.12.03 (Unearned Income).

UNEMPLOYMENT COMPENSATION :

See UNEMPLOYMENT INSURANCE.

UNEMPLOYMENT INSURANCE :

A state insurance benefit paid to unemployed people and considered UNEARNED INCOME for assistance programs. This benefit is more commonly called Unemployment Compensation in other states.

UNIFORM RELOCATION ASSISTANCE AND REAL PROPERTY ACQUISITION POLICIES ACT :

A federal program offering cash payments to people forced to move under certain circumstances.

UNIFORMED SERVICES :

The United States Army, Navy, Air Force, Marine Corps, Coast Guard, and National Oceanographic and Atmospheric Administration.

UNIT :

See ASSISTANCE UNIT in §0002.05 (Glossary: Assistance Standard...).

UNIT MEMBERS :

People living together as part of an ASSISTANCE UNIT.

UNRELATED MEMBER :

MFIP :

A person not included in the list of who could apply as an eligible caregiver for the assistance unit children. See §0014.03.03 (Determining the Cash Assistance Unit), §0020.09 (MFIP/DWP Assistance Standards).

UNSALABLE REAL PROPERTY :

Property which 2 sources who are knowledgeable about the value of the property and the local area agree cannot be sold due to a specified condition, or property which has been for sale at least 90 days at a price no more than the highest current MARKET VALUE without an offer received. Current market value means a value established within 6 months of application or since the last RECERTIFICATION.

UNSUITABLE EMPLOYMENT :

The definition of UNSUITABLE EMPLOYMENT varies by program. See §0028.18.03 (Suitable/Unsuitable Work).

UNVI :

Unverified Unearned Income. An IEVS exchange completed annually for participants and monthly for applicants of federal programs. The source is the Internal Revenue Service (IRS). It reports information such as dividends, interest, and lottery winnings.

U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) :

Formerly named Bureau of Citizenship and Immigration Service (BCIS).

VA :

Veterans' Administration.

VEHICLES :

FS :

Vehicles/cars are defined as anything that a person travels in or on, or uses to transport something. See §0013.06 (FS Categorical Eligibility/Ineligibility), §0029.36 (Domestic Violence Brochure Program), §0015.39 (Excluded Assets - Vehicles), §0015.54 (Evaluation of Vehicles).

VENDOR :

A provider of goods or services.

VENDOR PAYMENT :

- A payment made by a 3rd party to a vendor on behalf of the unit.

OR

- ASSISTANCE PAYMENTS made directly to a provider of goods and services on the unit's behalf.

VERIFICATION :

The process and evidence used to establish accuracy or completeness of information from an APPLICANT, PARTICIPANT, THIRD PARTY, etc. See §0010 (Verification).

VETERAN :

A person who served in active duty (not active duty for training) in the United States Army, Navy, Marine Corps, Air Force, or Coast Guard who fulfilled the minimum 2 years active duty service requirement and was released with a discharge

characterized as honorable and NOT on account of alienage. This includes people who died while or after serving in active duty. A veteran is also a person with certain military service before 7-1-46, in the military and some organized guerilla forces of the Philippine government, including service in the Philippine Scouts.

VETERANS' BENEFITS :

Benefits and services provided by the United States Veterans Administration (VA) to people who have served in the United States armed forces and their dependents.

VICTIM OF FAMILY VIOLENCE
A person who has been subjected to FAMILY VIOLENCE. See FAMILY VIOLENCE in 0002.23 (Glossary: Fair Hearing...).

VISTA
Volunteers in Service to America (VISTA) is known as AmeriCorps VISTA. See 0015.30 (Excluded Assets - Payments Under Federal Law), 0017.15.78 (National And Community Service Trust Act), 0017.15.87 (AmeriCorps Payments) for more information on AMERICORPS.

VOCATIONAL SPECIALIST
GA :A counselor of the Minnesota Department of Employment and Economic Development or Division of Rehabilitation Services, or another qualified person who advises people about occupational goals and employment. This includes Job Service counselors, vocational rehabilitation counselors, certified employment and training providers who counsel people on employment issues, or other similarly qualified individuals.

VOLAGs
RCA : See Voluntary Agencies (VOLAGs) below.

VOLUNTARY AGENCIES (VOLAGs)
RCA :Voluntary Agencies (VOLAGs) administer the provisions of RCA. VOLAGs are responsible, under contract with the U.S. Department of State, for providing refugees with initial housing, food, clothing and shelter immediately after arrival in the United States. See 0030.01 (Voluntary Agencies (VOLAGs)).

VOLUNTARY DEPARTURE
See 0011.03.24 (Non-Citizens - Lawfully Residing People).

VOUCHER
A written guarantee by the COUNTY AGENCY to pay a VENDOR for goods or services and used instead of a cash payment to a CLIENT.

VULNERABLE ADULTS
GA :A person age 18 or older who is a resident or patient of a facility; OR a person age 18 or older who receives services at or from a licensed facility who, regardless of residence, is unable or unlikely to report abuse or neglect without assistance because of mental or physical impairment or emotional status.

WAGE MATCH
An IEVS exchange with the Minnesota Department of Employment and Economic Development completed quarterly for participants and monthly for applicants of federal programs. It provides information on wages earned in Minnesota.

WAGE GARNISHMENT
A legal withholding of a specified sum from wages to satisfy a creditor.

WAIVER
A suspension or change of an eligibility requirement in a client's case.

WARD
A person under direct court protection or under court protection through a guardian.

WATER AND SEWER SYSTEM
The structures required to provide water to and dispose of sewage from a home.

WB
See WORK BENEFIT PROGRAM below.

WELFARE FRAUD
Obtaining ASSISTANCE PAYMENTS by deceit or misrepresentation.

WIA (WORKFORCE INVESTMENT ACT)

See WORKFORCE INVESTMENT ACT (WIA) below.

WIC (WOMEN, INFANTS and CHILDREN)
See WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM (WIC) below.

WITHHOLDING OF DEPORTATION OR REMOVAL
See 0011.03.18 (Non-Citizens - People Fleeing Persecution).

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM
A federal program authorized by the Child Nutrition Act of 1966 to provide nutritious food and nutrition education to low income pregnant and postpartum women and their children. (In this instance, "postpartum" means up to 6 months after termination of pregnancy.) See 0029.07.09 (Women, Infants, and Children (WIC) Program).

WORK BENEFIT PROGRAM (WB)
A monthly cash benefit for families who have exited DWP or MFIP and are working a required number of hours with income below 200% FPG.

WORKER INTERVIEW FORM (WIF) (DHS-5223A)
An eligibility interview form used in conjunction with the Combined Application Form (CAF) by financial workers during an initial or recertification interview with an applicant or recipient for cash and/or food assistance program. For more information, see 0005.09.01 (Worker Interview Form).

WORKERS' COMPENSATION
An employer-paid insurance program that covers the medical expenses and lost wages of workers injured on the job.

WORKFORCE INVESTMENT ACT (WIA)
A national workforce preparation and employment system designed to integrate, coordinate, and improve employment, training, literacy, and vocational rehabilitation programs delivered through the 1-stop (Workforce Center) system. See 0017.15.18 (WorkForce Investment Act (WIA) Income) for more information.

WORKFORCE ONE
A consolidated web-based case management and management information system that enables the delivery of Employment and Training services within the Minnesota workforce development system. WORKFORCE ONE is used by Employment Counselors for the MFIP, DWP, and FSET programs. WORKFORCE ONE is also used by other Employment and Training program staff.

WORK HISTORY
See RECENT WORK HISTORY in 0002.53 (Glossary: Qualified...).

WORK-RELATED EXPENSES
The amount withheld or paid for: state and federal income taxes; FICA; mandatory retirement fund deductions; dependent care costs; transportation costs to and from work at the amount allowed by the IRS for personal car mileage; costs of work uniforms, union dues, and medical insurance premiums; costs of tools and equipment used on the job; the costs of meals eaten during employment; public liability insurance required by an employer when an automobile is used in employment and the cost is not reimbursed by the employer; and the amount paid by an employee from personal funds for business costs not reimbursed by the employer. See 0018.06 (Work Expense Deductions) for specific program provisions.

WORK STUDY

- Federal or non-federally funded employment arranged for students by a POST SECONDARY SCHOOL. See 0017.15.36 (Student Financial Aid Income).

- A program operated or approved by a SECONDARY SCHOOL (high school) or its equivalent which allows students to earn academic credit for employment.

YOUTH COMMUNITY CONSERVATION AND IMPROVEMENT PROJECT

A federal employment and training program.

YOUTH INCENTIVE ENTITLEMENT PROJECT
A federal employment and training program.

CLIENT RESPONSIBILITIES AND RIGHTS 0003

All clients have rights and responsibilities under various laws. These rights include the right to fair treatment, to privacy and confidentiality, and to information about the programs and clients' responsibilities. Inform clients about their rights and responsibilities and what will happen if they fail to carry out their responsibilities.

These sections detail client responsibilities:

§0003.03 Client Responsibilities - General.

§0003.06 Client Responsibilities - Quality Control.

These sections detail client rights:

§0003.09 Client Rights.

§0003.09.03 Client Rights - Civil Rights.

§0003.09.06 Client Rights - Data Privacy Practices.

§0003.09.09 Client Rights, Private and Confidential Data.

The entire manual details county agency responsibilities to protect client rights.

CLIENT RESPONSIBILITIES – GENERAL 0003.03

Inform clients orally and in writing of their responsibilities.

Clients must:

- Provide accurate and complete information about financial and non-financial eligibility factors.
- Complete applications, recertifications, and necessary forms truthfully and timely. See §0005 (Applications), §0009 (Recertification).
- Report changes. See §0007 (Reporting).
- Provide proof needed to determine eligibility. See §0010 (Verification).
- Cooperate with employment services. See §0028 (Employment Services).
- Cooperate with Quality Control (QC). See §0003.06 (Client Responsibilities - Quality Control).
- Meet the procedural eligibility requirements of each program. See §0012 (Procedural Eligibility).

Quality Control/Quality Assurance (QC/QA) means a review of cases designed to provide data on program outcomes and the accuracy with which state and federal programs are being applied in issuing benefits, and as an audit to ensure accuracy of program expenditures. The Minnesota Department of Human Services (DHS) administers the QC/QA system for the FOOD PORTION of the Minnesota Family Investment Program (MFIP) and the Food Support (FS) program. Federal agencies also conduct QC/QA reviews.

MFIP: There are no QC/QA review requirements for the cash portion of MFIP. However, clients must cooperate with a federal and state QC/QA review for the FOOD PORTION of MFIP. If a client fails to cooperate with this review, the reviewer will notify the county agency of the failure to cooperate and the length of ineligibility.

Terminate the FOOD PORTION of an MFIP grant when clients do not cooperate with QC/QA. An MFIP QC termination or disqualification does not affect the Uncle Harry unit unless the unit is also in non-compliance with QC. See §0026 (Notices), §0027 (Appeals).

Clients can again become eligible for the FOOD PORTION of a MFIP grant if they cooperate with QC/QA before the end of the ineligibility period. The QC/QA reviewer will inform the county agency when the client cooperates.

Deny eligibility for the FOOD PORTION of MFIP for applicants who are in a period of ineligibility for the FOOD PORTION of MFIP due to non-compliance with QC/QA. The applicants may be eligible for only the cash portion of MFIP.

WB, DWP, MSA, GA, GRH:

No provisions.

FS: Clients must cooperate with state and federal QC/QA reviews. If a client fails to cooperate with a QC/QA review, the reviewer will notify the county agency of the failure to cooperate and the length of ineligibility.

Terminate a unit which fails to cooperate with Quality Control. See §0026 (Notices), §0027 (Appeals).

Clients can become eligible to reapply by cooperating with QC/QA before the end of the ineligibility period. If clients reapply, refer them to the QC/QA reviewer. The QC/QA reviewer will tell the county agency if the client cooperates. If the client does not cooperate, deny the reapplication.

A unit which reapplies after the ineligibility period ends must provide proof of all eligibility factors before it may be eligible again. This includes factors you would normally verify only if questionable.

CLIENT RIGHTS 0003.09

Protect clients' individual and civil rights at all times.

At application, recertification, and on request, inform clients of their rights:

- To be told orally and in writing of their rights and responsibilities.
- To receive assistance program informational brochures.
- To an explanation of all the programs, including the benefits and limitations of each.
- To an explanation of eligibility requirements for all programs, including exemptions from program requirements.
- To an explanation that receipt of Food Support has no bearing on any other program's time limits that may apply to the household.
- To review program regulations, manuals, instructions, and state plans.
- To file an application the same day they contact the county agency if they contact the agency during office hours.
- To request a fair hearing through the county agency or the state agency. See §0027 (Appeals).
- To be told that a formal application is needed to determine eligibility and exercise their right to appeal the county agency's decision.
- To apply or re-apply for assistance programs at any time even if they seem to be ineligible.
- To receive prompt action or notification of delay on their application. See §0005.12.15 (Application Processing Standards).
- To receive written notice of approval or denial of the application and reason for denial. See §0026 (Notices).
- To receive written notice of how the agency calculated their benefits and why benefits increased, decreased, or ended. See §0020 (Net Income Limits), §0026 (Notices).

- To other services and programs offered by the county agency.

- To be told that notice of approval of Employment Plans are sent to the client's residence and this may impact the client's safety.

- To special help, if needed to understand and provide information. For example, interpreters for participants with limited English language proficiency or hearing impaired clients. See §0003.09.12 (Client Rights - Limited English Proficiency).

- To services and programs offered by other agencies, when appropriate. See §0029 (Other Related Programs).

- To have anyone they choose represent or aid them in applications, recertifications, appeals, or any contact with the county or state agency. The person does not have to be an attorney. See §0005.06 (Authorized Representatives).

- To fair treatment under federal and state law and to file a complaint if they feel they have been treated unfairly. See §0003.09.03 (Client Rights - Civil Rights).

- To have complaints concerning poor customer service resolved and the resolutions documented.

- To have information collected kept private by the county agency. See §0003.09.09 (Client Rights, Private and Confidential Data).

- To have their privacy and confidentiality ensured during the interview.

- To have their interview scheduled in order to accommodate any special needs, when possible.

- To protection. If there is a reason to suspect abuse or neglect of children or vulnerable adults, refer the information to social services. The client's cooperation with social services is not a condition of eligibility.

Clients have additional rights under specific programs.

MFIP: Clients have the right to family planning information. Refer clients who request family planning help to family planning services provided by the county agency or an outside agency.

Clients have the right to manage their financial affairs, unless the county is making protective or vendor payments in compliance with §0024.09 (Protective and Vendor Payments).

Clients who are victims of family violence have the right to request exemption from the 60-month limit for a Family Violence Waiver. See FAMILY VIOLENCE in §0002.23 (Glossary: Fair Hearing...). Also see §0005.12.12.09 (Family Violence Provisions/Referrals), §0028.15 (Employment Plan (EP)).

WB: Follow general provisions EXCEPT the information on Employment Plans does not apply to WB.

DWP: Follow MFIP, EXCEPT the Family Violence Waiver does NOT apply to DWP, as DWP months do NOT count toward the 60-month MFIP lifetime limit.

FS: Expedite Food Support to units who qualify. See §0004.03 (Emergency Aid Eligibility - Cash Assistance), §0004.04 (Emergency Aid Eligibility - FS/Expedited Food), §0004.06 (Emergencies - 1st Month Processing).

MSA, GA, GRH:

Follow general provisions.

Treat clients fairly and with understanding. Inform people of their civil rights at application and recertification.

All applicants for and participants of assistance are entitled to information about their civil rights. They are also entitled to information about how to file a complaint if they believe they have been subjected to discriminatory treatment by a human services provider.

The civil rights protections that clients have depend upon the applicable law or laws. For example, under state human rights law, you may not discriminate against applicants or participants of assistance on the basis of race, color, creed, religion, national origin, disability (including ensuring physical and program access for people with disabilities), sex, sexual orientation, or public assistance status.

Under federal civil rights law, you may not discriminate on the basis of race, color, national origin, age, sex, religion, or disability. Unlike state law, federal law does not protect applicants or participants of public assistance from discrimination based on sexual orientation or on receipt of public assistance.

In addition, the Food Support (FS) program has specific civil rights protections of its own. Under the federal FS program, you may not discriminate against an applicant or participant of FS on the basis of age, sex, color, race, disability, creed, national origin, or political beliefs.

In January 2001, the Office of Civil Rights (OCR) of the U.S. Dept. of Health and Human Services issued a policy guidance prohibiting discrimination against people with disabilities. This guidance focused on TANF programs and was based on Title II of the Americans with Disabilities Act of 1990 (ADA) and on Section 504 of the Rehabilitation Act of 1973. The OCR guidance may be found at http://www.hhs.gov/ocr/prohibition.html

The concepts central to compliance are:

- Individualized treatment (disabled participants should be treated on a case-by-case basis consistent with facts and objective evidence).

AND

- Effective and meaningful opportunity (disabled participants must be afforded the opportunity to benefit from TANF programs that is as effective as the opportunity afforded to participants without disabilities).

A participant with disabilities, for purposes of compliance with ADA and Section 504 of the Rehabilitation act, means a participant with a physical or mental impairment that substantially limits 1 or more major life activity, a record of such an impairment, or being

regarded as having such an impairment. This definition is different than that typically used to determine eligibility in programs that provide cash assistance based upon disability, such as SSI and SSDI.

County and Employment Services staff are required to inform all participants of their right to equal access to all services and benefits regardless of a physical or mental disability. This means that Employment Plans for all caregivers with documented disabilities must take into consideration any/all limitations due to a disability. Many of these participants may meet qualifications for Family Stabilization Services (FSS) and would be required to develop an FSS Employment Plan. See Employment Services Manual §7.18.3 (FSS EP or EP for Participants with a Disability), §11.6 (FSS Eligibility Criteria).

DHS has developed a brochure, "Do you have a disability?" (DHS-4133), which provides job seekers with information about the Americans with Disabilities Act (ADA). This form is for applicants and participants in any program.

WHERE TO FILE CIVIL RIGHTS COMPLAINTS:

There are several agencies that people may contact to file a complaint if they believe they have been subjected to discrimination by a human services provider. Under certain circumstances a person may file the same complaint with more than 1 agency. However, some agencies do not have authority to accept certain types of civil rights complaints.

Always give clients enough information about filing complaints so they can decide for themselves which agency (or agencies) to contact. After a client contacts an agency, that agency will inform the client about whether it is the appropriate agency to receive the complaint.

The Minnesota Department of Human Rights enforces the state human rights law. The agency will assist people with the complaint filing process. Clients may file a public services discrimination complaint by contacting that agency directly:

Minnesota Department of Human Rights
190 E. Fifth Street
St. Paul, MN 55101
(800) 657-3704 (Voice)
(651) 296-1283 (TTY/TDD)

People may also file a discrimination complaint with the Minnesota Department of Human Services (DHS). Upon receiving a complaint, DHS will determine whether or not it has

authority to investigate the complaint and notify the person. Clients must contact DHS to file the complaint.

DHS Civil Rights Coordinator
Department of Human Services
Office for Equal Opportunity
P.O. Box 64997
St. Paul, MN 55164-0997
(651) 431-3040 (Voice)
(866) 786-3945 (TTY)
(651) 431-7444 (Fax)

In addition to the state agencies listed above, applicants and participants of federally-funded assistance programs who believe they have been discriminated against may also file complaints directly with the federal agencies administering those programs. They may file complaints directly with the U.S. Department of Health and Human Services or the U.S. Department of Agriculture. They must file the complaint within 180 days of the alleged discrimination.

NON-FS RELATED COMPLAINTS:

Office for Civil Rights - Region V
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, Illinois 60601
312-886-2359 (voice)
312-353-5693 (TDD/TTY)

FS COMPLAINTS:

USDA
Director - Office of Civil Rights
1400 Independence Ave. SW
Washington, D.C. 20250-9410
800-795-3272 (voice)
202-720-6382 (TTY/TDD)

The written complaint should include the following information:

- Name, address, telephone number of complainant.
- Name and address of county agency delivering the benefits, including names of any employees accused of wrongdoing.
- Type of discrimination alleged.
- Brief description of the alleged discriminatory act(s).

- If a policy or procedure had a discriminatory effect on applicants or clients, identify the policy/procedure and describe the discriminatory effect it had.

- Identify any witnesses to the alleged discrimination. Witnesses are people who observed the alleged discrimination. Provide their names, addresses, telephone numbers and titles.

- Give the dates when the alleged discrimination happened and if it was continuing, give the duration of each incident.

- Investigation findings.

- If applicable, corrective action recommended and taken.

When you ask people to provide private or confidential data about themselves, you must tell them:

- The purpose and intended use of the requested data.
- Whether they may refuse or if the law requires them to supply the data.
- The consequences of supplying or refusing to supply the data.
- The identity of other people or entities authorized to receive the data.

The Combined Application Form (CAF) (DHS-5223) contains some of this information. More information is on the form "Notice of Privacy Practices" (DHS-3979).

Include a signed copy of the Combined Application Form (CAF) in the case file to document that you gave the client a Notice of Privacy Practices. Also see §0005.09 (Combined Application Form (CAF)).

For other questions related to data practices, write to the Data Practices Attorney:

DHS Data Practices Attorney
P.O. Box 64998
St. Paul, Minnesota 55164

CLIENT RIGHTS, PRIVATE AND CONFIDENTIAL DATA 0003.09.09

Data collected and maintained by county agencies about people are private, unless specifically classified otherwise by law. Private data are accessible to the subject of the data or the subject's authorized representative.

State law classifies some data collected and maintained by county agencies as confidential. Confidential data is not accessible to the subject of the data.

County human service, corrections, public health, and veterans services agencies within a county may inform each other when a person or family is currently being served by the county unit, without the consent of the subject of the data. Beyond informing of involvement with these county units, data sharing is limited to name, telephone number, and last known address of the data subject, and the identification and contact information regarding personnel of the county unit responsible for working with the person or family. If additional information is needed, the county may share if the unit is authorized by state statute or federal law, or if the person gives written, informed consent.

Refer to the Data Practices Manual issued by DHS for further information. This manual is not available in printed copy. It is available on the DHS web site at http://www.dhs.state.mn.us/fmo/legalmgt/dp/default.htm .

Clients may review private records which contain information on them. Only the information classified as private or public is available for review by the client. Private or public data must be actually shown to the subject of the data and not summarized.

Honor requests for review as soon as possible, but no later than 10 days following the request. Do not count weekends and holidays in the 10-day period. When the county agency tells the client during the initial 10 days it needs more time, it may take up to an additional 10 days with a mutual agreement with the client. The county agency may set the place and time of review.

Data on 2 or more people maintained in a common file because of family relationships are "joint records". Delete material in joint records about the person not requesting the review to protect that person's privacy. Parents may view records of their minor children, unless:

- There is a court order preventing access to the data.

  OR
- The minor children request in writing that the agency deny parental access to the data, and the agency determines that accessing the data by the parent(s) is not in the best interest of the children.

Provide copies of original documents when requested by the subject of the data or the subject's authorized representative. Provide 1 free copy of a document and additional copies at the cost of reproduction.

MFIP, DWP:

County agencies and Employment Services Providers (ESPs) are required to follow data privacy procedures. It is important that counties, tribes, and ESPs ensure confidentiality to victims of family violence. This is critical when the victim of family violence lives with the abuser. You should consult with your county attorney regarding your county's data practices policy if you are uncertain how to apply this policy.

Obtain a release of information from the client prior to talking to a family violence advocate about the client's issues relating to family violence. Financial workers and job counselors must consult with the client to determine where mail should be sent or phone calls made. Do not assume that mail can be sent or phone calls can be made to the client's residence as often the abuser is still in the home or has access to the home.

All requirements related to data privacy and confidentiality that apply to other MFIP cases also apply to MFIP cases that have been approved for a hardship extension. Clients have a legal right to review the data we collect and maintain on them. A stamp of "confidential" by the health care provider (authorized licensed medical or mental health professional) does not change that right, EXCEPT under rare circumstances when the health care provider specifically requests that the information be withheld from the client because it is determined that:

- Certain information contained in the record may be detrimental to the physical or mental health of the client.

OR

- Certain information is likely to cause the client to inflict self harm or harm to others.

Inform health care providers that the client will be allowed access to all of the information they submit unless the health care provider specifically identifies that the information be withheld as described above.

WB, FS, MSA, GA, GRH:

Follow general provisions.

CLIENT RIGHTS - LIMITED ENGLISH PROFICIENCY 0003.09.12

People with limited English language proficiency (LEP) often face unique challenges due to their inability or limited ability to speak, read, write, or understand English. Lack of English proficiency can limit people's access to public services programs to which they may be eligible, such as financial, medical, educational, health, and social services. Federal and state civil rights laws prohibit discrimination on the basis of national origin, as it affects people with limited English language proficiency.

All applicants for and participants of public assistance who have limited English language proficiency are entitled to FREE and TIMELY language assistance services. The burden of providing language assistance services must never be on the person with LEP. It is always on the agency or service provider.

The agencies must ensure that all clients with LEP are given adequate information and are able to understand the services and available benefits, and receive the benefits for which they are eligible. Counties must also ensure that clients with LEP are able to communicate the relevant circumstances of their situation to the county.

Each county is required to develop and implement an LEP plan. The LEP plan must include policies and procedures for providing language assistance, including a range of oral language assistance options, and in certain circumstances, translation of written materials. The plan should also include procedures for providing notice to people with LEP of the rights to language assistance FREE of charge and in a timely manner during all hours of the agency's operation. Agency staff should follow the provisions of their county LEP plan for dealing with clients with LEP.

For more information about county LEP plans, contact the county LEP coordinator or county director.

This chapter outlines programs available to help people in emergency situations. It lists EMSA (Emergency Minnesota Supplemental Aid) and EGA (Emergency General Assistance) as separate programs. This chapter lists Expedited Food Support under FS and emergency provisions for Group Residential Housing under GRH.

Specific program provisions dealing with emergencies are in 0004.01 (Emergencies - Program Provisions). Eligibility requirements for emergency programs are in 0004.03 (Emergency Aid Eligibility - Cash Assistance), 0004.04 (Emergency Aid Eligibility - FS/Expedited Food).

Determine a client's need for emergency aid or expedited services during the client's initial contact with the county agency. If a client's need for emergency or expedited services arises after the initial contact, begin using the emergency processing deadlines from the date of discovery. See 0004.06 (Emergencies - 1st Month Processing), 0004.09 (Emergencies - 2nd and 3rd Month Processing).

Verification requirements in emergency situations may differ from those for normal application situations. See 0004.12 (Verification Requirements for Emergency Aid).

For appeals for emergency programs, follow provisions in 0027 (Appeals).

See 0004 (Emergencies) for provisions which apply to all programs.

MFIP, WB, DWP, GRH:
No provisions.

FS:
Expedited Food Support makes benefits quickly available to units unable to meet their food needs. See 0004.03 (Emergency Aid Eligibility - Cash Assistance), 0004.04 (Emergency Aid Eligibility - FS/Expedited Food).

The Food Support Program has special procedures for determining eligibility and benefit levels for destitute migrant and seasonal worker units. These units may also qualify for emergency procedures. See 0004.48 (Destitute Units--Migrant/Seasonal Farmworker), 0004.51 (Destitute Units, Eligibility and Benefits), 0011.06 (State Residence).

MSA:
See EMSA.

EMSA:
Emergency Minnesota Supplemental Aid (EMSA) meets the emergency needs of MSA participants, and the aged, blind, and disabled GRH participants. EMSA is available to a participant once in a 12-month time period depending on the availability of state and/or county funds.

When a member of the EMSA unit has been awarded Workers' Compensation, any EMSA received during the period covered by the Workers' Compensation settlement or award is subject to recovery by the DHS Benefit Recovery Section (BRS). BRS has the authority to recover subsistence related to a workers' compensation injury. An interim assistance agreement is not required.

GA:
See EGA.

EGA:
Emergency General Assistance (EGA) meets the emergency needs of eligible individuals, married couples, or families who are in an emergency and who are residents of the state. EGA is available for a period of up to 30 days and is limited to once in a 12-month time period depending on the availability of state and/or county funds. See EMERGENCY in 0002.19 (Glossary: Early...). Also see 0011.06 (State Residence), 0004.03 (Emergency Aid Eligibility - Cash Assistance).

Assess all emergencies threatening a person's health or safety.

When a member of the EGA unit has been awarded Workers' Compensation, any EGA received during the period covered by the Workers' Compensation settlement or award is subject to recovery by the DHS Benefit Recovery Section (BRS). BRS has the authority to recover subsistence related to a workers' compensation injury. An interim assistance agreement is not required.

MFIP, WB, DWP, GRH:
No provisions.

FS:
See 0004.04 (Emergency Aid Eligibility--FS/Expedited Food).

MSA:
See EMSA.

EMSA:
To be eligible to receive EMSA, a person must meet ALL the following conditions:

- Be an MSA participant or a GRH participant based on age 65 or over, blindness, or age 18 or over and disabled.
- Face an emergency situation that will threaten the client's health or safety if not resolved.
- Be unable to resolve the situation by using all income and resources that are available or the person can make available during the month.
- Have not used EMSA within 12 months following each use after 7-1-03. Also, see 0004.01 (Emergencies - Program Provisions).

GA:
See EGA.

EGA:
To receive Emergency General Assistance (EGA) a unit must meet ALL the following conditions:

- Have not used EGA within 12 months following each use after 7-1-03. Anyone in the unit receiving EGA makes the entire unit ineligible for the 12-month period. Also, see 0004.01 (Emergencies - Program Provisions).
- Be in an emergency situation in which it is without, or will lose within 30 days after application, a BASIC NEED item as defined in 0002.05 (Glossary: Assistance Standard...). An emergency situation must require immediate financial assistance. The financial assistance required by the emergency must be temporary and must not exceed 30 days.
- Have an emergency that threatens the unit members' health or safety.
- The unit must not have received or be eligible for emergency aid from the County Consolidated Fund in the month of application for EGA.
- At least 1 person in the EGA unit must meet GA or GRH citizenship or immigration status requirements listed under 0011.03

(Citizenship and Immigration Status).

- For a single person, a childless married couple, or a family, at least 1 person must have lived in Minnesota for at least 30 days.

- The unit must not currently be receiving MFIP, with the following EXCEPTION: If a unit applies for EGA and MFIP at the same time, you can authorize an EGA payment up to the time that you receive documentation establishing MFIP eligibility. Do not authorize EGA thereafter even though MFIP is not yet approved on MAXIS. If you have issued a voucher or have otherwise guaranteed EGA payment to a provider before you receive documentation establishing MFIP eligibility, vendor pay that need out of EGA even though MFIP has been established.

- The unit must not have, without good cause, used more than 50% of its income and liquid assets for purposes other than basic needs during the 60 days before application. This does not apply to people who are chemically dependent, mentally ill, mentally retarded or related conditions. See 0004.18 (Determining the Amount of Emergency Aid) for information on how to determine income and assets. Also see 0002.41 (Glossary: Medically Necessary...), 0013.15.24 (GA Basis - Mental Retardation/Mental Illness).

- Disqualification from GA or MFIP must not have caused the emergency.

- The unit must be unable to resolve its own emergency by combining:
  - Liquid assets and assets they can liquidate in time to help.
  - Income, including in-kind income they will receive in time to help.
  - Other funds they are eligible for.

  See 0004.18 (Determining the Amount of Emergency Aid), 0004.18.03 (Emergency Aid Cost Effectiveness).

- Eligibility may not exceed 30 days.

MFIP: Clients eligible for expedited Food Support whose MFIP case cannot be processed within the expedited time frames due to missing verifications must have an NPA Food Support case set up to issue the expedited Food Support. Once MFIP can be processed, close the NPA Food Support. In MFIP, deduct the food portion from the grant for any month in which NPA Food Support have been issued for any or all unit members.

There is no provision for issuing only the food portion of the MFIP grant on an expedited basis.

WB, DWP:

No provisions

FS: Make expedited service available to the following types of units:

- Units with less than $150 in monthly gross income and $100 or less in liquid assets. See 0015 (Assets), 0017 (Determining Gross Income).

- Destitute migrant or seasonal farm worker units who have $100 or less in liquid assets. See 0004.48 (Destitute Units--Migrant/Seasonal Farmworker).

- Units whose combined monthly gross income and liquid assets are less than their actual monthly housing and utility costs (or the standard utility allowance if the unit is entitled to it).

There is no limit to the number of times a unit can receive expedited service. Units who have received expedited service once must do 1 of the following before they can get it again:

- Be certified under normal processing standards between their last expedited certification and the current one.

OR

- Provide the postponed verifications from the previous expedited certification.

See 0004.12 (Verification Requirements for Emergency Aid).

A unit may receive expedited service in Minnesota if they meet the requirements of this section, even if they received Food Support in another state during the month of application.

For units who have received Food Support in another state during the month the application is completed, treat the next month as the month of application and use that month as the basis for determining expedited eligibility (including postponed verification requirements).

See 0004.06 (Emergencies - 1st Month Processing) for instructions on processing these cases.

Member of an MFIP assistance unit residing in a battered women's shelter may receive Food Support or the food portion twice in a month if the unit that initially received the Food Support or food portion included the alleged abuser. See 0011.21 (Receipt of Other Assistance).

MSA, EMSA, GA, EGA, GRH:

See 0004.03 (Emergency Aid Eligibility - Cash Assistance).

MFIP:
If an assistance unit is entitled to expedited Food Support benefits, first determine if MFIP can be approved following all MFIP verification requirements within the expedited Food Support processing standards outlined in the FS provisions below.

If you can approve MFIP cash and food portion within the expedited FS processing standards, issue the cash and food benefits through Electronic Benefit Transfer (EBT), or Rapid Electronic Issuance (REI). Also see 0024.04.06 (Expedited Food Support Issuance).

If you are unable to approve MFIP within the expedited FS processing standards, open a Food Support case for the unit. See 0004 (Emergencies), 0004.04 (Emergency Aid Eligibility--FS/Expedited Food), 0004.48 (Destitute Units--Migrant/Seasonal Farmworker) for Food Support expedited assistance eligibility.

A unit member is ineligible for the food portion of MFIP for any month in which Food Support benefits have been issued. When you approve the MFIP grant, subtract the amount of the food portion from the grant for any unit member who has already received Food Support benefits. See 0014.06 (Who Must be Excluded From Assistance Unit), 0020.09 (MFIP/DWP Assistance Standards) for determining the food portion when members are ineligible for the food portion only.

WB, DWP, MSA, EMSA, GRH:
No provisions.

FS:
If a unit is eligible for expedited service, issue benefits:

- By the end of the working day if the unit files the application on a Friday morning or on the morning before a holiday. If the unit files the application in the afternoon and it is impossible to issue benefits the same day, help the unit resolve their immediate food needs through other means. Issue benefits the next working day.

- Within 24 hours or the 1st day of the next month, whichever is later, if a unit which received Food Support in another state in the month of application meets expedited Food Support requirements for the next month. In this case, deny benefits for the month of application, and determine eligibility (and destitute status if applicable) beginning the 1st day of the following month.

- Within 24 hours of the interview in all other cases.

Offer an interview to all other units who appear eligible for expedited services on the same day they file the application. If they decline the same day interview, CASE/NOTE their decision and schedule an interview for the next business day.

When units eligible for expedited service apply after the 15th of the month, issue benefits for both months at the same time. This may consist of both a Rapid Electronic Issuance (REI) and an overnight issuance. See 0004.09 (Emergencies - 2nd and 3rd Month Processing).

Assign the longest certification period possible. See 0009.03 (Length of Recertification Periods).

Process applications and issue benefits no more than 5 days after the date of application for people living in:

- Battered women's shelters.

- Drug or alcoholic treatment or rehabilitation centers.

- Group living arrangements.

If the 5th day does not fall on a working day, process the application no later than the last working day within the 5-day time frame.

GA:
See EGA.

EGA:
Offer EGA information and the CAF on the same day a person inquires about the program. If an emergency situation is imminent or already present, offer the interview on the same day the unit submits the CAF.

If there is emergent and ongoing need, process the application as soon as possible for ongoing GA eligibility. If there will be a significant delay, EGA may be used for up to 30 days until GA eligibility is determined.

NOTE: Priority must be given to qualifying the applicant for ongoing GA because any use of EGA counts against the applicant's 12 month EGA limit and the county's EGA allocation.

MFIP, WB, DWP, FS, MSA, GRH, EMSA:
No provisions.

GA:
See EGA.

EGA:
The county agency may have provisions for dealing with emergencies that occur after the county agency is closed. Determine EGA eligibility back to the date of the emergency if the agency receives the CAF pages within 30 days of the emergency. The unit must be EGA eligible for the county to claim state aid.

MFIP, WB, DWP, MSA, EMSA, GA, EGA, GRH:

No provisions.

FS: When units eligible for expedited service apply after the 15th of the month:

- Issue benefits for both the 1st and 2nd months at the same time. This may consist of a Rapid Electronic Issuance (REI) and an overnight issuance. See §0004.06 (Emergencies - 1st Month Processing).

- If the unit had postponed verifications, issue the 3rd month's benefits on the 1st issuance day of the 3rd month, provided you have obtained the postponed verifications.

See §0004.12 (Verification Requirements for Emergency Aid), and §0004.15 (Emergencies - Postponed Verification Notice).

VERIFICATION REQUIREMENTS FOR EMERGENCY AID 0004.12

MFIP: No provisions. Also see §0004.04 (Emergency Aid Eligibility--FS/Expedited Food), §0004.06 (Emergencies - 1st Month Processing).

WB, DWP:
No provisions.

FS: Before certifying units for expedited service:

1. Verify the identity of the person completing the application. Use readily available documentary evidence or collateral contacts.

2. Require whoever completes the application to register for work unless they are exempt or an authorized representative for the unit.

3. Make reasonable efforts to get other mandatory verifications. Use collateral contacts or readily available documentary evidence. See §0010 (Verification).

If it is not possible to complete these steps within the expedited service time frame, postpone verifications other than the applicant's identity. See §0004.15 (Emergencies - Postponed Verification Notice).

For units applying ON OR BEFORE the 15th of the month, do not issue benefits for the 2nd month until after the unit provides the postponed verifications. When a unit applies on or before the 15th of the month and postponed verification(s) is not provided within 30 days from the date of application, the case must be closed. The 2nd month's benefit must not be issued if the postponed verification (s) is not provided.

For units applying AFTER the 15th of the month and receiving benefits for the 1st and 2nd months at the same time, do not issue benefits for the 3rd month until after the unit provides the postponed verifications.

MSA: See EMSA.

EMSA: Mandatory verifications for MSA, EMSA, and GRH (aged, blind, and disabled) are the same. See §0010.18 (Mandatory Verifications), §0010.18.01 (Mandatory Verifications - Cash Assistance).

Use available documentary evidence, collateral contacts or, if necessary, signed statements from the client.

GA: See EGA.

EGA: Mandatory verifications for GA, EGA, and GRH (adults who are not aged, blind, or disabled) are the same. See §0010.18 (Mandatory Verifications), §0010.18.01 (Mandatory Verifications - Cash Assistance).

Use available documentary evidence, collateral contacts or, if necessary, signed statements from the client.

GRH: Follow EMSA for aged, blind, and disabled participants. Follow EGA for all other adults.

MFIP, WB, DWP, MSA, EMSA, GA, EGA, GRH:

No provisions.

FS: For units applying ON OR BEFORE the 15th of the month, issue written notice at certification that you will not issue benefits after the 1st month unless the unit provides postponed verifications.

For units applying AFTER the 15th of the month, issue written notice at certification that you will not issue benefits after the 2nd month unless the unit provides all postponed verifications.

For all units, the notice must also state they will not get advance notice of benefit changes resulting from the postponed verifications. See §0026 (Notices).

MFIP:
For households with non-MFIP unit members, an applicant household may include people who are not mandatory or optional members of the MFIP unit, but who buy and prepare food with the unit. For these households, follow 0022.24 (Uncle Harry Food Support Benefits) to determine food assistance for non-MFIP unit members.

For MFIP-only households and MFIP households containing Uncle Harry Food Support (UHFS) members, follow the steps in 0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA) to figure the amount of expedited food assistance. Follow 0024.04.06 (Expedited Food Support Issuance) for issuing the food portion.

WB, DWP, GRH:
No provisions.

FS:
For benefits for destitute units, see 0004.51 (Destitute Units, Eligibility and Benefits). For benefit levels of other units, see 0020 (Net Income Limits).

MSA:
See EMSA.

EMSA:
Follow these steps to determine the amount of EMSA:

1. Determine the amount of income the person has received or will receive during the month, including the MSA grant. Include all unearned income, even what is normally excluded. Count all earned income, allowing only work expenses as listed in 0018.06 (Work Expense Deductions). Do not allow disregards. Do not count income that has already been spent, since it is no longer available to the client.

2. Add to the amount in Step 1 any liquid assets or assets the unit can convert to cash in time to resolve the emergency. This includes excluded assets.

3. Subtract the client's monthly MSA standard from the sum of Steps 1 and 2. See 0020.21 (MSA Assistance Standards).

4. Subtract the result of Step 3 from the minimum amount the person needs to resolve the emergency. The difference is the amount of EMSA to issue.

GA:
See EGA.

EGA:
If a unit meets the requirements in 0004.03 (Emergency Aid Eligibility - Cash Assistance), determine the amount of emergency aid. Follow these steps:

1. Determine the minimum amount of aid that will resolve the unit's emergency.

2. Determine the amount of income and assets the unit has or will have that can apply toward resolving their emergency. Count all income; there are no exclusions.

Use the gross income of all unit members minus actual expenses. Actual expenses depend on the type of income and include items such as: self-employment expenses, work transportation cost, taxes, dependent care, tuition, student fees.

Count assets the unit can convert to cash in time to resolve the emergency. Do not count assets if converting them to cash creates an undue hardship for the unit. Do not count personal effects and essential household goods.

Do not count assets and income the unit has or will have that they can use to cover basic needs. Basic needs are items required to maintain the unit's health and safety, such as rent, utilities, and food. The remainder is the amount the unit can apply toward the emergency.

3. Determine if other public or private aid is available.

4. Add the amounts in Steps 2 and 3 and subtract the total from the amount in Step 1. The difference is the maximum eligibility amount.

MFIP, WB, DWP, FS:
No provisions.

MSA: See EMSA.

EMSA: The county agency must try to resolve the client's emergency situation in the most cost-effective manner. Refer to the specific covered items for details. See the list in §0004 (Emergencies). Also see §0004.18 (Determining the Amount of Emergency Aid) for instructions on how to determine the EMSA payment.

GA: See EGA.

EGA: AFTER the county agency has determined that the unit has met all the conditions in §0004.03 (Emergency Aid Eligibility - Cash Assistance), and that the unit is eligible for EGA, the county agency must try to resolve the emergency in the most cost-effective manner. Determine the cost-effectiveness of an EGA payment as follows:

- An emergency payment is not cost-effective if the client's anticipated income together with the EGA payment will not be sufficient to cover the client's basic needs for the 3-month period beginning with the month of application, and another emergency situation can reasonably be anticipated within 2 months after the month of EGA issuance.

  To be cost-effective, an alternate solution to an emergency situation must result in EGA expenditure at least 25% less than the EGA expenditure required to maintain the client in the current situation.

  After determining that an emergency situation exists, do not deny EGA payment for shelter and utility costs for an otherwise eligible client solely because the client's anticipated income is not sufficient to cover continued payment of shelter and utility costs when no alternative solution is identified by the client or the county agency. Issue EGA in the amount needed to resolve the emergency.

- When the county agency determines that the emergency resulted from the client's mismanagement of money, the agency may include vendor, protective, or 2-party payments of a client's future needs as part of a cost-effective solution. Review at each recertification.

- Emergency payment for food must not exceed the amount the client would receive under the USDA Thrifty Food Plan. See §0022.12.01 (How to Calculate the Benefit Level - FS/MSA/GRH).

- Emergency payment for clothing must not exceed the cost of necessary clothing for assistance unit members, considering the season of application.

- Emergency payment for shelter, exclusive of moving expenses or deposits, must not exceed an amount equal to 4 times the assistance unit's monthly assistance standard. For the purpose of this item, the amount of a single individual monthly assistance is $203. For families with children use the following amounts:

Number of Eligible Children	Plus 1 Adult	Plus 2 Adults
1	$ 437	$ 510
2	$ 532	$ 605
3	$ 621	$ 694
4	$ 697	$ 770
5	$ 773	$ 846
6	$ 850	$ 923
7	$ 916	$ 989
8	$ 980	$1,053
9	$1,035	$1,108
10	$1,089	$1,162
Each add'l child	$ 53	$ 53

The county agency may receive state reimbursement for this item in excess of the limits when it can document that no shelter is available within the limits of cost-effectiveness.

In determining the cost-effectiveness of an EGA payment, do not consider a period of time greater than 3 months including the month of application for EGA.

GRH: Follow EMSA for aged, blind, and disabled participants. Follow EGA for all other adults.

EMERGENCY AID FOR EMPLOYMENT RELATED EXPENSES 0004.21

MFIP, WB, DWP:
There MAY BE assistance with employment related expenses through Employment Services Providers, as part of their work with an MFIP, WB, or DWP client.

FS: No provisions.

MSA: See EMSA.

EMSA: Use emergency aid for employment-related expenses if they meet the requirements of §0004.03 (Emergency Aid Eligibility - Cash Assistance).

Employment-related expenses include transportation costs and the purchase or repair of equipment necessary for employment. Use the same transportation expense rate as allowed for self-employment transportation. See §0017.15.33.12 (Self-Employment Transportation Expenses).

GA: See EGA.

EGA: Use EGA to pay necessary costs of transportation to accept a bona fide offer of suitable employment if the unit meets the requirements of §0004.18 (Determining the Amount of Emergency Aid) and, EXCEPT for the requirement that they must have an emergency threatening their members' health or safety, they must meet all of the other requirements of §0004.03 (Emergency Aid Eligibility - Cash Assistance).

GRH: Follow EMSA for aged, blind, and disabled participants. Follow EGA for all other adults.

MFIP, WB, DWP, FS:
No provisions.

MSA: See EMSA.

EMSA: Clients may request aid for an arrearage in contract for deed, balloon, or mortgage payments, or a property tax delinquency, when a foreclosure action occurs.

Determine the payment amount according to §0004.18 (Determining the Amount of Emergency Aid).

GA: See EGA.

EGA: Use EGA for foreclosure action only if the unit meets the requirements of §0004.03 (Emergency Aid Eligibility - Cash Assistance), §0004.18 (Determining the Amount of Emergency Aid), and §0004.18.03 (Emergency Aid Cost Effectiveness). The unit MUST verify that they have been refused refinancing through a bank or other lending institution.

GRH: Follow EMSA for aged, blind, and disabled participants. Follow EGA for all other adults.

MFIP, WB, DWP, FS:
No provisions.

MSA: See EMSA.

EMSA: A member of the unit must own and live in the home. Limit payments for home repairs to items and conditions listed in §0023.06 (Home Repairs). Do not use EMSA funds unless the county agency authorized the payment before it was made and special need funds are not available. Determine the payment amount according to §0004.18 (Determining the Amount of Emergency Aid).

GA: See EGA.

EGA: Use EGA for home repairs only if the unit meets the requirements of §0004.03 (Emergency Aid Eligibility - Cash Assistance), §0004.18 (Determining the Amount of Emergency Aid), §0004.18.03 (Emergency Aid Cost Effectiveness). The unit is NOT required to verify that they have been refused financing through a bank or another lending institution as a condition of eligibility for EGA for payment for home repairs.

GRH: Follow EMSA for aged, blind, and disabled participants. Follow EGA for all other adults.

MFIP, WB, DWP, FS:

No provisions.

MSA, GA:

See EMSA.

EMSA, EGA, GRH:

Determine the payment amount according to §0004.18 (Determining the Amount of Emergency Aid).

MFIP, WB, DWP, FS:
No provisions.

MSA: See EMSA.

EMSA: Determine the payment amount according to §0004.18 (Determining the Amount of Emergency Aid).

GA: See EGA.

EGA: Use EGA to pay for transportation requested by the client to return to a residence maintained by or for the unit if the unit meets the requirements of §0004.18 (Determining the Amount of Emergency Aid) and, EXCEPT for the requirement that the unit must have an emergency threatening its members' health or safety, it must meet all of the other requirements of §0004.03 (Emergency Aid Eligibility - Cash Assistance).

GRH: Follow EMSA for aged, blind, and disabled participants. Follow EGA for all other adults.

MFIP, WB, DWP, GRH:
No provisions.

FS: There are no expedited or emergency procedures for replacement. Follow the procedure in §0024.06 (Provisions for Replacing Benefits).

If an emergency arises because benefits cannot be replaced, determine if EMSA or EGA is available. See §0004.04 (Emergency Aid Eligibility - FS/Expedited Food). Do not issue EMSA or EGA just because Food Support benefits are lost or stolen.

MSA: See EMSA.

EMSA: Do not issue emergency aid just because MSA or Food Support benefits are lost or stolen. Follow the procedure in §0024.06 (Provisions for Replacing Benefits).

If an emergency arises because lost or stolen benefits cannot be replaced, treat the emergency like any other. See §0004.03 (Emergency Aid Eligibility - Cash Assistance).

In addition:

- County agencies may require clients, on a case-by-case basis, to file a police report as a condition of replacement. Confirm the report with the police department.
- The client must submit a written report of the event in affidavit form.
- The contents of the police report and the client's affidavit must be consistent. The client must provide a reasonable explanation for any differences before the agency can replace stolen money. The county attorney or fraud investigative unit may help to resolve any inconsistencies. The agency retains discretion to disallow replacement of money where the participant fails to resolve substantial differences.
- If the unit meets the above conditions, vendor pay EMSA to resolve the unit's emergency.
- If EMSA payments for lost or stolen money are based on a client's misrepresentation, refer the case to the fraud investigative unit.

GA: See EGA.

EGA: Do not issue emergency aid just because GA checks or Food Support benefits are lost or stolen. Follow the procedure in §0024.06 (Provisions for Replacing Benefits).

If an emergency arises because lost or stolen benefits cannot be replaced, treat the emergency like any other. See §0004.03 (Emergency Aid Eligibility - Cash Assistance).

In addition:

- County agencies may require clients, on a case-by-case basis, to file a police report as a condition of replacement. Confirm the report with the police department.
- The client must submit a written report of the event in affidavit form.
- The contents of the police report and the client's affidavit must be consistent. The client must provide a reasonable explanation for any differences before the agency can replace stolen money. The county attorney or fraud investigative unit may help to resolve any inconsistencies. The agency retains discretion to disallow replacement of money where the participant fails to resolve substantial differences.
- If the unit meets the above conditions, vendor pay EGA to resolve the unit's emergency.
- If EGA payments for lost or stolen money are based on a client's misrepresentation, refer the case to the fraud investigative unit.

GRH: No provisions.

For mortgage or contract-for-deed payments, see §0004.24 (Emergency Aid to Prevent Foreclosure).

MFIP, WB, DWP, FS:
No provisions.

MSA: See EMSA.

EMSA: Determine the payment amount according to §0004.18 (Determining the Amount of Emergency Aid).

GA: See EGA.

EGA: Use EGA to pay for shelter if the unit meets the requirements of §0004.03 (Emergency Aid Eligibility - Cash Assistance), §0004.18 (Determining the Amount of Emergency Aid), §0004.18.03 (Emergency Aid Cost Effectiveness).

GRH: Follow EMSA for aged, blind, and disabled participants. Follow EGA for all other adults.

MFIP, WB, DWP, FS:
No provisions.

MSA: See EMSA.

EMSA: Determine the payment amount according to §0004.18 (Determining the Amount of Emergency Aid).

GA: See EGA.

EGA: Use EGA to pay for utility bills if the unit meets the requirements of §0004.03 (Emergency Aid Eligibility - Cash Assistance), §0004.18 (Determining the Amount of Emergency Aid), and §0004.18.03 (Emergency Aid Cost Effectiveness).

GRH: Follow EMSA for aged, blind, and disabled participants. Follow EGA for all other adults.

MFIP, WB, DWP, FS:

No provisions.

MSA, EMSA, GA, EGA, GRH:

Use vouchers or vendor payments, unless the county agency determines a cash grant would best resolve the emergency. See §0024 (Payments).

MFIP: See §0004.06 (Emergencies - 1st Month Processing) to determine when units get expedited food portion or a Food Support case needs to be opened. If the unit can get expedited food portion, follow the FS provisions below to determine destitute status.

WB, DWP, MSA, EMSA, GA, EGA, GRH:
No provisions.

FS: Migrants and seasonal farmworkers qualifying as destitute units are entitled to special procedures for calculating income in the initial month. Destitute units with $100 or less in liquid assets also qualify for expedited services. When determining destitute status, consider the source of income for a migrant or seasonal farmworker unit to be the grower, rather than the crew leader.

If a unit received Food Support in another state during the month of application, treat the next month as the month of application and the 1st day of the month as the application date when determining destitute status in the procedure below. Actual processing standards, however, are still based on the actual date of application. See §0004.06 (Emergencies - 1st Month Processing), §0005.12.15 (Application Processing Standards).

Migrant and seasonal farmworker units are destitute if they meet any of these conditions:

- The only income the unit received in the application month was before the date of application and from a terminated source.
  - Consider income the unit gets monthly or more often to be from a terminated source if the unit will not get income again from that source during the application month or the next month.
  - Consider income the unit gets less often than monthly to be from a terminated source if the unit will not get any more income from that source in the month they would normally get the next payment.
- The only income the unit will get in the application month is from a new source. They will not get more than $25 from that source by the 10th calendar day after the date of application.

- Consider income the unit gets monthly or more often to be from a new source if the unit has not received more than $25 from that source in the 30 days before the application date.

- Consider income the unit gets less often than monthly to be from a new source if the unit has not received more than $25 from that source within the normal interval between payments.

➢ The unit will get income from a terminated source before the date of application and from a new source after the date of application. The unit cannot get any other income during the application month and cannot get more than $25 from the new source by the 10th calendar day after the date of application. Consider people who change jobs but stay with the same employer to be receiving income from the same source.

Employers sometimes advance employees money to cover costs of moving to a new job. Do not consider travel advances when determining whether income is from a new source or whether the unit is destitute. When determining eligibility and benefit levels, count as income travel advances that are advances on future wages as stated in a written contract which was executed at or before the time the advance was given. Exclude as income travel advances that are reimbursements for actual travel costs. See §0017.15.75 (Reimbursement of Expenses).

Exclude as income any EA or EGA that is vendor paid for a migrant or seasonal farmworker unit while the unit is in the job stream when determining destitute status, eligibility, and benefit levels. See §0017.06 (Excluded Income).

MFIP: See §0004.06 (Emergencies - 1st Month Processing) to determine when units get expedited food portion or a Food Support case needs to be opened. If the unit can get expedited food portion and is destitute (see §0004.48 (Destitute Units - Migrant/Seasonal Farmworker)), follow the FS provisions below.

WB, DWP, MSA, EMSA, GA, EGA, GRH:
No provisions.

FS: When determining eligibility and benefit levels for destitute units for the application month, consider only income received between the 1st of that month and the date of application. Disregard any future income the unit will receive that month from a new source.

At recertification, disregard income from a new source in the 1st month of the new certification period if the unit will not receive more than $25 from the new source by the 10th calendar day after the date of the unit's normal issuance cycle. When determining eligibility for a destitute unit, treat a unit which received Food Support in another state during the month of application the same as a unit being recertified. Begin counting the 10 days with the 1st day of the month after the month they applied in Minnesota.

For additional information on budgeting income prospectively for destitute units, see §0022.03 (How and When to Use Prospective Budgeting).

MFIP, WB, DWP:
No provisions.

FS: Expedited FS overpayments follow FS overpayment provisions. See §0025 (Benefit Adjustments and Recovery).

MSA: See EMSA.

EMSA: For Emergency MSA, follow MSA overpayment provisions. See §0025 (Benefit Adjustments and Recovery).

GA: See EGA.

EGA: Follow GA overpayment provisions. See §0025 (Benefit Adjustments and Recovery).

GRH: Follow EMSA for aged, blind, and disabled participants. Follow EGA for all other adults.

Before people can receive any assistance benefits, they (or their authorized representative) must complete an application and meet eligibility requirements. See 0005.06 (Authorized Representatives), 0005.12.03 (What Is a Complete Application).

"Application" refers to the Combined Application Form (CAF). See 0002.03 (Glossary: Agent Orange...) for the definition of application. Also see 0005.09 (Combined Application Form (CAF)), 0005.09.03 (When People Must Complete a CAF), 0005.09.09 (When to Use an Addendum to the CAF).

"Applicant household" means people who apply for assistance together. "Assistance unit" or "unit" means people who receive benefits together. People who apply as the applicant household on page number 1 of the CAF may be in separate assistance units. If you find 2 or more assistance units living in the same applicant household, each unit may choose to file its own or a joint CAF.

Certain people must sign the application. See 0005.12.06 (Who Must Sign Applications).

In some cases you cannot require an application but can require an addendum. See 0005.09.06 (When Not to Require Completion of a CAF), 0005.09.09 (When to Use an Addendum to the CAF).

Counties must have staff available during office hours to answer program questions and advise people of their right to file an application. See 0005.03 (Assistance Requests).

At client request, counties may evaluate a person's circumstances (before he or she files an application) and predict eligibility. See 0005.03.03 (Predicting Eligibility).

Encourage people to apply for assistance in their county of residence. However, you must accept applications from residents of other Minnesota counties. Follow the instructions in 0005.12 (Accepting and Processing Applications) for handling applications from residents of other counties. Also see 0005.12.09 (Date of Application), 0006 (Determining Financial Responsibility).

The application process includes the following steps:

- A person contacts the county agency.
- The county agency advises the person of his or her right to file an application, tells the person how and where to apply, and, if necessary, assists the person with the application.
- The county agency provides information on the kinds of assistance available, and other community resources which may be available. See 0005.03.03 (Predicting Eligibility).
- A person files an application. The application process begins with the completion of page number 1 of the Combined Application Form (CAF) containing the name, address and signature of the applicant.
- The county agency evaluates the application for emergency need and expedited service. See 0004 (Emergencies), 0005.09.15 (Emergency Assistance and the CAF).
- The county agency conducts an interview. See 0005.12.12 (Application Interviews), 0005.12.12.03 (Waiving In-Office Interviews).
- The applicant provides verifications. See 0010 (Verification).
- The county agency determines eligibility and the beginning date of eligibility.

- The county agency notifies the applicant of eligibility or ineligibility. See 0026 (Notices).

The date of application is usually the date the county agency, or an authorized person or agency, receives a signed page number 1 of the CAF. The application process and processing timetable usually start from the date of application. There are some EXCEPTIONS to this provision, and the beginning date of eligibility may not be the same as the date of application. For more specific information, see 0005.09 (Combined Application Form (CAF)), 0005.12.03 (What Is a Complete Application), 0005.12.09 (Date of Application), 0022.12.02 (Beginning Date of Eligibility), 0022.12.03 (Proration), and specific program provisions throughout this manual.

People must meet program eligibility requirements within the application processing period. If the unit is not eligible by the end of the processing period, deny the application. See 0005.12.15 (Application Processing Standards), 0022.03.03 (Ineligibility in a Prospective Month - Cash), 0022.03.04 (Ineligibility in a Prospective Month - FS), 0022.18 (Suspensions), 0026.15 (Notice of Denial, Termination, or Suspension).

You must complete the application process within designated time frames. See 0005.12.15 (Application Processing Standards). Under certain situations, delays in application processing may occur. See 0005.12.15.03 (Delays in Processing Applications), 0005.12.15.06 (Determining Who Caused the Delay), 0005.12.15.09 (Delays Caused by the Applicant Household), 0005.12.15.12 (Delays Caused by the Agency), 0005.12.15.15 (Delays Caused by the Agency and Applicant).

People may withdraw an application for assistance either orally or in writing any time before you act on it. See 0005.12.18 (Withdrawing an Application). People may also rescind the withdrawal and have the application reinstated if they meet certain requirements. See 0005.12.21 (Reinstating a Withdrawn Application). For notice requirements, see 0026 (Notices).

Counties must use forms developed by DHS for the purposes of informing and advising clients about their rights and responsibilities, the status of an application or recertification, and ongoing eligibility for assistance. If DHS does not provide a form for a given purpose, the county agency may develop its own form; however, the form must meet the requirements in TEMP Manual TE12.02.01 (County Designed Forms).

Some applicants must apply for other potential benefits, such as Unemployment Insurance, Social Security benefits or Workers' Compensation. Inform the applicants that assistance may be denied for failure to apply for appropriate benefits. See 0012.12 (Applying for Other Benefits).

MFIP:
The county agency must provide an orientation to MFIP. See 0005.12.12.06 (Orientation to Financial Services).

WB:
No provisions. See 0005.10 (Minnesota Transition Application Form (MTAF)).

DWP:
Follow general provisions but in addition, when the county agency receives an application from a family for assistance under DWP, you must determine if the applicant may be eligible for other benefits. To assist the county in determining whether the family is eligible for DWP or should have eligibility determined for MFIP, the DWP/MFIP Screening Questions (DHS-4026) is available. This form is optional and can be used as part of the application packet or when a completed CAF is returned to the county agency.

At the initial screening, explain to the applicant that modifications to the Employment Plan can be made if the participant is a victim of family violence.

Inform the applicant that timely processing of DWP applications is critical to the success of the program. Inform the applicant that any delay in submitting the application will reduce the benefits paid for the month of application. Also inform applicants that an application may be submitted before they have an interview appointment. When a signed application is received, stamp the date

of receipt on the face of the application.

Discuss with the applicant the benefits/drawbacks of withdrawing the application until the 1st of the next month so that the family can receive 4 full months of DWP benefits, if a family applies for DWP during the last few days of the month. If the family decides to withdraw the application for the current month, obtain a written statement from the applicant stating that the application is being withdrawn for the current month, but the family wants cash benefits determined on the 1st of the next month. Do NOT require a new CAF. Do not delay an application for Food Support or health care. If it appears that the applicant needs Child Care Assistance and has not completed a Minnesota Child Care Assistance Program Application (DHS-3550), explain the advantages of completing a CCAP Application before the end of the interview.

Follow the MFIP notice requirements when issuing a notice confirming the withdrawal. See 0026 (Notices).

FS:
Combined Application Forms are also available at Social Security Administration offices. Clients may submit a new application or recertification form at the Social Security Administration.

MSA, GA, GRH:
Follow general provisions.

All provisions in this section also apply to people completing a Minnesota Transition Application Form (DHS-5223E) (MTAF). See §0005.10 (Minnesota Transition Application Form (MTAF)).

Counties must have financial workers available during office hours to answer questions about programs, eligibility requirements, and how to apply for assistance. See §0003 (Client Responsibilities and Rights), §0005.12 (Accepting and Processing Applications). Counties must have applications available to anyone who requests one.

As a service to clients, counties may offer after hours assistance for emergencies and/or working clients. See §0004 (Emergencies).

Refer people to social services if they request help with family problems or family planning.

When people contact the county agency in person, by phone or in writing, the county agency must:

- Identify a request for assistance. NOTE: Clients may ask you to predict eligibility. If so, see §0005.03.03 (Predicting Eligibility).
- Ask people if they have an emergency need. See §0004 (Emergencies).
- Provide information on the kinds of assistance and help available through the community and through your agency.
- Tell people of the right to file an application or MTAF, and where to file it. See §0005.12 (Accepting and Processing Applications), §0003.09 (Client Rights).
- Tell people the effects of a delay in filing an application or MTAF. See §0005.12.09 (Date of Application), §0022.12.03 (Proration).

Offer people the opportunity to pick up an application or MTAF in person and submit a completed application and/or CAF page number 1 or MTAF the same day. Inform clients that they may submit the application or MTAF in person, by an authorized representative, by fax or by mail. The date the agency receives the signed page number 1 of the CAF or MTAF sets the date of application.

Mail the application packet or MTAF the same day a client makes a phone or mail request. Explain to them they might lose benefits due to proration. Stress that it may be to their advantage to pick up and return the application or MTAF in person.

For information on what forms to include in the application packet or MTAF, see §0005.12.12.01 (Forms/Handouts for Applicants).

PREDICTING ELIGIBILITY 0005.03.03

Prior to the applicant filing a Combined Application Form (CAF) the agency may predict eligibility as a client service. Once the agency receives a CAF, the agency must approve, deny, or pend the application.

Clients must ask for a prediction of eligibility orally or in writing. DO NOT volunteer to predict eligibility.

When a client asks you to predict eligibility:

- Provide each person with a written disclaimer explaining that the prediction may not be an accurate determination of eligibility. You might reverse your prediction of eligibility after reviewing an application.
- Identify and explain eligibility factors.
- Inform people of their right to apply for assistance. See §0003 (Client Responsibilities and Rights).
- Offer people an application and an intake interview.
- Tell people they must file an application for an actual determination of eligibility.

DO NOT discourage people from applying for benefits. DO NOT require people to provide verification until after they submit an application.

Predictions of eligibility are not appealable. People have the right to appeal ONLY if they file an application and if the county agency formally denies or approves eligibility. See §0027 (Appeals).

MFIP: A family may have a variety of financial problems that bring them to a county agency office. In some cases, it may be more advantageous for a family to use community resources to resolve the problem. It is important that the family be told of all possible available community resources when they first inquire at the county agency. The family and the agency should explore any options outside the agency that may be available to meet the family's circumstances. Some families will choose to apply for public assistance benefits to resolve the issue.

In addition, you must inform people who ask you to predict eligibility about the following:

- The 60-month time limit on receiving assistance.

- There are alternative programs for which they might be eligible, including Food Support, health care, and child care. See §0029 (Other Related Programs), §0029.30 (Child Care Assistance). Assistance with obtaining child support is also an option.

WB: Follow general provisions, EXCEPT an MTAF may be required and NOT a CAF. See §0005.10 (Minnesota Transition Application Form (MTAF)).

DWP: Follow MFIP, EXCEPT reference to the 60-month time limit does NOT apply.

FS, MSA, GA, GRH:
Follow general provisions

The client may authorize a representative to help with county agency contacts. In most cases, authorized representatives have the same responsibilities and rights as clients. Inform authorized representatives of client responsibilities and rights. See 0003 (Client Responsibilities and Rights).

When an incompetent or incapacitated person is unable to appoint an authorized representative, you may allow a person who can act responsibly for the incapacitated or incompetent person to act as an authorized representative. See 0005.06.03 (Who Can/Cannot Be Authorized Representatives).

If the client is not incompetent or incapacitated, the authorization must be in writing and signed by the client and the authorized representative. This applies even if the authorized representative is the client's guardian or conservator, or holds the client's power of attorney. The client may use page 2 plus the signature page of the CAF page number 1 or a written, signed statement. The statement must designate the scope of the authorized representative's involvement.

Authorized representatives may contact the agency, attend interviews, complete forms, provide documentation, and appeal county agency decisions.

MFIP:
A unit may authorize a representative to obtain and use the unit's food portion benefits. See 0024.04 (How Benefits Are Paid), TEMP Manual TE16.02 (EBT - Additional Adults).

WB, DWP, MSA, GA, GRH:
Follow general provisions.

FS:
A FS unit may authorize a representative to obtain and use the unit's food benefits. See 0024.04 (How Benefits Are Paid), TEMP Manual TE16.02 (EBT - Additional Adults).

Residents of institutions may apply on their own behalf or through an authorized representative, EXCEPT for residents of drug or alcohol treatment programs who must apply through an authorized representative who is an employee designated by the center. The center will receive and spend the food benefits. See 0005.06.03 (Who Can/Cannot be Authorized Representatives), 0011.12 (Institutional Residence), 0014.03.06 (Determining the Food Support Unit).

For residents (including minors) of group living arrangements for the disabled or blind, the facility determines whether people are physically and mentally fit to apply on their own or through an authorized representative of their choice.

If residents of institutions who have authorized representatives leave facilities during the month, the authorized representatives must give them their EBT cards and access to their remaining benefits.

County agency employees who determine eligibility for assistance cannot act as authorized representatives.

MFIP:
The authorized representative must be at least 18 years old and have sufficient knowledge of the unit's circumstances to provide necessary information.

Meal providers for the homeless cannot be authorized representatives for homeless units.

WB, DWP:
Follow MFIP, EXCEPT reference to the food portion of MFIP does NOT apply.

FS:
Meal providers for the homeless cannot be authorized representatives for homeless units.

Any household member, regardless of age, can be an authorized representative. Authorized representatives who are NOT household members must be age 18 or older, EXCEPT for emergency authorized representatives. All authorized representatives must have sufficient knowledge of the unit's circumstances to provide necessary information.

If the unit must have an authorized representative, but no one else is available, and you obtain written approval from the Director of the Food Supports Division of DHS, the people listed below may be authorized representatives:

- County employees who issue Food Support benefits. (This does not include county agency employees who determine eligibility for assistance.)
- Retailers authorized to accept Food Support benefits.
- People disqualified for intentional program violations during the disqualification period.
- People disqualified for the illegal use or sale of Food Support during the disqualification period.
- People disqualified as authorized representatives.

GA, MSA,GRH:
The authorized representative must be at least 18 years old and have sufficient knowledge of the unit's circumstances to provide necessary information.

MFIP, WB, DWP, MSA, GA, GRH:

County agencies have the right to disqualify authorized representatives who:

- Knowingly give false information.
- Are unable or refuse to provide required information needed to determine eligibility.

When the county agency disqualifies an authorized representative, the client may designate a new one. See §0005.06 (Authorized Representatives), §0005.06.03 (Who Can/Cannot Be Authorized Representatives). Determine if a social service referral is needed.

FS: County agencies must disqualify authorized representatives for up to 1 year if they:

- Knowingly give false information.
- Are unable or refuse to provide required information needed to determine eligibility.
- Improperly use the unit's Food Support.

When the county agency disqualifies an authorized representative the unit may designate a new one. See §0005.06 (Authorized Representatives), §0005.06.03 (Who Can/Cannot Be Authorized Representatives).

Send a notice to the unit and to the authorized representative 30 days before the date you disqualify the authorized representative. The notice must include the reason for the disqualification, the disqualification length and the unit's right to appeal the disqualification. See §0027 (Appeals), §0026 (Notices).

MFIP, DWP, FS, MSA, GA, GRH:

The Combined Application Form (CAF) (DHS-5223) allows people to apply for multiple assistance programs on 1 form.

Give the Combined Application Form (CAF) (DHS-5223) to people who want to apply for any of the following assistance programs:

- Minnesota Family Investment Program (MFIP).
- Refugee Cash Assistance (RCA).
- Diversionary Work Program (DWP).
- General Assistance (GA).
- Minnesota Supplemental Aid (MSA).
- Group Residential Housing (GRH).
- Food Support (FS).
- Health Care (HC).
- Emergency Minnesota Supplemental Aid (EMSA), Emergency General Assistance (EGA), and Emergency Medical Assistance.

Document on the CAF the date the agency receives the signed page number 1 of the CAF.

Provide people with the CAF, Combined Application Form Important Information (DHS-5223B) AND the Notice of Privacy Practices (DHS-3979). See §0005.09.02 (CAF Important Information Form) and §0003.09.06 (Client Rights - Data Privacy Practices).

The CAF includes:

- A cover sheet with instructions on how to complete the form.
- A tear-off page (page number 1) which can be used to set the date of application. See §0005.12.09 (Date of Application) and §0004 (Emergencies). This page of the CAF also includes questions to evaluate for emergency need, expedited

services, pregnant woman provisions, authorized representative information, types of services a client may need help with and signature blocks.

- Several pages with Yes/No questions used to determine eligibility. Use the information provided on these pages to establish eligibility factors including:

  - Assistance unit composition and size. See §0014 (Assistance Units).

  - Client data. See §0013 (Basis of Eligibility), §0014 (Assistance Units), §0010 (Verification).

  - Basis of eligibility and program coverage. See §0013 (Basis of Eligibility).

  - Income, asset, and expense data. See §0017 (Determining Gross Income), §0015 (Assets), §0018 (Determining Net Income).

  - Emergency data. See §0004 (Emergencies).

Client responsibilities and rights are on the last page of the CAF (DHS-5223). This is a tear-off page and should be reviewed with the client during the interview and given to the client for future reference. See §0003 (Client Responsibilities and Rights).

The client fills out the information on the CAF (DHS-5223) and is then interviewed for cash and food programs using procedures established by each county. Health Care programs do not require in-person interviews. Record information from the interview on the Worker Interview Form (WIF) (DHS-5223A). For more information on the WIF, see §0005.09.01 (Worker Interview Form).

Review each question on the CAF (DHS-5223), even if the client has answered "No" to the question. Additions or changes on the CAF must be initialed and dated by the client.

Check for duplicate program participation through MAXIS Person Search.

For information on application interviews and scheduling appointments, see §0005.12.12 (Application Interviews).

Clients are automatically registered and referred to Employment Services programs by signing page number 1 of the CAF. See §0028 (Employment Services).

WB: No Provisions. See §0005.10 (Minnesota Transition Application Form (MTAF)).

WORKER INTERVIEW FORM 0005.09.01

Use the Worker Interview Form (WIF) (DHS-5223A) in conjunction with the Combined Application Form (CAF) (DHS-5223) to gather the information needed to determine eligibility for all cash programs, Food Support, child care and health care programs. For information on the CAF, see §0005.09 (Combined Application Form (CAF). The forms are used for both the initial application for program benefits and recertification for the cash and Food Support programs.

Review the applicant or recipient's completed Combined Application Form (CAF) (DHS-5223) before filling out the WIF. Ask only sufficient questions to confirm the client's responses for questions to which the client has responded "no" on the CAF (DHS-5223). Check the box provided and labeled "verification attached," or to write in "see attached" if a question on income is answered "yes" and there is verification in the file. Fill out the WIF as you are interviewing the applicant or recipient. Applicants or recipients MUST NOT complete the WIF.

Information from the interview must be recorded on the WIF with enough detail for other workers, supervisors and reviewers to follow the application process and the accuracy of worker decisions.

Document or note on the WIF the type of verification(s) used to verify the information reported on a specific question. Mark "OK" or "N/A" on the WIF if the client responds "no" to a question and no further follow-up is needed, to indicate this question was reviewed. Check the verification attached box on the WIF if the client provides verification and it contains all the information needed. It is not necessary to rewrite the verification detail.

Give the documents listed in the "Client given" blue space on the last page of the WIF (DHS-5223A) to the applicant at the interview.

If the case is transferred to another county agency or to the state MinnesotaCare Operations, send both the Combined Application Form (CAF) (DHS-5223) and the Worker Interview Form (WIF) (DHS-5223A) to the new county.

CAF IMPORTANT INFORMATION FORM 0005.09.02

The CAF Important Information Form (DHS-5223B) contains eligibility information that MUST be given the applicant or recipient along with the Combined Application Form (CAF) (DHS-5223).

This form contains the following information relevant to the client's eligibility:

- Social security numbers.
- Family cap information.
- Important information for non-citizen applicants.
- Immigration.
- Proof of citizenship or national status.
- Family/domestic violence.
- Liens and estate claims.
- Denial or changes.
- Interim aid programs.
- Food Support Nutrition Education Program.
- Minnesota's WorkForce centers.
- Tax refund information.

For more information on the CAF, see §0005.09 (Combined Application Form (CAF)).

WHEN PEOPLE MUST COMPLETE A CAF 0005.09.03

EXCEPT for situations listed in §0005.09.06 (When Not to Require Completion of a CAF), require clients to complete a Combined Application Form (CAF) (DHS-5223) in the following situations:

- To make an assistance request.
- To request another category of assistance (Food Support or cash assistance) after the previous CAF has been acted on, or 30 days have lapsed since the application date, whichever occurs first. For example, a FS participant requests cash assistance. See §0005.12.12 (Application Interviews).
- At recertification. See §0009.06.03 (Recertification Processing Standards).
- When eligibility exists for a different type of cash assistance program after you have acted on a previous CAF. For example, an MFIP participant loses eligibility and requests GA.

  NOTE: Non-citizens who receive MSA and will lose those benefits because of SSI termination due to expiration of the SSI time limit need only complete page number 1 of the CAF to request GA.
- When the client is not Person 01 on MAXIS, leaves the unit and applies for assistance. See §0008.06.09 (Removing a Person From the Unit).
- When Person 01 on MAXIS leaves the unit or dies and another household member wants to apply for assistance.

Also see §0005 (Combined Application Form (CAF)), §0005.09.09 (When to Use an Addendum to the CAF), §0005.12.03 (What Is a Complete Application).

WHEN NOT TO REQUIRE COMPLETION OF A CAF 0005.09.06

Do not require a new CAF in the situations below:

- Adding people to an assistance unit. See 0005.09.09 (When to Use An Addendum to the CAF).
- Cash assistance ends, but people remain eligible for Food Support, and the changes causing the cash assistance ineligibility have been documented prior to termination of cash assistance.
- Applicants request another assistance program or in some other way amend the application before the agency acts on their initial CAF.
- Applicants are initially eligible for 1 cash assistance program but will be eligible for a different cash assistance program within 30 days of the date of application.

Also see 0005.09.03 (When People Must Complete a CAF), 0005.09.09 (When to Use an Addendum to the CAF), 0005.12.21 (Reinstating a Withdrawn Application), 0008.03 (Changes - Obtaining Information).

MFIP: Do not require units whose case was terminated because they did not submit a complete Household Report Form (HRF) (DHS-2120) or Combined Six-Month Report (CSR) (DHS-5576) to complete the CAF if the unit submits the HRF or CSR before the end of the termination month.

When MFIP is ending but the unit remains eligible for food support-only benefits, follow the FS provisions.

WB: No provisions. See 0005.10 (Minnesota Transition Application Form (MTAF)).

DWP: Do not require completion of the CAF when:

- A participant who is determined to be unlikely to benefit from the DWP transitions from DWP to MFIP within 30 days of the initial application.

  However, when a participant is determined to be unlikely to benefit from DWP between the 31st day and the end of the 4th month of DWP eligibility, he/she is required to complete the Minnesota Transition Application Form (DHS-5223E).

- A pregnant woman on DWP has a child and the case is moved to MFIP because she meets the child under 12 months ES exemption for DWP. See 0008.06.24 (DWP Conversion or Referral to MFIP).

- A participant who has exhausted the 4-month DWP eligibility transitions to MFIP, provided the participant has completed, signed, and submitted the MTAF to the agency within 30 days of the end of the 4th month of DWP eligibility.

- DWP has been closed due to non-compliance for less than 30 days.

For information on converting or referring of DWP cases to MFIP, see 0008.06.24 (DWP Conversion or Referral to MFIP).

FS: Do not require units whose case was terminated because they did not submit a complete HRF or Combined Six-Month Report (CSR) (DHS-5576) to complete the CAF if the unit submits the HRF or CSR before the end of the termination month.

When MFIP is ending but the unit remains eligible for food support-only benefits, DO NOT require completion of the CAF to determine FS eligibility, even if the unit did not originally request FS on the CAF if:

- At least 1 member of the new Food Support household receives the MFIP food portion or Uncle Harry Food Support during the last month MFIP is active.

AND

- The household has provided all forms and verifications needed to determine MFIP eligibility.

AND

- Potential Food Support eligibility for the household exists.

AND

- The MFIP recertification date is 1 month or more later than the MFIP termination date.

If all of the above conditions are met, inform the household of FS eligibility in the MFIP closing notice. Indicate in the notice for the participant to contact the county only if he/she wishes to decline FS.

For MFIP cases that have an Uncle Harry case, add the MFIP members to the existing Food Support unit the 1st of the month following the month MFIP is closed. Prior to adding the members to the unit, you may need to request additional information or verification from the unit. The unit has 10 days to provide it. If the unit fails to provide the requested information or verification, terminate Food Support according to proper notice requirements.

See 0008.06.01 (Implementing Changes - Program Provisions), TEMP Manual TE02.08.143 (Food Support When MFIP Is Closed) for information on MAXIS

procedures. Also see 0005.12.09 (Date of Application) for instructions on setting the application date for non-PA Food Support when MFIP ends.

MSA, GA:

Do not require a new CAF when:

- There is a change in basis of eligibility.

OR

- A case is terminated because the unit did not submit a complete HRF or CSR, but the unit does submit the HRF or CSR before the end of the termination month.

OR

- Converting from GA to MSA when the GA participant signed an interim assistance agreement and the county agency pended MSA at the time of application.

OR

- Converting from MSA to GA when the MSA participant lost eligibility for SSI and MSA due to expiration of the SSI non-citizen time limit.

GRH: Do not require a new CAF when any of the following occur:

- There is a change in the basis of eligibility.

- A case is terminated because the unit did not submit a complete HRF or CSR, but the unit does submit the HRF or CSR before the end of the termination month.

- A GRH applicant is currently a participant of MFIP, MSA, or GA. Use the Change Report Form (DHS-2402) showing the change in living arrangement.

WHEN TO USE AN ADDENDUM TO THE CAF 0005.09.09

A Combined Application – Addendum (DHS-5223C) must be completed and placed in the case record when a person is added to a cash assistance unit. Some programs require the client to complete the Addendum. For additional information, see §0005.09.03 (When People Must Complete a CAF), §0005.09.06 (When Not to Require Completion of a CAF), §0008.03 (Changes - Obtaining Information), §0008.06 (Implementing Changes - General Provisions), §0008.06.06 (Adding a Person to the Unit - Cash), §0008.06.07 (Adding a Person to the Unit - FS), §0008.06.12 (Adding a Person's Income).

MFIP, WB, DWP:

Require the client to complete an Addendum to add a person to the assistance unit. File it in the case record.

NOTE: Do NOT require a CAF Addendum from a client who formerly received SSI and was an "ineligible member" of an assistance unit. Update appropriate STAT panels and redetermine eligibility.

Disqualified and ineligible mandatory unit members do not need to complete an addendum since their income and assets are already being counted.

FS: Do not require the client to complete an Addendum as a condition of eligibility, however, you may use the Addendum to gather information about the person being added. File it in the case record.

MSA, GRH:

No provisions.

GA: Require the client to complete an Addendum to add a person to the assistance unit. File it in the case record.

Disqualified and ineligible mandatory unit members do not need to complete an addendum since their income and assets are already being counted.

When the agency receives page number 1 of the CAF, but not the remainder of the CAF, see 0005.12.15.03 (Delays in Processing Applications).

Enter page number 1 of the CAF on MAXIS the day the county agency receives it. Once entered, MAXIS pends the case in PND1. Enter the information from the remainder of the CAF as soon as possible but no later than 2 days after the interview. After you enter the remainder of the CAF, MAXIS puts the case in PND2 status.

Determine eligibility for emergency aid when page number 1 of the Combined Application Form (DHS-5223) (CAF) indicates a need for an expedited interview or an emergency. Also see 0004 (Emergencies).

For applicant households:

- If people are not currently receiving cash assistance, they must complete the entire CAF.

For participants:

- If people are currently receiving cash assistance, they do not have to complete an entire CAF. However, they must complete page number 1 of the CAF plus any other appropriate pages of the CAF.

- If the unit did not complete a Household Report Form (DHS-2120) (HRF) or Combined Six-Month Report (DHS-5576) (CSR) in the past 30 days, they must complete the appropriate pages of the CAF. For more information, see 0002.11 (Glossary: Child Care...), 0007.03.02 (Six-Month Reporting - FS).

When page number 1 of the CAF lists people in the EGA unit who are not currently receiving cash assistance, the unit must complete an entire CAF. See 0005.09.03 (When People Must Complete a CAF).

MFIP, WB, DWP:

The Minnesota Transition Application Form (DHS-5223E) (MTAF) is a shortened application form completed by families moving from DWP to MFIP or WB. For information on what forms to include in the packet, see §0005.12.12.01 (Forms/Handouts for Applicants).

WHEN TO USE THE MTAF

Use an MTAF when a request for MFIP or WB is made within 30 days of the end of the 4th month of DWP.

For additional information on assistance requests, see §0005.03 (Assistance Requests).

Do NOT require a unit that leaves MFIP to complete an MTAF to determine WB eligibility. MAXIS will automatically determine eligibility for WB.

The date on the MTAF and the date eligibility begins may or may not coincide. See §0022.12.02 (Beginning Date of Eligibility.

WHO MUST SIGN THE MTAF

The following people must sign the MTAF:

- All adult members of the unit or their authorized representative.
- The spouse of an assistance unit member, if the spouse lives with the applicant.
- The parents and stepparents of a minor child, if they live with the applicant.
- All minor caregivers.

MTAF PROCESSING

Do the following when processing an MTAF:

- Do NOT require an interview for people applying for WB.
- Review the MTAF for completeness. A complete MTAF is signed and dated with all questions answered.

- Review each question on the MTAF, even if the client has answered "No" to a question.

- Determine eligibility no later than 30 days following the date the MTAF was filed. Clients must be eligible for assistance on the date you approve the case.

- Verify mandatory and inconsistent items. See §0010.18 (Mandatory Verifications), §0010.21 (Verification Due Dates).

- Send a notice. See §0026 (Notices).

DELAYS IN PROCESSING THE MTAF

It may not be possible to determine eligibility within the time frames listed because clients fail or refuse to provide information. In these cases, deny assistance.

For processing delays not due to client failure or refusal to provide information, send clients written notice of the delay and its cause. The notice must also tell clients what they must do to complete the MTAF and that they must report any changes in circumstances since they filed the MTAF.

Send a notice of processing delay by the 30th day if the MTAF will take more than 30 days to process.

WITHDRAWING AN MTAF

People may withdraw the MTAF by using 1 of the following methods:

- Oral request.

OR

- Written statement.

OR

- Writing "withdrawn" on the MTAF and initialing it.

After approving the withdrawal, MAXIS sends a written notice to confirm the withdrawal.

REINSTATING A WITHDRAWN MTAF

Reinstate a withdrawn MTAF when:

- Requests to reinstate a withdrawn MTAF must be in writing. In addition, the county agency must receive the request within 10 days from the date you sent the withdrawal confirmation notice.

- Reinstate the MTAF to the date of the original MTAF when people meet the requirements.

- When people do not meet the requirements to reinstate an MTAF, they must file a CAF.

FS, MSA, GA, GRH:

No provisions.

Encourage people to apply for assistance in their Minnesota county of residence. See 0011.09 (County Residence). Accept applications from people even if they are not residents of your county. Forward applications to their county of residence the SAME DAY you receive them. Follow the program provisions listed below for determining the beginning date of eligibility.

If you must forward an application for a client with an emergency, you may need to take extra steps, such as calling the other county to schedule an appointment or assisting with transportation expenses to the other county.

If a person has been on MAXIS before, request the case file from the former county. That county should purge the physical case record using current record retention policies and send the physical case file to the new county of residence no more than 5 working days after getting the request.

The application process begins with the completion of page number 1 of the Combined Application Form (CAF) containing the name, address and signature of the applicant.

Also see 0008.06.21 (Change in County of Residence).

MFIP:
If eligible, an applicant will receive benefits from the date your county receives his or her application, or the date he/she meets all eligibility criteria, whichever is later. See 0005.12.09 (Date of Application), 0006 (Determining Financial Responsibility), 0006.27 (County Financial Responsibility Disputes).

When accepting or processing an application that includes a child who has moved here from another state to live with a parent or another relative, ask if the child was placed in their home from another state under an Interstate Compact on the Placement of Children (ICPC) Agreement. Children placed in Minnesota under ICPC are ineligible for MFIP. See INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN in 0002.33 (Glossary: Independent...), 0014.06 (Who Must Be Excluded From Assistance Unit).

For reporting changes when an application is pending, see 0007.15 (Unscheduled Reporting of Changes - Cash).

WB:
No provisions. See 0005.10 (Minnesota Transition Application Form (MTAF)).

DWP:
Follow MFIP and in addition, DWP has a shortened application processing period. Work very closely with participants, counties, and Employment Services Providers. The time frame fits with the program's design to provide an opportunity for the participant to begin working as soon as possible.

Provide quality supports and services in a timely manner. This should result in better outcomes for DWP participants. The first challenge is to ensure that the application processing time lines are met. See 0005.12.15 (Application Processing Standards). In addition, you will need to determine ways of ensuring that families are provided Child Care Assistance in a timely manner. The Department's Child Care Assistance regional liaisons are available to assist counties in developing ways to enhance child care delivery services to support successful implementation of DWP.

FS:
If you receive an application and you are NOT the county of residence for the applicant, forward it to the county of residence that same day if the applicant has completed enough information. Forward the CAF no later than the next business day by any means that ensures the application arrives at the county of residence the same day it is forwarded. See 0005.12.09 (Date of Application).

If the applicant appears eligible for Expedited Food Support, process the application and issue benefits before transferring the case to the other county. Document your actions in CASE/NOTEs. Give the applicant the other county's address and phone number and advise the applicant to go to the other county for ongoing assistance.

Notify people orally or in writing that they may lose benefits by not applying in their county of residence. If eligible, they will

receive benefits from the date their COUNTY OF RESIDENCE receives their application for Food Support, if eligibility has not already been determined. See 0005.12.09 (Date of Application).

Applicant households in which all members are SSI applicants or recipients may apply at the local Social Security Administration (SSA) office. For policy on recertifications, see 0009 (Recertification).

Applicants who are residents of institutions may apply for both SSI and Food Support at the SSA office before their release from the institution. See 0005.12.09 (Date of Application), 0005.12.15 (Application Processing Standards).

MSA:
If eligible, an applicant will receive benefits from the 1st day of the month your county received his/her application, or the 1st day of the month he or she meets all eligibility criteria, whichever is later. See 0005.12.09 (Date of Application), 0006 (Determining Financial Responsibility), 0006.27 (County Financial Responsibility Disputes).

GA:
If eligible, an applicant will receive benefits from the date your county receives his or her application, or the date he/she meets all eligibility criteria, whichever is later. See 0005.12.09 (Date of Application), 0006 (Determining Financial Responsibility), 0006.27 (County Financial Responsibility Disputes).

When processing applications for residents of battered women's shelters, give special attention to assure that women are protected from their abusers. Do not send notices to the home the battered woman is fleeing. Enter the woman's home address on the MAXIS ADDR panel and enter the address of the shelter under the mailing address on the MAXIS ADDR panel. If the woman resides in a safe home, do not list the mailing address of the safe home on MAXIS. Instead, list only the address of the organization the safe home affiliates with.

GRH:
If eligible, an applicant will receive benefits from the 1st of the month in which an application is received, the date he/she meets all eligibility criteria, or the date he/she enters an eligible group residential housing facility, whichever is later.

WHAT IS A COMPLETE APPLICATION 0005.12.03

All applicant households must complete a Combined Application Form (CAF) (DHS-5233). For information on setting the application date, see §0005.12.09 (Date of Application). If a client returns page number 1 of the CAF but fails to return the remainder of the CAF or come for an interview, deny the application 30 days after the date on page number 1 of the CAF. See §0005.12.12 (Application Interviews), §0026.15 (Notices of Denial, Termination, or Suspension).

A complete application is a signed and dated CAF with all questions answered, with the EXCEPTIONS for Food Support and MFIP noted below. See §0005.09 (Combined Application Form (CAF)), §0005.12.06 (Who Must Sign Applications).

The only time you may return page number 1 of the CAF is when the necessary signatures are incomplete or missing. Complete other missing or incomplete information on the CAF at the time of interview.

Counties which have fax machines may accept fax applications only to initiate and set the date of application. When you get a faxed page number 1 of the CAF or the entire CAF, enter the information on MAXIS. Do not make a final determination of eligibility or issue benefits for cash assistance or Food Support until you receive the original, signed CAF. Deny an application after 30 days if the applicant fails to provide an original CAF, and/or fails to attend a required application interview.

Consider fax applications you get on weekends, holidays, or after hours to be received on the 1st working day after receipt of the application. If the fax machine is located outside the human services agency, the county will need to address data privacy issues for applicants.

The client is responsible for verifying the county received the fax.

MFIP: Relative caregivers who choose not to receive MFIP for their own needs have the option of answering only those questions relevant to determining eligibility for the children for whom they are applying.

WB: No provisions. See §0005.10 (Minnesota Transition Application Form (MTAF)).

DWP, MSA, GA, GRH:
Follow general provisions.

FS: Clients have the option of answering only those questions relevant to the FS program.

Any member of an applicant household or his/her authorized representative MAY sign the Combined Application Form (DHS-5223) (CAF). After you determine which applicants are members of a unit, there are certain people who MUST sign the CAF page number 10. See the program provisions below for more specific information.

If multiple units appear on the same CAF, signature requirements apply to each separate unit.

In addition, county workers must sign and date page number 1 and page number 10 of the CAF.

MFIP, DWP:
The following people must sign the CAF page number 10:

- All adult members of the unit or their authorized representative acting on their behalf.
- The spouse of an assistance unit member, if the spouse lives with the applicant.
- The parents and stepparents of a minor child, if they live with the applicant.
- All minor caregivers.

WB:
No provisions. See 0005.10 (Minnesota Transition Application Form (MTAF)).

FS:
One adult member of each unit or his/her authorized representative must sign the CAF page number 10.

MSA:
The following people must sign the CAF page number 10:

- The applicant or authorized representative acting on the applicant's behalf.
- The applicant's spouse, if the spouse lives with the applicant.
- The parents of a minor blind child, if they live with the applicant.

GA:
The following people must sign the CAF page number 10:

- The applicant or their authorized representative acting on the applicant's behalf.
- All adult members of the unit or their authorized representative acting on their behalf.
- The spouse of a unit member if the spouse lives with the applicant.

GRH:
The following people must sign the CAF page number 10:

- The applicant or their authorized representative acting on the applicant's behalf.

- The parents of a minor blind child, if they live with the applicant.

The date of application and the date eligibility begins may or may not coincide. Also, some applicants may choose to have their eligibility determined beginning on a date later than the date of application. For information on date of eligibility, see 0022.12.02 (Beginning Date of Eligibility).

MFIP, DWP, MSA:
The date of application is the date any Minnesota county agency receives the name, address and signature on page number 1 of the Combined Application Form (CAF) (DHS-5223). See 0005.12 (Accepting and Processing Applications), 0006 (Determining Financial Responsibility).

WB:
No provisions. See 0005.10 (Minnesota Transition Application Form (MTAF)).

FS:
SSI applicants/recipients may apply for Food Support at a Social Security Administration (SSA) office. The date of application is the date the SSA office receives a signed and dated page number 1 of the Combined Application Form (CAF) (DHS-5223).

Residents of institutions who are ineligible for Food Support because they live in certain institutions may apply for SSI and Food Support at the SSA office prior to their release. The date of their release from the institution is the application date.

The date of application for residents of Regional Treatment Centers (RTCs) is the date of the client's release.

When MFIP is ending but the unit remains eligible for non-PA Food Support, the Food Support application date on MAXIS is the date of the MFIP closing action.

For RCA applicants in any of the VOLAG-administered counties, the date of application for FS is the date the VOLAG receives a signed and dated page number 1 of the CAF.

For all others, the minimum requirements to set the Food Support application date are the name, address and signature on page number 1 of the Combined Application Form (CAF) (DHS-5223). If a mailed-in CAF contains the applicant's name, addresses, and signature, do not return it to the applicant for further information. Set the application date and schedule an interview. See 0005.12 (Accepting and Processing Applications), 0005.12.03 (What Is a Complete Application), 0005.12.12 (Application Interviews), 0005.12.12.03 (Waiving In-Office Interviews), 0009 (Recertification), 0022.12.03 (Proration).

For units that are homeless, they may write "homeless" in the address section of page number 1 of the CAF or if the address section of the CAF is left blank, the Agency Use section of the CAF should be used to document the homelessness. A unit is not required to reside in a permanent dwelling or have a fixed mailing address to be eligible for Food Support. Set the application date for homeless units as of the date that page number 1 of the CAF was received even if the address section of page number 1 of the CAF is left blank or "homeless" is written in the address section.

GA:
The date of application is the date any Minnesota county agency receives a signed and dated page number 1 of the CAF. See 0005.12 (Accepting and Processing Applications), 0006 (Determining Financial Responsibility).

GRH:
The date of application is the date any Minnesota county agency receives a signed and dated page number 1 of the CAF or, for a person who is a participant of another cash program, a signed and dated Change Report Form (DHS-2402). See 0005.12 (Accepting and Processing Applications), 0006 (Determining Financial Responsibility).

Conduct a face-to-face interview with applicants or their authorized representatives before determining eligibility. Some programs grant EXCEPTIONS to this requirement; see the program provisions below. Also see 0005.12.12.03 (Waiving In-Office Interviews).

Offer applicants or their authorized representatives a single interview that covers all the programs for which they apply. For example, a Food Support interview must also cover any other programs for which the household applied. Advise people of any preliminary verifications they may bring to the interview. Give people written confirmation of the date, time, and location of their interview. Inform them they are responsible for rescheduling any interview they miss.

Units may bring anyone they choose to the interview. See 0005.06 (Authorized Representatives).

During the interview:

- Inform people of their responsibilities and rights, including their rights under the Americans with Disabilities Act (ADA). Provide them with the brochure "Do you have a disability?" (DHS-4133). Also see 0003.09.03 (Client Rights - Civil Rights).
- Review information on the application. Make sure the application is complete.
- Refer people to Social Services if they request help with family problems or family planning.
- Explain program eligibility requirements, benefits, processing standards, and payment methods.
- Give the client brochures on assistance programs and other available services.
- Review available verifications and get client consent for 3rd-party verifications. See 0010 (Verification).

Do not require another interview for people who amend an application or request an additional category of assistance if you have not acted on the original application.

If you have taken action on an original application, clients must fill out a new Combined Application Form (DHS-5223) (CAF) and have another interview.

If a client misses the initial interview and makes no further contact with the county agency, send a denial notice by the 30th day after the date of application. If the client contacts the county agency before the end of the 30-day processing period, reinstate the application effective the date you received the signed and dated page number 1 of the CAF.

MFIP:
The interview may be with any caregiver(s) of the unit or their authorized representative.

Inform applicants that they are NOT automatically eligible for health care based on receiving cash assistance. Applicants who want to apply for health care must check "Y" for Health Care programs on the Combined Application Form (DHS-5223) (CAF) when they apply. If an applicant does not check "Yes" or "No" for "health care programs", follow up to determine if he/she wants to apply for health care coverage. Do not require the applicant to complete any additional application or other forms. Use the information on the CAF to determine health care eligibility. See the Health Care Programs Manual for additional instructions.

Refer people to the appropriate county person if they request help with family violence issues. See 0005.12.12.09 (Family Violence Provisions/Referrals). Give the client the Family Violence Referral (DHS-3323). Provide information about counseling and support services, exemptions, and permanent residence procedures for battered non-citizens. See 0010.18.33 (Verifying Family Violence).

Explain the living arrangement requirements to minor caregivers or minor pregnant women. See 0005.12.12.01 (Forms/Handouts for Applicants). Refer a minor caregiver to Social Services as soon as he/she applies and alleges that he/she or the minor child would be physically or emotionally jeopardized by living with the minor's caregiver or legal guardian, or that the caregiver or legal guardian will not allow him/her to live at home. See 0012.06 (Requirements for Custodial Parents Under 20).

For units with 18- and 19-year old caregivers without a high school diploma or GED, ask if the applicant wants to pursue a high school diploma or GED, or wants to pursue work. The applicant's choice must be entered on the EMPS panel prior to cash approval to get correct results. If the applicant wants to pursue a high school diploma or GED, enter "SC" on the ES option field of the EMPS panel for the applicant. MAXIS will determine this applicant is eligible for MFIP. If the applicant states he/she does not want to pursue high school or GED and wants to pursue work, enter "EM" on the ES option field of the EMPS panel for the applicant. MAXIS will determine this applicant is eligible for DWP. Record the applicant's choice in CASE/NOTEs. Counties using the DWP/MFIP Screening Questions (DHS-4026) as part of the application packet will have a documented answer to this question already available.

Explain the 60-month time limitation and that the unit may opt out of the cash portion of MFIP if a portion of the grant is not being vendor paid. See 0011.30 (60-Month Lifetime Limit), 0014.03.03.03 (Opting Out of MFIP Cash Portion).

Explain the Family Cap policy to applicants. See 0014.06.03 (Family Cap).

If a child was previously in another case with a relative prior to the parent applying for the child, attempt to determine the circumstances. Make a child protection referral for any case that has an MFIP caregiver whose parental rights were terminated. To determine whether a parent whose rights have been terminated may be a caregiver, see 0014.03.03 (Determining the Cash Assistance Unit).

WB:
No provisions.

DWP:
Follow MFIP, EXCEPT the 60-month time limit does NOT apply to DWP.

In addition:

- Conduct the interview within 5 working days of receipt of the application.
- Refer clients to Employment Services (ES) within 1 day of determining eligibility (this means from when you determine eligibility, not when you approve eligibility).
- The ES Provider MUST conduct the Employment Plan/interview within 10 days of referral.
- The ES Provider MUST notify the county agency of the ES plan approval within 1 day of signed plan.
- Issue DWP benefits within 1 day of being notified of the ES plan approval by the ES Provider.
- Include in the interview a discussion of goals, requirements, and services of the DWP.
- If child care is needed, obtain a child care application from the client before finishing the interview and forward the application to the appropriate child care assistance worker on the same day you received it. Make a referral to the appropriate Child Care

Resource and Referral (CCR&R) agency if the job seeker needs help in finding a child care provider. The contact numbers for the CCR&Rs can be found in the brochure "Do You Need Help Paying for Child Care?" (DHS-3551).

- Ensure that FS and health care are available to the client. If not already requested on the application, talk with the client about the availability of these benefits as well as others, such as Workers' Compensation and Unemployment Insurance.

FS:
The interview may be with any responsible member(s) of the unit or their authorized representative. Clients must be informed of the interview options available: phone, face-to-face, or at a convenient location. Based on the interview option chosen, counties MUST accommodate the client's choice.

You must offer adult members of a unit that includes children (of any age) in the home, or adults with parental control over children in the home, the right to designate the principal wage earner (PWE). See 0028.03.06 (Determining FS Principal Wage Earner).

Determine if the household is categorically eligible for FS. Ask the household if any member is receiving or authorized to receive Basic Sliding Fee Child Care (including At-Home Infant Child Care (AHIC) program), Transition Year Child Care, DWP, or has received Domestic Violence Information (DHS-3477). See 0013.06 (FS Categorical Eligibility/Ineligibility), 0029.36 (Domestic Violence Brochure Program).

If a client is not interviewed at the time the application is submitted, an interview must be scheduled. Document and track the date of the scheduled interview and the interview deadline date. Counties may use SPEC/MEMO to notify the applicant of the scheduled interview. See TEMP Manual TE02.05.15 (Notice of Missed Interview) for suggested text. The county must schedule all interviews as promptly as possible to insure eligible units receive an opportunity to provide any needed verifications and to participate within 30 days after the application is filed.

If a client misses the initial interview, either an in-office interview, home visit or a phone interview, you must send a Notice of Missed Interview to the client informing him/her of the missed interview and the responsibility to reschedule another interview. The Notice of Missed Interview is available in SPEC/LETR. For more information see TEMP Manual TE02.05.15 (Notice of Missed Interview). A Notice of Missed Interview must be sent even if circumstances prevent a client from completing an interview late in the 30 day processing period. For example, a denial notice can be sent 1 day after the Notice of Missed Interview has been issued to the client if the missed interview was on the 30th day of the processing period.

Do not require units to report for a face-to-face interview during the certification period. See 0009.06.06 (Recertification Interview).

MSA, GA:
The interview may be with any responsible member of the unit or his/her authorized representative.

Inform applicants of the need to request health care programs on the Combined Application Form (DHS-5223) (CAF) if they want the county to determine eligibility for health care in the event that the application for cash is denied. See the Health Care Programs Manual for additional instructions.

GRH:
The interview may be with the applicant or his/her authorized representative.

Give the forms/handouts listed in this section to applicants at the interview or send them with the application packet if you are aware of the specific programs for which the applicants will apply.

The following are required to be included in the application packet:

- Combined Application Form (CAF) (DHS-5223).
- A cover letter including the following:
  - The county agency address, office hours, and phone number.
  - The importance of returning page number 1 of the CAF as soon as possible.
  - Information about the interview and returning the remainder of the CAF.
- Combined Application Form Important Information (DHS-5223B).
- Program information brochure for cash, food and health care programs (DHS-2920).
- Domestic Violence Information (DHS-3477). See §0029.36 (Domestic Violence Brochure Program).
- Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759). See §0026.48 (Notices - IEVS).
- Verification Request Forms:
  - Verification Request Form - A (DHS-2919A).

  AND
  - Verification Request Form - B (DHS-2919B).

  Indicate the time period for which you need the verification.
- "Do you have a disability?" brochure (DHS-4133). Also see §0003.09.03 (Clients Rights - Civil Rights).

The following may also be included in the application packet or handed out at the interview as appropriate:

- Household Report Form (DHS-2120), Combined Six-Month Report (CSR) (DHS-5576), or Change Report Form (DHS-2402). See §0007 (Reporting), §0007.12 (Agency Responsibilities for Client Reporting), §0007.15 (Unscheduled Reporting of Changes - Cash), §0007.15.03 (Unscheduled Reporting of Changes - FS).

- Authorization for Release of Information About Residence and Shelter Expenses (DHS-2952) form, if appropriate. See §0010.18 (Mandatory Verifications).

- Application for Social Security number (SS-5), if needed. See §0010.18.03 (Verifying Social Security Numbers), §0012.03 (Providing/Applying for an SSN).

- Notice of Privacy Practices (DHS-3979). See §0003.09.06 (Client Rights - Data Privacy Practices).

- Work Benefit Program Information (DHS-5837).

Give the following forms/handouts based on the programs applied for and the circumstances in the case. Check the cross-referenced sections for procedures for each form/handout listed.

MFIP:

- Reporting Responsibilities for MFIP Households (DHS-2647) brochure. See §0007.12 (Agency Responsibilities for Client Reporting).

- In cases where there is at least 1 non-custodial parent:

  - Understanding Child Support - A Handbook for Parents (DHS-3393).

  - Referral to Support and Collections (DHS-3163B). (This is in addition to the Combined Application Form, for EACH non-custodial parent). See §0012.21.03 (Support From Non-Custodial Parents).

  - Cooperation with Child Support Enforcement (DHS-2338) form. See §0012.21.06 (Child Support Good Cause Exemptions).

  NOTE: This does not apply to a married parent who is out of the home on military duty when there is no breakdown in the marital relationship.

- Notice of Requirement to Attend MFIP Overview (DHS-2929). See §0028.09 (ES Overview/FSET Orientation).

- If there is a custodial parent under 20, the Notice of Requirement to Attend School (DHS-2961) and Graduate to Independence - MFIP Teen Parents

Informational Brochure (DHS-2887). If there is a custodial parent under age 18, the MFIP for Minor Caregivers (DHS-3238) brochure. See §0012.06 (Requirements for Custodial Parents Under 20), §0028.06.03 (Who Must Participate in Empl. Services/FSET), §0028.12 (Education Requirements).

- Family Violence Referral (DHS-3323) and Domestic Violence Information (DHS-3477).
- Important Information about the MFIP Family CAP (DHS-4198) brochure.
- If a non-parental caregiver applies, MFIP Child Only Assistance (DHS-5561).

WB: No provisions.

DWP: Follow MFIP, EXCEPT do not give the Notice of Requirement to Attend MFIP Overview (DHS-2929) to the applicants. Instead, give the applicant the Minnesota's Diversionary Work Program-DWP (DHS-4034) brochure.

FS:
- Food Support Reporting Responsibilities (DHS-2625) brochure. See §0007.12 (Agency Responsibilities for Client Reporting).
- If you know there is student income, the Financial Aid Information Form (DHS-2646). See §0010.18.30 (Verifying Student Income and Expenses).
- For all applicants, the Facts on Voluntarily Quitting Your Job if You Are on Food Support (DHS-2707). See §0028.30.09 (Refusing or Terminating Employment).

MSA:
- SSI Interim Assistance Agreements (DHS-1795).
- Interim Assistance Agreement (DHS-1795A), do not use for SSI. See §0012.12 (Applying for Other Benefits), §0012.12.03 (Interim Assistance Agreements).

GA:
- If you know there is student income, the Financial Aid Information Form (DHS-2646). See §0010.18.30 (Verifying Student Income and Expenses).
- SSI Interim Assistance Agreements (DHS-1795), Interim Assistance Agreement (Do not use for SSI) (DHS-1795A), if appropriate. See §0012.12 (Applying for Other Benefits), §0012.12.03 (Interim Assistance Agreements).

GRH: For participants who are aged, blind, or disabled and over 18, follow MSA. For all other participants, follow GA.

WAIVING IN-OFFICE INTERVIEWS 0005.12.12.03

MFIP, DWP:

You may waive an in-office interview with a person or the unit's authorized representative if you determine there is good cause for not attending the in-office interview.

If you waive the in-office interview, make alternate arrangements for a face-to-face interview. For example, conduct an interview in the person's home or hospital room.

WB: There is no requirement for an in-office interview.

FS, GA, MSA, GRH:

There must be an interview with an applicant or when a recertification is due for a recipient. There is no requirement that this interview be held in the office. If an in-office interview is not held, the county must arrange for a phone interview or a face-to-face interview at a location mutually agreed upon by the county and the client.

MFIP: Counties must provide caregivers with an orientation to financial services, as noted below. Give caregivers written information that the caregiver must attend orientation unless he/she meets 1 of the following exemptions:

- A single parent, or 1 parent in a 2-parent family, employed at least 35 hours per week.

OR

- The 2nd parent in a 2-parent family, when the 2nd parent is employed at least 20 hours per week and the 1st parent is employed for at least 35 hours per week.

OR

- Pregnant or parenting minor under the age of 20 who is not exempt from the educational requirement and is complying with that requirement.

The orientation may be a part of the intake process or it may be held at a separate time. If orientation is not on the same day as the caregiver's intake appointment, you must provide or reimburse transportation and child care the caregiver needs to attend orientation. Orientation must be held within 30 days of approval of the case.

Any time an application/reapplication is filed for MFIP, the caregiver(s) must attend an orientation. Caregivers who do not receive MFIP are NOT required to attend orientation.

The orientation must inform caregivers of:

- MFIP work incentives.
- An explanation of the significant change policy. See §0008.06.15 (Removing or Recalculating Income).
- Availability of the Earned Income Credit (EIC).
- Minnesota Working Family Credit.
- The types and locations of child care your agency makes available to help a caregiver participate in employment, pre-employment, and training or educational programs.
- The child care resource and referral service that will help the caregiver choose child care services. See §0029.31 (Child Care Resource and Referral).
- The rights and responsibilities of MFIP participants.

- What will happen if they do not meet program requirements.
- An explanation of the 60-month time limit on assistance (including that some periods of exemption and periods of non-cooperation with program requirements with or without good cause continue to count toward the 60 months) and the post 60-month time limit extension categories. See §0011.30 (60-Month Lifetime Limit), §0011.33 (MFIP Hardship Extensions).
- Information about exemption from the 60-month time limit for victims of family violence. See §0011.30 (60-Month Lifetime Limit), §0028.15 (Employment Plan (EP)).
- Information about shelters and programs for victims of family violence.
- The Child & Teen Checkup Program. See the Health Care Programs Manual for more information.
- Eligibility for Transition Year Child Care when MFIP ends. See §0029.30 (Child Care Assistance).
- Eligibility for Health Care programs. See the Health Care Programs Manual.
- The necessity to obtain immediate employment.
- The requirement to comply with Employment Services.
- Information about Employment Services Providers available and the option to choose an Employment Services Provider.
- A description of the range of work and training activities that are allowable under MFIP to meet the individual needs of participants, which includes:
  - Unsubsidized employment.
  - Subsidized private or public sector employment, including Grant Diversion.
  - Work experience, including Community Work Experience Program (CWEP).
  - On-the-job training.
  - Job search and job club.

- Job readiness assistance.
- Job placement and job development.
- Job-related counseling and job coaching.
- Job retention services.
- Job-specific training or education.
- Job skills training directly related to employment.
- Pre-employment activities, based on availability and resources, such as volunteer work, literacy programs, citizenship and English as a second language classes, chemical dependency treatment, mental health services, displaced homemaker programs, parenting education, or other programs designed to help families reach their employment goals and enhance their ability to care for their children.
- Community service programs.
- Vocational educational training or educational programs that can reasonably be expected to lead to employment.
- Apprenticeships and internships.
- Satisfactory attendance in GED or adult diploma programs.
- Satisfactory attendance in secondary school or Adult Basic Education (ABE) classes.
- Bilingual employment and training services.
- Providing child care services for another participant who is working in a community service program.

Give the caregiver a copy of the brochure “Education and Training in MFIP” (DHS-3366), which explains the general parameters that govern education and training.

- Notification that the county may NOT impose a sanction for failure to comply when the participant has good cause because of the unavailability of child care. See §0028.18 (Good Cause for Non-Compliance - MFIP/DWP). You must explain good cause, including:

  - The definition of terms used in determining the inability to obtain appropriate child care. See §0028.18.02 (MFIP Good Cause--Child Care).

  - That participants cannot be sanctioned if appropriate child care is not available.

  - Who will make the determination of child care availability.

  - That the inability to obtain child care does not extend time on assistance.

- The caregiver's option to request approval of an education and training plan according to the assessment requirements.

- The availability of work study programs under the higher education systems.

Counties must work with clients to provide child care and transportation necessary to ensure a caregiver has every opportunity to attend orientation.

It is critical that participants leave the orientation knowing MFIP is a work-focused program and that they are prepared to enter the next phase of the Employment Services program.

The county and the Employment Services Provider may design the details of the orientation to suit the needs of their local area and participants. The orientation is the participant's 1st exposure to MFIP Employment Services and should actively promote the value of early employment.

See §0028.30 (Sanctions for Failure to Comply - Cash) for information on sanctions for failure to attend orientation, and §0028.18 (Good Cause for Non-Compliance - MFIP/DWP) for information on good cause for failure to attend orientation.

WB, DWP, FS, MSA, GA, GRH:

No provisions.

MFIP: Give applicants the Family Violence Referral (DHS-3323) and Domestic Violence Information (DHS-3477). Provide this information at application, recertification and as part of the Employment Services (ES) overview. See §0005.12.12.01 (Forms/Handouts for Applicants).

When an applicant or participant asks about the Family Violence Waiver or reveals that he/she or a household member has been or is a victim of family violence, explain exemption from the 60-month time limit for victims of family violence under the Family Violence Waiver Option and give the client the DHS-3477. See §0011.30 (60-Month Lifetime Limit).

Explain the advantages to the client (exemption from the 60-month limit and ability to address safety issues), and provide the client with information about community resources that provide services to victims of family violence. Although you may believe it would be in the best interest of the client to choose a Family Violence Waiver, it is ALWAYS the client's choice whether to ask for it. Never question a client's self-identified need for a Family Violence Waiver.

Explain to the participant the documentation required to substantiate a claim of family violence. See §0010.18.33 (Verifying Family Violence). Follow regular verification time lines when requesting documentation. See §0010.21 (Verification Due Dates). Do not delay processing an application while the client gets documentation of family violence or is developing an Employment Plan (EP). Do NOT impose an ES sanction/disqualification during the period of time that a participant is obtaining documentation. Also see §0010 (Verification).

When a client requests a Family Violence Waiver, refer the client to a domestic violence advocate or someone trained in domestic violence if the client is not already working with someone. See PERSON TRAINED IN DOMESTIC VIOLENCE in §0002.49 (Glossary: Permanent...). Each county must identify locally-trained people in order to ensure access for all clients. Counties can contact the Minnesota Center for Crime Victim Services at 651-282-6252 or 1-888-622-8799 for information about agencies in their area. You can also refer the client to legal services at 1-888-354-5522.

The client, the person trained in domestic violence, and the job counselor will jointly develop the Employment Plan (EP). Once a participant has requested and been approved for a Family Violence Waiver they meet qualifications for Family Stabilization Services (FSS). See Employment Services Manual §7.18.3 (FSS EP or EP for Participants with a Disability), §11.6 (FSS Eligibility Criteria).

County agencies and ES providers are required to follow data privacy procedures. It is also important to ensure confidentiality to victims of family violence, especially when the victim lives with the abuser. Consult with your county attorney regarding the county's data practices policy if you are uncertain about how to apply this policy.

Obtain a release of information from the participant prior to talking to a domestic violence advocate about the participant's issues related to family violence. Consult with the participant to determine where mail should be sent or phone calls made, since the abuser is often still in the home or has access to the home.

During the application process, if you become aware of a non-citizen who is a U.S. Citizenship and Immigration Services (USCIS) determined victim of battery and/or cruelty that could also meet the family violence exemption provision, make the necessary referrals using the DHS-3323. See §0011.03.21 (Non-Citizens - Victims of Battery/Cruelty).

A victim of family violence may be eligible for an extension of MFIP benefits after the person has verified she or he is a victim of family violence and has developed an Employment Plan (EP). See §0010.18.33 (Verifying Family Violence), §0028.15 (Employment Plan (EP)).

WB, FS, MSA, GA, GRH:
No provisions.

DWP: Follow MFIP, EXCEPT the references to information required at recertification and exemption from the 60-month time limits do NOT apply to DWP.

All assistance programs require you to process applications as soon as possible, and within a certain number of days from the date of application. See 0005.12.09 (Date of Application). See program provisions listed below for application processing timetables.

Processing standards are the maximum time you have to determine eligibility. Do NOT treat this time as a waiting period for eligibility.

Determine eligibility as soon as the necessary information is available. Send a notice approving, pending, or denying eligibility. See 0010 (Verification), 0026 (Notices).

The processing standards for Emergency General Assistance, DWP and expedited Food Support applications differ from standard applications. See 0004.06 (Emergencies - 1st Month Processing), 0005.12.09 (Date of Application).

Within the processing period:

- Review the application for completeness.
- Schedule and conduct the interview. See 0005.12.12 (Application Interviews).
- Verify mandatory and inconsistent items. See 0010.18 (Mandatory Verifications), 0010.21 (Verification Due Dates).
- Determine eligibility.
- Send a notice. See 0026 (Notices).

See 0005.12.15.03 (Delays in Processing Applications) for what to do when you cannot determine eligibility within the time frames listed below because clients do not provide information, for delays not caused by clients, and when not to delay processing.

See 0022.03.03 (Ineligibility in a Prospective Month - Cash), 0022.03.04 (Ineligibility in a Prospective Month - FS) for provisions relating to cases that are ineligible in a prospective month.

MFIP:
Determine eligibility no later than 30 days following the date the application was filed. Clients must be eligible for assistance on the date you approve the case.

To meet the 30-day requirement, you may want to conduct interviews for minor caregivers on an accelerated schedule due to the time that social service evaluations might require. See 0004.01 (Emergencies - Program Provisions), 0012.06 (Requirements for Custodial Parents Under 20).

WB:
No provisions. See 0005.10 (Minnesota Transition Application Form (MTAF)).

DWP:
Below are various steps and time lines in processing a DWP application:

- Conduct the initial face to face interview to determine DWP eligibility within 5 working days of receiving the application. Although you must conduct an interview within 5 working days, the participant still has 30 days before the application expires. If an applicant does not show up for an appointment within the 5 days, attempt to reschedule the appointment. If more than 30 days have lapsed since the date of application, deny the application, giving proper notice.

- Determine the need for child care at the interview and complete a child care application before the interview ends. Forward the child care application to the child care worker the day that it is completed.

- Within 1 working day of determining that the applicant meets the DWP eligibility criteria, refer the participant to ES. Trigger the referral based on county policy. Some counties may choose to make the referral pending receipt of final verifications, others may choose to wait until all verifications are in. Prompt referral to ES is critical because applicants cannot receive DWP benefits until eligibility is determined and an initial EP has been developed and signed.

  The participant's referral to ES must be in writing and must contain:

  - Notification that, as part of the application process, applicants are required to develop and sign an Employment Plan or the DWP application will be denied.

  - The name and phone number of the ES provider.

  - The immediate availability of supportive services, including, but not limited to, child care, transportation, and other work-related aid.

  - The rights, responsibilities, and obligations of participants in the program, including, but not limited to, their rights under the Americans with Disabilities Act (ADA), the grounds for good cause, the consequences of refusing or failing to participate fully with program requirements, and the appeal process. Also see 0003.09.03 (Client Rights - Civil Rights).

The Job Counselor will meet with the DWP participant within 10 working days of the county referral to develop and sign an initial EP. The Job Counselor must notify the county within 1 working day of the date the EP was signed.

Authorize DWP benefits through MAXIS to the participant within 1 working day of being notified by the ES provider that the initial EP has been developed and signed.

Use the following forms:

- Diversionary Work Program Referral to Employment Services (DHS-4161).

- Client Responsibilities and Rights (DHS-4163).

- Do you have a disability? (DHS-4133).

NOTE: There are no DWP orientation requirements. A county may opt to provide an orientation for its DWP participants.

MAXIS Process

Do not deny the application before the 30 day application processing period has expired, unless the case has been determined ineligible (for example for excess income). MAXIS will not automatically deny applications pending past 30 days. You must deny the application at the appropriate time.

FS:
Determine eligibility and issue benefits or a denial notice no later than 30 days following the date the application was filed. If you cannot determine eligibility within 30 days, send a notice of processing delay, determine who caused the delay, and allow an additional 30 days to complete the application processing. See 0005.12.15.03 (Delays in Processing Applications), 0005.12.15.06 (Determining Who Caused the Delay), 0024 (Payments).

EXCEPTIONS

- Due to the American Recovery and Reinvestment Act (ARRA) and the statewide ABAWD waiver, this exception will not need to be used for ABAWDs from January 1, 2009 through September 30, 2011. Able-bodied adults subject to 3 months in 36 months limit may reapply if they think they may be eligible for more than the entitled 3 months. See 0011.24 (Able-Bodied Adults). They must verify that they have "earned" an additional month before they can be determined eligible. Delay acting on their applications until they provide verification. Do not delay more than 60 days.

- If the unit failed to attend the initially scheduled interview, an attempt has been made to inform the unit of their responsibility to schedule a second interview, and the client has made no subsequent contact with the agency to express interest in pursuing the application, deny the application on the 30th day.

  See TEMP Manual TE02.05.15 (Notice of Missed Interview). Also, document the contact in CASE/NOTEs.

- If you conduct the interview and request all necessary verifications on the same day the client files the application and you provided assistance in obtaining verification but the unit fails to provide the requested verification, deny the application on the 30th day.

MSA, GRH:
Determine eligibility and issue benefits or a denial notice for disabled people no more than 60 days after the date of application.

Determine eligibility and issue benefits or a denial notice for all other people no later than 30 days following the date the application was filed. See 0024 (Payments).

GA:
Determine eligibility no later than 30 days following the date the application was filed. Clients must be eligible for assistance on the date you approve the case.

On occasion, it may not be possible to determine eligibility within the time frames listed in §0005.12.15 (Application Processing Standards) because clients fail or refuse to provide information. In these cases, deny assistance.

For processing delays not due to client failure or refusal to provide information, send clients written notice of the delay and its cause. The notice must also tell clients what they must do to complete the application and that they must report any changes in circumstances since they filed their application. For notice of delay time lines and when not to delay processing, see specific program provisions listed below. Also see §0026.09 (Notice of Processing Delays).

Do not delay processing pending county board action.

MFIP, DWP:

Send a notice of processing delay by the 30th day if the application will take more than 30 days to process.

Do not delay processing in the following situations:

- You are waiting for IEVS verification.
- You are waiting for the Social Security Administration (SSA) to process a Social Security number application.
- You are processing a claim of good cause for not cooperating with IV-D and the client has provided all the information and verification you need to decide the claim. Do NOT delay processing the application to wait for the final decision to grant or deny good cause.
- You are waiting for a secondary verification from the SAVE system and the documentation of immigration status provided by the client makes him/her eligible. See §0010.18.11.03 (Systematic Alien Verification (SAVE)).

WB: No provisions. See §0005.10 (Minnesota Transition Application Form (MTAF)).

FS: Send a notice of processing delay on the 30th day if the eligibility determination will take more than 30 days. Determine if a delay in processing is the household's fault or the county agency's fault. See §0005.12.15.06 (Determining Who Caused the Delay), §0005.12.15.09 (Delays Caused by the Applicant Household), §0005.12.15.12 (Delays Caused by the Agency), §0005.12.15.15 (Delays Caused by the Agency and Applicant).

Do not delay processing in the following situations:

- The agency is waiting for IEVS verification.
- The agency is waiting for SSA to process a Social Security number application.
- You are waiting for a secondary verification from the SAVE system and the documentation of immigration status provided by the client makes him/her eligible. See §0010.18.11.03 (Systematic Alien Verification (SAVE)).

MSA, GRH:

Send a notice of processing delay if the application will take more than 60 days for disabled people and 30 days for all other applicants.

Do not delay processing if you are waiting for IEVS verification.

GA: Send a notice of processing delay if the application will take more than 30 days to process because of the client's inability to provide documentation. If you cannot determine eligibility by the end of the second 30-day period, deny the application.

Do not delay processing while you are waiting for SSA to process a Social Security number application.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: A delay is the county agency's fault when it fails to do any of the following:

- Offer to help people complete the application.
- Help people to obtain verifications.
- Allow people 10 days to provide a verification. See 0010.21 (Verification Due Dates).

A delay is the unit's fault when the agency has met the responsibilities listed above and the unit has not cooperated with the application process.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: A delay caused by the applicant means the agency has met the responsibilities listed in §0005.12.15.06 (Determining Who Caused the Delay) and the unit has not completed the application process within 30 days after the date of application.

If the delay in the 1st 30 days is the applicant's fault:

- Deny the application, but allow the applicant another 30 days to complete the application process. Send the applicant a denial notice as specified in §0026.15 (Notice of Denial, Termination, or Suspension).

- If the applicant household completes the application process during the 2nd 30-day period, open the case. Do not require a new application. Prorate benefits from the date the unit takes the required action.

- If the applicant fails to complete the application process within the 2nd 30-day period, the denial notice issued previously is in force and no additional action is required by the county agency.

See §0005.12.15.12 (Delays Caused by the Agency), §0005.12.15.15 (Delays Caused by the Agency and Applicant).

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: Grant benefits retroactive to the application date if:

- The county agency caused a delay in the 1st 30-day processing period.

AND

- The agency determines eligibility by the end of the 2nd 30-day period.

If the county caused the delay during both the 1st and 2nd 30-day periods, continue processing until sufficient information is available to make an eligibility decision. If the applicant is eligible, grant benefits retroactive to the date of application. See §0005.12.15.09 (Delays Caused by the Applicant Household), §0005.12.15.15 (Delays Caused by the Agency and the Applicant Household).

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: When the delay was the applicant's fault during the 1st 30 days, and the agency's fault for the 2nd 30 days, do not issue benefits for the application month. Do not require a new application. Issue benefits for the month following the month of application.

If the delay beyond the 2nd 30-day period is the applicant's fault, deny the application. This applies even if the delay during the 1st 30 days was the agency's fault.

WITHDRAWING AN APPLICATION 0005.12.18

People may withdraw their application for all or specific assistance programs by 1 of the following methods:

- Oral request.

OR

- Written statement.

OR

- Writing "withdrawn" on the CAF and initialing it.

OR

- Deselecting the check boxes on the “What Programs is this Person Applying for?” question on page 3 of the CAF for each person, checking the “None” box, and initialing them.

Advise the client of the right to reapply at any time. Confirm the withdrawal by documenting the withdrawal and the reason for it in CASE/NOTEs.

After approving the withdrawal, MAXIS sends a written notice to confirm the withdrawal. Also see §0005.12.21 (Reinstating a Withdrawn Application), §0026.06 (Notice - Approval of Application or Recert.), §0026.15 (Notice of Denial, Termination, or Suspension).

MFIP, DWP, FS, MSA, GA, GRH:
Follow general provisions.

WB: No provisions. See §0005.10 (Minnesota Transition Application Form (MTAF)).

REINSTATING A WITHDRAWN APPLICATION 0005.12.21

Requests to reinstate a withdrawn assistance application must be in writing. In addition, the county agency must receive the request within 10 days from the date you sent the withdrawal confirmation notice. See §0005.12.18 (Withdrawing an Application).

When people meet these requirements, reinstate the application from the date of the original application.

When people do not meet these requirements, they must file a new application.

MFIP, DWP, FS, MSA, GA, GRH:
Follow general provisions.

WB: No provisions. See §0005.10 (Minnesota Transition Application Form (MTAF)).

DETERMINING FINANCIAL RESPONSIBILITY 0006

EXCEPT for the Food Support program, residency determines which county or state is responsible for the cost of a client's benefits. Counties are not responsible for the cost of a client's Food Support benefits. However, counties must issue food benefits to clients in their county. See §0011.06 (State Residence), §0011.09 (County Residence).

When another state places a person in a Minnesota facility, that state remains financially responsible throughout the person's placement. See §0011.06 (State Residence), §0011.06.06 (State Residence - Interstate Placements).

Minnesota is financially responsible for Minnesota residents placed in out-of-state facilities. See §0011.06.06 (State Residence - Interstate Placements).

The Minnesota county of financial responsibility is the county where the client resides at the time of application.

If a client applies for an emergency in a county other than the county where the client resides, refer the application to the county where the client resides. See §0005.12 (Accepting and Processing Applications). This includes clients living in excluded time facilities.

For information on financial responsibility when applicants move during the application process, see §0006.03 (Initial Application). For information on participants who move to another county, see §0006.06 (Moving Between Counties - Participants).

See §0006.09 (Moving Between Counties - Minor Children) for information on children who move to another county to live with a different caregiver.

When a 2-caregiver unit splits and 1 caregiver and a child move to another county, see §0006.09 (Moving Between Counties - Minor Children).

If more than 1 county has financial responsibility for members of a newly created assistance unit, see §0006.15 (Multiple County Financial Responsibility).

See §0006.18.03 (Excluded Time - Entering) and §0006.18.06 (Excluded Time - Leaving) to determine which county is financially responsible when a client enters or leaves an excluded time facility.

For information on how to transfer financial responsibility between counties and resolve financial responsibility disputes, see §0006.21 (Transferring Responsibility - Old County), §0006.24 (Transferring Responsibility - New County), §0006.27 (County Financial Responsibility Disputes).

To transfer case servicing for participants who move between counties, see §0008.06.21 (Change in County of Residence).

MFIP, DWP:

The county of financial responsibility for people who have not been on cash assistance in Minnesota in the last 30 days is the county they lived in on the date they signed the application. See §0005 (Applications).

When an applicant moves from 1 county to another while the application is pending, the county where application 1st occurred is the county of financial responsibility until the applicant has lived in the new county for 2 full calendar months, unless the applicant's move was from or to an excluded time facility.

For applicants who have been on cash assistance in the last 30 days, see §0006.12 (Assistance Terminated Within Last 30 Days).

For applicants who entered an excluded time facility while on cash assistance or within 30 days after being on cash assistance in another county, see §0006.18.03 (Excluded Time - Entering), §0006.18.06 (Excluded Time - Leaving).

WB: The county of financial responsibility is the county in which the client received MFIP or DWP within the last 30 days. This county remains financially responsible until the client has lived in the new county for 2 full calendar months, unless the client's move was from or to an excluded time facility.

FS: No provisions.

MSA, GA:

The county of financial responsibility for people who have not been on this program in Minnesota within the last 30 days is the county they lived in on the later of these dates:

- The date they signed the application.

OR

- The date they met all eligibility factors.

See §0005 (Applications).

For applicants who have been on this program within the last 30 days, see §0006.12 (Assistance Terminated Within Last 30 Days).

For applicants who entered an excluded time facility while on MFIP or within 30 days after being on this program in another county, see §0006.18.03 (Excluded Time - Entering), §0006.18.06 (Excluded Time - Leaving).

GRH: The county of financial responsibility for people who have not been GRH in Minnesota within the last 30 days is the county they lived in on the later of these dates:

- The date they signed the application.

OR

- The date they met all eligibility factors.

See §0005 (Applications).

For applicants who have been GRH within the last 30 days, see §0006.12 (Assistance Terminated Within Last 30 Days).

For people who reside in an excluded time facility, the county of financial responsibility is the county in which the applicant last resided in non-excluded status immediately before entering the facility. See §0006.18.03 (Excluded Time - Entering).

For applicants who entered an excluded time facility while on MFIP or within 30 days after being on GRH in another county, see §0006.18.03 (Excluded Time - Entering), §0006.18.06 (Excluded Time - Leaving).

Also see §0006.21 (Transferring Responsibility - Old County), §0006.24 (Transferring Responsibility - New County), §0008.06.21 (Change in County of Residence).

For information on people in excluded time status, see §0006.18 (Excluded Time Facilities and Services).

MFIP, WB, DWP, MSA, GA, GRH:

The county of financial responsibility at the time of the move remains responsible until the participant unit lives in non-excluded time status in the new county for 2 full calendar months.

FS: Follow general provisions.

Also see §0008.06.21 (Change in County of Residence).

MFIP, WB, DWP:

When a minor child receiving MFIP, WB, or DWP in a unit moves to another county to live with a different caregiver, the new county assumes financial responsibility starting the 1st full month after the move. Also see §0011.21 (Receipt of Other Assistance).

In a 2-caregiver unit, when 1 participant caregiver and minor child move to another county, the old county remains financially responsible for the caregiver and child for 2 full calendar months.

If the new residence is an excluded time facility, see §0006.18.03 (Excluded Time - Entering).

FS, MSA, GA, GRH:

No provisions.

MFIP, WB, DWP:

Apply these provisions when clients move between counties AND at least 1 person in the assistance unit is a Minnesota resident. For more information, see §0011.06 (State Residence).

When assistance ends in 1 county and a client reapplies in another county within 30 days after termination, the former county remains financially responsible until the client lives in the new county in a non-excluded time residence for 2 full calendar months.

FS: No provisions.

MSA, GA, GRH:

Apply these provisions when clients move between counties. Do not apply these provisions to clients terminated because they lost state residence, who then return to Minnesota and reapply within 30 days. See §0011.06 (State Residence).

When this program ends in 1 county and a client reapplies in another county within 30 days after termination, the former county remains financially responsible until the client lives in the new county in a non-excluded time residence for 2 full calendar months.

MFIP, WB, DWP:

Follow these procedures to determine what to do when 2 or more people who lived in different counties form a single assistance unit and at least 1 person has an open case.

Financial responsibility must be assigned to a single county beginning the 1st day of the calendar month after the unit members are required to be in a single unit. Assign financial responsibility to the county that was initially responsible for the unit member with the earliest date of application.

The county in which the unit is currently residing becomes financially responsible for the entire unit beginning 2 full calendar months after the month in which financial responsibility was consolidated into 1 county.

FS, MSA, GRH:

No provisions.

GA: Follow the guidelines below to determine what to do when 2 people who lived in different counties move and form a single unit in another county, and at least 1 person has an open assistance case:

- If only 1 county is financially responsible for members of the new unit, that county assumes financial responsibility for everyone in the unit.
- If more than 1 county is financially responsible for members of the new unit, the county with the existing case must assume financial responsibility for everyone in the new unit.
- If more than 1 financially responsible county has an existing case, the county with the earliest current application date must assume financial responsibility for everyone in the new unit.

EXCLUDED TIME FACILITIES AND SERVICES 0006.18

For information on transferring financial responsibility for clients in excluded time facilities, see §0006.18.03 (Excluded Time - Entering), §0006.18.06 (Excluded Time - Leaving). For more information on excluded time facilities, see §0011.06.03 (State Residence - Excluded Time), §0011.06.06 (State Residence - Interstate Placements), §0011.12 (Institutional Residence).

Excluded time is time a client spends in:

- Hospitals.
- Sanitariums.
- Nursing homes.
- Halfway houses.
- Foster homes.
- Board and care homes.
- Maternity homes.
- Battered women's shelters. Also see §0011.06.03 (State Residence - Excluded Time), §0011.06.09 (State Residence - 30-Day Requirement).
- Correctional facilities.
- Regional treatment centers.
- Excluded time services. See §0006.18.03 (Excluded Time - Entering).

Excluded time services are:

- Participating in a rehabilitation facility which meets the definition of a long term sheltered workshop.
- Receiving personal care assistant (PCA) services.
- Receiving services from a Semi-Independent Living Services (SILS) Program.

See §0011.21 (Receipt of Other Assistance) for policy regarding Rule 35 facilities.

MFIP, WB, DWP:

Excluded time is also time a client spends in:

- Shelters.
- Board and lodging facilities which have a care or supervisory component.

FS: No provisions.

MSA, GA, GRH:

Excluded time is also time a client spends in:

- Shelters (other than emergency shelters).
- Supervised board and lodging facilities.
- Facilities based on an emergency hold.
- Placements in training and habilitation programs (including a rehabilitation facility or work or employment program).
- Day training and habilitation programs.
- Assisted living services.
- Placements with an indeterminate commitment, including independent living.

For further information on excluded time facilities, see §0011.06.03 (State Residence - Excluded Time), §0011.06.06 (State Residence - Interstate Placements), §0011.12 (Institutional Residence).

MFIP, WB, DWP, MSA, GA, GRH:

The financially responsible county for people who live in excluded time facilities or receive excluded time services is:

- The county they lived in (in non-excluded time status) immediately before entering an excluded time facility.

OR

- The county they lived in before receiving excluded time services.

If, for example, a person lived in county A, directly entered a facility in county B, then transferred to a facility in county C, county A would remain financially responsible. See §0011.06.03 (State Residence - Excluded Time), §0011.09 (County Residence).

For people who enter excluded time facilities or begin receiving excluded time services during the 2-month transfer period, do not transfer responsibility until the client is in non-excluded time status for 2 full calendar months. Transfer responsibility on the 1st of the month after the 2nd full calendar month the client is in non-excluded time status. See §0006.06 (Moving Between Counties - Participants), §0006.18 (Excluded Time Facilities and Services).

FS: No provisions.

For more information on excluded time facilities, see §0011.06.03 (State Residence - Excluded Time), §0011.06.06 (State Residence - Interstate Placements), §0011.12 (Institutional Residence).

MFIP, WB, DWP, MSA, GA, GRH:

If a person leaves an excluded time facility but remains in the facility's county, delay transfer of responsibility until the client lives in non-excluded time for 2 full calendar months. See §0006.06 (Moving Between Counties - Participants).

The county financially responsible for people who are not now Minnesota residents, and who directly enter an excluded time facility from another state, is the county where they signed the application if:

- They have lived only in excluded time facilities in Minnesota.

AND

- They left an excluded time facility to live in Minnesota.

FS: No provisions.

TRANSFERRING RESPONSIBILITY - OLD COUNTY 0006.21

If another county notifies you that your county is financially responsible for a case and your county disagrees, follow the procedures in §0006.27 (County Financial Responsibility Disputes).

Also see §0008.06.21 (Change in County of Residence) when transferring a case to another county.

MFIP, WB, DWP, MSA, GA, GRH:
Follow general provisions.

FS: No provisions.

Also see §0008.06.21 (Change in County of Residence).

MFIP, WB, DWP, MSA, GA, GRH:

When the transfer period ends, you will receive a DAIL message on MAXIS to update MMIS with the new county of financial responsibility. For information on the transfer period, see §0006.06 (Moving Between Counties - Participants).

FS: No provisions.

MFIP, WB, DWP:

You must process a case even if your county disagrees that it is financially responsible. Refer the case to the county you believe to be financially responsible within 60 days after approving the case.

The county you believe to be responsible has 30 days to accept or reject financial responsibility. Failure to respond within 30 days makes the receiving county financially responsible. To reject responsibility, the county must give Department of Human Services (DHS) evidence clearly showing why it rejects financial responsibility. Send copies to the servicing agency.

The servicing agency has 15 days from the date it gets the evidence disputing financial responsibility to send its position and supporting evidence to DHS. If the servicing agency does not submit its position, DHS will issue a binding opinion based on the evidence submitted by the county claimed to be responsible. The servicing agency must not delay any case actions pending the DHS decision.

Do not send information to DHS until the servicing agency has determined eligibility, issued assistance, and sent its referral. DHS has no jurisdiction to resolve residence and financial responsibility matters until an open case exists. Send evidence to:

Appeals and Regulations Division
PO Box 64941
St. Paul, Minnesota 55164-0941

Within 60 days after receiving evidence from the county claimed to be responsible, DHS will issue an order to the county it finds financially responsible. A county disagreeing with the order may appeal to the district court within 30 days of its issuance. The county must follow the order pending the district court's decision.

When county agencies send disputes to DHS within the time guidelines above, reimbursement from the financially responsible county starts with the date of application or eligibility. If counties send the dispute late, reimbursement begins with the submission date.

If the non-responsible county has not received federal and state reimbursement, the financially responsible county must reimburse the non-responsible county for the total amount paid. When a county receives federal and state reimbursement, the financially responsible county must pay the county share only.

FS: No provisions.

MSA, GA, GRH:

Follow MFIP. In addition, the time allowed for submission of financial responsibility disputes to DHS for settlement determination is 3 years from the date of application. County agencies may submit open or closed cases for settlement determination within the 3-year time limit.

MFIP, WB, DWP, MSA, GA, GRH:

Refer cases of disputed interstate financial responsibility to DHS for a determination. Normally, the financially responsible state is the state where the person lives.

FS: No provisions.

Reporting requirements are determined by the programs the unit receives.

- Some units must report monthly. See §0007.03 (Monthly Reporting - Cash), §0007.03.01 (Monthly Reporting - Uncle Harry FS).
- Some units must report every 6 Months. See §0007.03.02 (Six-Month Reporting - FS).
- Some units must report when a change occurs. See §0007.15 (Unscheduled Reporting of Changes - Cash), §0007.15.03 (Unscheduled Reporting of Changes - FS).

Explain the purpose of reporting to clients. Provide units on monthly reporting with Household Report Forms (HRFs) (DHS-2120). See §0002.31 (Glossary: Honoraria...) for the definition of HRF. Provide units on Six-Month Reporting with the Combined Six-Month Report (CSR) (DHS-5576). See §0002.61 (Glossary: Self...) for the definition of a CSR. Provide units not subject to monthly or Six-Month Reporting with Change Report Forms (DHS-2402).

Review HRFs and CSRs for thoroughness and mandatory verifications. Return incomplete HRFs or CSRs. See:

§0007.12	Agency Responsibilities for Client Reporting.
§0007.12.03	What Is a Complete HRF/CSR.
§0007.12.06	Incomplete HRF/CSR.

There are deadlines for all types of reporting. See:

§0007.03.03	Monthly Reporting Deadlines.
§0007.03.04	Six-Month Reporting Deadlines.
§0007.15	Unscheduled Reporting of Changes - Cash.
§0007.15.03	Unscheduled Reporting of Changes - FS.

Some programs allow reinstatement of benefits if the unit submits the report in the month after it was due. See §0007.03.06 (Processing a Late HRF), §0007.03.07 (Processing a Late Combined Six-Month Report).

MFIP: Homeless units and migrant and seasonal farmworker units are exempt from monthly reporting. For all other units, send a Household Report Form (HRF) (DHS-2120) to a unit to report circumstances for any report month in which the unit has:

- A member who received earned income in the report month or any of the previous 3 months. This is true even if you excluded the earnings.

OR

- A financially responsible person living with the unit who received earned income in the report month or any of the previous 3 months. This is true even if you excluded the earnings. See §0016 (Income From People Not in the Unit).

OR

- A non-citizen whose sponsor and/or sponsor's spouse has earned or unearned income in the report month or any of the previous 3 months. See §0016.21 (Income of Sponsors of Immigrants With I-134), §0016.21.03 (Income of Sponsors of Immigrants With I-864).

OR

- A participant receiving direct child/spousal support. This continues until the support has been redirected to the child support enforcement agency.

For applications, the Combined Application Form (CAF) (DHS-5223) substitutes for the HRF when interviewing the unit in the month after they apply. For those cases, do not require an HRF for the application month.

When you interview a unit in the same month it applies and it appears the unit will have to report monthly, the unit must complete an HRF for the application month. Do not determine eligibility for the 3rd month (1st retrospective month) until the unit returns the HRF.

If the unit fails to return the HRF by the 8th of the month, take the following action:

- For units you have approved, send a 10-day notice to close for failure to provide an HRF.

- For units you have not approved, and have allowed 10 days to return the HRF, you may open and close at the same time if the unit is eligible for the 1st 1 or 2 months. You must send a 10-day notice for closing.

- Units that have been terminated for failure to return a HRF may meet eligibility requirements for Transition Year Child Care. Eligibility for Transition Year

Child Care exists if the former MFIP participants received MFIP in 3 of the last 6 months before losing eligibility and are otherwise eligible.

You must compute eligibility/ineligibility manually or in the training region of MAXIS. Document in the case record when the case would have been terminated because of excess income. Do not change any of the other case notes or dates. The MFIP case remains closed for failure to provide a HRF. Notify the county child care assistance worker of this fact. Do not send a new notice to the client.

Units that have been closed and reapply must submit missing HRFs needed to determine benefits, if they will continue in the retrospective cycle. See §0022.03 (How and When to Use Prospective Budgeting), §0022.06 (How and When to Use Retrospective Budgeting).

For recertifications, do not require an HRF for the month 2 months before recertification is due (for example, for October if recertification is due December 1st). The CAF substitutes for the HRF. If the unit is ineligible based on the CAF, or if the information requires a reduction or suspension of the unit's benefits, send a notice BEFORE the effective date of the adverse action.

WB, DWP:

No provisions. See §0007.15 (Unscheduled Reporting of Changes - Cash).

FS: See §0007.03.01 (Monthly Reporting - Uncle Harry FS), §0007.03.02 (Six-Month Reporting - FS).

MSA: Send an HRF to clients who do not receive SSI to report circumstances for months in which:

- The clients have earned income.

OR

- You deem income from financially responsible people to the clients. See §0016 (Income From People Not in the Unit).

GA: Send an HRF to a unit to report circumstances for any report month in which the unit has:

- A member who received earned income in the report month or any of the previous 3 months. This is true even if you excluded the earnings.

OR

- A financially responsible person living with the unit who received earned income in the report month or any of the previous 3 months. This is true even if you excluded the earnings. See §0016 (Income From People Not in the Unit).

For applications, the CAF substitutes for the HRF when interviewing the unit in the month after they apply. For those cases, do not require an HRF for the application month.

When you interview a unit in the same month it applies and it appears the unit will have to report monthly, the unit must complete an HRF for the application month. Do not determine eligibility for the 3rd month (1st retrospective month) until the unit returns the HRF.

If the unit fails to return the HRF, take the following action:

- For units you have approved, send a 10-day notice to close for failure to provide an HRF.

- For units you have not approved, and have allowed 10 days to return the HRF, you may open and close at the same time if the unit is eligible for the 1st 1 or 2 months. This requires a 10-day notice.

Units that have been closed and reapply must submit missing HRFs needed to determine benefits, if they will continue in the retrospective cycle. See §0022.03 (How and When to Use Prospective Budgeting), §0022.06 (How and When to Use Retrospective Budgeting).

For recertifications, do not require an HRF for the month 2 months before recertification is due. (For example, for October if recertification is due December 1st.) The CAF substitutes for the HRF. If the unit is ineligible based on the CAF, send adequate notice. See §0026.12.09 (Adequate Notice).

GRH: Send a HRF to clients who do not receive SSI for months in which the client has earned income of more than $100.

For post-payment cases, the report month and the benefit month are the same for processing the HRF for GRH.

MFIP, DWP, MSA, GA, GRH:

See §0007.03 (Monthly Reporting - Cash).

WB: No provisions. See §0007.15 (Unscheduled Reporting of Changes – Cash).

FS: The only FS units subject to monthly reporting are Uncle Harry units who do NOT meet the following exceptions:

- Units in which all members are homeless. See HOMELESS in §0002.29 (Glossary: Gross RSDI...).
- Units in which all members are in the migrant work stream. Not all members must be in agricultural work, but all members must be traveling together for this purpose.
- Units in which any member is a seasonal farmworker.
- Units in which all adult members are elderly or disabled if the unit has no earned income.
- Units living on Indian reservations. Unit members do not have to be members of a tribe to be eligible for this exemption.

Send the following Uncle Harry FS (UHFS) units a Household Report Form (HRF) (DHS-2120) for the report month if the unit includes:

- A member who received earned income in the report month or any of the previous 3 months. This is true even if you excluded the earnings.

OR

- An ineligible or disqualified person living with the unit who received earned income in the report month or any of the previous 3 months. This is true even if you exclude the earnings. See §0016 (Income From People Not in the Unit).

OR

- A non-citizen whose sponsor and/or sponsor's spouse has earned or unearned income in the report month or any of the previous 3 months. See §0016.21 (Income of Sponsors of Immigrants With I-134), §0016.21.03 (Income of Sponsors of Immigrants With I-864).

For UHFS applications, the Combined Application Form (CAF) (DHS-5223) substitutes for the HRF when you interview the unit in the month after they apply. For those cases, do not require an HRF for the application month.

When you interview the UHFS unit in the same month it applies and it appears the unit will have to report monthly, the unit must complete an HRF for the application month. Do not determine eligibility for the 3rd month (1st retrospective month) until the unit returns the HRF.

If the UHFS unit fails to return the HRF, take the following action:

- For units you have approved, send a 10-day notice to close for non-receipt of an HRF.

- For units you have not approved, and have allowed 10 days to return the HRF, you may open and close at the same time if the unit is eligible for the 1st 1 or 2 months. A 10-day notice is not required in this case.

For UHFS recertifications, do not require an HRF for the month before the last month of the certification period if the recertification form was signed and dated on or after the last day of the report month. The CAF substitutes for the HRF. If the UHFS unit is ineligible based on the CAF, send adequate notice. See §0026.12.09 (Adequate Notice).

MFIP, DWP, MSA, GA, GRH:

No provisions. See §0007.03 (Monthly Reporting - Cash).

WB: No provisions. See §0007.03.07 (Processing A Late Combined Six-Month Report), §0007.15 (Unscheduled Reporting of Changes – Cash).

FS: FS units with earned or unearned income who do NOT meet any of the criteria below are Six-Month Reporters:

- Units in which all members are homeless. See HOMELESS in §0002.29 (Glossary: Gross RSDI...).
- Units in which all members are in the migrant work stream. Not all members must be in agricultural work, but all members must be traveling together for this purpose.
- Units in which any member is a seasonal farmworker.
- Units in which all adult members are elderly or disabled if the unit has no earned income.
- Units living on Indian reservations. Unit members do not have to be members of a tribe to be eligible for this exemption.
- Those units receiving MFIP, including the Uncle Harry Food Support cases.

For information on what is considered a complete Combined Six-Month Report (CSR) (DHS-5576), see §0007.12.03 (What Is a Complete HRF/CSR).

For Uncle Harry FS monthly reporters, see §0007.03.01 (Monthly Reporting – Uncle Harry FS).

MONTHLY REPORTING DEADLINES 0007.03.03

Units required to report monthly must return a complete Household Report Form (HRF) (DHS-2120) for a report month by the 8th calendar day of the following month. If units do not submit a complete HRF by the due date, MAXIS will send a notice of termination at least 10 days before the effective date of the proposed termination. See §0007.12.06 (Incomplete HRF/CSR), §0026 (Notices), TEMP Manual TE02.04.04 (Autoclose: MAXIS Processes for HRF/REVW).

For information on Six-Month Reporting deadlines, see §0007.03.04 (Six-Month Reporting Deadlines).

SIX-MONTH REPORTING DEADLINES 0007.03.04

Units subject to Six-Month Reporting must return a complete Combined Six-Month Report (CSR) (DHS-5576) for the report period by the 8th calendar day of the last month of the current 6-month report period. If units do not submit a complete CSR by the due date, MAXIS will send a notice of termination at least 10 days before the effective date of the proposed termination. See §0026 (Notices), TEMP Manual TE02.04.04 (Autoclose: MAXIS Processes for HRF/REVW).

For information on monthly reporting, see §0007.03 (Monthly Reporting – Cash), §0007.03.01 (Monthly Reporting - Uncle Harry FS).

MFIP, MSA, GRH:

Reinstate eligibility which was terminated for failure to provide a complete monthly Household Report Form (HRF) (DHS-2120) if:

- You get a complete Household Report Form (HRF) in the calendar month after the month the HRF was due.

AND

- The unit is otherwise eligible.

Send the unit notice of the benefit amount. See §0026 (Notices).

When reinstating a unit's eligibility after late receipt of a monthly HRF, give or send the unit an HRF due for the current month. Immediately give or send a 10-day notice of termination for the next possible month for failure to submit the current month's HRF. Do not delay issuing reinstated benefits pending the receipt of the current month's HRF. If there is no time for a 10-day notice, issue benefits and process an overpayment unless the unit submits the current month's HRF by the last day of the month it is due. See §0007.03.03 (Monthly Reporting Deadlines), §0025 (Benefit Adjustments and Recovery).

Do not prorate benefits or take a new application. See §0022 (Budgeting and Benefit Determination). Do not change the recertification date. See §0009 (Recertification).

If the unit is ineligible, give or send the unit a new closing notice with the appropriate reason code.

WB: No provisions. See §0007.03.07 (Processing A Late Combined Six-Month Report).

FS: Follow MFIP. In addition, for information on processing a late Combined Six-Month Report (CSR) (DHS-5576), see §0007.03.07 (Processing a Late Combined Six-Month Report).

DWP: No provisions.

GA: Follow MFIP, EXCEPT prorate benefits from the date you receive the HRF. Do not take a new application. See §0022 (Budgeting and Benefit Determination). Do not change the recertification date. See §0009 (Recertification).

PROCESSING A LATE COMBINED SIX-MONTH REPORT 0007.03.07

MFIP, DWP, GA, MSA, GRH:

For the month the Combined Six-Month Report (CSR) (DHS-5576) replaces a Household Report Form, follow the provisions in §0007.03.06 (Processing a Late HRF).

WB: Use the Combined Six-Month Report (CSR) (DHS-5576) and the Combined Six-Month Report Supplement for Cash Programs (DHS-5576A) to recertify WB participants every 6 months. WB participants are NOT 6-month reporters. See §0009.06.03 (Recertification Processing Standards).

FS: Reinstate eligibility which was terminated for failure to provide a complete Combined Six-Month Report (CSR) (DHS-5576) if:

- You receive a complete CSR in the calendar month after the month the CSR was due.

AND

- The unit is otherwise eligible.

Send the unit notice of the benefit amount. See §0026 (Notices).

Do not prorate benefits or take a new application. See §0022 (Budgeting and Benefit Determination). Do not change the recertification date. See §0009 (Recertification).

If the unit is ineligible, give or send the unit a new closing notice with the appropriate reason code.

MAXIS provides a Household Report Form (DHS-2120) or a Combined Six-Month Report (CSR) (DHS-5576) and a return envelope (DHS-824B) to clients subject to monthly or Six-Month reporting.

Require only 1 report form from clients who report for more than 1 program. One report form with signatures for 2 separate cash assistance cases who receive Food Support together covers both cash assistance cases and the Food Support case.

Assist people who need help to complete a report form.

Give the following to all clients subject to scheduled reporting at intake, recertification, or when they must begin scheduled reporting:

- An explanation of the purpose of scheduled reporting and prospective or retrospective budgeting.
- A copy of the report form and an explanation of how to complete and return it.
- An explanation of the verifications they must submit with the report form and how to get those verifications.
- A toll-free telephone number to ask questions and get help to complete the report form. (If the county agency has received a waiver, give units a collect call number.)

MFIP: Give all units subject to scheduled reporting the Reporting Responsibilities for MFIP Households brochure (DHS-2647).

Counties may give the Change Report Form (DHS-2402) to units. See §0007.15 (Unscheduled Reporting of Changes - Cash).

WB, DWP:

Counties may give the Change Report Form (DHS-2402) to units. See §0007.15 (Unscheduled Reporting of Changes - Cash).

FS: Give all units the Food Support Reporting Responsibilities brochure (DHS-2625).

Provide units who do not report monthly or every 6 months and who do not receive cash assistance with a Change Report Form (DHS-2402) for reporting the required changes. Give the report form to units exempt from monthly or Six-Month Reporting at certification and whenever the unit returns a Change Report Form to

the county. See §0007.15.03 (Unscheduled Reporting of Changes - FS). Counties may also give the DHS-2402 to units required to report monthly.

Counties must take prompt action on all changes to determine if the change affects the household's eligibility or benefit amount. Counties must act on all reported changes within 10 days from the date the change was reported. The change must be effective no later than the month following the month the county receives the information. See §0007.15.03 (Unscheduled Reporting of Changes - FS), §0026.12 (Timing of Notices).

A county agency which pays postage must pay postage for all units.

MSA, GA, GRH:

Counties may give the Change Report Form (DHS-2402) to units who report monthly.

WHAT IS A COMPLETE HRF/CSR 0007.12.03

Clients on scheduled monthly reporting must submit a complete Household Report Form (HRF) (DHS-2120). See §0007.03 (Monthly Reporting - Cash), §0007.03.01 (Monthly Reporting - Uncle Harry FS), §0007.12.06 (Incomplete HRF/CSR).

Determine if an HRF is complete when a client submits it. Review the HRF for thoroughness of the answers and for mandatory verifications. See §0010.18 (Mandatory Verifications).

Consider an HRF complete when:

- The HRF is signed and dated on the last day of the report period or later. The same signature requirements for applications apply to the HRF. See §0005.12.06 (Who Must Sign Applications).

AND

- All questions are answered unless otherwise instructed on the form.

AND

- You have sufficient information to determine eligibility.

Clients on scheduled Six-Month Reporting must submit a complete Combined Six-Month Report (CSR) (DHS-5576), see §0007.03.02 (Six-Month Reporting – FS).

WB clients are required to complete a CSR and a Combined Six-Month Report Supplement for Cash Programs (DHS-5576A), see §0009.06.03 (Recertification Processing Standards).

Determine if a CSR is complete when a client submits it. Review the CSR for thoroughness of the answers and for mandatory verifications. See §0010.18 (Mandatory Verifications).

Consider a CSR complete when:

- The CSR is signed and dated. **NOTE:** For MFIP, the CSR and CSR Supplement for Cash Program (DHS-5576A) is signed and dated on the last day of the report period or later. The same signature requirements for applications apply to the CSR. See §0005.12.06 (Who Must Sign Applications).

AND

- All questions are answered unless otherwise instructed on the form.

AND

- You have sufficient information to determine eligibility. See §0010.18 (Mandatory Verifications).

Counties may accept faxed HRFs, CSRs, and any supporting verifications. Original documents are not required.

Consider faxed HRFs and CSRs received on weekends, holidays, or after hours to be received on the 1st working day after receipt of the HRF or CSR. If the fax machine is located outside the human services agency, the county will need to address data privacy issues for applicants. The client is responsible for verifying the county received the fax.

INCOMPLETE HRF/CSR 0007.12.06

If the client submits an incomplete Household Report Form (HRF) (DHS-2120) or Combined Six-Month Report (CSR) (DHS-5576) or a Combined Six-Month Report Supplement for Cash Programs (DHS-5576A) to the county agency during the processing month, return the incomplete form along with the Notice of Late or Incomplete Household Report Form, Health Care Renewal Form or Combined Six-Month Report (DHS-2414). Clearly state on the form what the client must do for the form to be complete. MAXIS will issue a closing notice for failure to return a complete form on the 16th of the month if the client has not returned a complete form. See §0026.12 (Timing of Notices).

If the client resubmits an incomplete form after you send a DHS-2414, but before the 10-day notice deadline, return the incomplete form with another DHS-2414 by the 10-day notice deadline. Clearly say on the form and DHS-2414 what the client must do for the form to be complete. If you do not return the incomplete form by the 10-day notice deadline, the earlier DHS-2414 is invalid and you cannot close the case due to an incomplete form. See §0007.03.06 (Processing a Late HRF), §0007.12.03 (What Is a Complete HRF/CSR).

If the client resubmits an incomplete form after you send a timely DHS-2414 and after the 10-day notice deadline, the earlier notice remains valid. Return the incomplete form again and clearly state what the client must do to complete it.

If you do not receive a complete form by the last day of the processing month and you sent the client a DHS-2414 timely, the case remains closed for the program that required the form. See §0007.03.06 (Processing a Late HRF), §0007.03.07 (Processing a Late Combined Six-Month Report).

If you receive a complete form by the last day of the processing month, and the client is eligible, the case must remain open.

UNSCHEDULED REPORTING OF CHANGES - CASH 0007.15

Clients must report changes that affect their eligibility. For some programs, they must report changes in addition to their scheduled report. Clients do not have to report changes in assistance benefits. See §0007.03 (Monthly Reporting - Cash), §0007.03.01 (Monthly Reporting - Uncle Harry FS).

Clients may report unscheduled changes in person, by telephone, or by mail. They may use the Change Report Form (DHS-2402) to report changes for any program.

MFIP: Units must report changes which affect eligibility by the earliest of these dates:

- 10 days after the changes occur.
- At recertification.
- 8 calendar days after the end of the reporting period.
- Immediately, for MFIP applicants while their application is pending.

If the unit reports the change before they submit the Household Report Form (DHS-2120) (HRF), they must also report the change on the HRF.

Changes which units must report within 10 days include:

- Initial employment.
- Initial receipt of unearned income.
- A recurring change in unearned income.
- A non-recurring change of more than $30 in unearned income.
- Receipt of a lump sum.
- An increase in assets which may cause the unit to exceed asset limits.
- A change in employment status.
- A change in unit composition, including births, returns to and departures from the home of unit members and financially responsible people, or a change in the custody of a minor child.
- Marriage or divorce of a unit member.
- Death of a unit member or other person whose income is counted. See §0016 (Income From People Not in The Unit).
- A change in address or living quarters of the unit.
- The sale, purchase, or other transfer of property.
- A change in school attendance of a custodial parent or of an employed child.
- A change in the physical or mental status of a disabled member of a unit.
- Filing a lawsuit, a Worker's Compensation claim, or a monetary claim against a third party.
- Information affecting a shared household EXCEPTION. See §0020.09 (MFIP/DWP Assistance Standards).

The above list of changes MUST be verified.

See §0029.30 (Child Care Assistance) for which changes you should report to the child care unit.

WB: All clients must report the following changes by the 10th of the month following the month in which the change occurred:

- The household moves out of the state.
- The household gross income increases above 200% of the FPG for their family size. See §0016.18.01 (200 Percent of Federal Poverty Guidelines)

DWP: Changes DWP applicants must report immediately for while their application is pending, and changes DWP participants must report within 10 days after they occur include:

- Household size.
- Shelter expenses.
- Utility Expenses.
- Decrease in income.
- Initial employment.
- Initial receipt of unearned income.
- A recurring change in unearned income.
- A non-recurring change of more than $30 in unearned income.
- Receipt of a lump sum.
- An increase in assets which may cause the unit to exceed asset limits.
- A change in employment status.
- A change in unit composition, including births, returns to and departures from the home of unit members and financially responsible people, or a change in the custody of a minor child.
- Marriage or divorce of a unit member.
- Death of a unit member or other person whose income is counted. See §0016 (Income From People Not in The Unit).
- A change in address or living quarters of the unit.
- The sale, purchase, or other transfer of property.
- A change in school attendance of a custodial parent or of an employed child.
- A change in the physical or mental status of a disabled member of a unit.
- Filing a lawsuit, a Worker's Compensation claim, or a monetary claim against a third party.

- Information affecting a shared household EXCEPTION. See §0020.09 (MFIP/DWP Assistance Standards).

The above list of changes MUST be verified.

FS: No provisions. See §0007.15.03 (Unscheduled Reporting of Changes - FS).

MSA: All clients must report changes which affect eligibility by the earliest of these dates:

- 10 days after the changes occur.
- At recertification.
- 8 calendar days after the end of the HRF reporting period.

If the client reports the change before submitting the HRF, the client must also report the change on the HRF.

Clients receiving SSI do not have to report a change in income or assets to the county agency; they must report the change to the Social Security Administration.

GA: All units must report changes which affect eligibility by the earliest of these dates:

- 10 days after the changes occur.
- At recertification.
- 8 calendar days after the end of the reporting period.

If the unit reports the change before they submit the HRF, they must also report the change on the HRF.

All clients must report changes which affect eligibility by the earliest of these dates:

- Initial employment.
- Initial receipt of unearned income.
- A recurring change of more than $50 per month of net earned or unearned income.
- Receipt of a lump sum.
- An increase in assets which may cause the unit to exceed asset limits.
- A change in the physical or mental status of an incapacitated adult if the issue is the basis of eligibility or the basis of exemption from an employment services program.
- A change in employment status.

- A change in unit composition, including births, returns to and moves from the home of unit members and financially responsible people, or a change in the custody of a dependent child.
- Marriage or divorce of a unit member.
- Death of a parent.
- A change in address or living quarters of the unit.
- The sale, purchase or other transfer of property.
- Units must report within 10 days a change in school attendance of a member of an assistance unit over 15 years of age.

Depending on the change and when the unit reports it, an overpayment may occur for 1 or more months. See §0008.06 (Implementing Changes - General Provisions), §0008.06.01 (Implementing Changes - Program Provisions), §0025.03 (Determining Incorrect Payment Amounts).

GRH: For clients who are aged, blind or disabled, follow MSA.

For clients whose eligibility is GA-related, follow GA.

MFIP, WB, DWP, MSA, GA, GRH:
See 0007.15 (Unscheduled Reporting of Changes - Cash).

FS:
Applicant units must report within 10 calendar days of the date of the notice of eligibility any changes which occurred between the time of the interview and the notice.

Uncle Harry units that report changes monthly do not have to report changes in any other way, see 0007.03.01 (Monthly Reporting – Uncle Harry FS).

Units who are subject to Six-Month Reporting must report the following changes by the 10th of the month following the month of the change when:

- The unit's gross income exceeds 130% of the Federal Poverty Guidelines (FPG) for the unit's size. Use the FPG for unit's size at the time of the most recent application or recertification.
  OR
- An Able-Bodied Adult Without Dependents (ABAWD) has a change in work or job activities which cause his/her hours to fall below 20 hours per week (80 hours per month).

Units who do not report monthly or every 6 months are change reporters. These units must report the following changes by the 10th of the month following the month of the change:

NOTE: Uncle Harry Food Support units who do not report monthly, must also report the following changes. The changes must be reported within 10 days of the date the change becomes known to the unit.

- A change of more than $100 per month in gross earned income.

- A change of more than $50 in the amount of unearned income, EXCEPT changes relating to public assistance (PA) or General Assistance (GA) in which GA and Food Support cases are jointly processed.

- A change in the source of income, including starting or stopping a job, if the change in employment is accompanied by a change in income.

- A change in unit composition.

- A change in residence.

- A change in shelter costs due to a residency change.

- The acquisition of a vehicle not fully excluded. See 0015 (Assets), 0015.54 (Evaluation of Vehicles), 0029.36 (Domestic Violence Brochure Program).

- A change in liquid assets equal to or exceeding the limit for the unit. See 0015.03 (Asset Limits), 0015.54 (Evaluation of Vehicles), 0029.36 (Domestic Violence Brochure Program).

- A change in legal obligation to pay child support.

Units need not report mass changes in federal benefits such as COLA increases in RSDI, SSI, VA, or Black Lung benefits.

Clients may report other changes in circumstances that might increase their benefits. For example, an able-bodied adult subject to the 3 months in 36-month limit of eligibility may receive additional months' benefits if he or she meets certain requirements. See 0011.24 (Able-Bodied Adults) for more information. Tell clients about this option.

Counties must act promptly on all changes reported to determine if the change affects the unit's eligibility or allotment. See 0008.06.01 (Implementing Changes - Program Provisions), 0026.12.03 (10 Day Notice).

Counties must act on all reported changes which result in an increase of benefits no later than 10 days from the date the change was reported. See 0007.12 (Agency Responsibilities for Client Reporting).

Counties must act on all changes that result in a decrease or ineligibility as a result of the change. A 10-day notice of adverse action must be issued unless adequate notice or exemptions from the adverse action notice are appropriate. See 0026.12 (Timing of Notices).

GOOD CAUSE FOR NOT REPORTING 0007.18

MFIP: Allow good cause from monthly reporting requirements for a month when any of the following factors cause a caregiver to fail to provide the county with a completed Household Report Form (HRF) (DHS-2120) before the end of the month in which the form is due:

- The employer delays completion of employment verifications.
- A county agency does not help the caregiver complete the HRF when the caregiver asks for help.
- A caregiver does not receive an HRF due to a mistake on the part of DHS or the county agency or due to a timely reported change in address, which does not allow enough time for MAXIS to send documents to the current address.
- A caregiver is ill or physically or mentally disabled.
- Some other circumstance occurs that a caregiver could not avoid with reasonable care which prevents the caregiver from providing a completed HRF before the end of the month in which the form is due.

Allow up to an additional 10 days for the client to provide verifications. Assist clients in obtaining needed verifications. A client statement is also permissible if the client, with the county's assistance, is unable to provide necessary verification.

WB, DWP, FS, MSA, GA, GRH:

No provisions.

You may become aware of changes through various sources:

- Client reporting. See §0007 (Reporting) for client reporting responsibilities, timeliness, and methods.
- Information reported by other people or agencies.
- Information from IEVS or other computer matches. See §0026.48 (Notices - IEVS), §0005.12.15.03 (Delays in Processing Applications).
- Upcoming or potential changes the agency has been tracking through MAXIS or other tracking methods.

When you become aware that a change in circumstances has occurred or will occur, follow these steps:

1. Determine if you need more information. See §0008.03 (Changes - Obtaining Information).
2. Determine if the change affects any eligibility factors. Evaluate eligibility prospectively for some programs. See §0011 (Technical Eligibility), §0012 (Procedural Eligibility), §0013 (Basis of Eligibility), §0014 (Assistance Units), §0015 (Assets), §0016 (Income From People Not in the Unit), §0017 (Determining Gross Income), §0018 (Determining Net Income), §0019 (Gross Income Test), §0020 (Net Income Limits), §0029.03 (Health Care Programs).
3. Determine if the change affects the budgeting cycle. See §0022.03 (How and When to Use Prospective Budgeting), §0022.06 (How and When to Use Retrospective Budgeting), §0022.09 (When to Switch Budget Cycles - Cash), §0022.09.03 (When to Switch Budget Cycles - FS).
4. Determine if the change affects the benefit amount. See §0008.06.15 (Removing or Recalculating Income), §0022.12 (How to Calc. Benefit Level-MFIP/WB/DWP/GA), §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH), §0025.09 (Correcting Underpayments), §0025.12 (Types of Overpayments).
5. Determine if the change affects the payment method. See §0024 (Payments).
6. Apply the change to the case. See §0008.06 (Implementing Changes - General Provisions), §0008.06.01 (Implementing Changes - Program Provisions).

Requirements for frequency of client reporting vary by program. See §0007 (Reporting). You must act on all reported changes, regardless of the client's reporting method. See §0007.12 (Agency Responsibilities for Client Reporting).

If you become aware of a future change which may affect eligibility, track the expected change.

Schedule a special eligibility review if necessary. See §0009.03 (Length of Recertification Periods), §0009.03.03 (When to Adjust the Length of Certification).

When you can anticipate a change, request all information needed to determine eligibility. Notify clients of the effect of changes before the effective date. For cash assistance programs, this may reduce the number of overpayments and underpayments that you may otherwise have to determine. See §0010 (Verification), §0026 (Notices).

There may be special procedures for people who get assistance from another state, who are in another assistance unit, or who receive another type of assistance. See §0011.21 (Receipt of Other Assistance).

When you become aware of a change, you may need to ask the client for more information or verification before you can determine if the change affects the case. Act on changes without requiring verification if they cause a client to be prospectively ineligible for some programs.

- For changes which units report on a Household Report Form (HRF) or Combined Six-Month Report (CSR)/ Combined Six-Month Report Supplement (CSRS), follow HRF or CSR/CSRS processing requirements. See §0007.12 (Agency Responsibilities for Client Reporting).

- For changes reported or discovered by a method other than on an HRF or CSR/CSRS for which you need more information or verification, give clients at least 10 days to provide the information or verification. If you do not get information needed to determine eligibility, follow the procedures for each program. See §0010 (Verification), §0010.21 (Verification Due Dates), §0026.12 (Timing of Notices).

See §0008 (Changes in Circumstances) for general information on changes, steps to follow when you learn of a change, tracking expected changes, and acting on changes. This section lists information about changes required in addition to that listed in §0008 (Changes in Circumstances).

Some changes require a new Combined Application Form (CAF) (DHS-5223), Worker Interview Form (DHS-5223A), CAF Important Information Form (DHS-5223B), a Combined Application – Addendum (DHS-5223C), a Minnesota Transition Application Form (MTAF) (DHS-5222E) or a combination of these forms:

- Changing from 1 assistance program to another: Usually requires a Combined Application Form (CAF), Worker Interview Form, CAF Important Information Form, or an MTAF. See §0005.09.03 (When People Must Complete a CAF), §0005.09.06 (When Not to Require Completion of a CAF), §0005.12 (Accepting and Processing Applications).

- Adding a person to an existing cash assistance unit: Require a CAF Addendum. See §0005.09.09 (When to Use an Addendum to the CAF).

- Changing the client's basis of eligibility for some programs: See §0008.06.03 (Change in Basis of Eligibility).

For more information on the Worker Interview Form and the CAF Important Information Form see §0005.09.01 **(**Worker Interview Form), §0005.09.02 (CAF Important Information Form). For more information on the MTAF, see §0005.10 (Minnesota Transition Application Form (MTAF).

MFIP, DWP:

When a parent leaves the home:

- Require the client to complete appropriate questions on the CAF. Also give the client the Cooperation With Child Support Enforcement (DHS-2338) for the non-custodial parent who left the home.

- Give the client Referral to Support and Collections (DHS-3163B) for the non-custodial parent who left the home. Encourage the client to complete the form, but do not require it. See §0012.21.03 (Support From Non-Custodial Parents).

- Give or send the client Understanding Child Support, a Handbook for Parents (DHS-3393).

See §0012.21 (Responsible Relatives Not in the Home), §0012.21.06 (Child Support Good Cause Exemptions).

WB, MSA, GRH:

For changes reported or discovered by a method other than on a Combined Six-Month Report (CSR) (DHS-5576), a Combined Six-Month Report Supplement for Cash Programs (CSRS) (DHS-5576A), or a Household Report Form (HRF) (DHS-2120), process the changes as soon as notice provisions permit.

FS: Do not terminate benefits solely because the client does not verify a change in shelter, utility, or medical expenses.

- For actual utility expenses the client does not verify, do not allow the deduction.
- For decreased shelter or medical expenses the client does not verify, budget the change if it reduces the benefits. Verify the change at recertification time.
- For increased shelter or medical expenses the client does not verify, do not budget the increased amount. Verify the change at recertification time.

Request an addendum to add a person to an assistance unit, but do not deny or terminate assistance for failure to submit it. If the client does not complete the addendum, record relevant information provided by the client on an addendum form and file it in the case record. Offer the unit the right to change the principal wage earner if the person being added or removed is an adult parent with children (of any age) in the home or the adult has parental control over children in the home. See the description of principal wage earner in §0028.03.06 (Determining FS Principal Wage Earner).

Provide change reporting units with a Change Report Form (DHS-2402) for reporting the required changes. See §0007.12 (Agency Responsibilities for Client Reporting), §0007.15.03 (Unscheduled Reporting of Changes - FS).

GA: For changes reported or discovered by a method other than on an HRF, process changes as soon as possible. When processing an addendum to add a new person to a unit, use the same time frame allowed for applications. See §0005.12.15 (Application Processing Standards).

Determine what effect the change has for the month of the change and subsequent months. Follow the steps in §0008 (Changes in Circumstances).

Notify the unit of any change in eligibility or benefit amount. If it is reasonable to anticipate ineligibility because of the change, terminate assistance. See §0026 (Notices), §0026.12 (Timing of Notices), §0026.15 (Notice of Denial, Termination, or Suspension).

Receipt of other assistance may affect whether eligibility is affected and when. See §0011.21 (Receipt of Other Assistance).

If changes are not reported timely or not acted upon timely, there may be incorrect payments. For instruction on determining incorrect payment amounts, benefit adjustments, correcting underpayments, and overpayments which result from changes, see the program provisions in §0008.06.01 (Implementing Changes - Program Provisions). Also see §0007 (Reporting), §0025 (Benefit Adjustments and Recovery), §0022.21 (Income Overpayment Relating to Budget Cycle).

Evaluate whether a client's failure to report is fraud related. See §0025.24 (Fraudulently Obtaining Public Assistance).

Processing timelines and requirements vary by type of change, eligibility factor affected, and program. The effective date of a change may also vary for different programs.

See the following sections for instructions on implementing specific changes:

§0008.06.01	Implementing Changes - Program Provisions.
§0008.06.03	Change in Basis of Eligibility.
§0008.06.06	Adding a Person to the Unit - Cash.
§0008.06.07	Adding a Person to the Unit - FS.
§0008.06.09	Removing a Person from the Unit.
§0008.06.12	Adding a Person's Income.
§0008.06.12.09	Converting a Pregnant Woman Case.
§0008.06.15	Removing or Recalculating Income.
§0008.06.18	Change in Participant's Age.
§0008.06.21	Change in County of Residence.

Also see §0024.03 (When Benefits Are Paid - MFIP/WB/DWP), §0024.03.03 (When Benefits Are Paid - FS/MSA/GA/GRH), §0024.04 (How Benefits Are Paid).

For general provisions, see §0008.06 (Implementing Changes - General Provisions).

Also see the Health Care Programs Manual for additional instructions for health care eligibility when cash assistance ends.

MFIP: Notify the client of any effect of a change by the 1st month you can give proper notice, but no later than the 2nd month after the month in which you learned of the change. An overpayment or underpayment may occur even though you process a change within this time.

Determine overpayments when:

- The unit does not report the change timely. See §0007 (Reporting).

AND

- You would have been able to send proper notice if you had acted on the date the change occurred.

Whenever there is a change in a case involving a non-custodial parent, MAXIS will notify the IV-D agency through the MAXIS/PRISM interface. See §0012.21.03 (Support From Non-Custodial Parents). MAXIS will report the following types of changes:

- A parent enters or leaves the child's home.
- The MFIP case is closed or reinstated.
- Any change in income or MFIP benefit amount.
- The family moves to another county.
- The address or telephone number changes.

A person or unit that loses eligibility for MFIP may be eligible for other types of assistance:

- GA for individuals. See §0013.15 (GA Bases of Eligibility).
- Food Support. See TEMP Manual TE02.08.143 (Food Support When MFIP Is Closed).
- Health care. See the Health Care Programs Manual.

- MinnesotaCare. Inform people who are not eligible for MA that they may be eligible for MinnesotaCare. See the Health Care Programs Manual.

- Transition Year Child Care services or Basic Sliding Fee Child Care services. See §0029.30 (Child Care Assistance), §0029.31 (Child Care Resource and Referral).

- Work Benefit for families. See §0013.04 (WB Bases of Eligibility).

WB: Notify the client of any effect of a change by the 1st month you can give proper notice, but no later than the 2nd month after the month in which you learned of the change. An overpayment or underpayment may occur even though you process a change within this time.

Determine overpayments when:

- The unit does not report the change timely. See §0007 (Reporting).

AND

- You would have been able to send proper notice if you had acted on the date the change occurred.

A unit that loses eligibility for WB may be eligible for other types of assistance:

- MFIP. See §0013.03 (MFIP Bases of Eligibility).

- Food Support. See TEMP Manual TE02.08.143 (Food Support When MFIP Is Closed).

- DWP. See §0013.05 (DWP Bases of Eligibility).

- Health care. See the Health Care Programs Manual.

- MinnesotaCare. Inform people who are not eligible for MA that they may be eligible for MinnesotaCare. See the Health Care Programs Manual.

- Transition Year Child Care services or Basic Sliding Fee Child Care services. See §0029.30 (Child Care Assistance), §0029.31 (Child Care Resource and Referral).

DWP: Follow MFIP, EXCEPT:

A person or unit that loses eligibility for DWP may be eligible for other types of assistance:

- MFIP. See §0008.06.24 (DWP Conversion or Referral to MFIP).
- Health care. See the Health Care Programs Manual.
- MinnesotaCare. Inform people who are not eligible for MA that they may be eligible for MinnesotaCare. See the Health Care Programs Manual.
- Transition Year Child Care services or Basic Sliding Fee Child Care services. See §0029.30 (Child Care Assistance), §0029.31 (Child Care Resource and Referral).
- Work Benefit for families. See §0013.04 (WB Bases of Eligibility).

FS: Act on all reported changes no later than 10 days from the date the change was reported. The change must be effective no later than the month following the month the change was reported, allowing for proper notice. See §0007.12 (Agency Responsibilities for Client Reporting), §0026 (Notices).

For Uncle Harry Food Support (UHFS) units, if ineligibility will last only 1 month, suspend assistance. See §0022.18 (Suspensions).

Determine overpayments when:

- The unit does not report a required change timely. See §0007 (Reporting).

AND

- The agency would have been able to send proper notice if it had acted on the 10th day after the last day the client could have reported the change timely. See §0022.21 (Income Overpayment Relating to Budget Cycle).

Determine underpayments only when the client reports timely and the agency is unable to make the change in the month following the month of the report. See §0025.09 (Correcting Underpayments).

When a unit loses MSA or GA eligibility, do not terminate FS unless the unit also fails FS eligibility.

When a unit loses MFIP or DWP due to ineligibility, sanction, or the 60-month time limit, determine eligibility for FS with the information already provided by the unit.

Do not require a new CAF when MFIP ends even though the unit may not have originally requested FS on the CAF.

For MFIP cases that have an Uncle Harry case, add the MFIP members to the existing Food Support unit the 1st of the month following the month MFIP is closed. Prior to adding the members to the unit, you may need to request additional information or verification from the unit. The unit has 10 days to provide the additional information or verification. If the verification(s) is provided within 10 days, determine FS eligibility and issue FS benefits to the household within 5 days. If the unit fails to provide the requested information or verification, terminate Food Support according to proper notice requirements.

When MFIP closes, eligibility for UHFS no longer exists. These units become non-public assistance FS units and are subject to all the provisions of the FS program.

See §0005.09.06 (When Not to Require Completion of a CAF), §0022.09.03 (When to Switch Budget Cycles - FS), TEMP Manual TE02.08.143 (Food Support When MFIP Is Closed).

MSA: If ineligibility will last only 1 month, suspend assistance. See §0022.03.03 (Ineligibility in a Prospective Month - Cash), §0022.18 (Suspensions).

Evaluate the last month of assistance for overpayments. See §0022 (Budgeting and Benefit Determination).

GA: Terminate assistance if you cannot establish current eligibility. See §0026.15 (Notice of Denial, Termination, or Suspension).

If ineligibility will last only 1 month, suspend GA unless the case is in the 1st 2 prospective months. See §0022.03.03 (Ineligibility in a Prospective Month - Cash), §0022.18 (Suspensions).

A unit that loses eligibility for GA may be eligible for other assistance:

- Food Support.
- Health care. See the Health Care Programs Manual.

Evaluate the last 2 months of assistance to determine if there was an overpayment. See §0022 (Budgeting and Benefit Determination), §0025 (Benefit Adjustments and Recovery).

GRH: If ineligibility will last no more than 2 months, suspend assistance. Evaluate the last month of assistance for overpayments.

MFIP, WB, FS:

No provisions.

DWP: During the 4-month period of DWP eligibility if you determine that a participant is unlikely to benefit from DWP, or when the 4-month period of DWP eligibility ends, determine if the participant could possibly be converted or referred to MFIP. See §0008.06.24 (DWP Conversion or Referral to MFIP).

MSA, GRH:

When a unit or household loses a basis of eligibility, determine if they have another basis of eligibility within that same program. If not, determine if they have a basis within another cash or health care program. See §0013 (Basis of Eligibility).

GA: When a unit or household loses a basis of eligibility, determine if they have another basis of eligibility within that same program. If not, determine if they have a basis within another cash or health care program. See §0013 (Basis of Eligibility). Require the appropriate pages of the Combined Application Form (CAF) (DHS-3469).

Follow these provisions to add the needs of a person to the unit. See 0008.06.12 (Adding a Person's Income) for when to add a person's income.

Receipt of other assistance may affect whether you can add a person and when. See 0011.21 (Receipt of Other Assistance).

MFIP:
An addendum to an existing application must be used to add a person to an assistance unit regardless of whether the person being added is required to be in the assistance unit. See 0005.09.09 (When to Use an Addendum to the CAF). Require the caregiver to complete a Combined Application - Addendum (DHS-5223C). For information on adding a newborn and the newborn's father, see 0008.06.12.09 (Converting a Pregnant Woman Case).

An addendum is not needed for disqualified and ineligible mandatory unit members since their income and assets are already being counted. Add a disqualified or ineligible mandatory unit member the 1st day of the month after the disqualification/ineligibility has ended. See 0005.09.09 (When to Use an Addendum to the CAF).

Determine whether there is an overpayment or fraud when caregivers do not timely report mandatory members who return to the household. See 0007.15 (Unscheduled Reporting of Changes - Cash).

A person must meet all verification and eligibility factors before you add the person to the unit. See 0010 (Verification), 0011 (Technical Eligibility), 0012 (Procedural Eligibility), 0014 (Assistance Units).

The following rules govern when to add a unit member:

- If the person has received cash assistance in the current month, add the person the 1st day of the month after an addendum is filed.

- If the person has not received cash assistance in the current month, add the person retroactive to the 1st day of the month an addendum is filed.

- If the person has received Food Support in the current month, he/she is ineligible for the food portion for that month. See 0011.21 (Receipt of Other Assistance).

- On STAT/ADME in MAXIS, add mandatory people in the benefit month they arrived in the household. Calculate overpayments from the arrival month, if not reported timely. Calculate restorations/supplements from the 1st of the month the addendum is filed.

Budget a new member's income prospectively for the 1st 2 months even if the unit is in a retrospective cycle, EXCEPT:

- If the new person was on MFIP in the previous month, continue the budget cycle the person was in.

- If you were already considering the person's income in determining the unit's grant, continue the current budget cycle. See 0016 (Income From People Not in the Unit).

When the new member is not reported timely, begin the 1st 2 prospective months with the month of arrival.

The new member's income and assets, combined with the unit's income and assets, must be within the income and asset limits for an ongoing case. If the new unit's assets exceed the limit and the person is a mandatory unit member, close the case. If the person is not a mandatory member, deny eligibility for that person. See 0014.03 (Determining the Assistance Unit), 0014.03.03 (Determining the Cash Assistance Unit), 0020.09 (MFIP/DWP Assistance Standards).

An applicant whose needs were met through foster care for the 1st part of an application month is eligible to receive MFIP for the remaining part of the month in which the applicant returns home. See 0011.21 (Receipt of Other Assistance), 0022.12.03 (Proration), TEMP Manual TE02.08.023 (Prorated Supplements), TE02.10.03 (How to Restore Benefits).

Children whose needs were met through the Interstate Compact on the Placement of Children (ICPC) are not eligible for MFIP. See 0014.06 (Who Must Be Excluded From Assistance Unit).

A child placed in Minnesota under the Interstate Compact for Juveniles (ICJ) may be eligible for MFIP if they meet MFIP eligibility requirements. See INTERSTATE COMPACT FOR JUVENILES in 0002.33 (Glossary: Independent…).

WB:
Follow MFIP EXCEPT:

- Reference to retrospective budgeting does NOT apply. WB uses prospective budgeting. See 0022 (Budgeting and Benefit Determination).

- Reference to the MFIP food portion does NOT apply.

When 2 separate WB units combine, use the remaining months of the case that stays open.

DWP:
Follow MFIP, EXCEPT:

- Reference to retrospective budgeting does NOT apply. DWP uses only prospective budgeting method. See 0022 (Budgeting and Benefit Determination).

- Reference to the MFIP food portion does NOT apply. DWP does NOT have food portion. See 0011.03.06 (Non-Citizens - MFIP Food Portion).

If a new member enters the DWP household and the unit meets MFIP criteria, convert the entire household to MFIP. Use the addendum date of the new member to determine if the new member has received MFIP or DWP within the past 12 months. See TEMP Manual TE15.08 (Q&A - DWP Worker Video 4/04 (Part 1)).

FS:
See 0008.06.07 (Adding a Person to the Unit - FS).

MSA:
Each MSA client is a separate unit.

GA:
A person must meet all verification and eligibility criteria before you add the person to the unit. See 0011 (Technical Eligibility), 0012 (Procedural Eligibility), 0014 (Assistance Units).

The new member's income and assets in combination with the unit's income and assets, must be within the income and asset limits. If either exceeds the limit, terminate assistance for the unit. See 0008.06.12 (Adding a Person's Income), 0014 (Assistance Units), 0019.06 (Gross Income Limits), 0020.18 (GA Assistance Standards).

Add the person to the unit as of the date the person applies or the date the person meets all eligibility conditions, whichever is later. Prorate increased benefit amounts from the date you add the person to the unit.

Give units proper notice of the change. If you cannot give proper notice of a decrease, determine overpayments. See 0025.03 (Determining Incorrect Payment Amounts), 0026.12 (Timing of Notices).

When you add a person whose income you have already considered, the benefit amount does not change. See 0016 (Income From People Not in the Unit).

GRH:
No provisions.

MFIP, WB, DWP, MSA, GA:
See 0008.06.06 (Adding a Person to the Unit - Cash).

FS:
Add the person to the unit effective the 1st of the month after the month the unit reported the person is in the home. This also applies when adding a newborn to the unit. If adding the person reduces the benefits, you must give proper notice.

A person must meet all verification and eligibility criteria before you add the person to the unit. See 0011 (Technical Eligibility), 0012 (Procedural Eligibility), 0014 (Assistance Units).

Whether a unit is categorically eligible or non-categorically eligible determines how a person's income and assets are treated. To determine if a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

When adding a new member to a non-categorically eligible unit, the new member's income and assets, in combination with the unit's income and assets, must be within the income and asset limits. If either exceeds the limit, terminate assistance for the unit. See 0008.06.12 (Adding a Person's Income), 0013.06 (FS Categorical Eligibility/Ineligibility), 0019.06 (Gross Income Limits), 0020.12 (Food Support Assistance Standards).

If you are unable to make the change effective the month after the unit reported the change because you cannot give proper notice, determine if the unit is overpaid. See 0010.21 (Verification Due Dates) for time lines to allow. See 0007 (Reporting), 0025.03 (Determining Incorrect Payment Amounts), 0026.12 (Timing of Notices).

When the addition of a person results in a decrease in benefits, count the 1st month after the unit reported the change as the person's 1st month of prospective budgeting, even if notice requirements prevent actually reducing benefits for that month.

Do not prorate a new person's needs. See 0022 (Budgeting and Benefit Determination).

Add an FSET sanctioned member of a multi-person household back into the unit beginning the 1st of the month following the date the sanction ends. See 0005.09.09 (When to Use an Addendum to the CAF).

A single adult in a 1-person household may be eligible beginning the day following the date the FSET sanction ends or the date of application, whichever is later.

See 0028.30.06 (Type/Length of FSET Sanctions).

GRH:
No provisions.

REMOVING A PERSON FROM THE UNIT 0008.06.09

See §0014.09 (Assistance Units - Temporary Absence) for people who remain in a unit while temporarily absent.

Participants who leave the home or lose eligibility during a month are eligible for the entire month if they were eligible on the 1st day of the month. Do not prorate the last month's benefits.

Determine whether to continue counting the person's income. See §0016 (Income From People Not in the Unit), §0008.06.15 (Removing or Recalculating Income).

If removing a person results in an increase in benefits and the change was reported too late to adjust the grant, issue a corrective payment. See §0024 (Payments).

If removing a person results in a decrease in benefits, do not reduce the grant until you can give proper notice. Determine if the unit was overpaid and pursue collection. See §0007 (Reporting), §0008.06 (Implementing Changes - General Provisions), §0008.06.01 (Implementing Changes - Program Provisions), §0026 (Notices), §0025 (Benefit Adjustments and Recovery).

If a child moves to live with a different caregiver in another county, see §0006.09 (Moving Between Counties - Minor Children), §0008.06.21 (Change in County of Residence).

For information on participants who move to another county, see §0006.06 (Moving Between Counties - Participants), §0008.06.21 (Change in County of Residence).

MFIP, WB, DWP:

Remove the needs and income of a person (other than person 01) who does not meet temporary absence criteria. See §0014.09 (Assistance Units - Temporary Absence). Close the case if this results in no eligible child, unless an eligible caregiver is in the home and the caregiver remains eligible. If person 01 leaves the home or dies, close the case. Other unit members will need to file a new application. The effective date of closing is the month after the month the change was reported, allowing for proper notice. See §0005.09.03 (When People Must Complete a CAF), §0014 (Assistance Units), §0026 (Notices).

Stop counting the needs and income of a participant starting with the payment month you remove the person from the unit.

Stop counting the income of a non-unit member whose income you deemed starting with the payment month after the month the person left the household or ceased to have financial responsibility for 1 or more members or the unit.

There is no overpayment if the unit reported the change timely AND you act timely.

FS: If the person who leaves the home or dies is not person 01 on MAXIS, remove that person's needs from the assistance unit. If person 01 leaves the home or dies, remove the other members of the unit. See §0005.09.03 (When People Must Complete a CAF). The effective date of termination is the 1st of the month after the month the change was reported, allowing for proper notice. See §0026 (Notices).

MSA: If the person does not meet temporary absence criteria, terminate assistance as soon as you can give proper notice. See §0026 (Notices).

GA: If the person who leaves the home does not meet temporary absence criteria and is not person 01 on MAXIS, remove that person's needs from the assistance unit. If person 01 leaves the home or dies, remove the other members of the unit. See §0005.09.03 (When People Must Complete a CAF). The effective date of termination is the month after the month the change was reported, allowing for proper notice. If you are unable to meet this deadline, an overpayment may occur. See §0026 (Notices), §0025.03 (Determining Incorrect Payment Amounts).

GRH: No provisions.

ADDING A PERSON'S INCOME 0008.06.12

Follow the procedures in this section for considering income when:

- A person starts to have income.

OR

- A person who has income is added to the unit or household.

OR

- A person becomes financially responsible.

To add a person's needs to the unit or household, see §0008.06.06 (Adding a Person to the Unit - Cash), §0008.06.07 (Adding a Person to the Unit - FS).

Some programs have special provisions for adding the income of a stepparent or a non-custodial parent who returns to the home. See §0008.06.06 (Adding a Person to the Unit - Cash), §0008.06.07 (Adding a Person to the Unit - FS), §0016.09 (Income From Ineligible Stepparents), §0016.15 (Income From Ineligible Parents).

To determine which budgeting method to use when adding a person's income, see §0022.03 (How and When to Use Prospective Budgeting), §0022.06 (How and When to Use Retrospective Budgeting), §0022.09 (When to Switch Budget Cycles - Cash), §0022.09.03 (When to Switch Budget Cycles - FS). To determine when not to budget income in retrospective cases, see §0022.06.03 (When Not to Budget Income in Retro. Cases).

Also see §0017.15.36.03 (When to Budget Student Financial Aid).

MFIP:

Count the income of a person required to be included in the unit for the entire month that the person moves into the home. See §0014.03 (Determining the Assistance Unit), §0014.03.03 (Determining the Cash Assistance Unit).

Count the income of an optional person added to the unit from the 1st of the month you add the person's needs. See §0008.06.06 (Adding a Person to the Unit - Cash).

Count the income of other people whose income is considered following the subsections of this section. See §0008.06.12.09 (Converting a Pregnant Woman Case).

WB: Follow MFIP EXCEPT reference to optional members does not apply.

DWP: Recalculate benefits and approve new results if you are adding income of a person who is being added to a household. See §0022.12 (How to Calc. Benefit Level-MFIP/WB/DWP/GA).

ADDING A PERSON'S INCOME 0008.06.12

FS: Add a person's income the same month you add the person's needs to the unit. See §0008.06.07 (Adding a Person to the Unit - FS), §0008.06.18 (Change in Participant's Age). See §0022.06.03 (When Not to Budget Income in Retro. Cases) for EXCEPTIONS to this requirement.

MSA: Add a client's income the month the client begins to receive it. Add a financially responsible person's income the month the person becomes financially responsible. See §0016 (Income From People Not in the Unit).

GA: When adding the income of a person added to the unit, or a person who is financially responsible, count the income prospectively from the date the person enters the home. Allow all the appropriate deductions. The amount remaining is the income available to the unit. Compare the sum of the available income and the benefits already issued for the month to the standard of need for the unit size. Issue a corrective payment or determine an overpayment, as appropriate. See §0016 (Income From People Not in the Unit), §0020.18 (GA Assistance Standards), §0024 (Payments).

GRH: Add a client’s income the month a client begins to receive it.

MFIP:
These procedures apply when you are converting a Pregnant Woman case to a regular case when the child is born.

A pregnant woman and her spouse may be eligible for assistance. A pregnant woman cannot get a grant alone (or with her spouse) if she has other natural, step , or adoptive children living with her. See 0013.03.03 (Pregnant Woman Basis – MFIP/WB/DWP), 0014.03 (Determining the Assistance Unit), 0014.03.03 (Determining the Cash Assistance Unit).

IF THE PREGNANT WOMAN LIVES ALONE

Take a Combined Application Form (CAF) Addendum (DHS-5223C). Add the newborn retroactive to the 1st day of the month the child is born (if the child is in the home or meets the provisions of temporary absence), or the 1st of the month an addendum is filed, whichever is later. Make a referral to child support. See 0008.06.06 (Adding a Person to the Unit - Cash), 0012.21.03 (Support From Non-Custodial Parents), 0014.09 (Assistance Units Temporary Absence).

NOTE: If the pregnant woman is married to a military person who is out of the home on military duty, do not make a Child Support Referral when there is no breakdown in the marital relationship.

IF THE PREGNANT WOMAN'S SPOUSE IS IN THE HOME

Take a CAF Addendum. Add the newborn retroactive to the 1st day of the month the child is born (if the child is in the home or meets the provisions of temporary absence), or the 1st of the month an addendum is filed, whichever is later. See 0008.06.06 (Adding a Person to the Unit - Cash), 0014.09 (Assistance Units Temporary Absence).

IF THE PREGNANT WOMAN IS NOT MARRIED AND THE CHILD'S ALLEGED FATHER IS IN THE HOME

1. After the child is born, if the parents have not signed the Minnesota Voluntary Recognition of Parentage form (DHS-3159) at the hospital, offer them the opportunity to establish paternity by signing the DHS 3159. If the parents sign the form, continue with Step 2.

   If they do not sign the form, the mother and her newborn may be eligible even if the alleged father is in the home. Take an addendum for the newborn. Add the newborn retroactive to the 1st day of the month the child is born (if the child is in the home or meets the provisions of temporary absence), or the 1st of the month an addendum is filed, whichever is later. Make a referral to child support.

   See 0008.06.06 (Adding a Person to the Unit - Cash), 0008.06.07 (Adding a Person to the Unit - FS), 0012.21.03 (Support From Non-Custodial Parents), 0014.09 (Assistance Units Temporary Absence).

2. When the parents sign the Minnesota Voluntary Recognition of Parentage form (DHS-3159), take an addendum for the newborn and the father. Determine eligibility and benefits for the full month, adding the newborn and including the father's needs and income. The unit must be prospectively eligible. Eligibility for the father and newborn is retroactive to the 1st day of the month the child is born (if the child is in the home or meets the provisions of temporary absence), or the 1st of the month an addendum is filed, OR the date the unit meets all other eligibility factors, whichever is later.

   See 0014.09 (Assistance Units Temporary Absence), 0015 (Assets), 0017 (Determining Gross Income), 0018 (Determining Net Income), 0020 (Net Income Limits), 0022 (Budgeting and Benefit Determination).

3. Issue the difference between the amount determined in Step 2 and the amount already issued, if any. Do not cite an overpayment for the 1st month the child is born (if the child is in the home or meets the provisions of temporary absence). See 0014.09 (Assistance Units Temporary Absence), 0025 (Benefit Adjustments and Recovery).

WB:
Follow MFIP EXCEPT:

- There are no provisions for a child support referral.

- There are no provisions to issue a supplement because WB is a flat grant. See 0020.10 (WB Assistance Standard).

- In a 1-caregiver unit, the hours of work required reduces to 87 hours each month once the child is born.

DWP:
Follow MFIP, EXCEPT, in a 1-parent unit, once the child is born, the unit is not eligible for DWP unless the parent has already used all the months of the child under 12 months ES exemption. Take a Combined Application - Addendum (DHS-5223C) for the newborn and move the case to MFIP. If the determination is made more than 30 days after the DWP application date, have the participant complete a Minnesota Transition Application Form (DHS-5223E) (MTAF) as part of the conversion process. Terminate DWP allowing for proper notice.

FS, MSA, GA, GRH:
No provisions.

REMOVING OR RECALCULATING INCOME 0008.06.15

Follow these procedures for removing income in certain situations. Also see §0022.03 (How and When to Use Prospective Budgeting), §0022.06 (How and When to Use Retrospective Budgeting), §0022.06.03 (When Not to Budget Income in Retro. Cases), §0022.09 (When to Switch Budget Cycles - Cash), §0022.09.03 (When to Switch Budget Cycles - FS).

If the changes in income result in potential eligibility for other benefits, see §0012.12 (Applying for Other Benefits).

Different provisions may apply to receipt of lump sums. See §0022.15 (Counting Lump Sums as Income).

MFIP: It may be possible to supplement a unit's grant if the unit reports a significant change in income. A significant change is when the unit's gross earned and/or unearned income for the payment month declines by 37% or more from the gross earned and/or unearned income budgeted in the budget month. Do not consider significant change as restored benefits.

If the unit reports that it expects income to decline, act right away. The unit must verify the income will decrease or end before you issue the supplement. Do not wait until the end of the month to verify the exact amount of the decrease.

The unit may only receive a supplement for a change it reports in the current month or for the month before. Issue a supplement no more than 7 days after the unit verifies the change. Do not issue a supplement for a grant you have not yet issued.

Budget adjustments that result from significant changes are limited to 2 in a 12-month period, regardless of the reason for the change. Count back 12 months from the month the client is requesting the change to determine eligibility for significant change.

If the unit reports (and verifies) a decrease in actual or expected income, follow these procedures to determine the supplement to issue.

1. Calculate the unit's gross income (including deemed income) for the month. See §0016 (Income From People Not in the Unit), §0017 (Determining Gross Income).

2. Subtract the figure in Step 1 from the gross income (including deemed income) from the budget month.

3. Multiply the gross income from the budget month by 0.37.

4. If the amount in Step 2 is less than the amount in Step 3, there is no significant change. If the amount in Step 2 is equal to or greater than the amount in Step 3, go to Step 5.

5. Recalculate the current month's grant using the client's reported income.

6. Subtract the amount of the grant you issued from the amount in Step 5. Issue the difference as a supplement.

Significant change does not apply in any of these situations:

- In the payment month corresponding to a budget month in which the unit receives a lump sum.
- When a unit member is on strike.
- In the payment month corresponding to the budget month in which the unit gets an extra paycheck.
- For self-employment income. See §0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt) for information on "major change" which applies to self-employment income.

See TEMP Manual TE02.13.11 (Significant Change) for MAXIS instructions.

WB, DWP:

For recalculating income, see §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

FS, GA:

Stop counting the income of a participant beginning with the payment month the person is removed from the assistance unit.

Stop counting the income of an ineligible household member whose income was considered, beginning with the payment month following the month it is reported that person left the household.

For information on reporting requirements, see §0007 (Reporting).
See TEMP Manual TE02.13.11 (Significant Change) for MAXIS instructions.

MSA: Stop counting the income of a formerly financially responsible person for the 1st month after the person loses financial responsibility.

GRH: Stop counting the income of a participant beginning with the month after the income stopped.

Also see 0017.15.15 (Income of Minor Child/Caregiver Under 20).

MFIP:
When minor children turn 18, they must meet the school requirement in order to continue receiving assistance. See MINOR CHILD in 0002.41 (Glossary: Medically Necessary...), 0012.06 (Requirements for Custodial Parents Under 20), 0028.12 (Education Requirements).

The requirement that a minor caregiver live with certain adults applies ONLY through the month of the minor caregiver's 18th birthday. There may be other social service requirements and Employment Services requirements for the minor caregiver until his/her 20th birthday.

When a participant turns 20, the school attendance requirement no longer applies. See 0028.12 (Education Requirements). Other Employment Services requirements may apply. See 0028.06.03 (Who Must Participate in Empl. Services/FSET).

WB:
When the youngest child turns 6 years a single caregiver must be employed at least 130 hours per month.

When minor children turn 18, they must meet the school requirement. See MINOR CHILD in 0002.41 (Glossary: Medically Necessary...).

DWP:
When minor children turn 18, they must meet the school requirement in order to continue receiving assistance. In addition, see 0008.06.24 (DWP Conversion or Referral to MFIP) when a DWP participant turns 60 years old. Also see 0028.06.02 (Universal Participation Provisions), 0028.15 (Employment Plan (EP)) for the child under 12-week exception.

FS:
Budget the earned income of an elementary, secondary, or GED student who turns 18 starting with the 1st budget month in which the student is 18 for the full month. Prospectively or retrospectively budget the income, depending on which cycle the unit is in. See 0007 (Reporting), 0022 (Budgeting and Benefit Determination).

Due to the American Recovery And Reinvestment Act (ARRA) and the statewide ABAWD waiver, ABAWDs will NOT be subject to the 3-month out of 36-month time limit. The 3-month time limit will not be applied to FS cases from January 1, 2009 through September 30, 2011. Begin applying the 3 months in a 36-month limit of eligibility once a non-exempt able-bodied adult is 18 for the full month. Stop applying this limit the month he or she turns 50. See 0011.24 (Able-Bodied Adults).

Allow elderly income disregards and expenses to people who turn 60 as of the budget month they turn 60. Prospectively or retrospectively budget the income, depending on which cycle the unit is on. See 0018.12 (Medical Deductions), 0018.15 (Shelter Deductions), 0022 (Budgeting and Benefit Determination).

Apply other eligibility factors prospectively as of the month the client turns 60. See 0011.18 (Students), 0014.03 (Determining the Assistance Unit), 0014.03.06 (Determining the Food Support Unit), 0015.03 (Asset Limits), 0022.03 (How and When to Use Prospective Budgeting), 0028.06.10 (Who Is Exempt From FSET).

MSA, GA:
No provisions.

GRH:
When a non-disabled client turns 65 years old, change the budgeting method in the month the client turns 65 from GA-related other adult to the SSI-related aged method.

CHANGE IN COUNTY OF RESIDENCE 0008.06.21

Units that move from 1 county to another do not have to re-establish eligibility; benefits continue. There are certain case transfer procedures which county agencies must follow.

Follow the provisions below to transfer an active or pending case which is on MAXIS to another county. These procedures apply to all cases EXCEPT temporary placements of less than 90 days and moves to battered women's shelters. You may choose not to transfer those cases.

- Update the address on MAXIS. Do not transfer the case until the unit has actually moved. Do NOT terminate or deny assistance.

- Complete as much of the outstanding work on the case as possible. Record in MAXIS case notes what work was not completed and the reason.

- Process an application or recertification that is due if you have held the mandatory face-to-face interview. For DWP cases, see the provisions under DWP.

  When the mandatory face-to-face interview for an application or recertification has already been held in the sending county, it is up to the receiving county to decide whether it would be easier to complete processing of the case in the county to which the unit has just moved. The 2 counties should agree to this prior to the case transfer.

  If the face-to-face interview has not been completed, do not process the application or recertification and note this in the MAXIS case notes.

- Send a Change Report Form (DHS-2402) to the unit with instructions to return the form to the new county of residence within 10 days of your mailing date.

- For information that does not interface from MAXIS to WorkForce One, send a Diversionary Work Program/Minnesota Family Investment Program Status Update Form (DHS-3165) if applicable, to the Employment Services Provider and the child care worker.

- Follow the checklist and procedures in TEMP Manual TE02.08.133 (Completing an Inter-County Case Transfer) and TE02.08.134 (SPEC/XFER for Inter-County Case Transfers) to transfer the case to the new county of residence using the SPEC/XFER panel. Transfer the electronic case to the new county by the later of these dates:

- One working day after the date you received the report of the move.

OR

- The end of the day after the date of the move.

Do not transfer the case until the unit has actually moved.

- Purge the physical case record using current record retention policies. Send the physical case record to the new county of residence within 5 working days after the date of the reported change or move, whichever is later. At county option, use the Inter Agency Case Transfer Form (DHS-3195) for transferring a case.

There may be situations where an applicant or participant unit moves to a new county but your county remains financially responsible. Follow the transfer procedures outlined above. You may need to keep a mini-file for administrative payments, such as burials.

Follow the provisions below when your county receives a transfer of an active or pending case on MAXIS due to a change in county of residence:

- Accept the case. Any issues related to electronic or paper cases received in unsatisfactory condition should be resolved at the supervisory level or above. Client service must never be interrupted during negotiations.

- Verify that the transferred case address is within your county. If it is not, immediately transfer the case to the correct county and notify the sending county so that they can transfer the physical case file to the correct county.

- Check the financial responsibility begin date on the SPEC/XFER panel and correct it if necessary. MAXIS will automatically transfer financial responsibility on the date listed. See §0006.06 (Moving Between Counties - Participants).

- When you receive the DHS-2402 from the unit, update MAXIS with new or changed information. Complete the application process, recertification process, or other outstanding work as necessary.

- Send a referral to the Employment Services Provider and child care worker in your county unless the client is exempt. See §0028.06.10 (Who Is Exempt From FSET).

- If you do not get the DHS-2402 from the unit within 10 days of the date mailed by the former county, generate a 10-day notice to close the case. See §0026.12.03 (10 Day Notice).

See TEMP Manual TE02.09.14 (How to Transfer a Single Claim) and TE02.09.18 (When to Transfer a MAXIS Claim) for when and how to transfer a MAXIS claim to another county.

To determine which county is financially responsible for which months, see §0006 (Determining Financial Responsibility).

MFIP: You do need to verify the new address, see §0011.09 (County Residence).

Participants in the Safe At Home (SAH) Program only need to verify their county of residence, see §0029.29 (Safe At Home Program).

When a minor child getting MFIP moves to another county to live with a different caregiver, the former county must remove the child from the unit effective the month after the move. See §0006.09 (Moving Between Counties - Minor Children). If there is not enough time to send the unit a notice, remove the child effective the 2nd month after the move. See §0026 (Notices). There is no overpayment if they report the move timely.

The new county must take an application or addendum for the child. See §0005.09.03 (When People Must Complete a CAF), §0005.09.09 (When to Use an Addendum to the CAF), §0008.06.06 (Adding a Person to the Unit - Cash).

It is possible for a child to get benefits from 2 different counties in the same month. See §0011.21 (Receipt of Other Assistance).

WB: Follow MFIP EXCEPT:

- There is no provision for a face-to-face interview.
- There is no interface to WorkForce One.
- For the receiving county, do not send a referral to the Employment Services Provider.

DWP: For applicants:

- When a move between counties occurs before the application has been approved and before the employment plan (EP) has been developed, the case must be transferred to the new county. The receiving county must meet with the applicant prior to approval to develop an EP that includes activities that fit with the applicant and the receiving county.

- When the application has not been approved, but the EP has been developed in the first county, it is up to the receiving county to decide whether it would be easier to complete processing the case in the county to which the unit has just moved. The 2 counties should agree to this prior to the case transfer.

For participants:

- When a move between counties occurs during the 4-month DWP period and the participant continues to meet DWP eligibility criteria, the case will remain on DWP. The new county MUST meet with the participant to develop an Employment Plan (EP) that builds on the work that had been done in the previous county. This does NOT apply to Mille Lacs Band of Ojibwe.

FS, MSA, GA, GRH:

Follow general provisions, EXCEPT send a Change Report Form (DHS-2402) to change reporting units only.

For information on reporting unscheduled changes, see §0007.15.03 (Unscheduled Reporting of Changes – FS).

You do not need to verify the new address, but do verify which county the new address is in.

MFIP, WB, MSA, GA, GRH:

No provisions.

DWP: CONVERSION/REFERRAL DURING THE 4-MONTH DWP PERIOD

If at any time during the DWP application process or during the 4-month DWP eligibility period, you determine that a participant is unlikely to benefit from DWP, convert or refer the participant to MFIP. For the definition of MFIP, see 0002.41 (Glossary: Medically Necessary...). Participants who meet any of the criteria below are UNLIKELY to benefit from DWP. Gather the necessary documentation to support the determination.

The following are the criteria for determining if a participant is unlikely to benefit from DWP:

- The participant is applying for SSI/RSDI (Retirement Survivors Disability Insurance). This includes those who are appealing a denial of an SSI or RSDI application.
- A participant is age 60 or older. (Or will turn 60 during the anticipated 4 month DWP period.)
- A participant is a legal non-citizen who has been in the United States 12 months or less. “12 months” is defined as 12 FULL months after the month of entry.
- The participant has a Family Violence Waiver and is complying with an employment plan.
- The participant has an illness, injury, or incapacity that has been certified by a qualified professional, the condition is expected to continue for more than 30 days and severely limits the person’s ability to obtain or maintain suitable employment.
- The participant’s presence in the home is required as a caregiver due to the illness, injury, or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household when the condition, and the need for a person to provide assistance in the home, has been certified by a qualified professional and is expected to continue for more than 30 days.
- The participant has a child or adult in the household who meets disability or medical criteria for home care services, a home and community-based waiver services program, or meets the criteria for severe emotional disturbance or

serious and persistent mental illness.

- The participant has been diagnosed by a licensed physician, psychological practitioner, or other qualified professional, as developmentally disabled or mentally ill and the condition severely limits the person's ability to obtain or maintain suitable employment.

- The participant has been assessed by a vocational specialist or the county agency to be unemployable.

- The participant has an IQ below 80, and has been assessed by a vocational specialist or a county agency to be employable but the condition severely limits the person's ability to obtain or maintain suitable employment.

- The participant was determined by a qualified professional to be learning disabled, and the condition severely limits the person's ability to obtain or maintain suitable employment.

  NOTE: "Severely limits the person's ability to obtain or maintain suitable employment" means that a qualified professional has determined that the person's condition prevents the person from working 20 or more hours per week.

Also, in a single pregnant woman unit once the child is born the unit is not eligible for DWP unless the parent has already used all the months of the child under 12 months ES exemption. Take a Combined Application Form (CAF) Addendum (DHS-5223C) for the newborn and move the case to MFIP. If the determination is made more than 30 days after the DWP application date, have the participant complete a Minnesota Transition Application Form (DHS-5223E) as part of the referral process. Terminate DWP allowing for proper notice.

In a 2-parent unit, only 1 parent MUST meet 1 of the "unlikely to benefit from DWP" criteria above before converting or referring the family to MFIP.

Make the transition from DWP to MFIP as smooth as possible for families that leave DWP and begin receiving MFIP assistance. Send appropriate notices when closing DWP and FS.

If the transition from DWP to MFIP occurs within 30 days of the initial DWP application date, convert the case without completion of a new CAF. If the

transition occurs more than 30 days after the initial DWP application date, have the participant submit a Minnesota Transition Application Form (DHS-5223E).

Process the DHS-5223E by the 1st of the month following the month it is received to ensure that there is no gap in benefits due to delayed action by the county. Enter the date of the Minnesota Transition Application Form (DHS-5223E) on the STAT/PROG panel in MAXIS as the application date for a new cash program. Only require verification of information necessary to determine MFIP eligibility and the amount of the assistance payment. Do not require additional verification of the information from the DWP application unless the information is inaccurate, questionable, or no longer current.

CONVERSION/REFERRAL AFTER THE 4-MONTH DWP PERIOD ENDS

Because DWP is a short-term program, families must exit the program no later than 3 months after the month in which DWP initial month benefits are issued.

Some DWP participants may not have successfully obtained unsubsidized employment that allows them to support their families without having to apply for benefits under MFIP.

Inform DWP job seekers without earned income or with little earned income about the possibility of receiving cash and food benefits through MFIP. Tell the DWP job seeker about other resources, including MFIP, when the job seeker asks about other help.

When a participant has exhausted 4 months of DWP, he/she may complete, sign, and submit a Minnesota Transition Application Form (DHS-5223E), rather than a Combined Application Form (CAF), to apply for MFIP or, provided the request is made within 30 days of the end of the 4th month of DWP.

If the request is not made within 30 days of the end of the 4-month DWP eligibility period, the participant must complete a new Combined Application Form (CAF) (DHS-5223), Worker Interview Form (DHS-5223A), and the CAF Important Information (DHS-5223B).

All applicants must meet the initial income test, including the 18% earned income disregard to be eligible for MFIP.

Work with families that leave DWP but do not go onto MFIP or WB, to determine which, if any, transition or post-program services and supports would help the

family achieve or maintain economic and family stability. For example, FS, Child Care and/or Health Care benefits may continue.

CONVERTING A CAREGIVER WHO TURNS 60 YEARS OLD DURING THE 4-MONTH DWP PERIOD

If a caregiver in a 1-parent unit will be turning 60 years old during the proposed 4 DWP months, open MFIP rather than DWP at application.

FS: No provisions. However, DWP FS participants who transition to MFIP will have their stand-alone FS benefits closed in order to have the MFIP food portion approved. Close the stand-alone FS for the 1st possible month, allowing a 10-day notice. The MFIP food portion must not be issued for a unit member whose needs have already been covered in a FS household. See 0011.21 (Receipt of Other Assistance).

MFIP, DWP, FS, MSA, GA, GRH:
No provisions.

WB:
Do NOT require an application to transition from MFIP to WB.

When MFIP is closed, MAXIS determines WB eligibility based on the participant's work hours and income used for MFIP. Prospective work hours and income should reflect the participant's current and ongoing situation to ensure accurate WB eligibility. See 0013.04 (WB Bases of Eligibility).

Delay the approval or denial of WB eligibility for 30 days after MFIP closure. If WB is issued within those 30 days, MFIP cannot be reinstated if a participant's circumstances change.

MFIP, DWP, FS, MSA, GA, GRH:
No provisions.

WB:
The participant must complete a Minnesota Transition Application Form (MTAF) (DHS-5223E) within 30 days after DWP closure to be considered for WB. Verify hours of employment and any other information necessary to determine WB eligibility. A face-to-face interview is not required for WB.

If the request for assistance is made after 30 days from DWP closure, the person is ineligible for WB and a Combined Application Form (CAF) (DHS-5223) must be completed to request ongoing assistance.

Review eligibility regularly. The schedule for reviews depends on the program and household circumstances. Some programs require more frequent reviews for certain client circumstances. The time between initial eligibility and the date a county agency must review the case, or the time between required reviews, is the certification period. See §0009.03 (Length of Recertification Periods), §0009.03.03 (When to Adjust the Length of Certification). Recertify clients who are eligible for ongoing assistance.

Counties must use forms developed by DHS for the purposes of informing and advising clients about their rights and responsibilities, the status of an application or recertification, and ongoing eligibility for assistance. If DHS does not provide a form for a given purpose, the county agency may develop its own form. The form must meet the requirements in TEMP Manual TE12.02.01 (County Designed Forms). See §0009.06 (Recertification Process) for the process and forms to use.

Some programs require an interview as part of the recertification process. See §0009.06.06 (Recertification Interview).

The recertification process must be completed within set time frames. See §0009.06.03 (Recertification Processing Standards).

For IV-E Foster Care clients, follow the procedures of your county Social Services unit for recertification.

MFIP: All clients must complete a CAF and provide required verifications to be recertified.

WB: All clients must:

- Complete a Combined Six-Month Report (DHS-5576).

AND

- Combined Six-Month Report Supplement for Cash Programs (DHS-5576A).

AND

- Provide all required verifications. See §0010.18.01 (Mandatory Verifications – Cash Assistance).

NOTE: If the WB participant is on another program which requires a different recertification form, this form can be used instead of the Combined Six-Month Report and the Combined Six-Month Report Supplement for Cash Programs.

Do NOT require units to report for a face-to-face interview.

DWP: No provisions.

FS: All clients MUST complete a CAF, have an interview, and provide required verifications to be recertified. See §0009.06.06 (Recertification Interview). A signed and dated Combined Application Form (CAF) (DHS-5223) must be filed with the human services agency in the client's county of residence.

EXCEPTION: Households in which all members are recipients of or applicants for SSI may file a CAF at a Social Security Administration (SSA) office.

DO NOT require units to report for a face-to-face interview during the certification period.

MSA, GRH:

Clients living in the community must complete a Combined Application Form (CAF) (DHS-5223) and provide required verification to be recertified.

Clients living in the community but receiving waivered services that require an LTC budget, must complete the Minnesota Health Care Programs Long-Term Care and Elderly Waiver Renewal Form (DHS-2128).

Clients who are LTCF residents for whom MA pays the cost of care, must complete the DHS-2128.

GA: All clients must complete a Combined Application Form (CAF) (DHS-5223) and provide required verifications to be recertified.

LENGTH OF RECERTIFICATION PERIODS 0009.03

Assign the longest certification period possible based on the client's circumstances. See the specific program provisions below for the maximum length of time between reviews for each program.

Certify people for less than the maximum time to coincide with expected changes or another program's review date. The client's review date should, if possible, be the same for all programs.

- If you are determining eligibility for 2 cash programs at the same time, the review date must be the same.

- If 1 cash program is active and you are adding any other program, you must either:

  - Review eligibility for the active cash program at the time you add the other program.

  OR

  - Set the review date for the program you are adding to the same review date as the existing cash program.

EXCEPT for individual GA participants without a verified residence address, the certification period conforms to calendar months. Count the month of application as the 1st month of the certification period unless the client is not eligible in that month. The certification period ends at 12:01 a.m. on the 1st day of the month following the last month of the certification period.

See §0009.03.03 (When to Adjust the Length of Certification).

MFIP, MSA, GRH:
Recertify eligibility at least once every 12 months.

WB: Recertify eligibility at least once every 6 months.

DWP: No provisions.

FS: Recertify units whose adults are ALL elderly or disabled at least once every 24 months. You must have contact with these units at least every 12 months, to remind them of when they must report changes and what changes must be reported. For MAXIS instructions, see TEMP Manual TE02.08.165 (FS Aged/Disabled 12 Month Contacts).

Recertify all other units at least once every 12 months. However, some units may have their recertification period set for less than 12 months if:

- The unit's circumstances are unstable due to being homeless.

OR

- It appears the unit will be ineligible for FS in the near future.

When a recertification is set for less than 12 months, CASE/NOTEs must be completed to document the reason for the shorter certification period.

No units should have a recertification period longer than 24 months.

GA: Follow MFIP with the following EXCEPTION: A county agency may choose to certify eligibility weekly for individual participants who are without a verified residence address. See §0024.03.03 (When Benefits Are Paid - FS/MSA/GA/GRH), §0024.04.09 (GA Weekly Issuance). A county agency which chooses to recertify eligibility weekly must use a form approved by DHS for weekly recertification and NOT use the Combined Application Form (CAF).

WHEN TO ADJUST THE LENGTH OF CERTIFICATION 0009.03.03

See §0009.03 (Length of Recertification Periods) for setting the certification period and the maximum length of time between reviews for each program.

County agencies may increase or decrease the certification period to coincide with expected changes or another program's review date. The adjusted date must not exceed the maximum number of months allowed by the specific program between reviews. Adjust the length of the certification period to reduce the number of times to request information and review eligibility factors.

MFIP, WB, MSA, GA, GRH:
Follow general provisions.

DWP: No provisions.

FS: Follow general provisions, EXCEPT do not shorten a certification period when there is a change in the unit's employment status or a loss of cash benefits.

Recertify clients whose certification period is ending. The clients and the agency must follow the time frames of each program for completing the recertification process. See §0009.06.03 (Recertification Processing Standards).

MAXIS will generate program specific cover letters and mail the following forms:

- Combined Application Form (CAF) (DHS-5223).
- CAF Important Information (DHS-5223B).
- Combined Six-Month Report (DHS-5576).
- Combined Six-Month Report Supplement for Cash Programs (DHS-5576A).
- Other notices or forms required at recertification according to each program's provisions below.

All questions on the form must be answered for the form to be considered complete.

MAXIS will mail packets around the 15th of the 2nd month prior to the end of the certification period.

The recertification process is similar to the application process. To complete the recertification process:

- Review eligibility for the client's current programs, possible new programs, and emergency need. If clients qualify for new programs or emergency assistance, process the recertification request as an application for assistance. See §0004 (Emergencies), §0005 (Applications), §0009.06.03 (Recertification Processing Standards).
- Get mandatory verifications. See §0010.18 (Mandatory Verifications).
- Notify the unit of the eligibility determination. See §0026 (Notices).

Accept the Combined Application Form (CAF) or Combined Six-Month Report (CSR) even if the client does not live in your county. See §0005.12 (Accepting and Processing Applications).

In addition to MAXIS-generated recertification packets, you may be required to provide certain additional forms to clients at the face-to-face recertification interview. See §0007.12 (Agency Responsibilities for Client Reporting), §0009.06.06 (Recertification Interview).

MFIP: MAXIS will also include the following in the recertification packet:

- Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759).
- Instructions for Completing the Combined Application Form (DHS-2989).
- Domestic Violence Information (DHS-3477).

Give the client the Family Violence Referral (DHS-3323). Provide information about counseling and support services, and permanent residence procedures for battered non-citizens. Review the continued exemption from the 60-month time limit for victims of family violence for whom you have an Employment Plan (EP) in place. See §0005.12.12.09 (Family Violence Provisions/Referrals), §0010.18.33 (Verifying Family Violence).

Conduct a face-to-face recertification interview at least once every 12 months. See §0009.06.06 (Recertification Interview).

Review extensions for participants who have been extended beyond the 60-month lifetime limit every 12 months, unless the documentation supporting the extension indicates the participant's condition could change earlier. See §0011.33 (MFIP Hardship Extensions). This review should be considered a minimum requirement to recertify an extension. Review the situation and request new verification each time there is a change in the estimated end date. Counties should end an extension prior to the review if criteria for the extension no longer apply. End the extension the 1st of the month following verification that the criteria no longer apply.

NOTE: Participants may move between extension categories.

Coordinate extension reviews with recertifications, if possible.

Give a 10-day notice before terminating benefits if the unit fails to comply with the recertification process. See §0009.06.03 (Recertification Processing Standards).

If you fail to send a 10-day notice, continue to issue benefits until you have given 10-day notice of adverse action. This applies even if the certification period has ended.

Do not consider the client ineligible and therefore subject to an overpayment solely because the agency fails to send a timely notice of termination. Consider it an overpayment only if the client does not meet eligibility factors such as income, assets, or basis of eligibility.

If the unit is ineligible for continued benefits or will receive reduced benefits based on information in the CAF, or if the information requires a reduction or suspension of the unit's benefits, send a notice BEFORE the effective date of the adverse action.

WB: Follow general provisions EXCEPT do NOT require a face-to-face recertification interview.

DWP: No provisions.

FS: MAXIS will also include the following in the recertification packet:

- Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759).
- Change Report Form (DHS-2402) (for change reporting units).
- Instructions for Completing the Combined Application Form (DHS-2989).
- Domestic Violence Information (DHS-3477).

Conduct a recertification interview. For specific requirements, see §0009.06.06 (Recertification Interview).

Do not issue benefits after the certification period ends until a reapplication process is completed.

MSA, GA, GRH:

MAXIS will also include the following forms in the recertification packet:

- Instructions for Completing the Combined Application Form (DHS-2989) (EXCEPT LTC cases). For people residing in long term care facilities or receiving EW services, including LTC residents who receive MSA for personal needs and EW enrollees residing in GRH facilities and receiving GRH payments, MAXIS sends the Minnesota Health Care Programs Long-Term Care and Elderly Waiver Renewal Form (DHS-2128). See the Health Care Programs Manual.

- Return envelope.

- Domestic Violence Information (DHS-3477).

Complete the review process by the end of the certification period. See §0002.09 (Glossary: Calendar Month...) for the definition of certification period, §0009.06 (Recertification Process).

Restore benefits to units who lost benefits because the county agency failed to process a recertification before the end of the certification period.

MFIP: Terminate benefits if a unit fails to return or complete a Combined Application Form (CAF) (DHS-5223). See TEMP Manual TE02.04.04 (Autoclose: MAXIS Processes for HRF/REVW). Also, terminate benefits if a unit fails to attend a face-to-face interview if required, or fails to provide mandatory verifications before the last day of the certification period. See TEMP Manual TE02.08.006 (Reviews: Missing Verifications) for proper coding instructions. Give the unit a notice of termination at least 10 days before the end of the certification period. See §0009.06.06 (Recertification Interview), §0010.18 (Mandatory Verifications), §0026.12.03 (10 Day Notice).

- If the unit turns in the CAF before the last day of the certification period, the case remains closed. If the unit completes the recertification process during the next month, reinstate the case. Do not prorate benefits.

- If the unit turns in the CAF after the end of the certification period, process the CAF as a new application. See §0005 (Applications), §0022.12.02 (Beginning Date of Eligibility), §0022.12.03 (Proration).

If the unit applies for another program on the CAF, treat this as an application and process for that type of assistance.

WB: Terminate benefits if:

- A unit fails to return or complete a Combined Six-Month Report (DHS-5576).

AND

- A complete Combined Six-Month Report Supplement for Cash Programs (DHS-5576A).

AND

- A unit fails to provide mandatory verifications before the last day of the certification period. See §0010.18.01 (Mandatory Verifications - Cash Assistance).

Give the unit a notice of termination at least 10 days before the end of the certification period. See §0026.12.03 (10 Day Notice).

If the unit turns in the Combined Six-Month Report (DHS-5576) and Combined Six-Month Report Supplement for Cash Programs (DHS-5576A) before the last day of the certification period but does not provide verifications, the case remains closed. If the unit provides the required verifications during the next month, reinstate the case. Do not prorate benefits.

If the unit turns in the DHS-5576 and DHS-5576A after the end of the certification period, the case remains closed.

DWP: No provisions.

FS: Mail or give the unit the Combined Application Form (CAF) (DHS-5223) no later than the last day of the month before the last month of the certification period.

Provide a notice of expiration at the time of certification if:

- You certify the unit for only 1 month.

OR

- You certify the unit in the 2nd month of a 2-month certification period.

OR

- All unit members are receiving cash assistance and you processed their Food Support and cash assistance applications at the same time.

Notify all other units of the expiration of the certification period before the last month of the certification period. Restore lost benefits to a unit if you do not provide a timely notice of expiration.

Determine if the unit returns the Combined Application Form (CAF) (DHS-5223) timely:

- Uncle Harry Food Support (UHFS) units who report monthly have returned the CAF timely if the county agency gets it by the due date for the last monthly report of the certification period.

- Change reporting units have returned the CAF timely if the county agency receives it by the 8th calendar day of the last month of the certification period.

- Six-Month Reporting units have returned the CAF timely if the county agency receives it by the 8th calendar day of the last month of the certification period.

- Units who receive a notice of expiration at the time of certification due to a 1- or 2-month certification period have returned the CAF timely if the county agency gets it within 15 days after the unit received the notice of expiration.

The time frame within which you must take action on the recertification depends on whether the unit returns the CAF timely:

- For units who submit the CAF timely, and are determined INELIGIBLE close the case on or before the last day of the certification period.

  Approve benefits for ELIGIBLE units in time for them to get benefits on the date they usually get their benefits, if they:

  - Complete a face-to-face interview, if required, on the date scheduled. See §0009.06.06 (Recertification Interview).

  AND

  - Provide necessary verification by the date scheduled. Allow the unit 10 days to submit verification. The 10-day period may extend beyond the end of the certification period. If the unit provides verification after the certification period, but within the 10 days, determine eligibility and issue benefits no more than 5 days after receiving verification. See §0010.18 (Mandatory Verifications).

- For units who submit the CAF timely, but fail to complete the interview by the end of the certification period, or do not provide verifications before the scheduled date, close at the end of the certification period.

  If the unit takes the required action within 30 days after the end of the certification period, reopen the case and provide benefits back to the first of the month.

- For units who do not submit the CAF timely, do not complete the interview by the end of the certification period, or do not provide verifications before the scheduled date, close the case on or before the last day of the certification period. See TEMP Manual TE02.04.04 (Autoclose: MAXIS Processes for HRF/REVW), TE02.08.006 (Reviews: Missing Verifications) for MAXIS instructions.

- If the unit does not complete all recertification requirements during the last month of the certification period, but is determined eligible during the following month, treat the month you determined eligibility as an initial month and prorate

benefits. This includes units whose certification has ended in another state, EXCEPT migrants and seasonal farmworker units. See INITIAL MONTH in §0002.33 (Glossary: Independent...).

If the unit applies for another program on the Combined Application Form (CAF) (DHS-5223), treat that request as an application and process for that type of assistance. See §0005 (Applications), §0022.12.02 (Beginning Date of Eligibility), §0022.12.03 (Proration).

MSA, GRH:

Follow general provisions.

GA: Follow MFIP. However, a face-to-face interview is not required to recertify GA.

A single interview must cover all programs for which the unit is requesting certification or recertification.

The interview may be with 1 or more adults in the unit or the unit's authorized representative. See 0005.06 (Authorized Representatives). If there are no adults in the unit, the interview may be with the primary contact person. See 0005.12.12 (Application Interviews). Units may bring any person they choose to the interview.

MFIP:
Conduct a face-to-face interview at least once every 12 months. The contents of the interview are the same as for application interviews. Under certain circumstances you may waive an in-office interview. You must make alternative arrangements for a face-to-face interview if you waive an in-office interview. See 0005.12.12.03 (Waiving In-Office Interviews).

At each annual recertification, give the brochure MFIP for Minor Caregivers (DHS 3238) to a unit containing a minor caregiver and child. Re-evaluate and discuss with the caregiver, the living arrangement requirements, exemptions, and procedures. See 0012.06 (Requirements for Custodial Parents Under 20).

Give the Important Information About MFIP Family Cap (DHS-4198) flyer to families at each recertification. See 0014.06.03 (Family Cap).

Determine if the caregiver meets eligibility for Family Stabilization Services (FSS). Review FSS criteria with the caregiver.

Give the Family Violence Referral (DHS-3323) to families at each recertification. See 0009.06 (Recertification Process).

Give Reporting Responsibilities for MFIP Households (DHS-2647) to participants at the face-to-face interview. Explain the significant change policy. See 0008.06.15 (Removing or Recalculating Income).

WB, MSA, GA, GRH:
An interview is not required for this program. If the client requests or is receiving another program for which an interview is required, follow the general provisions above.

DWP:
No provisions.

FS:
Conduct an interview for all recertifications. There is NO requirement that the interview must be held in the office. If an in-office interview is not done, the county must arrange for a phone interview or a face-to-face interview at a location mutually agreed upon by the county and the client. The contents of the interview are the same as for application interviews.

When the client misses a recertification interview, either an in-office interview, a home visit, or a phone interview, send a SPEC/LETR to the client informing him/her of the missed interview and the responsibility to reschedule another interview. A sample SPEC/LETR notice is available in TEMP Manual TE02.05.15 (Notice of Missed Interview).

Offer an adult parent with children (of any age) in the home or an adult unit member who has parental control over children in the home the right to change the principal wage earner. For the description of principal wage earner, see 0028.03.06 (Determining FS Principal Wage Earner).

All programs require verification of certain information. See §0010.18 (Mandatory Verifications). Verify other information to determine eligibility or a benefit amount if the information the client gives is inconsistent or questionable. See §0010.15 (Verification - Inconsistent Information).

Any form of verification is acceptable if it confirms the client's statement. Do not demand a specific document or form of verification if another is more readily available. Sources of verification include:

- Written records or documents. See §0010.06 (Sources of Verification - Documents).
- Written or oral statements from people outside assistance units. See §0010.09 (Sources of Verification, Collateral Contacts).
- Direct observation at home visits. See §0010.12 (Sources of Verification - Home Visits).

Providing proof is the responsibility of the client. However, you must help clients who have trouble getting proof. Clients must either provide necessary proof or give their written consent for you to get the information.

When proof is not available despite the efforts of you and the client, get a signed statement from the client attesting to the correctness of the information. See §0010.03 (Verification - Cooperation and Consent) for specifics, including limits on when a signed statement is acceptable. Deny or end assistance to people who refuse or deliberately fail to help verify information.

The date a client verifies a factor of eligibility does not affect the date of eligibility, if the client provides the proof within the application processing period. See §0005 (Applications), §0005.12 (Accepting and Processing Assistance Applications), §0005.12.15 (Application Processing Standards), §0022.12.02 (Beginning Date of Eligibility).

VERIFICATION - COOPERATION AND CONSENT 0010.03

Clients have the primary responsibility to verify information. When you need non-public information for proof, clients must get documents themselves or give you written permission to contact 3rd parties to verify their statements.

To use a collateral contact for proof, the client must help identify a contact. If a suitable collateral contact cannot verify or refuses to verify the facts, the client must help find another contact. A contact's refusal to cooperate is not the client's refusal to cooperate. See §0010.09 (Sources of Verification, Collateral Contacts).

Consent from a client to contact a 3rd party must include the name of the specific contact person and the specific information you need. A written consent may cover more than 1 3rd-party source, but must name each source individually. You may use the Authorization for Release of Information About Assets (DHS-2243) and the General Authorization For Release of Information (DHS-2243A) form.

If a client refuses to help or deliberately fails to cooperate to verify an eligibility factor, deny or terminate benefits. If the unverified eligibility factor affects only the client (such as immigration status), deny or end the client's eligibility. If the unverified factor affects the entire unit (such as income), deny or close the case.

MFIP, DWP:

When proof is not available in the situations below, accept a signed personal statement from the client attesting to the correctness of the information:

- A claim of family violence if used as a basis to qualify for the family violence waiver.
- Information needed to establish an exception from the Shared Household Standard budgeting requirement (to prove that a person is unrelated).
- Relationship of minor child to caregiver.
- Citizenship status from a noncitizen who reports to be, or is identified as, a victim of severe forms of trafficking in persons, if the noncitizen reports that the noncitizen's immigration documents are being held by an individual or group of individuals against the noncitizen's will. The noncitizen must follow up with the Office of Refugee Resettlement (ORR) to pursue certification. If verification that certification is being pursued is not received within 30 days, close the MFIP case and pursue overpayments. If the ORR documents certifying the noncitizen's status as a victim of severe forms of trafficking in persons, or the reason for the

delay in processing, are not received within 90 days, close the MFIP case and pursue overpayments.

- Other documentation unavailable for reasons beyond the control of the client when reasonable attempts have been made to obtain the documents requested.

NOTE: DO NOT use signed personal statements from the client in any other circumstances.

WB: Follow MFIP, EXCEPT the family violence waiver and Shared Household Standard provisions do not apply to WB.

FS, MSA, GA, GRH:

When a client cooperates but you still cannot find an adequate source of proof, work with the client to find the best available information. Get a signed statement from the client attesting to the correctness of the information. Do not deny benefits because you cannot get proof if the client has made all reasonable efforts.

Use documents, when available, to verify a client's statement. This includes documents from public agencies, documents the client has, or any written confirmation of a client's statements from a source outside the unit. If you need a specific document and the client does not have money to get it, your agency must pay for the cost.

Place the original or a copy of the document in the case file if possible. When photocopying savings bonds or other negotiable items, you must alter the size of the items by reducing or enlarging. It is illegal to photocopy savings bonds without altering the size.

If it is not possible to get an original or a copy of the document, describe the document in the case notes. Include:

- The nature or title of the document.
- The source.
- The date the document was completed or signed.
- Identifying numbers or codes.
- The content.
- Other pertinent information about the document.

NOTE: If an applicant provides a birth certificate issued by Puerto Rico as a verification, contact the Local Agency Support Policy Center through PolicyQuest.

SOURCES OF VERIFICATION, COLLATERAL CONTACTS 0010.09

A person outside the assistance unit may provide written or oral proof of a client's statements. You may confirm the information with the collateral contact. Get written permission from the client before contacting the collateral source.

You and the client must agree on the suitability of the contact. If a suitable collateral contact cannot verify or refuses to verify the information, the client must cooperate in trying to find another contact. A contact's refusal to cooperate does not constitute the client's refusal to cooperate. If a suitable contact is not available, use another method of verification.

If possible, get a signed, written statement from the collateral contact to place in the case file. If this is not possible, place a written description of the contact in the case file, including:

- The contact's title, address, and phone number, if available.
- The date of the contact.
- A description of the information in the case notes.

SOURCES OF VERIFICATION - HOME VISITS 0010.12

The agency can verify some information, such as residence, by direct observation in a client's home. Use home visits to verify statements only if documents and collateral contacts are not available or are inadequate.

Schedule visits in advance. Inform the client of the purpose of the visit and their rights. See §0003 (Client Responsibilities and Rights).

Explain in the case notes the purpose of the home visit and why the information could not be obtained in another way.

VERIFICATION - INCONSISTENT INFORMATION 0010.15

Verify information even when verification is not mandatory if all of the following conditions exist:

- The information is necessary to determine eligibility or benefit amount.
- The information is inconsistent with other information the agency has (or with a client's own statements).
- The client cannot satisfactorily explain an inconsistency.

Document in the case record the following information:

- A description of the inconsistency.
- An explanation of why verification was necessary.
- A description of the verification.

See §0010.18 (Mandatory Verifications).

Verify eligibility factors at initial application. You must also verify some eligibility factors monthly, at recertification, or when changes occur. See §0007.03 (Monthly Reporting - Cash), §0007.03.02 (Six-Month Reporting – FS), §0007.15 (Unscheduled Reporting of Changes - Cash), §0007.15.03 (Unscheduled Reporting of Changes - FS), §0009 (Recertification). Use the Verification Request Form – A (DHS-2919A) and Verification Request Form – B (DHS-2919B) to request needed verification. Also see Chapter 8 (Changes in Circumstances) for verifications which may be required when a unit has a change in circumstances.

Do not verify eligibility factors that are already verified and not subject to change. The verification must be in existing files. Verify the following for all programs:

- Income.
- Self-employment expenses used as a deduction. See §0010.18.09 (Verifying Self-Employment Income/Expenses).
- Inconsistent information. See §0010.15 (Verification - Inconsistent Information).
- Immigration status, ONLY if the applicant reports non-citizen status. DO NOT contact U.S. Citizenship and Immigration Services (USCIS) to verify immigration status unless you have determined that the applicant meets all other program requirements and the client would be eligible for benefits if the immigration status requirement is met. The client must provide a written authorization to contact USCIS, EXCEPT for contacts made through the SAVE process. See §0010.18.11 (Verifying Citizenship and Immigration Status), §0010.18.11.03 (Systematic Alien Verification (SAVE)), §0011.03.27 (Undocumented and Non-Immigrant People). Also see §0010.18.01 (Mandatory Verifications - Cash Assistance) for additional MFIP provisions relating to citizenship and immigration status.

If no other form of verification is available or if the client chooses to use a form to verify residence or shelter expenses, you may use the Authorization for Release of Information About Residence and Shelter Expenses (DHS-2952) form. Do not require any other form for this purpose. Require the client to complete only those items needed to determine eligibility or benefit for the program(s) the client is requesting or receiving.

Counties must use forms developed by DHS for the purposes of informing and advising clients about their rights and responsibilities, the status of an application or recertification, and ongoing eligibility for assistance. If DHS does not provide a form for a given purpose,

the county agency may develop their own form; however, the form must meet the requirements in TEMP Manual TE12.02.01 (County Designed Forms).

Verify additional eligibility factors required by each program as noted in the specific program provisions in §0004.12 (Verification Requirements for Emergency Aid), §0010.18.01 (Mandatory Verifications - Cash Assistance), §0010.18.02 (Mandatory Verifications - FS).

See 0010.18 (Mandatory Verifications) for mandatory verifications that apply to all programs.

See 0010.18.02 (Mandatory Verifications - FS) for additional mandatory verification provisions that apply to Food Support.

See provisions below for ADDITIONAL mandatory verification provisions that apply to each specific cash program.

MFIP:
VERIFY THE FOLLOWING AT INITIAL APPLICATION:

- Checking and savings accounts.
- Savings certificates, stocks, bonds, IRAs.
- Source and purpose of deposits and withdrawals from business accounts.
- Presence of a minor child in the home, if questionable.
- Identity of all adults.
- Age, if related to eligibility or benefit level.
- Social Security number, unless the unit member qualifies as a non-citizen who is a victim of battery and/or cruelty. See 0011.03.21 (Non-Citizens - Victims of Battery/Cruelty).
- Child support, spousal support, child care support, and medical support payments to people outside the household, to be allowed as a deduction.
- School attendance, if related to eligibility.
- Burial accounts.
- Real property.
- Vehicles. See 0015.39 (Excluded Assets - Vehicles).
- Relationship of caregivers to the child. See 0005.12.12 (Application Interviews), 0014.03.03 (Determining the Cash Assistance Unit).
- Pregnancy, if related to eligibility.
- Residence. See 0011.09 (County Residence), 0029.29 (Safe At Home Program) For information regarding birth certificates

issued by Puerto Rico, see 0010.06 (Sources Of Verification - Documents).

- The number of months the unit received TANF funds in another state. See 0011.30 (60-Month Lifetime Limit), 0013.05 (DWP Bases of Eligibility).

- Family violence if used as an exemption from the 60-month time limit. See 0005.12.12.09 (Family Violence Provisions/Referrals), 0011.30 (60-Month Lifetime Limit), 0010.18.33 (Verifying Family Violence).

- Shelter costs, as required for vendor payments or as part of FAMILY MAINTENANCE NEEDS, see 0002.23 (Glossary: Fair Hearing...). See SHELTER COSTS in 0002.61 (Glossary: SELF...), 0024.09 (Protective and Vendor Payments).

- Information needed to establish an EXCEPTION to the shared household standard. See 0020.09 (MFIP/DWP Assistance Standards).

Counties must verify citizenship/immigration status for ANY person reported on the Combined Application Form (CAF) who is NOT a United States citizen and for whom the applicant is requesting benefits. DO NOT request verification of citizenship/immigration status for people listed on the application who are NOT applying for assistance.

If the applicant cannot provide proof of citizenship for a MANDATORY unit member, you must:

- Offer to help obtain the verification.

- Obtain a signed release of information from the client.

- Classify the mandatory unit member as an undocumented non-citizen and continue the application process excluding the mandatory unit member. See 0011.03.27.03 (Protocols for Reporting Undocumented People), 0014.03.03 (Determining the Cash Assistance Unit).

If the applicant does not want you to contact the U.S. Citizenship and Immigration Services (USCIS) for proof of citizenship for an OPTIONAL unit member and indicates that he/she is here unlawfully:

- Determine eligibility for the remaining unit members. No further verification of citizenship/immigration status would be requested.
  AND
- Do not report this optional unit member to DHS because it is not known that he or she is in the United States unlawfully. See 0011.03.27.03 (Protocols for Reporting Undocumented People).

If the client has given you permission to contact the U.S. Citizenship and Immigration Services (USCIS), see 0011.03.27.03 (Protocols for Reporting Undocumented People).

VERIFY THE FOLLOWING AT RECERTIFICATION:

- Income, unless excluded.

- Self-employment expenses used as a deduction. See 0010.18.09 (Verifying Self-Employment Income/Expenses).
- Source and purpose of deposits and withdrawals from business accounts.
- Presence of a minor child in the home, if questionable.
- Inconsistent information. See 0010.15 (Verification - Inconsistent Information).
- Information needed to establish an EXCEPTION to the shared HOUSEHOLD standard. See 0020.09 (MFIP/DWP Assistance Standards).
- Assets when the value is within $200 of the asset limit.

IN ADDITION, VERIFY THE FOLLOWING WHEN THEY OCCUR:

- When the unit meets the time criteria for Employment Services listed in 0028.06 (Participation Requirements), verify school attendance for custodial parents under age 20 who are required to attend school.
- Verify illness or disability.
- Verify family violence at the time it is claimed. See 0010.18.33 (Verifying Family Violence).

WB:
VERIFY THE FOLLOWING AT RECERTIFICATION:

- Income, unless excluded.
- Self-employment.
- Assets, when the value is within $200 of the asset limits.
- Hours of employment.
- Date of employment termination and date last paid.
- Presence of a minor child in the home and the age of the child, if questionable.
- Verify all inconsistent information.

DWP:
Follow MFIP. In addition, verify:

- Family maintenance needs before the expense can be allowed in the DWP grant calculation, see FAMILY MAINTENANCE NEEDS in 0002.23 (Glossary: Fair Hearing...).
  AND
- Receipt of DWP or MFIP within the last 12 months. See 0013.05 (DWP Bases of Eligibility).
  AND
- Receipt of TANF-funded assistance months, used to determine DWP eligibility. See 0013.05 (DWP Bases of Eligibility).

The following requirements do NOT apply to DWP:

- The requirement to verify school attendance for custodial parents under age 20 who are required to attend school when the unit meets the time criteria for Employment Services referenced in 0028.06 (Participation Requirements).
  AND
- The requirement to verify certain information at recertification, as there is no recertification requirement for DWP.

FS:
See 0010.18.02 (Mandatory Verifications - FS).

MSA:
For SSI recipients, verify the client's receipt of SSI and the Federal Benefit Rate used to determine the client's SSI benefits.

For non-SSI recipients, verify:

- Assets.
- Social Security number of all people applying for assistance. See 0010.18.03 (Verifying Social Security Numbers).
- Basis of eligibility (age, blindness, or disability). See 0010.18.05 (Verifying Disability/Incapacity - Cash).

GA:
Verify:

- Assets.
- Identity of each person applying for assistance.
- Age, if required to determine eligibility.
- State residence. See 0011.06 (State Residence), 0029.29 (Safe At Home Program).

- GA eligibility basis. See 0013.15 (GA Bases of Eligibility).

- Basis of claim for exemption from FSET participation (GA category).

- Date and reason of employment termination, and date last paid. Verify at the point of employment termination for participants, and for any employment terminated within 90 days of application for applicants.

- Social Security number. See 0010.18.03 (Verifying Social Security Numbers).

GRH:
Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

See 0010.18 (Mandatory Verifications) for mandatory verifications that apply to all programs.

MFIP, WB, DWP, MSA, GA, GRH:
See 0010.18.01 (Mandatory Verifications - Cash Assistance).

FS:
Verify the following:

- Identity of the applicant and the authorized representative if the authorized representative is applying for the applicant.
- Social Security numbers of all people applying for assistance. See 0010.18.03 (Verifying Social Security Numbers).
- Residency in Minnesota, unless verification cannot be obtained because the people are homeless, migrant farmworkers, or newly arrived in Minnesota. For people in the Safe At Home Program, see 0029.29 (Safe At Home Program).
- Cash contributions received from sponsors of immigrants. See 0016.21.03 (Income of Sponsors of Immigrants With I-864).
- Disability exemption from work registration. See 0010.18.06 (Verifying Disability/Incapacity - FS).
- Housing costs. Verify at application and recertification in order to allow the expense as a deduction. Do NOT allow the housing cost as a deduction if it is NOT verified. Do not close FS due to failure to provide the verification. Verify changes whenever they occur. If a change which is not verified decreases benefits, budget the change and verify at recertification. If a change which is not verified increases benefits, do not budget the change.
- Property taxes and property insurance. Verify property taxes and property insurance when the unit indicates that there are other expenses in the escrow account that are not allowable shelter expenses. See 0018.15 (Shelter Deductions).
- Some medical expenses in order to allow the expenses as a deduction. See 0018.12 (Medical Deductions) for when you can allow the expenses and when to require verification.
- Date and reason of employment termination, and date last paid. Verify at the point of employment termination for participants, and for any employment terminated within 90 days of application for applicants.
- The amount of a court-ordered child support obligation and the amount of child support actually paid to another household, in order to allow the support as a deduction. See 0018.33 (Child and Spousal Support Deductions).
- The number of hours of employment or work program activities for non-exempt able-bodied adults subject to the 3 months in 36 months limit on eligibility. See 0011.24 (Able-Bodied Adults) for more information.
- School attendance, if related to eligibility.
- Liquid assets, for non-categorical eligible units. All assets are excluded for categorical eligible (CE) units. To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

NOTE: Use of the standard utility allowance(s) does not need to be verified, unless there is inconsistent information. See 0010.15 (Verifications – Inconsistent Information).

VERIFYING SOCIAL SECURITY NUMBERS 0010.18.03

Also see §0010.18.03.03 (Verifying Social Security Numbers - Newborns).

Use the SSA/DHS data exchange to verify Social Security numbers for all people applying for assistance. Enter the client's Social Security number (SSN) and appropriate code on the MAXIS STAT/MEMB panel.

An interface between MAXIS and SSA will verify the Social Security number by entering a validation code on the MAXIS STAT/MEMB panel. If the client information does not match the Social Security number, you will get a DAIL/DAIL message. The message will list the discrepancy for you to clarify. To clarify the information, compare the information on the STAT/MEMB panel to the case file or contact the client for more information.

If the client does not know or have a Social Security number:

1. Get a completed or partially completed and signed Application for Social Security Number (SS-5) from the client.

2. Highlight areas on the SS-5 that are not complete.

3. Enter the MAXIS Person Master Index (PMI) number in the NPN block at the bottom of the SS-5. The MAXIS PMI number for each client is on the STAT/MEMB panel.

   2 4 0 (3 digit state code)
   ___ ___ ___ ___ ___ ___ ___ ___ (8-digit PMI number, including zeros added to the beginning of the number as fillers).

   For example, if the person number is 12345, the PMI for the SS-5 is: 240-00012345.

4. Keep a photocopy of the signed SS-5 in the case file.

5. Tell the client to mail or take the SS-5 form with supporting evidence to the local Social Security Administration office. The client must be able to verify age, identity, and lawful non-citizenship status. The SS-5 form describes acceptable types of supporting evidence.

MFIP, WB, DWP:

A parent may request a Social Security number (SSN) for a newborn child on the birth certificate application. The state vital statistics office sends the birth registration data to the Social Security Administration (SSA). Social Security Administration (SSA) issues an SSN and sends a Social Security card to the parent(s) for the child.

Accept form SSA-2853-OP4 (Information About When You Will Receive Your Baby's Social Security Card) as verification that the unit has applied for an SSN. Keep the form, or a copy of it, in the case file.

Remind the parent(s) that they must report the SSN to the county agency when the number is received.

FS: A parent may request a Social Security number (SSN) for a newborn child on the birth certificate application. The state vital statistics office sends the birth registration data to the Social Security Administration (SSA). Social Security Administration (SSA) issues an SSN and sends a Social Security card to the parent(s) for the child.

Accept form SSA-2853-OP4 (Information About When You Will Receive Your Baby's Social Security Card) as verification that the unit has applied for an SSN. Keep the form, or a copy of it, in the case file.

If the unit cannot provide or apply for an SSN for the newborn immediately following the birth, allow the unit to provide the SSN or proof of application for an SSN for the newborn at its next recertification or within 6 months following the month of the baby's birth, whichever is later. Also see 0012.03 (Providing/Applying for an SSN).

Remind the parent(s) that they must report the SSN to the county agency when the number is received.

MSA, GA, GRH:

No provisions.

Social Security Administration (SSA) determinations and benefits may be verified with the State Verification and Exchange System (SVES) interface between MAXIS and SSA. See TEMP Manual TE02.12.13 (SVES TPQY Interface) for more information on this interface.

MFIP:
Do not ask for proof of illness or disability you expect to last less than 30 days unless the claim is questionable.

For households extended under the Ill/Incapacitated category which you expect to last 30 days or more, types of proof are:

- Social Security Administration (SSA) disability status.

- A qualified professional's or psychologist's report based on the results of a current medical examination or a current psychiatric evaluation (no older than 12 months). The medical statement must state the time period the disability will last. See 0011.39 (Qualified Professionals).

  If the qualified professional's or psychologist's report alone does not prove disability, get a vocational history for the last 5 years to supplement the medical statement.

When possible, the county agency should determine disability. When you cannot tell if the evidence proves disability, refer the case to the State Medical Review Team (SMRT).

To refer a case for a disability determination, FAX or send on DISK in TIFF format, the following items to SMRT:

- A completed State Medical Review Team Determination of Disability (DHS-1467A).

- A current (within 6 months) medical diagnosis supported by objective medical evidence.

- A social and vocational history. Include enough information to make it possible to relate the medical evidence to the client's ability to work and care for children.

Fax or send on DISK in TIFF format, these items to:

State Medical Review Team
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3853
Fax: 651-431-7461

Clients, with agency help if needed, must complete the social/vocational history and get medical information. The county agency must pay for costs the client incurs for medical reports using MA administrative account funds.

Clients who do not cooperate in the process cannot use disability as a basis of exemption from Employment Services.

The SMRT returns its determination and the supporting evidence to the county agency. In some cases the SMRT must request additional information. A SMRT decision is binding on the county agency, although clients may appeal. See 0027 (Appeals).

WB:
No provisions.

DWP:
Follow MFIP, EXCEPT do not ask for proof of illness or disability you expect to last less than 30 days unless the claim is questionable.

FS:
See 0010.18.06 (Verifying Disability/Incapacity - FS).

MSA:
Verify blindness or disability by either:

- Receipt of RSDI or SSI based on the person's blindness or disability.
  OR
- The person has SSA 1619B status as indicated on MAXIS. See TEMP Manual TE02.07.259 (1619 A and B Status).

GA:
Use any 1 of the following as proof of illness or disability/incapacity:

- The Request for Medical Opinion (DHS-2114) (for non-SMRT referrals). The DHS-2114 certification is valid for 6 months from the date of last examination unless a permanent condition or longer time frame for the condition is indicated on the form.

- The SMRT Determination of Disability

- The person has SSA 1619B status as indicated on MAXIS. See TEMP Manual TE02.07.259 (1619 A and B Status).

- Other medical certification. See MEDICAL CERTIFICATION in 0002.39 (Glossary: Lump Sum...).

GRH:
Follow MSA, for blind, aged, and disabled clients. For all other adults, there are no provisions.

Social Security Administration (SSA) determinations and benefits may be verified with the State Verification and Exchange System (SVES) interface between MAXIS and SSA. See Temp Manual TE02.12.13 (SVES TPQY Interface) for more information on this interface.

MFIP, DWP, MSA, GA, GRH:

See 0010.18.05 (Verifying Disability/Incapacity - Cash).

WB: No provisions.

FS: There are 3 types of disability categories. Accept verification of a more restrictive disability category to verify disability for a less restrictive category. The 3 categories and verification types, listed from the most to the least restrictive, are:

1. Receipt of disability benefits. (These clients may be eligible for: separate unit status if they purchase and prepare meals separately; exemptions from the gross income guidelines; medical deductions; and unlimited shelter deductions.) See 0014.03 (Determining the Assistance Unit). The benefits that verify disability are:

   - Approval to receive SSI based on disability.
   - Approval for SSI presumptive disability payments or SSI emergency advance payments.
   - Approval to receive MA based on disability.
   - Approval to receive MSA based on disability.
   - Approval to receive GA Interim Assistance if the criteria used to determine the disability is at least as stringent as those used under Title XVI of the Social Security Act. A disability determination by the State Medical Review Team (SMRT) meets the criteria for GA Interim Assistance and MA.
   - Approval to receive RSDI based on the person's disability.
   - Certification to receive VA benefits based on disability if:

     - The VA office writes a statement indicating the person is rated as totally disabled or is paid at the totally disabled rate.

     OR

- The person has a disability listed in 0012.15.03 (Medical Improvement Not Expected (MINE) List). Obtain a doctor's statement.

OR

- The VA considers the person to be in need of regular aid and attendance or to be permanently housebound.

- Certification for receipt of Railroad Retirement disability from the Railroad Retirement Board if the person receives Medicare.

- Receipt of disability retirement benefits from a government agency.

2. Additional acceptable verification of disability for people who are too disabled to purchase their own food but who have arranged to have their food purchased and prepared separately from those with whom they live, and people who purchase and prepare food with others but qualify for separate unit status because of a disability. See 0014.03.06 (Determining the Food Support Unit), 0019.09 (GIT for Separate Elderly Disabled Units). They are:

   - A disability listed in 0012.15.03 (Medical Improvement Not Expected (MINE) List). Obtain a doctor's statement.

   - A disability that is not on the MINE list, but which prevents the person from purchasing and preparing meals. Obtain a doctor's statement.

3. Additional verification acceptable for exemption from work requirements and for verifying that a student is an eligible student. (Disability must last 15 days or more.) They are:

   - Certification for receipt of any of the benefits listed above, or from any government or private source, whether the benefits or disability are permanent or temporary.

   - A statement from a licensed physician or psychologist.

VERIFYING INTENT TO REMAIN IN MINNESOTA 0010.18.08

Some programs base state residency on clients' intent to remain in Minnesota. See §0011.06 (State Residence). For programs which base state residency on clients' intent to remain, verify the client's statement of intent ONLY if questionable. See §0010.15 (Verification - Inconsistent Information).

A client's statement of intent may be questionable if:

- The client has no verified residence address in Minnesota.
- The client provides identification indicating a residence outside Minnesota.
- The client indicates that s/he maintains or has maintained a residence outside Minnesota.
- The client is only present in Minnesota as a resident of an excluded time facility.

If a client's intent to remain in Minnesota is questionable, verify it by any 1 of the following:

- A residence address on a valid Minnesota driver license, Minnesota identification card, or voter registration card.
- A rent receipt or a statement by the landlord, apartment manager, or homeowner showing that the client is residing at an address in Minnesota.
- A statement by a landlord or apartment manager indicating the client has located housing which is affordable for the client in Minnesota.
- Postmarked mail addressed to and received by the client at the client's address in Minnesota.
- A current telephone or city directory with the client's residence address in Minnesota.
- A written statement by a client's roommate verifying the client's residence and the date the client moved in. The roommate must also verify that the roommate lives in the residence by providing a copy of the roommate's mortgage statement, lease agreement, or postmarked mail addressed to and received by the roommate at that address.
- Documentation that the client came to the state in response to an offer of employment.

- Documentation that the client has looked for work by presenting documentation from employers, the local Job Service office, or temporary employment agencies.

- An affidavit from a person engaged in public or private social services, legal services, law enforcement, or health services that the affidavit knows the client, has had personal contact with the client, and believes the client is living in the state with the intent of making Minnesota the client's permanent home.

MFIP, WB, DWP:

Types of verification of intent to remain in Minnesota include but are not limited to items in the general provisions. For exemptions, see §0011.06 (State Residence). Also see §0010.03 (Verification - Cooperation and Consent), §0010.06 (Sources of Verification - Documents), §0010.09 (Sources of Verification, Collateral Contacts), §0010.12 (Sources of Verification - Home Visits).

Document in case notes why you considered the client's statement of intent to remain to be questionable.

FS: Intent to remain is not a requirement.

MSA: Types of verification of intent to remain in Minnesota include but are not limited to items in the general provisions. See §0010.03 (Verification - Cooperation and Consent), §0010.06 (Sources of Verification - Documents), §0010.09 (Sources of Verification, Collateral Contacts), §0010.12 (Sources of Verification - Home Visits).

GA: If the client maintains or indicates a residence outside Minnesota, the client must document that s/he has severed the residence in the other state. Documentation may include bank statements indicating the closing of accounts, a document showing cancellation or termination of a lease, or verification that real property used as the client's residence in the other state is abandoned or for sale.

GRH: Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

VERIFYING SELF-EMPLOYMENT INCOME/EXPENSES 0010.18.09

Verify income as a condition of eligibility. Verify expenses to allow them as deductions. The client may use the Self-Employment Report Form (DHS-3336) as monthly proof of self-employment income and expenses.

For programs that require you to annualize income, use the client's tax return to verify income and business expenses unless they are questionable or there has been a significant change. A significant change must be inconsistent with the regular fluctuations of business.

For programs that require you to use monthly self-employment income and expenses, use business records to verify income and expenses.

Although a tax return may be a basis to determine self-employment income, the Internal Revenue Service (IRS) and assistance programs do not use the information in the same way. See §0017.15.33 (Self-Employment Income) to determine what is counted or excluded as income and expenses by assistance programs.

The IRS requires self-employed people to file a tax return when their earnings are $400 or more per year. However, if the client has not filed a tax return, you cannot require the client to file.

If the client has not filed a tax return for the most recent tax year, the tax return does not give adequate information, or it is a new self-employment venture, use business records such as:

- Copies of daily, weekly, or monthly ledgers.
- Invoices.
- Itemized receipts.
- Purchase orders.
- Copies of customer receipts.
- Transportation logs.
- Cancelled checks.
- Copy of business checking account statement.
- County agency forms.
- Records from the Small Business Administration (SBA).
- Records from the Farmers Home Administration (FHA).
- Records from the Production Credit Association (PCA).
- Statements from the client's customers.

People who report that they are not United States citizens may have several factors that require verification. Non-citizens will generally have 1 of 2 forms (I-551 or I-94) that indicates current immigration status and the date it was attained. See §0010.18.24 (Verification - I-94 Cards), §0010.18.27 (Verification - I-551 Card).

Factors that you must verify include:

- **Current immigration status:** A non-citizen's status relates to permission to live and work in the United States. A lawful permanent resident (LPR) has permanent permission to live and work in the United States. See §0010.18.15 (Verifying Lawful Permanent Residence), §0010.18.15.03 (Lawful Permanent Resident: USCIS Class Codes), §0011.03.12 (Non-Citizens - Lawful Permanent Residents). Some people only have permission to live here for a temporary period and may need to apply for permission to work. Other people may only have permission to reside here on a temporary basis and are ineligible to work in the United States. See §0011.03.24 (Non-Citizens - Lawfully Residing People), §0011.03.27 (Undocumented and Non-Immigrant People).

  NOTE: An expired immigration document is NOT acceptable verification of current status. Do not assume that an expired document is an indication that the immigration status has changed or that the person should be considered undocumented. Verification of current immigration status is mandatory and eligibility does not exist until it is received. Obtain a signed release of information to contact USCIS to verify the person's immigration status.

  An Employment Authorization card may indicate immigration status, but in cases where entry date or status date are also needed, additional verification may be required.

- **Date of entry to the United States** or date status granted**:** The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 was signed on 8-22-96. Eligibility for federally-funded programs for non-citizens who arrived in the United States on or after that date may be different than for those who arrived prior to that date. With some EXCEPTIONS, people entering after 8-22-96 are subject to a 5-year bar to FEDERAL MEANS TESTED PROGRAMs, see §0002.23 (Glossary: Fair Hearing...). For exceptions, see §0011.03.03 (Non-Citizens - MFIP/WB/DWP Cash).

In some cases it may be necessary to verify eligibility factors by contacting USCIS, but ONLY after obtaining a release of information from the non-citizen household member.

Refusing to sign a release of information is a bar to eligibility for the non-citizen household member(s) only. Assistance is available for the remaining household members who meet all other eligibility criteria.

Do not attempt to verify the immigration status of household members who are not requesting assistance.

After you have determined eligibility, you may be required to use the SAVE process for some programs. See §0010.18.11.03 (Systematic Alien Verification (SAVE).

The Systematic Alien Verification for Entitlements (SAVE) system is used to validate immigration status of non-citizen applicants for certain programs, who are determined eligible for those programs; or for participants of those programs who report an immigration status change. See §0010.18.18 (Verifying Sponsor Information). SAVE is also required for some health care programs; see the Health Care Programs Manual.

SAVE is an information-sharing initiative to assist in verifying the immigration status of non-citizens. It allows authorized staff to validate a non-citizen's immigration status information by accessing U.S. Citizenship and Immigration Services (USCIS) data through the Automated Status Verification System (ASVS) database, which contains information on more than 60 million non-citizens. The USCIS will protect a person's privacy to the maximum degree possible, in accordance with the Immigration and Nationality Act and other applicable statutes.

Use SAVE to validate the immigration status of eligible non-citizen applicants for the following programs, or for eligible participants of these programs who report a status change:

- MFIP.
- WB.
- DWP.
- Food Support.
- Refugee Cash Assistance.
- Minnesota Food Assistance Program (MFAP).

The SAVE system DOES NOT determine a person's eligibility for public assistance programs. It does not eliminate the requirement for non-citizens to provide verification of their immigration status. It also does not provide information on other factors that may impact a non-citizen's eligibility, such as qualifying quarters of coverage, military, or veteran status. It is also NOT a reporting mechanism. Information on non-citizens provided by financial workers through SAVE cannot be used by USCIS for the purpose of administrative (non-criminal) enforcement of immigration laws.

How to use SAVE in eligibility determinations:

For APPLICANTS:

1. Request verifications needed to determine eligibility of all applicants, including documentation of the USCIS status of non-citizen applicants when required by the program(s) for which the unit is applying.

2. Determine eligibility.

3. If the non-citizen applicant submits the requested immigration verifications, meets all program requirements, and is eligible for benefits, submit through ASVS.

4. Approve benefits. Do not delay, deny, or reduce benefits pending SAVE primary or secondary verification if the USCIS documentation provided by the applicant makes him/her eligible.

5. If you submit a non-citizen through SAVE, change the Status Ver field on STAT/IMIG to either S1 (Save Primary) or S2 (SAVE Secondary).

For PARTICIPANTS who report a change in immigration status:

1. Request verification of the new status.

2. Redetermine eligibility.

3. If the non-citizen submits requested verification and remains eligible, submit through ASVS. Do not delay, deny, reduce, or terminate benefits pending SAVE verification.

4. If the non-citizen is no longer eligible based on the verifications provided, do not submit through ASVS. Look at potential eligibility for other programs.

5. If you submit a non-citizen through SAVE, change the Status Ver field on STAT/IMIG to either S1 (Save Primary) or S2 (SAVE Secondary).

See §00010.18 (Mandatory Verifications), §0010.18.01 (Mandatory Verifications - Cash Assistance), §0010.18.02 (Mandatory Verifications - FS), §0010.18.11 (Verifying Citizenship and Immigration Status).

Do NOT use SAVE:

- For GA, Emergency GA, MSA, Emergency MSA, or GRH.

- When the immigration status claimed and USCIS documentation provided by the applicant/participant causes ineligibility for the programs being applied for, and the applicant/participant does not claim a different status.

- When factors other than immigration status make the unit ineligible (such as excess assets or income).

- For people who are not applying for benefits for themselves, even if they are applying on behalf of others.

- When a unit withdraws its application for assistance and SAVE validation has not yet occurred.

For MAXIS procedures, see TEMP Manual TE02.12.19 (SAVE System), TE02.12.20 (SAVE - Secondary Responses).

MFIP, WB, DWP, FS:

Follow general provisions.

MSA, GA, GRH:

No provisions.

VERIFYING LAWFUL TEMPORARY RESIDENCE 0010.18.12

For eligibility purposes, see §0011.03.24 (Non-Citizens - Lawfully Residing People).

The following documents indicate an immigrant is a Lawful Temporary Resident (LTR):

- An unexpired Temporary Resident Card - form I-688.
- An unexpired Employment Authorization Card - form I-688A. This card is issued to people applying for temporary resident status.
- Receipt for application for temporary resident status - form I-689.
- Correspondence from U.S. Citizenship and Immigration Services (USCIS) documenting that the person is an LTR. USCIS documentation does not necessarily use the term "Lawful Temporary Resident" (LTR).
  - A non-citizen entering as a Special Agricultural Worker under section 210 is an LTR. The class code will be S16 or S26.
  - A non-citizen entering under the legalization program under section 245(a) is an LTR.

VERIFYING LAWFUL PERMANENT RESIDENCE 0010.18.15

For eligibility purposes, see §0011.03.12 (Non-Citizens - Lawful Permanent Residents).

The following documents indicate a non-citizen is a Lawful Permanent Resident (LPR):

- I-94 cards or a foreign passport endorsed with "Processed for I-551 as Temporary Evidence of Admission for Lawful Permanent Residency" or the term "Resident Alien". The LPR will only have an I-94 card until U.S. Citizenship and Immigration Services (USCIS) processes the I-551 card (4-6 months after application).

- An unexpired Permanent Resident Card (formerly known as a "green card") form I-551.

- An unexpired Conditional Resident Alien Card - I-551.

- An unexpired Re-Entry Permit - form I-327.

- A private bill enacted by the United States Congress indicating permanent resident status.

Inform immigrants without documentation, who say they are not undocumented, that they must provide USCIS documentation. Failure to provide verification results in ineligibility for the non-citizen household member(s) only. For MFIP, if they refuse to provide the verification the entire unit is ineligible.

Children who are LPRs, under age 18 automatically acquire naturalization through their parents by meeting 1 of the following categories:

- Both parents become naturalized.

- The naturalization of the surviving parent, if 1 of the parents is dead.

- The naturalization of the parent having legal custody of the child, when there has been a legal separation of the parents.

- The naturalization of the mother, if the child was born out of wedlock and the paternity of the child is not established by adjudication.

  Children over the age of 14 must take the oath of allegiance or they are not granted citizenship.

Children deriving citizenship automatically through their parents do not necessarily have documents verifying their status. Do not require verification of naturalization for the children if you have the parent's documents.

MFIP, WB, DWP, FS, GA:

Verify immigration status for people who report non-citizenship.

Identify LPRs whose sole entrance reason is because someone petitioned for their entry into the United States. The name of the sponsor will not be on the immigrant's I-94, or temporary or permanent I-551. However, most codes on the card beginning with an I, C, or P indicate an LPR entered because someone petitioned for the LPR's entrance. See §0010.18.15.03 (Lawful Permanent Resident: USCIS Class Codes).

Verify honorable discharge status with United States Military Discharge Certificate Form DD-214 or other evidence to show character of service as honorable. If the narrative for the discharge entry is based on lack of citizenship or other non-citizenship reason, there is no eligibility.

Verify active duty in the Armed Forces with green service identity card United States Form DD-2 or red service identity card and a copy of a current order showing active duty (other than active duty for training purposes).

Verify the status of LPRs who were originally admitted as refugees or asylees. The I-551 card will show the following codes denoting their status before the adjustment: AS6, 7, 8; IC6, 7; RE6, 7, 8 or RE86; Y1-16 and Y64. See §0010.18.15.03 (Lawful Permanent Resident: USCIS Class Codes) for more information. The I-551 card will have the date of admission to the United States.

Verify tribal membership for non-citizen American Indians who declare tribal membership in a tribe whose members are eligible for programs provided by the United States. This includes those who were born in Canada or Mexico and are entitled to freely cross the United States borders into Canada or Mexico. Use a tribal membership card that shows membership in a specific tribe. If no card is available, contact the specific tribal offices to verify the membership. If it is uncertain that a specific tribe is eligible for programs provided by the United States, contact either the tribal office or the United States Bureau of Indian Affairs (BIA) for verification. Obtain a signed authorization from the client before making the contact.

Verify the birth of American Indians born in Canada. They should have an unexpired I-551 with code S-13, an unexpired I-551 stamp in a Canadian passport

or an I-94 with code S-13, or a letter or tribal document certifying 50% Indian blood along with a birth certificate or other satisfactory evidence of birth in Canada.

Verify tribal membership, date of birth, and relationship of an individual, spouse, unremarried surviving spouse (must not be divorced from the individual), or a minor child of a Hmong or Highland Laotian tribe member who is lawfully residing in the United States and was a member of that tribe at the time the tribe rendered assistance to United States personnel by taking part in a military or rescue operation during the Vietnam era (8-5-64 - 5-7-75). Acceptable documentation may consist of unexpired I-551 or other USCIS documentation. The USCIS documentation will be coded as 1 of the following: RE1, RE2, RE3, RE6, RE7, RE8, RE86, IC6, or IC7. A Refugee Data Center (RDC) list contains information on eligible Hmong and Highland Laotian refugees who entered the United States after 1979. Exclusion from the list is not reason for denial. If you are unable to verify, have client sign an affidavit. An applicant is ineligible as a tribal member if his/her birth date is AFTER 5-7-75, unless he/she is a spouse, unremarried spouse, or minor child of an eligible tribal member.

MSA: Verify immigration status if the client is not eligible for SSI solely due to excess income.

GRH: Follow MSA for aged, blind, and disabled participants. Follow MFIP for all other adults.

LAWFUL PERMANENT RESIDENT:USCIS CLASS CODES 0010.18.15.03

The U.S. Citizenship and Immigration Services (USCIS) class code may be stamped on an I-551, a passport, or any other correspondence USCIS gives an immigrant. The class codes listed below are those given to immigrants applying for Lawful Permanent Resident (LPR) status.

The alphabetical letter(s) in the class codes represent the latest revision of the various classes while the numerical figure reflects the order and relationship within the class. Therefore agencies should not be concerned if the numerical figure is not listed. Listed below is the most current class code.

The section numbers are the sections of the immigration law which authorize the immigrant's entrance into the United States. Refer to the sections listed in §0011.03 (Citizenship and Immigration Status) to determine if an immigrant entering under a particular section of law is eligible for assistance. This list is NOT all-inclusive.

Curr. Class Code	Section of Law	Description
AM1		Amerasian. born in Vietnam.
AM2		Spouse/child of AM1 or AM6.
AM3		Mother, guardian or relative of AM1 or AM6.
AM6		AM1 adjustment to LPR.
AM7		AM2 adjustment to LPR.
AM8		AM3 adjustment to LPR.
AS1	208	Approved primary asylee.
AS2		Spouse of asylee.
AS3		Child of asylee.
AS6		AS1 adjustment to LPR.
AS7		AS2 adjustment to LPR.
AS8		AS3 adjustment to LPR.
C20		Child of unmarried son/daughter of LPR, Adjustment (conditional).
C21	216(a)(1)	Spouse of LPR (conditional).
C22	216(a)(1)	Child of LPR (conditional).
C23	216(a)(1)	Child of C21 or C22 (conditional).
C24	216(a)(1)	Unmarried child of LPR (conditional).
C26		Spouse of LPR, adjustment (conditional).
C27		Child of LPR, adjustment (conditional).
C31	216(a)(1)	Married child of U.S. citizen (conditional).

C32	203(d)	Spouse of C31 (conditional).
C33	203(d)	Child of C31 (conditional).
C36		Married son/daughter of U.S. citizen, adjustment (conditional).
CH		Humanitairian parolee Cuba or Haiti.
CH6		Cuban/Haitian entrant adjustment to LPR.
CP		Cuban/ Haitian parolee processed at Guantanamo or other public interest parolee.
CR1	201(b)	Spouse of U.S. citizen (conditional).
CR2	201(b)	Child of U.S. citizen (conditional).
CU6		Cuban refugee adjusted under Cuban Adjustment Act.
CU7		Spouse or child of CU6 (not Cuban).
DV1		Diversity principal, new arrival.
DV2		Spouse of DV1 or DV6, new arrival.
DV3		Child of DV1 or DV6, new arrival.
DV6		Diversity principal, adjustment.
DV7		Spouse of DV1 or DV6, adjustment.
DV8		Child of DV1 or DV6, adjustment.
E11	203(b)(1)(A)	LPR with extraordinary ability.
E12	203(b)(1)(B)	LPR who is professor or researcher.
E14	203(d)	Spouse of E11 or E12.
E15	203(d)	Child of E11 or E12.
E21	203(b)(2)	LPR with advanced degree.
E22	203(d)	Spouse of E21.
E23	203(d)	Child of E21.
E31	203(b)(3)(A)(i)	Highly skilled LPR.
E32	203(b)(3)(A)(ii)	Professional with BA degree.
E34	203(d)	Spouse of LPR classified E31 or E32.
E35	203(d)	Child of LPR classified E31 or E32.
F11	204(g)	Unmarried child of U.S. citizen.
F12	204(g)	Child of non-citizen classified F11.
F16		Unmarried son/daughter of U.S. citizen, adjustment.
F17		Child of F11 and F16.
F21	203(a)(2)	Spouse of LPR.
F22	203(a)(2)	Child of LPR.
F23	203(d)	Child of F21 or F22.
F24	203(a)(2)(b)	Unmarried child of LPR.
F26		Spouse of LPR, adjustment.
F27		Child of LPR, adjustment.
F31	203(a)(3)	Married child of U.S. citizen.
F32	203(d)	Spouse of F31.

F33	203(d)	Child of F31.
F36		Married son/daughter of U.S. citizen, adjustment.
F37		Spouse of married son/daughter of U.S. citizen, Adjustment.
F41		Brother/sister of U.S. citizen, new arrival.
F42	203(d)	Spouse of F41.
F43	203(d)	Child of F41.
F46		Brother/sister of U.S. citizen, adjustment.
FX1		Spouse of LPR, new arrival.
FX2		Child of LPR, new arrival.
GA6		Iraqi asylee (processed in Guam) adjusted to LPR.
GA7		Spouse of GA6 adjusted to LPR.
GA8		Child of GA6 adjusted to LPR.
IC6		Indochinese Refugee.
IC7		Spouse or child of Indochinese Refugee.
IF1		Spouse, entered as a fiancé(e), adjustment.
IF2		Child of IF1, adjustment.
IR0		Parent of adult U.S. citizen, adjustment.
IR1	201(b)	Spouse of U.S. citizen.
IR2	201(b)	Child of U.S. citizen.
IR3	201(b)	Orphan adopted abroad by U.S. citizen.
IR5		Parent of adult U.S. citizen, new arrival.
IR6		Spouse of U.S. citizen, adjustment.
LA6		Parolee, Soviet/Indochinese.
NC6		NACARA principal.
NC7		Spouse of NC6.
NC8		Child of NC6.
NC9		Unmarried son/daughter of NC6.
NP6, 7, 8	203(a)(7)	Non-preference immigrants.
PH6		Parolee, Polish/Hungarian.
RE1	207	Refugee.
RE2		Spouse of Refugee RE1.
RE3		Child of Refugee RE1.
RE5		Haitians Refugees admitted to U.S. on or after 6-1-94.
RE6		RE1 adjustment to LPR.
RE7		RE2 adjustment to LPR.
RE8		RE3 adjustment to LPR.
RE86		Refugee Parolee
S-13		American Indians born in Canada.
SY6		Syrian Asylee.
SY7		Spouse of Syrian Asylee.

SY8	Child of Syrian Asylee.
W16	LPR who was previously an LTR.
W26	LPR who was previously an LTR.
W36	LPR who was previously an LTR.
Y1-16, Y64	Refugees.

The Social Security Administration (SSA) has developed an automated system to verify information on Social Security credits on an overnight basis. For procedures on verifying work credits using the SVES interface on MAXIS, see TEMP Manual TE02.12.15 (SVES Quarters of Coverage), TE02.12.24 (Social Security Credits).

It is important to note that an individual's credits may also be credited from his or her current and/or deceased spouse, only for the credits worked during the spousal relationship, and credits worked by a parent before a child attains age 18 may be attributed to the child even after he/she becomes an adult. Add the number of credits that the applicant and any relevant individual have been in the United States. If the total equals 40 credits or more, continue. If not, the applicant is not eligible for federally-funded MFIP and Food Support.

Follow these procedures if any of the years reported include any earned income for the applicant, the applicant's spouse, or the applicant's parents, count up to 4 credits in each calendar year for the applicant, and for each relevant individual:

- Always credit the applicant's own credits first and then the applicant's spouse and parents.
  AND
- Check U.S. Citizenship and Immigration Services (USCIS) documentation for the date of entry into the country for the applicant, spouse, and/or parents. The date of entry should be consistent with the amount of work history claimed by these individuals.

  If the dates of entry are inconsistent with the years of earnings reported, the applicant is not eligible for federally-funded Food Support and federally-funded MFIP.

  Do not use a Consent for Release of Information Form (SSA-3288) for the applicant or applicant's spouse. By signing the CAF, the applicant or applicant's spouse are giving consent for SVES. Use the Consent for Release of Information Form for the person not covered by signing the application. If the applicant's spouse is not required to sign the application, you need a consent form. You need the consent form signed by the parent(s), stepparent(s), adoptive parent(s) or former spouse of the applicant when requesting credits to attribute to the applicant. In addition, you need the social security number of the parent(s), stepparent(s), adoptive(s) or former spouse. Do not complete the consent form if you are requesting information on a deceased individual's social security number.

  If a spouse or parent refuses to sign the consent or cannot be located, you cannot use SVES. Use Form SSA-1610, to get a release of work credits.

Do NOT count any credits after 12-31-96 in which the person earning the credit also received assistance from a federal means tested program. See FEDERAL MEANS TESTED PROGRAM in 0002.23 (Glossary: Fair Hearing...). Compare credits earned after 12-31-96 to MAXIS participation records, and deduct the credit in which the person also received public assistance. Accept the client's statement as to receipt of public assistance in another state.

See SOCIAL SECURITY CREDITS in 0002.61 (Glossary: Self...). Also see 0010.18.11 (Verifying Citizenship and Immigration Status), 0011.03.06 (Non-Citizens - MFIP Food Portion), 0011.03.09 (Non-Citizens - FS/MSA/GA/GRH), 0011.03.12 (Non-Citizens - Lawful Permanent Residents), 0011.03.15 (Non-Citizens - LPR With Sponsors).

For correction of earning or discrepancies, the applicant can call the Social Security Administration at 1-800-772-1213.

LAG QUARTERS

SSA may still be processing earnings for a previous period (lag quarters) and these earnings may not yet be on a person's record. Accept an employer's wage statement that includes FICA withholdings for the period in question, if those credits are needed to establish the 40 qualifying credits. See 0002.35 (Glossary: Inventory...) for the definition of LAG QUARTERS.

Certify the household pending the results of the investigation for up to 6 months from the original date of insufficient credits if the household says that members have 40 credits, but the SSA cannot confirm the information and is conducting an investigation to determine if additional credits can be counted.

Accept tax forms such as a W-2 and/or W-2c, employer wage statements, or an IRS copy of the individual's tax return, if there is a problem in the last taxable year.

Follow these steps if the discrepancy is due to non-covered employment. Use the following process to establish and convert qualifying credits if the applicant does not meet the 40 qualifying quarter exception using covered earnings and alleges that he/she had additional work that is not documented by the SVES Interface or QUREY.

1. Review the SVES QUERY with the applicant or relevant individual to determine whether or not qualifying credits are missing.

2. Make the determination based on the information you have if the work credits are not missing.

3. Use the following list of verifications to convert the information you have if work credits are missing:

   - Form W-2 or W-2c.
   - Employer prepared earnings statement.
   - Statement of earnings signed by the custodian of the employer's records.
   - IRS copy of the employee's tax return.
   - Timely-filed return for a self-employed individual with a canceled check, money order or copy of Schedule C - Profit or Loss from Business (Sole Proprietorship) - with the IRS stamp. Be sure the tax return was filed no more than 3 years 3 months and 15 days after the year in which self-employment was earned.
   - Other evidence such as bills, vouchers and receipts that would allow you to determine that the business did exist and that a profit was earned.
   - Vouchers, pay-envelopes and similar unsigned employer earnings statements to the employee, or a state or federal agency.
   - Union records.
   - Individual's personal records and statements.
   - Other evidence of probate value.

4. If additional earnings exist, see TEMP Manual TE02.12.24 (Social Security Credits) to determine the qualifying work credits.

5. To assign quarters before 1978 use:

   - One credit for each calendar quarter if $50.00 or more was earned, including agricultural wages for 1951- 1954.
   - Four credits for each taxable year an individual's net earnings from self-employment were $400.00 or more.

One credit earned for each $100.00 – limited to a total of four credits- for agricultural wages paid during the years of 1955 – 1977.

MFIP:
Follow general provisions for the food portion only.

WB, DWP, MSA, GA, GRH:
No provisions.

FS:
Follow general provisions.

AFFIDAVITS OF SUPPORT:

The newer Affidavit of Support under Section 213A of the Immigration and Nationality Act (Form I-864) used for family based and certain employment immigrants went into use on 12-19-97. People sponsoring relatives after that date are required to file this form, which remains in effect until the immigrant becomes a naturalized citizen, earns or can be credited with 40 Social Security Credits, leaves the United States permanently, or the immigrant or sponsor dies. Divorce does NOT terminate the obligation. See §0010.18.15.06 (Verifying Social Security Credits).

The older Affidavit of Support (Form I-134) was in use prior to 12-97 and may be used for immigrants who are not sponsored by family members.

See §0011.03.15 (Non-Citizens - LPR With Sponsors), §0016.21 (Income of Sponsors of Immigrants With I-134), §0015.48 (Whose Assets to Consider).

SAVE AND I-864 SPONSOR INFORMATION:

To request sponsorship information using SAVE, check the "Request Affidavit of Support Data" box prior to submitting an automated additional verification request, and the Immigration Status Verifier (ISV) will provide this information when responding to the additional verification request if the non-citizen was sponsored on Form I-864, Affidavit of Support. If the immigrant was not sponsored using Form I-864, the ISV response will state "This alien was not sponsored on Form I-864", and you will need to pursue other means of securing the sponsorship information. If you have determined that the client has a sponsor, but the client is unable to provide the necessary sponsor verification, you can electronically request Affidavit of Support data PRIOR to determining program eligibility from USCIS.

Use SAVE to request specific sponsorship data through the automated additional verification request process. SAVE provides the following information regarding a client's sponsor(s):

- First, middle, and last name(s).
- Social security number(s).
- Last known address including street, city, state, and zip code.

NOTE: Once SAVE responds with the name, SSN, and last known address for the individual's sponsor(s), the agency must secure a release of information from the client prior to contacting the sponsor to request income and asset verifications.

Send a letter to remind the sponsor of his/her legal responsibility to provide support and request information regarding income and assets. If the sponsor and his/her spouse fail to respond to the letter and/or fail to provide verification of income and assets, deny the

application or recertification unless you are able to reasonably determine that the immigrant meets an EXCEPTION from the deeming requirement. See §0016.21.03 (Income of Sponsors of Immigrants With I-864). Do not send a reminder letter if the immigrant is exempt from the deeming requirement under a battered status and the sponsor is responsible for the battery.

For eligibility purposes, see 0011.03.27 (Undocumented and Non-Immigrant People).

Non-Immigrants are visitors, tourists, some temporary or agricultural workers, diplomats, and students. Forms of verification for non-immigrants are:

- Student visa.
- An I-94 card not labeled "Temporary I-551" and whose class code indicates a non-Immigrant. The class codes begin with letters (A) through (R). See 0010.18.21.03 (Non-Immigrant People: USCIS Class Codes).
- Form I-185: Canadian Border Crossing Card. If the person is a Canadian Indian, the non-citizen is an LPR, not a non-immigrant. See 0010.18.15 (Verifying Lawful Permanent Residence).
- Form SW-434: Mexican Border Visitor Permit.
- Form I-95A: Crewman's Landing Permit.
- Form I-688B or I-766: Employment Authorization Document (EAD). These are the usual documents issued to non-citizens granted permission to work in the United States. Check the Code of Federal Regulations (CFR) citation stamped or printed on the form to determine the person's immigration status.
- Form I-918: Petition for U Nonimmigrant Status (U-Visa). This status is used for victims of crimes who have suffered mental or physical abuse because of the crime AND who have information regarding the activity AND who are willing to assist government officials in the investigation of the criminal activity.

Undocumented people are non-citizens who do not have legal documentation authorizing their entry into the United States. Do not assume a non-citizen is here without U.S. Citizenship and Immigration Services (USCIS) authorization just because the person does not have documentation.

If the client is an undocumented person, deny the client for programs that require citizenship or legal entry status and determine eligibility for programs that do not. See 0011.03.27 (Undocumented and Non-Immigrant People).

MFIP, WB, DWP, FS:
Verify immigration status for people who report non-citizenship.

MSA:
Verify immigration status if the client is not receiving SSI. DO NOT verify a client's immigration status with USCIS without the client's written authorization.

GA:
Follow MFIP, EXCEPT people cannot receive GA if they are ineligible to receive SSI because of failure to comply with citizenship and immigration status verification requirements. See 0011.03 (Citizenship and Immigration Status). Do NOT verify a client's immigration status with USCIS without the client's written authorization.

GRH:

Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

NON-IMMIGRANT PEOPLE: USCIS CLASS CODES 0010.18.21.03

The following codes indicate non-immigrant status. The codes may be printed on the I-94, passport, visa, or other U.S. Citizenship and Immigration Services (USCIS) correspondence. The codes begin with (A) through (R) and are followed by a dash and single digit number. To determine whether a non-immigrant is eligible for assistance, refer to §0011.03.27 (Undocumented and Non-Immigrant People).

A-#	Foreign government officials on business and their families.
B-#	Visitor for business or pleasure - not accepting employment.
C-#	Non-citizens in travel status while traveling through the U.S.A.
D-#	Non-citizen crew.
E-#	Treaty traders and investors and their families.
F-#	Students (may accept employment with written permission).
G-#	International organization representatives and their families.
H-#	Temporary workers, including agricultural workers.
I-#	Members of foreign press or news media and their family.
J-#	Exchange visitor under United States Department of State approved program.
K-#	Fiances and fiancees of United States citizens and their children.
L-#	Intra-company transferees and their families.
M-#	Students at vocational or non-academic institutions.
N-#	Parent of a non-citizen who is a special immigrant.
O-#	People with extraordinary ability in the sciences, art, education, business, or athletics and their families.
P-#	Participants in an athletic or artistic event.
Q-#	Participants in an international cultural exchange program.
R-#	Members of religious organizations and their families.

The U.S. Citizenship and Immigration Services (USCIS) issues "Form I-94 (Arrival-Departure Record)" or "Form I-94 (Arrival-Departure Record) (Parole Edition)" to the following people when they enter the United States:

- **PAROLEES:** Parolees are people who normally would not be admitted to enter the United States, but are allowed to enter temporarily for humanitarian, medical, and legal reasons. Parolees are not on a predetermined path to permanent resident status.

- **REFUGEES:** Refugees are people who have permission to enter and live in the United States because they have a well-founded fear of persecution in their home country. They will have an I-94 card stamped "Admitted as a Refugee pursuant to section 207 of the Act." The I-688B or I-766 will be coded 274a.12(a)(3).

- **PAROLED AS REFUGEES:** People who fear persecution are "paroled" into the United States as refugees when the number of refugees allowed to enter has been exceeded. These parolees are given an I-94 with "paroled as a refugee" or "207" stamped on it.

- **ASYLEES:** People already in the United States who satisfy the requirements for refugee status because they fear persecution in their home country can apply for asylum or withholding of deportation. These people do not have refugee status because there is not a well-founded fear of persecution in their home country. People granted asylum may have an I-94 stamped "Asylum status granted pursuant to section 208 of the INA valid to (date)". An asylee may have a written decision from the USCIS or immigration judge in addition to an I-94, I-688B, or I-766. Asylees with an I-688B or I-766 Employment Authorization Document (EAD) will be coded as 274a.12(a)(5).

- **NON-IMMIGRANT PEOPLE:** Non-immigrants are non-citizens admitted to the United States temporarily for specific purposes and periods of time. USCIS does NOT issue I-94 cards to all non-immigrants. For example, tourists and students might not receive I-94 cards.

- **PEOPLE APPLYING FOR IMMIGRANT STATUS:** USCIS does NOT issue I-94 cards to all people applying for immigrant status. Some people are issued a temporary I-551 card.

If USCIS issues the "Parole Edition" of the I-94, the section of the Immigration and Nationality Act (INA) the person enters under is printed on the front of the card.

For all other I-94s, the class code stamped on the front of the card indicates what the person's entrance reason is. Use the class code to help determine the person's entrance reason and which assistance programs the person may be eligible for. See 0010.18.15.03 (Lawful Permanent Resident: USCIS Class Codes), 0010.18.21.03 (Non-Immigrant People: USCIS Class Codes).

If the only verification the person has is an I-94 card that is not endorsed, clarify the person's entrance reason. Either advise the person to obtain clarification by contacting USCIS, or obtain a written release from the client and contact USCIS.

MFIP, WB, DWP:
Follow general provisions.

FS:
U-Visa holders are not considered refugees and are not eligible for federal Food Support. If a U-Visa holder is 50 years or older and meets all other eligibility requirements, he/she may be eligible for state-funded Food Support (MFAP). See 0029.07.03 (State Food Programs).

MSA:

Verify immigration status if the client is not receiving SSI.

GA:
People cannot receive GA if they are ineligible to receive SSI because of failure to comply with citizenship and immigration status verification requirements.

GRH:
Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

An I-551 card is issued to immigrants admitted to the United States for Lawful Permanent Residence (LPR). When a non-citizen marries a United States citizen, the I-551 will have a 2-year expiration date. Consider these people to have permanent residency status during the 2 years. The U.S. Citizenship and Immigration Services (USCIS) may give the person permanent residence status at the end of the 2-year period if the non-citizen is still married to the citizen.

The I-551 replaces a person's I-94 card or the endorsement "Processed for I-551 as Temporary Evidence of Admission for Lawful Permanent Residency" on a foreign passport.

The class code stamped on the front of the I-551 card indicates the immigrant's entrance reason. Use the class code to help determine the immigrant's entrance reasons and for which assistance programs the person may be eligible. See §0010.18.15.03 (Lawful Permanent Residents: USCIS Class Codes), §0011.03 (Citizen and Immigration Status).

MFIP, WB, DWP, FS:
Follow general provisions.

MSA: Verify immigration status if the client is not receiving SSI.

GA: People cannot receive GA if they are ineligible to receive SSI because of failure to comply with citizenship and immigration status verification requirements.

GRH: Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

In this section, "student income" means student financial aid. See 0017.15.36 (Student Financial Aid Income). For provisions on verifying other types of income to students, see 0010.18 (Mandatory Verifications).

MFIP, WB, DWP:
Undergraduate student financial aid is excluded as income or as an asset. In order to exclude undergraduate student income, you must verify that it is student financial aid. In order to exclude as an asset any student financial aid the client retains, you must verify the period the financial aid is intended to cover. See 0015.33 (Excluded Assets - Student Financial Aid), 0017.15.36 (Student Financial Aid Income).

Verify student income using:

- Financial Aid Form (DHS-2646).
- The client's award letters.
- Other correspondence from the school.

For provisions on verifying other types of income to students, see 0010.18 (Mandatory Verifications).

FS:
Verify student income and/or expenses using:

- Financial Aid Form (DHS-2646).
- The client's award letters.
- Other correspondence from the school.

The Financial Aid Form (DHS-2646) is sufficient verification of tuition or expenses for the school year. Do not require additional verification unless the student reports a change in tuition or a higher amount of expenses, or the information provided is questionable or inconsistent. See 0010.15 (Verification - Inconsistent Information).

MSA:
Verify student income and expense using correspondence from the school, award letters, or receipts.

GA:
Follow FS. In addition, use the comments section in the lower left hand corner of the Financial Aid Form (DHS-2646) to request verification for any additional allowable deductions. See 0017.15.36.09 (Student Financial Aid Deductions) for those deductions.

GRH:
Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

For provisions relating to U.S. Citizenship and Immigration Services (USCIS) determination for self-petitioned Lawful Permanent Resident (LPR) status by battered non-citizens, see §0011.03.21 (Non-Citizens - Victims of Battery/Cruelty).

MFIP, DWP:

The provisions apply to verifying domestic abuse relating to the Family Violence Waiver Option. See §0005.12.12.09 (Family Violence Provisions/Referrals).

A client who claims that he or she is a victim of family violence and wants to claim a Family Violence Waiver must provide documentation of the abuse.

Consider any 1 of the following items as acceptable verification of family violence:

- Police, government agency, or court records.

OR

- Statement from a battered women's shelter staff person or a sexual assault or domestic violence advocate with knowledge of the circumstances or credible evidence that supports the participant's statement.

OR

- Statement from a professional from whom the client has sought assistance about the abuse.

OR

- Sworn statement from the participant.

OR

- Sworn statement from any other person with knowledge of the circumstances or credible evidence that supports the client's statement.

NOTE: A notarized statement is recommended from the participant and other person with knowledge of the circumstances, but it is not required. A sworn statement is needed at the minimum. For the definition of a sworn statement, see §0002.65 (Glossary: Suitable…).

You must help the client if he or she has difficulty in securing any of these items. You may also refer the client to a family violence advocate or legal services for help.

A client who claims good cause for IV-D and whose claim is approved may use the same documentation to verify family violence. Do NOT require the client to duplicate information already provided to the IV-D worker. See §0028.18 (Good Cause for Non-Compliance--MFIP/DWP).

WB, FS, GA, MSA, GRH:

No provisions.

These procedures do not apply to incomplete report forms received from people subject to scheduled reporting. See §0007.12.03 (What Is a Complete HRF/CSR), §0007.12.06 (Incomplete HRF/CSR).

MFIP, WB, DWP, MSA, GA, GRH:

Allow clients a minimum of 10 days to provide requested verification. Indicate the due date on the verification request.

When the last day of the 10-day verification request period falls on a Saturday, Sunday, or legal holiday, extend the time period to accept the verification to the next working day.

FS: Allow clients a minimum of 10 days to provide requested verification. Indicate the due date on the verification request.

If a client fails to provide the requested verification by the specified due date, issue a 10-day notice of adverse action. The 10-day verification request period and the 10-day notice of adverse action cannot overlap.

When the last day of the 10-day verification request period falls on a Saturday, Sunday, or legal holiday, extend the time period to accept the verification to the next working day.

MFIP, WB, DWP, FS:

Federal regulations require states to conduct automated data exchanges for applicants and participants of federally funded assistance programs. The Income and Eligibility Verification System (IEVS) verifies client eligibility and the proper amount of benefits. It also investigates whether clients are getting benefits to which they are not entitled.

The Internal Revenue Service (IRS), Social Security Administration (SSA), and Minnesota Department of Employment and Economic Development (DEED) check clients' Social Security numbers with information from their data files. MAXIS uses the information from these agencies to produce IEVS matches telling workers of a possible source of unreported income or assets.

MAXIS does not always create IEVS matches, even when there is a discrepancy between information on MAXIS and the data received from match source agencies. To limit the volume of IEVS matches needing worker follow-up, MAXIS uses targeting to produce matches only within a certain dollar amount. See TARGETING in §0002.65 (Glossary: Suitable...). Targeting identifies the most effective IEVS matches for follow-up.

MAXIS produces a message on DAIL/DAIL when an IEVS match occurs. You cannot delete IEVS messages from DAIL. After you enter an action code on the resolution of the IEVS match, the DAIL/DAIL message drops off. If you code non-cooperation as the resolution, the DAIL/DAIL message will not drop off until the effective date of action.

MSA, GA, GRH:

No provisions.

MFIP, **WB,** **DWP, FS:**

The following chart displays how often information is exchanged with match source agencies. The chart lists each type of match and the frequency of matching for applicants and participants.

MATCH:	SOURCE:	INCOME:	APPLICANT:	PARTICIPANT:
BNDX	SSA	RSDI	Monthly	Monthly*
SDXS/ SDXI	SSA	SSI	Monthly	Monthly
BEER	SSA/IRS	Earnings	Monthly	Monthly*
UNVI	IRS	Unearned	Monthly	Annually
UBEN	DEED	Unemployment	2 x Month	Monthly
WAGE	DEED	Earnings/Wages	2 x Month	Quarterly

*Following the initial submittal of a person's record, SSA only provides information when there has been a change in benefit or other circumstances.

MSA, GA, GRH:

No provisions.

MFIP, WB, DWP, FS:

After the match source agency returns information, MAXIS determines if the person was an applicant or participant during the period the person received the income. Since BEER and UNVI matches cover a full tax year, MAXIS looks at a full 12 months. If the person was an applicant or participant during the period the information covers, MAXIS applies appropriate targeting limits. If the dollar amount of the match is at or above the targeting level, MAXIS produces an "IEVS match". MAXIS then produces a message on the worker's DAIL/DAIL saying there is an IEVS match which requires follow-up. Take the following steps to process an IEVS match:

1. Review DAIL/DAIL for IEVS messages. IEVS messages state the type of match, the month the match was produced or the month the information is effective, the person matched, and the person's SSN. The match may not be in the same name as the case name. You may not delete IEVS messages. MAXIS automatically deletes the message when you resolve the IEVS match. See §0010.24 (Income and Eligibility Verification System).

   MAXIS also produces "INFO" informational messages on BNDX and SDXS/SDXI information available in the INFC function. These are not actual IEVS messages. Delete these messages after you review the information and take appropriate action.

2. Review match information received from the match source agency in the INFC function of MAXIS. On the INFC panel, enter the person's SSN and the match type to review. In the panel footer, enter the month and year that appeared on the IEVS DAIL message. See §0010.24.06.03 (UNVI Match Report Terms).

3. Review appropriate STAT panels on MAXIS and the case record if appropriate, and determine if you already knew the match information:

   - Review all STAT panels for the benefit month the match affects. For UNVI and BEER matches, review each of the 12 benefit months in the tax year. For the participant WAGE run, review each of the 3 benefit months in the quarter the information covers.

   - EXCEPT BNDX and SDXS/SDXI information, verify match information if there is a discrepancy between the match and information in the case record or on MAXIS. Consider BNDX and SDXS/SDXI match information verified upon receipt unless there is reason to doubt its accuracy.

4. Navigate to the Verification Log Update (IULA/IULB) panels. See §0010.24.15 (Recording IEVS Resolution Findings).

   - Record the time spent on the IEVS match. If there is no discrepancy between the case information and the match information, record the results of the IEVS resolution.

   - If there is a discrepancy in information, initiate an IEVS Difference Notice. See §0026.48 (Notices - IEVS). However, if your county agency has written procedures allowing fraud investigators to resolve matches, refer the case to fraud instead of sending the IEVS Difference Notice to the client. In this case, do not consider the match resolved until the fraud investigator completes the investigation, tells you of the results, and you have made an eligibility determination based on the information. See §0010.24.27 (IEVS Fraud).

   - Do not delay case processing, as long as the client is cooperating and is otherwise eligible.

MSA, GA, GRH:

No provisions.

UNVI MATCH REPORT TERMS 0010.24.06.03

The following terms used on the UNVI match report from the Internal Revenue Service have the meanings listed:

- ADDITIONAL WINNINGS FROM IDENTICAL WAGER - More than 1 wager on the same item, aggregated to determine if the total amount is more than $1,000.
- AGRICULTURAL SUBSIDIES - Money received from various United States Department of Agriculture subsidies.
- DIVIDENDS, CAPITAL GAINS AND NONTAXABLE DISTRIBUTIONS - Money earned or gained from the sale or distribution of stocks, money market funds, mutual funds, credit unions, etc.
- GROSS WINNINGS - Net gain (after federal tax withholding) from wagering on horse racing, dog racing, lottery, etc.
- INTEREST - Money earned from deposits, certificates, loans, etc.
- ORIGINAL ISSUE DISCOUNT - Amount of discount reported at the purchase of a bond or other money market instrument.
- OTHER PENSION DISTRIBUTION - Value of an annuity or bond purchased as part of a retirement distribution or exchange, or a death benefit.
- PRIOR YEAR REFUND - Money received from a prior year tax return.
- PRIZES AND AWARDS - Money or merchandise received from other than an employer for services rendered.
- REAL ESTATE SALES - The gross proceeds from the sale of real estate as reported on IRS Form 1099-B.
- RENTS - Money received from rental of business property such as farmland or commercial property.
- ROYALTIES - Money received from publishers, oil firms, etc.
- SAVINGS BONDS - Interest received from savings bonds when cashed.
- STOCKS AND BONDS - Gross proceeds from the sale of stocks or bonds.

- TOTAL PENSION DISTRIBUTIONS - Lump sum cash distributions from a retirement plan.

- UNEMPLOYMENT COMPENSATION - Money received from Unemployment Compensation (in other states) or Unemployment Insurance (in Minnesota).

- UNREALIZED APPRECIATION - Money held in trust by a past employer, usually in the form of a stock bonus, pension, or profit-sharing plan.

MFIP, WB, DWP, FS:

You must resolve matches within 45 days unless the information you need from a 3rd party, such as bank or employment verification, is not available within 45 days. Federal regulations allow the time frame to be exceeded for these cases. Only the investigations from 20% of the information items statewide from each type of match may exceed the deadline.

- Take action as soon as you receive the verification.
- Document all steps you took to resolve the match in CASE/NOTE.
- Do not take adverse action as long as the client is cooperating fully with your efforts.
- Resolve all matches by the next recertification period.

MSA, GA, GRH:

No provisions.

MFIP, WB, DWP, FS:

After you have verified the match information (if match information was not already known), determine its effect on eligibility.

- Update all STAT panels affected by the IEVS match. The IEVS match often covers several months of eligibility. You may need to update STAT panels for more than 1 month.

- Ensure retrospective and prospective budget information is completed on the STAT panels as appropriate.

- Apply program policy to determine the effect on eligibility. Approve new results on MAXIS as necessary.

- Establish a claim, if appropriate, using the error source code corresponding to the type of IEVS match that provided the income information.

- If the fraud unit was not already involved in the match resolution process, refer the case to the fraud unit, if appropriate, based on county fraud referral procedures.

- Record the match resolution information on the Verification Log Update (IULA/IULB) panels. See §0010.24.15 (Recording IEVS Resolution Findings). Record additional background information in CASE/NOTE as appropriate.

MSA, GA, GRH:

There is no IEVS match for these programs. If you get an IEVS match for a federal program for a client, you must apply that information to determine eligibility and overpayments for any state-funded programs the client receives.

MFIP, WB, DWP, FS:

After you investigate and resolve an IEVS match, record the results for each match. You may access the Verification Log Update (IULA and IULB panels) from REPT/IEVC, or INFC/IEVP. Refer to §0010.24.06 (Resolving IEVS Matches), TE19.044 (QTIP #44 – REPT/IEVC) for complete instructions on entering IEVS information on MAXIS.

REPT/IEVW and REPT/IEVC have been merged to form a new panel called IEVC with additional sorts.

- On IULA, record the number of minutes you spend working on an IEVS match in the area with the heading "MMM".

- Under the "ACT" heading, enter an action code for each federal program matched. Use the code that best reflects how you resolved the match.

- Complete health insurance information for any match involving earned income.

- Complete a brief summary of the match resolution findings at the top of the IULB panel. This summary does not replace routine case documentation completed in case notes.

The information you enter in the Cost, Savings, and Overpayments sections of IULB is used to complete cost benefit analyses of IEVS matches. DHS uses cost benefit data to help determine targeting limits for IEVS matches.

- Do not include routine administrative or personnel costs in the Cost section. Include costs incurred when completing the verification process that are more than routine administrative or personnel costs, such as bank statements or employment verification.

- Include as savings any benefits you will not issue due to discovering unreported income through the IEVS match. If you knew the information when you determined eligibility, the benefit level would have been lower.

- Enter the claim number corresponding to the MFIP or Food Support claim if you set up a claim due to the IEVS match. MAXIS completes the rest of the overpayment section with the type of claim, program, amount, and start and end dates for the claim.

Occasionally you may get an IEVS match identical to the match you received 2 weeks or a month before. If the information is identical in every respect and you have already investigated the 1st match, you need to take very little action on the 2nd match:

- For the 1st match, enter the cost, savings, and overpayment information and the appropriate action code.

- For the 2nd match, enter action code "BN" for "Already Knew", and explain that you addressed the IEVS match information in the previous match. Do not enter any cost savings or overpayment information on the 2nd match.

MSA, GA, GRH:

No provisions.

MFIP, WB, DWP, FS:

People must cooperate with the investigation of the IEVS match. Clients have 10 days to respond to the IEVS Difference Notice. See §0026.48 (Notices - IEVS). They must provide proof to confirm or refute the match or sign a release of information form for you to request proof. Do not send the IEVS Difference Notice if a fraud investigator is resolving the match. See §0010.24.06 (Resolving IEVS Matches), §0010.24.27 (IEVS Fraud). It often takes weeks to get a response to a verification request for some types of income. Do not delay case processing if the client has made a reasonable effort to cooperate.

If the client does not respond to the IEVS Difference Notice in 10 days, MAXIS produces a message on the worker's DAIL/DAIL to close or deny the case and to create a disqualification (DISQ) panel. The DISQ panel will create ineligibility for the person with the IEVS match and the entire unit, unless you enter a code stating the person responded to the IEVS Difference Notice. This disqualification is not time limited. See §0014.03 (Determining the Assistance Unit).

- Record enough information on the circumstances of the match in case notes to permit pursuing verification of the match upon reapplication.

- The DISQ panel causes the person to be ineligible. Do not delete the DISQ panel until the person cooperates to resolve the match. The disqualification of 1 unit member due to IEVS non-cooperation makes the entire unit ineligible.

- If the client cooperates before the effective date of the adverse action for non-cooperation:

  - Continue with the resolution process.

  AND

  - Update the Verification Log Update with the appropriate information and code to replace the non-cooperation code. See §0010.24.15 (Recording IEVS Resolution Findings).

- If cooperation occurs after the effective date of the negative action:

  - Continue with the verification process.
  - Do not replace the non-cooperation code in the Verification Log Update with another action code.
  - Document as appropriate in CASE/NOTE.

MSA, GA, GRH:

No provisions.

MFIP, WB, DWP, FS:

The Internal Revenue Service (IRS) has special requirements for safeguarding tax data (for example, the Unverified Unearned Income (UNVI) and Beneficiary Earnings and Exchange Record (BEER) matches). IRS restrictions are much tighter than the Minnesota Data Practices Act.

There are federal criminal and civil penalties for the unauthorized inspection and/or disclosure of federal tax data. These penalties are in addition to state law governing private and confidential data. See §0003.09.09 (Client Rights, Private and Confidential Data).

Review the Tax Information Security Guidelines for Federal, State, and Local Agencies (Publication 1075) which has been provided to your agency. The Internal Revenue Service is acutely aware that in fostering our system of taxation the public must have and maintain a high degree of confidence that the personal and financial information furnished to us is protected against unauthorized use, inspection or disclosure.

Protected data includes the following MAXIS panels:

- UNVI and UNID panels.
- BEER and BEED panels.
- IULA and IULB panels if for UNVI or BEER match.
- IDLA and IDLB panels if for UNVI or BEER match.

It also includes:

- CASE NOTEs if UNVI, tax record, etc., information is mentioned.
- Any paper copy of the above.
- Forms and/or documents referencing the tax record (for example, the Difference Notice).

Data may only be used to determine eligibility or the amount of benefits for MFIP, FS, and MA.

The IRS has instructed DHS that this information, such as a copy of the UNVI panel, cannot be provided to county prosecutors or the court system. Once the data is verified by a 3rd party, the verified information may be used, but not the original IRS tax record itself. Do NOT indicate in discussion of the information that the IRS was the source of the match.

Access only the data for the IEVS matches that you are responsible for. Do NOT inspect IRS data for any other cases. Not only is it illegal to disclose IRS data, it is also illegal to inspect data you do not need to know to resolve your IEVS matches.

Do not copy safeguarded information unless it is absolutely necessary. There are rarely situations in which copies are needed. If protected data is copied:

- The files containing the data MUST be locked up at night.
- Do not leave protected data lying around on your desk.
- Mark files, indicating that they contain protected data.
- Separate protected data before disposal of files.
- Maintain a 5-year record of destruction of federal tax data. The log must include:
  - Who supervised the destruction.
  - Method of destruction.
  - Identifying information of the records.
  - Date of disposal.
- For mailing (regular mail or courier service), the envelope must be double-sealed (1 envelope within another). The 2nd envelope MUST be marked "Confidential" with notice that the addressee is the only person who may open it.

When completing routine case documentation in CASE NOTE, do not indicate that the source of the match was UNVI, BEER, IRS, or tax records. This eliminates NOTEs from needing safeguarding protection.

Personal computers (PCS) MUST be protected:

- Sign out of MAXIS or lock your PC when you leave your desk.
- Do NOT let anyone use your PC or give anyone your password.
- Change your password monthly.
- Do NOT use the same password for access to different systems.
- Passwords must be at least 6 digits long.

The work area where tax data is stored must be secured. Access must be restricted and locked during non-duty hours.

MSA, GA, GRH:

No provisions.

MFIP, WB, DWP, FS:
IRS regulations require that all employees with access to federal tax data (for example: UNVI and BEER match information), are aware of the special security requirements. There are federal criminal and civil penalties for unauthorized inspection and/or disclosure of this information. There are also state data privacy requirements. See 0003.09.09 (Client Rights, Private and Confidential Data), 0010.24.21 (IEVS Safeguarding Responsibilities).

- Criminal penalties for willful unauthorized INSPECTION:
  - Fine in any amount not exceeding $1,000, together with the cost of prosecution.
    OR
  - Imprisonment of not more that 1 year, together with the cost of prosecution.
    OR
  - Both.
- Criminal penalties (felony) for willful unauthorized DISCLOSURE:
  - Fine in any amount not exceeding $5,000 together with the cost of prosecution.
    OR
  - Imprisonment of not more than 5 years together with the cost of prosecution.
    OR
  - Both.
- Civil damages are also possible:
  - If a person knowingly, or by reason of negligence, inspects or discloses return or return information, unless it results from a good faith, but erroneous, interpretation of the law. Damages are the greater of:
    - $1,000 for each act plus the cost of the action.
      OR
    - The sum of the actual damages, and possible punitive damages plus the cost of the action.

MSA, GA, GRH:
No provisions.

MFIP, WB, DWP, FS:

Each county agency must have written procedures for referring IEVS matches to the county fraud investigative unit. The procedures must be established through consultation with income maintenance staff and the county attorney's office and/or any other appropriate county law enforcement office.

Counties may choose to refer matches to a fraud investigator for assistance in resolving the match.

- Fraud investigators resolving the IEVS match do not send an IEVS Difference Notice to the client because they are permitted to contact a 3rd party directly without consulting with the client.

- Fraud investigators resolving the IEVS match must comply with other IEVS requirements, including safeguarding and processing matches timely. See §0010.24.09 (Processing IEVS Matches Timely), §0010.24.21 (IEVS Safeguarding Responsibilities).

MSA, GA, GRH:

No provisions.

Each program has some technical eligibility requirements. People who do not meet a program's requirements are ineligible for that program.

The following sections identify people who are ineligible based on:

- Immigration status. See §0011.03 (Citizenship and Immigration Status).
- Residence. See §0011.06 (State Residence), §0011.09 (County Residence).
- Institutional status. See §0011.12 (Institutional Residence).
- Strike status. See §0011.15 (Strikers).
- Student status. See §0011.18 (Students).
- Receipt of benefits from other programs. See §0011.21 (Receipt of Other Assistance).
- Criminal activity. See §0011.27 (Criminal Conviction).

To determine whether the income and assets of people ineligible due to technical ineligibility must be counted for other people, see §0015.48 (Whose Assets to Consider), §0016 (Income From People Not in the Unit).

MFIP: People are ineligible due to the 60-month lifetime limit unless they meet a hardship extension past the 60-month lifetime limit. See §0011.30 (60-Month Lifetime Limit), §0011.33 (MFIP Hardship Extensions).

WB, DWP, MSA, GA, GRH:
Follow general provisions.

FS: People may also be ineligible due to able-bodied adult status. See §0011.24 (Able-Bodied Adults).

Citizenship or immigration status affects eligibility. United States citizens are always eligible if they meet other eligibility criteria. Eligibility of non-citizens depends on their U.S. Citizenship and Immigration Services (USCIS) classification and varies among programs. See 0010.18.11 (Verifying Citizenship and Immigration Status), 0010.18.12 (Verifying Lawful Temporary Residence), 0010.18.15 (Verifying Lawful Permanent Residence), 0010.18.21 (Identify Non-Immigrant or Undocumented People) to determine citizenship or immigration classification of clients.

Immigration status can change. Check with participants at appropriate intervals to see if their status has changed. For example:

- Check 5 years after the date of entry for people who entered after 8-22-96.
- Check progress periodically for those required to be in citizenship classes.
- Check when the citizenship waiting period is over.
- Check at the ending date for non-citizens who are granted status with an ending date.

A status change could possibly mean a change from state to federal benefits or from ineligibility to eligibility.

Non-citizens are people present in the United States who have not attained United States citizenship by birth or naturalization. Non-citizens who are lawfully residing in the United States meet the technical requirement for immigration status, but their eligibility for the source of funding for cash and food assistance may be state or federal, depending on immigration status and date of entry. Non-citizens fall into the following broad categories:

- **LAWFUL PERMANENT RESIDENTS (LPR)**: LPRs are immigrants who have been granted permission to live and work in the United States on a permanent basis.
- **PEOPLE FLEEING PERSECUTION:** Includes refugees, people granted asylum or withholding of deportation (or removal), Cuban or Haitian entrants, and Amerasian immigrants from Vietnam.
- **LAWFULLY RESIDING NON-CITIZENS:** Includes people with permission to live and work in the United States on a temporary basis, such as people granted parole, temporary protected status (TPS), deferred enforced departure (DED), or other temporary status.
- **NON-IMMIGRANT:** People such as tourists, students, business visitors, and others who have permission to enter the United States for a limited period of time, but have not abandoned their residence in their home country.
- **UNDOCUMENTED PEOPLE:** People who do not have permission to enter or stay in the United States.

Also see the following sections to determine whether people fall into eligible or ineligible classes of immigration status:

0011.03.03 Non-Citizens - MFIP/WB/DWP Cash.

0011.03.06 Non-Citizens - MFIP Food Portion.

0011.03.09 Non-Citizens - FS/MSA/GA/GRH.

0011.03.12 Non-Citizens - Lawful Permanent Residents.

0011.03.12.03 Non-Citizens - Adjustment of Status.

0011.03.15 Non-Citizens - LPR With Sponsors.

0011.03.17 Non-Citizens - Public Charge.

0011.03.18 Non-Citizens - People Fleeing Persecution.

0011.03.21 Non-Citizens - Victims of Battery/Cruelty.

0011.03.24 Non-Citizens - Lawfully Residing People.

0011.03.27 Undocumented and Non-Immigrant People.

0011.03.30 Non-Citizens - Trafficking Victims.

Deny assistance to non-citizens who are technically ineligible.

MFIP, DWP:
MFIP is composed of both federal block grant money AND state money. This combination of funding allows the program to include populations that could not be covered by a program funded only with federal dollars. Identification of immigration status will determine eligibility and funding source. For information on how to verify citizenship and immigration status, see 0010.18.11 (Verifying Citizenship and Immigration Status), 0010.18.12 (Verifying Lawful Temporary Residence), 0010.18.15 (Verifying Lawful Permanent Residence), 0010.18.15.03 (Lawful Permanent Resident: USCIS Class Codes), 0010.18.21 (Identify Non-Immigrant or Undocumented People), 0010.18.21.03 (Non-Immigrant People: USCIS Class Codes), 0010.18.24 (Verification - I-94 Cards), 0010.18.27 (Verification - I-551 Card).

FEDERALLY-FUNDED CASH ASSISTANCE

The following non-citizens may be eligible for federal funding WITHOUT considering the date of admission to the United States, if they meet other eligibility criteria for the federally-funded cash portion:

- Refugees admitted to the United States under Section 207 of the United States Immigration and Nationality Act (INA).
- People classified as Iraqi or Afghan Special Immigrants under section 101(a) (27) of the INA. See 0011.03.18 (Non-Citizens – People Fleeing Persecution).
- Asylees under Section 208 of the INA.
- People granted withholding of deportation under Section 243(h) or 241(b) (3) of the INA.
- Veterans of the United States Armed Forces with an honorable discharge for a reason other than non-citizen status, or a spouse or an unmarried minor dependent child of the veteran.
- People on active duty in the United States Armed Forces, other than for training, or a spouse or unmarried minor dependent child of the person.
- Cuban/Haitian entrants.
- Amerasians.

The following non-citizens admitted to the United States BEFORE 8-22-96 are eligible for federally-funded cash assistance if otherwise eligible:

- Lawful Permanent Residents (LPR). Determine if an LPR has a sponsor. If he or she has a sponsor, deem the sponsor's income and assets to the LPR. See 0011.03.12 (Non-Citizens - Lawful Permanent Residents), 0015.48.03 (Whose Assets to Consider - Sponsors W/ I-864), 0015.48.06 (Whose Assets to Consider - Sponsors W/ I-134), 0016.21 (Income of Sponsors of Immigrants With I-134), 0016.21.03 (Income of Sponsors of Immigrants With I-864).
- Consider North American Indians born in Canada who have at least 50% American Indian blood to be LPRs when they enter the United States from Canada.
- Battered non-citizens. See 0011.03.21 (Non-Citizens - Victims of Battery/ Cruelty).

- People paroled more than 1 year.

- Conditional Entrants prior to 4-1-80.

The following non-citizens admitted to the United States ON OR AFTER 8-22-96 may be eligible for federally-funded cash assistance AFTER residing in the United States for 5 years. Review their circumstances as they approach the 5-year date.

- Lawful Permanent Residence (LPR). Determine if an LPR has a sponsor. If he or she has a sponsor, you must deem the sponsor's income and assets to the LPR. See 0015.48 (Whose Assets to Consider), 0016.21 (Income of Sponsors of Immigrants With I-134), 0016.21.03 (Income of Sponsors of Immigrants With I-864).

- Consider North American Indians born in Canada who have at least 50% American Indian blood to be LPRs when they enter the United States from Canada.

- Battered non-citizens. See 0011.03.21 (Non-Citizens - Victims of Battery/ Cruelty).

- People paroled more than a year.

STATE-FUNDED CASH ASSISTANCE

All lawfully residing non-citizens who are not eligible for federal funding may be eligible for state funding if they meet other eligibility criteria for state-funded cash assistance.

LPRs age 18 through 69 who are funded under state dollars, and who have been in the country for 4 or more years, must meet 1 of the following additional criteria to be eligible:

- Enrolled in a literacy class, English as a Second Language class, or a citizenship class.
  OR
- Applied for admission to a literacy class or English as a Second Language class, and is on a waiting list.
  OR
- In the process of applying for a waiver from the U.S. Citizenship and Immigration Services (USCIS) of the English language or civics requirements of the citizenship test.
  OR
- Have submitted an application for citizenship to the USCIS and are waiting for a testing date or a subsequent swearing in ceremony.
  OR
- Have been denied citizenship due to a failure to pass the test after 2 or more attempts or because of an inability to understand the rights and responsibilities of becoming a United States citizen, as documented by the USCIS or the county agency.

WB:
Follow MFIP EXCEPT WB is composed of all state funding. Units listed under the MFIP state-funded cash assistance units are eligible except they do NOT have to meet the eligibility criteria listed.

FS, MSA, GA, GRH:

No provisions. See 0011.03.09 (Non-Citizens - FS/MSA/GA/GRH).

MFIP:
MFIP is composed of both federal block grant money AND state money. This combination of funding allows the program to include populations that could not be covered by a program funded only with federal dollars. Identification of immigration status will determine eligibility and funding source. For information on how to verify citizenship and immigration status, see 0010.18.12 (Verifying Lawful Temporary Residence), 0010.18.15 (Verifying Lawful Permanent Residence), 0010.18.15.03 (Lawful Permanent Resident: USCIS Class Codes), 0010.18.21 (Identify Non-Immigrant or Undocumented People), 0010.18.21.03 (Non-Immigrant People: USCIS Class Codes), 0010.18.24 (Verification - I-94 Cards), 0010.18.27 (Verification - I-551 Card).

FEDERALLY-FUNDED FOOD ASSISTANCE

The following qualified non-citizens, see QUALIFIED NON-CITIZEN in 0002.53 (Glossary: Qualified...) may be eligible for federal funding if they meet all other MFIP eligibility criteria:

- Veterans of the Armed Forces of the United States with an honorable discharge for reasons other than non-citizen status, and their spouses and unmarried minor dependent children.

- People on active duty in the Armed Forces of the United States (other than active duty for training), and their spouses and unmarried minor dependent children.

- Lawful Permanent Residents (LPRs) who have accumulated 40 Social Security credits. Do NOT allow credit for any quarters after 12-31-96 in which LPRs also receive assistance from a federal means tested program. See FEDERAL MEANS TESTED PROGRAM in 0002.23 (Glossary: Fair Hearing...), 0010.18.15.06 (Verifying Social Security Credits), 0011.03.12 (Non-Citizens - Lawful Permanent Residents).

- A person lawfully residing in the United States for 5 years or more.

- A person lawfully residing in the United States who is receiving payments or assistance for blindness or disability. See 0010.18.06 (Verifying Disability/Incapacity - FS), 0011.03.24 (Non-Citizens - Lawfully Residing People).

- A person lawfully residing in the United States on 8-22-96 who was 65 years of age or older at that time.

- A child lawfully residing in the United States who is currently under 18 years of age.

- American Indians born in Canada who have at least 50% Indian blood. See 0011.03.03 (Non-Citizens - MFIP/WB/DWP Cash).

- Other non-citizen American Indian applicants who are members of a tribe whose members are eligible for programs provided by the United States due to their tribal membership. This includes tribal members who were born in Canada or Mexico who are entitled to freely cross the United States borders into Canada or Mexico.

- A person who is lawfully residing in the United States and was a member of a Hmong or Highland Laotian tribe at the time the tribe rendered assistance to United States personnel by taking part in a military or rescue operation during the Vietnam era (8-5-64 and ending 5-7-75). The spouse or the surviving spouse who has not remarried, and unmarried minor children of such person may also be eligible. A person born after 5-7-75 is ineligible unless that person is a spouse, unremarried spouse, or minor child of an eligible tribal member. The spouse or unremarried surviving spouse must not be divorced from the eligible tribal member.

- People classified as refugees.
- People classified as Iraqi or Afghan Special Immigrants. See 0011.03.18 (Non-Citizens – People Fleeing Persecution).
- People granted asylum.
- People whose deportation was withheld.
- Current LPRs who were previously refugees, asylees, or had deportation withheld can maintain their eligibility based on their previous status.
- Cuban/Haitian entrants.
- Amerasians. Eligibility under this criteria is limited ONLY to Amerasians from Vietnam. Amerasians from other countries are NOT eligible under this provision. They must meet other non-citizenship requirements.

STATE-FUNDED FOOD ASSISTANCE

Lawfully residing non-citizens who are not eligible for the federally-funded food portion of MFIP are eligible for the state-funded food portion of MFIP if they meet all other MFIP eligibility criteria. See 0029.07.03 (State Food Programs).

WB, DWP, MSA, GA, GRH:
No provisions.

FS:
See 0010.18.06 (Verifying Disability/Incapacity - FS). Also see 0011.03.09 (Non-Citizens - FS/MSA/GA/GRH) for non-citizens who are eligible for FS.

MFIP: No provisions. See 0011.03.03 (Non-Citizens - MFIP/WB/DWP Cash), 0011.03.06 (Non-Citizens - MFIP Food Portion).

WB, DWP:

No provisions. See 0011.03.03 (Non-Citizens - MFIP/WB/DWP Cash).

FS: Non-citizens who are not qualified non-citizens are not eligible for federally-funded Food Support. They may be eligible for state-funded food assistance if they meet non-citizen requirements and are 50 years of age or older. See 0029.07.03 (State Food Programs).

Unit members not applying for FS (non-applicants) are not required to disclose their immigration status. Their income and assets may be deemed toward the eligible unit members. See 0015.48 (Whose Assets to Consider), 0016.42 (Income of Non-Applicants). Also see TEMP Manual TE10.22 (Non-Applicant Members in an FS Unit).

The following qualified non-citizens may be eligible for federally-funded Food Support if they meet other eligibility criteria:

- Veterans of the Armed Forces of the United States with an honorable discharge for reasons other than non-citizen status, and their spouses and unmarried minor dependent children. See VETERAN in 0002.71 (Glossary: Two Party...).

- People on active duty in the Armed Forces of the United States (other than active duty for training), and their spouses and unmarried minor dependent children.

- LPRs who have accumulated 40 Social Security credits. Do NOT allow credit for any quarters after 12-31-96 in which LPRs also receive assistance from a federal means tested program. See FEDERAL MEANS TESTED PROGRAM in 0002.23 (Glossary: Fair Hearing...). To verify Social Security credits, see 0010.18.15.06 (Verifying Social Security Credits).

- A person lawfully residing in the United States for 5 years or more.

- A person lawfully residing in the United States who is receiving payments or assistance for blindness or disability. See 0010.18.06 (Verifying Disability/Incapacity - FS), 0011.03.24 (Non-Citizens - Lawfully Residing People).

- A person lawfully residing in the United States on 8-22-96, who was 65 years of age or older at that time.

- A child lawfully residing in the United States who is currently under 18 years of age.

- American Indians born in Canada, who have at least 50% Indian blood.

- Other non-citizen American Indian applicants who are members of a tribe whose members are eligible for programs provided by the United States due to their tribal membership. This includes tribal members who were born in Canada or Mexico who are entitled to freely cross the United States borders into Canada or Mexico.

- A person who is lawfully residing in the United States and was a member of a Hmong or Highland Laotian tribe at the time the tribe rendered assistance to United States personnel by taking part in a military or rescue operation during the Vietnam era (8-5-64 and ending 5-7-75). The spouse or unremarried surviving spouse, and unmarried dependent children of such person may also be eligible. A person born after 5-7-75 is ineligible unless that person is a spouse, unremarried spouse, or minor child of an eligible tribal member. The spouse or unremarried surviving spouse must not be divorced from the eligible tribal member.

- People classified as refugees.

- People classified as Iraqi or Afghan Special Immigrants.

- People granted asylum.

- People whose deportation was withheld.

- Cuban/Haitian entrants.

- Amerasians from Vietnam.

- Current LPRs who were previously refugees, asylees, or had deportation withheld can maintain their eligibility based on their previous status. See 0011.03.12 (Non-Citizens - Lawful Permanent Residents).

MSA: Undocumented and non-immigrant people are not eligible.

People who are ineligible for SSI due to non-citizen status are not eligible.

GA: Undocumented and non-immigrant people are not eligible.

Refugees, people granted asylum, and Amerasians may be eligible for RCA. See 0030.03 (Refugee Cash Assistance).

All lawfully residing non-citizens who are not eligible for federal funding may be eligible for state funding if they meet other eligibility criteria for state-funded cash assistance.

LPRs age 18 through 69 who are funded under state dollars, and who have been in the country for 4 or more years, must meet 1 of the additional criteria below to be eligible. **NOTE:** These additional criteria do NOT apply to people who reside in a residential facility.

- Enrolled in a literacy class, English as a Second Language class, or a citizenship class.

OR

- Applied for admission to a literacy class or English as a Second Language class, and is on a waiting list.

OR

- In the process of applying for a waiver from the U.S. Citizenship and Immigration Services (USCIS) of the English language or civics requirements of the citizenship test.

OR

- Have submitted an application for citizenship to the USCIS and are waiting for a testing date or a subsequent swearing in ceremony.

OR

- Have been denied citizenship due to a failure to pass the test after 2 or more attempts or because of an inability to understand the rights and responsibilities of becoming a United States citizen, as documented by the USCIS or the county agency.

GRH: Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

NON-CITIZENS - LAWFUL PERMANENT RESIDENTS 0011.03.12

Non-citizens who lawfully immigrated to the United States are called Lawful Permanent Residents (LPRs). LPRs have permission to live and work permanently in the United States. They can travel abroad and return to the United States as long as they have not abandoned their United States residence. Permission to enter as an LPR is usually granted to people living abroad, but under certain circumstances it may be granted to a person already present in the United States. See §0011.03.12.03 (Non-Citizens - Adjustment of Status). An LPR can apply for naturalization to United States citizenship after living in the United States for 5 years (3 years if married to a United States citizen).

Most LPRs obtain permission to enter the United States through a petition from a family member. They may be immediate relatives (for example, spouses, minor children, or parents) of adult United States citizens, or receive family-sponsored preference. The number of family-sponsored immigrants has an annual cap, and the waiting list may be several years long. All petitions for family members must also include an affidavit of support. See §0011.03.15 (Non-Citizens - LPR With Sponsors).

People who receive LPR status through marriage to a United States citizen will be granted conditional permanent residence if they have been married less than 2 years. The purpose is so that U.S. Citizenship and Immigration Services (USCIS) can determine that the reason for the marriage was not for the purpose of gaining entry to the United States. At the end of 2 years, either the couple must file a joint petition with the USCIS to remove the condition, or, to keep his or her LPR status, the non-citizen spouse must qualify for a waiver of joint petition requirement. Conditional permanent residents have the same documents and rights as other LPRs, EXCEPT their I-551 card expires after 2 years and is coded "CR".

There are also provisions for employment-based immigrants with special skills or abilities, or for jobs in which there is a shortage of workers. Most require a petition from an employer. If the employer is related to the immigrant, an affidavit of support (I-834) may also be required.

There are also 55,000 visas per year awarded to people from countries from which few people have been admitted over the previous 5 years. These “diversity” visas are awarded on the basis of an annual lottery where names are submitted and randomly drawn. The I-551, passport, or I-94 will identify these non-citizens as DV1, DV2, or DV3.

Some LPRs may also have held a previous immigration status, such as refugee or asylee, that may impact eligibility. See §0011.03.12.03 (Non-Citizens - Adjustment of Status).

Consider North American Indians born in Canada who have at least 50% North American Indian blood to be LPRs when they enter the United States from Canada.

MFIP, DWP:

LPRs are eligible for either federally-funded or state-funded MFIP if they meet all other eligibility criteria. See §0011.03.03 (Non-Citizens - MFIP/WB/DWP Cash), §0011.03.06 (Non-Citizens - MFIP Food Portion) for specific information.

WB: Follow MFIP, DWP, EXCEPT all state funding is used.

FS: LPRs who meet 1 of the following criteria may be eligible for the federally-funded food assistance program:

- A person lawfully residing in the United States for 5 years or more.
- A child lawfully residing in the United States who is under 18 years of age.
- Were first admitted to the United States as refugees.
- Were previously granted asylum.
- Had deportation withheld.
- Have earned at least 40 qualifying Social Security credits. See SOCIAL SECURITY CREDITS in §0002.61 (Glossary: SELF...). Also see §0010.18.15.06 (Verifying Social Security Credits). Do NOT allow credits earned in quarters after 12-31-96 in which the person receiving the credit was also receiving assistance from a federal means tested program. See FEDERAL MEANS TESTED PROGRAM in §0002.23 (Glossary: Fair Hearing...).
- Are veterans with an honorable discharge for a reason other than non-citizen status, and their spouses and unmarried minor dependent children.
- Are on active duty in the Armed Forces (other than for training), and their spouses and unmarried minor dependent children.

See §0011.03 (Citizenship and Immigration Status), §0011.03.15 (Non-Citizens - LPR With Sponsors), §0015.48 (Whose Assets to Consider), §0016.21 Income of Sponsors of Immigrants With I-134) for additional eligibility criteria.

LPRs who DO NOT meet the above criteria may be eligible for state-funded food assistance. See §0029.07.03 (State Food Programs).

MSA: People who are denied or terminated from SSI due to non-citizen status are not eligible.

GA: Non-citizens lawfully residing in the United States are eligible.

GRH: Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

NON-CITIZENS - ADJUSTMENT OF STATUS 0011.03.12.03

Non-citizens already present in the United States who are not lawful permanent residents (LPRs) may apply for adjustment of status to LPR. This process relates to program eligibility in several ways. Only LPRs may become United States citizens.

Refugees normally adjust their status 1 year after arrival in the United States. The process is currently completed through a mailed application. If the person has no barrier to admission in the United States, the adjustment is automatic.

Asylees may also apply for adjustment 1 year after their asylee status is granted, but there is an annual limit of 10,000 people who may adjust to LPR.

Though refugees and asylees may have adjusted to LPR, their eligibility for cash and food assistance programs is still based on their original U.S. Citizenship and Immigration Services (USCIS) status. See §0011.03.18 (Non-Citizens - People Fleeing Persecution).

Battered spouses and/or children of United States citizens or LPRs who are non-citizens may be eligible to self-petition for adjustment of status. They may be eligible for assistance while their application is pending. See §0011.03.21 (Non-Citizens - Victims of Battery/Cruelty).

Under the Immigration Reform and Control Act of 1986 (IRCA), non-citizens who had resided unlawfully in the United States since before 1-1-82 (general amnesty, or section 245A) and certain farmworkers (SAW, or section 210) were allowed to legalize their status through a 3-stage process. Amnesty applicants whose applications were granted were then given lawful temporary resident (LTR) status. The majority of people who legalized under IRCA have become LPRs. However, general amnesty applicants were required to complete English language and United States civics requirements as a condition of adjustment. A few people were unable to complete the requirements and remain LTRs. See §0011.03.24 (Non-Citizens - Lawfully Residing People). There were originally program restrictions on those that adjusted under IRCA but those restrictions are no longer in effect.

NON-CITIZENS - LPR WITH SPONSORS 0011.03.15

Non-citizens may immigrate to the United States through a petition by a sponsor who agreed to support the immigrant as a condition of the immigrant's entry to the United States. Sponsors may be financially responsible for the immigrant. There are 2 types of sponsorship agreements (forms I-134 and I-864). The rules governing how each of these 2 agreements affect the sponsor's income and assets differ depending on the U.S. Citizenship and Immigration Services (USCIS) classification of the non-citizen and/or the type of Affidavit of Support executed by the sponsor. See §0010.18.18 (Verifying Sponsor Information), §0015.48.03 (Whose Assets to Consider - Sponsors W/ I-864), §0015.48.06 (Whose Assets to Consider – Sponsors W/ I-134), §0016.21 (Income of Sponsors of Immigrants With I-134), §0016.21.03 (Income of Sponsors of Immigrants With I-864).

- The newer Affidavit of Support under Section 213A of the Immigration and Nationality Act (Form I-864) used for immediate relative, family based and certain employment based immigrants on 12-19-97. People sponsoring relatives after that date are required to file this form, which remains in effect until the immigrant becomes a naturalized citizen, earns or can be credited with 40 qualifying work quarters, leaves the United States permanently, or dies. See §0010.18.15.06 (Verifying Social Security Credits), TE02.12.24 (Social Security Credits).

- The older Affidavit of Support (Form I-134) was in use prior to 12-97 and continues to be used for some immigrants who are not sponsored by family members.

For all LPRs who arrived on or after 12/19/97, if the I-551 Permanent Resident Card lists any of the codes below, they maybe sponsored under the I-864 Affidavit of Support.

Listed below are the most common codes. Submit a question through PolicyQuest if you have a code that is not listed.

Immediate Relative Codes:
CF 1, 2
CR 1, 2, 6, 7
IF 1, 2
IR 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Family Based Codes:
C 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 36, 37,38
CX 1, 2, 3, 6, 7, 8
F 11, 12, 16, 17, 20, 21, 22, 23, 24, 25, 31, 32, 33, 36, 37, 38, 41, 42, 43, 46, 47, 48
FX 1, 2, 3, 6, 7, 8

Employment Based Codes:
C 51, 52, 53
E 10, 11, 12, 13, 14, 15, 16, 17, 18,19, 21, 22, 23, 26, 27, 28, 30, 31, 32, 34, 35, 35, 36, 37, 38, 39, 51, 52, 53, 56, 57, 58
EWO, 3, 4, 5, 8, 9
EX 3, 4, 5
T 51, 52, 53, 56, 57, 58

If you have an LPR who entered under the Diversity Program, the codes to look for are DV 1, 2, 3. These LPRs may be sponsored using the I-134 Affidavit of Support.

Also see SPONSOR in §0002.63 (Glossary: Special Diet...). Also see §0010.18.15 (Verifying Lawful Permanent Residence), §0011.03.12 (Non-Citizens - Lawful Permanent Residents).

Receipt of public cash assistance or institutionalization for long term care at government expense may negatively affect a non-citizen's USCIS status. See §0011.03.17 (Non-Citizens - Public Charge).

MFIP, WB, DWP:

Determine if the sponsor is an individual or an agency or organization.

- LPRs whose sponsors are individuals (rather than agencies or organizations) are eligible if they meet all other eligibility conditions.

- LPRs whose sponsors are public or private agencies or organizations are ineligible for 3 years from the date the LPR enters the United States, unless DHS grants an EXCEPTION.

  DHS can grant EXCEPTIONS only if the sponsoring agency no longer exists or has become unable to meet the immigrant's needs. There must be a material change in the agency's resources since USCIS approved the application for sponsorship of the immigrant. The non-profit or charitable status of a sponsoring agency is not enough by itself to waive responsibility to support the immigrant.

  Submit requests to waive a sponsoring agency's financial responsibility, along with supporting documentation and authorization forms, to:

Department of Human Services
Transition to Economic Stability Division
P.O. Box 64951
St. Paul, Minnesota 55164-0951

For information on how to treat income of LPRs who are ineligible due to agency or organization sponsorship, see §0016.33 (Income of Ineligible Non-Citizens).

FS: LPR's with sponsors are eligible if they meet all other eligibility conditions. See §0011.03 (Citizenship and Immigration Status), §0011.03.12 (Non-Citizens - Lawful Permanent Residents) for additional eligibility requirements.

Determine eligibility of LPRs who became sponsored on or after 12-19-97 by counting the assets and income of the sponsor if the LPR is sponsored by forms I-864 or I-864A.

MSA: LPRs with sponsors are eligible if they meet all other eligibility conditions. Consider income and assets of sponsors who are individuals (rather than organizations) when determining assistance for sponsored immigrants.

GA: LPRs with sponsors are eligible if they meet all other eligibility conditions.

GRH: Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

NON-CITIZENS - PUBLIC CHARGE 0011.03.17

A non-citizen may be denied admission to the United States, or adjustment of status, or under rare circumstances deported, if the U.S. Citizenship and Immigration Services (USCIS) determines that the non-citizen has become, or is likely to become, primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance or institutionalization for long term care at government expense. This "public charge" determination has been part of immigration law for more than 100 years.

The public charge determination for non-citizens present in the United States is the responsibility of USCIS, and county workers must never make it part of the determination of eligibility for assistance. Every determination by USCIS is made on a case-by-case basis and must include several factors besides the receipt of cash assistance.

There are several key factors that USCIS takes into account regarding public charge determinations:

- The receipt of Food Support and Health Care (EXCEPT for long term care) is NOT taken into account. Other programs, such as WIC, school lunch programs, housing services, LIHEAP, child care, and job training programs are not cash assistance programs.

- Refugees and asylees, and certain others in similar circumstances, are exempt from public charge determinations.

Non-citizens should not be encouraged to apply for cash assistance that they have not requested, because it may negatively affect their status with USCIS.

If non-citizens have questions regarding the impact of the receipt of cash assistance on the public charge determination, encourage them to seek legal advice.

Receipt of public cash assistance or institutionalization for long term care at government expense by sponsored non-citizens may negatively affect their USCIS status. See §0011.03.15 (Non-Citizens - LPR With Sponsors).

Some non-citizens are allowed to enter or remain in the United States because they are unable or unwilling to return to their country of residence for fear of persecution. There are several levels of immigration status that relate to this, most of which are temporary. However, people may adjust their status to lawful permanent residents. See 0011.03.12.03 (Non-Citizens - Adjustment of Status).

- **REFUGEES:** People who have established that they have a well-founded fear of persecution as a condition of their entry to the United States. The U.S. Citizenship and Immigration Services (USCIS) has interviewed them outside this country, and they have met the processing priorities established by the State Department. The priorities have to do with need for protection or close ties to the United States through employment or relatives. Prior to 1981, some refugees entered the country under other immigration categories, such as conditional entrant or paroled as a refugee.

- **IRAQI OR AFGHAN SPECIAL IMMIGRANTS:** People admitted as lawful permanent residents (LPRs) with the Special Immigrant Visa (SIVs) or who have adjusted to special immigrant status after entering the U.S. under another immigration status, such as an asylee or parolee. SIVs are eligible for the same benefits as refugees. Documentation for special immigrant status includes:

  - An Iraqi or Afghan passport with an immigrant visa stamp noting the person was admitted under the Immigrant Visa category of SI1, SI2, SI3, SQ1, SQ2 or SQ3 and Department of Homeland Security stamp or notation on passport of I-94 showing date of entry.
    OR
  - Department of Homeland Security form I-551 showing Iraqi or Afghan nationality (or Iraqi or Afghan passport) with an Immigrant Visa category of SI6, SI7 SI 9, SQ 6, SQ7 or SQ9.

- **ASYLEES:** People who are already present in the United States and have established a well-founded fear of persecution if returned to their home country, may be granted asylum status. The process for establishing a claim of asylum before an USCIS asylum officer or immigration judge may take some time, often a year or more. Applicants may be granted employment authorization after their case has been pending for a sufficient time, or when preliminary approval of the claim is granted prior to a background check. Some applicants who are not granted asylum may be given withholding of removal (or deportation) when it is decided that persecution is more likely than not.

- **AMERASIANS:** The non-citizen children of Vietnamese mothers and American fathers may be admitted to the United States along with their immediate relatives. Though they are admitted as lawful permanent residents (LPR), they are generally eligible for the same benefits as refugees. See AMERASIAN in 0002.03 (Glossary: Agent Orange...).

- **CUBAN OR HAITIAN ENTRANT:** In 1980 there was a massive boat lift of Cubans and Haitians to Florida. The immigration status of Cuban-Haitian Entrant was created to accord them a legal status while their cases were pending. Not all Cubans or Haitians would be considered Cuban-Haitian Entrants, as they may enter the United States under other circumstances. Those who enter the country as LPRs under preference categories would be treated as any other LPRs.

  NOTE: Haitian nationals granted Temporary Protected Status (TPS) do not meet the definition of Haitian entrant. See 0011.03.24 (Non-Citizens - Lawfully Residing People).

A non-citizen who is a victim of battery and/or cruelty and who is either married to or is the child of a United States citizen or lawful permanent resident may be able to "self-petition" for permanent residency if he or she does not already have this immigration status. The U.S. Citizenship and Immigration Services (USCIS) will determine the battery and/or cruelty. See 0011.03 (Citizenship and Immigration Status).

MFIP, WB, DWP, GA:
The non-citizen may be eligible once the petition is accepted by USCIS.

The bottom section of the Family Violence Referral (DHS-3323) provides space for the county to make a referral to the local legal aid office or 1 of the following agencies for people in need of legal assistance under this provision:

- Centro Legal 651-642-1890 or 1-800-245-5753 (for Spanish speakers who need assistance with family violence and immigration matters).

- Immigration Law Center of Minnesota 651-641-1011 (for assistance with immigration matters).

FS:
The non-immigrant may be eligible once permanent residency has been granted, depending on the classification granted. See 0010.18.24 (Verification - I-94 Cards), 0011.03 (Citizenship and Immigration Status) for specific information.

MSA:
The non-citizen may be eligible once permanent residency has been granted, depending on the classification granted. See 0011.03 (Citizen and Immigration Status) for specific information.

GRH:
Follow MSA for aged, blind, and disabled participants. Follow MFIP for all other adults.

NON-CITIZENS - LAWFULLY RESIDING PEOPLE 0011.03.24

Under certain circumstances people are permitted to enter and/or remain in the United States on a limited basis. Consider these people as lawfully residing non-citizens. In most cases, people will depart the United States when their status expires, or have a petition filed to adjust their status to LPR. Review their status to be sure it has not expired or changed.

- **PAROLE:** The United States Attorney General has authority to parole non-citizens into the United States when it is in the public interest or for humanitarian reasons. Parole is usually granted for a specific time period, but in some instances it may be indefinite. Humanitarian parole is usually for the purpose of medical treatment that is not available in a non-citizen's home country. Parole may also be used while other applications are pending, such as asylum applications. Parole is often used for people from refugee-producing countries, such as Vietnam or the former Soviet Union, when they do not qualify as refugees but have family members already in the United States.

- **LAWFUL TEMPORARY RESIDENT (LTR):** Under the Immigration Reform and Control Act (IRCA) of 1986, certain undocumented non-citizens were allowed to legalize their status, first to Lawful Temporary Resident (LTR), and then to Lawful Permanent Resident (LPR). However, there is no current provision to allow undocumented non-citizens to apply for legalization to LTR. A small number of LTRs were unable to adjust to LPR, mostly because of the English language and civics testing requirements.

- **FAMILY UNITY:** A program resulting from problems that arose due to the Immigration Reform and Control Act (IRCA) of 1986, which allowed the spouses and children of people who legalized their status, to remain in the United States. Most Family Unity cases should be pending adjustment to LPR and the numbers should be decreasing.

- **TEMPORARY PROTECTED STATUS (TPS):** Certain countries may be designated as temporarily unsafe to return to because of armed conflict or natural disaster. Residents of those countries who are present in the United States at that time may apply for TPS. TPS is granted for a specified time (6 to 18 months). At the end of the specified time period, U.S. Citizenship and Immigration Services (USCIS) will conduct a review to determine if it is safe for the people to return or if TPS should be extended.

- **OTHER DISCRETIONARY CLASSIFICATIONS:** There are several classifications used to permit non-citizens to remain in the United States for humanitarian or other public policy reasons. These classifications include:
  - Deferred enforced departure (DED).

- Deferred action.

- Voluntary departure.

- Stay of deportation.

➢ **PEOPLE WITH PENDING IMMIGRATION STATUS:** Under certain circumstances a person may be considered to be lawfully residing in the United States while his or her application is still being processed. This would specifically include:

- The spouse or child of a United States citizen whose visa petition has been approved and who has a pending application for adjustment of status to LPR.
- An applicant for asylum or withholding of deportation who has been granted employment authorization.

MFIP, DWP:

Lawfully residing non-citizens paroled for a period of 1 year or more may be eligible for federally-funded cash assistance, but NOT federally-funded food portion. They may be eligible for state-funded food portion. Other lawfully residing non-citizens may be eligible for BOTH state-funded cash and food portion.

WB: Lawfully residing non-citizens may be eligible if all other eligibility factors are met. See §0013.04 (WB Bases of Eligibility).

FS: Lawfully residing non-citizens may be eligible for state-funded food programs.

MSA: People who are denied or terminated from SSI due to non-citizen status are NOT eligible.

GA: Non-citizens lawfully residing in the United States are eligible. See §0011.03.09 (Non-Citizens - FS/MSA/GA/GRH).

GRH: Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

Undocumented people are those living in the United States without authorization. Follow the normal verification procedures to determine if a person is an undocumented person. See 0010.18.21 (Identify Non-Immigrant or Undocumented People).

Non-citizens who are unable or unwilling to produce proof of their immigration status are ineligible. Do NOT try to confirm their status with the U.S. Citizenship and Immigration Services (USCIS) without their authorization. For protocols on reporting non-citizens to USCIS, see 0011.03.27.03 (Protocols for Reporting Undocumented People).

Non-immigrants are people allowed to enter the United States for a specific purpose and for a limited period of time. They maintain a residence in their home country that they have no intention of abandoning. They include tourists, students, and diplomats.

MFIP, WB, DWP, MSA, GA, GRH:
Undocumented and non-immigrant people are not eligible.

FS:
Undocumented and non-immigrant people are not eligible. Other members of the unit may be eligible based on their own immigration or citizenship status. DO NOT assume a person is undocumented because he or she is unable or unwilling to verify immigration status. Such a person is ineligible, but not necessarily undocumented.

Unit members not applying for FS (non-applicants) are not required to disclose their immigration status. Their income and assets may be deemed toward the eligible unit members. See 0010.18.24 (Verification - I-94 Cards), 0015.48 (Whose Assets to Consider), 0016.42 (Income of Non-Applicants).

MFIP, WB, DWP:

Use the following protocols developed by the Department of Human Services (DHS) regarding the release of data to the U.S. Citizenship and Immigration Services (USCIS). These protocols were developed to define the respective responsibilities for DHS and county agencies for gathering information about such non-citizens and sharing information with USCIS.

County agencies must report to DHS, information on any person known to be unlawfully present in the United States. This means you will know that a non-citizen is not lawfully present in the United States ONLY when the unlawful presence is a finding of fact or conclusion of law that is made as part of a formal determination, subject to administrative review, on a non-citizen's claim for benefits under this program. That finding of unlawful presence must be supported by a determination by USCIS or the Executive Office of Immigration Review, such as a Final Order of Deportation. Do not consider a non-citizen to be known to be unlawfully present in the United States under any other circumstances. A Systematic Alien Verification (SAVE) response showing no service record on a person or an immigration status making the person ineligible for benefits is NOT a finding of fact or conclusion of law that the person is not lawfully present. Do not assume a non-citizen is unlawfully present in the United States if the unit indicates that a unit member is here unlawfully without USCIS verification.

DO NOT contact USCIS to verify immigration status unless you have determined that the applicant meets all other program requirements, and the client would be eligible for benefits if the immigration status requirement is met. Client cooperation or authorization is not required for contacting USCIS in the context of SAVE verification. See §0010.18.11.03 (Systematic Alien Verification (SAVE)). In all other situations, the client must provide a written authorization to contact USCIS. See §0010.18 (Mandatory Verifications), §0010.18.01 (Mandatory Verifications - Cash Assistance), §0011.03.27 (Undocumented and Non-Immigrant People).

When you receive verification from USCIS that a non-citizen is known to be here unlawfully, submit the following information to DHS:

- Complete name.
- Address.
- Case number.

- A copy of the USCIS verification of any person whom the USCIS has verified is here unlawfully. If the verification is a SAVE response indicating the person is subject to a Final Deportation Order or has a similar status, submit a screen print of the response.

Submit this information to:

DHS Civil Rights Coordinator
Minnesota Department of Human Services
444 Lafayette Road
St. Paul, Minnesota 55155-3812

Also see §0010.18 (Mandatory Verifications), §0010.18.01 (Mandatory Verifications - Cash Assistance), §0010.18.15 (Verifying Lawful Permanent Residence), §0011.03.12 (Non-Citizens - Lawful Permanent Residents), §0011.03.27 (Undocumented and Non-Immigrant People), §0011.03.17 (Non-Citizens - Public Charge).

FS: Follow MFIP, WB, DWP. In addition, see §0010.18.02 (Mandatory Verifications - FS).

MSA, GA, GRH:

No provisions.

A non-citizen who is forced into the international sex trade, prostitution, slavery and forced labor through coercion, threats of physical violence, psychological abuse, torture, and imprisonment, is a victim of severe forms of trafficking. To deter these crimes, Congress passed the Trafficking Victims Protection Act of 2000. The act aims to combat trafficking through increased law enforcement to ensure effective punishment of traffickers, to protect victims, and to provide federal and state assistance to victims.

The Office of Refugee Resettlement (ORR) of the United States Department of Health and Human Services (HHS) is responsible for determining and issuing certification letters for people who meet the requirements for certification. ORR is also responsible for determining and issuing similar letters to children under age 18 who have been found to be victims of severe forms of trafficking.

Certified or approved individuals will receive T visas. Certain relatives of trafficking victims could be eligible for Derivative T visas under the following conditions:

- Victims under the age of 21: derivative visas are available to the spouse of the victim, minor children, unmarried siblings under the age of 18 on the date the victim's application was filed, and parents.

- Victims over the age of 21: derivative visas are available to the victim's spouse and children.

Do not require proof of U.S. Citizenship and Immigration Services (USCIS) documentation from trafficking victims. Instead, accept ORR certification letters for adult victims and eligibility letters for victims under age 18 as proof of status for conferring eligibility for benefits. The letter contains an initial eligibility date. Applicants must submit the original letter. Retain a photo copy in the case file and return the original copy to the applicant. Although USCIS documents are not required for benefit eligibility determination purposes, trafficking victims may have a variety of immigration documents, such as an I-94 card, an employment authorization document, or proof of deferred action, or an order of supervision. These documents may be useful in providing identity for the applicant.

The ORR certification/eligibility letters contain a toll-free trafficking verification telephone number to call for verification. You must call the trafficking verification line at 1-866-401-5510 to verify the validity of a claim before providing benefits to the applicant, and to notify ORR of the type of benefits for which the applicant is applying.

If you encounter a trafficking victim who does not have a letter from ORR to prove his or her claim, but appears to meet the condition of victim of severe forms of trafficking, seek consultation from 1 of the following numbers:

For adult victims: National Human Trafficking Resource Center
1-888-3737-888

For victims under age 18: 1-202-260-6626

You may also contact the DHS Refugee Services section at 651-431-3850.

Trafficking victims may not yet possess standard identity documents, such as driver's licenses. If you have difficulty confirming a trafficking victim's identity, do not automatically deny the application. Contact the trafficking verification line for assistance. Also, you must assist trafficking victims who do not yet have or are unable to obtain Social Security numbers for work purposes to obtain non-work Social Security numbers.

The current Systematic Alien Verification for Entitlements (SAVE) does not contain information about trafficking victims. ORR is working with USCIS on this. Until further notice, do not contact the SAVE system to confirm eligibility for benefits for trafficking victims.

Adult victims of a severe form of trafficking who have been certified by ORR and children under age 18 who have been confirmed by ORR as victims of a severe form of trafficking are eligible for benefits to the same extent as refugees. See 0011.03

(Citizenship and Immigration Status).

When eligibility is established, record the applicant's entry date for refugee assistance benefit purposes. The entry date appears in the body of the ORR certification/eligibility letter.

For additional information on trafficking victims, see the trafficking victims questions and answers in TEMP Manual TE02.05.88 (Trafficking Victims Q&A).

People who are not Minnesota residents are ineligible for ALL programs EXCEPT Food Support. See §0004 (Emergencies).

People establish Minnesota residence by being physically present in the state, residing here voluntarily, and not maintaining a home elsewhere. See specific program provisions for additional ways people can establish residence. See also §0011.06.09 (State Residence - 30-Day Requirement).

People lose Minnesota residence when they physically leave the state with the intention of living elsewhere. EXCEPT as noted below, temporary absences from the state do not result in loss of residency. To determine temporary absence, see §0014.09 (Assistance Units - Temporary Absence).

For information on verifying state residence, see §0010.12 (Sources of Verification - Home Visits), §0010.18 (Mandatory Verifications), §0010.18.01 (Mandatory Verifications - Cash Assistance), §0010.18.02 (Mandatory Verifications - FS), §0010.18.08 (Verifying Intent to Remain in Minnesota), §0029.29 (Safe At Home Program).

For coding procedures for a client with whereabouts unknown, see TEMP Manual TE02.08.012 (Returned Mail Processing).

MFIP, DWP:

For some people, there is no minimum time they have to be in the state to gain Minnesota residence. See §0011.06.09 (State Residence - 30-Day Requirement). A person living in temporary housing (such as a vehicle or shelter) meets state residence requirements.

Also consider people to be residents if they came to Minnesota with a job commitment or to seek employment. Current employment or intent to remain in Minnesota are not requirements for these people, and they can establish state residence even if they maintain a home in another state.

To gain Minnesota residence, people must intend to stay in Minnesota. Migrants meet the intent to remain requirement due to the nature of their work.

People lose Minnesota residence when:

- They leave the state with the intention of living elsewhere. Clients who leave Minnesota for less than 30 days with the intention of returning, do not lose their Minnesota residence.

- They leave Minnesota for more than 1 month, unless they meet a temporary absence condition. See §0014.09 (Assistance Units - Temporary Absence).

- They claim residence in another state to get assistance there.

Do not deny an application or addendum solely because the client does not meet state residency criteria. Leave the case pending until the client meets the residency requirements or until you can establish eligibility or ineligibility.

WB: Follow general provisions.

FS: There are no state residency requirements for Food Support. People who are present in the state for reasons other than vacation and who are not receiving Food Support elsewhere are eligible if they meet other requirements.

Residents of battered women's shelters in Minnesota are eligible even if they participated elsewhere in the month they entered the shelter.

People maintain Minnesota residence while they are on vacation out of state. People lose Minnesota residence during other temporary absences from the state.

MSA, GRH:

People do not lose state residence during a period of temporary absence from the state. People who are outside the United States for an entire calendar month are ineligible for that month.

Verify intent to remain in Minnesota ONLY if questionable. See §0010.18.08 (Verifying Intent to Remain in Minnesota).

GA: A person must be a state resident to be eligible. A state resident is a person who has lived in Minnesota for at least 30 days with the intent of making Minnesota his/her home. There are certain EXCEPTIONS to this requirement. See §0011.06.09 (State Residence - 30-Day Requirement).

Do not deny an application or addendum solely because the client does not meet state residency criteria. Leave the case pending until the client meets the residency requirements or until you can establish eligibility or ineligibility.

A client who indicates an out-of-state residence or who lives in an excluded time facility is not a state resident if she/he indicates intent to leave Minnesota within 30

days from the date of application. See §0011.06.03 (State Residence - Excluded Time) for EXCEPTION for residents of battered women's shelter.

Verify intent to remain in Minnesota ONLY if questionable. See §0010.18.08 (Verifying Intent to Remain in Minnesota).

Moving from another state directly into an excluded time residence in Minnesota may prevent people from gaining Minnesota residence until they leave the excluded time residence.

MFIP, DWP, GA:

People cannot gain state residence while residing in an excluded time residence.

Time spent in a battered women's shelter counts toward the 30-day requirement. This means a woman can gain residency while she is still in the shelter (that is, cash assistance may be issued on the 31st day, while the woman is in the shelter) if she is otherwise eligible. See §0010.18.33 (Verifying Family Violence), §0011.06 (State Residence), §0011.06.09 (State Residence - 30-Day Requirement).

WB, FS:

No provisions.

MSA: People cannot gain state residence while living in an excluded time residence.

GRH: Follow MSA for aged, blind, or disabled participants. Follow MFIP for all other adults.

MFIP, WB, DWP, MSA, GA, GRH:

Minnesota residents placed directly into out of state facilities by agents of the state remain Minnesota residents. People placed in Minnesota facilities by agents of other states remain residents of the placing state. An agent of the state is any organization authorized to make placements for a state under that state's law.

Making a placement includes any action that leads to placement EXCEPT:

- Providing information about another state's assistance programs or the availability of services or facilities in another state.

- Helping a person locate services or a facility in another state if that person is capable of showing intent and independently decides to move there.

FS: People residing in a facility are residents of the state in which the facility is located.

MFIP, DWP:

The unit must meet a 30-day residency requirement. A child or caregiver in the assistance unit must have resided in Minnesota for at least 30 consecutive days with the intent of making the person's home here. Verify intent to remain only if questionable.

The 30-day residency of 1 unit member, whether or not receiving MFIP, confers residency to the entire unit. The birth of a child in Minnesota to a member of the assistance unit during the 30-day period does NOT confer immediate residency to the child or to other members of the assistance unit.

Time spent in a battered women's shelter (BWS) counts toward the 30-day requirement. This means a woman can gain residency while she is still in the shelter (that is, cash assistance may be issued on the 31st day, while the woman is in the shelter) if she is otherwise eligible.

While eligibility for DWP or MFIP does not begin until the client meets the state residency requirement, there may be eligibility for RCA. See §0022.12.02 (Beginning Date of Eligibility), §0030.03.03 (RCA Assistance Units). Also see §0017.15.06 (Assistance Payments Income).

While eligibility for DWP or MFIP does not begin until the client meets the state residency requirement, there may be eligibility for health care programs. See the Health Care Programs Manual.

The following are EXCEPTIONS to the 30-day residency requirement:

- Your agency determines there is an unusual hardship because the unit is without alternative shelter.

  For units that live in Duluth-Superior, Fargo-Moorhead, Grand Forks, La Crosse, Rochester, and St. Cloud metropolitan statistical areas: Alternative shelter is any shelter located within that metropolitan statistical area containing the county and for which the family is eligible, provided the family does not have to travel more than 20 miles to reach the shelter and has access to transportation to the shelter. This definition DOES NOT apply to counties in the Minneapolis-St. Paul metropolitan statistical area.

- Your agency determines there is an unusual hardship because the unit is without available resources for food.

- The client is a migrant worker, whose assistance unit members received at least $1,000 in gross wages earned in Minnesota within the previous 12 months. This applies whether the income was previously budgeted toward public assistance or not. See MIGRANT WORKER in §0002.41 (Glossary: Medically Necessary...). Intent to remain does NOT apply to migrants, whether or not they are exempt from the 30-day residency requirement.

- The client is a member of the armed services, has returned to Minnesota within 30 days of leaving the armed forces and intends to remain in Minnesota.

- The client previously left Minnesota to attend school in another state, paid non-resident tuition or Minnesota tuition rates under a reciprocity agreement, returned to Minnesota within 30 days of graduation and intends to remain in Minnesota.

WB, FS, MSA, GRH:

No provisions.

GA: The unit must meet a 30-day residency requirement. A unit member must have resided in Minnesota for at least 30 consecutive days with the intent of making the person's home here. The 30-day residency of 1 unit member confers residency to the entire unit. Verify intent to remain only if questionable.

Time spent in a battered women's shelter (BWS) counts toward the 30-day requirement. This means a woman can gain residency while she is still in the shelter (that is, cash assistance may be issued on the 31st day, while the woman is in the shelter) if she is otherwise eligible.

While automatic eligibility for GAMC does not begin until there is eligibility for GA, there may be eligibility for stand-alone GAMC in a medical emergency. See the Health Care Programs Manual.

The following are EXCEPTIONS to the 30-day residency requirement:

- Your agency determines there is an unusual hardship because the unit is without alternative shelter.

  For units that live in Duluth-Superior, Fargo-Moorhead, Grand Forks, La Crosse, Rochester, and St. Cloud metropolitan statistical areas: Alternative shelter is any shelter located within that metropolitan statistical area containing the county and for which the unit is eligible, provided the unit does not have to travel more than

20 miles to reach the shelter and has access to transportation to the shelter. This definition DOES NOT apply to counties in the Minneapolis-St. Paul metropolitan statistical area.

- Your agency determines there is an unusual hardship because the unit is without available resources for food.

- The client is a migrant worker, whose assistance unit members received at least $1,000 in gross wages earned in Minnesota within the previous 12 months. This applies whether the income was previously budgeted toward public assistance or not. See MIGRANT WORKER in §0002.41 (Glossary: Medically Necessary...).

  Intent to remain does NOT apply to migrants, whether or not they are exempt from the 30-day residency requirement.

- People who enter Minnesota for other reasons, have lived in the state for less than 30 days, and then enter a battered women's shelter are NOT eligible for cash assistance. Eligibility for cash begins on the 31st day of living in Minnesota.

People cannot participate in an assistance program in more than 1 Minnesota county in the same month EXCEPT as noted below.

For people in the Safe At Home Program, see §0029.29 (Safe At Home Program).

MFIP, WB, DWP:

The county of residence for applicants is the county they live in at the time they apply, or, if they live in an excluded-time facility, the county in which they lived immediately before entering the facility. See §0005.12 (Accepting and Processing Applications) for how to handle applications from residents of another Minnesota county.

FS: Residents of battered women's shelters may participate in more than 1 county. See §0011.21 (Receipt of Other Assistance).

MSA: MSA participants who need emergency help may participate in the county in which they apply. See §0004 (Emergencies).

GA: Residents of battered women's shelters may participate in more than 1 county. See §0011.21 (Receipt of Other Assistance).

GA participants who need emergency help may participate in the county in which they apply. See §0004 (Emergencies).

GRH: GRH participants who need emergency help may participate in the county in which they apply. See §0004 (Emergencies).

MFIP, WB, DWP:
Living in an institution does not always cause ineligibility. See 0014.09 (Assistance Units - Temporary Absence) for how temporary absences, including institutionalization, affect eligibility.

See 0011.21 (Receipt of Other Assistance) for eligibility for some residents of Rule 31 facilities.

FS:
Consider people who get more than 50% of their meals from an institution where they live to be residents of institutions.

Residents of institutions are ineligible for Food Support unless they live in:

- Federally subsidized housing for the elderly.

- Licensed chemical dependency treatment or rehabilitation facilities or facilities eligible for funding under Part B of Title XIX of the Public Health Service Act to provide chemical dependency treatment or rehabilitation. (Children living with their parents in a treatment facility are eligible if the parents are eligible.) However, people who participate only in a detoxification program are not eligible for Food Support while in the facility.

  Counties that receive applications from facilities that are unlicensed should contact the Food Support Program Manager at the MN Department of Human Services.

- Group living arrangements for disabled or blind people who get:
  - Social Security disability (Title II).
  - Supplemental Security Income (Title XVI).
  - Social Security benefits under Title I, X, or XIV.
  - Minnesota Supplemental Aid (MSA).
  - Annuity payments under section 2(a)(1)(iv) or 2(a)(I)(v) of the Railroad Retirement Act of 1974.
  - General Assistance interim assistance or MA based on disability or blindness if the criteria to determine disability is as strict as that used by SSI.
- Public or private residential facilities serving battered women and their children.

- Public or private non-profit shelters for the homeless.

NOTE: Students who do not receive over 50% of his/her meals from an institution such as a college/university, would NOT be considered automatically ineligible for Food Support due to living at the institution or not living at the institution. Review the FS eligibility criteria for students outlined in 0011.18 (Students).

Depending on the facility, people may apply on their own behalf or through an authorized representative. See 0005.06 (Authorized Representatives), 0014.03.06 (Determining the Food Support Unit).

MSA:
Only the following people living in institutions are eligible:

- People for whom MA pays the cost of care. This includes people in Regional Treatment Centers who have mental retardation as their primary diagnosis.

- People in IMDs, EXCEPT for Regional Treatment Centers.

See 0020.21 (MSA Assistance Standards) for assistance standards for people living in institutions.

Some people may continue to get MSA while they are in an ineligible institution. See 0014.09 (Assistance Units - Temporary Absence).

People in group residential housing who meet an MSA basis of eligibility are income ineligible for MSA.

GA:
People living in penal institutions or admitted as inpatients to licensed hospitals are ineligible. GA participants are eligible through the end of the month they enter the institution or are admitted to the hospital.

GRH:
People who live in 1 of the following establishments may be eligible for GRH payment if the county agency has a GRH agreement with the provider and the participant meets other GRH eligibility criteria:

- An establishment licensed by the Minnesota Department of Health as a:
  - Hotel and restaurant.
    OR
  - Boarding and lodging establishment.
    OR
  - Non-certified boarding care home.
    OR
  - Supervised living facility.

- An establishment registered with the Minnesota Department of Health as a housing with services that provides 3 meals a day.

- An establishment licensed by DHS as a family or corporate adult foster home.

  Some people may continue to get GRH while they are in another living arrangement. See 0014.09 (Assistance Units - Temporary Absence).

People are under the control of the penal system from the time of arrest. They cease to be under the control of the penal system when they are released:

- On own recognizance.
- On bail.
- As not guilty.
- On probation.
- On parole or supervised release.
- On pardon.
- Upon completing sentence.

People who are transferred from a correctional facility to a medical facility for treatment are still considered under the control of the penal system.

Do not consider people under civil court hold orders to be under the control of the penal system.

MFIP, WB, DWP:

People are not eligible while they are under control of the penal system, EXCEPT some participant minor children or caregivers whose incarceration will not last for more than 2 months. See §0014.09 (Assistance Units - Temporary Absence).

FS, GA:

People are ineligible while residing in penal institutions.

MSA: People who live in a penal institution for a full calendar month are ineligible for MSA benefits for that month.

GRH: People who live in a penal institution for a full calendar month are ineligible for GRH for that month.

Being on strike may affect eligibility.

MFIP, DWP:

Units with strikers are not eligible unless the unit would have been eligible on the day before the strike. Count the striker's pre-strike earnings as current earnings. See §0022 (Budgeting and Benefit Determination).

Employees are not strikers if they do not cross the picket line for fear of personal injury but were not in the bargaining unit voting for the strike.

Strikers are not eligible for a significant change supplement. See §0008.06.15 (Removing or Recalculating Income).

WB: Follow MFIP, DWP EXCEPT the caregiver has to be working the required number of hours and meet income guidelines. See §0013.04 (WB Bases of Eligibility).

FS: Units with strikers are ineligible for Food Support unless they meet 1 of the following conditions:

- The unit would have been eligible for Food Support on the day before the strike. Use the striker's pre-strike earnings when anticipating income.

- The striker was exempt from work registration requirements for a reason other than employment on the day before the strike.

Do not consider employees to be strikers if they were not in the bargaining unit that voted for the strike but do not cross the picket line for fear of personal injury.

MSA, GA, GRH:

There are no restrictions on eligibility for strikers.

Attending school may affect a person's eligibility.

MFIP: An 18-year old minor child may continue to be eligible until age 19, if he or she is:

- A full-time student in a secondary school. For the definition of FULL-TIME STUDENT, see §0002.27 (Glossary: FSET...).

OR

- Pursuing a full-time secondary level course, vocational or technical training designed to prepare students for gainful employment.

See MINOR CHILD in §0002.41 (Glossary: Medically Necessary...).

Custodial parents under 20 may be required to attend secondary school to be eligible. See §0012.06 (Requirements for Custodial Parents Under 20), §0028.12 (Education Requirements).

WB: Follow MFIP, EXCEPT that custodial parents under 20 must be working the required number of hours. See §0013.04 (WB Bases of Eligibility).

DWP: Follow MFIP, except that custodial parents under 20 with an education option in their Employment Plan are not eligible for DWP and should be considered for MFIP eligibility, unless part of a 2-parent family.

FS: Students must meet at least 1 of the following criteria:

- Under age 18 or age 50 or over.
- Physically or mentally unable to work.
- Attending a school that is not an institution of higher education, or attending an institution of higher education less than half time. Refer to DHS Bulletin #09-01-04 (2009-2011 EIPS to Determine Institution of Higher Education Status for Food Support Program).
- Employed and paid for at least 20 hours per week, or self-employed for a minimum of 20 hours per week and paid in cash at the equivalent of at least 20 times the federal minimum hourly wage. This includes on-the-job training and paid internships or apprenticeships.
- Participating in a state- or federally-financed work study program. This exemption begins the date the person is approved for work study or the

beginning of the school year, whichever is later, and continues over the period the work study is intended to cover, unless the student rejects or refuses a work study assignment.

- Responsible for the physical care of a dependent household member under the age of 6.

- Responsible for the physical care of a dependent household member from the ages of 6 through 11 when adequate child care is not available.

- A single parent attending an institution of higher education full-time with responsibility for a child under age 12 without regard to availability of child care.

- Assigned to an institution of higher education through a program under the Workforce Investment Act (WIA), Trade Adjustment Assistance (TAA) or Trade Readjustment Assistance (TRA), or Food Support Employment and Training (FSET).

- Participating in an on-the-job training program in which the person is involved in productive labor, is paid by an employer while learning job skills, and the employer is reimbursed for the wages. If the participant is involved solely in classroom training for a month, that month does not count as on-the-job training.

All other students are ineligible for FS.

MSA, GRH:

Student status does not affect eligibility.

GA: Being a student does not make a person ineligible for GA. The following people are required to attend school to get or maintain eligibility:

- Displaced homemakers. See §0013.15.33 (GA Basis - Displaced Homemakers).

- High school students over age 18 whose primary language is not English. See §0013.15.48 (GA Basis - English Not Primary Language).

Receipt of other assistance affects eligibility for all programs.

MFIP: PERSONS WHO ARE NOT ELIGIBLE FOR MFIP:

- A person who receives ongoing monthly adoption assistance payments, SSI, or MSA is not eligible for MFIP in the same month.

- A person whose needs have been provided for in another state or from a tribal TANF program, in whole or in part by county, state, or federal dollars during a month, is not eligible to receive MFIP for that month. See 0029.06.24.03 (Tribal TANF-Mille Lacs Band of Ojibwe).

- A child placed in Minnesota under the Interstate Compact on the Placement of Children (ICPC) is not eligible for MFIP. See INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN in 0002.33 (Glossary: Independent...).

- A unit member is ineligible for the food portion of MFIP for any month in which Food Support benefits have been issued. Remove the food portion of the MFIP grant for any person who has already received Food Support benefits. See 0014.06 (Who Must Be Excluded From Assistance Unit), 0020.09 (MFIP/DWP Assistance Standards).

- A caregiver cannot receive an MFIP grant for his/her own child(ren) and also receive a separate MFIP grant for a relative child.

PERSONS WHO MAY BE ELIGIBLE FOR MFIP:

- Residents of a GRH facility may receive MFIP (cash and food portion) as long as the GRH setting allows the parent and children to reside there together.

- Residents of licensed treatment facilities are not eligible unless the following criteria are met:

  - A minor child resides in the facility with the parent OR the resident is pregnant.
    AND
  - All other eligibility factors are met.
    AND
  - The facility is funded by Rule 24 or a managed care plan.

Facilities in Minnesota which are licensed by Rule 31 and funded by Rule 24 allow a parent receiving treatment services to have a dependent child(ren) reside with the parent in the facility. Rule 25 is an assessment rule, not a funding rule. See Rule 24 and Rule 31 in 0002.59 (Glossary: RSDI...).

Facilities licensed by Rule 31 and funded by Rule 24 include but are not limited to:

- Journey Home, in Benton County.

- Pathway House, Inc., in Olmsted County. Also see 0006.18.03 (Excluded Time - Entering), 0006.18.06 (Excluded Time - Leaving), 0011.06.03 (State Residence - Excluded Time), 0011.06.06 (State Residence - Interstate Placements).

- A child placed in Minnesota under the Interstate Compact for Juveniles (ICJ) may be eligible for MFIP if they meet MFIP eligibility requirements. See INTERSTATE COMPACT FOR JUVENILES in 0002.33 (Glossary: Independent…).

- A person who receives foster care is not eligible for MFIP in the same month, EXCEPT that an applicant whose needs were met through foster care for the 1st part of an application month is eligible to receive MFIP for the remaining part of the month in which the applicant returns home. Consider foster care payments as prorated payments rather than a duplication of MFIP assistance. See 0008.06.06 (Adding a Person to the Unit - Cash).

- A person from 1 MFIP unit who moves in with another MFIP unit cannot be part of the 2nd unit until the 1st full month after the month they join the 2nd unit. See TEMP Manual TE02.10.78 (Duplicate Assistance on MFIP/DWP).

- On Indian reservations where both food portion and the Food Distribution Program (formerly called commodities distribution) are available, units may choose which program to participate in. The Uncle Harry unit and MFIP unit must make the same choice. Units certified to get commodities on the 1st day of the month may not get the food portion that month. The 1st month the unit is eligible is the month after the month of termination from the Food Distribution Program.

- A person from a unit receiving Food Support only (no cash assistance) who moves in with an MFIP unit may be added to the unit the 1st day of the month

the person enters the household. The person would not be eligible for the food portion due to duplicate assistance for the month added. See 0008.06.06 (Adding a Person to the Unit - Cash).

For information on the receipt of assistance during a foster care trial home visit, see 0029.06.12 (Foster Care).

WB: A family cannot receive MFIP or DWP in the same month WB is received. For more information, see 0014.03.03 (Determining the Cash Assistance Unit).

DWP: A person who receives on-going monthly adoption assistance payments, SSI, or MSA is not eligible for DWP in the same month.

A person whose needs have been provided for in another state, in whole or in part by county, state, or federal dollars during a month, is not eligible to receive DWP for that month.

A person who receives foster care is not eligible for DWP in the same month, EXCEPT that an applicant whose needs were met through foster care for the 1st part of an application month is eligible to receive DWP for the remaining part of the month in which the applicant returns home. Consider foster care payments as prorated payments rather than a duplication of DWP assistance. See 0008.06.06 (Adding a Person to the Unit - Cash).

A child placed in Minnesota under the Interstate Compact on the Placement of Children (ICPC) is not eligible for DWP. See INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN in 0002.33 (Glossary: Independent...).

A child placed in Minnesota under the Interstate Compact for Juveniles (ICJ) may be eligible for DWP if they meet DWP eligibility requirements. See INTERSTATE COMPACT FOR JUVENILES in 0002.33 (Glossary: Independent…).

A person from 1 DWP unit who moves in with another DWP unit cannot be part of the 2nd unit until the 1st full month after the month they join the 2nd unit.

FS: People cannot participate as a member of more than 1 Food Support unit or in more than 1 county in any month. People living in battered women's shelters may receive Food Support twice in a month if the certified unit that included them contains the person who abused them. The shelter residents may receive an additional allotment as a separate unit only once a month.

On Indian reservations where both Food Support and the Food Distribution Program (formerly called commodities distribution) are available, units may choose which program to participate in. Units certified to get commodities on the 1st day of a month may not get Food Support in that month. The 1st month they are eligible is the month after the month of termination from the Food Distribution Program.

The Mothers and Children (MAC) program also distributes food. On the Red Lake Reservation MAC is called the Commodity Supplemental Food Program, but it is not the same as the Food Distribution Program. People who participate in MAC may also get Food Support. See 0029.07.12 (Commodity Supplemental Food Program).

When a unit applies in Minnesota, and another state has issued Food Support for that month, but the unit says it did not get the FS benefits issued by the other state:

- If no members of the unit remain in the other state, and the case is NOT EXPEDITED, check with the other state to see when and if the Food Support case has been closed.

  If the case IS EXPEDITED, try to confirm non-receipt with the other state, but do not delay issuing Food Support pending receipt of information. Issue Food Support based on the unit's written statement that they did not get their benefits in the other state, and that they understand the penalty for fraud.

  If you find out later that a client actually did get Food Support in more than 1 state or county, the state or county which issued Food Support later must set up a claim. See 0025 (Benefit Adjustments and Recovery).

- If some of the previous unit members remain in the other state, DO NOT issue Food Support to the members who moved to Minnesota. People now in the unit who were not in the unit in the other state may be eligible.

When confirmation is received that the FS has been closed in the previous state, FS may be approved in Minnesota, if all other eligibility factors have been met.

MSA: People may not receive MSA from more than 1 county in a month.

Payments issued to a battered women's shelter do not affect the eligibility or grant amount of an MSA applicant or participant. See 0020.18 (GA Assistance Standards).

GA: People are not eligible for GA if they are eligible for a federally-funded program. This includes people receiving SSI, receiving or eligible for MFIP, or receiving EA for current maintenance needs. This prohibition applies only if the federal program is currently funded so the people, if eligible, can receive benefits from it.

GRH: People may not receive GRH from more than 1 county in a month.

MFIP, WB, DWP, MSA, GA, GRH:
No provisions.

FS:
Due to the American Recovery and Reinvestment Act (ARRA) and the statewide ABAWD waiver approval from the Food and Nutrition Service (FNS), work requirements for Able-Bodied Adults Without Dependents (ABAWDs) are waived from January 1, 2009 through September 30, 2011.

An ABAWD who has used his/her 3 months of eligibility in the past 36 months may re-apply, and if all other eligibility factors are met can receive Food Support (FS) benefits through the end of the waiver period.

ABAWDs should continue to be made aware of the employment and training services that are available from Employment Service Providers and be encouraged to participate with the Food Support Employment & Training (FSET) program. Counties should encourage voluntary participation with employment and training programs but there are no Employment and Training sanctions for non-compliance.

ABAWDs who are serving an Employment and Training (E&T) sanction must complete the sanction period. If the case was closed, the ABAWD will need to reapply for FS benefits once the sanction period is over. ABAWDs removed from FS due to an E&T sanction need to contact their worker to be added back to the FS unit once the sanction period is over. In either situation, if FS eligible do not refer ABAWDs to the ES Provider.

The American Recovery and Reinvestment Act (ARRA) and the current statewide ABAWD waiver supersede the policy below.

Unless a person is exempt from FS eligibility time limits or is meeting monthly work requirements, Able-Bodied Adults Without Dependents (ABAWDs) are eligible for FS for only 3 months in any 36 month period. The 36 month period begins the 1st full month the person receives FS. Once started, the 36 month period continues to run uninterrupted, even during times the person does not receive FS or is exempt from the time limit.

When there is an indication that an ABAWD received Food Support/Food Stamps in another state, the number of full countable months used in the other state must be verified by contacting the other state.

The 3 entitled months do not have to be consecutive. Do not count a month if for that month the person:

- Meets the 20 hour per week (80 hours per month) work requirement.
  OR
- Is exempt from the 3 month time limit.
  OR
- Receives only prorated (partial month) benefits.

The 3 month entitlement limit applies only to ABAWDs receiving FS.

A person meeting any of the following exemptions is not subject to the 3 month limit:

- Receiving cash assistance.

- Under age 18, or age 50 or older.

- Responsible for the care of a child under age 18 in the household. If there are 2 parents in the unit, both are exempt. If there is doubt as to whether non-parents should be given this exemption, determine if the child is under the parental control of the non-parent. An adult who has parental control of the child is entitled to this exemption.

- Medically certified as pregnant.

- Exempt from work registration. See 0028.06.12 (Who is Exempt From FS Work Registration). Code his/her work registration status carefully on the MAXIS STAT/WREG panel. This information is used by MAXIS when sending workers appropriate DAIL messages. It is also used for reporting and funding purposes.

- Lives in any of the counties or Indian reservations where all participants are exempt from ABAWD provisions. See TEMP Manual TE02.05.68 (ABAWD FSET Exempt Reservations), TE02.05.69 (ABAWD FSET Exempt Counties).

You must retroactively count (or uncount) an ABAWD's month of benefits as 1 of the 3 months of entitlement to FS benefits if you later learn that your determination of the ABAWD's exemption status, or whether or not the ABAWD met monthly work requirements, was incorrect. You must make this change in MAXIS. As long as the client meets an exemption for some part of the month, he or she is exempt for the entire month.

Able-bodied adults may "earn" ADDITIONAL MONTHS of eligibility, or avoid using 1 of their 3 entitled months, when they work or participate in work activities an average of 20 hours per week (80 per month). These do not have to be consecutive months. For each month that the person works or participates in work activities at this level, the person "earns" a month of FS benefits. Countable work or work program activities are:

- Working in paid employment, including self-employment. This includes use of accrued sick or vacation time, if available.

- Participating in Workforce Investment Act (WIA) services.

- Participating in Trade Adjustment Act (TAA) services.

- Participating in FSET activities. **NOTE:** FSET job search and job search training do not count toward the 20 hour per week/80 hour per month requirement unless the person is co-enrolled in WIA. See 0028.03.03 (Employment Services/FSET Required Components).

- Participating in Work Experience. However, instead of averaging 20 hours a week, the required number of hours of participation is the household's monthly FS allotment divided by the HIGHER of:

  - The state minimum wage.
    OR
  - The federal minimum wage.

See MINIMUM WAGE in 0002.41 (Glossary: Medically Necessary...). Also see TEMP Manual TE12.05 (Minimum Wage).

An ABAWD who has used up the initial or subsequent 3 months of FS eligibility can "earn" an additional month of benefits by working or participating in approved work activities for 80 hours in a calendar month. The ABAWD need not be a current FS participant to regain eligibility. (**NOTE:** FSET is available only to current participants.) The hours must be completed before eligibility can be granted. Once the person has worked the required number of hours, eligibility can be granted back to the beginning of the month or the date of application, whichever is later. Once eligibility is granted, eligibility will continue as long as you prospectively anticipate that the person will work the required number of hours for the next month. Track work hours per month. Your Employment Services Provider (ESP) will track hours of participation in work program activities.

A participant who has re-established FS eligibility by working or participating in work activities for 80 hours in a month as

described above can qualify for 1 additional 3-month period of eligibility. If the person's job or work activity ends, or if the hours are reduced below 80 hours per month, the person qualifies for the additional 3-month period of eligibility. This provision does not apply if the person voluntarily quit the job without good cause.

The new 3-month period of eligibility starts the 1st day of the 1st month in which FS benefits are provided under this 2nd 3-month eligibility period. It runs uninterrupted until the 3-month period is completed, regardless of whether the person received benefits all 3 of those months. This 2nd 3-month period is only available once in any 36-month period.

You must explain these provisions to ABAWDs during the intake and eligibility determination process.

All ABAWDs are mandatory FSET participants, and must be referred to FSET when FS eligibility is determined or when the participant's exemption from ABAWD provisions ends. You must inform the ESP of the participant's ABAWD status so that this can be taken into consideration when determining the FSET services needed.

For information on how to treat income and assets of ineligible able-bodied adults, see 0015.06.03 (Availability of Assets With Multiple Owners), 0016.39 (Income of Ineligible Able-Bodied Adults).

For information on reporting requirements, see 0007 (Reporting).

CRIMINAL CONVICTION 0011.27

People convicted of a criminal offense or fleeing prosecution may be ineligible for certain programs for a period of time or subject to certain requirements. See the sections listed below for information on the individual offenses:

- Drug felony. See §0011.27.03 (Drug Felons).
- Parole violation. See §0011.27.06 (Parole Violators).
- Fleeing prosecution. See §0011.27.09 (Fleeing Felons).
- Residency fraud conviction. See §0011.27.12 (Residency Fraud Conviction).

These penalties are not fraud disqualifications based on Intentional Program Violation (IPV). For information on fraud disqualifications, see §0025.24.06 (Disqualification for Fraud).

MFIP: If an applicant or participant admits in writing on the Combined Application Form (CAF)/ Minnesota Transition Application Form (MTAF) that he or she committed a drug felony on or after 7-1-97 and was subsequently convicted, or if the county has other reliable documentation of a conviction for a drug felony that was committed on or after 7-1-97, you must vendor pay the unit's shelter and utility costs out of the cash portion of assistance. See §0024.09 (Protective and Vendor Payments). Issue the balance of the grant to the unit.

People convicted of a drug felony that was committed on or after 7-1-97 are also subject to random drug testing as a condition of eligibility. The drug test may be conducted by the county agency, or the county agency may be informed of a test failure by a probation officer or other official entity.

Apply the following policies to an applicant or participant caregiver who fails a drug test:

- **1ST OCCURRENCE:**

  Vendor pay from the cash portion of the grant for shelter and utilities. Reduce the remaining amount of the unit's Transitional Standard or Shared Household Standard, whichever applies, by 30%. Issue the balance of the grant (cash and/or food portion) to the unit.

  If a participant fails a drug test the 1st time and is under a sanction due to other MFIP program requirements, vendor pay from the cash portion of the grant for shelter, and at county option, the utilities. Reduce the remaining grant by 30% and issue the balance to the unit.

  Before imposing the above sanction, the job counselor must attempt to meet face-to-face with the caregiver and explain the consequences of failing a subsequent drug test and the right to appeal the sanction. If a face-to-face meeting is not possible, the county must send the adverse action notice and include the information that would have been provided in a face-to-face meeting.

  Continue to apply the sanctions above until the month after the month the person documents that he or she has passed a drug test.

  A caregiver who is sanctioned for failing an initial drug test may cure the 30% sanction by passing a subsequent drug test.

- **2ND OCCURRENCE:**

1. PERMANENTLY disqualify the applicant or participant caregiver from both the cash and food portions of MFIP, and from MFIP Employment Services (MFIP-ES).

2. Remove the needs of the caregiver who failed the drug test from both the cash and food portions. Deem to the assistance unit any income of the disqualified caregiver who is living in the home. Caregivers do not lose eligibility for Uncle Harry Food Support, or stand alone Food Support. Review the case for possible health care eligibility for the disqualified caregiver.

Before disqualifying the caregiver and sending a notice of adverse action, the job counselor must attempt to meet face-to-face with the caregiver and identify other resources that may be available to the family and inform the caregiver of his/her appeal rights. If a face-to-face meeting is not possible, counties must provide written information about other local resources that are available to meet the needs of the family. To accomplish this, counties must send a letter (which includes a list of local/county resources) to the affected caregiver at the time MAXIS issues the notice of adverse action.

This change will not be programmed in MAXIS. Contact the Transition Supports Systems (TSS) Help Desk for a workaround if you have a case that fits these criteria.

If the convicted person is **NOT** a part of the assistance unit, **DO NOT** impose vendor payments, drug testing, or grant reductions.

WB, DWP:

Vendor pay the unit's shelter and utility costs out of the assistance payment if:

- An applicant or participant admits in writing on the CAF or MTAF that he or she committed a drug felony on or after 7-1-97 and was subsequently convicted. **NOTE:** There is no application form for conversion from MFIP to WB.

OR

- The county has other reliable documentation of a conviction for a drug felony that was committed on or after 7-1-97.

Issue the balance of the grant to the unit. See §0024.09 (Protective and Vendor Payments).

People convicted of a drug felony that was committed on or after 7-1-97 are subject to random drug testing as a condition of eligibility. The drug test may be conducted by the county agency, or the county agency may be informed of a test failure by a probation officer or other official entity.

Apply the following policies to an applicant or participant caregiver who fails a drug test:

- **1ST OCCURRENCE:**

  Vendor pay shelter and utilities. Reduce the remaining portion of the grant by 30%. Issue the balance to the unit.

  Continue to apply the sanctions above until the month after the month the person documents that he or she has passed a drug test.

  A caregiver who is sanctioned for failing an initial drug test may cure the 30% sanction by passing a subsequent drug test.

- **2ND OCCURRENCE:**

  1. PERMANENTLY disqualify the applicant or participant caregiver from WB or DWP. For WB, if the disqualified caregiver is the only member working the required hours, close the case.

  2. Remove the needs of the caregiver who failed the drug test. Deem to the assistance unit any income of the disqualified caregiver who is living in the home.

FS: See §0011.27.03.01 (Drug Felons - FS).

GA: A unit is ineligible if it contains a member who admits in writing on the CAF that he/she is convicted of a drug felony on or after 7-1-97. This also applies if the county agency has other reliable verified documentation supporting its position about a unit member's drug conviction.

The ENTIRE unit is ineligible for 5 years from the date the convicted person completes terms of the court-ordered sentence, UNLESS the convicted member meets 1 of the following conditions:

- Participates in a drug treatment program.

OR

- Has successfully completed a drug treatment program.

OR

- Has been assessed by the county as NOT needing a drug treatment program.

If the convicted person meets 1 of the above conditions, the unit may receive benefits. He/she is subject to random drug testing as a condition of eligibility. DHS suggests that county agencies coordinate efforts with local probation or court services to establish procedures and share costs of random drug testing for these clients.

If the client fails a drug test while receiving assistance, or the county is informed by a probation officer or other official entity that the client has failed a drug test, the client is ineligible for assistance for 5 years beginning the 1st of the month following the month of the positive test result for an illegal controlled substance unless he/she again meets 1 of the 3 conditions above. The remaining unit members may continue to receive benefits.

MSA, GRH:

No provisions.

MFIP, WB, DWP, MSA, GA, GRH:
See 0011.27.03 (Drug Felons).

FS:
A person applying for or receiving FS who admits in writing on the CAF that he/she committed and was convicted of a drug felony on or after 7-1-97 is subject to random drug testing as a condition of eligibility. This also applies if the county agency has other reliable verified documentation supporting its position about a unit member's drug conviction.

DHS suggests that county agencies coordinate efforts with local probation or court services to establish procedures and share costs of random drug testing for these clients.

If the client fails a drug test, or the county is informed by a probation officer or other official entity that the client has failed a drug test, he/she is subject to the following sanctions:

- **1ST OCCURRENCE:**

  Reduce the household's FS allotment by 30%. The sanction ends on the 1st of the month after the month the client can document that he/she has passed the drug test.

  Before imposing the above sanction, the worker must attempt to meet face-to-face with the caregiver and explain the consequences of failing a subsequent drug test and the right to appeal the sanction. If a face-to-face meeting is not possible, the county must send the adverse action notice and include the information that would have been provided in a face-to-face meeting.

- **2ND OCCURRENCE:**

  The unit member who failed the drug test is permanently disqualified from the FS program. Deem any income of the disqualified unit member in the home to the assistance unit. See 0016.03 (Income from Disqualified Unit Members).

  Before disqualifying the client and sending a notice of adverse action, the worker must contact the client to identify other food resources that may be available and to inform the client of his/her appeal rights.

  This policy is not programmed in MAXIS. See TEMP Manual TE13.043 (Food Support Drug Felon Cooperation) for the workaround.

If the convicted person is NOT a part of the assistance unit, do NOT impose the sanction.

MFIP, WB, DWP, FS, MSA, GA:

A parole violator is a person (including a minor) who admits in writing on the Combined Application Form (CAF) or Minnesota Transition Application Form (MTAF) that he/she is currently in violation of a condition of probation, parole, or supervised release. This also applies if the county agency has other reliable verified documentation that the client is a parole violator.

A parole violator is disqualified for assistance until he/she provides documentation that the violation has been cured.

Deny or terminate assistance for ONLY the parole violator. The remaining unit members may receive assistance if eligible.

Determine if you must count the income and assets of the disqualified person. Follow the current deeming policy. See §0016 (Income From People Not in the Unit), §0015.48 (Whose Assets to Consider).

GRH: No provisions.

A fleeing felon is a person (including a minor) who admits in writing on the Combined Application Form (CAF) or Minnesota Transition Application Form (MTAF) that he/she is currently fleeing prosecution, custody, or confinement after being convicted of a felony. This also applies if the county agency has other reliable verified documentation that the client is a fleeing felon.

A fleeing felon is disqualified for assistance until he/she provides documentation that the issue has been resolved.

Deny or terminate assistance for ONLY the fleeing felon. The remaining unit members may receive assistance if eligible.

Determine if you must count the income and assets of the disqualified person. Follow the current deeming policy. See 0015.48 (Whose Assets to Consider), 0016 (Income From People Not in the Unit).

MFIP, WB, DWP, MSA, GA:
Follow general provisions.

FS:
When the county becomes aware that a warrant has been issued for an applicant or recipient, the county must contact the applicant/recipient to determine whether the applicant/recipient has knowledge of the warrant.

If the applicant/recipient does have knowledge of the warrant being issued because they received it, then the client is considered to be a fleeing felon at the time the county receives verification of the existence of the warrant.

If the applicant/recipient does not have knowledge of the warrant being issued because the warrant was not received, then the county question about the warrant will satisfy the requirement of warrant notification. The applicant/recipient will at the time of the notification of the warrant by the county be considered a fleeing felon.

GRH:
A fleeing felon is not eligible for GRH if disqualified for GA or SSI.

MFIP, WB, DWP, MSA, GA:

A person who admits in writing on the Combined Application Form (CAF) or Minnesota Transition Application Form (MTAF) that he/she has been convicted of making a fraudulent statement regarding residence in order to receive duplicate assistance simultaneously from 2 or more states is ineligible for 10 years from the date of conviction. This also applies if the county agency has other reliable verified documentation supporting its position about a client's residency fraud conviction.

Deny or terminate assistance for ONLY the convicted unit member. The remaining unit members may receive assistance if eligible.

Determine if you must count the income and assets of the ineligible person. Follow the current deeming policy. See §0016 (Income From People Not in the Unit), §0015.48 (Whose Assets to Consider).

The conviction must be in a state or federal court, not through an Administrative Disqualification Hearing (ADH) waiver. See §0025.24.06 (Disqualification for Fraud).

FS: Follow MFIP, EXCEPT also apply the same penalty if the person has been convicted of making a fraudulent statement regarding identity in order to receive duplicate assistance.

GRH: No provisions.

60-MONTH LIFETIME LIMIT 0011.30

MFIP: Federal rules limit public assistance eligibility for caregivers to 60 months in their lifetime. Minnesota began counting months toward the 60-month lifetime limit 7-1-97 for receipt of Family GA and Transitional AFDC.

The 60-month limit is per caregiver receiving MFIP, and the months do not have to be consecutive. Count or exclude months as noted below. The counted and exempt months include months in which a caregiver received TANF benefits from another state, even if before 7-1-97 (states may have chosen earlier start dates and shorter limits for their TANF programs).

Count months for MFIP cases with a caregiver who has a fraud disqualification beginning on or after 10-1-07.

NOTE: The same banking of months and exception policies that apply to MFIP caregivers also apply to disqualified caregivers. For example, months do not count for either an MFIP caregiver or a disqualified caregiver who is age 60 or older.

The following are EXCEPTIONS to counting a month toward the 60-month time limit. If a caregiver meets 1 of the exceptions, that month does NOT count toward the 60-month limit.

- Months in which the caregiver participated in the MFIP Field Trials, with a random assignment code on the STAT/MEMB panel of E1, E2, R1, C1, or C2.

- Living on reservations with a "not employed" rate of at least 50% when the grant is issued. See TEMP Manual TE02.05.74 (60-Month MFIP Limit & Indian Reservations) for a list of these reservations.

- Victims of family violence who request a Family Violence Waiver and are complying with an Employment Plan (EP). The exception starts the month the EP is approved and continues unless the participant is out of compliance with the EP. See §0005.12.12.09 (Family Violence Provisions/Referrals), §0010.18.33 (Verifying Family Violence), §0028.15 (Employment Plan (EP)), TEMP Manual TE13.016 (TANF Family Violence Exemptions).

- Caregivers age 60 or older who have not already exceeded the 60-month time limit. Stop the clock the 1st of the month following the month the participant turns 60. Participants who are age 60 or older will not receive the 60-month warning notice referenced below, unless there is a 2nd MFIP caregiver in the household who is not exempt from the 60-month time limit.

- Minor caregivers complying with an education plan. See §0012.06 (Requirements for Custodial Parents Under 20), §0028.12 (Education Requirements).

- Custodial parents age 18 or 19 who are cooperating with education requirements of their Employment Plan. See §0012.06 (Requirements for Custodial Parents Under 20), §0028.12 (Education Requirements).

- Emancipated minors who are cooperating with education requirements of their Employment Plan. See §0012.06 (Requirements for Custodial Parents Under 20), §0028.12 (Education Requirements).

- Any month the unit chooses to opt out of the cash portion of the MFIP grant. See §0014.03.03.03 (Opting Out of MFIP Cash Portion).

- Any month the unit receives ONLY the food portion of the grant. This includes if the unit is sanctioned and receives only the food portion. However, see below regarding months that include a vendor payment or a recoupment.

- Any month the unit receives a grant for minor children only. This includes any month caregivers are ineligible or disqualified.

- Any month the unit would have received only the FOOD portion of the grant (prior to recoupment).

DO COUNT months toward the 60-month limit in these situations, unless exempt above:

- Minnesota state-funded months for caregivers who received Family GA.

- Minnesota state-funded months for certain non-citizens who are ineligible for TANF-funded assistance. See §0011.03.03 (Non-Citizens - MFIP/WB/DWP Cash).

- Minnesota state-funded months for participants receiving Family Stabilization Services (FSS).

- Minnesota state-funded months for 2-parent households.

- Months of assistance the client received from a Tribal TANF program, whether received in Minnesota or another state.

- If there is a vendor payment or recoupment that reduces the CASH portion of the grant to $0.

- The months following the month the 19-year old caregiver turns 20.

- The months following the month the caregiver under 20 obtains a secondary school diploma or GED.

- Months when 18- and 19-year old caregivers do NOT have an education component in their EP.

- Months when minor caregivers are sanctioned for non-cooperation with educational requirements.

- Months a person receives MFIP cash assistance and later is determined to be ineligible. That period of time is considered to have been months of assistance.

- Months a caregiver is disqualified from MFIP due to an intentional program violation (IPV). This applies only to caregivers disqualified effective 10-1-07 or later. See TEMP Manual TE02.08.169 (MFIP IPV Fraud Disqualification) for information on how to process these cases.

Use the STAT/TIME panel in MAXIS to record the history of a caregiver's receipt of assistance toward the 60-month limit. With the exception of caregivers disqualified due to IPV, this tracking triggers MAXIS to mail person-specific notices regarding the limits. The 1st notice is sent to participants in the 48th month of cash assistance. Subsequent notices are sent between the 10th and the 15th of each month after that, telling participants the number of cash assistance months they have left. See TEMP Manual TE13.022 (STAT/TIME), TE15.06 (MFIP Time Limit Notice), TE02.08.169 (MFIP IPV Fraud Disqualification). Also see TE15.04 (State Contacts - TANF Months (A - M)), TE15.05 (State Contacts - TANF Months (N - W)) for other states' TANF effective dates, time limits, and instructions for specific states.

When clients move to or from Minnesota:

- When a client moves to another state, the other state will call to confirm the number of months of assistance received toward the 60-month limit. Provide only the number of TANF-funded months a client has used, unless the other state inquires about state-funded assistance.

- When a client moves to Minnesota from another state, count only the TANF-funded months on assistance toward the 60-month limit. Do NOT count months when the unit received benefits only from a state-funded assistance program.

Certain people who have reached their 60-month lifetime limit may be eligible for an EXTENSION OF MFIP under a hardship extension category. See §0011.33 (MFIP Hardship Extensions).

During the last 12 months of MFIP there are specific requirements for determining whether a participant is eligible for an extension. See §0011.30.03 (MFIP Transition Period), §0011.30.06 (180 to 60 Days Before MFIP Closes).

When MFIP is closed at the end of 60 months, you must determine if the family is eligible for other types of assistance, including health care and food support. See §0005.09.06 (When Not to Require Completion of a CAF), §0008.06.01 (Implementing Changes - Program Provisions), and the Health Care Programs Manual. Workers also should provide information on how to apply for child care assistance.

Also see §0028.30.04 (Post 60-Month Empl. Services Sanctions).

WB, FS, MSA, GA, GRH:
No provisions.

DWP: The receipt of DWP does not count toward the 60-month time limit, BUT families are NOT eligible for DWP if a caregiver has reached the 60-month time limit.

MFIP: The MFIP transition period begins in the 48th month of receipt of MFIP and continues through the 60th month of MFIP. Follow this process for all participants, even those receiving Family Stabilization Services (FSS). See §0002.23 (Glossary: Fair Hearing…) for the definition of Family Stabilization Services (FSS).

The goals of the transition period are:

- To continue to help families find employment.
- To continue to prepare families for what will happen when they reach their 60th month on MFIP.

During the period of 48 to 60 months, DHS identifies MFIP cases and sends notices to each family to notify them of the 60-month time limit and how many months of MFIP they have used. Notices are sent monthly between the 48th and 60th months. See TEMP Manual TE15.06 (MFIP Time Limit Notice).

From 180 to 60 days (approximately 6 to 2 months) before the 60th month:

- MAXIS identifies these cases and notifies the county.
- Counties complete an administrative review of each MFIP case prior to a face-to-face meeting.
- Counties schedule a face-to-face meeting with each family.
- Face-to-face meetings occur.

The order and specific months these activities are undertaken will vary by county.

For additional information on steps to follow for the period 180 to 60 days prior to the end of the participant's 60th month, see §0011.30.06 (180 to 60 Days Before MFIP Closes).

No later than 10-day cut-off of the 60th month, make a final decision whether to extend the family's eligibility beyond the 60th month, or close the case.

A participant who is in sanction for any reason during the 60th month is not eligible for a hardship extension. In addition, to be eligible for a hardship extension under the "employed" hardship extension category, participants must be in compliance 10 out of the last 12 months. See §0011.33.03 (MFIP Employed Extension Category).

If a participant has been in sanction and states that he or she has an illness, but has not provided documentation of the condition, offer to help the participant obtain the needed documentation to cure the sanction. If the participant is still in sanction during the 60th month and a good cause reason does not apply, there is no eligibility for any type of extension.

If the participant is not in sanction in the 60th month and does not provide documentation to determine eligibility for an extension category, close the case and reopen it later if the participant provides adequate documentation.

Counties and Employment Services Providers should work with participants to clear any sanctions.

Notices should be sent by MAXIS, on or before the 10-day notice cut-off in the 60th month. At the time of the face-to-face meeting, the county should tell the participant whether it appears that the participant would qualify for an extension based on current circumstances, what he or she must do to qualify, and when the final decision will be made.

Months continue to count toward the 60-month time limit while a participant is in the special medical criteria exemption category. See §0011.36 (Special Medical Criteria). The law requires that the face-to-face meeting be done 180-60 days before the participant reaches the end of the 60th counted month. MAXIS will flag these cases for the face-to-face meeting. At the face-to-face meeting, review the family situation to determine if the participant will be eligible for a hardship extension. Also tell the participant how many banked months he or she has.

If information needed to determine if the participant is eligible for a hardship extension is not available before the 10-day cut-off date in the 60th month, make a decision based on the best information available at the time. Depending on the degree of confidence the county has in the documentation it has received, choose either of the following 2 approaches for cases where some further documentation is pending. Document the rationale for choosing a specific approach in case notes.

- You may EXTEND MFIP benefits for the participant if you have received reasonable documentation that the participant would qualify for an extension but either the county or another professional has identified that additional follow-up is needed. Set a review of the extension to coincide with the date you expect to receive the additional documentation. Inform the participant that, if the additional documentation does not confirm that the participant is eligible for an extension, he or she may be responsible for an overpayment.

- You must CLOSE the case if a participant requests an extension but there is no current documentation on file that would indicate that the case is eligible for the extension. Notify the participant that the case may be reinstated if the needed documentation is received within 30 days of the date MFIP closes. If you receive the documentation more than 30 days from the closing date, the participant must reapply. You also must offer to help the participant get the needed documentation.

WB, DWP, FS, MSA, GA, GRH:

No provisions.

MFIP: The Department (DHS) recommends that counties take the following steps when setting up and conducting the case review and face-to-face meetings required 180 to 60 days prior to the end of the participant's 60th month on MFIP.

1. COUNTY ADMINISTRATIVE REVIEW

Prior to the face-to-face meeting, staff involved with the participant(s) should meet to review the family's situation. DHS recommends using a team for the county administrative review and subsequent face-to-face meeting. The team may include the financial worker, job counselor, supervisory staff, social worker, child care worker, psychologist, vocational specialist, family violence advocate, or anyone else involved with the participant, provided that the participant has signed the necessary consent forms.

Consider the following:

- Is the participant in the Family Stabilization Services (FSS) service track? If so, does the participant still meet the eligibility criteria and is the documentation used to make the determination still up-to-date?
- What conditions exist that affect the participant's progress toward self-sufficiency?
- Is the participant currently in compliance? What is the sanction history for this case?
- What services is the family currently receiving? Are there any other service options that should be considered, such as subsidized employment?
- Is the participant's employment plan still appropriate?
- Does the participant meet an exemption to participation with Employment Services because the household includes a child under 12 months and they have not exhausted the 12-month lifetime limit?
- Is the participant aware of options for stopping the clock?
- Is there an extension for which the participant might qualify?
- What resources might be available to the family if MFIP ends?
- Has the number of TANF months been correctly counted?

NOTE: This list is NOT meant to be all-inclusive.

2. APPOINTMENT LETTER

Send a letter to ask the participant to call for an appointment for the face-to-face meeting or to notify the participant that a meeting has been scheduled.

If you do not hear from the participant, make AT LEAST 2 more attempts to reach the participant, using other approaches, such as phone calls or home visits. Document these attempts in both case notes and person notes.

3. FACE-TO-FACE MEETING

Meet and discuss the items on the sample 60-Month Planning Checklist or your county's checklist. The county is required to attempt to hold a face-to-face meeting for the benefit of the participant. Although "attempting to meet face-to-face" is a requirement for the county, it is not an eligibility requirement for MFIP participants.

The face-to-face meetings provide:

- A means to reach participants who may have missed important messages.
- Information on their sanction status.
- An opportunity for them to request an extension or develop an exit plan.

Stress the importance to the participant of attending the face-to-face meeting, but do not sanction the participant for not attending the meeting.

4. IF NO FACE-TO-FACE MEETING

If a face-to-face meeting does not occur, send a letter advising the participant that MFIP will soon close. Provide a list of the hardship extension categories and a copy of the extension request form. Enclose a list of community resources that are available to the participant if MFIP ends and any other information that would have been covered at the face-to-face meeting. If the participant responds to this letter, encourage the participant to come to a face-to-face meeting even if it is after the 58th month.

5. SUPERVISORY OR TEAM REVIEW

Before MFIP closes due to the time limit, the job counselor's supervisor or the review team designated by the county must review the case to determine if the criteria for a hardship extension, if requested, were applied appropriately and an attempt was made to meet with the participant face-to-face. If the review indicates that the criteria to close the case were met, send a 10-day notice of adverse action to terminate MFIP at the end of 60th month.

If you discover that a case was closed after the 60th month without the required case review, you must contact the participant and offer to do a case review to determine if the assistance unit was eligible for a hardship extension. If the participant is determined to be eligible for a hardship extension and meets all other MFIP eligibility criteria, the county agency must issue retroactive benefits for all months of MFIP eligibility up to and including the current month.

For more information, see 0011.30.03 (MFIP Transition Period), 0011.33 (MFIP Hardship Extensions), 0011.33.02 (MFIP Hardship Extensions - Removing 1 Parent), 0011.33.03 (MFIP Employed Extension Category), 0011.33.03.03 (Limited Work Due to Illness/Disability), 0011.33.06 (MFIP Hard to Employ Extension Category), 0011.33.09 (MFIP Ill/Incapacitated Extension Category).

WB, DWP, FS, MSA, GA, GRH:

No provisions

MFIP: Participants who have reached their 60-month lifetime limit as outlined in §0011.30 (60-Month Lifetime Limit) may be eligible for an extension of MFIP if they meet 1 of the following hardship extension categories:

- Employed. See §0011.33.03 (MFIP Employed Extension Category).
- Employed with reduced hours. See §0011.33.03.03 (Limited Work Due to Illness/Disability).
- Hard to Employ. See §0011.33.06 (MFIP Hard to Employ Extension Category).
- Ill or Incapacitated. See §0011.33.09 (MFIP Ill/Incapacitated Extension Category).

NOTE: Participants who are extended as ill or incapacitated or are in any of the hard-to-employ categories are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an FSS employment plan and follow FSS service requirements.

EXCEPT for the situations below, participants must request a hardship extension and provide documentation that the criteria for the extension are met. The request may be verbal or written.

- The participant does not need to request a hardship extension, orally or in writing, if the participant has already been extended and eligibility under the original extension category ends. The participant may have to provide documentation that he or she is eligible under another category.
- An applicant who has already received 60 months of assistance does not need to request a hardship extension, orally or in writing, when re-applying for MFIP. As part of the application process, the applicant will be required to provide documentation that he or she is eligible for a hardship extension.

You MUST document whether the participant requests an extension or indicate that he or she was not interested in applying for an extension. To record this process, use the extension form developed by the county to document the request. The form should be completed at the face-to-face meeting, if possible. If the participant does not attend the face-to-face meeting, you must send an extension request form to the participant and tell him/her to notify the county, orally or in writing, if he/she wants to be considered for a hardship extension.

Participants may request a hardship extension in any month, but the participant, or both participants in a 2-parent household who reach the 60-month time limit at the same time, must be in compliance with ALL program requirements and NOT in sanction for any reason in the 60th month to be eligible for an extension. Eligibility may begin any time after the 60th month, depending on when the application and verification are received. **NOTE**: In 2-parent units, there are some instances when 1 parent may be removed from the grant and continue MFIP for the remainder of the unit. See §0011.33.02 (MFIP Hardship Extensions - Removing 1 Parent) for more information.

Work with each unit to determine if the unit is eligible for an extension. For units potentially eligible for an extension as "ill/incapacitated" or "hard to employ", this may involve identifying potential barriers, referring for assessments, and obtaining documentation. For units potentially eligible for the "employed" extension, it may mean helping them increase work hours or making subsidized work opportunities available to them. For units who do not qualify for an extension, it means ensuring that eligible families continue to receive benefits such as food support and health care and directing them to other community resources.

In all cases, you must commit to reaching out, following through, and working with each family as intensively as needed. Families also need to follow through on appointments, provide the documentation needed, go to the assessments, and attend scheduled meetings. Be clear with families about your expectations of them.

If a participant who applies for an extension after the 60th month is able to document that a sanction was incorrectly applied or that the participant had good cause for the non-compliance, you must consider the participant compliant for the purpose of establishing eligibility for any hardship extension. Considering the participant in compliance under this provision IS an adjustment of a previous sanction period. However, DO NOT recalculate benefits or issue supplements.

Participants whose MFIP is extended beyond the 60-month limit may continue to receive MFIP as long as state law provides for MFIP extensions, the criteria for that extension category continue to be met, and all other MFIP requirements (including ES) continue to be met. When the criteria or requirements are no longer met, either sanction the case or close the case the 1st of the month following the month the criteria no longer exists. If a participant meets FSS eligibility, the FSS sanction provisions must be followed before the participant can be sanctioned.

To ensure that the hardship extension policy is consistently applied, DHS recommends that each county develop a written plan for determining eligibility for a hardship extension. The plan should be available to the public upon request. Counties, and Employment Services Providers under contract with the county, must follow the county's limited English proficiency (LEP) plan to communicate information about hardship extensions to participants with limited English proficiency. County staff and Employment Services Providers should review their LEP plan to make sure they understand what language assistance resources are available to help participants with LEP understand necessary information about hardship extensions and what they need to do to request an extension.

WB, DWP, FS, MSA, GA, GRH:

No provisions.

MFIP: When 1 or both parents in a 2-parent family reach the 60-month limit, the unit has the option to remove a caregiver who DOES NOT meet the criteria for an extension from the grant and continue MFIP for the remainder of the unit. In that case, treat the assistance unit as a 1-parent unit and calculate the unit's MFIP grant using the Shared Household Standard. See §0020.09 (MFIP/DWP Assistance Standards). Also see §0011.33 (MFIP Hardship Extensions), §0028.30.04.03 (Post 60-Month Sanctions: 2-Parent Provisions).

The option to remove 1 parent must occur as part of a discussion and decision-making process between the county, the Employment Services Provider, and the participants. The county MUST NOT automatically remove a parent.

A parent who is removed from the grant for non-compliance is eligible 1 additional time. A subsequent removal of this parent from the grant for non-compliance will result in permanent disqualification of that parent from MFIP. Only 1 parent may be removed at a time. Removals are counted PER CAREGIVER for purposes of determining permanent disqualification of that caregiver from the MFIP unit.

Before removing a non-compliant participant under this policy, you must review the participant's case to determine if the Employment Plan is still appropriate and must make a good faith effort to meet with the participant face-to-face. If the participant does not comply, you must send the participant a notice of adverse action.

REMOVING (DISQUALIFYING) 1 PARENT FROM THE GRANT WHEN BOTH PARENTS REACH MONTH 60 AT THE SAME TIME

When BOTH parents reach month 60 at the same time and are being evaluated for an extension, 1 parent may be removed from the grant and MFIP continued for the remainder of the unit if 1 of the parents DOES NOT meet the requirements for an extension. Either caregiver may request to remove (disqualify) that parent from the unit effective month 61. If both parents fail to meet the criteria for an extension, DO NOT extend the MFIP case. If extended as employed, the remaining parent must meet the 30/25 hour Employment Services requirement. The Shared Household Standard and deeming provisions apply. Only 1 parent may be removed from the MFIP unit under this provision.

REMOVING (DISQUALIFYING) A CAREGIVER WHEN 1 PARENT REACHES MONTH 60 BEFORE THE OTHER

There are 3 instances when 1 parent in a 2-parent unit can be removed from the grant when 1 parent reaches month 60 before the other.

- **EFFECTIVE MONTH 61:** If the parent who has reached month 60 does NOT meet the criteria for an extension, either parent may ask to remove (disqualify) the non-compliant parent from the unit. The Shared Household Standard and deeming provisions apply. In this scenario, pre 60-month sanction policies apply to the remaining parent.

- **EFFECTIVE MONTH 61:** If the parent who has reached month 60 is requesting an extension and is in compliance with MFIP requirements, but the parent who has NOT reached month 60 is NOT in compliance, the non-compliant parent, at either caregiver's request, can be removed (disqualified) effective month 61. This parent may reapply and be removed 1 additional time before he/she is permanently disqualified from MFIP. If the non-compliant parent who has not reached month 60 is not removed, post 60-month ES sanctions apply.

- **AFTER MONTH 61:** Once extended, if either caregiver is out of compliance with Employment Services requirements, regardless of who has reached month 60 first, either caregiver may request removal of the non-compliant caregiver. Pre 60-month notice requirements apply.

  - If the parent who is removed after month 61 has reached month 60, and the remaining parent has not, then pre 60-month sanction policies apply to the remaining parent.

  - If the parent who is removed after month 61 has NOT reached month 60, and the remaining parent has, then post 60-month sanction policies apply to the remaining parent.

  - If both parents have reached month 60, then post 60-month sanction policies apply to the remaining parent.

  The removed caregiver may be added back to the grant 1 additional time before being permanently disqualified from MFIP.

WB, DWP, FS, MSA, GA, GRH:

No provisions.

MFIP: See 0011.30 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See 0011.33 (MFIP Hardship Extensions) for general information and requirements for hardship extensions.

Also see 0011.33.03.03 (Limited Work Due to Illness/Disability), 0011.33.06 (MFIP Hard to Employ Extension Category), 0011.33.09 (MFIP Ill/Incapacitated Extension Category).

To be eligible for the "employed" extension category, the participant(s) must be in compliance 10 out of the last 12 months immediately preceding the participant's 61st month, and meet ALL the following conditions. Only consider the months that the participant actually received MFIP (cash OR food portion):

1-PARENT UNITS

- The participant must be in compliance with all program requirements in the 60th month. Being in compliance means the participant is not in sanction for non-cooperation with ANY MFIP program requirement, including non-cooperation with child support.

AND

- The participant must participate in work activities at least 30 hours per week per month, 25 of which on average must be employment. Participants must meet minimum work requirements, and they are NOT exempt from ES requirements.

  When the participant has accepted a job that begins during the 60th or 61st month, there must be a reasonable expectation that the participant will work an average of 30 hours per week (or 25 hours of work plus 5 hours of another work activity) in the upcoming month. DHS recommends that the decision be based on the participant's current employment situation and/or employment offer.

2-PARENT UNITS

- The participant(s) must be in compliance with all program requirements in the 60th month. If BOTH parents reach month 60 at the same time, they both MUST be in compliance in the 60th month. If 1 or both parent(s) are not in compliance in month 60, the unit is not eligible for an extension. Being in compliance means the participant(s) is not in sanction for non-cooperation with ANY MFIP program requirement, including non-cooperation with child support.

  - When both parents reach month 60 at the same time, both parents must be in compliance 10 out of the last 12 months. If 1 parent does not meet this

requirement, the unit has the option to remove (disqualify) that caregiver and extend the remainder of the unit under the employed category. Use the Shared Household Standard and deem the disqualified caregiver's income to the MFIP unit members. The remaining caregiver in the unit must participate in at least 30 hours of work activities per week, of which an average of at least 25 each week must be employment. See 0011.33.02 (MFIP Hardship Extensions - Removing 1 Parent).

- When only 1 parent in a 2-parent unit has reached month 60, only that parent must be in compliance 10 out of the last 12 months. If the parent who reaches month 60 does not meet criteria for an extension he/she may be removed. The case then follows pre-60 month policies. Use the Shared Household Standard and deem the disqualified caregiver's income to the MFIP unit members. The remaining caregiver in the unit who has not reached month 60 does not need to meet extension criteria until he/she reaches month 60. See 0011.33.02 (MFIP Hardship Extensions - Removing 1 Parent).

  NOTE: If the participant who has NOT reached month 60 is also employed, the combined minimum hours of participation for the 2-parent family is 55 hours a week, of which 45 must be employment.

- When only 1 parent qualifies for the employed extension and the other parent is extended in another category, the employed parent must be participating in at least 30 hours of work activities per week, of which an average of at least 25 each week must be employment.

➢ The participants must participate in work activities at least 55 hours per week per month, 45 of which on average must be employment. Hours may be divided between the 2 parents in any way that works for that unit's particular situation and should be documented in the Employment Plan. These participants must meet minimum work requirements, and they are NOT exempt from ES requirements.

When a participant in a 2-parent unit has accepted a job that begins during the 60th or 61st month, there must be a reasonable expectation that the participants will work an average of 55 hours per week (or 45 hours of work plus 10 hours of another work activity) in the upcoming month. DHS recommends that the decision be based on the participant's current employment situation and/or employment offer.

In some instances 2-parent units failing to comply with Employment Services requirements, and thus facing a disqualification from MFIP, may have the option to remove the non-compliant caregiver from the grant and continue MFIP for the remainder of the unit. See 0011.33.02 (MFIP Hardship Extensions - Removing 1 Parent) for more information.

LOSS OF EMPLOYMENT

If the loss of employment is involuntary (for example, layoffs including seasonal work) the participant is not subject to the hourly employment requirement for 1 month (30 days), but must meet all remaining requirements in the participant's Employment Plan. In cases where participants claim an involuntary loss of employment that is not documented, have them sign a statement that they are unemployed through no fault of their own. Counties and ES providers have flexibility to do as much verification as they deem necessary. Falsifying the statement will result in a sanction.

Begin the post-60 month sanction process when:

- The loss of employment is voluntary.

OR

- The loss of employment is involuntary and after 30 days from the last date of employment the participant fails to meet the hourly requirement.

The 1-month exemption provision is available to a 1-parent assistance unit twice (separate incidents) in a 12-month period. The 1-month exemption provision is available to a 2-parent assistance unit twice per parent in a 12-month period.

If a participant has been in sanction for 3 or more of the 12 months immediately preceding the 61st month and is able to document that the sanction was incorrectly applied or that he/she had good cause for the non-compliance, consider the participant in compliance for the purpose of establishing eligibility for an employed hardship extension. Considering the participant in compliance under this item IS an adjustment of a previous sanction period. However, DO NOT recalculate benefits or issue supplements unless the participant submitted a timely appeal.

If a participant is complying with a child protection plan, the number of hours required under that plan counts toward the number of hours of employment required in the employed extension category. For purposes of the employed extension category, employment means:

- Subsidized private sector or public sector employment, including Grant Diversion.

- Unsubsidized employment.

- On-the-job training.

- Apprenticeship.

- Work study.

OR

- A combination of any of the bulleted items above.

OR

- Providing child care services to another participant who is working in a community service program, if it is in combination with paid employment.

Participants who have verification from their health care provider that the number of hours they may work is limited due to illness or disability may qualify for an MFIP hardship extension as long as they work at least the number of hours specified by the health care provider. See 0011.33.03.03 (Limited Work Due to Illness/Disability).

WB, DWP, FS, MSA, GA, GRH:

No provisions.

MFIP, DWP:

Participants who have verification from their health care provider that the number of hours they may work is limited due to illness or disability may qualify for an MFIP hardship extension as long as they work at least the number of hours specified by the health care provider. This means that someone with a disability who is only able to work 20 hours a week, rather than the 25 hours that is required to qualify for the employed hardship extension, may be extended if they work an average of 20 hours per week.

This extension category is a subset of the "employed" extension category. All of the criteria and other Employment Services requirements for the "employed" extension category apply to this category. See §0011.33.03 (MFIP Employed Extension Category).

Counties may develop a form for health care providers to use to document a participant's diagnosis and any functional limitations that limit work hours, or may use Request for Medical Opinion (DHS-2114). If using the DHS-2114 form, include a "Yes/No" question that asks whether the participant is following the treatment recommended by the health care provider.

Participants who are extended under this subcategory are required to follow the treatment recommendations of the health care provider that provides this documentation. When a participant is part of a 2-parent assistance unit, the other parent must be treated as a 1-parent assistance unit for purposes of meeting the "employed" category work requirements. See §0011.33.03 (MFIP Employed Extension Category).

For information on voluntary and involuntary loss of employment, see §0011.33.03 (MFIP Employed Extension Category).

WB, FS, MSA, GA, GRH:

No provisions.

MFIP:
See 0011.30 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See 0011.33 (MFIP Hardship Extensions) for general information and requirements for hardship extensions. Also see 0011.33.03 (MFIP Employed Extension Category), 0011.33.09 (MFIP Ill/Incapacitated Extension Category).

Counties may extend MFIP benefits for the hard-to-employ category after 60 months when documentation is not available by the 60th month. Participants must cooperate with efforts to obtain the documentation, and they may be responsible for an overpayment if they are later determined to not qualify for an extension. Also see 0011.30.03 (MFIP Transition Period). If it appears that their condition would make them eligible for Social Security or other program benefits, require them to apply. See 0012.12 (Applying for Other Benefits).

Participants who are extended in any of the hard to employ categories are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an FSS Employment Plan and follow the FSS service requirements. Participants are subject to post 60-month sanction provisions only after all FSS sanction provisions have been met. See the Employment Services Manual.

The following are the "hard to employ" extension categories:

- **MENTALLY RETARDED OR MENTALLY ILL:** Participants with mental illness or mental retardation are eligible for an extension of their benefits when the condition severely limits the participant's ability to obtain or maintain suitable employment.

  NOTE: Consider a participant to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week.

  The determination of:

  - **Mental illness** must be made by a licensed physician or qualified mental health professional.

  - **Mental retardation** must be made by a licensed psychologist, certified school psychologist, or a certified psychometrist working under supervision of a licensed psychologist.

  See 0011.39 (Qualified Professionals).

- **LEARNING DISABLED:** A participant with a learning disability may be eligible for an extension if the condition severely limits the participant's ability to obtain or maintain suitable employment.

  NOTE: Consider a participant to have met the employment related criteria for this category if the qualified professional determines that the participant's condition significantly restricts the range of employment that the person is able to perform; or the condition significantly interferes with the person's ability to obtain or maintain suitable employment for 20 or more hours per week.

  The determination of a learning disability must be made by a qualified professional. A qualified professional for this purpose is a licensed psychologist or school psychologist with experience determining learning disabilities.

- **PARTICIPANTS WITH IQ BELOW 80:** Participants with an IQ below 80 may be eligible for an extension of benefits if they have been assessed by a vocational specialist or qualified professional to determine that the condition severely limits the participant's ability to obtain or maintain suitable employment.

  NOTE: Consider a participant to have met the employment related criteria for this category if the qualified professional determines that the participant's condition significantly restricts the range of employment that the person is able to perform; or the condition significantly interferes with the person's ability to obtain or maintain suitable employment for 20 or more hours per week

The determination of IQ must be made by a professional qualified by training and experience to administer the tests necessary to make such a determination (tests of intellectual functioning, assessment of adaptive behavior, adaptive skills, and developmental function). These professionals include a licensed psychologist, certified school psychologists, or certified psychometrists working under supervision of licensed psychologists.

- **UNEMPLOYABLE:** Before determining whether an MFIP participant is unemployable, assess whether he/she is eligible for an exemption from the time limit or a hardship extension under other criteria (for example: learning disabled, low IQ, ill or incapacitated). Identify the problems as clearly as possible to determine what category and/or plan best meets the participant's needs. If he/she does not meet the criteria for another extension category, but appears to have significant barriers to employment, a determination of the participant's unemployability must be done by a vocational specialist or other qualified professional designated by the county.

  There is no single factor(s) that would indicate unemployability. See the Employment Services Manual 13.18.12 (Unemployable Extension Criteria) for further details.

- **FAMILY VIOLENCE WAIVER:** Participants who are victims of family abuse may be eligible for an extension of benefits. Participants who request this extension must verify the abuse. See 0010.18.33 (Verifying Family Violence).

  Participants not already working with a domestic violence advocate MUST work with a job counselor and/or FSS case manager and a person trained in domestic violence to develop an Employment Plan (EP). The primary goal of the EP is to ensure the safety of the caregiver and the children. The job counselor and/or FSS case manager has the final approval of the EP. The EP must be approved prior to the approval of the extension, and participants must comply with activities in their EP to continue receiving the extension.

WB, DWP, FS, MSA, GA, GRH:
No provisions.

MFIP: See §0011.30 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §0011.33 (MFIP Hardship Extensions) for an explanation of the requirements for hardship extensions. Also see §0011.33.03 (MFIP Employed Extension Category), §0011.33.06 (MFIP Hard to Employ Extension Category).

Counties may extend MFIP benefits for participants requesting extension under the ill/incapacitated category after 60 months when documentation is not available by the 60th month. Participants must cooperate with efforts to obtain the documentation and they may be responsible for an overpayment if they are later determined to not qualify for an extension. Also see §0011.30.03 (MFIP Transition Period). Participants with an ill/incapacitated extension are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an FSS Employment Plan and follow FSS requirements.

The following are the "ill or incapacitated" extension categories:

- Participants who are ill, injured, or incapacitated may be extended if there is professional certification of an illness, injury, or incapacity that is expected to last more than 30 days which severely limits the participant's ability to obtain or maintain suitable employment. **NOTE:** Consider a participant to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week.

  Participants who are pregnant may be extended under the ill or incapacitated category if there is a medical professional's statement verifying that they are unable to work due to a medical condition, other than pregnancy, and the condition is expected to last for more than 30 days. The extension under ill or incapacitated lasts only as long as the illness or incapacity lasts.

  Participants in this category are considered Family Stabilization Services participants and must develop an FSS Employment Plan (FSS EP). The FSS EP must include the treatment recommendations of the health care provider certifying the illness, injury, or incapacity. The extension may end for caregivers who do not follow treatment recommendations without good cause. See §0028.18 (Good Cause for Non-Compliance--MFIP/DWP). Good cause may be granted when the nature of a caregiver's disability interferes with follow through on treatment recommendations.

- Participants who are needed in the home must provide verification that they are needed to provide care for another member of the assistance unit, a relative in the household, or a foster child in the household who has a professionally certified illness or incapacity that is expected to continue for more than 30 days. The verification of an illness/injury/incapacity must state that the participant is needed in the home to provide care, but it does not have to include the extent to which the participant is needed in the home. Participants in this category are considered FSS participants and are not expected to work.

- Participants with a child or an adult in the household who meets the special medical criteria for home care services or a home and community-based waiver services program, severe emotional disturbance, or serious and persistent mental illness. Those meeting the special medical criteria must be receiving or eligible to receive these services or programs. Participants in this category are considered FSS participants and presumed to be unable to work. See §0011.36 (Special Medical Criteria).

If the participant's health care provider cannot or will not provide the information needed to determine if the participant is eligible for a hardship extension, obtain a release of information from the participant authorizing you to contact the health care provider. Explain to the health care provider that this information is needed to determine if the participant is eligible for a hardship extension. If the health care provider still does not respond, contact the consumer representative at the health plan. If the health plan does not respond, contact DHS Health Care Purchasing Division, at 651-431-2478. Indicate which health plan you have contacted.

WB, DWP, FS, MSA, GA, GRH:

No provisions.

MFIP: This section describes special medical criteria outlined below that provide for banking months during the 1st 60 months, and extension after reaching the 60-month time limit. See 0011.30 (60-Month Lifetime Limit), 0011.33 (MFIP Hardship Extensions), 0011.33.09 (MFIP Ill/Incapacitated Extension Category), 0011.39 (Qualified Professionals), 0028.18 (Good Cause for Non-Compliance -- MFIP/DWP).

To qualify for the special medical criteria, the child or an adult in the household only needs to meet the criteria; he/she does not need to be receiving services.

In a 2-parent household with a child or an adult who meets the special medical criteria, only 1 parent is presumed to be prevented from obtaining or maintaining employment. If the family provides documentation from their health care provider that a 2nd parent is also needed in the home to care for the child or adult who meets the special medical criteria, the 2nd parent may be eligible for a hardship extension under the category for participants whose presence is needed in the home because of the illness or incapacity of another member of the assistance unit.

Participants must be evaluated for extension on or before the 60th month. The special medical criteria extension applies only when the caregiver has a child or an adult in the household who meet the criteria. When the caregiver receives similar services or has a serious and persistent mental illness, he/she may be extended in another category, such as the ill/incapacitated (lasting 30 days or more) category or the hard to employ/MI category.

SPECIAL MEDICAL CRITERIA CATEGORIES

Participants are considered to have a child or adult in the unit who meets special medical criteria in any of the following categories:

- **HOME CARE SERVICES**
  There is a child or an adult in the household who meets the disability or medical criteria for home care services. For the purpose of this determination, home care services means a medically necessary health service that is ordered by a physician and documented in a service plan that is reviewed by the physician at least once every 60 days for the provision of home health services, or private duty nursing, or at least once every 365 days for personal care. Participants may also request services directly from a Home Care Agency, which can contact the physician for the necessary documentation. Home care services are provided at the recipient's residence that is a place other than a hospital or long term care facility.

➢ HOME AND COMMUNITY-BASED WAIVER SERVICES

There is a child or an adult in the household who meets the disability or medical criteria for a home and community-based waiver services program. Also see the Health Care Programs Manual for additional information. These are services not normally covered by MA which are covered under a waiver, including case management, homemaker services, adult day health treatment, habilitation, respite care, and day treatment for individuals with chronic mental illness. The provisions of this criterion apply to the following home and community-based waiver services programs**:**

Alternative Care Grant Program (ACG)
A state-funded program that targets people age 65 or older who are at risk of nursing facility level of care and whose personal financial resources would allow no more than a 6-month stay in a nursing facility. The service menu is the same as that available for people receiving services under the Elderly Waiver.

Community Alternatives for Disabled Individuals (CADI)
Targets people at risk of nursing facility level of care. They must meet ALL of the following:

- Be under 65 at the time of assessment.
- Be certified disabled by the Social Security Administration or the State Medical Review Team (SMRT).
- Be eligible for Medical Assistance.
- Be assessed by a Public Health Nurse or Social Worker as needing the level of medical services provided in a nursing facility.

Community Alternative Care (CAC)
Targets people at risk of long term or frequently recurring hospitalization (initially designed to serve medically fragile children). They must meet ALL of the following:

- Be under 65 at the time of assessment.
- Be certified disabled by the Social Security Administration or State Medical Review Team (SMRT).
- Be eligible for Medical Assistance.
- Have an interdisciplinary team assessment which determines he/she would require frequent or continued hospitalization without waiver services.

Traumatic Brain Injury Waiver (TBIW)
TBIW targets 2 groups of people:

1. Those at risk of the level of care provided in a neurobehavioral hospital.

AND

2. Those at risk of the level of care provided in a specialized nursing facility (designed for people who have cognitive and/or behavioral issues).

They must meet ALL of the following:

- Be under 65 at the time of screening.
- Be certified disabled by the Social Security Administration or the State Medical Review Team (SMRT).
- Be eligible for Medical Assistance.

Developmental Disabilities (DD) Waiver

Targets people who are determined to have MR/RC and are at risk of the level of care provided in an Intermediate Care Facility for people with mental retardation (ICF/MR).

They must:

- Have mental retardation as evidenced by substantial limitations in present functioning manifested by significantly sub-average intellectual functioning (generally, full scale IQ score of 70 or less) and commensurate demonstrated deficits of adaptive behavior. These conditions must be manifested before age 22.

OR

- Require a 24-hour plan of care that involves a general need for a continuous program which includes aggressive, consistent implementation of specialized and generic training, treatment and services in the areas of adaptive daily living skills, household management, communication, social skills, community living and responsibility for health and safety.

OR

- Be assessed as eligible on an age appropriate level by an intake worker or case manager.

Elderly Waiver (EW)

Targets people over the age of 65 who are in a nursing facility or at risk of placement in a nursing facility.

Each of the waivers serves both people moving from an institutional setting to the community and people who are determined to be "at risk of" the level of care provided in the respective institutional setting.

CADI, TBIW, and CAC recipients may remain on the waiver after age 65 if warranted by their needs and service plan.

- **SEVERE EMOTIONAL DISTURBANCE (SED)**
  There is a child or children in the household who meet the following definition of "severe emotional disturbance" as determined by a qualified professional such that he/she:

  - Has been admitted within the last 3 years or is at risk of being admitted to inpatient or residential treatment.

  OR

  - Is a Minnesota resident receiving inpatient treatment or residential treatment for the emotional disturbance through the interstate compact.

  OR

  - Has been determined by a mental health professional to have psychosis or clinical depression, to be at risk of harming self or others, or to have psychopathological symptoms that resulted from physical or sexual abuse or psychic trauma within the past year.

  OR

  - Has significantly impaired home, school, or community functioning for at least 1 year or for a period that a mental health professional documents as presenting substantial risk of lasting at least a year.

- **SERIOUS AND PERSISTENT MENTAL ILLNESS (SPMI)**
  There is an adult or adults who meet the definition of "serious and persistent mental illness" as determined by a qualified professional such that he/she:

  - Has undergone 2 or more episodes of inpatient care for a mental illness within the preceding 24 months.

  OR

  - Continuously experienced a psychiatric hospitalization or residential treatment exceeding 6 months' duration within the preceding 12 months.

  OR

  - Has been treated by a crisis team 2 or more times within the preceding 24 months.

  OR

  - Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder which significantly impairs functioning; and a mental health professional documents that he/she is reasonably likely to have future episodes requiring inpatient or residential treatment unless ongoing case management or community support services are provided.

OR
- Has been court-committed as a mentally ill person in the past 3 years or has had the commitment stayed or continued.

OR
- Meets any of the criteria above but the specified time period has expired.

OR
- Was diagnosed with severe emotional disturbance as a child and who a mental health professional has documented in the past 3 years is reasonably likely to have future episodes requiring inpatient or residential treatment unless ongoing case management or community support services are provided.

BANKED MONTHS

If a participant who has accrued time beginning 1-1-98 while exempt from Employment Services under the special medical criteria exemption reaches the time limit and is no longer eligible for the special medical criteria extension, the participant must use the banked months before applying for a different type of extension. A caregiver may accrue months back to 1-1-98 if someone in the household met special medical criteria. Review caregivers who might be retroactively eligible for this exemption so that accrued months can be allowed correctly. See BANKED MONTHS in 0002.05 (Glossary: Assistance Standard...). Participants are subject to regular Employment Services requirements and pre-60 month sanction policies while using banked months. If there is information known to the county or employment services provider that the participant may meet one of the other Family Stabilization Services (FSS) eligibility criteria then FSS sanction provisions must be followed prior to imposing a sanction. See Employment Services Manual Appendix H (FSS Sanction Guidance). After the banked months have been exhausted, evaluate the caregiver to see if there is eligibility for an extension under another extension category.

MAXIS is unable to differentiate between extensions for the purpose of drawing on the banked months. Therefore, to ensure the system pulls the banked months before the participant is extended under a different category, code the STAT/TIME panel "Extension" field "NO" (no extension identified) when the participant no longer qualifies for the special medical criteria extension, even if the participant meets the criteria for a different type of extension.

Banked months are accrued based on the special medical criteria of an adult or child in the household, NOT based on a caregiver's own special medical criteria. If a caregiver meets any of the special medical criteria on his or her own, he/she may be

extended under the ill/incapacitated category, for example, but would not accrue banked months.

As long as someone in the household meets the special medical criteria he/she will accrue months to be used after reaching the 60-month time limit and no longer be eligible for a special medical criteria extension. Participating in Employment Services or working does not affect the participant's eligibility for banked months or an extension.

Some participants who have been exempt from Employment Services (ES) because they were needed in the home due to the illness or incapacity of another assistance unit member, a relative who lived in the same household, or foster child may be able to accrue time back to 1-1-98 if they met the special medical criteria for an ES exemption during that same period.

No later than the time of the face-to-face interview, explain to any participant with a code of "8" (member is required at home to care for an ill or incapacitated family member) on the "ES Status" field of the STAT/EMPS panel that time can be accrued if he/she can document that the special medical criteria were met for 1 or more months beginning January 1998. If an ES exemption for a person needed in the home was not approved for the participant but it can be documented that he/she should have been exempt, this policy may also be applied. The participant can authorize the county agency to help document the special medical criteria during this period. To track these cases, enter a CASE/NOTE when you discover months that a participant met the special medical criteria exemption between January 1998 and June 2000. The CASE/NOTE should include the months accruing time under the special medical criteria exemption (mm/yy to mm/yy), the household member who met special medical criteria, and the type of documentation provided.

Also see TEMP Manual TE13.041 (Special Medical Criteria – MAXIS Coding Tips).

WB, FS, MSA, GA, GRH:

No provisions.

DWP: If at any time during the DWP application process or during the 4-month DWP eligibility period, the agency determines that a participant is unlikely to benefit from DWP, convert the participant to MFIP. Participants who are determined by a qualified professional to be needed in the home to care for a child or an adult meeting the Special Medical Criteria are considered to be unlikely to benefit from DWP. See 0008.06.24 (DWP Conversion or Referral to MFIP).

The provisions in this section describe who may be considered as qualified professionals for diagnosing and/or determining a client's specific physical illness and/or mental condition.

MFIP, GA:

Qualified professionals as defined in this section may diagnose and/or determine if a person meets certain medical criteria in order to bank months or to qualify for an MFIP hardship extension, a good cause claim, or to meet a GA basis of eligibility. See §0011.33 (MFIP Hardship Extensions), §0011.36 (Special Medical Criteria), §0013.15 (GA Bases of Eligibility), §0028.06.03 (Who Must Participate in Empl. Services/FSET), §0028.18 (Good Cause for Non-Compliance -- MFIP/DWP).

- **FOR MENTAL RETARDATION (MR):** Professionals qualified to administer the tests necessary to make a determination (tests of intellectual functioning, assessment of adaptive behavior, adaptive skills, and developmental function) include licensed psychologists, certified school psychologists, or a certified psychometrist working under supervision of a licensed psychologist. These professionals must also be trained and experienced in administration of the tests. See PEOPLE WITH MENTAL RETARDATION in §0002.47 (Glossary: OJT...).

- **FOR LEARNING DISABILITIES:** A qualified professional is a licensed psychologist or school psychologist with experience determining learning disabilities. See §0011.33.06 (MFIP Hard to Employ Extension Category).

- **FOR PEOPLE WITH MENTAL ILLNESS (MI), SERIOUS AND PERSISTENT MENTAL ILLNESS (SPMI), AND SEVERE EMOTIONAL DISTURBANCE (SED):** A qualified mental health professional is indicated in the bullets below. Documentation can be provided by a licensed physician or a qualified mental health professional as listed below, for questions about counting months toward the 60-month time limit AND related extensions:

  - **FOR CHILDREN IN PSYCHIATRIC NURSING:** The mental health professional must be a registered nurse who is certified as a clinical specialist in child and adolescent psychiatric or mental health nursing by a national nurse certification organization or who has a master's degree in nursing or 1 of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

- **FOR ADULTS IN PSYCHIATRIC NURSING:** A registered nurse who is certified as a clinical specialist in adult psychiatric and mental health nursing by a national nurse certification organization or who has a master's degree in nursing or 1 of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

- **IN CLINICAL SOCIAL WORK:** A person licensed as an independent clinical social worker (LICSW) or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

- **IN PSYCHOLOGY:** A person licensed by the board of psychology who has stated to the Board of Psychology competencies in the diagnosis and treatment of mental illness.

- **IN PSYCHIATRY:** A physician licensed and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry.

- **IN MARRIAGE AND FAMILY THERAPY:** The mental health professional must be a marriage and family therapist with at least 2 years of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

➢ **FOR PHYSICAL ILLNESS, INJURY, OR INCAPACITY:** For purposes of verifying that criteria have been met for certain extensions to the MFIP 60-month time limit or a good cause claim, qualified professional means a licensed physician, a physician's assistant, a nurse practitioner, a certified nurse midwife, or a licensed chiropractor.

WB, FS, MSA, GRH:

No provisions.

DWP: If there are situations requiring determinations from the qualified professionals listed above, consider conversion to MFIP. See §0008.06.24 (DWP Conversion or Referral to MFIP).

Procedural eligibility covers mandatory requirements other than income 0011 (Technical Eligibility), 0015 (Assets), 0017 (Determining Gross Income), 0018 (Determining Net Income).

Some programs require Social Security numbers. See 0012.03 (Providing/Applying for an SSN).

Some minor parents have special obligations. See 0012.06 (Requirements for Custodial Parents Under 20).

Some clients must cooperate with Employment Services programs. See 0028 (Employment Services).

Clients must pursue other forms of benefits and payments. See 0012.12 (Applying for Other Benefits), 0012.27 (Cooperating to Get Tort Liability Payments).

Disability determinations have various purposes. See 0012.15 (Incapacity and Disability Determinations).

Clients must cooperate in getting and providing information on monetary support. See 0012.18 (Assigning Rights to Support), 0012.21 (Responsible Relatives Not in the Home).

Failure to follow requirements in this section will affect eligibility, benefit amount, or benefit payment method.

PROVIDING/APPLYING FOR AN SSN 0012.03

Some programs require clients to have or apply to the Social Security Administration (SSA) for Social Security numbers (SSNs). Clients with more than 1 SSN must provide all of them. Do not delay case processing while waiting for SSA's verification of the SSN. See 0010.18.03 (Verifying Social Security Numbers) for information on SSN application and the SSA verification. NOTE: Do not require clients to provide their Social Security cards when they provide their SSN.

If the client is a non-citizen without current employment authorization, SSA will NOT process an application for a Social Security number. Non-citizens who are admitted for a temporary period of time or while their immigration applications are pending are NOT authorized for employment. However, they may apply to the U.S. Citizenship and Immigration Services (USCIS) for employment authorization. Since they must provide a Social Security number for eligibility determination, the application for employment authorization must be required. The application for employment authorization requires a fee to be paid, but the fee may be waived by USCIS if a client demonstrates inability to pay.

See 0014.06 (Who Must Be Excluded From Assistance Unit), 0015.48 (Whose Assets to Consider), 0016.03 (Income From Disqualified Unit Members) for additional effects of not providing or applying for an SSN.

MFIP, WB, DWP:

Clients must have or must apply to the Social Security Administration (SSA) for Social Security numbers (SSNs), EXCEPT for members in the assistance unit who are qualified non-citizens and victims of family violence. See BATTERED NON-CITIZEN in 0002.05 (Glossary: Assistance Standard...). Also see 0011.03.21 (Non-Citizens - Victims of Battery/Cruelty).

Caregivers or children without either SSNs or pending SSN applications are ineligible. If caregivers refuse to provide or apply for SSNs for the only eligible child in a unit, deny the case.

FS: Units receiving expedited service can provide or apply for SSNs at application or before their next issuance.

Unit members with a good cause reason for not completing an SSN application may receive benefits for 1 month beyond the month of application. Illness, temporary absence, or lack of transportation are not good cause reasons. Help unit members get the necessary verification to complete the SSN application. Allow unit members who complete the SSN application to participate while SSA processes their application.

If the unit cannot provide or apply for an SSN for the newborn immediately following the birth, allow the unit to provide the SSN or proof of application for an SSN for the newborn at its next recertification or within 6 months following the month of the baby's birth, whichever is later. Also see 0010.18.03.03 (Verifying Social Security Numbers - Newborns).

Clients who do not provide or apply for an SSN are ineligible. Their income may be deemed toward the eligible unit members. See 0016.03 (Income From Disqualified Unit Members). Unit members not applying for FS (non-applicants) are not required to submit their Social Security number. Their income may be deemed toward the eligible unit members. See 0016.42 (Income of Non-Applicants). For information on what assets to count for ineligible people and non-applicants, see 0015.48 (Whose Assets to Consider).

MSA, GRH:

Clients who do not provide or apply for an SSN are ineligible. If caregivers refuse to provide or apply for an SSN for a child, the child is not eligible.

GA: Applicants or participants without either SSNs or pending SSN applications are ineligible.

REQUIREMENTS FOR CUSTODIAL PARENTS UNDER 20 0012.06

MFIP: There are special educational and social service requirements for participants under age 20 who are natural or adoptive parents of a minor child in the home (custodial parents). In addition, there are special living arrangement requirements for minor caregivers or pregnant women under age 18.

EDUCATIONAL AND SOCIAL SERVICES REQUIREMENTS

Unless exempt, custodial parents under age 18 without a high school diploma or GED must attend school. See §0028.12 (Education Requirements).

Counties must allow 18- and 19-year old teen parents who do not have a high school diploma or its equivalent to choose an Employment Plan (EP) with an education option.

With an education option means that the EP includes education requirements (high school or its equivalent). The 60-month clock **STOPS** for teen parents who choose this option. Plans that include both secondary school attendance and work fall under this option, see §0017.15.15 (Income of Minor Child/Caregiver Under 20).

Without an education option means the EP includes activities under the regular Employment Services track. The 60-month clock **DOES NOT** stop for teen parents who choose this option, see §0017.15.15 (Income of Minor Child/Caregiver Under 20).

County and Employment Services staff working with 18- and 19-year old parents should explain the new options and make specific efforts to inform those who are in sanction for not attending school that this may be a way to come into compliance.

Refer minor caregivers under age 18 to social services within 30 days of approving MFIP, or to the agency with whom your county has contracted to provide minor caregiver services. The minor caregiver must cooperate in developing and participating in an educational progress assessment and an Employment Plan (EP). See §0028.06.03 (Who Must Participate in Empl. Services/FSET), §0028.12 (Education Requirements), §0028.15 (Employment Plan (EP)).

Emancipated minors do not have the option to choose between education and employment. If they **DO NOT** have a high school diploma or GED they are subject to education requirements. If they **HAVE** a diploma or GED, they are subject to the regular employment services track. For the definition of emancipated minor, see §0002.19 (Glossary: Early...).

Follow the sanction procedure in §0028.30 (Sanctions for Failure to Comply - Cash) for minor caregivers and custodial caregivers who fail to cooperate with education or social service requirements.

LIVING ARRANGEMENT REQUIREMENTS

Inform minor caregivers or pregnant women under age 18 of living arrangement requirements both orally and in writing. Use the brochure MFIP For Minor Caregivers (DHS-3238). Advise them of the possible exemptions.

Minor caregivers or pregnant women under age 18 are required to live with a parent, legal guardian, other appropriate adult relative or other caregiver, or in an adult-supervised supportive living arrangement in order to receive MFIP.

NOTE: The living arrangement requirements **DO NOT** apply to emancipated minors.

When 2 unmarried minor caregivers live together with their minor child:

- At least 1 minor caregiver must meet the living arrangement requirement in order for the minor child along with the minor caregiver to receive MFIP. The minor caregiver who does not meet the living arrangement requirement is not eligible for MFIP but may be eligible for Uncle Harry Food Support.

  If neither minor caregiver meets the living arrangement requirement, there is no MFIP eligibility for the unit.

- If BOTH minor caregivers meet the living arrangement requirement, they are both eligible along with the child to receive MFIP. In addition, they must establish paternity by completing the Recognition of Parentage (ROP) or by adjudication.

- When the 2 minor caregivers live with 1 of the caregiver's parent(s), the minor caregiver who is not related to the parental household is not eligible for MFIP, unless the county has approved this living arrangement. If the county does not approve the living arrangement, the unrelated minor caregiver is not eligible for MFIP but may get Uncle Harry Food Support.

Also see §0014.03.03 (Determining the Cash Assistance Unit).

If a minor caregiver or pregnant woman under age 18 claims that 1 of the exemptions listed below applies to him/her, assist the minor in obtaining the necessary verifications. Minor caregivers who meet 1 of the following criteria are exempt from the living arrangement requirements:

- The minor caregiver has no living parent, other appropriate adult relative, or legal guardian whose whereabouts are known.

- No living parent, other appropriate adult relative, or legal guardian of the minor parent allows the minor parent to live in his/her home. If a minor parent claims this exemption, refer the case to social services for an evaluation. Use the Referral of Minor Parent to Social Services (DHS-2882).

- The minor caregiver has lived apart from her or his own parent or legal guardian for a period of at least 1 year before either the birth of the minor child or the minor parent's application for MFIP.

- The physical or emotional health or safety of the minor caregiver or minor child would be jeopardized if the minor caregiver and minor child resided in the same residence with the minor caregiver's parent(s), other appropriate adult relative, or legal guardian. If a minor caregiver claims this exemption, use the DHS-2882 to refer the case to Child Protection Services for an evaluation. A new referral is not necessary if one has been made within the last 6 months, unless there has been a significant change in circumstances which justifies a new referral and determination.

- An adult-supervised supportive living arrangement is not available for the minor caregiver and the minor child in the county in which the minor caregiver currently resides. If such an arrangement becomes available within the county, the minor caregiver and child must reside in that arrangement.

If a minor caregiver is not living with a parent or legal guardian due to meeting an exemption in the 1st, 2nd, or 4th bullet above, the minor caregiver must reside, when possible, in an adult-supervised supportive living arrangement. Social services will help the minor caregiver (in consultation with the family of the minor caregiver, when appropriate) locate an appropriate adult supervised supportive living arrangement.

When a minor caregiver and minor child live with the minor caregiver's parent, another adult relative, a legal guardian or legal custodian, or in an adult-supervised supportive living arrangement, MFIP must be paid, when possible, in the form of a

protective payment on behalf of the minor caregiver and minor child. See §0024.09 (Protective and Vendor Payments).

Re-evaluate the living arrangement at recertification and when there is a change in living arrangement or household composition. The living arrangement requirement applies ONLY through the month of the minor parent's 18th birthday.

DWP: Caregivers 18 or 19 years of age **WITHOUT** a high school diploma or its equivalent who choose to have an Employment Plan **WITHOUT** an education option, follow MFIP. If only 1 parent in a 2-parent family meets these criteria, the family must participate in DWP. For more information on caregivers under 20, see §0013.05 (DWP Bases of Eligibility).

WB, FS, MSA, GA, GRH:

No provisions.

MFIP:
Require clients to apply for and accept benefits from other programs for which they appear eligible if those benefits would reduce their MFIP benefit. This includes SSI and Unemployment Insurance. They must apply for benefits within 30 days of being told of their potential eligibility. Deny or terminate eligibility if clients fail to apply without good cause. Good cause for failure to apply for these benefits is allowed when circumstances beyond the control of the applicant or participant prevent the applicant or participant from making an application.

Do not require clients to reapply for benefits which had been denied before, unless there has been a change in circumstances or eligibility requirements of that benefit program.

When a member of the MFIP unit has been awarded Workers' Compensation, any MFIP received during the period covered by the Workers' Compensation settlement or award is subject to recovery by the DHS Benefit Recovery Section (BRS). BRS has the authority to recover subsistence related to a workers' compensation injury. An Interim Assistance Agreement (IAA) is not required.

WB, FS:
No provisions.

DWP:
Follow MFIP. Clients applying for SSI and SSDI are considered unlikely to benefit from DWP and should be converted to MFIP. See 0008.06.24 (DWP Conversion or Referral to MFIP).

GA, MSA:
Require clients to apply for benefits from other programs for which they appear eligible if those benefits would reduce their grant amount. Benefits for GA clients would likely be RSDI and/or SSI and for MSA clients increases in SSI or RSDI due to a change in circumstances. Clients must apply for benefits within 30 days of when you told them about their potential eligibility. Deny or terminate eligibility if clients fail to apply without good cause.

Three months prior to the 62nd birthday of a person who has any U.S. work history, require him/her to sign an Interim Assistance Agreement (Non-SSI) (DHS-1795A) and to file for Social Security early retirement benefits.

Do not require clients to reapply for benefits which were previously denied unless there has been a change in circumstances or eligibility requirements of the benefit program.

Refer clients to other programs using the Notice to Apply for Other Maintenance Benefits (DHS-2116). Within 30 days of the date of the referral, clients must sign an SSI Interim Assistance Authorization (DHS-1795) if being referred to SSI, or an Interim Assistance Agreement (Non-SSI) (DHS-1795A) if being referred to other benefit programs. They must also give written consent to the exchange of information between the county agency and the office administering the benefits for which they are applying when applying for benefits other than SSI.

For MSA, deny or terminate people who do not get SSI or RSDI because they have exhausted time-limited benefits. People in this category may apply for GA. The loss of SSI by a non-citizen who has reached the SSI time limit does not prohibit GA eligibility. Do not consider the loss of SSI due to exhausted time-limited benefits to be a failure to meet or comply with Social Security Administration program requirements.

Deny or terminate people who are suspended or terminated from RSDI or SSI for failure to meet or comply with Social Security Administration or other program requirements. This includes failure to comply with a required treatment program and failure or inability to get a representative payee.

NOTE: RSDI payments are specifically exempted from recovery by federal law. DHS revised the non-SSI IAA to include a statement telling RSDI clients that RSDI payments, both retroactive and current, cannot be garnished, attached, executed upon or levied upon. It also tells clients that, although they are free to use their RSDI benefits to repay their interim assistance debt, they cannot be forced to use their RSDI benefits for this purpose.

When a member of GA or MSA unit has been awarded Workers' Compensation, any GA or MSA received during the period covered by the Workers' Compensation settlement or award is subject to recovery by the DHS Benefit Recovery Section (BRS). BRS has the authority to recover subsistence related to a workers' compensation injury. An interim assistance agreement is not required.

Also see 0012.27 (Cooperating to Get Tort Liability Payments).

GRH:
Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

MFIP, WB, DWP, FS:
No provisions.

GA:
Require clients to complete an SSI Interim Assistance Authorization (DHS-1795) and/or non-SSI Interim Assistance Agreement (DHS-1795A) if their basis of eligibility is:

- Permanent illness.
  OR
- Temporary illness.
  OR
- Placement in a facility.
  OR
- Unemployable.
  OR
- Mental retardation/mental illness.
  OR
- RSDI/SSI application/appeal pending.
  OR
- Advanced age.
  OR
- Learning disabled.
  AND/OR
- Any time they apply for other maintenance benefits or whenever you expect their benefits to be reinstated after a period of suspension.

Clients who are eligible or potentially eligible for Supplemental Security Income (SSI) must complete the SSI Interim Assistance Authorization (DHS-1795).

Clients who are potentially eligible for other maintenance benefits such as RSDI, Workers' Compensation, or private insurance must complete the non-SSI Interim Assistance Agreement (DHS-1795A).

Clients who are potentially eligible for both SSI and other benefits including RSDI must sign both a DHS-1795 and a DHS-1795A for the other benefit(s).

Clients who refuse to sign the DHS-1795 or DHS 1795A are ineligible for GA. Date stamp the DHS-1795 when you receive it if that date is different from the signature date.

Clients must sign a new DHS-1795 and/or DHS-1795A at initial application and annually thereafter. Update MAXIS STAT/PBEN and retain a copy of the form(s) in the case record.

The agreement allows the state or county agencies to seek repayment of benefits issued while the application for other maintenance benefits was pending. Unless prohibited by federal or state law, seek repayment when clients receive retroactive payments from other maintenance programs. The amount of the repayment cannot exceed the amount of benefits issued.

People who sign the DHS-1795 for SSI agree to let the Social Security Administration (SSA) reimburse the state for GA and/or GRH received during the period of retroactive SSI eligibility. DHS will mail a notice and explanation to clients and will notify counties via MAXIS CASE/NOTE when clients become eligible for SSI and the state has been reimbursed. Refer any remaining questions regarding SSI interim assistance reimbursements to DHS Financial Operations at 651-431-2427 or 1-888-702-9975.

Notify the DHS Benefit Recovery Section (BRS) of clients who sign a DHS-1795A for Workers' Compensation. BRS will seek recovery of benefits paid during the period covered by the workers' compensation claim.

For maintenance benefits that clients may receive directly, request repayment directly from the client. If the client does not voluntarily repay the benefits issued, begin action to recover it. See 0025 (Benefit Adjustments and Recovery).

When the client's only source of income is RSDI and the client has no other resources, the county is limited to asking the client to voluntarily repay the interim assistance he/she received. The county cannot use or threaten to use legal action to recover the interim assistance from the client's RSDI payments. The DHS-1795A includes a statement informing clients that RSDI payments, both retroactive and current, cannot be garnished, attached, executed upon, or levied upon. The form also explains that, although clients cannot be forced to use their RSDI benefits to repay the interim assistance they received, they can voluntarily use their RSDI benefits to repay their state debt.

Determine MSA eligibility of any client SSA finds eligible for SSI. See MSA provisions.

GRH:
Follow GA, with the following EXCEPTION:

Do NOT recalculate GRH after the client becomes eligible for SSI.

MSA:
Follow GA for non-SSI interim assistance.

If the client becomes retroactively eligible for SSI, review the case for retroactive MSA eligibility. Consider the following:

- Only months that GA has been reimbursed through the DHS/SSI interim assistance reimbursement (IAR) process (or months for which the county received reimbursement directly from the client) are eligible for MSA.

- Refer to the DHS Financial Operations MAXIS CASE/NOTE for which months have been reimbursed (see GA above).

- Issue retroactive MSA payment(s) based on the client's current MSA basic needs grant. Do not include special need items.

- A GA reimbursement may remain due from the client for a specific month. This typically happens when counties are unable to close GA in time to prevent an additional GA payment after SSI begins. If this occurs, budget the full SSI benefit rate, without any disregard, plus the GA for that month against the appropriate MSA standard. The difference would be either the amount of GA the client continues to owe or the amount of MSA to be issued to the client.

NOTE: GRH payment months are not eligible for retroactive MSA.

MFIP: MFIP participants are eligible for DHS SSI advocacy services. Follow GA, GRH. However, the SSI interim assistance provisions do not apply to MFIP participants.

WB, DWP, FS:

No provisions.

GA, GRH:

The county agency must make certain help and advocacy services are available to clients who apply for SSI. The county agency can arrange with DHS to use county staff to furnish the special services or use a DHS contracted SSI advocate.

Encourage clients who may have difficulty with the SSI application process and/or for an appeal to accept help from an SSI advocate. Let clients choose their own service provider whether county staff, a DHS SSI advocate, or their private arrangement. (SSA will now directly compensate attorneys and certain non-attorney advocates from SSI back payments as they do for RSDI claimants.) Provide information about the SSI advocates available in your area and/or referral.

County agencies continue to perform other functions in the interim assistance program, including:

- Screen clients for referral to SSA.
- Explain the SSI application process.
- Explain the benefits available through SSI.
- Obtain the client's signature on an Interim Assistance Agreement (DHS-1795) form and update the STAT/PBEN panel.
- Track the progress of the client's SSI application.
- Provide priority response to Social Security and DHS inquiries regarding the claim.
- Convert the client to MSA and MA and make other benefit adjustments as appropriate when the client becomes eligible for SSI.
- DHS will tell the county agency of clients who have received GA for 2 years or more for potential SSI eligibility screening.

- MAXIS produces a DAIL/DAIL message alerting you to clients you must screen for referral for an SSI application.

In screening potential referrals for SSI application, look for clients who:

- Have an illness, injury or mental condition that will prevent work for 12 months or more or result in death.

OR

- Are not required to pursue SSI benefits under their current GA basis of eligibility but may also have another basis of eligibility that does require SSI referral.

OR

- Have had a change in circumstances that indicates possible SSI eligibility including having received GA for more than 6 months with little or no change in their condition.

SSI advocates will:

- Help clients set up appointments, complete application forms and cooperate with Social Security procedures, requirements, etc.

- Help with necessary transportation.

- Help assess their disability in relation to SSI eligibility and identify possible issues that may come up in the eligibility determination process.

- Provide available medical or vocational evidence, social history, or expert testimony to substantiate blindness or disability.

- Help them get and use medical or vocational evidence, social history or expert testimony.

- Prepare for and represent clients at interviews, hearings and appeals on the SSI eligibility determination.

MSA: MSA clients must already be SSI eligible or would be except for excess income. However, DHS SSI advocacy services are available to retain SSI when SSA proposes cessation of benefits.

The purposes of determining disability vary by program. Clients may appeal disability determinations.

MFIP, DWP:
For information on the ill/incapacitated category, see 0010.18.05 (Verifying Disability/Incapacity - Cash). Also see 0028 (Employment Services) for Employment Services requirements on disability determinations.

WB:
No provisions.

FS:
Units with permanently disabled clients qualify for special medical deductions, shelter deductions, exclusion from the gross income test, and the choice of certification as separate units. See 0014.03.06 (Determining the Food Support Unit), 0018.12 (Medical Deductions), 0018.15 (Shelter Deductions), 0019.09 (GIT for Separate Elderly Disabled Units).

Clients who do not cooperate with verifying disability cannot use the special deductions, separate household option, or gross income test exclusion. See 0010.18.06 (Verifying Disability/Incapacity - FS).

Disability may also affect able-bodied adult status. See 0011.24 (Able-Bodied Adults).

MSA:
Disability as a basis of eligibility requires proof. See 0010.18.05 (Verifying Disability/Incapacity - Cash), 0012.15.06 (State Medical Review Team (SMRT)), 0013.09.09 (MSA Basis - Disabled Age 18 and Older).

Normally, use an SSA disability determination. When there is no eligibility for SSA because a disabled client has excess income for SSI and not enough quarters for RSDI, the SMRT makes the disability decision.

GA:
The county agency should make this determination EXCEPT in cases of undocumented and non-immigrant people who are blind or disabled. In those cases, refer the determination to SMRT. Include current objective medical information describing the applicant's disability.

Some bases of eligibility require medical certification of a temporary or permanent disability. See 0010.18.05 (Verifying Disability/Incapacity - Cash), 0013.15 (GA Bases of Eligibility). Deny or terminate eligibility if clients do not cooperate with the process and no other basis of eligibility exists.

GRH:
Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

MEDICAL IMPROVEMENT NOT EXPECTED (MINE) LIST 0012.15.03

This is a list of conditions the SSA considers permanently disabling. See §0012.15 (Incapacity and Disability Determinations), §0010.18.05 (Verifying Disability/Incapacity - Cash), §0010.18.06 (Verifying Disability/Incapacity - FS).

The reference codes are for SSA pamphlet "Disability Evaluation Under Social Security" which has more detailed information.

1. Arthritis of 1 major joint in each upper extremity (1.04).
2. Disorders of the spine (arthritis manifested by ankylosis or fixation at 30 degrees or more) (1.05A).
3. Amputation or permanent loss of use of two limbs (1.09).
4. Amputation of leg at hip (1.10A).
5. Amputation of leg or foot because of diabetes or peripheral vascular disease (1.10B).
6. Statutory blindness unless due to cataracts or detached retina (markedly reduced ability to see, not correctable by surgery, glasses, or other treatment) (2.02, 2.03A/B).
7. Loss of visual efficiency (visual efficiency of better eye after best correction is 20% or less) (2.03C, 2.04).
8. Hearing loss not restorable by a hearing aid (2.08A/B).
9. Chronic obstructive airway disease (3.02).
10. Ischemic heart disease with chest pain of cardiac origin (4.04A/B).
11. Arteriosclerosis obliterans or thromboangiitis (4.13).
12. Chronic liver disease with esophageal varices resulting in massive hemorrhage or requiring shunt operation (5.05A/B).
13. Impaired renal function due to chronic progressive disease, incurable kidney disease resulting in severely reduced function which may require dialysis or transplant (6.02).
14. Diabetes mellitus with manifestation as required in section (9.08).

15. Central nervous system vascular accident, with manifestations as required in section (11.04).

16. Parkinsonian syndrome, with disturbance of movement, gait, or station as required in section (11.06).

17. Cerebral palsy, with manifestations as required in section (11.07).

18. Spinal cord or nerve root lesion resulting in paraplegia or quadriplegia (11.08).

19. Multiple sclerosis (11.09).

20. Amyotrophic lateral sclerosis (11.10).

21. Anterior poliomyelitis, with interference in swallowing, breathing, speech, or motor function as described in (11.11).

22. Muscular dystrophy (11.13).

23. Degenerative disease, such as Huntington's Chorea, Friedreich's Ataxia, and spinocerebellar degeneration as required in section (11.17).

24. Chronic brain syndrome (organic brain syndrome) with manifestations as required in section (12.02).

25. Functional psychotic disorders if institutionalized in a licensed mental hospital for the past 12 months without releases that would indicate improvement (12.03).

26. Functional non-psychotic disorders if institutionalized in a licensed mental hospital for the past 12 months without releases that would indicate improvement (12.04).

27. Severe mental retardation, with manifestations as required in section (12.05A, 12.05B, 12.05C).

28. Age 55 and over with a condition meeting requirements in 1 of these sections:

    1.03A Arthritis of major weight bearing joint.
    2.09 Organic loss of speech.

3.04	Diffuse pulmonary fibrosis.
4.04	C/D Ischemic heart disease.
3.05	Other restrictive ventilatory disorders.
4.12	Chronic venous insufficiency.
10.05	Scleroderma or progressive system sclerosis.
11.15	Tabes dorsalis.
11.16	Subacute combined cord degeneration.
11.19	Syringomyelia.

29. Age 55 and over with amputation of a limb.

30. Age 55 and over with two substantiated myocardial infarctions.

MFIP, WB, DWP:
No provisions.

FS: Follow general provisions.

MSA: People with documentation of any of these conditions will have a very high probability of being certified disabled by the SMRT and/or by Social Security.

GA: Follow general provisions for undocumented and non-immigrant people who are blind or disabled.

GRH: Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

STATE MEDICAL REVIEW TEAM (SMRT) 0012.15.06

The State Medical Review Team (SMRT) determines disability as required by specific programs. See §0012.15 (Incapacity and Disability Determinations), §0010.18.05 (Verifying Disability/Incapacity - Cash), §0010.18.06 (Verifying Disability/Incapacity - FS), §0012.15.06.03 (SMRT - Specific Program Requirements) for more information on specific program requirements.

Refer cases to SMRT when there has been no disability determination by the Social Security Administration and the disability is expected to last 12 months or longer.

Clients must provide complete vocational histories and medical information. The county agency must help gather the information as needed, and must pay for costs the client incurs for medical examinations and reports necessary to complete the SMRT review using MA administrative account funds. This also applies to the SMRT's requests for additional tests to make a determination of disability.

Complete a SMRT Determination of Disability form (DHS-1467A) for every submission to the SMRT. Attach documentation to support the client's physical, psychological, and/or MR/DD condition.

ALL disability referrals require results from a current physical examination (no more than 3-6 months old) by a licensed physician. Acceptable medical sources are licensed physicians, osteopaths, psychologists, and optometrists. You may use naturopathic and chiropractic exams as well, but ONLY IF submitted with results of an examination from a licensed physician.

A PHYSICAL DISABILITY REFERRAL requires a CURRENT diagnosis supported by objective medical evidence. This evidence includes:

- A medical history.
- Clinical findings (results of a physical examination by a licensed physician).
- Laboratory findings (such as blood tests, x-rays, EKGs).
- A diagnosis of the medical and/or psychological condition.
- Treatment plan with response and prognosis.
- A statement providing an opinion about what the client can still do despite his or her impairments, based on the medical source's findings on the above factors. This statement should describe, but is not limited to, the client's ability to

perform work-related activities, such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling.

- For a child, the statement should describe the child's ability to function independently, appropriately, and effectively in an age-appropriate manner.

A PSYCHOLOGICAL DISABILITY REFERRAL requires a complete psychiatric, psychological evaluation (no older than 12 months) by a licensed psychologist or psychiatrist. The evaluation must contain the following:

- The client's current life situation and sources of stress, including the reasons for the referral.
- A history of the person's current mental health problem, including important developmental incidents, strengths, and vulnerabilities.
- The current function and symptoms.
- A diagnosis including whether or not a person has a serious and persistent mental illness and diagnosis on all 5 axes with GAF scores including AXIS III.
- Information about required mental health services.
- Treatment plan, therapy goals, and progress the client is making in therapy.

The psychological evaluation submitted may be up to 12 months old, but if it is more than 3 months old, provide an updated progress note. The progress note must include the following:

- The client's current condition/behavior.
- Medication management.
- Change in or failure of medications.

People who have a mental condition (either mental illness or mental retardation) as a possible referral basis must provide the SMRT with both a physician's statement describing the current results of a physical exam and a description of their mental impairment(s). If the person has a physical condition that could be the basis of a disability determination, the physician should describe that condition, including current medical findings.

A MENTAL RETARDATION/DEVELOPMENTAL DELAY REFERRAL requires a full scale IQ score, or any other evaluation from a health care professional that assesses mental functioning if the client is unable to be tested.

If the client is deceased, send a discharge summary from the last hospitalization and a death certificate from the Department of Health.

Provide the status of the client's application for SSI/RSDI. If it has been denied, include the denial letter.

Fax or send on DISK in TIFF format, all disability referrals to:

Department of Human Services
Purchase and Delivery Systems
Attn: SMRT
P.O. Box 64984
St. Paul, MN 55164-0984
Fax: 651-431-7461

Clients who do not cooperate in the process cannot use disability as a basis of eligibility. Check for other bases of eligibility. Terminate or deny cases if none exist.

Additional information will be requested via fax if the disability application is incomplete. Incomplete information will delay the SMRT determination.

Retain the original materials submitted to SMRT in your agency's case file pending the outcome of the determination by the SMRT. The SMRT returns a determination by fax to your agency. A SMRT decision is binding on your agency, although clients may appeal. See §0027 (Appeals).

See §0012.15.06 (State Medical Review Team (SMRT)) for general provisions.

MFIP, WB, DWP:

No provisions.

FS: Do not refer FS cases to the State Medical Review Team (SMRT) for disability determinations, but accept a disability determination that SMRT makes for another program. See §0010.18.06 (Verifying Disability/Incapacity - FS).

MSA: For cases where there is no eligibility for SSA benefits because of non-disability factors, send a referral to SMRT. See §0012.15 (Incapacity and Disability Determinations).

Include in your referral to the SMRT:

- A completed SMRT Determination of Disability form (DHS-1467A).
- The results of a current medical examination (no older than 3-6 months) with a diagnosis supported by clinical findings.
- A vocational history for the past 5 years. Include enough information to make it possible to relate the medical evidence to the client's ability to work.
- A copy of the SSA denial letter for non-disability factors.

GA: SMRT will determine blindness or disability only for undocumented or non-immigrant adults. See §0010.18.05 (Verifying Disability/Incapacity - Cash).

To request a disability determination, follow the instructions in the general provisions in §0012.15.06 (State Medical Review Team (SMRT)).

Include in your referral to the SMRT:

- A completed SMRT Determination of Disability form (DHS-1467A).
- The results of a current medical examination with a diagnosis supported by clinical findings. This is required for all SMRT applications for both adults and children, including those with a psychiatric basis.

- A vocational history. Include enough information about the type of work done and the amount of time worked in the last 5 years to make it possible to relate the medical evidence to the client's ability to work.

Do NOT use the GA Request for Medical Opinion form (DHS-2114) for SMRT applications.

SMRT will also determine blindness. The Department of Employment and Economic Development's Services for the Blind will provide supporting services at the request of the applicant or referring agency. Policy and procedures are the same as for other SMRT disability determination, but use the Authorization for Release of Medical Documents and Verification of Adult Medical Examination (DHS-0161A) for the medical report.

GRH: Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

MFIP: Caregivers must assign their rights to child support, spousal maintenance benefits, and child care support to the State of Minnesota. A caregiver assigns all rights of the unit to child support, spousal maintenance benefits, and child care support by signing the Combined Application Form (CAF).

Assignment of child support and spousal maintenance benefits takes effect the date MFIP cash opens. It applies to all support owed at that time and any support owed or received during the period of assignment. It ends with the last day of the month in which any unit member receives MFIP cash portion.

Do NOT make a Child Support Referral for a **married** parent who is called to military duty away from home when there is no breakdown in the marital relationship.

CHILD AND SPOUSAL SUPPORT

The state retains the right to child support owed but not paid during the period of assignment. This is called permanently assigned arrears. The state also has the right to child support not paid before the period of assignment. These are called temporarily assigned arrears. The state must return these pre-assistance arrears to the caregiver when the caregiver's MFIP cash closes IF the state has not collected them while the caregiver is on cash assistance. After cash portion closes, the state retains a lesser right to those arrears. After cash portion closes, any collections on the temporarily assigned arrears are sent to the caregiver unless the collection method is federal tax intercept. At no time can the state keep collections greater than the amount of the caregiver's lifetime assistance.

A unit is ineligible when a caregiver refuses to assign the rights of unit members to child support, spousal maintenance benefits, or child care support.

CHILD CARE SUPPORT

Child care support assignment takes effect when a family begins to receive child care assistance. Compliance with assignment is a condition of eligibility for families in which both parents of all children in subsidized care do not reside in the home. Assignment takes effect the 1st day of the month following the month the family begins to receive child care assistance. Any child care support received by the family after the effective date should be returned to the county child support agency. Child care support received by parents prior to the assignment effective date will not be recouped. Assignment of child care support remains in effect across all child care assistance programs (MFIP, Transition Year, and Basic Sliding Fee) if

the family is continuously eligible for child care assistance and child care assistance is being paid. Child care support is not assigned for a child who is not using subsidized care.

WB, FS:

No provisions.

DWP: No provisions. DWP participants must cooperate with obtaining support. See §0012.21.03 (Support from Non-Custodial Parents). Do NOT make a Child Support Referral for a **married** parent who is called to military duty away from home when there is no breakdown in the marital relationship.

MSA: No provisions. MSA participants must comply with MA requirements to maintain automatic eligibility for MA. See the Health Care Programs Manual.

GA: Pursue child and medical support as another maintenance benefit. Refer units to the Child Support Agency as non-PA cases. See §0012.12 (Applying for Other Benefits), §0012.21.03 (Support From Non-Custodial Parents), §0013.15.51 (GA Basis - People Under Age 18), §0025.30.03 (Contributions From Parents Not In Home).

GRH: No provisions. Blind children who are GRH participants must comply with MA to maintain automatic eligibility for MA. See the Health Care Programs Manual.

RESPONSIBLE RELATIVES NOT IN THE HOME 0012.21

MFIP: Parents of minor children not living with the unit must provide financial support. Caregivers must give all pertinent information available to identify, locate, and determine contribution amounts from non-custodial parents. Do NOT make a Child Support Referral for a **married** parent who is called to military duty away from home when there is no breakdown in the marital relationship.

A non-custodial parent's refusal to help or provide support does not affect the unit's benefit level or eligibility. See §0012.21.03 (Support From Non-Custodial Parents) for information on getting support from non-custodial parents. Also see §0025.30 (Financial Responsibility, People Not in Home).

When notified by IV-D that a caregiver with children has failed to cooperate, begin the sanction process. See §0012.24 (Child Support Sanctions).

Determine if the participant qualifies for a good cause exemption for non-compliance with child support requirements. Give the participant the Cooperation with Child Support Enforcement (DHS-2338). Do not sanction the case if the participant claims good cause; he or she is considered to be cooperating with child support during the period (20 or more days) it takes to verify the good cause claim. See §0012.21.06 (Child Support Good Cause Exemptions).

Non-cooperation with IV-D requirements also results in loss of child care benefits. Notify the Child Care Assistance worker of the non-cooperation if the caregiver is receiving MFIP Child Care Assistance.

WB, FS, MSA, GRH:
No provisions.

DWP: Follow MFIP, EXCEPT when notified by IV-D that the caregiver with children is not cooperating, close the case. There are no sanction or vendoring provisions in DWP.

GA: Parents of minors continue to have an obligation to provide financial support even if they do not live with them. Request repayment from those parents of benefits paid to the unit. The parent's refusal to cooperate or to contribute does not affect the unit's eligibility.

MFIP: Caregivers with children must help get child and spousal support and child care support (if they receive child care assistance) from non-custodial parents. See §0017.15.03 (Child and Spousal Support Income).

A caregiver assigns all rights of the unit to child support and spousal maintenance benefits by signing the Combined Application Form (CAF) (DHS-5223). A caregiver assigns all rights of the unit to child care support by completing the Combined Application - Child Care Addendum (DHS-5223D) in addition to the Combined Application Form (CAF). See §0012.18 (Assigning Rights to Support).

Failure to help get these kinds of supports results in a sanction or loss of benefits, unless the caregiver with children shows good cause for not cooperating. See §0012.21 (Responsible Relatives Not in the Home), §0012.21.06 (Child Support Good Cause Exemptions), §0012.24 (Child Support Sanctions).

Do NOT make a Child Support Referral for a **MARRIED** parent who is called to military duty away from home when there is no breakdown in the marital relationship.

Give the following forms to caregivers and pregnant women at application:

- Understanding Child Support, a Handbook for Parents (DHS-3393).
- Referral to Support and Collections (DHS-3163B).
- Cooperation with Child Support Enforcement form (DHS-2338). See §0012.21.06 (Child Support Good Cause Exemptions).

Also give these forms to units when they add a child, if they did not get the forms at application.

If the caregiver or pregnant woman fails to complete or return the Referral to Support and Collections (DHS-3163B) form, do not treat it as IV-D non-cooperation or as an incomplete application; that is, do not delay or deny the application. The client has met the requirements of assigning rights to support by signing the CAF. In addition, do not automatically sanction or terminate the client's benefits for IV-D non-cooperation. An MFIP sanction may be imposed only when you are notified by IV-D that the client has failed to cooperate.

The local Child Support agency is responsible for getting child and spousal support and child care support from non-custodial parents. MAXIS sends MFIP referrals to

the Child Support agency (PRISM) automatically after the approval, even if the caregiver claims good cause.

NOTE: For pregnant women who do not have other child(ren) who need to be referred to child support, do the IV-D referral after the child is born.

Do not delay or deny MFIP pending an action to get support as long as the caregiver or pregnant woman cooperates.

Notify caregivers with children that to cooperate they must:

- Provide information about non-custodial parents, including name, address, Social Security number, telephone number, place of employment or school, date and place of marriages and divorces, and the names and addresses of relatives.
- Appear at interviews, hearings, and legal proceedings.
- Submit to genetic tests including genetic testing of the child, under judicial or administrative order.
- Get any payments or assets due to unit members.

Tell the Child Support agency of all case openings, changes, or closings by entering the appropriate data on MAXIS and re-approving MFIP.

WB: Units on WB do NOT assign rights to child support and spousal maintenance benefits.

DWP: Follow MFIP with the following EXCEPTIONS:

- Units on DWP do NOT assign rights to child support and spousal maintenance benefits as indicated in the 2nd paragraph under MFIP above. If the unit receives child care assistance, child care support must be assigned to the state.

  Child support payments must be paid to the Child Support agency and then forwarded to the DWP family. Count child support and spousal maintenance benefits paid to the custodial parent as unearned income for initial eligibility and when determining the DWP benefit amount.

- The $25 filing fee charged to a NPA (non-public assistance) custodial parent is waived.

FS: Count child support payments received by an MFIP caregiver on behalf of a child who is on Food Support only (for example, a child receiving SSI) as income to the child.

MSA: No provisions. MSA participants must follow MA requirements to maintain automatic eligibility for MA. See the Health Care Programs Manual.

GA: See §0012.21 (Responsible Relatives Not in the Home), §0025.30.03 (Contributions From Parents Not in Home).

GRH: No provisions.

MFIP: Caregivers with children must help pursue child and spousal support and child care support (if they receive child care assistance), unless they have good cause for not cooperating. See §0012.21.03 (Support From Non-Custodial Parents). Caregivers may claim good cause at any time by completing the Cooperation With Child Support Enforcement (DHS-2338). Good cause is automatically approved upon completion of the (DHS-2338) if a caregiver is a current participant in the Safe at Home (SAH) program. See §0029.29 (Safe At Home Program).

Caregivers with children who do not cooperate with the child support office are subject to sanction. See §0012.24 (Child Support Sanctions). However, caregivers who are subject to sanction and then claim good cause are eligible while their good cause claim is pending. Do not impose a sanction unless a claim is denied.

INFORMING ABOUT GOOD CAUSE

Use the Cooperation With Child Support Enforcement (DHS-2338) to tell clients of their right to claim good cause and the procedure for determining if good cause exists. This notice is required at the time of initial application and any time caregivers add children. Recipients of assistance can claim good cause at any time during the receipt of assistance. Put a copy of the signed notice in the case file.

Good cause exists when:

- The caregiver is a current participant in the Safe at Home Program.
- The mother conceived the child as a result of rape or incest.
- Legal proceedings for the adoption of the child are pending.
- The parent is trying to decide whether to keep or give the child up for adoption. The parent must be working with a public or licensed private social service agency and the decision process cannot exceed 3 months.
- Cooperation will cause physical or emotional harm to the child.
- Cooperation will cause physical or emotional harm to the child's caregiver, which will reduce the caregiver's ability to adequately care for the child.

Physical and emotional harm must be of a serious nature in order to justify a finding of good cause exemption. A finding of good cause exemption based on emotional

harm may only be based upon a demonstration of emotional impairment that substantially affects the person's ability to function.

A good cause review is required when an MFIP caregiver has been sanctioned at 30% for 6 months. See §0012.24 (Child Support Sanctions).

When a client files a good cause claim, send a copy of the Cooperation with Child Support Enforcement (DHS-2338) to the child support agency.

GOOD CAUSE COMMITTEE

The Department of Human Services (DHS) requires county agencies to form a county good cause committee with at least 1 representative from the child support enforcement agency. DHS also encourages county agencies to add representatives from the Child Care Assistance program and the Health Care programs, to ensure that each area is represented.

The good cause committee uses 7 notices to give all caregivers claiming good cause consistent information about the committee's decision and about their rights and responsibilities. These notices are:

- Important Information about Your Request for a Child Support Good Cause Exemption (DHS-3627).
- Notice of Denial of Child Support Good Cause Exemption (DHS-3628).
- Notice of Child Support Good Cause Approval (DHS-3629).
- Notice of Child Support Good Cause Redetermination (DHS-3630).
- Request to End Child Support Good Cause Exemption (DHS-3631).
- Request for Additional Information to Prove Your Child Support Good Cause Exemption (DHS-3632).
- Notice of Approval of Redetermination of Your Child Support Good Cause Exemption (DHS-3633).

The only change that counties are allowed to make to the above notice text is the letterhead and salutation. In some counties, the assistance program case worker may send these documents instead of the good cause committee.

The good cause committee should make decisions within 45 days. Caregivers are given various time frames to respond based on the information requested. Generally, if they have not responded in the time frame given, the good cause committee must deny the good cause claim. However, if the caregiver requests additional time to submit evidence, the good cause committee should grant the extra time if it appears that the caregiver is cooperating and is trying to obtain the information. Good cause committees must assist caregivers in gathering evidence and pay necessary costs, if requested.

WHEN GOOD CAUSE IS CLAIMED

If an applicant claims good cause, the good cause committee will contact the caregiver by sending the Important Information about Your Request for a Child Support Good Cause Exemption (DHS-3627) and the Notice of Privacy Practices (DHS-3979). The Important Information about Your Request for a Child Support Good Cause Exemption (DHS-3627) tells the caregiver about the good cause claim process, what kind of evidence is acceptable to prove the claim, and what will happen next. The good cause committee must mail this letter within 5 working days of the good cause committee's receipt of the claim. The good cause committee will send one letter per good cause claim, or per non-custodial parent (NCP).

In some instances when a caregiver has more than one child in common with the NCP, the caregiver may want to claim a good cause exemption for only one child. Complete a separate STAT/ABPS panel for the child named on the good cause claim. The child support office will open a separate case for the child with the good cause claim.

The caregiver is asked to provide proof of good cause within 20 days of receipt of the Important Information about Your Request for a Child Support Good Cause Exemption (DHS-3627). See §0010 (Verification), §0010.18.33 (Verifying Family Violence). Inform the good cause committee if information has already been provided to substantiate a claim of family violence. If the caregiver is a current participant in the Safe at Home program and has the SAH identification card no further proof is required. See §0029.29 (Safe At Home Program).

One type of evidence listed on the Important Information about Your Request for a Child Support Good Cause Exemption (DHS-3627) that the caregiver can submit is a sworn statement from someone other than the person claiming good cause who can attest to the caregiver's claim. The statement must be notarized. The good cause committee may receive statements that are not notarized. Because state statute does not limit the evidence which can be considered, the good cause

committee should use its discretion to determine how to use the statement in combination with other evidence. A caregiver may also submit a statement as evidence, but the caregiver's statement does not have to be notarized.

GOOD CAUSE CLAIM ON AN OPEN PROGRAM STOPS ALL ACTION ON NCP CASE

The child support agency will not begin activity to pursue support or establish paternity while a good cause claim is pending or when there is an approved good cause claim in place under any **open** program. When a child support case is already open and active, the child support agency will stop **all** enforcement actions on the case, including income withholding. A good cause approval or pending request affects the entire child support case for that NCP (child support, child care support, and medical support portions of the order), regardless of what assistance is received by the caregiver.

WHEN ADDITIONAL INFORMATION IS NEEDED TO PROVE GOOD CAUSE CLAIM

The good cause committee may need more evidence to make a decision on a good cause claim. The good cause committee will send the Request for Additional Information to Prove Your Child Support Good Cause Exemption (DHS-3632) to the caregiver, which gives examples of the kinds of additional evidence the caregiver needs to provide. The Notice of Privacy Practices (DHS-3979) must be sent with the Request for Additional Information to Prove Your Child Support Good Cause Exemption (DHS-3632). The good cause committee will allow the caregiver an additional 20 days to send in the information. If there is a specific piece or type of evidence the good cause committee wants the caregiver to provide, it is entered on the "Other" line under the heading of "What You Must Provide".

The good cause committee evaluates the claim based on the evidence provided. They investigate good cause claims when the caregiver does not provide sufficient proof but it seems good cause exists. If the investigation will include contacting the NCP, they tell the caregiver before making any contact.

Some caregivers may not have additional evidence. For example, if the caregiver has not had contact with the NCP because of a restraining order, there may not be any contact to report. In these situations a written statement from the caregiver or a notarized statement from someone else is acceptable evidence to help prove that a good cause exemption is appropriate.

GOOD CAUSE CLAIM IS APPROVED

The good cause committee will send the caregiver the Notice of Child Support Good Cause Approval (DHS-3629) when they determine the caregiver is exempt from the requirement to cooperate with the child support agency. The Notice of Child Support Good Cause Approval (DHS-3629) tells the caregiver that the good cause committee has approved the request for good cause exemption, what will happen to the child support case for the child, and that the approval is good for only 1 year.

If good cause is approved, the child support agency must review the child support case for closure during the approval period.

When the factors that led to the original exemption continue to exist, a good cause exemption must be allowed **without additional evidence** under succeeding applications and redeterminations during the approval period.

In some situations granting a permanent good cause exemption is appropriate. Limit granting a permanent good cause exemption to situations that usually will not change and for which additional evidence is not necessary or possible.

For example, if a good cause exemption were initially granted because the child was conceived as a result of rape or incest, granting a permanent good cause exemption would be appropriate. The good cause committee still must schedule the case for annual review, but it will not send the Notice of Child Support Good Cause Redetermination (DHS-3630). Instead, the good cause committee will send the Notice of Approval of Redetermination of Your Child Support Good Cause Exemption (DHS-3633). This notice reminds the caregiver that good cause is approved for 1 year, and gives information on how to end the good cause exemption if the caregiver now wants child support enforcement services.

GOOD CAUSE CLAIM IS DENIED

The good cause committee will send the Notice of Denial of Child Support Good Cause Exemption (DHS-3628) to the caregiver when they decide to deny the good cause claim. A good cause claim can be denied at the time of the original request for it or at the time of annual recertification. The Appeal to State Agency (DHS-0033) must be sent with the Notice of Denial of Child Support Good Cause Exemption (DHS-3628). The denial notice tells the caregiver that the claim is denied and why. It also lists the caregiver's options now that the claim is denied. The options are:

- To cooperate with pursuing child support and child care support.
- To incur a sanction for non-cooperation. See §0012.24 (Child Support Sanctions).
- To withdraw the application.

Non-cooperation with child care support requirements results in the loss of child care benefits.

The notice of denial also offers the caregiver a conference with the good cause committee to try to resolve the issues that led to the denial of the good cause claim. The good cause committee schedules this conference and can hold it in person or by phone. The conference may lead the good cause committee to review the materials again and to make a different decision on the claim. The conference is held before the appeals hearing. If the good cause committee approves the good cause claim, the caregiver can withdraw the appeal.

The caregiver has the option to appeal the good cause decision. The Appeal to State Agency (DHS-0033) provides instructions on how to file an appeal of the decision and provides information on how to continue receiving benefits during the appeal period.

REVIEW OF APPROVED GOOD CAUSE CLAIMS

The good cause committee must review good cause approvals annually to determine whether the reasons for originally granting good cause exemptions still exist. The good cause committee will send the Notice of Child Support Good Cause Redetermination (DHS-3630) and the Notice of Privacy Practices (DHS-3979) to the caregiver at least 30 days before the 1 year redetermination date. The Notice of Child Support Good Cause Redetermination (DHS-3630) tells the caregiver that it is time to review the good cause exemption, that additional or new evidence is needed, and what to do if the caregiver does not have additional or new evidence. The good cause committee should include the Request to End Child Support Good Cause Exemption (DHS-3631) with the Notice of Child Support Good Cause Redetermination (DHS-3630).

If a caregiver with a good cause exemption moves to another county within the year, the review date for the good cause exemption remains 1 year from the date the exemption was approved. The documentation and evidence supporting a good

cause claim submitted to a good cause committee may be shared with another good cause committee for the purpose of determining or redetermining good cause.

The good cause committee may review an approval before the 1 year good cause exemption is up if there is reason to believe that the facts that led to the exemption have changed.

The good cause redetermination date might not be the same as the MFIP redetermination date.

The good cause committee will send the Notice of Approval of Redetermination of Your Child Support Good Cause Exemption (DHS-3633) when it has approved the good cause exemption for another year. This notice gives the caregiver the date the good cause committee will review the exemption again and tells the caregiver what needs to be done if the caregiver no longer wants to claim a good cause exemption.

CAREGIVER REQUESTS TO END GOOD CAUSE EXEMPTION

A caregiver may withdraw a claim for good cause at any time during the process or at any time during the approval period, including at the time of the good cause redetermination. Caregivers should request a withdrawal in writing by completing the Request to End Child Support Good Cause Exemption (DHS-3631) and returning it to the good cause committee or their MFIP worker. When the good cause committee receives the Request to End Child Support Good Cause Exemption (DHS-3631) they should forward it to the MFIP worker and the child support office. When the MFIP worker receives the form they must:

- Notify the child support office through the MAXIS interface by changing the good cause code on the STAT/ABPS panel. They may also forward a copy of the notice to the county child support office.

AND

- Notify the good cause committee that approved the good cause claim.

After receiving the Request to End Child Support Good Cause Exemption (DHS-3631), the child support office must enforce an existing support obligation or establish a support obligation as if a good cause exemption never existed.

WB, FS, GA, GRH:

No provisions.

DWP: Follow MFIP. However, the sanction for noncooperation is to close the case. There are no vendoring provisions in DWP. If the caregiver cooperates, reopen DWP.

MSA: No provisions. However, MSA participants must comply with MA requirements to maintain automatic eligibility for MA. See the Health Care Programs Manual.

MFIP: IV-D determines when caregivers with children fail to cooperate with support requirements. When notified by the Child Support agency of non-cooperation and after giving 10-day notice, reduce the unit's grant (cash/food portion) by 30% of the unit's Transitional Standard or Shared Household Standard, whichever applies. The residual amount of the grant, if any, must be paid to the caregiver. Non-cooperation with IV-D requirements also results in the loss of child care benefits. See §0026 (Notices), §0020.09 (MFIP/DWP Assistance Standards).

Do not impose a sanction when a caregiver complies with support requirements prior to the effective date of the sanction. If you do impose a sanction, and the caregiver subsequently complies, remove the sanction the month following the month that he/she complies.

Instead of incurring a sanction, a caregiver who is not a parent of a minor child in an assistance unit may choose to remove the child from the unit, unless the child is required to be in the unit.

After a notice of sanction is sent, the caregiver may then claim good cause. Give the participant the Cooperation with Child Support Enforcement form (DHS-2338) and send a copy of the signed notice to the child support agency. While the good cause committee is reviewing the claim the caregiver is considered to be cooperating. Do not sanction the case during the period the committee is deciding on the claim. If the claim is denied, the sanction would then be imposed. See §0012.21.06 (Child Support Good Cause Exemptions).

Consider each month that a caregiver with children fails to comply with support requirements as a separate occurrence of non-compliance. Vendor payment rules apply beginning with the 2nd occurrence of child support sanctions.

Sanctions count towards closure of the MFIP case. A participant will have his/her case closed at the 7th occurrence of non-compliance.

The count toward closure does **NOT** start over, even if the participant goes off assistance, comes into compliance, and remains in compliance. Use the STAT/SANC panel to track occurrences of non-compliance.

- **FOR THE 1ST OCCURRENCE OF NON-COMPLIANCE:** Reduce the family's grant by 30% of the Transitional Standard or Shared Household Standard, whichever applies for the family's size. The grant reduction must be in effect for a minimum of 1 month and must be removed in the month after the month the participant returns to compliance.

- **FOR THE 2ND - 6TH OCCURRENCE OF NON-COMPLIANCE:** Vendor pay the shelter costs up to the amount of the cash portion of the grant. At county option, you may vendor pay utilities up to the amount of the cash portion of the grant. Vendor payment rules apply beginning with the 2nd occurrence of child support sanctions. See §0024.09 (Protective and Vendor Payments) for procedures to use when the information necessary to vendor pay is not on file and the vendor refuses to accept partial payment.

  Reduce the residual amount of the cash grant after vendor payment, if any, and the food portion by an amount equal to 30% of the Transitional Standard or Shared Household Standard, whichever applies for the family's size.

  The reduction in the grant must be in effect for a minimum of 1 month and must be removed the month after the month the participant returns to compliance.

  Continue to vendor pay the shelter (and utilities, if applicable) for 6 months after the month in which the participant(s) return to compliance.

- **FOR THE 7TH OCCURRENCE OF NON-COMPLIANCE:** Close the MFIP case (100% sanction). Closure during the first 60 months is NOT permanent. The case must be closed for 1 full month but can be reopened in the month following the month that the caregiver cooperates with the support requirements.

  A good cause review is required when the MFIP case is sanctioned at 30% for 6 months. The county must attempt to meet face-to-face with the caregiver before case closure. At this face-to-face meeting the county must give the caregiver the Cooperation with Child Support Enforcement form (DHS-2338), or send it to the caregiver before closing in the 7th month if a face-to-face meeting does not occur. The caregiver may make a good cause claim even if good cause has previously been denied. If the caregiver claims good cause, send the signed Client Statement of Good Cause form to the good cause committee. The committee must review the good cause claim following normal procedures. While the committee is reviewing the claim, the caregiver is considered to be cooperating. If the claim is denied, then the 7th occurrence sanction would be imposed. See §0012.21.06 (Child Support Good Cause Exemptions).

When a caregiver who has his/her MFIP case closed for the 7th occurrence of non-compliance with child support (100% sanction) reapplies, do **NOT** open the case until the caregiver complies.

When a caregiver out of compliance with child support has his/her MFIP case closed for reasons **OTHER** than 100% sanction (for example, a late HRF) reapplies, reinstate the 30% sanction, unless the caregiver is in compliance.

Sanction the case at 30% if the case that was closed for non-compliance (100% sanction) is reopened after compliance and has another occurrence of non-compliance. Close the case if there is a subsequent occurrence of non-compliance for a case reopened after closure for non-compliance.

NOTE: The sanction policy for non-compliance with child support is the same for households in the 1st 60 months and for extended households.

Closure for non-compliance does **NOT** make the participant ineligible for Food Support, if otherwise eligible. Determine eligibility for Food Support at the time of closure. Case closure also does not affect health care eligibility.

FOR DUAL SANCTIONS: Impose sanctions as follows for participants who refuse to comply with child support requirements AND have a concurrent sanction for failure to attend orientation or to develop or to comply with their Employment Plan:

- If the child support non-compliance and other program non-compliance occur in the SAME month, reduce the Transitional Standard or Shared Household Standard and MFIP food portion, whichever applies, by 30% for the 1st month, then vendor pay shelter costs (and utilities, if applicable) for the 2nd month.

- The participant remains subject to vendor payments and 30% sanction until BOTH issues of non-compliance have been resolved.

WB, FS, MSA, GA, GRH:

No provisions.

DWP: Follow MFIP, EXCEPT when notified by IV-D that the caregiver with children is not cooperating, send a notice of termination and close the case. There are no sanction or vendoring provisions in DWP. The unit may be eligible for DWP again if the unit cooperates. However, a family unit that has been disqualified from DWP due to non-cooperation will not be eligible for MFIP or any other TANF cash program for the remainder of the 4-month DWP eligibility period.

If the family unit that has been closed due to non-cooperation applies for MFIP after the 4-month DWP period ends, the disqualification does not carry over to MFIP.

IV-D will determine cooperation or non-cooperation based on the MFIP IV-D referral.

MFIP, WB, DWP:
No provisions.

FS: No provisions. Do not raise the unit's FS benefits IF a participant unit or unit member is disqualified from GA for not cooperating with tort liability requirements. Compute benefits using the cash grant the unit would have received had the disqualification not occurred.

MSA: No provisions. MSA participants must comply with MA requirements to maintain automatic eligibility for MA. See the Health Care Programs Manual.

GA: Clients must apply for workers' compensation benefits to which they may be entitled. DHS has the authority to collect medical expenses, subsistence, or other payments attributable to a client's injury made under assistance programs administered by DHS. Clients must report any workers' compensation claim filed on their behalf to BRS.

GRH: No provisions. Blind children who are GRH participants must comply with MA to maintain automatic eligibility for MA. See the Health Care Programs Manual.

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA:
Refer an applicant or participant for a chemical use assessment when there is a reasonable basis for questioning whether a person is drug dependent. There is a reasonable basis for referral when 1 of the following exists:

- The person has required detoxification 2 or more times in the last 12 months.
- The person appears intoxicated at the county agency as indicated by 2 or more of the following:
  - Odor of alcohol.
  - Slurred speech.
  - Disconjugate gaze.
  - Impaired balance.
  - Difficulty in remaining awake.
  - Consumption of a chemical.
  - Responding to sights or sounds that are not actually present.
  - Extreme restlessness, fast speech, or unusual belligerence.
- The person has been involuntarily committed for drug dependency at least once in the past 12 months.
- The person has received treatment, including domiciliary care, for drug abuse or dependency at least twice in the past 12 months.

When you decide to refer a client for a chemical use assessment, notify the client of the referral. See 0026.51 (Notices - Chemical Use Assessment).

Give the client the opportunity to participate in a chemical use assessment within 15 days after the date you mail or deliver the notice of referral to the client.

The chemical use assessment must be conducted by a qualified county agency staff person or by a designee of the county agency.

Review a determination of drug dependency at least every 12 months.

There are certain restrictions on payments made after a client has been referred for a chemical use assessment or has been assessed as being drug dependent. See 0024.09.12 (Payments After Chemical Use Assessment).

BASIS OF ELIGIBILITY 0013

People applying for some programs must have a "basis of eligibility" for that program.

The Food Support Program does not require people to have a basis of eligibility. Some units with SSI recipients and GA participants may be categorically eligible for the Food Support Program. See §0013.06 (FS Categorical Eligibility/Ineligibility).

People have a basis of eligibility for assistance if they fit into an eligibility category targeted by a program. In addition to having a basis of eligibility, people must meet all other eligibility requirements in order to receive benefits.

Determine if people have a basis of eligibility for each program for which they apply. When people lose 1 basis of eligibility, determine if they have another basis of eligibility without requiring them to reapply. See §0007 (Reporting), §0008.06.03 (Change in Basis of Eligibility).

For information on SSI recipients, see 1619A SOCIAL SECURITY ACT and 1619B SOCIAL SECURITY ACT in §0002.01 (Glossary: 1619A...) and SSI RECIPIENT in §0002.63 (Glossary: Special Diet...).

For MFIP, see §0013.03 (MFIP Bases of Eligibility).

For WB, see §0013.04 (WB Bases of Eligibility).

For DWP, see §0013.05 (DWP Bases of Eligibility).

For MSA, see §0013.09 (MSA Bases of Eligibility).

For GA, see §0013.15 (GA Bases of Eligibility).

For GRH, see §0013.18 (GRH Bases of Eligibility).

For Emergency Assistance and Emergency GA, basis of eligibility criteria vary. See §0004.03 (Emergency Aid Eligibility - Cash Assistance) and §0004.04 (Emergency Aid Eligibility - FS/Expedited Food).

MFIP: All families have a basis of eligibility for MFIP and may apply. MFIP defines a family as a minor child or a group of minor children related to each other as siblings, half-siblings, step-siblings, or adopted siblings, along with their natural, step- or adoptive parent(s) or other caregiver(s). For information as to who is eligible for state-funded MFIP, see §0013.03.06 (MFIP Basis - State-Funded Cash Portion). See CAREGIVER in §0002.09 (Glossary: Calendar Month...) and MINOR CHILD in §0002.41 (Glossary: Medically Necessary...). For specific information on who is in the assistance unit, see §0014 (Assistance Units).

Families also include:

- A pregnant woman who is not a minor and has no other eligible children and her spouse, if living with her. See §0013.03.03 (Pregnant Woman Basis – MFIP/WB/DWP).

OR

- A minor caregiver's parent(s) who has no other minor children. See §0014.03.03 (Determining the Cash Assistance Unit).

OR

- A minor caregiver and child.

People who get MFIP may also be eligible for health care. See the Health Care Programs Manual.

If certain conditions are met, the unit may also be eligible for FS without requiring a new application. See §0005.09.06 (When Not to Require Completion of a CAF), TEMP Manual TE02.08.143 (Food Support When MFIP Is Closed).

WB, DWP, FS, MSA, GA, GRH:

No provisions.

MFIP, WB, DWP:

A pregnant woman who has no other eligible natural, adoptive, or step-children living with her may be eligible for MFIP, WB or DWP under the pregnant woman basis of eligibility.

If the woman and the acknowledged father live together but are not married, use only the woman's income and assets to determine eligibility and benefits.

If the woman and the father live together and are married, use the income and assets of both the mother and father to determine eligibility and benefits. The father is also a mandatory unit member. See §0014.03.03 (Determining the Cash Assistance Unit).

For MFIP and DWP, eligibility starts the 1st day of the month in which the pregnancy begins, or on the date of application, whichever is later. For WB, see §0008.06.27 (MFIP Transition to WB), §0008.06.30 (DWP Transition to WB).

Eligibility under this basis continues only for the duration of the pregnancy. After childbirth, determine if the unit (including the newborn) is still eligible along with other mandatory members of the unit. See §0008.06.12.09 (Converting a Pregnant Woman Case).

FS, MSA, GA, GRH:

No provisions.

MFIP: For MFIP basis of eligibility, see §0013.03 (MFIP Bases of Eligibility).

Assistance units are eligible for state-funded MFIP cash portion if the unit includes:

- An eligible caregiver over age 60.

OR

- An eligible caregiver who is a victim of family violence.

OR

- An eligible minor caregiver without a high school diploma or GED and cooperating with an ES plan.

OR

- An eligible 18- or 19-year old caregiver with no high school diploma or GED and who is cooperating with an ES plan that includes an education option. See §0012.06 (Requirements for Custodial Parents Under 20). An eligible 18- or 19-year old caregiver who is cooperating with an ES plan that includes a work option is eligible for federally-funded MFIP.

OR

- Two eligible parents. To determine who should be included in the household, see §0014.03 (Determining the Assistance Unit), §0014.03.03 (Determining the Cash Assistance Unit), §0014.06 (Who Must Be Excluded From Assistance Unit).

OR

- Households which contain two or more caregivers, where either:

  - One caregiver is removed due to a post-60 month sanction or not meeting an extension category. (Fail the POST-60 REMOVAL person test on MFIP and are assigned a (J) membership code).

  - One or more caregivers are disqualified due to failing FRAUD, MINOR LIVING ARRANGEMENT or SSN COOPERATION (assigned an (F) membership code on MFIP).

OR

- Households who are receiving Family Stabilization Services. For the definition of Family Stabilization, see §0002.23 (Glossary: Fair Hearing...).

Also, certain non-citizens may be eligible for state-funded MFIP. See §0011.03 (Citizenship and Immigration Status).

WB, FS, MSA, GA, GRH:

No provisions.

DWP: Certain non-citizens may be eligible for state-funded DWP or households who are receiving Family Stabilization Services. See §0011.03 (Citizenship and Immigration Status). Also see §0002.23 (Glossary: Fair Hearing...) for the definition of Family Stabilization Services.

MFIP, DWP, FS, MSA, GA, GRH:

No provisions.

WB: Families have a basis of eligibility for WB if they meet all of the following criteria:

- Have exited the MFIP cash and food portion or DWP in the last 30 days.

AND

- At least 1 caregiver is working the required number of hours:
  - 1 caregiver unit with a child under 6 years of age must be working at least 87 hours each month.

  OR
  - 1 caregiver unit with a child age 6 years or older must be working at least 130 hours each month.

  OR
  - In a 2-caregiver family at least 1 caregiver must be working 130 hours each month.

  OR
  - A pregnant woman with no children must be working 130 hours each month.

AND

- The family's net income is under 200% of the Federal Poverty Guidelines. See §0016.18.01 (200 Percent of Federal Poverty Guidelines), §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

WB defines a family as a minor child or a group of minor children related to each other as siblings, half-siblings, step-siblings, or adopted siblings, along with their natural, step- or adoptive parent(s) or other caregiver(s). See §0002.23 (Glossary: Fair Hearing...).

Families also include:

- A pregnant woman who is not a minor and has no other eligible children and her spouse, if living with her. See §0013.03.03 (Pregnant Woman Basis - MFIP/WB/ DWP).

OR

- A minor caregiver's parent(s) who has no other minor children. See §0014.03.03 (Determining the Cash Assistance Unit).

OR

- A minor caregiver and child.

See CAREGIVER §0002.09 (Glossary: Calendar Month...), MINOR CHILD §0002.41 (Glossary: Medically Necessary...). For specific information on determining the assistance unit, see §0014 (Assistance Units).

Eligibility for WB continues for up to 24 consecutive months, if all eligibility factors are met.

MFIP, WB, FS, MSA, GA, GRH:

No provisions.

DWP: All families have a basis of eligibility for DWP and may apply. DWP defines a family as a minor child or a group of minor children related to each other as siblings, half-siblings, step-siblings, or adopted siblings, along with their natural, step- or adoptive parent(s) or other caregiver(s).

Families also include:

- A pregnant woman who is not a minor and has no other eligible children and her spouse, if living with her. However, in a 1-parent unit once the child is born the unit is not eligible for DWP unless the parent previously used all the months of the child under 12 months ES exemption. Take a CAF Addendum (DHS-5223C) for the newborn and move the case to MFIP. If the determination is made more than 30 days after the DWP application date, have the participant complete a Minnesota Transition Application Form (DHS-5223E) as part of the process. Terminate DWP allowing for proper notice.

OR

- A minor caregiver's parent(s) who has no other minor children. See 0014.03.03 (Determining the Cash Assistance Unit).

OR

- A minor caregiver and child, if the minor caregiver has a high school diploma or its equivalent.

Except for the families listed below, new applicant families for financial assistance MUST participate in DWP. Family units that meet the eligibility criteria for DWP are **NOT** eligible for MFIP.

FAMILY UNITS NOT ELIGIBLE FOR DWP INCLUDE

1. Child only cases.

2. A 1-parent family unit that includes a child under 12 months (with no other DWP exclusion reason) is NOT eligible for DWP unless the parent has already used all the 12 months lifetime ES exemption limit.

3. A minor parent without a high school diploma or its equivalent.

4. A caregiver 18 or 19 years of age without a high school diploma or its equivalent who chooses to have an employment plan with an education option.

5. An emancipated pregnant or parenting minor without a high school diploma or its equivalent who chooses to have an employment plan with an education option.

6. A caregiver age 60 or over, or a caregiver who will turn 60 during the proposed 4 DWP months. See 0008.06.24 (DWP Conversion or Referral to MFIP).

7. A family unit with a caregiver who received DWP benefits in Minnesota within 12 months prior to the DWP month of application.

8. A family unit with a caregiver who received MFIP benefits in Minnesota within 12 months prior to the DWP month of application.

9. A family unit with a caregiver who has received 60 months of TANF assistance including counted months from other states.

10. A family unit with a caregiver who has been convicted of fraud under MFIP, WB or DWP.

11. A family unit with a refugee caregiver who arrived in the U. S. within 12 months of applying for family cash assistance or a family unit with an asylee caregiver who is approved for asylee status within 12 months of applying for family cash assistance.

A 2-PARENT FAMILY UNIT MUST PARTICIPATE IN DWP UNLESS THE UNIT MEETS 1 OF THE FOLLOWING CONDITIONS

- A 2-parent family unit that includes a child under 12 months (with no other DWP exclusion reason) must participate in DWP. One parent may claim the ES exemption for the care of a child under 12 months if, between them, they have not used the entire 12 months lifetime ES exemption while previously on MFIP or DWP.

- Each parent meets 1 of the exception criteria in 3 through 6.

OR

- 1 or both parents meet 1 of the exception criteria in 7 through 11.

Determine eligibility for MFIP for any applicant unit that meets the criteria in 1 through 11. When a new caregiver who meets 1 of the criteria in items 6 through 11 joins the unit, convert the case to MFIP. See 0008.06.24 (DWP Conversion or Referral to MFIP).

NOTE: Unless a unit meets criteria to be converted to MFIP, a unit is ineligible for MFIP any month of the 4-month DWP period.

DWP participants must meet the 30-day residency requirement (or qualify for a hardship exception) before issuing any benefits. See 0011.06.09 (State Residence - 30-Day Requirement).

Eligibility for DWP is limited to 4 consecutive months in a 12-month period. The 4-month DWP period is a fixed period of time. It includes the initial month of eligibility (which may be a partial month because the initial month's benefits are prorated based on the date of application) plus the following 3 calendar months. The 4-month DWP period is not affected by a break in receipt of benefits for any reason.

If a participant leaves DWP and reapplies for cash within the consecutive 4-month period, whether in the same county or a different county, determine eligibility for DWP. If the person reapplies after the DWP consecutive 4-month period but within the 12-month period of ineligibility for DWP, the unit is eligible for MFIP if all MFIP eligibility criteria are met.

MAXIS will track the 4 consecutive months of DWP and will autoclose the case for the 5th month and issue a DAIL message.

For applicants who were on MFIP, the 12-month period begins the month after the MFIP case was closed. See items 6 and 7 above. A 2-parent family is not eligible for DWP if either of the 2 parents has received MFIP or DWP assistance within the above time periods.

NOTE: For the purpose of determining if an applicant has been on MFIP in the last 12 months, a suspended or food portion only MFIP month counts as a month in which the participant received MFIP. For DWP, all 4 months of the 4-month consecutive period of eligibility count as DWP months, even if no benefits were issued. See 0008.06.06 (Adding a Person to the Unit – Cash).

The determination of whether DWP or MFIP is the appropriate program for a particular case is automated by MAXIS. It is possible to change the program through FIAT, if necessary.

Before DWP benefits can be issued to a family, the caregiver(s) must develop and sign an Employment Plan with a job counselor. In a 2-parent unit, both parents

must develop and sign Employment Plans before benefits can be issued. This early engagement in DWP Employment Services is designed to move participants to work as quickly as possible. See 0028.15 (Employment Plan (EP)).

People who get DWP may also be eligible for health care. See the Health Care Programs Manual.

DWP units may also be eligible for FS without requiring a new application. See 0005.09.06 (When Not to Require Completion of a CAF), TEMP Manual TE02.08.143 (Food Support When MFIP Is Closed).

MFIP, MSA, GRH:
No provisions.

WB, DWP:
Participants are categorically eligible for Food Support for the duration of eligibility. See the FS provisions below.

FS:
There are 2 sets of categorical eligible units. A unit that is categorically eligible for Food Support may receive $0 benefits due to his/her level of income. Categorically eligible cases remain open on FS even if they receive no benefits. Follow the provisions in 0016 (Income From People Not in the Unit), 0017 (Determining Gross Income), 0018 (Determining Net Income), 0022 (Budgeting and Benefit Determination).

There are special provisions for categorically eligible units with 1 or 2 members. See 0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH).

See the list of ineligible units or unit members for categorical eligibility at the end of this section.

The 1st set includes units that meet 1 or more of the conditions below. These are exempt from the asset, gross income, net income tests and residency requirements. However, they are still subject to all other eligibility requirements. See TEMP Manual TE02.05.49 (FS Categorical Eligibility Q&A) for additional information.

- Units in which at least 1 member of the unit is receiving, is eligible to receive, or is authorized to receive benefits or services and could receive them upon request, even though he/she may not be currently receiving benefits or services from 1 of the following programs:

  - Transition Year Child Care. See 0029.30 (Child Care Assistance). To be considered eligible or authorized to receive TYCC, someone in the unit must apply and be determined eligible.
    OR
  - Basic Sliding Fee Child Care. See 0029.30 (Child Care Assistance). To be considered categorically eligible, the client must apply and be determined eligible for Basic Sliding Fee, even if not receiving child care assistance. Being on the Basic Sliding Fee waiting list does not meet the Categorical Eligibility criteria.

  Ask the unit about receipt of or eligibility for any of these programs at application, and whenever a Food Support unit exceeds the FS asset limit, gross income limit, or net income limit. Verify receipt of or eligibility for the benefits from the case record or by contacting the appropriate Child Care worker. Once the unit's categorical eligibility status is known to the agency, document this in CASE/NOTEs. See 0005.12.12 (Application Interviews) for additional information.

- Units in which 1 member participates in the Diversionary Work Program (DWP). **NOTE:** When DWP closes and the unit is not referred to MFIP, continue FS eligibility and recalculate benefits.

- Units in which 1 member participates in the Work Benefit (WB) Program.

- A unit composed entirely of people who receive GA, MSA, or SSI in Minnesota. Consider people to be receiving GA, MSA, or SSI if any of the following apply:

  - They have been approved for GA, MSA, or SSI but have not yet received payment.
    OR
  - Their GA, MSA, or SSI payments have been suspended or are being recouped. People suspended for non-compliance with treatment referral requirements for a drug addiction and/or alcoholic condition are not categorically eligible during the period of suspension.

The 2nd set includes units in which at least 1 member of the unit meets the Domestic Violence Information Brochure Program requirements. Under this set units are eligible for Food Support when:

- A household member has received Domestic Violence Information (DHS-3477).
  AND
- The unit's income is within current FS program gross income limits. See 0019.06 (Gross Income Limits). **NOTE:** The exceptions to the gross income test (GIT) listed in 0019 (Gross Income Test) apply when determining a unit's gross income. Units that meet gross income limits are exempt from net income limits.
  AND
- There is no asset test for this 2nd set.

Categorical eligibility DOES NOT exist for any unit in which:

- A unit member is disqualified due to an Intentional Program Violation (IPV).
- A unit member fails to comply with monthly or Six-Month Reporting requirements.
- The Principal Wage Earner (PWE) is disqualified for failure to cooperate with work requirements.
- A unit member is ineligible due to a drug related felony conviction. See 0011.27.03.01 (Drug Felons - FS).

The following unit members may already have been removed or found ineligible for Food Support. These people CANNOT be included in a categorically eligible unit:

- Ineligible non-citizens. See 0011.03.09 (Non-Citizens - FS/MSA/GA/GRH).
- Ineligible students. See 0011.18 (Students).
- People who are residents of an institution and are not eligible to receive Food Support. See 0011.12 (Institutional Residence).
- People who are ineligible due to non-cooperation with work requirements. See 0028.30.06 (Type/Length of FSET Sanctions), 0028.30.09 (Refusing or Terminating Employment).

GA:
No provisions. See the FS provisions above for GA applicants or participants who are also applying for or receiving FS.

MFIP, WB, DWP, FS, GA, GRH:

No provisions.

MSA: People have a basis of eligibility for MSA if they:

- Are SSI recipients.

OR

- Would be eligible for SSI EXCEPT for excess income.

AND

- Are age 65 or older, or will be age 65 in the application month. See §0013.09.03 (MSA Basis - Age 65 or Older).

OR

- Are blind. See §0013.09.06 (MSA Basis - Blind).

OR

- Are age 18 or older and disabled. See §0013.09.09 (MSA Basis - Disabled - Age 18 and Older).

You must verify age, blindness, and disability status. See §0010 (Verification), §0010.18.05 (Verifying Disability/Incapacity - Cash).

MFIP, WB, DWP, FS, GA, GRH:

No provisions.

MSA: People have a basis of eligibility for MSA if they are age 65 or older or will be age 65 in the application month, and are either receiving SSI benefits or would be eligible for SSI benefits EXCEPT for excess income.

Non-SSI participants (due to excess income) who are age 65 or older, and blind or disabled, may choose their MSA basis of eligibility. The basis may affect the disregards allowed from actual income. Help the client decide which eligibility basis is most advantageous. See §0013.09.06 (MSA Basis - Blind), §0013.09.09 (MSA - Disabled Age 18 and Older). See §0018 (Determining Net Income).

MFIP, WB, DWP, FS, GA, GRH:

No provisions.

MSA: People have a basis of eligibility for MSA if they are blind, and are either SSI recipients or would be eligible for SSI benefits EXCEPT for excess income.

Blind means the condition of a person without vision or a person with vision of 20/200 or less in the better eye using a standard Snellen chart. If the vision in 1 eye is better than 20/200 but the person's visual field is 20 degrees or less, consider the person blind. Blind also includes people with aphakic eye with vision of 20/70 or worse in the better eye.

There is no age requirement for this eligibility basis. Non-SSI participants (due to excess income) who are age 65 or older, and blind or disabled may choose their MSA basis of eligibility. The basis may affect the disregards allowed from actual earned income. Help the client decide which eligibility basis is most advantageous. See §0013.09.03 (MSA Basis - Age 65 or Older), §0013.09.09 (MSA Basis - Disabled Age 18 and Older). See §0018 (Determining Net Income).

Consider people blind who:

- Receive RSDI or SSI based on their blindness.
- Are certified as blind by the State Medical Review Team (SMRT). See §0012.15.06 (State Medical Review Team (SMRT)), §0012.15 (Incapacity and Disability Determinations). Accept SMRT certification of blindness only for:
  - People who are ineligible for SSI because of excess income.
  - People who are under age 18 and receive SSI because of a disability.

Some people may be eligible for GA while they are awaiting a Social Security Administration (SSA) or SMRT decision regarding their blindness status. See §0013.15 (GA Bases of Eligibility), §0013.15.27 (GA Basis, SSD/SSI Application/Appeal Pending), §0012.12 (Applying for Other Benefits), §0012.12.03 (Interim Assistance Agreements), §0012.12.06 (Special Services - Applying For SSI).

MFIP, WB, DWP, FS, GA, GRH:

No provisions.

MSA: People have a basis of eligibility for MSA if they are disabled, age 18 or older, AND are SSI recipients or would be eligible for SSI benefits EXCEPT for excess income. Disabled means the inability to work and support oneself because of a permanent and total physical or mental impairment.

Non-SSI participants (due to excess income) who are age 65 or older, and disabled or blind, may choose their MSA basis of eligibility. The basis may affect the disregards allowed from actual earned income. Help the client decide which eligibility basis is most advantageous. See §0013.09.03 (MSA Basis - Age 65 or Older), §0013.09.06 (MSA Basis - Blind), §0018 (Determining Net Income).

Consider people disabled if:

- They receive or have been awarded RSDI or SSI based on their disability.

OR

- They are ineligible for SSI because of income and are certified as disabled by the State Medical Review Team (SMRT). See §0012.15.06 (State Medical Review Team (SMRT)), §0012.15 (Incapacity and Disability Determinations).

Some people may be eligible for GA while they are awaiting a Social Security Administration (SSA) or SMRT decision regarding their disability status. See §0013.15 (GA Bases of Eligibility), §0013.15.27 (GA Basis, SSD/SSI Application/Appeal Pending), §0012.12 (Applying for Other Benefits), §0012.12.03 (Interim Assistance Agreements), §0012.12.06 (Special Services - Applying for SSI).

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People have a basis of eligibility for GA if they meet the requirements in 1 of the following categories:

- Permanent illness. See §0013.15.03 (GA Basis - Permanent Illness).
- Temporary illness. See §0013.15.06 (GA Basis - Temporary Illness).
- Needed in the home to care for another person. See §0013.15.09 (GA Basis - Caring for Another Person).
- Placement in a Facility. See §0013.15.12 (GA Basis – Placement in a Facility), §0011.21 (Receipt of Other Assistance).
- Women in battered women's shelters. See §0013.15.15 (GA Basis - Women in Battered Women's Shelter).
- Unemployable. See §0013.15.18 (GA Basis - Unemployable).
- Medically certified as having mental retardation or mental illness. See §0013.15.24 (GA Basis - Mental Retardation/Mental Illness).
- Have an application or an appeal pending for Social Security Disability or SSI. See §0013.15.27 (GA Basis, SSD/SSI Application/Appeal Pending).
- Advanced age. See §0013.15.30 (GA Basis - Advanced Age).
- Full-time student eligible for displaced homemaker services. See §0013.15.33 (GA Basis - Displaced Homemakers).
- Excessive travel time to job. See §0013.15.36 (GA Basis - Excessive Travel Time to Job).
- Performing court-ordered services. See §0013.15.39 (GA Basis - Performing Court Ordered Services).
- Learning disabled. See §0013.15.42 (GA Basis - Learning Disabled).

- High school students age 18 and older whose primary language is not English. See §0013.15.48 (GA Basis - English Not Primary Language).

- Under age 18, not pregnant and not living with parent, stepparent, or legal guardian. See §0013.15.51 (GA Basis - People Under Age 18).

- Drug/alcohol addiction. See §0013.15.54 (GA Basis - Drug/Alcohol Addiction).

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People have a GA basis of eligibility if they have a medically certified permanent illness or incapacity which prevents them from getting and keeping suitable employment. See SUITABLE EMPLOYMENT in §0002.65 (Glossary: Suitable...). See §0010.18.05 (Verifying Disability/Incapacity - Cash), §0010.18.06 (Verifying Disability/Incapacity - FS), §0012.12 (Applying for Other Benefits).

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People have a GA basis of eligibility if they have a medically certified temporary illness, injury, or incapacity which is expected to continue for at least 30 days and which prevents them from getting and keeping suitable employment. See SUITABLE EMPLOYMENT in §0002.65 (Glossary: Suitable...). See §0010.18.05 (Verifying Disability/Incapacity - Cash), §0010.18.06 (Verifying Disability/Incapacity - FS). If the medical certification specifies a rehabilitation plan, the client must follow the plan.

Use this basis of eligibility for the duration of the incapacity or illness only.

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People have a GA basis of eligibility if they must be home to care for a household member on a continuous basis because of age or due to a medically certified illness, injury, or disability. Medical statements must say that people requiring care are unable to care for themselves. Clients must verify that no other household member is able to provide the care. See §0010.18 (Mandatory Verifications).

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: A person who has been placed in, and is residing in, a licensed or certified facility for purposes of physical or mental health or rehabilitation, or in an approved chemical dependency domiciliary facility, meets a GA basis of eligibility and is eligible for a clothing and personal needs allowance if:

- The placement is based on illness or incapacity, and is according to a plan developed or approved by the county agency through its director or designated representative.

AND

- Personal needs are not already provided for in the facility's per diem rates or funding package.

AND

- The client is otherwise eligible for GA.

MFIP, WB, DWP, MSA, FS, GRH:
No provisions.

GA:
Women living in battered women's domestic violence shelters that are under contract with the Minnesota Department of Public Safety have a basis of eligibility for GA.

See 0011.21 (Receipt of Other Assistance), 0024 (Payments).

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA:
People have an unemployable basis of eligibility for GA if they have been assessed by a vocational specialist and, with the agreement of the county agency, have been determined to be unemployable.

- Attempt to use another eligibility category in preference to this one.
- It is the applicant's or recipient's duty to obtain a vocational assessment.
- The person is considered employable if there are any jobs in the local labor market that the person is capable of performing, regardless of current openings.
- The person must sign an SSI Interim Assistance Authorization (DHS-1795) and apply for SSI.
- The person must cooperate with a treatment, rehabilitation and/or training plan if there is one.
- The person's eligibility under this category must be reassessed at least annually. Provide 30 days notice to the person before eligibility ends, informing the person of the date eligibility will end and the need for a vocational assessment.

See SUITABLE EMPLOYMENT in 0002.65 (Glossary: Suitable...), VOCATIONAL SPECIALIST in 0002.73 (Glossary: Victim...).

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: People have a GA basis of eligibility when diagnosed or certified by a qualified professional as having mental retardation or a related condition or as having mental illness, and their condition prevents them from getting or keeping employment.

For the purpose of this determination, related condition means a condition that is severe and chronic AND meets ALL of the following conditions:

- Is attributable to cerebral palsy, epilepsy, autism, and Prader-Willi syndrome and any other condition other than mental illness or emotional disturbance.

- Is found to be closely related to mental retardation because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of people with mental retardation.

- Requires treatment or services similar to that of people with mental retardation.

- Is manifested before the person reaches 22 years of age.

- Is likely to continue indefinitely.

- Results in substantial functional limitations in 3 or more of the following areas of major life activity:

  - Self care.
  - Understanding and use of language.
  - Learning.
  - Mobility.
  - Self-direction.
  - Capacity for independent living.

See §0012.12 (Applying for Other Benefits). Also see MENTAL ILLNESS in §0002.41 (Glossary: Medically Necessary...), PEOPLE WITH MENTAL RETARDATION in §0002.47 (Glossary: OJT...), §0011.39 (Qualified Professionals).

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: People have a GA basis of eligibility if they have an application pending for, or are appealing termination or denial of, Social Security Disability (through RSDI) or Supplemental Security Income (SSI) AND have a professionally certified permanent or temporary illness, injury, or incapacity which is expected to last for more than 30 days AND which prevents them from obtaining or keeping employment. See §0012.12 (Applying for Other Benefits), §0010 (Verification).

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People have a basis of eligibility for GA if they cannot get or keep suitable employment because they are age 55 or older and their work history shows a marked deterioration compared to their work history before age 55 as indicated by decreased occupational status, reduced hours of employment, or decreased periods of employment. See SUITABLE EMPLOYMENT in §0002.65 (Glossary: Suitable...).

People who have a basis of eligibility for GA because of advanced age and are within 3 months of their 62nd birthday have a requirement to file for Social Security early retirement benefit, see §0012.12 (Applying for Other Benefits).

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People have a basis of eligibility for GA if they are eligible for displaced homemaker services and are full-time students.

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People have a GA basis of eligibility if they live more than 4 hours round trip from any potential suitable employment.

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People have a GA basis of eligibility if they are involved with protective or court-ordered services which prevent them from working at least 4 hours per day.

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People have a GA basis of eligibility if they are medically certified as being learning disabled and are following a rehabilitation plan if the county agency has developed or provided a plan for them.

Learning disabled means a disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using concepts through verbal language or non-verbal means. Also see LEARNING DISABLED in §0002.37 (Glossary: Learning...). The disability must severely limit the client in getting, performing, or maintaining suitable employment. See SUITABLE EMPLOYMENT in §0002.65 (Glossary: Suitable...). Also see §0010 (Verification).

Learning disabled does not include learning problems that are primarily the result of visual, hearing, motor handicaps, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage.

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: People age 18 and older whose primary language is not English and who are attending high school at least half-time, as recognized by the Minnesota Department of Education, are eligible for GA.

For the purpose of this determination, "whose primary language is not English" means a person who first learned a language other than English, or comes from a home where the language usually spoken is other than English, or usually speaks a language other than English.

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: People under the age of 18 who are not members of a family have a GA basis of eligibility if they meet 1 of the following conditions:

- They are legally emancipated. Consider a minor who has been married, or is on active duty in the uniformed services of the United States, or has been declared by a court of competent jurisdiction to be legally emancipated.

OR

- They are at least age 16 and the director of the county agency or the director's representative approves GA as part of a social service case plan.

OR

- They live with an adult with the consent of an agency acting as legal custodian.

OR

- They live with an adult with the consent of a legal custodian and the county agency.

Refer all other minor applicants who are not members of a family to social services for assessment. See FAMILY in §0002.23 (Glossary: Fair Hearing...). If social services develops a case plan for a minor, open GA for the minor with a Minor Standard and continue GA payment as long as the minor is in compliance with the provisions of the plan.

If a minor applicant fails or refuses to cooperate with the social services agency in developing a case plan, deny the application.

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: People with Drug or Alcohol Addiction (DA&A) have a basis of eligibility for GA. DA&A basis exists when alcohol or drug addiction is medically certified to be a material factor that contributes to the client's disability. This means that if the client was to stop the addictive behavior, no disabling condition would remain.

To be eligible, DA&A must be verified through 1 of the following:

- A SMRT determination that the client's disability is the result of continued drug or alcohol addiction. See §0012.12.03 (Interim Assistance Agreements).

- A physician's certification that the client's disability is the result of continued Drug or Alcohol Addiction. Use the Minnesota Department of Human Services Request for Medical Opinion (DHS-2114).

Follow the procedures in §0012.30 (Chemical Use Assessment) to determine if a client should be evaluated for chemical dependency.

GA benefits issued for DA&A clients are subject to vendor payment for shelter and utility costs. This does NOT apply to the GA personal needs allowance. After vendor paying the shelter and utilities, issue the remainder of the benefits to the client. See §0024.09 (Protective and Vendor Payments), §0024.09.12 (Payments After Chemical Use Assessment). See Temp Manual TE13.015 (DA&A GA Basis of Eligibility) for MAXIS instructions to set up vendoring.

Review the DA&A basis of eligibility at each recertification.

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People have a basis of eligibility for GRH if they:

- Are SSI recipients.

OR

- Would be eligible for SSI EXCEPT for excess income AND:

  - Are age 65 or older , or will be age 65 in the application month. See §0013.18.03 (GRH Basis - Age 65 or Older).

  OR

  - Are blind. See §0013.18.06 (GRH Basis - Blind).

  OR

  - Are age 18 or older and disabled. See §0013.18.09 (GRH Basis - Disabled Age 18 and Older).

OR

- Meet the requirements in 1 of the following categories of eligibility under the GA program:

  - Are residents of group residential housing. See §0013.18.12 (GRH Basis - GA-Related Living in GRH).

  - Have a permanent illness. See §0013.18.15 (GRH Basis - GA-Related Permanent Illness)

  - Have a temporary illness. See §0013.18.18 (GRH Basis - GA-Related Temporary Illness).

  - Are unemployable. See §0013.18.21 (GRH Basis - GA-Related Unemployable).

  - Are medically certified as having mental retardation or mental illness. See §0013.18.24 (GRH Basis - GA-Related MR/MI).

  - Have an application or an appeal pending for Social Security Disability or SSI. See §0013.18.27 (GRH Basis - GA-Rel. SSD/SSI Appl/Appeal Pend).

  - Are of advanced age. See §0013.18.30 (GRH Basis - GA-Related Advanced Age).

- Are learning disabled. See §0013.18.33 (GRH Basis - GA-Related Learning Disabled).

- Have a drug/alcohol addiction. See §0013.18.36 (GRH Basis - GA-Related Drug/Alcohol Addctn).

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People have a basis of eligibility for GRH if they are age 65 or older or will be age 65 in the application month, and are either receiving SSI benefits or would be eligible for SSI benefits EXCEPT for excess income.

Non-SSI participants (due to excess income) who are age 65 or older, and blind or disabled, may choose their GRH basis of eligibility. The basis may affect the disregards allowed from actual income. Help the client decide which eligibility basis is most advantageous. See §0013.18.06 (GRH Basis - Blind), §0013.18.09 (GRH Basis - Disabled Age 18 and Older), §0018 (Determining Net Income).

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People have a basis of eligibility for GRH if they are blind, and are either SSI recipients or would be eligible for SSI benefits EXCEPT for excess income.

Blind means the condition of a person without vision or a person with vision of 20/200 or less in the better eye using a standard Snellen chart. If the vision in 1 eye is better than 20/200 but the person's visual field is 20 degrees or less, consider the person blind. Blind also includes people with aphakic eye with vision of 20/70 or worse in the better eye.

There is no age requirement for this eligibility basis. Non-SSI recipients (due to excess income) who are age 65 or older, and blind or disabled, may choose their GRH basis of eligibility.

The basis may affect the disregards allowed from actual earned income. Help the client decide which eligibility basis is most advantageous. See §0013.18.03 (GRH Basis - Age 65 or Older), §0013.18.09 (GRH Basis - Disabled Age 18 and Older), §0018 (Determining Net Income).

Consider people blind who:

- Receive RSDI or SSI based on their blindness.
- Are certified as blind by the State Medical Review Team (SMRT). See §0012.15.06 (State Medical Review Team (SMRT)), §0012.15 (Incapacity and Disability Determinations). Accept SMRT certification of blindness only for:
  - People who are ineligible for SSI because of income.
  - People who are under age 18 and receive SSI because of a disability.

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People have a basis of eligibility for GRH if they are disabled, age 18 or older, AND are SSI recipients or would be eligible for SSI benefits EXCEPT for excess income. Disabled means the inability to work and support one's self because of a permanent and total physical or mental impairment.

Non-SSI participants (due to excess income) who are age 65 or older, and disabled or blind, may choose their GRH basis of eligibility. The basis may affect the disregards allowed from actual earned income. Help the client decide which eligibility basis is most advantageous. See §0013.18.03 (GRH Basis - Age 65 or Older), §0013.18.06 (GRH Basis - Blind), §0018 (Determining Net Income).

Consider people disabled if:

- They receive or have been awarded RSDI or SSI based on their disability.

OR

- They are ineligible for SSI because of income and are certified as disabled by the State Medical Review Team (SMRT). See §0012.15.06 (State Medical Review Team (SMRT)), §0012.15 (Incapacity and Disability Determinations).

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People living in group residential housing have a basis of eligibility for GRH.

Group residential housing includes:

- Licensed, certified group residential housing for physical or mental health or rehabilitation. The county agency director must develop or approve the plan for residency.

- Licensed chemical dependency group residential housing. The county agency director must develop or approve the plan for residency.

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People have a GRH basis of eligibility if they have a medically certified permanent illness or incapacity which prevents them from getting and keeping suitable employment. See §0010.18.05 (Verifying Disability/Incapacity - Cash), §0010.18.06 (Verifying Disability/Incapacity - FS), §0012.12 (Applying for Other Benefits), §0028.18.03 (Suitable Work/Unsuitable Work).

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People have a GRH basis of eligibility if they have a medically certified temporary illness, injury, or incapacity which is expected to continue for at least 30 days and which prevents them from getting and keeping suitable employment. See §0010.18.05 (Verifying Disability/Incapacity - Cash), §0010.18.06 (Verifying Disability/Incapacity - FS), §0028.18.03 (Suitable/Unsuitable Work). If the medical certification specifies a rehabilitation plan, the client must follow the plan.

Use this basis of eligibility for the duration of the incapacity or illness only.

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People have an unemployable basis of eligibility for GRH if they have been assessed by a vocational specialist and, with the agreement of the county agency, have been determined to be unemployable.

- Attempt to use another eligibility category in preference to this one.
- It is the applicant's or recipient's duty to obtain a vocational assessment.
- The person is considered employable if there are any jobs in the local labor market that the person is capable of performing, regardless of current openings.
- The person must sign an SSI Interim Assistance Agreement and apply for SSI.
- The person must cooperate with a treatment, rehabilitation and/or training plan if there is one.
- The person's eligibility under this category must be reassessed at least annually. Provide 30 days notice to the person before eligibility ends, informing the person of the date eligibility will end and the need for a vocational assessment.

See VOCATIONAL SPECIALIST in §0002.73 (Glossary: Victim...), §0028.18.03 (Suitable Work/Unsuitable Work).

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People have a GRH basis of eligibility when diagnosed or certified by a qualified professional as having mental retardation or a related condition or as having mental illness, and their condition prevents them from getting or keeping employment.

For this purpose, related condition means a condition that is severe and chronic AND meets ALL of the following conditions:

- Is attributable to cerebral palsy, epilepsy, autism, and Prader-Willi syndrome and any other condition other than mental illness or emotional disturbance.
- Is found to be closely related to mental retardation because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of people with mental retardation.
- Requires treatment or services similar to that of people with mental retardation.
- Is manifested before the person reaches 22 years of age.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in 3 or more of the following areas of major life activity:
  - Self care.
  - Understanding and use of language.
  - Learning.
  - Mobility.
  - Self-direction.
  - Capacity for independent living.

See §0012.12 (Applying for Other Benefits). Also see MENTAL ILLNESS in §0002.41 (Glossary: Medically Necessary...).

MFIP, WB, DWP, FS, MSA, GA:

No provisions.

GRH: People have a GRH basis of eligibility if they:

- Have an application pending for, or are appealing termination or denial of, Social Security Disability (through RSDI) or Supplemental Security Income (SSI).

AND

- Have a professionally certified permanent or temporary illness, injury, or incapacity which is expected to last for more than 30 days AND which prevents them from obtaining or keeping employment. See §0012.12 (Applying for Other Benefits), §0010 (Verification).

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: People have a basis of eligibility for GRH if they cannot get or keep suitable employment because they are age 55 or older, and their work history shows a marked deterioration compared to their work history before age 55 as indicated by decreased occupational status, reduced hours of employment, or decreased periods of employment. See §0028.18.03 (Suitable/Unsuitable Work).

MFIP, WB, DWP, FS, MSA, GA:

No provisions.

GRH: People have a GRH basis of eligibility if they are medically certified as being learning disabled, and are following a rehabilitation plan if the county agency has developed or provided a plan for them.

Learning disabled means a disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using concepts through verbal language or non-verbal means. Also see LEARNING DISABLED in §0002.37 (Glossary: Learning...). The disability must severely limit the client in getting, performing, or maintaining suitable employment. See §0010 (Verification), §0028.18.03 (Suitable/Unsuitable Work).

Learning disabled does not include learning problems that are primarily the result of visual, hearing, motor handicaps, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage.

MFIP, WB, DWP, FS, MSA, GA:

No provisions.

GRH: People with drug or alcohol addiction (DA&A) have a basis of eligibility for GRH. DA&A basis exists when alcohol or drug addiction is a material factor that contributes to the client's disability. This means that if the client was to stop the addictive behavior, no disabling condition would remain.

DA&A must be verified through 1 of the following:

- Termination of SSI/RSDI benefits from the Social Security Administration (SSA) based on drug or alcohol addiction.
- A SMRT determination that the client's disability is the result of continued drug or alcohol addiction.
- A physician's certification that the client's disability is the result of continued drug or alcohol addiction. Use the Minnesota Department of Human Services Request for Medical Opinion (DHS-2114).

Follow the procedures in §0012.30 (Chemical Use Assessment) to determine if a client should be evaluated for chemical dependency.

After DA&A has been verified, enter “Y” on "Verified Material DA&A" field on the MAXIS DISA panel. MAXIS will send a DAIL message to change the eligibility basis to "Disability Based on DA&A".

Review the DA&A basis of eligibility at each recertification.

ASSISTANCE UNITS 0014

An assistance unit (also referred to as unit) is a person or group of people who live together whose needs, assets, and income you consider together, and who receive a single benefit from a cash assistance program or the Food Support Program.

Each program has its own rules to determine who is in an assistance unit.

Some people MUST be in the unit. Other people may choose whether or not to be in the unit. See §0014.03 (Determining the Assistance Unit), §0014.03.03 (Determining the Cash Assistance Unit), §0014.03.06 (Determining the Food Support Unit).

Certain people cannot be in a unit. See §0011 (Technical Eligibility), §0012 (Procedural Eligibility), §0014.06 (Who Must Be Excluded From Assistance Unit).

Some people may be members of the unit while they temporarily live apart from the rest of the unit. See §0014.09 (Assistance Units - Temporary Absence).

There may be people not in the unit whose income and assets you must consider when determining eligibility and benefits. See §0015.48 (Whose Assets to Consider), §0016 (Income From People Not in the Unit).

DETERMINING THE ASSISTANCE UNIT 0014.03

All units consist of people who live together. Groups of people who live together may constitute 1 unit or more than 1 unit for each program. Apply the rules below to determine the units.

Also see §0014.06 (Who Must Be Excluded From Assistance Unit) for people who must be excluded from the unit because they are not eligible or are disqualified due to non-cooperation with a program procedure.

People may remain part of a unit while physically absent under certain conditions. See §0014.09 (Assistance Units - Temporary Absence).

To determine who to include in an MFIP, WB, DWP, MSA, GA, or GRH unit, see §0014.03.03 (Determining the Cash Assistance Unit).

To determine which children to exclude from the MFIP cash portion, see §0014.06.03 (Family Cap).

To determine who to include in a food support unit, see §0014.03.06 (Determining the Food Support Unit).

DETERMINING THE CASH ASSISTANCE UNIT 0014.03.03

People who apply for a program and are not eligible may be eligible for other assistance as a separate assistance unit. See 0014.03 (Determining the Assistance Unit).

Also see 0014.06 (Who Must Be Excluded From Assistance Unit) for people who must be excluded from the unit because they are not eligible or are disqualified due to non-cooperation with a program procedure.

MFIP: Some people MUST be in the same assistance unit when they live together. These people are "Mandatory Unit Members". To determine who meets the definition of family, see 0013.03 (MFIP Bases of Eligibility).

Mandatory members of the unit are:

- A child who meets the definition of a minor child and who has a parental caregiver(s). See MINOR CHILD in 0002.41 (Glossary: Medically Necessary...).

- The minor child's minor siblings, minor half-siblings, and minor step-sibling(s), whether natural or adopted.

  NOTE: There must be a relationship from the caregiver to the minor child for that child to be eligible for MFIP even if the child is a sibling or half-sibling to the other children in the household.

- The minor child's natural, step-, or adoptive parent(s). If there is no parent in the minor child's home, see below for who may be optional caregivers.

- A pregnant woman.

- The spouse of a pregnant woman.

- A pregnant minor with no other children, who receives assistance with her parents, must remain as part of her parent's unit until after the birth of her child.

- When the parent who normally resides with the family is living and working away from the home (or the family) and there is no marital or relationship breakdown, consider that parent a mandatory unit member. When a parent does not live in Minnesota, he or she is considered an ineligible mandatory unit member because the parent is not physically present in Minnesota. Count total income and assets of all unit members, including the members away from the family, when determining the unit's eligibility and benefit level. See 0015.48

(Whose Assets to Consider), 0016 (Income From People not in the Unit). This is not considered temporary absence.

Do NOT include the parent who is away from the home on active military duty as a member of the assistance unit, but count any income and assets the person on active duty makes available to the family. See 0015.48 (Whose Assets to Consider), 0017.06 (Excluded Income), 0017.12.03 (Unearned Income), 0017.15.93 (Military Income).

Some people may choose to be in the assistance unit when they live with mandatory members of the unit. These people are "Optional Unit Members". Optional members are:

- A non-parental eligible caregiver and the spouse of the non-parental eligible caregiver, if there is not a natural or adoptive parent or stepparent in the minor child's home. If an optional caregiver chooses to be in the unit, that person's spouse must also be in the unit. Optional caregivers who choose not to be in the unit may be eligible to receive Food Support as a separate unit. See 0022.24 (Uncle Harry Food Support Benefits).

  Any of the following adults who live with the child and give the child care and support may be an optional caregiver:

  - Grandparent, great-grandparent, great-great-grandparent, or great-great-great-grandparent.
  - Sister or brother.
  - Half-sister or half-brother.
  - Step-sister or step-brother.
  - Uncle, great-uncle, or great-great-uncle, or great-great-great-uncle.
  - Aunt, great-aunt, or great-great-aunt, or great-great-great-aunt.
  - First cousin or first cousin once removed.
  - Niece or nephew.
  - Legal custodian or legal guardian. See LEGAL CUSTODIAN and LEGAL GUARDIAN in 0002.37 (Glossary: Learning...). Legal custodians and legal guardians are not covered under federal dollars. The portion of the grant for the legal custodian or legal guardian must be paid from state dollars.
  - A spouse or former spouse of any of the above even after the marriage ends by death or divorce.

  NOTE: This may include individuals whose parental rights have been terminated but are now caregivers for their former children as long as

they meet any category of MFIP caregiver as listed in the sub-bullets above.

- Other minor children who are not mandatory members, such as nieces, nephews, cousins, etc.

- A relative foster care provider who is receiving federal, state, or local foster care payments and who meets the definition of an MFIP caregiver is eligible even if the only minor child living in the home is receiving foster care maintenance payments. If the provider is living with a spouse, the spouse must also be included in the provider's unit. See 0020.09 (MFIP/DWP Assistance Standards).

- A caregiver receiving MFIP with his/her own child(ren) may leave MFIP with his/her own children and begin receiving WB. The caregiver may continue to receive an MFIP child only grant for the relative child.

A minor caregiver and his or her children must be a separate assistance unit. See 0012.06 (Requirements for Custodial Parents Under 20). When the parents of the minor caregiver also have other minor children, the parents and the other minor children are a separate unit.

Adult caregivers of a minor caregiver are also eligible to be a separate assistance unit from the minor caregiver and the minor caregiver's child when:

- The adult caregiver or caregivers have no other minor children in the household.

AND

- The minor caregiver and the minor caregiver's child are living with the adult caregiver or caregivers.

AND

- The minor caregiver and the minor caregiver's child receive MFIP or WB, or would be eligible to receive MFIP, if they were not receiving SSI benefits.

For information on shared households, see 0020.09 (MFIP/DWP Assistance Standards).

Units may choose to "opt out" of the cash portion of the MFIP grant. See 0014.03.03.03 (Opting Out of MFIP Cash Portion).

MFIP and Food Support unit composition rules are different. Some households will have people who are part of the Food Support unit but are not part of the MFIP unit.

- Follow the rules in 0011 (Technical Eligibility) and 0014.06 (Who Must Be Excluded From Assistance Unit) to identify members of the MFIP unit.

- Follow the rules in 0014.03.06 (Determining the Food Support Unit) and 0014.06 (Who Must Be Excluded From Assistance Unit) to identify members of the Food Support unit.

Any person who would be a member of a Food Support unit but is not a member of the MFIP unit (as opposed to being disqualified or ineligible) may receive Food Support benefits if they are otherwise eligible (commonly referred to as "Uncle Harry" cases). See 0022.24 (Uncle Harry Food Support Benefits).

WB: Some people MUST be in the same assistance unit when they live together. These people are "Mandatory Unit Members". To determine who meets the definition of family, see 0013.04 (WB Bases of Eligibility).

Mandatory members of the unit are:

- A child who meets the definition of a minor child and who has a parental caregiver(s). See MINOR CHILD in 0002.41 (Glossary: Medically Necessary...).

- The minor child's minor siblings, minor half-siblings, and minor step-sibling(s), whether natural or adopted.

  NOTE: There must be a relationship from the caregiver to the minor child for that child to be eligible for WB even if the child is a sibling or half-sibling to the other children in the household.

- The minor child's natural, step-, or adoptive parent(s). If there is no parent in the minor child's home, see below for who may be a non-parental eligible caregiver and the non-parental eligible caregiver's spouse.

- A pregnant woman.

- The spouse of a pregnant woman.

- A pregnant minor with no other children, who receives assistance with her parents, must remain as part of her parent's unit until after the birth of her child.

- When the parent who normally resides with the family is living and working

away from the home (or the family) and there is no marital or relationship breakdown, consider that parent a mandatory unit member. When a parent does not live in Minnesota, he or she is considered an ineligible mandatory unit member because the parent is not physically present in Minnesota. Count total income and assets of all unit members, including the members away from the family, when determining the unit's eligibility. See 0015.48 (Whose Assets to Consider), 0016 (Income From People not in the Unit). This is not considered temporary absence.

Do NOT include the parent who is away from the home on active military duty as a member of the assistance unit, but count any income and assets the person on active duty makes available to the family. See 0015.48 (Whose Assets to Consider), 0017.06 (Excluded Income), 0017.12.03 (Unearned Income), 0017.15.93 (Military Income).

- Any of the following adults who live with the child and give the child care and support may be a non-parental caregiver:

  - Grandparent, great-grandparent, great-great-grandparent, or great-great-great-grandparent.
  - Sister or brother.
  - Half-sister or half-brother.
  - Step-sister or step-brother.
  - Uncle, great-uncle, or great-great-uncle, or great-great-great-uncle.
  - Aunt, great-aunt, or great-great-aunt, or great-great-great-aunt.
  - First cousin or first cousin once removed.
  - Niece or nephew.
  - Legal custodian or legal guardian. See LEGAL CUSTODIAN and LEGAL GUARDIAN in 0002.37 (Glossary: Learning...).
  - A spouse or former spouse of any of the above even after the marriage ends by death or divorce.

  NOTE: This may include individuals whose parental rights have been terminated but are now caregivers for their former children as long as they meet any category of WB caregiver as listed in the sub-bullets above.

- A relative foster care provider who is receiving federal, state, or local foster care payments and who meets the definition of a WB caregiver is eligible even if the only minor child living in the home is receiving foster care maintenance payments. If the provider is living with a spouse, the spouse must also be

included in the provider's unit. See 0020.10 (WB Assistance Standard).

A minor caregiver and his or her children must be a separate assistance unit. See 0012.06 (Requirements for Custodial Parents Under 20). When the parents of the minor caregiver also have other minor children, the parents and the other minor children are a separate unit.

Adult caregivers of a minor caregiver are also eligible to be a separate assistance unit from the minor caregiver and the minor caregiver's child when:

- The adult caregiver or caregivers have no other minor children in the household.

AND

- The minor caregiver and the minor caregiver's child are living with the adult caregiver or caregivers.

AND

- The minor caregiver and the minor caregiver's child receive MFIP, or would be eligible to receive MFIP, if they were not receiving SSI benefits.

DWP: For information on family units eligible for DWP, see 0013.05 (DWP Bases of Eligibility).

Do NOT include the parent who is away from the home on active military duty as a member of the assistance unit, but count any income and assets the person on active duty makes available to the family. See 0015.48 (Whose Assets to Consider), 0017.06 (Excluded Income), 0017.12.03 (Unearned Income), 0017.15.93 (Military Income). Also see TE02.10.90 (Military Families Receiving FS, MFIP or DWP).

However, when the parent who normally resides with the family is living and working away from the home (or the family) and there is no marital or relationship breakdown, consider that parent a mandatory unit member. When a parent does not live in Minnesota, he or she is considered an ineligible mandatory unit member because the parent is not physically present in Minnesota. Count total income and assets of all unit members, including the members away from the family, when determining the unit's eligibility and benefit level. See 0015.48 (Whose Assets to Consider), 0016 (Income From People not in the Unit). This is not considered temporary absence.

FS: See 0014.03.06 (Determining the Food Support Unit). Also see MFIP provisions above.

MSA, GRH:

Each participant is a separate assistance unit.

GA: A married couple who have no minor children or living apart from any children are an assistance unit.

A person who is unmarried and has no minor children or living apart from any spouse or children is an assistance unit.

OPTING OUT OF MFIP CASH PORTION 0014.03.03.03

MFIP: MFIP units may choose to "opt out" of the cash portion of the MFIP grant. The unit will continue to be eligible for the food portion of MFIP, as well as other program benefits, including employment support services and child care.

Count the months a unit chooses to opt out of the cash portion of MFIP toward the required months of participation needed for Transition Year Child Care.

Do not count any month a unit chooses not to receive the MFIP cash portion toward the 60-month lifetime limit. Units otherwise exempt from the 60-month limit will receive no additional advantage in choosing only the food portion of MFIP. When a unit chooses to begin receiving the cash portion of the grant again, each month of the cash portion will count toward the 60-month limit, unless another exemption is met. See §0011.30 (60-Month Lifetime Limit).

Assistance units that are required to have all or part of the cash portion vendor paid cannot choose to opt out of the MFIP cash portion. It includes units subject to mandatory vendoring due to 2nd through 6th occurrence of Employment Services and child support sanctions. See §0028.30 (Sanctions for Failure to Comply - Cash), §0028.30.03 (Pre 60-Month Type/Length of ES Sanctions). Also see §0024.09 (Protective and Vendor Payments).

When a mandatory vendor payment period ends, the unit can choose to opt out of the MFIP cash portion. A unit on voluntary vendor payments must choose whether it wants to continue voluntary vendor payments or to opt out of the MFIP cash portion but cannot choose to do both.

Units must choose to opt out of the cash portion by the 22nd of the month prior to the month the change is to take place. There are no EXCEPTIONS. A unit MAY NOT return a warrant or money in the amount of the benefit issued and choose at that time to opt out of the MFIP cash portion for the payment month.

Units that have opted out of the MFIP cash portion may, at a later date, choose to receive both the cash and food portions of the MFIP grant. The unit must notify the county agency that it wants to make the change, by the 22nd of the month prior to the month the change is to take place. There are EXCEPTIONS to the deadline for choosing to opt back into the cash portion after the 22nd of the month:

- When a significant change occurs and the unit reports it timely, the unit may choose to begin to receive the cash portion in the month of a significant change and the months thereafter.

- When there is a change in assistance unit composition, the unit may choose to receive the cash portion the month a person is added or removed from the unit and the months thereafter.

There is no restriction on the number of times a unit can choose to opt out of the cash portion and start it again.

Monthly reporting income notices mailed to units who choose to opt out of cash portion will include the following language: "You told us you do not want the cash part of MFIP. Your cash benefit would have been $____. If you change your mind for the next month, tell your worker by the 22nd of the month."

Notices sent at recertification or income review to units who have not chosen to opt out of the cash portion will say: "You can choose not to get the cash part of MFIP. Your 60-month clock will stop if you don't get cash. Tell your worker if you want to make this change."

Also see TEMP Manual TE13.033 (Opting Out of MFIP Cash Portion) for MAXIS procedures.

WB, DWP, FS, MSA, GA, GRH:

No provisions.

Also see §0014.06 (Who Must Be Excluded From Assistance Unit) for people who must be excluded from the unit because they are not eligible or due to disqualification due to non-cooperation with a program procedure.

MFIP: See §0014.03.03 (Determining the Cash Assistance Unit), §0022.24 (Uncle Harry Food Support Benefits), TE02.08.143 (Food Support When MFIP is Closed).

WB, DWP, MSA, GA, GRH:
No provisions

FS: With the EXCEPTIONS noted below, the following rules determine FS units:

- A person living alone.
- A person living with others, but who customarily buys and prepares food separately.
- People who live together and who customarily buy and prepare food together.

Consider the following people to customarily buy and prepare food together, even if they do not do so.

- Spouses who live together must always be in the same unit.
- Children and stepchildren who live with their parent(s) and are under age 22 must be in the same Food Support unit as their parent(s), regardless of whether they also live with their spouse and/or children or purchase and prepare food separately.
- Children under the age of 18 who are under the parental control of a unit member must be in the unit with that member.
- Foster children and adults who live with their foster parent(s) may be excluded from the unit, but if they apply for FS they must be in the same unit as their foster parent(s).
- Children who receive Relative Custody Assistance grants and who live with their relative custodian(s) may be excluded from the unit, but if they apply for FS they must be in the same unit as their relative custodian(s).

NOTE: Any person, other than a person noted in the 5 bullets above, who is too disabled to buy and prepare his/her food separately from those with whom he/she lives, may be certified as a separate unit. Consider the person to be an individual living with others, but who customarily buys and prepares food separately.

EXCEPTIONS:

- Exclude all people listed in §0014.06 (Who Must Be Excluded From Assistance Unit).

- People who are 60 or older and permanently disabled and their spouses who live with them may be certified separately from others with whom they live, if they are unable to buy and prepare food separately from the others and if the gross income of the others is not greater than 165% of the federal poverty guidelines. See §0012.15 (Incapacity and Disability Determinations), §0019.09 (GIT for Separate Elderly Disabled Units).

- A boarder who pays reasonable compensation to a member of a unit for meals. Reasonable compensation is the amount of the Thrifty Food Plan (TFP) for more than 2 meals a day, or 2/3 of the TFP for 2 or fewer meals. See §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH). If possible, count only the amount the boarder pays for food. Do not certify a boarder as a separate unit. Do not consider as a boarder any parent, child, spouse, or any child under 18 who is under the parental control of a unit member.

- A roomer who compensates a household for lodging, but does not receive meals, may participate as a separate unit.

- Foster children and adults (including siblings) under the foster care of a unit member may be excluded from the unit.

- Children receiving Relative Custody Assistance grants may be excluded from the unit.

- Each woman, or woman with children, living in a battered women's shelter is an individual unit regardless of how food is purchased and meals are prepared.

- Residents of institutions as listed in the FS EXCEPTIONS in §0011.12 (Institutional Residence) are certified as 1-person units or grouped together according to relationship policies.

- A personal care live-in attendant who resides with a unit to provide medical, housekeeping, child care or similar personal services may be certified separately even if the attendant purchases and prepares food with the people for whom the attendant cares. The attendant cannot be a child or spouse of the people needing the care.

WHO MUST BE EXCLUDED FROM ASSISTANCE UNIT 0014.06

See §0014.09 (Assistance Units - Temporary Absence) for a list of people who remain part of the unit while they are temporarily absent.

Some people must be excluded from the assistance unit because they are not eligible. See the program provisions below and any cross-referenced sections.

Some people are disqualified due to non-cooperation with a program procedure. See DISQUALIFIED PERSON in §0002.17 (Glossary: Displaced Homemaker...). Exclude people who are disqualified from a program from any assistance units for that program until the period of disqualification ends. Apply the disqualification either for a specified period of time or until the client complies with program requirements.

Non-citizens may or may not be eligible to be in the unit. See §0011.03 (Citizenship and Immigration Status).

A mandatory unit member who is disqualified cannot receive benefits, but the person's income must be deemed to the unit. See §0016 (Income From People Not in the Unit).

MFIP, WB, DWP:

Exclude the following people from all units:

- SSI or MSA participants.
- Children living with the unit and receiving local, state, or federal foster care or on-going monthly adoption assistance payments.
- Children covered under the Interstate Compact on the Placement of Children (ICPC). See INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN in §0002.33 (Glossary: Independent...)

Also exclude the following people who are disqualified until the period of disqualification ends:

- People who fail to provide an SSN. See §0012.03 (Providing/Applying for an SSN).
- Parole violators. See §0011.27.06 (Parole Violators).
- Fleeing felons. See §0011.27.09 (Fleeing Felons).

- People convicted of fraud. See §0025.24 (Fraudulently Obtaining Public Assistance).

- People convicted of making a fraudulent statement regarding residence in order to receive duplicate assistance from 2 or more states. See §0011.27.12 (Residency Fraud Conviction).

- For MFIP only: people who do not cooperate with Quality Control. See §0003.06 (Client Responsibilities - Quality Control). These people are ineligible for the food portion of MFIP only. WB and DWP do not have a food portion.

See §0008.06.06 (Adding a Person to the Unit - Cash) to add a previously disqualified or ineligible unit member.

For information on shared households, see §0020.09 (MFIP/DWP Assistance Standards).

FS: In addition, exclude the following people from any FS unit:

- Ineligible strikers. See §0011.15 (Strikers).

- Ineligible students. See §0011.18 (Students).

- Non-exempt able-bodied adults who have used up their time-limited eligibility. See §0011.24 (Able-Bodied Adults).

- People whose citizenship is questionable, pending verification. See §0010 (Verification).

- Parole violators. See §0011.27.06 (Parole Violators).

- Fleeing felons. §0011.27.09 (Fleeing Felons).

- People convicted of residency fraud. See §0011.27.12 (Residency Fraud Conviction).

- People convicted of a drug felony who fail random drug testing. See §0011.27.03.01 (Drug Felons - FS).

MSA: No provisions.

GA: In addition, exclude from all GA units:

- People eligible for or receiving non-IV-E foster care, IV-E foster care, MFIP, RCA, or adoption assistance.
- People under sanction from MFIP, SSI, or GA for non-compliance with a program requirement.
- People receiving SSI or MSA.
- Parents of adult applicants with whom the applicant resides.
- Drug felons. See §0011.27.03 (Drug Felons).
- Parole violators. See §0011.27.06 (Parole Violators).
- Fleeing felons. §0011.27.09 (Fleeing Felons).
- People convicted of residency fraud. See §0011.27.12 (Residency Fraud Conviction).

GRH: Each participant is an assistance unit; there are no other members in the unit.

MFIP:
The birth of an additional child to a family already receiving MFIP will not result in an increase in cash assistance standard, unless certain conditions are met. See "Children not Subject to the Family Cap" below.

If a child is born to a parent who is an ineligible or disqualified MFIP participant 10 months after receiving assistance for other children, the Family Cap DOES apply to the newborn. Cases where the parent is an ineligible or disqualified MFIP participant include child only cases with a parent who is receiving SSI, disqualified for fraud or failing drug tests, an illegal non-citizen, a fleeing felon, or any other reason a parent might be ineligible to be a participant. The Family Cap only applies to child-only cases where the caregiver is a natural parent, not to child-only cases with other types of relative caregivers.

Consider participation dates of parents on any prior MFIP or DWP case(s) they might have been, not just the case that is being processed.

Count only months of assistance (MFIP and DWP) received in Minnesota for purposes of determining whether the Family Cap should be applied. Do not count TANF assistance received in other states to determine whether to apply the Family Cap to a newborn.

See TEMP Manual TE13.045 (DWP/MFIP Family Cap Worksheet) for a worksheet to use to help determine if the Family Cap should apply to a child.

The Family Cap applies to the Minnesota Family Investment Program (MFIP). Counties must give the Important Information About the MFIP Family CAP (DHS-4198) flyer to applicants at the time of each MFIP or DWP application and to participants at each MFIP recertification. See 0005.12.12.01 (Forms/Handouts for Applicants) and 0009.06.06 (Recertification Interview).

The Family Cap only applies to the cash assistance portion of MFIP that the newborn would get. The baby will be eligible for the food portion of MFIP. The Transitional Standard will be different than regular MFIP standards when there is a child not eligible for cash due to the Family Cap. For additional information and case examples, see TEMP Manual TE10.31 (MFIP Grant May Increase with a Capped Child).

The child who is subject to the Family Cap is considered an assistance unit member in all ways except that any child support received or distributed on behalf of the child is excluded. Otherwise, all other income and resources of the child subject to the Family Cap must be counted the same as they are for other children who are not subject to the Family Cap. The caregiver must assign support for the child subject to the Family Cap and cooperate with the child support enforcement agency or be subject to sanction. Workers will continue to receive CSES DAIL messages detailing support distributed on behalf of the child who is subject to the Family Cap. Children who are subject to the Family Cap will be eligible for child care benefits the same as children who are receiving MFIP.

Follow the MFIP policy in 0008.06.06 (Adding a Person to the Unit - Cash) or 0008.06.12.09 (Converting a Pregnant Woman Case) to add the newborn to the assistance unit.

CHILDREN NOT SUBJECT TO THE FAMILY CAP:

- A child (or children) conceived as a result of a sexual assault or incest. The mother must verify that the incident was reported to a law enforcement agency.

- The 1st born child (or children of a multiple birth) born to a minor caregiver. This will mainly apply to a pregnant minor who receives DWP or MFIP as a "MINOR CHILD" before applying for her own MFIP grant as a minor caregiver.

- An adopted child.

- A mother's 1st child subsequent to a pregnancy that did not result in a live birth.

- A child living elsewhere who returns to the parent's or caregiver's home.

- A relative's child that an MFIP caregiver may apply for.

- Children who are born within certain time frames:

  - For families receiving MFIP assistance on July 1, 2003, any child born to the adult parent before May 1, 2004.

  - For families who apply for the DWP or MFIP programs on or after July 1, 2003, any child born to the adult parent within 10 months of the date the family is eligible for assistance.

- Any child who had been subject to the Family Cap (and not receiving cash assistance) could receive the cash portion if the adult parent(s) has not received benefits from DWP or MFIP assistance in the previous 10 months and is reapplying for DWP or MFIP.

An adult parent(s) who reapplies and has received DWP or MFIP benefits within the past 10 months is under the 10-month grace period of the previous application. A new 10-month period begins after the adult parent(s) has not received DWP or MFIP for 10 or more months.

See TEMP Manual TE13.045 (DWP/MFIP Family Cap Worksheet.)

WB, DWP, FS, MSA, GA, GRH:
No provisions.

MFIP, DWP:

People may remain in a unit while physically absent under certain conditions. They first must meet ALL the following conditions:

- They must live with the unit immediately before the absence.
- They must intend to return to the home, and the unit must maintain the home for them.
- If the absent person is a child, the caregiver must be the person who will be responsible for the child's support and care when the child returns to the home.

In addition, temporarily absent people must meet 1 of these conditions:

- The absence of a participant child in non-IV-E foster care placement is not expected to last more than 6 months past the month of departure.
- The absence of a caregiver or minor child due to illness or hospitalization is expected to last no more than 6 months past the month of departure. If the absent person is an applicant rather than a participant, 1 of the following conditions must apply:

  - The minor child and caregiver lived together immediately before the absence, the caregiver is responsible for the care and support of the child, and the unit reports the absence at application.

  OR

  - The pregnant mother is hospitalized or out of the home due to the pregnancy.

  OR

  - The newborn child and mother are hospitalized at the time of birth.

- The absence of a run-away participant child is allowed for no more than 2 months after the month of departure and only if no other person has made application for the child.
- The absence of an incarcerated participant child can be allowed for no more than 2 months past the month of departure.
- A participant caregiver is out of the home due to death or illness of a relative, incarceration, training, or employment search, expected to last no more than 2 months past the month of departure, and suitable arrangements have been made for care of the minor child.

- A participant caregiver and participant child are absent together from Minnesota due to illness or death of a relative, training, or job search. The absence is not expected to last more than 1 month past the month of departure.

When an absence ends on or before the 10th day of a month, eligibility also exists in the following month.

Temporary absence may also exist when:

- The absence of an applicant child or participant child who attends school away from home is due to educational needs that the local school district cannot meet. The local school district must approve the arrangement.

- The absence of a participant child on a vacation (not with the caregiver or the non-custodial parent) is expected to last no more than 2 months past the month of departure.

- A participant minor child is out of the home for a visit or vacation with the non-custodial parent, the minor child's home remains with the caregiver, and the absence is expected to last no more than 2 months beyond the month of departure.

WB: Follow MFIP, EXCEPT the caregiver(s) must be employed the required number of hours. See §0013.04 (WB Bases of Eligibility).

FS: See §0014.12 (Units for People With Multiple Residences).

MSA: A participant absent from his or her own home due to hospitalization for illness can continue to receive the normal benefit allotment if the participant meets ALL the following conditions:

- The participant or spouse owns or rents the home from which the participant is absent.

- A physician certifies the absence is not expected to continue more than 3 months.

- A physician certifies the participant will be able to return to independent living.

- The participant incurs expenses tied to maintaining the home.

A person who receives continued community level SSI benefits during temporary hospitalization of up to 3 months meets the above temporary absence provisions.

GA: No provisions.

GRH: Continue payment for group residential housing for a resident who is temporarily absent up to 18 days per absence if county social services staff approved the absence. Payments under this provision must not exceed 60 days per resident per calendar year. You do not need prior social services approval for temporary absence due to crisis, illness, or injury.

UNITS FOR PEOPLE WITH MULTIPLE RESIDENCES 0014.12

Although a person may have 2 or more residences during the same month, a person can be in only 1 assistance unit. See §0007 (Reporting) for people who move during a month. Follow the procedures below for people who maintain multiple residences throughout a month.

MFIP, WB, DWP:

If a child lives with both separated or divorced parents during the same month, consider the child to be in the unit where the child spends the most time. If the time is equal, or parents alternate living in the child's home, consider the child to be in the unit which applied first.

When a child alternates between parents at least 1 calendar month at a time, consider the child to be in the unit where the child lived on the 1st day of the month. Terminate the case when the child is absent.

When a minor child's home is with 1 parent for the majority of time in each month for at least 9 consecutive calendar months, and that minor child visits or vacations with the other parent, the minor child's home remains with the 1st parent even when the stay with the 2nd parent is for all or the majority of the months in the period of the temporary absence. See §0014.09 (Assistance Units - Temporary Absence).

FS: If a person has more than 1 residence, determine which residence has the unit which should include the person. Follow the order below to determine which unit that is. Stop at the 1st circumstance that applies; do not consider the remaining situations.

FOR ADULTS:

1. The residence where their spouse lives.

2. The residence which is the only one where they incur shelter costs.

3. The residence where they eat a majority of meals.

4. The residence where they spend a majority of time.

5. The residence which is the only one where another person would be part of the same unit (sibling, parent).

6. The residence they choose.

FOR MINOR CHILDREN:

1. The residence where they eat the majority of meals.
2. The residence where they spend a majority of time.
3. The residence providing a majority of financial support.
4. The residence providing a majority of physical and emotional care.
5. The residence applying for the child first.

MSA, GRH:
No provisions.

GA: Follow general provisions.

All programs allow clients to own or have available a limited amount of assets and still be eligible for assistance. Count the sum of the values of all assets that are available and not explicitly excluded. See 0015.03 (Asset Limits). Also see the following sections:

0015.06 Availability of Assets.

0015.09 Excluded Assets for Self Support.

0015.11 Excluded Assets - Contracts for Deed.

0015.12 Excluded Assets - Real Property.

0015.15 Excluded Assets - Household/Personal Goods.

0015.18 Excluded Assets - Pension & Retirement Plans.

0015.21 Excluded Assets - Burial Funds.

0015.24 Excluded Assets - Burial Contracts.

0015.27 Excluded Assets - Income.

0015.30 Excluded Assets - Payments Under Federal Law.

0015.33 Excluded Assets - Student Financial Aid.

0015.36 Excluded Assets - Funds to Fix/Replace Asset.

0015.39 Excluded Assets - Vehicles.

0015.42 Excluded Assets - Liquid Assets.

0015.45 Excluded Assets - Special Groups of People.

Count assets of clients or units. See 0015.48 (Whose Assets to Consider) for a list of other people whose assets count. For information on assets of FS units, see 0013.06 (FS Categorical Eligibility/Ineligibility).

The counted value of most assets is the equity value. However, in some programs there are special methods for computing the counted values of some assets. See:

0015.39 Excluded Assets - Vehicles.

0015.51 Evaluation of Insurance Policies.

0015.54 Evaluation of Vehicles.

0015.57 Evaluation of Real Property.

0015.60 Evaluation of Lump Sums.

0015.63 Evaluation of Pension and Retirement Plans.

Clients are allowed to reduce assets to attain or retain eligibility for programs only by specific methods and within specific limits. See 0015.69 (Asset Transfers).

Some assets may be excluded for a fixed period of time if clients sign a repayment agreement. See 0015.12.06 (Repayment Agreements on Real Property).

In some cases, it is possible to waive rules governing retention of assets because of hardship or special program considerations. See 0015.78 (Waivers of Asset Rules). However, in most situations, terminate or deny eligibility if clients do not reduce net countable assets in excess of the limits by allowable means within specified time limits. See 0015.72 (Excess Assets - Applicants), 0015.75 (Excess Assets - Participants).

When net counted assets exceed the limits below, people are either ineligible or must reduce assets within certain time limits. See 0015.45 (Excluded Assets - Special Groups of People), 0015.72 (Excess Assets - Applicants), 0015.75 (Excess Assets - Participants).

MFIP, DWP:
An applicant unit's non-excluded assets must not exceed $2,000. A participant unit's assets cannot exceed $5,000.

WB:
A unit's assets cannot exceed $5,000.

FS:
There is no asset limit for units where at least 1 member of the assistance unit meets the Domestic Violence Brochure program requirements. See 0013.06 (FS Categorical Eligibility/Ineligibility), 0029.36 (Domestic Violence Brochure Program).

$3,000 for a unit which has at least 1 member disabled or age 60 or older and is not categorically eligible, See 0010.18.06 (Verifying Disability/Incapacity - FS) 0013.06 (FS Categorical Eligibility/Ineligibility).

$2,000 for all other units that do not have at least 1 member disabled or age 60 or older and are not categorically eligible. See 0013.06 (FS Categorical Eligibility/Ineligibility).

MSA:
$2,000 for single people.

$3,000 for married couples.

Residents of a long term care facility (LTCF) whose cost of care is paid for by MA are eligible for MSA if they meet MA (rather than MSA) asset provisions and limits. See the Health Care Programs Manual. They must meet all other MSA eligibility requirements.

GA:
$1,000 for all units.

GRH:
$2,000 for clients who are aged, blind, or disabled.

$1,000 for all other adult clients.

Assets are available if a client has both legal authority and actual ability to use them for self-support.

When a client owns an asset in whole or in part, presume the asset is wholly available unless the client proves it is not. A client may prove unavailability by verifying a legal or actual barrier to disposal of the asset that cannot reasonably be overcome. If a client claims a legal barrier and its status is unclear, refer the case to your county attorney for a legal opinion on availability.

Review unavailability at each recertification and when you anticipate a change in availability.

See 0015.06.03 (Availability of Assets With Multiple Owners) for treatment of ownership by more than 1 person.

See 0015.06.06 (Availability of Trusts) for information specific to trusts.

See 0015.48.03 (Whose Assets to Consider – Sponsors W/ I-864), 0015.48.06 (Whose Assets to Consider – Sponsors W/ I-134) for information on treatment of the assets of a sponsor and the sponsor's spouse when there is an executed affidavit of support for a non-citizen in the assistance unit.

MFIP, WB, DWP, MSA, GA, GRH:
Follow general provisions.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

EXCEPT for liquid assets, consider an asset unavailable if:

- The unit is unable to sell the asset for any significant return. For this purpose, significant return is any return, after estimating costs of sale or disposition and taking into account the ownership of the household, is determined to be more than $1,500.
  OR
- The cost of selling the asset would be relatively great.
  OR
- The sale is unlikely to produce significant funds of more than $1,500 for the support of the unit.

Consider Department of Housing and Urban Development's Family Self-Sufficiency Program escrow accounts to be inaccessible assets.

The Food Support program does not require clients to apply for potentially available assets/income as a condition of eligibility.

See 0015.03 (Asset Limits). Verify only if information the unit provides is questionable. Also see 0015.39 (Excluded Assets - Vehicles).

Multiple ownership of an asset may make it partly or entirely unavailable to a client.

For procedures on completing the asset panels in MAXIS, see TEMP Manual TE02.10.31 (Jointly Owned Assets).

Consider assets of people living in shelters for battered women and children inaccessible if another owner is a member of their former household, and access to the asset is dependent on the cooperation of a member of the former household.

Military persons being deployed overseas may provide their parent or other people access to their bank accounts allowing them to pay the military persons' bills or otherwise handle their affairs while they are gone. Exclude the accounts if the unit can document that it can only access the account, or a portion of the account, to pay the deployed military persons' bills, AND the unit cannot use the funds for its own needs. Verification must be provided from the deployed military persons, a statement from the bank or financial institution or other verification documenting this arrangement.

MFIP, WB, DWP, GA:
When 2 or more people own an asset, presume each person owns an equal share of the asset, EXCEPT that each joint owner of a personal checking account or savings account is considered to own the entire account.

A unit may prove that it only has access to part of the asset. When the unit proves greater or smaller ownership, use the verified ownership amount to determine net asset value for both applicants and participants. See 0010 (Verification).

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Consider assets partly owned by a unit to be wholly available to the unit, EXCEPT in these situations.

- The assets of an ineligible student are not available to the unit, even if held jointly with a unit member. This does not apply to vehicles.

- If the unit proves it has access to only a portion of the asset, count only the portion available to the unit. See 0010 (Verification), 0015.48 (Whose Assets to Consider).

- Consider jointly-owned assets to be totally unavailable to the unit if the assets cannot be subdivided and the unit's access to the assets is dependent on the agreement of a joint owner who refuses to cooperate. This provision also applies to vehicles unless the joint owner is an ineligible student living in the same household.

MSA:
Consider assets unavailable if the client must have another owner's permission to dispose of the asset, and the other person refuses.

When 2 or more people own an asset, presume that each person owns an equal share of the asset.

When there is only 1 MSA applicant or participant account holder on a jointly-held account, presume all funds in the account

belong to the MSA applicant or participant. If the other owner of a joint account is an MSA applicant or participant or a responsible relative whose assets you deem available, presume ownership of equal shares. Allow a person who disagrees with your presumption an opportunity to rebut the presumption.

When joint owners prove greater or smaller ownership, use the verified ownership amount. See 0010 (Verification).

GRH:
Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

AVAILABILITY OF TRUSTS 0015.06.06

Some trusts have provisions that limit trust benefits to the beneficiary or divert trust benefits to someone else if the beneficiary applies for or becomes eligible for public assistance. Such provisions in most trusts created in Minnesota on or after 7-1-92 are unenforceable. This includes trusts set up in a will with the client as beneficiary. The execution date of the 1st instrument with such a provision is the creation date. This is true even if the provision is later amended or the trust is not funded until later.

Supplemental needs trusts (SNTs) are exempt from the restriction above. See §0015.06.06.03 (Supplemental Needs Trust) for how to determine if a trust is a supplemental needs trust.

A trust might still be available even if a provision diverting trust benefits is valid. Apply the specific program provisions below to determine whether a trust is available.

When determining trust availability, ignore any provision making a trust unavailable for a beneficiary who applies for or gets public assistance if the trust (other than an SNT) was created in Minnesota on or after 7-1-92.

MFIP, DWP:

Clients with trust funds must try to gain access to them even if the trust appears to be legally unavailable. Clients must petition the trustee to distribute the funds in an amount equal to the needs (the cash portion of the grant) of the people covered by the trust, within 30 days of when you inform them. You must assist a client who needs help on the matter.

Deny or end assistance if the applicant or participant fails to pursue the petition. See §0012.12 (Applying for Other Benefits).

Do NOT require a client who had already petitioned the trustee as a condition of getting MFIP or AFDC (when AFDC existed) to re-petition.

WB: No provisions.

FS: Funds in a trust or transferred to a trust, and income produced by that trust are unavailable only if ALL the following conditions are met:

- The trust arrangement is not likely to end during the certification period, and no unit member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period.

- The trustee administering the funds is 1 of the following:

- An institution, corporation, or organization not under the direction of any unit member.

- The court.

- A person appointed by the court who has legal limits on the use of the funds.

➢ The trust's investments do not directly involve or help any business or corporation under the control, direction, or influence of any unit member.

➢ The irrevocable trust is set up either:

- From non-unit funds by a non-unit member.

OR

- From the unit's own funds, AND the trustee uses the funds solely to make investments for the trust or to pay the educational or medical expenses of any person named by the unit creating the trust.

MSA: Consider trust funds available to a client if the client has the legal power to dissolve the trust and make personal use of the funds. This applies whether the client is the trustee or beneficiary.

GA: Determine availability of trusts in the same manner as other assets. See §0015.06 (Availability of Assets).

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

To be a supplemental needs trust (SNT), a trust must meet ALL these conditions:

- The trust must have been established on or after 7-1-92.

- The trust must be set up to benefit a person with a disability and, EXCEPT for a Zebley trust, funded by someone other than:

  - The beneficiary. See BENEFICIARY in 0002.69.01 (Glossary: Trust Definitions).

  OR

  - The beneficiary's spouse.

  OR

  - Anyone required to pay a sum to or for the trust beneficiary under the terms of a settlement.

  This will allow trusts to be set up by others such as parents, grandparents, or legal guardians.

  For this purpose, a person with a disability is someone certified BEFORE the creation of the trust by:

  - The Social Security Administration (SSA) to be disabled under RSDI or SSI disability.

  OR

  - The State Medical Review Team (SMRT) to be disabled. See 0012.15.06 (State Medical Review Team (SMRT)).

  OR

  - A licensed professional to have a physical or mental illness that substantially impairs the person's ability to care for himself or herself. The condition must be expected to last for a continuous period of 12 months or more. The licensed professional must be qualified to diagnose the illness or condition. A 2nd licensed professional of the same qualification must confirm the diagnosis in writing.

- The general purpose of the trust must be to cover reasonable living expenses and other basic needs of a person with a disability when public assistance does not provide enough for those needs. The trust may allow distributions to cover all or part of the reasonable living expenses of the beneficiary.

- The trust may allow or require distributions only to supplement or complement benefits from public assistance programs. It must prohibit disbursements to replace or reduce public assistance otherwise available.

TREATMENT OF ZEBLEY TRUSTS

An SNT may be set up with payments made by SSA under Sullivan v. Zebley. SNTs funded by proceeds from Zebley are exempt from the restrictions on who can fund an SNT.

An SNT may still be considered available. Apply the provisions in 0015.06.06 (Availability of Trusts) to determine whether an SNT is available for each program.

MFIP, WB, DWP, GA, MSA, GRH:
No provisions.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

The treatment of a corporation's assets varies based on the type of corporation.

Profits of an S-Corporation are not considered an asset essential to the employment of a unit member even if the profits are used to purchase more stock in the corporation. For the definition of an S-CORPORATION, see 0002.59 (Glossary: RSDI...).

Assets of all corporation types are not counted as the assets of an individual.

A corporation's bank accounts must be in the corporation's name.

If a person is employed by and owns stock in a corporation, determine if the stock is essential to the person's employment. If an employee of a corporation must hold stock in the corporation as a condition of employment, the stock is essential to the employment of that person and not counted as an asset. If ownership of the stock is not essential, the stock is counted as an asset. For example, if a farmer has incorporated his farm, he is the sole worker and all of the corporation's assets are related to the farming operation, the farmer's stock in the corporation is essential to his employment and excluded from being counted as an asset. This provision applies to all corporations except S-Corporations.

The value of shares in a corporation with only one shareholder or just a few shareholders may not be readily available. Subtract corporate liabilities from assets and prorate the difference among the shareholders based on the percentage of shares held. This provision applies to all corporations except S-Corporations.

All programs exclude some assets used by a client for self-support. Assets used for self-support include tools and equipment required for employment, business assets, and income-producing assets. Also see 0015.12 (Excluded Assets - Real Property), 0015.39 (Excluded Assets - Vehicles), 0015.42 (Excluded Assets - Liquid Assets), 0015.54 (Evaluation of Vehicles).

MFIP, WB, DWP:
Exclude most assets used by a client for self-support, EXCEPT do not exclude non-homestead real property used for self-employment. See 0015.12 (Excluded Assets - Real Property), 0015.39 (Excluded Assets - Vehicles), 0015.42 (Excluded Assets - Liquid Assets).

Exclude installment contracts which produce income consistent with their fair market value. Also exclude the value of items sold under the contract or held as security for a purchase price consistent with fair market value. See INSTALLMENT CONTRACT in 0002.33 (Glossary: Independent...).

Exclude business loans for all types of self-employment. Exclude separate bank accounts used for operating a self-employment business if the proceeds are from the business and the client uses them at least annually.

Exclude the equity value of assets needed for a self-employment business for up to 1 year when the unit ends self-employment and during periods of non-use. Count the equity value as an available asset in the month after the month of conversion if the unit converts an asset to cash or uses it to acquire a non-excluded asset during that time.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Exclude assets for self-employed farmers which are essential to farming. This includes, but is not limited to, land, equipment, supplies, etc. When a farmer terminates his/her self-employment, continue to exclude essential assets for 1 year from the date the farming ends.

For information on the exclusion of vehicles for self-employed farmers, see 0015.39 (Excluded Assets - Vehicles).

Exclude real property which annually produces income consistent with its fair market value, even if only used on a seasonal basis. Such property shall include rental homes and rental land.

Exclude property which is essential to the employment or self-employment of a unit member. For example, farm land, work related equipment, tools of a tradesman, or the machinery of a farmer.

Exclude installment contracts for the sale of land or buildings if the contract or agreement is producing income consistence with the fair market value. This exclusion also applies to the value of the property sold under the installment contract or held as security in exchange for a purchase price consistent with the fair market value of that property.

Exclude assets of a self-employed unit member which have been prorated as income.

Exclude non-liquid assets that have a lien against them as a result of taking out a business loan and the lien prohibits the unit from selling the asset.

Exclude real or personal property that is directly related to the maintenance or use of a vehicle used for income-producing purposes or that annually produces income consistent with its fair market value. Exclude only that portion of real property

determined necessary for maintenance or use under this provision. For example, a unit which owns a produce truck to earn its livelihood may be prohibited from parking the truck in a residential area. The unit may own a 100-acre field and use a quarter-acre of the field to park and or service the truck. Only the value of the quarter-acre is excluded under this provision, not the entire 100-acre field.

MSA:
For SSI recipients, no action is required. SSA makes all asset and resource exclusion determinations.

For SSI excess income clients:

Exclude real or personal property, including liquid assets, currently used in a trade or business necessary for the client's ability to earn income.

Exclude personal property the client currently uses as an employee for work, whether or not the employer requires it.

Exclude up to $6,000 equity value of real or personal property the client currently uses to produce goods or services needed for daily activities and used solely by the client's household. This includes property and equipment used to produce food or clothing for the household.

Allow the exclusions above for property not in current use for reasons beyond the client's control, if the client expects to resume use within 1 year. Extend the exclusion for 1 more year if the non-use is due to a disabling condition. To qualify for this extension, the client must sign a statement stating all the following:

- The nature of the disabling condition.
- When the self-support activity ceased.
- When the self-support activity will resume.

Exclude up to $6,000 equity value of income-producing non-liquid personal property or real property, including rental property, not used in a trade or business if the property produces an annual net return equal to at least 6% of the equity value. Non-liquid personal property includes items such as household goods, machinery, vehicles, livestock, and non-cash business property. Do not exclude liquid personal property such as bank accounts, stocks, bonds, mutual funds, or property agreements unless used as part of a trade or business. If the earnings drop below 6% for reasons beyond the client's control, allow up to 24 months for the property to resume producing a 6% return.

If a person owns more than 1 piece of income-producing property, each piece must meet the 6% return on equity requirement. Apply the $6,000 equity value exclusion to the combined equity value of the properties.

GA:
Exclude assets essential to the owner's self-support or self care.

Exclude assets needed to get or keep suitable employment. See 0028.18.03 (Suitable/Unsuitable Work). Exclude assets that produce net earned income if the client uses or will use them for the support of the unit within 6 months or the next income producing season, whichever is later.

Exclude money held in escrow by a self-employed person to cover:

- Employee FICA.
- Employee tax withholding.

- Sales tax withholding.
- Employee Workers' Compensation.
- Employee Unemployment Insurance.
- Business insurance.
- Property rental.
- Property taxes.
- Other costs commonly paid at least annually but less often than monthly.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Count contracts for deed and other property agreements (for example: deeds-of-trust, mortgages held by the seller, land contracts) as personal property of the seller. Consider the buyer's interest in property purchased under a contract for deed to be real property. See 0015.12 (Excluded Assets - Real Property), 0015.12.03 (Excluded Assets - Homestead), 0015.57 (Evaluation of Real Property).

Evaluate the availability of property agreements jointly owned with someone outside the unit according to 0015.06 (Availability of Assets).

See 0017.15.84 (Contracts for Deed as Income) for how to treat payments on contracts for deed and other property agreements when determining income.

MFIP, WB, DWP, MSA, GA, GRH:
Count the outstanding principal balance on a contract for deed or other property agreement as an asset to the seller. Also count the principal portion of each payment as an asset.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Exclude contracts for deed and other property agreements as assets if they produce income consistent with their fair market value.

All programs exclude the homestead, but the definition varies. See 0015.12.03 (Excluded Assets - Homestead). Exclude Indian land held in trust or for which the tribe restricts sale. See 0015.09 (Excluded Assets for Self Support) to determine if real property can be excluded as an asset used for self-support.

MFIP, WB, DWP:
Exclude all life estates as assets. See 0017.15.33.30 (Self-Employment Income From Rental Property) for treatment of income from rental of a life estate.

Determine the equity value of all available non-excluded real property, including non-homestead real property used for self-employment. See 0015.06 (Availability of Assets), 0015.09 (Excluded Assets for Self Support).

Determine equity value by subtracting any encumbrances from the estimated market value (EMV). Get the EMV from the real estate tax statement or from the tax assessor's office in the county where the property is located. A client can rebut this estimate with an appraisal from a licensed real estate appraiser.

If the equity value of the non-excluded property, combined with the unit's other counted assets, puts the unit over the asset limit, you may be able to exclude the property under a repayment agreement. See 0015.12.06 (Repayment Agreements on Real Property).

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Exclude real property not used as a home if the unit is making a good faith effort to sell it.

A good faith effort to sell has 2 criteria:

- Properly attempting to sell the property means:
  - Listing the property with a real estate broker.
    OR
  - Displaying a readable sign on the property with the owner's name and telephone number on the sign.
    OR
  - Advertising the property in the official county newspaper, the newspaper with the largest circulation in the county, or the local shopper newspaper.
- Asking a reasonable price for the property. The asking price can be no more than the estimated market value (EMV) on the tax statement.

  NOTE: If the client disputes the EMV, the price can be no more than an estimate from a licensed appraiser. The appraisal may be either higher or lower.

Exclude property on which the unit is building or intends to build a home, if they do not own a home.

Exclude the portion of property which is required for the maintenance of a vehicle used to produce income or to transport a disabled unit member.

MSA:
Exclude real property not used as a home if the client makes a reasonable and continuing effort to sell the property.

Exclude real property that is jointly owned if sale of the property would result in undue hardship due to loss of housing to a co-owner.

GA:
Exclude real property if it produces net income that is being used for the support of the unit.

Exclude real property if the unit is making a good faith effort to sell the property at a reasonable price.

Exclude real property owned exclusively by the stepparent or sibling of a single adult GA applicant or participant who lives with the stepparent or sibling.

GRH:
For aged, blind, or disabled clients, exclude real property, including life estates, if the client makes a reasonable and continuing effort to sell the property. Exclude real property that is jointly owned if sale of the property would result in loss of housing to a co-owner and the co-owner has no other housing available.

For all other adults, follow GA.

All programs exclude the homestead. However, the definition of homestead and length of exclusion varies. "Homestead" includes non-real property that clients use as a home.

MFIP, WB, DWP, GA:

Exclude the home which is owned by and is the usual residence of the client along with all the surrounding land and any buildings on that land, provided the land is not separated from the home by any property owned by others. Public rights-of-way which separate property from the home do not affect the exclusion.

Continue to exclude the homestead if it is temporarily unoccupied due to employment, illness, or an approved Employment Plan which includes education, training, or job search within the state but outside the immediate geographic area. Also continue to exclude a homestead temporarily unoccupied because it is not habitable due to casualty or natural disaster. Exclude the homestead during periods it is unoccupied only if the client intends to return.

Exclude the homestead of a migrant unit that is in Minnesota for the purposes of seeking or participating in migrant employment. See MIGRANT FARMWORKER UNITS in §0002.41 (Glossary: Medically Necessary...).

See §0015.27 (Excluded Assets - Income) for treatment of proceeds from the sale of a homestead.

FS: Exclude the home owned and occupied by the client along with all the surrounding land and any buildings on that land, provided the land is not separated from the home by any property owned by others. Public rights-of-way which separate property from the home do not affect the exclusion.

Continue to exclude the homestead if it is temporarily unoccupied due to employment, training, illness, or not habitable due to casualty or natural disaster. Exclude the homestead during periods it is unoccupied only if the unit intends to return.

MSA: Exclude the home owned and occupied by the applicant or participant, or that person's spouse or disabled or dependent child. The homestead includes all the surrounding land and any buildings on that land, provided the land is not separated from the home by any property owned by others. Public rights-of-way that separate property from the home do not affect the exclusion.

Continue to exclude the homestead during periods the client does not live there if the client intends to return to it. There is no time limit for the exclusion. Verify the client's intent to return only if it is questionable. See §0010.15 (Verification - Inconsistent Information).

GRH: For aged, blind, or disabled clients, exclude the home owned by the client if the client lived there prior to entry into GRH AND the client's spouse or disabled or dependent child lives in the home. The homestead includes all the surrounding land and any buildings on that land, provided the land is not separated from the home by property owned by others. Public rights-of-way that separate property from the home do not affect this exclusion.

Exclude the homestead during periods the client does not live there, if the client intends to return to it. There is no time limit for the exclusion. Verify the client's intent to return only if questionable. See §0010.15 (Verification - Inconsistent Information).

For all other adults, follow MFIP.

MFIP, WB, DWP:

When the value of non-homestead real property combined with other countable assets is over the $5,000 asset limit and the unit signs a DWP/MFIP/WB Repayment Agreement (DHS-2741) and executes a lien against the property, exclude the non-homestead real property. Do not require an applicant unit to sign a repayment agreement when the value of the non-homestead real property combined with other countable assets does not exceed the $5,000 asset limit. The lien will contain an initial unspecified figure to be subsequently determined at the time of sale or when the repayment agreement ends, for the amount of benefits issued during the period the agreement was in force. When the lien has been established, it remains in force until satisfied, even if the case is closed.

Promptly record the lien to ensure priority status over subsequent claims against the property. If the property lies in another state, contact the appropriate county authorities in that state before submitting the lien to them to determine the recording fee and to see if they will honor the lien. Give or send copies to the client and to the clerk of courts in the county where the property is located, and maintain a copy in the case file.

The unit must make a good faith effort to sell the property to continue eligibility. A good faith effort is defined as a sale price and terms which are consistent with local market price and terms for comparable property, plus either:

- Listing of the property with a realty broker.

OR

- If sold privately, advertising effort comparable to efforts in the local market area to sell similar property.

Applicant units must sign the Repayment Agreement and execute the lien during the application process. Participant units must do so as soon as the county agency becomes aware the property causes excess assets.

If the unit sells the property while still receiving MFIP, WB or DWP, certify the lien amount as the recording fee plus the total grant expended during the period of the agreement. For overpayments for months prior to January 2001, subtract the amount of child support used to reimburse the amount of the cash portion issued during that period. See §0025.03 (Determining Incorrect Payment Amounts). A unit can remain eligible for assistance after repayment of the lien, but any proceeds remaining are considered an asset. See §0025 (Benefit Adjustments and Recovery). If the unit does not sell the property or becomes ineligible for any other reason, close the case. Modify the lien at that point to reflect the filing fee plus the total

cash portion issued. For overpayments for months prior to January 2001, subtract the amount of child support used to reimburse the amount of assistance issued during that period. See §0025.03 (Determining Incorrect Payment Amounts). Submit an affidavit of change to the clerk of courts for any adjustments to the lien.

Clients have the option of repaying the amount of the cash portion issued during the period the agreement was in effect. If this occurs, promptly discharge the lien.

If the unit intentionally sells the property below market value, determine the lien amount based on the fair market value of the property when the repayment agreement was signed.

FS, GA, GRH, MSA:

No provisions.

MFIP, WB, DWP, FS, GA:

Exclude such items as pets, furniture, clothing, jewelry, appliances, and other tools and equipment used in the home.

MSA: Exclude household goods and personal effects with a total equity value of $2,000 or less.

Do not count the value of the following items toward the $2,000 limit:

- 1 wedding ring.
- 1 engagement ring.
- Items required because of a person's physical condition, if they are used by any person in the home.

Assume the total equity value of all other household goods and personal effects to be $2,000 or less unless you have evidence to the contrary. If a client claims household goods and personal effects with a total equity value over $2,000, count the amount over $2,000 toward the total asset limit. See §0015.03 (Asset Limits).

GRH: Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

Also see 0015.63 (Evaluation of Pension and Retirement Plans).

MFIP, WB, DWP:
Count the full amount of client contributions to a pension or retirement fund as assets when funds become available in 1 payment. Exclude any penalties for early withdrawal. Exclude employer contributions included in this 1-time payment as assets, but count them as lump sum unearned income. See 0017.15.30 (Lump Sum Income), 0017.15.42 (Interest and Dividend Income), 0022.15 (Counting Lump Sums as Income).

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Exclude the following types of retirement accounts:

- 401 (Traditional Defined- Benefit Plan).
- 401(a) plans: Employer sponsored retirement plans, including Cash Balance Plans, Employee Ownership Plans, Money Purchase Pension Plans, and Profit Sharing Plans.
- Keogh Plans.
- 401(k) plans: Generally a cash-or-deferred arrangement, including Simple 401(k) plans.
- 403(a): Employee Retirement Annuities.
- 403(b): Tax-sheltered annuities provided for employees of tax-exempt organizations and State and local educational organizations.
- 408: Individual Retirement Accounts (IRAs).
- 408(a): Roth IRAs.
- 408(p): Simple Retirement Account IRAs.
- 408(k): Simplified Employee Pension Plans.
- 457(b): Retirement plans for local governmental and certain non-governmental, tax-exempt employers.

- 501(c) (18): Exemption from tax on corporations that have trusts created before 6-25-1959 forming part of a plan providing benefit payments under a pension plan funded by employees.

- Federal Employee Thrift Savings Plan.

MSA:
Count the full amount, if available. See 0015.06 (Availability of Assets).

GA:
Count the full amount, if available. See 0015.06 (Availability of Assets). Count it as lump sum unearned income when withdrawn. See 0022.15 (Counting Lump Sums as Income).

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

MFIP, WB, DWP:

Exclude 1 burial space per member of the assistance unit.

FS, GA:

Exclude 1 burial space for each person whose assets are considered. See §0015.48 (Whose Assets to Consider).

MSA: Exclude 1 burial space and appropriate burial space items held for the use of each eligible person and each member of that person's immediate family. The person's immediate family members are:

- Spouse.
- Parents.
- Adult or minor children or stepchildren.
- Siblings.
- Spouses of any of the preceding.
- People related by adoption.

Exclude these burial spaces even if the family members for whom they are held do not live in the same home as the client.

Burial spaces include any repository for the remains of the deceased such as cemetery plots, urns, vaults, crypts, and caskets. Burial space items include such things as headstones, contracts for grave opening and closing, or a 1-time charge for preservation/care of the space.

Exclude interest accumulating on burial space contracts which stays in the fund.

Contracts for burial spaces which are paid in installments, or contracts where burial space costs are indistinguishable from funeral service costs, are not burial spaces. Treat them as burial contracts. See §0015.24 (Excluded Assets - Burial Contracts).

GRH: Follow MSA for aged, blind, or disabled clients. Follow FS for all other adults.

MFIP, WB, DWP:
No provisions. Count the full equity of the burial contract for each unit member.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Exclude up to $1,500 in equity for funds in a prepaid burial account, burial plan, or burial trust for each member of the unit. Count only the equity value above the $1,500. Exclude entirely any such funds that are not accessible to the unit.

MSA:
Exclude up to $1,500 in burial funds for each applicant or participant and up to $1,500 for the applicant or participant's spouse. Burial funds may be either liquid or non-liquid assets, but must be set aside so they are distinguishable from other assets. Treat burial insurance as a burial contract and count the face value of the policy toward the burial fund exclusion.

If a client also has life insurance, see 0015.51 (Evaluation of Insurance Policies). Reduce the $1,500 maximum by the face value of a life insurance policy whose cash surrender value is an excluded asset.

Exclude any interest which accumulates on the burial fund (and stays in the fund) after the initial valuation.

Irrevocable burial funds may be established up to the SSI regulatory resource limit (currently $2,000 for an individual exclusive of burial space items), but amounts exceeding this limit count toward the MSA asset limit.

GA:
Exclude the value of a prepaid burial account, burial plan, or trust for burial or cremation up to $1,000 for each person whose assets are considered. See 0015.48 (Whose Assets to Consider).

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

EXCLUDED ASSETS - INCOME 0015.27

Exclude income as an asset during the month the client receives it. Income retained into the next month loses that exclusion with the specific EXCEPTIONS listed below. Also see §0015.33 (Excluded Assets - Student Financial Aid), §0015.36 (Excluded Assets - Funds to Fix/Replace Asset).

Exclude payments made to people because of their status as victims of Nazi persecution. This includes reparation payments the Federal Republic of Germany makes to certain survivors of the Holocaust. They may be monthly payments or lump sum payments.

Exclude 1-time payments made to certain World War II veterans or their surviving spouse under the Filipino Veterans Equity Compensation (FVEC) Fund. For information about the treatment of these payments as income, see §0017.06 (Excluded Income).

For information on how to treat lump sums, see §0015.60 (Evaluation of Lump Sums), §0022.15 (Counting Lump Sums as Income).

See §0015.30 (Excluded Assets - Payments Under Federal Law) for payments made by federal agencies under a presidential declaration of disaster.

MFIP, WB, DWP:

Exclude the value of cash assistance corrective payments in the month the client receives them and in the next month.

Exclude monthly assistance payments in the month the client receives them. Count any cash assistance available in the following month, for example in an EBT account, as an asset.

Exclude income received in a budget month through the end of the payment month. This would include child support that is deposited into a stored value card.

Exclude proceeds from the sale of a homestead for 6 months if the unit keeps the proceeds unused in a separate account and intends to use them to buy another home.

Exclude disaster relief funds paid by state and local governments and disaster relief groups such as Red Cross and Salvation Army.

Exclude Federal Earned Income Credit (EIC), Minnesota Working Family Credit, and federal and state income tax refunds as assets in the month received and the following month.

Exclude state homeowners and renter's credits, property tax rebates and other federal or state tax rebates as assets in the month received and the following month. Exclude the savings from earned income of a minor child or a minor caregiver that are set aside in a separate account designated specifically for future education or employment costs.

Exclude the value of gift cards.

FS: Exclude prorated self-employment income for the period over which you average the income. See §0017.15.33 (Self-Employment Income), §0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt).

Exclude HUD retroactive tax and utility payments issued under the settlement of Underwood v. Harris for the month the client receives the payment and the next month.

Exclude disaster relief funds paid by state and local governments and disaster relief groups such as Red Cross and Salvation Army.

Exclude federal, state, or local Earned Income Credit (EIC) income as an asset for up to 12 months after the date the client receives it. The client must have been a Food Support participant when she or he received the credit(s) and must continue as a Food Support participant for the 12-month exclusion period. The exclusion ends if there is a break in FS participation of even 1 day.

Exclude the value of gift cards.

Exclude the value of food support benefits in the client's EBT account.

Exclude resources prorated as income.

MSA: Exclude proceeds from the sale of a homestead for 3 full months after the month of receipt. To qualify for this exclusion, the client must legally obligate the funds during that period for the purchase of a replacement home.

Exclude, in the month of receipt and the next month, cash payments (including retroactive payments) made to an ineligible spouse or parent providing medical or social services to an eligible person. To qualify for this exclusion, the payment must be identifiable.

Exclude disaster relief funds provided by states, local governments, and disaster relief organizations if:

- The person stopped living in his or her home as a result of the disaster.

AND

- The person began to receive the assistance within 30 days after the disaster.

AND

- The person receives the assistance while living in a residence maintained by another person. A residence can include a private household, shelter, or any other temporary housing arrangement the person resorts to due to the disaster.

Exclude relocation assistance a client receives from state or local governments for 9 months.

Exclude federal, state, or local EIC income as an asset in the month the client receives it and the next month.

Exclude Netherlands' Act (WUV) payments as assets. See NETHERLANDS' ACT (WUV) in §0002.45 (Glossary: Netherlands' Act...) for a description of these payments.

Exclude the value of gift cards.

GA: Exclude proceeds from the sale of a homestead for 6 months if the unit keeps the proceeds in a separate account and intends to use them to buy another home.

Exclude the value of corrective payments in the month received and the next month.

Exclude disaster relief funds paid by state and local governments and disaster relief groups such as Red Cross and Salvation Army.

Exclude federal, state, or local EIC income as an asset in the month the client receives it and the next month.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

EXCLUDED ASSETS - PAYMENTS UNDER FEDERAL LAW 0015.30

Exclude the following federal payments for all programs:

- Low Income Home Energy Assistance Program (LIHEAP) payments.
- Payments for tribal land claim settlements listed in §0017.15.09 (Income From Tribal Land).
- Benefits from the Women, Infant, and Children (WIC) nutrition program.
- Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970. See §0015.27 (Excluded Assets - Income) for treatment of relocation assistance from state or local governments.
- Payments received from youth incentive entitlement projects, youth community conservation and improvement projects.
- Reparation payments to Aleut people and people of Japanese ancestry under Public Law 100-383.
- Agent Orange payments to veterans and their dependents.
- Payments made under the Radiation Exposure Compensation Act (Public Law 101-426).
- Payments made by federal agencies under a presidential declaration of disaster including, but not limited to, individual and family grants from the Federal Emergency Management Agency (FEMA). See §0015.27 (Excluded Assets - Income) for other disaster payments which may be excluded.
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998, to or on behalf of people who contracted Human Immunodeficiency Virus (HIV) through the use of contaminated blood-clotting products administered during the period of 7-1-82 through 12-31-87. The last date for people to file petitions for these payments is 11-13-01. Payments under this Act began in August 2000 and will continue to be paid until the current and future appropriations are exhausted, with the last payment being made no later than 11-11-03. This also applies to payments made pursuant to private class action settlement agreements.
- Funds, including accrued interest, deposited in Individual Development Accounts (IDAs) through The Family Assets for Independence in Minnesota (FAIM) Program.

MFIP, WB, DWP:

Exclude the funds listed in the general provisions as long as the client holds them in a separate account from any non-excluded funds.

Exclude all benefits and payments received by participants in all AmeriCorps programs. For more information on AmeriCorps programs, see §0017.15.78 (National and Community Service Trust Act), §0017.15.87 (AmeriCorps Payments**).**

Exclude all benefits and payments provided by Senior Corps and Learn and Serve America payments as an asset. For more information, see §§0017.15.78 (National and Community Service Trust Act), §0017.15.100 (Learn and Serve America).

See §0017.15.87 (AmeriCorps Payments) for information on how to treat the income of civil service employees.

Exclude Title VII, Nutrition Program for the Elderly funds.

Exclude VA benefits awarded to children of Vietnam veterans, regardless of their age or marital status, for a covered birth defect identified by the VA as associated with the service of these veterans who served in the Republic of Vietnam from 2-28-61 through 5-7-75 and performed active military service.

FS: Exclude the funds listed in the general provisions for the entire time the client holds them in a separate account from any non-excluded funds. If the client combines excluded funds with non-excluded funds, continue the exclusion for 6 months from the date the client combines the funds.

Also exclude AmeriCorps VISTA (formerly known as VISTA) payments to volunteers (not permanent staff salaries) if the volunteers were AFDC (when AFDC existed), SSI, or FS participants before they joined VISTA.

Exclude earned income credits received before 1-1-80 as a result of Public Law 95-600. See §0015.27 (Excluded Assets - Income) for information on current earned income credits.

Exclude VA benefits awarded to children of Vietnam veterans, regardless of their age or marital status, for a covered birth defect identified by the VA as associated with the service of these veterans who served in the Republic of Vietnam from 2-28-61 through 5-7-75 and performed active military service.

MSA: Exclude the funds listed in the general provisions as long as the client holds them in a separate account from non-excluded funds.

Also exclude AmeriCorps VISTA (formerly known as VISTA) payments made to volunteers (not permanent staff salaries) as long as the client holds them in a separate account from non-excluded funds.

GA: Exclude the funds listed in the general provisions as long as the client holds them in a separate account from any non-excluded funds.

Also exclude AmeriCorps (formerly known as VISTA) educational awards made to volunteers (not permanent staff salaries) for grants, scholarships and fellowships if the client holds them in a separate account from non-excluded funds.

Exclude Title VII Nutrition Program for the Elderly funds.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Exclude Pell Grants, SEOG, Perkins Loans, Student Educational Loan Funds, Guaranteed Student Loans, Minnesota State Student Loans, State Student Incentive Grants, Minnesota State Scholarships and Grants, Federal College Work Study funds, and any other financial aid funded in whole or in part by Title IV.

Also see 0017.15.36 (Student Financial Aid Income).

MFIP, WB, DWP:
Exclude the value of school loans, grants, or scholarships for the period they are intended to cover.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Exclude the financial aids listed in the general provisions indefinitely if they are kept in a separate account from non-excluded funds.

Exclude financial aid that is combined with non-excluded funds only during the period it is prorated as income. When this period ends, consider remaining funds an available asset.

MSA:
Exclude the financial aids listed in the general provisions if they are identifiable from non-excluded funds.

Other financial aid is an asset if retained after the month of receipt. If the aid is identifiable from other funds, exclude the part the client retains to pay allowable expenses. See 0017.15.36.09 (Student Financial Aid Deductions).

GA:
Exclude the value of school loans, grants, or scholarships over the period they are intended to cover if the income from these sources is excluded or has been used in the grant calculation. See 0017.15.36 (Student Financial Aid Income), 0017.15.36.03 (When to Budget Student Financial Aid), 0017.15.36.06 (Identifying Title IV or Federal Student Aid), 0017.15.36.09 (Student Financial Aid Deductions).

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

MFIP, WB, DWP, MSA, GA, GRH:
No provisions.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Exclude all funds in the following IRS tax-preferred education accounts:

- Qualified Tuition Programs (Section 529 plans).

- Coverdell Education Savings Accounts (Section 530 plans).

MFIP, WB, DWP, GA:

Exclude for 3 months funds the client receives to repair or replace assets if the payments can be identified and are made by public agencies, insurance companies, court order, or solicited through a public appeal. Exclude the funds only if they are held in a separate account.

FS: Exclude government payments designated for the restoration of a home damaged in a disaster when the client is subject to legal sanction if the client does not use the funds as intended.

MSA: Exclude payments to replace lost, damaged, or destroyed assets for 9 full months after the date the client receives the payment. If the client tries to replace the assets during that time, but cannot do so for good cause, continue to exclude the payment for up to 9 additional months.

GRH: Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

All programs have provisions to exclude motor vehicles. Totally exclude leased vehicles from the asset test while the vehicle is being leased. See 0015.54 (Evaluation of Vehicles) to determine the value of vehicles not excluded under the provisions below.

MFIP, WB, DWP:
Exclude the following vehicles/values from the asset test:

- All motor vehicles essential to operating a self-employment business. Also see 0015.09 (Excluded Assets for Self Support).
- Any vehicle used as the unit's home.
- One vehicle per physically disabled person needed to transport the disabled unit member. This exclusion does not apply to mentally disabled people.
- The value of special equipment added to a vehicle for a handicapped member of the assistance unit.
- Any vehicle used for long distance travel (other than daily commuting) for the employment of a unit member or other person whose assets are counted. See 0015.48 (Whose Assets to Consider).
- Any vehicle if at least 50% of its use is to produce income.
- The 1st $15,000 of the loan value of the licensed vehicle with the highest loan value, which has not already been totally excluded under the provisions above. See 0015.54 (Evaluation of Vehicles).

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

The following exclusions apply even when the licensed vehicle is not in use because of temporary unemployment. Also, on Indian reservations that do not require vehicles driven by tribal members to be licensed, treat unlicensed vehicles as if they were licensed.

- Totally exclude any licensed vehicle necessary to produce income. Examples include, but are not limited to, a taxi, truck, fishing boat; or licensed vehicles used for deliveries, to call on clients or customers, or required by the terms of employment. This does not include licensed vehicles used for normal commuting to work. The exclusion continues when the vehicle is not in use because of temporary unemployment, for example, a taxi driver is ill and cannot work.
- For self-employed farmers, continue to exclude licensed vehicles which were needed for farming for 1 year after they quit farming. See 0015.09 (Excluded Assets for Self Support).

- Totally exclude any licensed vehicle which annually produces income consistent with its fair market value. Compare the trade-in value of the vehicle to the annual gross income earned through use of the vehicle. If the income produced is the same as the vehicle's value, exclude the vehicle.

- Totally exclude any licensed vehicle used for long distance travel (other than daily commuting), such as for traveling migrant workers or sales representatives, for the employment of a unit member or ineligible non-citizen, non-applicant, or disqualified person whose assets are counted. See 0015.48 (Whose Assets to Consider).

- Totally exclude any licensed vehicle used as the unit's home.

- Totally exclude any licensed vehicle needed to transport a physically disabled unit member, a physically disabled disqualified person, or a physically disabled ineligible non-citizen. Exclude only 1 vehicle per physically disabled unit member. This exclusion DOES NOT apply to mentally disabled people.

- Totally exclude 1 licensed vehicle the unit uses to carry its primary source of water or heating fuel for home use. If a unit does not have water or fuel piped into its home, allow the exclusion without any additional verification of the vehicle's use.

- Totally exclude any licensed or unlicensed vehicle with an equity value of $1,500 or less. See 0015.06 (Availability of Assets), 0015.54 (Evaluation of Vehicles). Re-evaluate equity value at recertification.

- Exclude vehicles/cars when determining the asset limit for units who have received Domestic Violence Information (DHS-3477) and meet all other criteria for Categorical Eligibility under the Domestic Violence Brochure Program. See 0013.06 (FS Categorical Eligibility/Ineligibility), 0029.36 (Domestic Violence Brochure Program).

If a licensed vehicle is not totally excluded, see 0015.54 (Evaluation of Vehicles) to determine the amount to count as an asset.

MSA:
For SSI recipients, no county action is required.

For non-SSI recipients, totally exclude 1 vehicle or any conveyance used for transportation per household.

When a non-SSI recipient owns more than 1 vehicle:

1. Apply the exclusion to be most helpful to the individual.

2. Apply the total exclusion to the vehicle with the greatest equity value.

3. The equity value of any additional vehicle is a resource when it cannot be excluded under the provisions of 0015.09 (Excluded Assets for Self Support).

GA:
Exclude all motor vehicles needed for a self-employment business if the vehicles are essential to the operation of the business. Also see 0015.09 (Excluded Assets for Self Support).

GRH:
For clients who are Aged, Blind, or Disabled, follow MSA.

For all other adults, follow GA.

Liquid assets needed to operate a trade or business or held for burial expenses may be excluded. See 0015.09 (Excluded Assets for Self Support), 0015.24 (Excluded Assets - Burial Contracts), 0015.27 (Excluded Assets - Income), 0015.30 (Excluded Assets - Payments Under Federal Law), 0015.33 (Excluded Assets - Student Financial Aid), 0015.36 (Excluded Assets - Funds to Fix/Replace Asset).

MFIP, WB, DWP:
Exclude money held in escrow for a self-employment business if used to cover:

- Employee FICA.
- Employee tax withholding.
- Sales tax withholding.
- Workers' compensation.
- Business insurance.
- Property rental.
- Property taxes.
- Other self-employment expenses paid at least annually, but less often than monthly.

Exclude money escrowed in a separate account which is used to pay real estate taxes or insurance at least semi-annually.

Exclude the savings from earned income of a minor child or a minor caregiver that are set aside in a separate account designated specifically for future education or employment costs.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Exclude the cash value of life insurance policies.

MSA:
Follow general provisions.

GA:
In addition to the asset limit specified under 0015.03 (Asset Limits), exclude up to $1,000 in a savings account composed only of earned income for people residing in Intensive Rehabilitative Treatment (IRT) Centers for the mentally ill, and all other group residential housing (GRH). Continue the exclusion for up to 18 additional months if the person moves to an inpatient hospital and does not withdraw the money before discharge. See 0018.18 (Earned Income Disregards) for more information about this earned income savings account.

Exclude money held by a homeowner in a separate account which is used to pay real estate taxes or insurance, if they are paid at least twice a year.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

MFIP, WB, DWP, MSA
Exclude all assets of SSI recipients.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

For information about the assets of an ineligible student, see 0015.06.03 (Availability of Assets With Multiple Owners).

GA:
Exclude all assets owned by an SSI recipient or MSA participant.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

For deeming assets of sponsors who executed the I-864, see 0015.48.03 (Whose Assets to Consider - Sponsors W/ I-864).

Follow 0015.48.06 (Whose Assets to Consider- Sponsors W/ I-134) for deeming assets of sponsors who executed the I-134.

Consider the assets of ALL clients or members of the assistance unit, and people listed below who are NOT in the unit, when determining total available assets. See EXCEPTIONS listed in 0015.45 (Excluded Assets - Special Groups of People).

MFIP, WB, DWP:
Count the assets of the following people:

- Mandatory unit members who are disqualified. See 0014.06 (Who Must Be Excluded From Assistance Unit).

- Parents and stepparents not in the unit when determining eligibility for their natural and adopted minor children who live with them. This does not apply when the parent is a participant of MSA, SSI, or when the child is a minor caregiver.

- Ineligible mandatory unit members.

Do NOT count the assets of optional unit members who choose not to participate. Also, do NOT deem the sponsor's income if the sponsor is part the immigrant's assistance unit. Consider the sponsor's income as you would any other member of the assistance unit.

Do NOT count the individually owned assets of a military person out of the home on active duty unless they are made available to the family. For jointly owned assets, see 0015.06.03 (Availability of Assets With Multiple Owners). Also see TEMP Manual TE02.10.90 (Military Families Receiving FS, MFIP or DWP).

When the parent who normally resides with the family is living and working away from the home (or the family) and there is no marital or relationship breakdown, consider that parent a mandatory unit member. When a parent does not live in Minnesota he or she is considered an ineligible mandatory unit member because the parent is not physically present in Minnesota. Count total assets of all unit members, including the members away from the family, when determining the unit's eligibility and benefit level. For information on counting income, see 0016 (Income From People not in the Unit). This is not considered temporary absence.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Consider the assets of:

- Ineligible immigrants. See 0011.03 (Citizenship and Immigration Status).

- Non-applicants. See 0011.03.09 (Non-Citizens - FS/MSA/GA/GRH), 0011.03.27 (Undocumented and Non-Immigrant People).

- Mandatory unit members who are disqualified. See 0014.06 (Who Must Be Excluded From Assistance Unit).

- People disqualified for fraud. See 0025.24 (Fraudulently Obtaining Public Assistance).

- People disqualified for failure to comply with work requirements. See 0028 (Employment Services).

- People disqualified for failure to provide or apply for a Social Security number. See 0012.03 (Providing/Applying for an SSN).

- Ineligible able bodied adult (ABAWDs) members to count toward the remaining unit members.

- Ineligible people who are not in the assistance unit, but who are financially responsible. See 0014.06 (Who Must Be Excluded From Assistance Unit).

MSA:
Consider the assets of a spouse when the spouses live together. In addition to the other exclusions listed in this chapter, exclude the spouse's pension fund, including IRAs and Keogh plans.

Exclude the assets of parents of certain blind children who are eligible for a clothing and personal need allowance. See 0020.24 (Clothing and Personal Need Allowance).

Consider the assets of the parent(s) or spouse of the parent of any other minor child, if the child lives with the parent(s) or the parent's spouse. In addition to the other exclusions listed in this chapter, exclude the parent's and parent's spouse's pension funds, including IRAs and Keogh plans. Exclude from the parent's assets:

- $2,000 if 1 parent lives with the child.

- $3,000 if both parents (or 1 parent and the parent's spouse) live with the child.

GA:
Consider the assets of:

- Spouses who live together. When determining eligibility for adults who are childless and unmarried or living apart from their children or spouses, consider the assets of parents who live with them unless the parents are SSI recipients or MSA participants.

- People disqualified from the unit for failure to provide or apply for a Social Security number (SSN). See 0012.03 (Providing/Applying for an SSN).

- Ineligible people who are not in the assistance unit, but who are financially responsible. See 0014.06 (Who Must Be Excluded From Assistance Unit).

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

WHOSE ASSETS TO CONSIDER - SPONSORS W/ I-864 0015.48.03

The policy on how to deem assets of sponsors of immigrants depends on which affidavit of support was executed by the sponsor. There are 2 different affidavits of support (forms I-134 and I-864). Each form has its own deeming requirements. The I-134 is not a legally binding document and deeming is not required; the I-864 is a legally binding document and deeming is required. If subject to deeming, obtain a copy of the Affidavit of Support from the immigrant to determine under which affidavit the immigrant entered the country and to determine the type of deeming requirements.

For sponsors who executed the I-134, see §0015.48 06 (Whose Assets to Consider – Sponsors W/I-134).

Count the assets of the sponsor and the sponsor's spouse UNTIL the immigrant:

- Becomes a naturalized citizen.

OR

- Earns or can be credited with 40 qualifying work quarters.

OR

- Leaves the United States permanently.

OR

- Dies.

Count the assets of both the sponsor and the sponsor's spouse regardless of whether 1 or both of them signed the affidavit.

EXCEPTIONS TO THE SPONSOR DEEMING REQUIREMENT: Do not deem the sponsor's assets if the sponsored immigrant:

- Provides a statement or documentation that the immigrant or his/her child(ren) have been battered or subjected to extreme cruelty by the immigrant's spouse or parent and:
  - The immigrant is NOT living with the batterer.

  AND
  - The need resulting from the battery or cruelty has a substantial connection to the need for the assistance.

  This EXCEPTION is limited to 12 months from the date the EXCEPTION is made. This 12-month deferment may be extended ONLY in the case of the sponsor being the batterer, and if there continues to be a need resulting from the battery and cruelty and the battery and cruelty is recognized by a court order (an order for protection) or by an U.S. Citizenship and Immigration Services (USCIS) determination.

- Is without food or shelter as a result of the sponsor's failure to provide support. Consider this EXCEPTION when the sponsor is unable or failing to provide support or the immigrant is unable to locate the sponsor. To determine if the client is without food or shelter, consider all sources of help available (income plus cash, food, housing, or other help supplied by the sponsor or other people). This EXCEPTION is limited to 12 months from the date the EXCEPTION is made however additional 12-month periods may be approved.

The immigrant must explain why the sponsor is not providing assistance to the immigrant as required under form I-864. Help the client to obtain a collateral statement or documentation to support the allegations.

If the sponsored immigrant meets the exception of the sponsor deeming requirement due to the sponsor's failure to provide support and is approved for Federal Cash or Federal Food benefits under the indigent exemption, the US General Attorney must be notified of the determination. DHS is responsible for reporting this information. County agencies should report the name of the sponsor, sponsored immigrant(s) involved and case number to DHS, Quality Enhancement Section, P.O. Box 64245 St. Paul, Minnesota 55164-09245.

County agencies may, under section 213A (b)(2) of the Immigration and Nationality Act, sue sponsors in federal or state court to recover the unreimbursed costs of means tested benefits, including the costs of collection and legal fees.

Deeming of assets provisions do not apply to:

- Refugees.
- People granted asylum.
- LPRs who were refugees or asylees.
- People paroled for a period of 1 year.
- Cuban/Haitian Entrants.

MFIP, WB, DWP, MSA, GA, GRH:

Deem ALL of the assets of the sponsor and his or her spouse as available to the sponsored immigrant if the immigrant's entrance into the United States was based on an Affidavit of Support (form I-864) executed by the sponsor.

FS: Count the assets of an immigrant's sponsor and the sponsor's spouse (if the spouse is living with the sponsor), EXCEPT exclude the 1st $1,500 of their non-excluded assets. If a sponsor is responsible for more than 1 person, divide the remaining assets evenly among the sponsored people.

Do not count a sponsor's assets if:

- The sponsored immigrant in a FS unit does not meet immigration status. See §0011.03.09 (Non-Citizens - FS/MSA/GA/GRH).

OR

- The sponsored immigrant is a child under the age of 18. See §0011.03.15 (Non-Citizens - LPR With Sponsors).

OR

- The immigrant was in a category that did not require sponsorship as an entry condition, such as, but not limited to, a public interest parolee (PIP), refugee, asylee, or Cuban or Haitian entrant.

OR

- The immigrant receives FS as a member of the sponsor's FS unit.

OR

- The sponsor is an organization or group as opposed to an individual.

Count the actual amount of assistance the sponsor provides for indigent immigrants. See INDIGENT IMMIGRANT in §0002.33 (Glossary: Independent...)

The policy on how to deem assets of sponsors of immigrants depends on what affidavit of support was executed by the sponsor. There are 2 different affidavits of support (forms I-134 and I-864). Each form has its own deeming requirements.

For deeming assets of sponsors who executed the I-864, see 0015.48.03 (Whose Assets to Consider Sponsors W/ I-864).

Deeming of assets provisions do not apply to:

- Refugees.
- People granted asylum.
- LPRs who were refugees or asylees.
- People paroled for a period of 1 year.
- Cuban/Haitian Entrants.

For additional information on sponsor of immigrants, see 0011.03.15 (Non-Citizens - LPR With Sponsors.

MFIP, WB, DWP:
Count the assets of an immigrant's sponsor and the sponsor's spouse (if the spouse is living with the sponsor), EXCEPT exclude the 1st $1,500 of their non excluded assets. Count the assets of both the sponsor and the sponsor's spouse regardless of whether 1 or both of them signed the affidavit. If a sponsor is responsible for more than 1 immigrant, divide the remaining assets evenly among the sponsored immigrants. For those entering the country on or after 7-1-99, count the assets for 3 years after:

- The date the immigrant entered the country with a pre approved lawful permanent resident (LPR) status.
  OR
- The date USCIS granted adjustment to LPR status after the immigrant entered the country.

Do NOT count the assets of optional unit members who choose not to participate. Also, do NOT deem the sponsor's income if the sponsor is part the immigrant's assistance unit. Consider the sponsor's income as you would any other member of the assistance unit.

FS:
No provisions.

MSA:
Consider the assets of an immigrant's sponsor and the sponsor's spouse if the sponsor and spouse live together. For the purpose of this section, a sponsor is an individual (not an organization) who signed an affidavit of support as a condition of the immigrant's admission for permanent United States residence. Exclude the sponsor's and sponsor's spouse's pension funds, including IRAs and Keogh plans. Exclude from the sponsor's assets:

- $2,000 if the sponsor does not live with a spouse.
- $3,000 if the sponsor and spouse live together, but the spouse is not also the immigrant's sponsor.

- $4,000 if the sponsor and spouse live together and both are the immigrant's sponsors.

Count the assets for 3 years after the month the immigrant entered the country with a pre approved LPR status, or 3 years after the month USCIS granted adjustment to LPR status after the immigrant entered the country.

Do not count an immigrant's sponsor's assets toward the asset limit of the immigrant's spouse, if the spouse does not have the same sponsors.

GA:
Consider the assets of sponsors if you verify them to be actually available to the immigrants. See 0015.06 (Availability of Assets).

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

MFIP, WB, DWP, FS:

Exclude the value of life insurance policies.

MSA: Exclude all term life insurance policies when totaling the face value of life insurance.

How to count life insurance depends on whether the client has a burial contract. Clients may use a maximum exclusion of $1,500 for either life insurance or burial funds, or for a combination of the 2. See §0015.24 (Excluded Assets - Burial Contracts).

For clients without a burial contract:

- If the total face value of all insurance policies is $1,500 or less, exclude the cash surrender value (CSV).
- If the total face value of all insurance policies is over $1,500, count the CSV toward the asset limits. The client may designate up to $1,500 of the CSV as a burial fund. See §0015.24 (Excluded Assets - Burial Contracts).

For clients with a burial contract:

- If the total face value of all insurance policies is $1,500 or less, deduct the face value from the amount of the burial fund exclusion. The remainder is the amount of burial funds which are excluded. Count any burial funds over that amount toward the asset limits.
- If the total face value of all insurance policies is over $1,500, deduct the amount of the client's burial funds from the burial fund exclusion. Apply the CSV of the client's insurance policies toward the remaining amount of the burial fund exclusion. Count any remaining CSV toward the asset limits.

GA: Count the verified current cash surrender value of life insurance, including accrued interest and dividends.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

To determine the equity value of a vehicle, first determine its fair market value (FMV). The FMV is the value listed in the current NADA Used Car Guide, Midwest Edition. Whether you must use the NADA trade-in or loan value differs by program. See specific program provisions below.

If the car is not listed, accept the client's statement of its value unless questionable. Request a written statement of a vehicle's FMV from a knowledgeable source if the client's statement is questionable, or the client disputes the listed FMV. Do not require a written statement if it will not affect the client's eligibility.

The equity value of a vehicle is the FMV minus any encumbrances.

For procedures on completing the asset panels in MAXIS, see TEMP Manual TE02.10.31 (Jointly Owned Assets).

See 0015.06 (Availability of Assets), 0015.39 (Excluded Assets - Vehicles).

MFIP, WB, DWP:
To determine the value of a vehicle, use the loan value listed in the current NADA Used Car Guide, Midwest edition.

If you ask the client for a written statement from a licensed motor vehicle dealer of what the dealer would pay for the vehicle, reimburse the client for the cost of getting the statement if it documents a lower value.

If the unit owns 1 vehicle, exclude the 1st $15,000 of the loan value, if the vehicle is not totally excluded under 0015.39 (Excluded Assets - Vehicles). Count any amount above $15,000 towards the unit's asset limit.

When the unit owns more than 1 vehicle, follow these steps:

1. Exclude $15,000 from the loan value of the vehicle with the highest loan value. Count any amount exceeding $15,000 toward the unit's asset limit.

2. Determine the combined loan value amount of all other vehicles.

3. Exclude $7,500 from the amount in Step 2.

4. Count the remaining amount from Step 3 towards the asset limit.

When determining the value of a vehicle used to transport a handicapped unit member, do not count the value of any special equipment.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Do not verify vehicles for any FS unit(s) unless inconsistent information exists. See 0013.06 (FS Categorical Eligibility/Ineligibility), 0015.39 (Excluded Assets - Vehicles), 0029.36 (Domestic Violence Brochure Program).

FOR LICENSED VEHICLES:

To determine the vehicle's value, use the loan value listed in the current NADA Used Car Guide, Midwest Edition. Do not adjust the value for any optional or special equipment or mileage.

Since tribal members are not required to license vehicles on reservations, treat unlicensed vehicles of tribal members as if they were licensed.

1. Disregard vehicles that are totally exempt. See 0015.39 (Excluded Assets - Vehicles).

2. For each remaining non-excluded licensed vehicle, count only the loan value over $7,500 toward the asset limit.

FOR UNLICENSED VEHICLES:

Count the equity value toward the asset limit, unless the vehicle has an equity value of $1,500 or less. See 0015.39 (Excluded Assets - Vehicles). To calculate the equity value, use the trade-in value to determine the fair market value (FMV) then subtract any encumbrances.

MSA:
For SSI recipients, no county action required.

For non-SSI recipients due to excess income, use the NADA trade-in value to determine the FMV and equity value of all non-excluded vehicles. Count the equity value of each non-excluded vehicle.

GA:
Use the NADA loan value to determine FMV.

When determining the value of a vehicle used to transport a handicapped unit member, do not include the value of any special equipment.

A written statement of the vehicle's FMV must be from a car dealer licensed in Minnesota and must state the amount the dealer would pay for the vehicle. Reimburse the client for the cost of any statement the county agency requires.

For the car with the highest equity value, count only the equity value over $1,500 in the unit's net counted assets.

Include the full equity value of all other vehicles in the unit's net counted assets.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Determine the equity value of all available, non-excluded real property. See 0015.06 (Availability of Assets), 0015.09 (Excluded Assets for Self Support), 0015.12 (Excluded Assets - Real Property).

MFIP, WB, DWP, MSA, GA, GRH:
Determine equity value by subtracting any encumbrances from the estimated market value (EMV). Obtain the EMV from the real estate tax statement or from the tax assessor's office in the county where the property is located. A client can rebut this estimate with an appraisal from a licensed real estate appraiser.

Determine the value of a life estate or the remainder interest by multiplying the equity value of the real property by the appropriate figure from the table in 0015.58 (Mortality Table). Round the age of the life estate holder to the nearest year.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Determine equity value by subtracting any encumbrances from the fair market value. Use any of the following sources to determine the fair market value:

- Realtors.
- Agricultural extension agents.
- Tax assessments.
- Owners of similar property.
- Advertisements for similar property.
- Owner's organizations such as a landlords' association.
- Deeds.
- Sales agreements.
- Mortgages.
- Courthouse records.

For Use After 11-30-83
Single Life, Unisex, 10% Showing the Present Worth
of a Life Interest and of a Remainder Interest

Age	Life Estate	Remainder	Age	Life Estate	Remainder
0	.97188	.02812	55	.80046	.19954
1	.98988	.01012	56	.79006	.20994
2	.99017	.00983	57	.77931	.22069
3	.99008	.00992	58	.76822	.23178
4	.98981	.01019	59	.75675	.24325
5	.98938	.01062	60	.74491	.25509
6	.98884	.01116	61	.73267	.26733
7	.98822	.01178	62	.72002	.27998
8	.98748	.01252	63	.70696	.29304
9	.98663	.01337	64	.69352	.30648
10	.98565	.01435	65	.67970	.32030
11	.98453	.01547	66	.66551	.33449
12	.98329	.01671	67	.65098	.34902
13	.98198	.01802	68	.63610	.36390
14	.98066	.01934	69	.62086	.37914
15	.97937	.02063	70	.60522	.39478
16	.97815	.02185	71	.58914	.41086
17	.97700	.02300	72	.57261	.42739
18	.97590	.02410	73	.55571	.44429
19	.97480	.02520	74	.53862	.46138
20	.97365	.02635	75	.52149	.47851
21	.97245	.02755	76	.50441	.49559
22	.97120	.02880	77	.48742	.51258
23	.96986	.03014	78	.47049	.52951
24	.96841	.03159	79	.45357	.54643

25	.96678	.03322	80	.43659	.56341
26	.96495	.03505	81	.41967	.58033
27	.96290	.03710	82	.40295	.59705
28	.96062	.03938	83	.38642	.61358
29	.95813	.04187	84	.36998	.63002
30	.95543	.04457	85	.35359	.64641
31	.95254	.04746	86	.33764	.66236
32	.94942	.05058	87	.32262	.67738
33	.94608	.05392	88	.30859	.69141
34	.94250	.05750	89	.29526	.70474
35	.93868	.06132	90	.28221	.71779
36	.93460	.06540	91	.26955	.73045
37	.93026	.06974	92	.25771	.74229
38	.92567	.07433	93	.24692	.75308
39	.92083	.07917	94	.23728	.76272
40	.91571	.08429	95	.22887	.77113
41	.91030	.08970	96	.22181	.77819
42	.90457	.09543	97	.21550	.78450
43	.89855	.10145	98	.21000	.79000
44	.89221	.10779	99	.20486	.79514
45	.88558	.11442	100	.19975	.80025
46	.87863	.12137	101	.19532	.80468
47	.87137	.12863	102	.19054	.80946
48	.86374	.13626	103	.18437	.81563
49	.85578	.14422	104	.17856	.82144
50	.84743	.15257	105	.16962	.83038
51	.83874	.16126	106	.15488	.84512
52	.82969	.17031	107	.13409	.86591
53	.82028	.17972	108	.10068	.89932
54	.81054	.18946	109	.04545	.95455

A lump sum is cash received on a non-recurring or irregular basis that cannot be reasonably anticipated. Programs differ in considering lump sums as assets and/or as income. See 0017.15.30 (Lump Sum Income), 0015.27 (Excluded Assets - Income), 0022.15 (Counting Lump Sums as Income).

See other sections in Chapter 15 to determine if a lump sum can be excluded as an asset under other provisions. If not, you may be able to exclude a lump sum as noted in the program provisions below.

MFIP, WB, DWP, GA:
A lump sum is income in the month of receipt. See 0017.15.30 (Lump Sum Income).

Treat the remaining amount of a lump sum as an asset in the 3rd month after the month of receipt.

FS:
Do not count lump sums as income for categorically eligible units or non-categorically eligible units. See 0022.15 (Counting Lump Sums As Income).

To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

NON-CATEGORICALLY ELIGIBLE UNITS

Count a lump sum as an asset in the month of receipt and the following months.

MSA:
If an Interim Assistance Agreement, SSI Interim Assistance Authorization (DHS-1795) and/or non-SSI Interim Assistance Agreement (DHS-1795A), is on file, or if the client voluntarily repays the interim assistance, follow Interim Assistance Agreement procedures. See 0012.12.03 (Interim Assistance Agreements).

Consider any other lump sum as income in the month of receipt and an asset in the month after the month of receipt. See 0022.15 (Counting Lump Sums as Income).

Exclude retroactive lump sum payments of RSDI or SSI as assets for 6 months after the client receives them.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

EVALUATION OF PENSION AND RETIREMENT PLANS 0015.63

Count the full value of any available pension and retirement funds, unless they are explicitly excluded. Exclude any penalties for early withdrawal. See §0015.06 (Availability of Assets), §0015.18 (Excluded Assets - Pension and Retirement Plans), §0017.15.30 (Lump Sum Income), §0017.15.42 (Interest and Dividend Income), §0022.15 (Counting Lump Sums as Income).

A transfer of assets conveys ownership of those assets to another party. People may or may not receive compensation from the transfer. Some examples of transfers are sales, gifts, and trades.

See 0015.69.06 (Improper Asset Transfers) to determine whether a transfer was improper and what steps to take after that determination.

MFIP, WB, DWP, GA:
Asset transfers can make a unit ineligible. When determining the effect of an asset transfer, consider transfers made by any person whose assets count toward the unit's asset limit. See 0015.48 (Whose Assets to Consider).

FS:
For non-categorical eligible FS units, consider asset transfers by any household member, including ineligible non-citizens or disqualified people whose assets are considered available to the unit. For information about FS units that are exempt from the asset limit, see 0013.06 (FS Categorical Eligibility/Ineligibility).

MSA:
No provisions, but transfers may affect eligibility for MA. See the Health Care Programs Manual.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

MFIP, WB, DWP, FS, GA:
Transfers of assets from spouse to spouse are not allowed.

MSA: Transfers of assets to a spouse are permitted, but they may have an impact on automatic MA eligibility. See the Health Care Programs Manual.

GRH: Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

Consider any transfer of assets improper if it is done to establish or maintain eligibility for assistance as defined below. See 0015.69.09 (Improper Transfer Ineligibility) for how to compute periods of ineligibility due to improper transfers. If a penalty for an improper transfer causes undue hardship, a waiver of the transferred assets may be appropriate. See 0015.78 (Waivers of Asset Rules).

MFIP, WB, DWP, GA:
Consider an asset transfer improper if it meets ALL the following conditions:

- The transferred asset was not an excluded asset.
- The transfer occurred less than 12 months before the date of application, while the application is pending, or while the unit is eligible for MFIP.
- The equity value of the transferred asset is over the asset limit.
- The unit did not receive compensation equal to or over the equity value of the asset minus any costs of the transfer.

If there are multiple transfers within a month, combine the value of the transfers to determine if there has been an improper transfer.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Transfer of a non-excluded asset is improper if ALL the following conditions apply:

- It occurred within 3 months preceding application, while the application was pending or during Food Support eligibility.
- It was made for the purpose of establishing or maintaining eligibility.
- The unit did not receive compensation equal to market value or near market value of the asset.
- The value of the transferred asset plus other assets available at the time of transfer exceed the asset limit.

MSA:
No provisions, but transfers may affect eligibility for MA. See the Health Care Programs Manual.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

See 0015.69.06 (Improper Asset Transfers) for information on what constitutes an improper transfer of assets.

MFIP, WB, DWP:
The unit is ineligible until it documents efforts to reacquire the asset or get adequate compensation for it. Deny or close the case if the unit refuses to take steps to regain the asset or get adequate compensation.

If the unit regains the asset or gets adequate compensation for it, the unit must then reduce any excess property. See 0015.72 (Excess Assets - Applicants), 0015.75 (Excess Assets - Participants).

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Base the length of ineligibility on the amount the unit's assets exceed the asset limit when you add the transferred asset to the unit's other assets at the time of transfer. See 0015.03 (Asset Limits). This chart determines the period of ineligibility:

AMOUNT EXCEEDING ASSET LIMIT	PERIOD OF INELIGIBILITY
$0 to $249.99	1 month
$250 to $999.99	3 months
$1,000 to $2,999.99	6 months
$3,000 to $4,999.99	9 months
$5,000 or more	1 year

MSA:
No provisions, but transfers may affect eligibility for MA. See the Health Care Programs Manual.

GA:
Follow MFIP for transfers within 12 months of the date of application or recertification. If the unit does not reacquire the asset or get adequate compensation, refer the case to the county attorney for possible action against the person who received the asset.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

MFIP, WB, DWP, GA:
Deny or terminate the case when the unit refuses to take steps to recover or obtain adequate compensation for a transferred asset.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

If the transfer occurred in the 3 months before application, deny the application. The period of disqualification begins with the month of application.

If the transfer occurred while the unit was participating in the program, terminate the case with a 10-day notice. The period of disqualification begins the month the termination is effective. If the unit appeals timely, benefits will continue. This procedure also applies to certified units where it is discovered an improper transfer occurred in the 3 months before application. See 0027.15 (Continuation of Benefits).

If a unit which is no longer participating in the program has improperly transferred assets, the disqualification period begins with the documented month of discovery. If the unit reapplies during this disqualification, deny the application.

MSA:
No provisions.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

MFIP, WB, DWP, GA:
See 0015.69.06 (Improper Asset Transfers). If there are multiple transfers within a month, combine the value of the transfers to determine if there has been an improper transfer.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

Combine individual transfers made in the same month.

MSA:
No provisions.

GRH:
Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

EXCESS ASSETS - APPLICANTS 0015.72

Excess assets are a bar to initial eligibility.

MFIP, WB, DWP:

Applicants with excess assets are ineligible unless they reduce the excess within the application processing period (normally 30 days, but longer if the period is extended for reasons other than reduction of assets). See §0005.12.15.03 (Delays in Processing Applications).

Deny the application if the unit does not reduce its assets timely. If applicants reduce excess assets timely, eligibility begins the day after assets are within the asset limit.

Applicants may reduce excess assets in any way that does not result in an improper transfer. See §0015.69.06 (Improper Asset Transfers).

FS: Deny the application if the unit has excess assets on the interview date. This does not apply to units who are categorically eligible for Food Support. See §0013.06 (FS Categorical Eligibility/Ineligibility).

MSA: Applicants are ineligible if they have excess assets on the 1st day of the month of application. A change in the amount of assets during the month does not affect their eligibility for that month.

GA: Applicants with excess assets are ineligible unless they reduce the excess within the application processing period. Send a notice to deny the application if the unit does not reduce its assets timely. Inform the applicant in writing how assets may be excluded or reduced. If applicants reduce excess assets timely, eligibility begins the day after assets are within the asset limit.

Applicants may reduce excess assets in any way that does not result in an improper transfer. See §0015.69.06 (Improper Asset Transfers).

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Excess assets are a bar to ongoing eligibility. Give timely notice when terminating a case for excess assets. See §0026 (Notices).

If participants properly reduce excess assets before the effective date of termination, eligibility continues. They may reduce assets in any manner not described as an improper transfer in §0015.69.06 (Improper Asset Transfers).

MFIP, WB, DWP:

Evaluate assets prospectively. Terminate the case when excess assets exist or when you know the exact date the unit will acquire an asset that will create an excess. Give the unit 10 days notice before terminating the case.

If the unit proves it reduced assets before the effective date of termination, eligibility continues.

There is no overpayment if the unit reports receipt of an asset timely. Ineligibility starts when you can properly process the change.

FS: EXCEPT for units that are categorically eligible for Food Support, terminate assistance when excess assets exist. If the client provides verification of asset reduction before the effective date of termination, continue eligibility.

Units that are categorically eligible for Food Support are exempt from asset limits. See §0013.06 (FS Categorical Eligibility/Ineligibility).

MSA: Terminate assistance when excess assets exist on the 1st of the month. If assets go over the limit during a month, clients must reduce assets before the 1st of the following month to continue eligibility.

GA: Send a notice to terminate assistance when excess assets exist. Inform the participant in writing how assets may be excluded or reduced. If the client provides verification of asset reduction before the effective date of termination, continue eligibility.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Some programs allow workers to waive asset rules in certain situations.

MFIP, WB, DWP, MSA:
No provisions.

FS:
To determine whether a unit is categorically eligible or non-categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

CATEGORICALLY ELIGIBLE UNITS

All assets are excluded for categorically eligible FS units.

NON-CATEGORICALLY ELIGIBLE UNITS

See 0015.06 (Availability of Assets).

GA:
Waive the value of any asset determined essential to the client.

Waive the value of any asset that is for sale and not yet sold.

GRH:
No provisions for aged, blind, or disabled clients. Follow GA for all other adults.

Count the income of members of the unit according to the provisions of Chapter 17.

You must also count all or part of the income of certain people outside an assistance unit in the unit's income eligibility tests and benefit determination. This is sometimes called income "deemed" available to a unit. Count this income even if the unit does not actually receive it. See program provisions below to determine whose income to count.

MFIP, WB, DWP:

To determine gross income of people outside an assistance unit, follow §0017 (Determining Gross Income). To determine the net amount deemed from people outside the unit, apply the deductions and disregards described in the following subsections:

- Disqualified unit members. These are mandatory members of the unit who are disqualified. See §0014.06 (Who Must Be Excluded From Assistance Unit), §0016.03 (Income From Disqualified Unit Members), §0025.24.06 (Disqualification for Fraud).

- Parents of minor caregivers. These are parents of a minor caregiver who live with the unit. See §0016.18 (Income of Inel. Parent/Guard. of Minor Crgvr).

- Sponsors of immigrants. These are people who signed an affidavit of support as an immigrant's condition of entry into the United States. Sponsors may or may not live with the unit. See §0016.21 (Income of Sponsors of Immigrants With I-134).

- Ineligible parents and stepparents in the household of minor children. See §0016.15 (Income From Ineligible Parents), §0016.09 (Income From Ineligible Stepparents).

Do not deem the income of people who receive MSA or SSI. See §0017.15.45 (Income From RSDI and SSI).

Do not deem the income of a person who is away from home on military duty. See §0017.15.93 (Military Income) for information on how to determine countable military pay. Also see TE02.10.90 (Military Families Receiving FS, MFIP or DWP).

When the parent who normally resides with the family is living and working away from the home (or the family) and there is no marital or relationship breakdown, consider that parent a mandatory unit member. When a parent does not live in

Minnesota he or she is considered an ineligible mandatory unit member because the parent is not physically present in Minnesota. Count total income of all unit members, including the members away from the family, when determining the unit's eligibility and benefit level. For information on counting assets, see §0015.48 (Whose Assets to Consider).

FS: To determine the gross and net amount of income counted from people outside the unit, follow the instructions in the following subsections:

- Disqualified mandatory unit members. See §0016.03 (Income From Disqualified Unit Members).
- Sponsors of immigrants. See §0016.21 (Income of Sponsors of Immigrants With I-134), §0016.21.03 (Income of Sponsors of Immigrants With I-864).
- Ineligible non-citizens. See §0016.33 (Income of Ineligible Non-Citizens). (Also see sections for parents, stepparents, etc.)
- Unit members not applying for FS ("non-applicants"). See §0016.42 (Income of Non-Applicants).
- Ineligible students. See §0015.06.03 (Availability of Assets with Multiple Owners), §0016.36 (Income of Ineligible Students).
- Ineligible able-bodied adults. See §0015.06.03 (Availability of Assets With Multiple Owners), §0016.39 (Income of Ineligible Able-Bodied Adults).

A person who is away from home on military duty. See §0017.15.93 (Military Income) for information on how to determine countable military pay. Also see TE02.10.90 (Military Families Receiving FS, MFIP or DWP).

MSA: THE PROVISIONS OF THIS CHAPTER DO NOT APPLY TO SSI RECIPIENTS.

If a client, other than an SSI recipient, lives with a spouse who also has a basis of eligibility and who applies for MSA, combine the couple's income and need when determining eligibility and benefit level. See §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH).

To determine the net amount counted from people outside the unit, apply the deductions and disregards as described in the following sections:

- Ineligible spouses of unit members. See §0016.06 (Income From Ineligible Spouse of Unit Member).
- Ineligible stepparents. See §0016.09 (Income From Ineligible Stepparents).
- Ineligible parents of minor children. See §0016.15 (Income From Ineligible Parents).
- Ineligible parents and guardians of minor caregivers. See §0016.18 (Income of Inel. Parent/Guard. of Minor Crgvr).
- Sponsors of immigrants.
- Parents who choose not to apply. See §0016.24 (Income of Parents Not Applying).
- Spouses who choose not to apply. See §0016.27 (Income From Spouses Who Choose Not to Apply).

GA: If people are not in the unit because they receive MFIP, do not count any of their income as available to the unit unless the amount of allocation from the MFIP participant is equal to or exceeds the GA standard of assistance. If it does, there is no GA eligibility.

To determine gross income of people outside the unit, follow §0017 (Determining Gross Income). To determine the net amount counted from people outside the unit, apply the deductions and disregards as described in the following subsections:

- Disqualified mandatory unit members. See §0016.03 (Income From Disqualified Unit Members).
- Ineligible spouses. See §0016.06 (Income From Ineligible Spouse of Unit Member).
- Ineligible stepparents. Treat as parents. See §0016.09 (Income From Ineligible Stepparents).
- Ineligible parents of adult units. See §0016.12 (Income From Parents of Adult GA Children).

- Sponsors of immigrants. See §0016.21 (Income of Sponsors of Immigrants With I-134).

- Spouses who choose not to apply. See §0016.27 (Income From Spouses Who Choose Not to Apply).

- Ineligible non-citizens. See §0016.33 (Income of Ineligible Non-Citizens).

GRH: The provisions of this chapter do NOT apply to SSI recipients.

For non-SSI clients who are aged, blind, or disabled: To determine the net amount counted from people outside the unit, see §0016.21 (Income of Sponsors of Immigrants With I-134).

For all other adults: To determine the net amount counted from people outside the unit, see §0016.21 (Income of Sponsors of Immigrants With I-134).

INCOME FROM DISQUALIFIED UNIT MEMBERS 0016.03

MFIP: A disqualified person includes a person who:

- Has been convicted of fraud (including Administrative Disqualification Hearing).
- Has failed to cooperate with SSN requirements.
- Is a fleeing felon.
- Is a parole violator.
- Has a fraud conviction due to residency.
- Is removed from a 2-parent family reaching the 60-month limit due to not meeting criteria for an extension or being out of compliance with Employment Services requirements. See §0011.33.02 (MFIP Hardship Extensions - Removing 1 Parent).

If the disqualified person is an OPTIONAL caregiver, do not count any of the person's income.

Use the procedure below for MANDATORY unit members to determine how much of the disqualified person's income to deem. See §0014.03 (Determining the Assistance Unit), §0014.03.03 (Determining the Cash Assistance Unit).

1. Determine the person's gross income. See §0017 (Determining Gross Income).
2. Deduct 18% of the person's earned income.
3. Deduct amounts the disqualified person actually paid to people not living in the same household but whom the disqualified person claims or could claim as a dependent for federal income taxes.
4. Deduct child support, spousal support, child care support, or medical support paid, provided that if there has been a change in the financial circumstances of the disqualified person since the court order was entered, the disqualified person has petitioned for a modification of the support order. Follow the provisions of §0018.33 (Child and Spousal Support Deductions).
5. Deduct an allocation for the needs of other people living in the same household, but not included in the assistance unit. Do not allow an allocation for the disqualified member. See §0018.30 (Allocations) for who is eligible for an

allocation and how to determine the amount. Use the Transitional Standard for a unit of the same size, excluding any dependents or other people who are members of the assistance unit.

6. Deem the person's remaining income as unearned income to the unit.

If a disqualified member is the only unit member with earned income, the unit is NOT entitled to the Family Wage Level. See §0016.15 (Income From Ineligible Parents).

WB: A disqualified person includes a person who:

- Has been convicted of fraud (including Administrative Disqualification Hearing).
- Has failed to cooperate with SSN requirements.
- Is a fleeing felon.
- Is a parole violator.
- Has a fraud conviction due to residency.

Use the procedure under MFIP for MANDATORY unit members to determine how much of the disqualified person's income to deem. There is NO Family Wage Level in the WB standard. See §0014.03 (Determining the Assistance Unit), §0014.03.03 (Determining the Cash Assistance Unit).

DWP: Follow MFIP, EXCEPT when a disqualified person is convicted of fraud (including Administrative Disqualification Hearing) or failure to cooperate with Child Support Enforcement Services (CSES), the entire household is not eligible for DWP.

FS: To determine the amount of income to count as available to the unit from a mandatory unit member disqualified for fraud, non-compliance with a work requirement, drug felony, parole violation, or fleeing felon disqualification, treat the income as if the disqualified member were still in the unit and allow all applicable disregards and deductions.

To determine the amount of income to count as available to the unit from a mandatory unit member disqualified for refusal to apply for a Social Security number count all but a pro rata share of the ineligible member's income toward the unit. Calculate the pro rata share by subtracting allowable deductions and

exclusions from the ineligible member's income and dividing that income among the eligible unit members.

For information on how to determine shelter costs and dependent care cost deductions billed to or paid by a disqualified unit member, see §0018.15 (Shelter Deductions), §0018.09 (Dependent Care Deduction).

Also see §0018.33 (Child and Spousal Support Deductions).

MSA, GRH:

No provisions.

GA: To determine the amount of a disqualified MANDATORY unit member's income to count as available to the unit:

1. Determine the person's gross income.

2. Determine the person's net income. Apply the following deductions and disregards in the order listed:

   - §0018.06 (Work Expense Deductions). Allow the same amount allowed for eligible unit members.

   - §0018.18 (Earned Income Disregards).

   - §0018.09 (Dependent Care Deduction).

   Do NOT subtract an allowance for the disqualified mandatory unit member's unmet needs. Do NOT allocate from the disqualified mandatory unit member's income to people outside the unit.

3. Count the resulting amount as unearned income to the unit for payment eligibility tests and benefit calculation.

INCOME FROM INELIGIBLE SPOUSE OF UNIT MEMBER 0016.06

See §0016.03 (Income From Disqualified Unit Members) for spouses who are ineligible due to disqualification. See §0016.15 (Income From Ineligible Parents), for spouses who are ineligible due to student status, see §0017.15.93 (Military Income) for spouses who are out of the home on military duty.

MFIP, WB, DWP:

Follow general provisions. Also see §0016.33 (Income of Ineligible Non-Citizens).

FS: See §0016.33 (Income of Ineligible Non-Citizens), §0016.36 (Income of Ineligible Students).

MSA: When a client lives with a spouse who is not eligible for MSA, part of the ineligible spouse's income may be considered available to the client. To determine the amount:

1. Determine the client's own net income allowing the exclusions in Chapter 17 and the deductions and disregards listed in §0018 (Determining Net Income). If the client's income exceeds the MSA individual living alone standard in §0020.21 (MSA Assistance Standards), the client is ineligible. If the client's own income is equal to or less than the MSA standard, go on to Step 2.

2. Determine the gross income of the ineligible spouse. See §0017 (Determining Gross Income).

3. Deduct work expenses from earned income. See §0018.06 (Work Expense Deductions). Also deduct any court-ordered child support, spousal support, child care support, or medical support the spouse pays to someone outside the home.

4. Use the difference between the SSI individual Federal Benefit Rate (FBR) and the couple FBR as the amount to allocate for the needs of each of the ineligible spouse's minor children in the home. See §0029.06.03 (Supplemental Security Income Program). Reduce the amount of this deduction by each child's own income. Deduct the allocation from unearned income first and then from earned income.

5. If the ineligible spouse's remaining income is less than the difference between the SSI individual FBR and the couple FBR, do not count any of the spouse's income as available to the client. Use the individual standard rather than a couple standard. See §0020.21 (MSA Assistance Standards). Otherwise, go on to Step 6.

6. Add any remaining earned income to the client's gross earned income and any unearned income to the client's gross unearned income before redetermining the client's net income following the procedure in §0018 (Determining Net Income).

GA: Do not count any income of a spouse who is ineligible for GA due to eligibility for MSA or SSI.

Do not count the income of a spouse who is ineligible for GA due to eligibility for RCA unless the spouse had income allocated in the RCA budget to meet the needs of the GA unit member. If the allocation is sufficient to meet the needs of the GA spouse, there is no GA eligibility.

The income of a spouse ineligible for GA due to other reasons is deemed available to the GA unit.

To determine how much of the ineligible spouse's income to deem to the GA unit:

1. Determine the ineligible spouse's gross income. See §0017 (Determining Gross Income).

2. Subtract work expense deductions and earned income disregards, if appropriate. See §0018.06 (Work Expense Deductions), §0018.18 (Earned Income Disregards).

3. Deduct $187 (First Adult Standard) as an allowance for the needs of the ineligible spouse.

4. Deduct court-ordered child support, spousal support, child care support, medical support, or other payments to meet the needs of a person who lives outside of the household, who is or could be claimed as a dependent for federal income tax liability or for whom payments are required by court order.

5. Deem the remaining income as unearned income to the GA unit.

GRH: No provisions.

INCOME FROM INELIGIBLE STEPPARENTS 0016.09

MFIP, WB, DWP:

Stepparents living in the household are required to be included in the assistance unit. However, if a stepparent is not in the assistance unit due to disqualification or ineligibility, you must deem his or her income to the assistance unit. Follow the provisions of §0016.03 (Income From Disqualified Unit Members), §0016.15 (Income From Ineligible Parents), and §0016.18 (Income of Inel. Parent/Guard. of Minor Crgvr) to deem income of stepparents.

FS: See §0016.33 (Income of Ineligible Non-Citizens), §0016.36 (Income of Ineligible Students).

MSA: No provisions for considering stepparent's income available to stepchildren. However, see §0016.06 (Income From Ineligible Spouse of Unit Member), §0016.27 (Income From Spouses Who Choose Not to Apply).

GA: Do not consider a stepparent's income available to adult stepchildren.

GRH: No provisions.

INCOME FROM PARENTS OF ADULT GA CHILDREN 0016.12

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: For information on income from stepparents, see §0016.09 (Income From Ineligible Stepparents).

The following people may have some of their parents' income considered available to them:

- Unmarried adults who are childless or live apart from their children, but who are living with a parent(s).
- Married people (regardless of age) living apart from their spouse and children, but living with a parent(s).

To determine how much of the parents' income to deem to the GA unit:

1. Determine the gross earned and unearned income of the parents.

   Do not count any income of a parent who is ineligible for GA due to eligibility for MFIP, RCA, SSI, or MSA unless the parent allocated income under these programs to meet the needs of the GA unit member.

   To determine if the parent has allocated income to the GA unit, refer to the parent's MFIP, RCA, SSI, or MSA budget calculation. For MFIP, follow the provisions of §0018.30 (Allocations) to determine the amount of allocation from the parent's income for the GA unit members.

   Count the amount allocated for the GA unit member as the parent's income.

2. Exclude all SSI and MSA benefits, as well as RSDI disability and retirement benefits. Also exclude payments from workers' compensation and any programs based on disability.

3. Subtract work expense deductions and earned income disregards if appropriate. See §0018.06 (Work Expense Deductions), §0018.18 (Earned Income Disregards).

4. Deduct an allowance for the needs of the following people, if they are living with the unit and not applying for or receiving MFIP:

   - Parent.
   - Parent's spouse.
   - Minor children of parent and parent's spouse.

   Use the GA allowances below for the appropriate family members:

1st adult	-	$187
2nd adult	-	$ 73
1st minor child	-	$250
2nd minor child	-	$ 95
3rd minor child	-	$ 89
4th minor child	-	$ 76
5th minor child	-	$ 76
6th minor child	-	$ 77
7th minor child	-	$ 66
8th minor child	-	$ 64
9th minor child	-	$ 55
10th minor child	-	$ 54
Each additional minor child	-	$ 53

5. Count the remainder as unearned income to the single adult unit. If there are 2 or more adult children eligible for GA, divide the income equally among them.

MFIP, WB, DWP:

Deem part of the non-excluded income of ineligible parents and stepparents living in the household of minor children. See §0017.06 (Excluded Income). Parents and stepparents may be ineligible due to citizenship status. See §0011.03 (Citizenship and Immigration Status). Do not deem income of SSI parents who are not eligible for MFIP. For MFIP and WB only, see §0016.03 (Income From Disqualified Unit Members) and §0016.18 (Income of Inel. Parent/Guard. of Minor Crgvr) for parents who are ineligible due to disqualification. For DWP only, see §0016.03 (Income From Disqualified Unit Members).

For sponsors of immigrants, see §0016.21 (Income of Sponsors of Immigrants With I-134), §0016.21.03 (Income of Sponsors of Immigrants With I-864).

For caregivers who are away from home on military duty, see §0017.15.93 (Military Income) for information on how to treat their income.

Use the procedures below to determine how much of the ineligible parent's or stepparent's income to deem.

1. Determine the person's gross income. See §0017 (Determining Gross Income).

2. Deduct 18% of the person's earned income.

3. Deduct amounts the ineligible person actually paid to people not living in the same household but whom the ineligible person claims or could claim as a dependent for federal income taxes. Do not count any dependents who are members of the assistance unit.

4. Deduct child support, spousal support, child care support, or medical support paid, provided that if there has been a change in the financial circumstances of the ineligible person since the court order was entered, the ineligible person has petitioned for a modification of the support order. Follow the provisions of §0018.33 (Child and Spousal Support Deductions).

5. Deduct an allocation for the needs of the ineligible parent or stepparent and other members not included in the unit who could be claimed by the ineligible parent or stepparent as dependents for determining federal personal tax liability. See §0018.30 (Allocations) for who is eligible for an allocation and how to determine the amount. Use the Transitional Standard for a unit of the same size, excluding any dependents or other persons who are members of the assistance unit. For WB only, there is no Transitional Standard.

6. Deem the person's remaining income as unearned income to the unit.
   For MFIP only, if the ineligible parent or stepparent is the only person with earned income, the unit is NOT entitled to the Family Wage Level. There is no Family Wage Level in the WB or DWP standards.

FS: See §0016.03 (Income From Disqualified Unit Members), §0016.33 (Income of Ineligible Non-Citizens) and §0016.36 (Income of Ineligible Students).

For information on how to count the income of caregivers who are out of the home on military duty, see §0016 (Income From People Not in the Unit), §0017.15.93 (Military Income), TEMP Manual TE02.10.86 (No Marital/Relationship Breakdown Workaround), TE02.10.90 (Military Families Receiving FS, MFIP or DWP).

MSA: Do not consider the income of parents of blind children when the children are eligible for a clothing and personal needs allowance under the provisions of §0020.24 (Clothing and Personal Need Allowance).

In all other cases, when a parent who is not eligible for MSA lives with the parent's minor child who is a client, determine whether you must consider part of the parent's income available to the child. To determine the amount:

1. Determine the gross income of the ineligible parent(s). Do not count any income from a parent receiving cash assistance or SSI. See §0017 (Determining Gross Income).

2. Deduct an allocation for each of the parent's ineligible children living in the home. Use the difference between the SSI Federal Benefit Rate (FBR) for an individual and the FBR for a couple. See §0029.06.03 (Supplemental Security Income Program) for the current rates. Reduce the allocation for each child by the amount of the child's own income. Do not allow an allocation for children on MFIP.

3. Allow a $20 standard disregard from any remaining unearned income. If the remaining unearned income is less than $20, deduct the remainder of the $20 disregard from the parent's earned income.

4. Deduct $65 and ½ the remainder of the parents' earned income.

5. Combine the parents' remaining earned and unearned income.

6. Deduct an amount for the parents' needs. Allow the couple FBR if both parents or a parent and spouse live in the home. Allow the individual FBR for a parent with no spouse in the home. Allow no deduction for a parent who receives cash assistance or SSI.

7. Divide the income remaining from step 6 by the number of MSA-eligible children in the home. Add this amount to each eligible child's net income.

GA: No provisions. See §0016.12 (Income From Parents of Adult GA Children).

GRH: No provisions.

MFIP, WB:

Parents and stepparents of minor caregivers who live with the caregiver cannot receive assistance with the minor caregiver. The parents and stepparents may apply on their own. See §0014 (Assistance Units).

You may need to deem part of the income of parents and stepparents of minor caregivers. Do not deem the income of a parent or stepparent who is on MFIP. If the parent or stepparent is on strike, use the pre-strike earnings when deeming the parent's or stepparent's income to the minor caregiver who receives MFIP or WB.

Use the procedure below to determine how much of the minor caregiver's parent's or stepparent's income to deem to the minor caregiver's unit:

1. Determine the parent's or stepparent's gross income. See §0017 (Determining Gross Income).

2. Deduct 18% of the parent's or stepparent's earned income.

3. Deduct 200% of the federal poverty guideline for a household size not including the minor caregiver and the minor caregiver's child/ren from the income of the minor caregiver's parent or stepparent. Include all members of the household (including minor children) in the household size for this calculation. See §0016.18.01 (200 Percent of Federal Poverty Guidelines).

4. Deduct amounts the parent or stepparent actually paid to people not living in the same household but whom the parent or stepparent claims or could claim as dependents for determining federal personal income tax liability.

5. Deduct payments made by parents or stepparents for child support, spousal support, child care support, or medical support of children not living in the parent's household, provided that, if there has been a change in the financial circumstances of the parent since the court order was entered, the parent has petitioned for a modification of the support order. Deduct child support, spousal support, child care support, or medical support paid, as noted in §0018.33 (Child and Spousal Support Deductions).

6. Deduct an allocation for the needs of other members in the household not included in Step 3. See §0018.30 (Allocations) for who is eligible for an allocation and how to determine the amount.

7. Deem the person's remaining income as unearned income to the unit.

DWP: Deem the income of a minor caregiver's parent(s) when the minor is living with the father of the child and the couple is NOT married.

FS, GA, GRH:
No provisions.

MSA: Do not count the income of legal guardians.

Do not consider the income of the parents of blind children eligible for a clothing and personal needs allowance under the provisions of §0020.24 (Clothing and Personal Need Allowance).

In all other cases, when a parent who is not eligible for MSA lives with the parent's dependent child who is a client, part of the parent's income may be considered available to the child.

To determine the amount of income to count, see §0016.15 (Income From Ineligible Parents).

See §0016.18 (Income of Inel. Parent/Guard. of Minor Crgvr).

MFIP, WB, DWP:

Household Size	Monthly Standard
1	$1,805
2	$2,428
3	$3,052
4	$3,675
5	$4,298
6	$4,922
7	$5,545
8	$6,168
9	$6,792
10	$7,415
Each add'l person	$ 623

FS, MSA, GA, GRH:

No provisions.

INCOME OF SPONSORS OF IMMIGRANTS WITH I-134 0016.21

The policy on how to deem income of sponsors of immigrants depends on what affidavit of support was executed by the sponsor. There are 2 different affidavits of support forms I-134 and I-864. Each form has its own deeming requirements.

Deeming of income provisions do not apply to:

- Refugees.
- People granted asylum.
- LPRs who were refugees or asylees.
- People paroled for a period of 1 year.
- Cuban/Haitian Entrants.

For information on deeming income of sponsors who executed the I-864, see §0016.21.03 (Income of Sponsors of Immigrants With I-864).

For additional information on sponsors of immigrants, see §0011.03.15 (Non-Citizens - LPR With Sponsors).

MFIP, WB, DWP:

Some of the income of an immigrant's sponsor, and the sponsor's spouse, may be deemed available to the immigrant. Count the income for 3 years:

- The date the immigrant entered the country with a pre-approved lawful permanent resident (LPR status).

OR

- The date USCIS granted adjustment to LPR status after the immigrant entered the country.

To determine the amount of a sponsor's income to deem:

1. Determine the total combined gross income of the sponsor and sponsor's spouse. See §0017 (Determining Gross Income).

2. Deduct 20% or $175, whichever is less, of the combined earned income of the sponsor and sponsor's spouse.

3. Deduct from the remaining earned and unearned income:

- An allowance for the needs of the sponsor and spouse and any other people living in the same household whom they claim as dependents for federal income taxes. Do not count any people who are members of the MFIP unit. Use the appropriate Transitional Standard for a unit of the same size to determine the amount of the allowance to deduct. See Food Support provisions in §0019.06 (Gross Income Limits).

- Any amount the sponsor or spouse pays to people outside the sponsor's home who are claimed as dependents on the sponsor's or spouse's federal tax return.

- Child support, spousal support, child care support, or medical support payments the sponsor or spouse makes to people living outside the sponsor's household. See §0018.33 (Child and Spousal Support Deductions).

4. If the sponsor is responsible for more than 1 sponsored immigrant, divide the remaining income evenly among the sponsored immigrants. Count this amount as available income to each sponsored person for income eligibility tests and benefit calculations.

If the sponsor is part of the immigrant's assistance unit, do NOT deem the sponsor's income. Consider the sponsor's income as you would any other member of the assistance unit.

FS: No provisions.

MSA: Some of the income of an immigrant's sponsor, and the sponsor's spouse, may be counted as available to the immigrant. It does not matter whether or not the sponsors live with the immigrant. Count the income for 3 years after the immigrant enters the country IF:

- The sponsor is an individual (as opposed to an agency or organization).

AND

- The sponsor has sponsored a person whose sole entrance condition was someone's petition for the immigrant's entrance into the United States.

Some immigrants who have sponsors are not required to have sponsorship as an entry condition. Do not count a sponsor's income if the immigrant was in a category that did not require sponsorship as an entry condition such as, but not limited to, a public interest parolee (PIP), refugee, asylee, or Cuban or Haitian entrant.

If the sponsor is the client's ineligible parent or spouse, follow the provisions of §0016.06 (Income From Ineligible Spouse of Unit Member), §0016.15 (Income From Ineligible Parents). For other sponsors, follow this procedure:

1. Determine the total gross earned and unearned income of the sponsor and sponsor's spouse (if living in the home). See §0017 (Determining Gross Income).

2. Deduct an allocation for the needs of the sponsor and the sponsor's spouse and any minor children.

   - For a sponsor without a spouse in the home, allow the SSI Federal Benefit Rate (FBR) for an individual. See §0029.06.03 (Supplemental Security Income Program).

   - For a married couple, when both spouses are sponsors, allow each the individual FBR.

   - For a married couple when only one spouse is the sponsor, allow the individual FBR for the sponsor and ½ the individual FBR for the spouse.

   - For each minor child of the sponsor, allow ½ the individual FBR. Do not apply the dependent's income to reduce this amount.

3. Count the remaining income as unearned income to the immigrant when determining net income following the provisions of §0018 (Determining Net Income).

GA: Count any amount the sponsor makes available to the client as unearned income.

GRH: For aged, blind, or disabled clients, follow MSA. For all other adults, follow GA.

The policy on how to deem income of sponsors of immigrants depends on what affidavit of support was executed by the sponsor. There are 2 different affidavits of support (forms I-134 and I-864). Each form has its own deeming requirements. The I-134 is not a legally binding document and deeming is not required; the I-864 is a legally binding document and deeming is required.

For sponsors who executed the I-134, follow the provisions outlined in 0016.21 (Income of Sponsors of Immigrants With I-134).

Count the income of the sponsor and the sponsor's spouse UNTIL the immigrant:

- Becomes a naturalized citizen.
  OR
- Earns or can be credited with 40 qualifying work quarters.
  OR
- Leaves the United States permanently.
  OR
- Dies.

Count the income of both the sponsor and the sponsor's spouse regardless of whether 1 or both of them signed the affidavit.

There are several EXCEPTIONS to the sponsor deeming requirement. Do not deem the sponsor's income if the sponsored immigrant:

- Provides a statement or documentation that the immigrant or his/her child(ren) have been battered or subjected to extreme cruelty by the immigrant's spouse or parent and:

  - The immigrant is NOT living with the batterer.
    AND
  - The need resulting from the battery or cruelty has a substantial connection to the need for the assistance.

  This EXCEPTION is limited to 12 months from the date the EXCEPTION is made. This 12 month deferment may be extended ONLY in the case of the sponsor being the batterer, and if there continues to be a need resulting from the battery and cruelty and the battery and cruelty is recognized by a court order (an order for protection) or by an U.S. Citizenship and Immigration Services (USCIS) determination.

- Is without food or shelter as a result of the sponsor's failure to provide support. Consider this EXCEPTION when the sponsor is unable or failing to provide support or the immigrant is unable to locate the sponsor. To determine if the client is without food or shelter, consider all sources of help available (income plus cash, food, housing, or other help supplied by the sponsor or other people). This EXCEPTION is generally limited to 12 months from the date the EXCEPTION is made; however, additional 12-month periods may be approved.

If the sponsored immigrant meets the exception of the sponsor deeming requirement due to the sponsor's failure to provide support and is approved for Federal Cash or Federal Food benefits under the indigent exemption, the US General Attorney must be notified of the determination. DHS is responsible for reporting this information. County agencies should report the name of the sponsor, sponsored immigrant(s) involved and case number to:

DHS
Quality Enhancement Section
P.O. Box 64245
St. Paul, MN 55164-0245.

County agencies may, under section 213A (b)(2) of the Immigration and Nationality Act, sue sponsors in federal or state court to recover the unreimbursed costs of means tested benefits, including the costs of collection and legal fees.

Deeming of income provisions do not apply to:

- Refugees.
- People granted asylum.
- LPRs who were refugees or asylees.
- People paroled for a period of 1 year.
- Cuban/Haitian Entrants.

MFIP, WB, DWP, MSA, GA, GRH:
Deem ALL of the income of the sponsor and his/her spouse as available to the sponsored immigrant if the immigrant's entrance into the United States was based on an Affidavit of Support (form I-864) executed by the sponsor.

The immigrant must explain why the sponsor is not providing assistance to him/her as required under the form I-864. Help the client to obtain collateral statement or documentation to support the allegations.

FS:
All income and resources of an immigrant's sponsor and sponsor's spouse who have signed a legally binding affidavit of support are counted as belonging to the immigrant, even if not available.

Do not deem a sponsor's income if any 1 of the following exemptions are met:

- The sponsored immigrant in a FS unit does not meet immigration status. See 0011.03.09 (Non-Citizens - FS/MSA/GA/GRH).
  OR
- The sponsored immigrant is a child under the age of 18. See 0011.03.15 (Non-Citizens - LPR With Sponsors).
  OR
- The immigrant was in a category that did not require sponsorship as an entry condition, such as, but not limited to, a public interest parolee (PIP), refugee, asylee, or Cuban or Haitian entrant.
  OR
- The immigrant receives FS as a member of the sponsor's FS unit.
  OR
- The sponsor is an organization or group as opposed to an individual.
  OR
- When an immigrant claims that they have been unable to obtain food and shelter, considering their own income, including any cash, food housing or other assistance provided by other individuals, including the sponsor(s), the immigrant or their authorized representative must understand the purpose of being declared indigent. "Unable to obtain food and shelter" means that the sum of all contributions, income, assets, and in kind assistance provided by the sponsor and others does not exceed 130% of the federal poverty income guideline for the unit's size. See INDIGENT IMMIGRANT in 0002.33 (Glossary: Independent...).

  This indigent immigrant exemption must be explained to the immigrant and the immigrant must be given the right to refuse the determination of being declared an indigent immigrant. The immigrant must understand the impact of the refusal.

  If the immigrant or their authorized representative refuses the indigent immigrant determination, the immigrant will not be determined to be indigent and the sponsor's income and resources will be deemed toward the immigrant's household according to the provisions below.

When a sponsored immigrant is determined by the county to be indigent, deem the actual amount the sponsor provides. Indigence may last up to 12 months and be renewed for additional 12-month periods.

Follow the procedure in the general provisions of this section to notify DHS of the indigent cases including the names of the sponsor and the sponsored immigrant involved.

If the sponsored immigrant is not indigent, then the sponsor deeming rules apply and verification of the sponsor's total income and resources must be obtained. See 0010.18.18 (Verifying Sponsor Information).

To determine the amount of the deemed sponsor's income:

1. Determine the total gross income of the sponsor and sponsor's spouse. See 0017 (Determining Gross Income).

2. Deduct the following:

   - 20% of the gross earned income.

   - The gross monthly income limit for the sponsor's household size. Include the sponsor, sponsor's spouse, and people who could be claimed as legal dependents on the sponsor's tax return. See 0019.06 (Gross Income Limits).

3. Divide the remaining income by the number of immigrants sponsored. Count this amount available to each sponsored person for income eligibility tests and benefit calculations.

Cash contributions received from the sponsor must be verified.

MFIP, WB, DWP:

Parents are required to be in the assistance unit EXCEPT for parents of minor caregivers. See §0014.06 (Who Must Be Excluded From Assistance Unit), §0014.03 (Determining the Assistance Unit), §0014.03.03 (Determining the Cash Assistance Unit), §0016.03 (Income From Disqualified Unit Members), §0016.09 (Income From Ineligible Stepparents), §0016.15 (Income From Ineligible Parents).

FS, GRH:

No provisions.

MSA: When a parent who chooses not to apply for MSA lives with the parent's minor child who is a client, determine whether you must consider part of the parent's income available to the child. To determine the amount, follow the procedure in §0016.15 (Income From Ineligible Parents).

GA: See §0016.12 (Income From Parents of Adult GA Children).

MFIP, WB, DWP:

Spouses are required to be in the assistance unit. See §0014.06 (Who Must Be Excluded From Assistance Unit), §0014.03 (Determining the Assistance Unit), §0014.03.03 (Determining the Cash Assistance Unit), §0016.03 (Income From Disqualified Unit Members), §0016.09 (Income From Ineligible Stepparents), §0016.15 (Income From Ineligible Parents).

FS, GA, GRH:

No provisions.

MSA: When a spouse who chooses not to apply for MSA lives with a client, part of that spouse's income may be considered available to the client. To determine the amount, follow the procedures in §0016.06 (Income From Ineligible Spouse of Unit Member).

MFIP, WB, DWP:

See §0016.06 (Income From Ineligible Spouse of Unit Member), §0016.09 (Income From Ineligible Stepparents), §0016.15 (Income From Ineligible Parents), §0016.18 (Income of Inel. Parent/Guard. of Minor Crgvr).

FS: Part of the income of all ineligible non-citizens who live with a unit must be counted as available to the unit. To determine the amount:

1. Determine the total gross income of the ineligible non-citizen(s). See §0017 (Determining Gross Income).

2. Divide the total gross income of the ineligible non-citizen(s) by the number of people in the unit, including the ineligible non-citizen member (or members, if there is more than 1 ineligible non-citizen in the unit).

3. Disregard the prorated share of the income for the ineligible unit member(s). The remaining income is the unit's share.

4. Apply the Gross Income Test. See §0019 (Gross Income Test). If the unit fails the GIT, deny or terminate assistance. If the unit passes the GIT, proceed to Steps 5 through 6.

5. From the unit's share (which you determined on Step 3), disregard 20% of the earned income. See §0018.18 (Earned Income Disregards).

6. The resulting amount is unearned income to the unit. Include this amount in the unit's net income test. See §0020 (Net Income Limits).

For information on how to determine dependent care costs and shelter costs billed to or paid by an ineligible non-citizen unit member, see §0018.09 (Dependent Care Deduction), §0018.15 (Shelter Deductions).

Also see §0018.33 (Child and Spousal Support Deductions).

MSA: See §0016.06 (Income From Ineligible Spouse of Unit Member), §0016.15 (Income From Ineligible Parents), §0016.09 (Income From Ineligible Stepparents).

GA: Part of the income of an ineligible non-citizen may be counted as available to the unit. To determine the amount to count:

1. Determine the ineligible person's gross income.

2. Allow the same deductions as for unit members. See §0018 (Determining Net Income).

3. Deduct the 1st adult standard as a deduction for the person's own needs.

4. The resulting amount is unearned income to the unit.

GRH: No provisions.

See §0016.03 (Income From Disqualified Unit Members) for people who are ineligible due to disqualifications.

MFIP, WB, DWP:

Follow general provisions.

FS: Count any amounts which an ineligible student gives to the Food Support unit.

Exclude the following:

- Income of an ineligible student.
- Vendor payments made by an ineligible student on behalf of the Food Support household.
- That portion of a public assistance grant that is attributable to the inclusion of an ineligible student in the grant.
- The money of an ineligible student deposited into a joint bank account with an eligible household member.

MSA, GA, GRH:

No provisions.

INCOME OF INELIGIBLE ABLE-BODIED ADULTS 0016.39

See §0016.03 (Income From Disqualified Unit Members) for people who are ineligible due to disqualifications.

See §0011.24 (Able-Bodied Adults) for more information on eligibility requirements for able-bodied adult people.

MFIP, WB, DWP, MSA, GA, GRH:
No provisions.

FS: Count all but a pro rata share of the ineligible able-bodied adult's income toward the unit. Calculate the pro rata share by subtracting allowable deductions and exclusions from the ineligible member's income and dividing that income among the unit members.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: You must count as available to the unit part of the income of all unit members not applying for FS (non-applicants) who live with a unit. To determine the amount:

1. Determine the total gross income of the non-applicant(s). See §0017 (Determining Gross Income).

2. Divide the total gross income of the non-applicant(s) by the number of people in the unit, including the non-applicant(s).

3. Disregard the prorated share of the income for the non-applicant(s). The remaining income is the unit's share.

4. Apply the Gross Income Test. See §0019 (Gross Income Test). If the unit fails the GIT, deny or terminate assistance. If the unit passes the GIT, proceed to Steps 5 through 6.

5. From the unit's share (which you determined in Step 3), disregard 20% of the earned income. See §0018.18 (Earned Income Disregards).

6. The resulting amount is unearned income to the unit. Include this amount in the unit's net income test. See §0020 (Net Income Limits).

For information on how to determine dependent care costs and shelter costs billed to or paid by a non-applicant unit member, see §0018.09 (Dependent Care Deduction), §0018.15 (Shelter Deductions).

Also see §0018.33 (Child and Spousal Support Deductions).

DETERMINING GROSS INCOME 0017

Gross income is non-excluded earned and unearned income available to the client during the budget month. See §0022 (Budgeting and Benefit Determination). Some programs have a limit on the amount of gross income a client may receive. See §0019 (Gross Income Test).

Look at all sources of income to determine a client's gross income. This includes looking at income of people who must contribute to the client. See §0016 (Income From People Not in the Unit).

Assess whether income is available to the client. See §0017.03 (Available or Unavailable Income). Do not count excluded income as available income. Assess income for all possible exclusions. See §0017.06 (Excluded Income), §0017.15 (Specific Types of Income).

From non-excluded income, determine which income is earned and which is unearned. Calculate gross earned and unearned monthly income. See §0017.12 (Determining if Income Is Earned or Unearned), §0017.09 (Converting Income to Monthly Amounts).

The result of this process is the client's gross earned and gross unearned income. Use the total of this amount for programs which require a gross income test. See §0019 (Gross Income Test).

Apply disregards and deductions to the client's gross income to arrive at net income. See §0018 (Determining Net Income).

Determining gross earned income from self-employment may differ from determining other gross income. See §0017.15.33 (Self-Employment Income).

MFIP, WB, DWP, FS, GA:
Follow general provisions.

MSA: THE PROVISIONS OF THIS CHAPTER APPLY ONLY TO NON-SSI RECIPIENTS. For current SSI recipients, count the full amount of their SSI Federal Benefit Rate as gross unearned income, even if their actual SSI check is less. See §0029.06.03 (Supplemental Security Income Program).

For people who are not current SSI recipients, follow general provisions.

GRH: THE PROVISIONS OF THIS CHAPTER APPLY ONLY TO NON-SSI RECIPIENTS. Follow general provisions.

MFIP, DWP:

Non-recurring income is income received in a prospective BUDGET MONTH but no longer received in the corresponding retrospective PAYMENT MONTH. This includes earned income that ends even if it is replaced by unearned income. It also includes income received periodically, such as a work bonus or a 3rd or 5th paycheck.

WB: Non-recurring income is income received in a month which is not anticipated to continue in future months.

FS: Non-recurring income is income received in a month which is not anticipated to continue in future months.

For Uncle Harry FS units non-recurring income is income received in an initial month which is no longer received in the corresponding RETROSPECTIVE CYCLE. For the definition of RETROSPECTIVE CYCLE, see §0002.57 (Glossary: Relative...). This includes earned income that ends even if it is replaced by unearned income. This does NOT include earned income received from a new employer. A 3rd and 5th paycheck is non-recurring income ONLY if it caused a suspension in the beginning month. See §0022.06.03 (When Not to Budget Income in Retro. Cases).

MSA: For SSI recipients, no county action required.

For clients ineligible for SSI due to excess income, SSA policy applies and non-recurring income is known as “infrequent income.” Income is infrequent if:

- An individual receives it only once during a calendar quarter from a single source.

AND

- The individual did not receive that type of income in the month immediately before that month or in the month immediately after that month. It does not matter whether or not these payments occur in different calendar quarters.

Disregard infrequent income.

GA: Non-recurring income is income received only 1 time or that is not of a continuous nature, or income received in a prospective BUDGET MONTH but no longer received in the corresponding retrospective PAYMENT MONTH.

For more information, see §0022.03 (How and When to Use Prospective Budgeting), §0022.06 (How and When to Use Retrospective Budgeting), §0022.06.03 (When Not to Budget Income in Retro. Cases), §0022.15 (Counting Lump Sums as Income), §0022.18 (Suspensions).

GRH: For SSI recipients, follow MSA.

For GA recipients, follow GA.

Determine if income is available or unavailable. Income is available when:

- Received by the client.

- Received by someone for the client and available to the client. However, for some programs, when a person who does not live with the client receives the client's RSDI checks, special provisions apply. See 0017.15.45 (Income From RSDI and SSI).

- Wages are withheld as a result of a garnishment, deemed income to the unit, or court ordered child/spousal support. See 0016 (Income From People Not in the Unit), 0018.33 (Child and Spousal Support Deductions).

- Withheld by the employer at the client's request.

Income is unavailable when the client cannot gain access to the income. For example, wages are unavailable when an employer owes wages to, but refuses to pay, a client.

For some programs, student financial aid is considered available when the client signs or receives the award letter, not when money is actually disbursed. See 0017.15.36.03 (When to Budget Student Financial Aid).

Do not count unavailable income.

MFIP, WB, DWP, MSA, GA:
Clients must try to gain access to unavailable income as a condition of eligibility, unless they can document that the income is permanently unavailable.

Deduct the costs of securing unearned income, such as legal fees, medical fees, withdrawal penalties, and mandatory deductions (such as federal and state income taxes). Deduct work expenses and disregards from earned income.

Deny or terminate assistance when clients fail to cooperate in gaining access to the income.

Disregard income received before the month of application, regardless of the period it was intended to cover.

Periodic income received by a participant during or after the month of application is considered available and must be converted to monthly amounts. See 0017.09 (Converting Income to Monthly Amounts). Some income, such as casino profits, can be received on a monthly, quarterly or annual basis. Budget income that participants have the option to receive on a monthly basis as monthly income even if they access it on a less than monthly basis.

For self-employment income received before the month of application, see 0017.15.33 (Self-Employment Income), 0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt), 0017.15.33.24 (Self-Employment Income From Farming).

Do not allow a deduction from income when part of the income is being withheld to repay a debt or obligation, unless the income is being reduced to recover a prior overpayment from the same income source. (For example, a VA payment of $400 is reduced by $150 due to a prior VA overpayment; in this case, count only $250.)

FS:
Follow general provisions. In addition, count the following as available income:

- Transitional housing payments for the homeless which are designated for a specific household. See TRANSITIONAL HOUSING in 0002.67 (Glossary: Thrifty...).

- The amount that is being recouped from RSDI, SSI, UC, WC, VA or other income source due to adjudicated fraud. Do not

count amounts being recouped when there is no fraud.

- The amount of an assistance payment that is being recouped from GA, or MSA due to adjudicated fraud. Do not count amounts being recouped when there is no fraud.

Do not count fees paid from SSI/RSDI to organizational representative payees as income.

GRH:
Follow general provisions.

Exclude income from the following sources for all programs:

- Children's Nutrition Act.
- Benefits from the Women, Infant, and Children (WIC) nutrition program.
- Benefits from the National School Lunch Act. Count some payments from the Child Care Food Program to providers. See §0017.15.33.21 (Self-Employment Income From In-Home Day Care).
- Benefits from the State Food Programs. See §0029.36 (State Food Programs).
- Loans which the client has a written agreement to repay, EXCEPT some programs count student loans. See §0017.15.36 (Student Financial Aid Income). You may use the Gift or Loan Statement (DHS-2808) to verify that a personal loan is not a gift.
- Reverse mortgages.
- Most income from American Indian tribal land settlements and some income from interest in tribal trust and other restricted Indian lands. See §0017.15.09 (Income from Tribal Land).
- Payments from the Low Income Home Energy Assistance Program (LIHEAP).
- Amounts a client receives which are related to shared living expenses and are solely to pay a portion of another person's living expense. The client may not own the home, make a profit, or provide any services in exchange for the income. An example is the amount the client receives from a roommate to forward to the landlord.
- Payments by the vocational rehabilitation program administered by the state, EXCEPT those payments that are for current living expenses.
- Relocation Assistance for displaced persons under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, the Housing and Redevelopment Act of 1965, or the Housing Act of 1965.
- Refunds or rebates from the United States Department of Housing and Urban Development (HUD) for excess rents charged.

- Security deposit refunds for rent and utility deposit refunds, whether paid by the client, EGA, the former Emergency Assistance program, or out of the Consolidated Fund.

- Trade Adjustment Act of 1974.

- War reparations payments to Japanese-Americans and Aleuts under Public Law 100-383.

- Cash from the sale of the client's property or assets, regardless of whether the asset was excluded. This does not apply to some business capital gains. See §0017.15.54 (Capital Gains as Income). For instruction on treating cash from the sale of property as assets, see §0015.09 (Excluded Assets for Self Support), §0015.27 (Excluded Assets - Income), §0015.60 (Evaluation of Lump Sums).

- Payments to replace personal or real property made by public agencies, issued by insurance companies, awarded by a court, or solicited through public appeal. See §0015.36 (Excluded Assets - Funds to Fix/Replace Asset), §0017.15.30 (Lump Sum Income).

- Payments to veterans or their dependents made as a result of legal settlements between veterans and manufacturers of Agent Orange or other chemical agents.

- Payments received and used for care and maintenance of a 3rd-party beneficiary who is not a household member. If the payment is intended for both household and non-household members and you cannot determine portions, prorate among the beneficiaries and exclude the non-household members' pro rata share.

- Payments made under the Radiation Exposure Compensation Act (Public Law 101-426).

- Mandatory salary reduction amounts for military service personnel which are used to fund the G.I. Bill (Public Law 99-576).

- Payments from the Consumer Support Grant (CSG) program when placed in a CSG account. **NOTE:** When funds from the CSG account are used as wages to pay for care of the CSG beneficiary, they are considered earned income to the person providing the care and are not excluded under the CSG exclusion provision. See §0029.03.09 (Consumer Support Grant Program).

- Income that is otherwise specifically excluded by federal or state law or federal regulations.

- VA benefits awarded to children of Vietnam veterans, regardless of their age or marital status, for a covered birth defect identified by the VA as associated with the service of these veterans who served in the Republic of Vietnam from 2-28-61 through 5-7-75 and performed active military service.

- Combat or Hazard Duty pay received by military personnel who would otherwise be mandatory assistance unit members if they were not serving in a designated Combat Zone. See §0017.15.93 (Military Income), TE02.10.90 (Military Families Receiving FS, MFIP or DWP), TE02.10.92 (Designated Combat Zones).

- Funds, including accrued interest, deposited in Individual Development Accounts (IDAs) through the Family Assets for Independence in Minnesota (FAIM) Program.

- One time payments made to certain World War II veterans or their surviving spouse under the Filipino Veterans Equity Compensation (FVEC) Fund. See §0015.27 (Excluded Assets-Income) for asset information.

Some programs also exclude other types of income. See §0017.15 (Specific Types of Income).

CONVERTING INCOME TO MONTHLY AMOUNTS 0017.09

Also see §0017.15.33 (Self-Employment Income), §0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt), §0017.15.33.24 (Self-Employment Income From Farming).

Convert all counted income into monthly amounts to determine eligibility and benefit level, including tribal per capita payments from casinos not received monthly. See §0022 (Budgeting and Benefit Determination).

If the unit receives income on a daily, weekly, bi-weekly, or monthly basis, use the exact income received or considered available for the month. For prospectively budgeted units, anticipate the monthly income if the exact income is unknown. Base the estimate on past income, while considering circumstances that might affect the prospective month's income. See §0017.03 (Available or Unavailable Income).

Average student income and some self-employment income over the number of months the client earned it or the period the income covers. See §0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt), §0017.15.36.03 (When to Budget Student Financial Aid).

MFIP, WB, DWP, MSA, GA, GRH:

EXCEPT for RSDI, use actual dollars and cents to calculate monthly gross income. Also see §0017.15.45 (Income From RSDI and SSI).

Average income paid in advance over the months it is intended to cover.

If a person receives income on a contractual basis, average the income over the period of the contract. This applies even if the person receives the payments within a shorter period.

Special provisions apply to counting self-employment income. See §0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt).

For information on lump sums, see §0017.15.30 (Lump Sum Income).

FS: EXCEPT for RSDI, use actual dollars and cents to calculate monthly gross income. Round the final amount to the nearest dollar. See §0017.15.45 (Income From RSDI and SSI).

If a unit member is on a yearly contract but receives income over a period shorter than a year, average the income over 12 months. This does not apply if the client receives the income on an hourly or piecework basis.

If a unit member is on contract for less than 1 year, average the income over the months the contract covers.

DETERMINING IF INCOME IS EARNED OR UNEARNED 0017.12

Some income types are considered earned or unearned for all programs.

- Generally, earned income is income from employment or employment-related activities. See EARNED INCOME in §0002.19 (Glossary: Early...). Also see §0017.12.06 (Earned Income).

- Generally, unearned income is income the client receives without being required to perform any labor or service as a condition of receiving the income. See UNEARNED INCOME in §0002.71 (Glossary: Two Party...). Also see §0017.12.03 (Unearned Income).

Determine whether the earned or unearned income is excluded. See §0017.06 (Excluded Income).

Some types of income may be treated differently for each program. See §0017.15 (Specific Types of Income).

When determining net income, different disregards apply to earned and unearned income. See §0018 (Determining Net Income).

UNEARNED INCOME 0017.12.03

Unearned income is income a client receives without being required to perform any labor or service as a condition of receiving the income. See §0015.18 (Excluded Assets - Pension & Retirement Plans), §0017.06 (Excluded Income), §0017.12 (Determining if Income Is Earned or Unearned), §0017.15.84 (Contracts for Deed as Income). Consider the following types of income unearned for all programs:

- Spousal support.
- Annuity and pension payments.
- Contract for deed income.
- Disability benefits. This does not include Social Security benefits. See §0017.15.45 (Income From RSDI and SSI). This also does not include sick pay. See SICK PAY in §0002.61 (Glossary: SELF...). Also see §0017.12.06 (Earned Income).
- Social Security benefits. See §0017.15.45 (Income From RSDI and SSI).
- Retirement benefits.
- Royalties and honoraria, unless they fit the definition of earned income. See EARNED INCOME in §0002.19 (Glossary: Early...). Also see §0017.12.06 (Earned Income).
- Trust disbursements.
- Workers' Compensation.
- Unemployment Insurance.
- Veterans' benefits. For information on veterans' benefits issued as student financial aid, see §0017.15.36 (Student Financial Aid Income).
- Severance pay, if it is not based on accrued leave time.
- Gambling winnings.
- Tribal payments, including per capita payments from casinos. See §0017.09 (Converting Income to Monthly Amounts).

- Consider income from illegal activities to be unearned income. See §0017.12.06 (Earned Income).

Other types of income may be treated differently for each program. See §0017.15 (Specific Types of Income).

MFIP, WB, DWP, FS:
COUNT as unearned income the military pay the family of a military person receives when that military person is out of the home on military duty. EXCLUDE combat or hazard duty pay received as a result of deployment to a combat zone. See §0017.06 (Excluded Income), §0017.15.93 (Military Income).

GA: Follow general provisions.

MSA: Follow general provisions, EXCEPT the "income from illegal activities" provisions do not apply.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Earned income is income the client receives in exchange for work or service. See EARNED INCOME in §0002.19 (Glossary: Early...). Also see §0017.06 (Excluded Income), §0017.12 (Determining if Income Is Earned or Unearned). Some programs treat income from illegal activities as unearned. See §0017.12.03 (Unearned Income). Consider the following types of income earned for all programs:

- Wages.
- Commissions. Also see §0017.15.33 (Self-Employment Income).
- Self-employment. See §0017.15.33 (Self-Employment Income).
- Jury duty pay.
- Picket duty pay.
- Severance pay, if based on accrued leave time.
- Tips.
- Vacation pay.
- Sick pay, if based on accrued or earned time.
- Blood and blood plasma sales.
- Work study. Also see §0017.15.36 (Student Financial Aid Income).
- Payments from training programs which pay students for their participation.
- Royalties, honoraria, or profit from any other activity which results from the client's work, service, effort, or labor. Also see §0017.12.03 (Unearned Income) and the program provisions below.

Other types of income may be treated differently for each program. See §0017.15 (Specific Types of Income).

MFIP, WB, DWP, FS, GA:

Follow general provisions.

MSA: Royalties which result from publication of work are earned income. Honoraria which people receive in consideration of services, including rewards or donations rendered for which no payment can be enforced by law, are earned income.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Some income is treated uniformly for all programs. See §0017.06 (Excluded Income) for a list of income types which all programs exclude. See §0017.12.06 (Earned Income) for income which all programs consider earned. See §0017.12.03 (Unearned Income) for income which all programs consider unearned.

Other types of income may be treated differently by each program. See the following sections:

§0017.15.03 Child and Spousal Support Income.
§0017.15.06 Assistance Payments Income.
§0017.15.09 Income From Tribal Land.
§0017.15.12 Infrequent, Irregular Income.
§0017.15.15 Income of Minor Child/Caregiver Under 20.
§0017.15.18 Workforce Investment Act (WIA) Income.
§0017.15.21 Tax Credit and Refund Income.
§0017.15.24 In-Kind Income.
§0017.15.27 Vendor Payments as Income.
§0017.15.30 Lump Sum Income.
§0017.15.33 Self-Employment Income.
§0017.15.36 Student Financial Aid Income.
§0017.15.39 Foster Care Payment Income.
§0017.15.42 Interest and Dividend Income.
§0017.15.45 Income From RSDI and SSI.
§0017.15.48 Displaced Homemaker Program Income.
§0017.15.51 Payments Resulting From Disaster Declaration.
§0017.15.54 Capital Gains as Income.
§0017.15.57 Payments to Persecution Victims.
§0017.15.60 Family Support Grant Income.
§0017.15.63 Relative Custody Assistance Grants.
§0017.15.66 Older Americans Act.
§0017.15.69 Adoption Assistance.
§0017.15.75 Reimbursement of Expenses.
§0017.15.78 National and Community Service Act.
§0017.15.81 Utility Payments.
§0017.15.84 Contracts for Deed as Income.
§0017.15.87 AmeriCorps Payments.
§0017.15.90 Trust Disbursement Income.
§0017.15.93 Military Income.
§0017.15.96 Weatherization, Heating/Cooling Device Pmts.
§0017.15.99 Housing Subsidy.
§0017.15.100 Learn and Serve America.

Also see §0012.21.03 (Support From Non-Custodial Parents).

MFIP: Count current child support payments and arrears the unit gets as unearned income for the child. Count current spousal support payments and arrears the unit gets as unearned income for the caregiver. This applies whether the unit gets it directly or the child support enforcement (CSE) agency disburses it to the caregiver. Consider child and spousal support disbursed to the caregiver on the "issuance date" listed on the DAIL/CSES message. If a participant disputes the receipt date at the end of a month, budget it the next month.

Child and spousal support is budgeted prospectively in the prospectively budgeted months and is budgeted retrospectively thereafter, unless it is no longer received. See NON-RECURRING INCOME in §0002.45 (Glossary: Netherlands' Act...).

Do not count child support the unit receives for a child no longer on assistance in that household. If the child is on another MFIP case and the child support is forwarded to that child, count the support as income to the child on that case.

Do not count medical or child care support which the unit receives as reimbursement for expenses already incurred.

Exclude child support that the CSE agency collects for a child who gets SSI or any other child not included in the MFIP case for another reason.

When a minor caregiver lives with an adult custodial parent, count the minor caregiver's portion of the child support as the minor caregiver's income.

When a minor caregiver does not live with an adult custodial parent, count the minor caregiver's portion of the child support as the minor caregiver's income ONLY if the income is forwarded to the minor caregiver or to the adult with whom the minor caregiver lives. If the child support is not forwarded, do not count it against the minor caregiver's case nor count it against the MFIP grant of the parent who received the child support payment.

If a Mille Lacs Band of Ojibwe Tribal TANF program family transfers to your county and continues to receive MFIP, exclude up to $400 per month per family from any child support income the family has, for the 1st 2 months of residence in your county. See §0029.06.24.03 (Tribal TANF-Mille Lacs Band of Ojibwe).

See TEMP Manual TE02.08.150 (Child and Spousal Support Disbursements) for instructions on monthly DAIL/CSES messages generated to inform workers of child and spousal disbursements issued to active, pending, and reinstated cases.

WB: Follow MFIP, EXCEPT budget child support prospectively through the 6-month certification period.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Count all support received by the unit in the current month as unearned income. Treat child support payments received by an MFIP caregiver on behalf of a child who is on Food Support only (for example, a child receiving SSI) as income to the child.

When a child is not living with the parent, count all support received by that parent as unearned income to the parent if the support is not forwarded or used for the care and maintenance of the child. Count child support arrears in the same way if received regularly. Count 1-time child support arrear payments as a lump sum, see §0015.60 (Evaluation of Lump Sums), §0017.15.30 (Lump Sum Income).

Do not count, as earned or unearned income, child support payments refunded to the non-custodial parent.

MSA: Child support is income to the child. Exclude 1/3 of child support payments an eligible child receives from a non-custodial parent.

GA: Count child and spousal support received directly by the unit as unearned income.

GRH: For blind children who may be eligible for GRH, follow MSA.

Count spousal support received by the client as unearned income.

MFIP, WB, DWP:

Count the amount of RCA or GA benefits already issued as unearned income toward the MFIP, WB or DWP grant. See §0014.03.03 (Determining the Cash Assistance Unit).

EXCLUDE:

- Assistance payments that correct underpayments for a previous month.
- GA payments to, or for, people in battered women's shelters.
- EGA and Special Diets. See §0023.12 (Special Diets).
- MSA payments.
- SSI payments. See §0017.15.45 (Income from RSDI and SSI).
- MFIP child care payments.
- Food Support already issued to a person who joins an MFIP unit.
- Food Support received in another state for the current month.
- Reimbursements for medical expenses that cannot be paid by Medical Assistance.
- All Employment Services payments to support a caregiver's pursuit of greater self-support.

Also see §0011.21 (Receipt of Other Assistance).

FS: EXCLUDE:

- Cash assistance vendor paid to battered women's shelters.
- Cash assistance payments that are intended to cover or correct a previous month's assistance payment. This includes EGA.
- EMSA and EGA vendor payments.

- The amount of assistance payments being recouped from SSI, GA, or MSA if the overpayment is not related to adjudicated fraud.

- Nutritional Assistance Program benefits.

COUNT:

- Cash assistance that can be-anticipated for the issuance month, unless exempt above. If a unit's RCA, MSA, GA, or SSI is reduced due to non-compliance with that program's requirements, count the amount that would have been paid had the unit complied.

- The amount of an assistance payment being recouped from SSI, DWP, GA, or MSA due to adjudicated fraud.

- EMSA and EGA cash payments issued in the current month for the current month's basic needs unless paid for a disaster such as a fire or flood.

- The GA amount paid to the client or vendor paid to a group residential housing provider. This includes personal needs payments.

MSA: EXCLUDE:

- The value of Food Support.

- Corrective payments for a previous month.

- Emergency MSA payments.

GA: EXCLUDE:

- GA payments that correct underpayments for a previous month.

- The value of Food Support.

- MFIP, MSA, or GA payments received by women living in facilities for battered women. See §0013.15.15 (GA Basis - Women in Battered Women's Shelter), §0020.18 (GA Assistance Standards).

- EGA and special needs payments.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults with the following exceptions:

- Count $70 personal needs allowance as income for a DWP participant who is in a GRH setting.

- Count the GRH gross income of a person who is included in an active MFIP case. The MFIP cash portion of the Transitional Standard for 1 person is the GRH gross income for a person who is included in an active MFIP grant. See §0020.09 (MFIP/DWP Assistance Standards).

Exclude the 1st $2,000 a person receives each year from his/her interest in Indian trust land or other restricted Indian lands.

Exclude the 1st $2,000 per person per year of per capita payments from Bois Forte Band of Ojibwe as a result of annual payments to the Tribe from the State of Minnesota for voluntarily restricting tribal rights to hunting and fishing in ceded territories.

Exclude American Indian tribal land settlements as income if the Public Law awarding the settlement directs its exclusion. The following settlements affecting Minnesota tribes are excluded as income from all programs:

- Any funds distributed per capita under Public Law 98-123, Public Law 98-124, and Public Law 99-377 to the Mississippi Band Chippewa Indians of White Earth, Leech Lake, and Mille Lacs reservations.

- Payments to members of the White Earth Band from the White Earth Reservation Land Settlement Act of 1985 (Public Law 99-264, Public Law 100-153, and Public Law 100-212).

For information on settlements not listed, contact the Local Agency Support Policy Center.

Count tribal per capita payments from casinos as unearned income. If not received monthly, convert into a monthly amount. See §0017.12.03 (Unearned Income).

MFIP, WB, GA:
Count per capita payments made to members of the Grand Portage, and Fond Du Lac Bands of Chippewa Indians as unearned lump sum payments. See §0017.15.30 (Lump Sum Income), §0022.15 (Counting Lump Sums as Income).

DWP: Follow MFIP. However, after the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Count per capita payments made to members of the Grand Portage, and Fond Du Lac Bands of Chippewa Indians as an asset. See §0015.60 (Evaluation of Lump Sums).

MSA: Count per capita payments made to members of the Grand Portage, and Fond Du Lac Bands of Chippewa Indians as unearned income in the month received. They are assets thereafter.

GRH: Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

Income is infrequent or irregular if it is not possible to anticipate receiving it.

Cash given directly to the client by people or organizations whose income is considered available to the client, or who must make a relative contribution, is not infrequent, irregular income. Consider it part of the counted contribution. See §0016 (Income From People Not in the Unit), §0012.21 (Responsible Relatives Not in the Home).

MFIP, WB:

Exclude non-recurring cash gifts of $30 or less, not to exceed $30 per participant per month.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Exclude $30 or less per unit per calendar quarter if it is too infrequent or irregular to be anticipated. This exclusion does not apply to Uncle Harry Food Support cases budgeted retrospectively.

Exclude up to $300 per calendar quarter in cash donations from private non-profit charitable organizations if they are based on the unit's need. This exclusion does NOT apply to resettlement grants issued to refugees by Minnesota Voluntary Agencies (VOLAGs). Resettlement grants are NOT considered infrequent or irregular income. For information on how to treat resettlement grants, see §0017.15.30 (Lump Sum Income).

MSA: For SSI recipients, no county action required.

For non-SSI recipients, infrequent income is income received only once during a calendar quarter from a single source.

Exclude irregular or infrequent unearned income that totals up to $20 a month. If the total exceeds $20, do not exclude any of it.

Exclude irregular or infrequent earned income if it totals up to $10 a month. If the total exceeds $10, do not exclude any of it.

Consider the exclusion against the combined total irregular or infrequent income of spouses or parents and children.

INFREQUENT, IRREGULAR INCOME 0017.15.12

GA: Count the following cash gifts or irregular income as unearned income:

- Cash the unit receives on a regular basis.
- Cash the unit receives from agencies or organizations if it is intended for food, clothing, shelter, utilities, household supplies, or personal care items.
- The full cash gift when the cash is received from 1 source and exceeds $30 per unit member per calendar quarter.
- The remainder of irregular cash gifts when the 1st $30 was excluded. Circumstances for exclusions are listed below.

Exclude the following cash gifts:

- Irregular cash gifts totaling $30 or less per unit member per calendar quarter.
- Up to $30 of irregular cash gifts totaling more than $30. This exclusion applies only if each gift is for $30 or less.

Exclude cash a non-unit member deposits into a unit member's personal bank account, if the deposit is specifically designated for a purpose other than meeting a unit member's needs. The unit must document each designated deposit and its expenditure. For information on income from shared living situations, see §0017.06 (Excluded Income).

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Exclude certain income from Workforce Investment Act (WIA) programs. See §0017.15.18 (Workforce Investment Act (WIA) Income).

Also see §0008.06.18 (Change in Participant's Age) for how to budget income when a child's age changes.

MFIP, WB:

Exclude all earned income of a minor child through age 6.

Exclude all earned income of a minor child over age 6 or minor caregiver who is attending an approved elementary school or secondary education program at least half-time as defined by the school.

Exclude all earned income of a caregiver under 20 who is at least a half-time student in an approved elementary or secondary education program.

For a minor child enrolled in an on-line secondary school or on-line GED program that is not approved by the MN Dept. of Education, refer to the local school district determine the program's legitimacy. Each district has a transfer specialist who will sort this out, probably by doing testing. If the program is unapproved, **DO NOT** exclude any earned income.

Count all unearned income of a minor child or minor caregiver unless excluded under another provision. For information on child support income, see §0017.15.03 (Child and Spousal Support Income).

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Exclude all earned income of an elementary, secondary, or GED student if the student is in school at least half-time, is under age 18, AND is:

- A child, stepchild, or foster child of a unit member.

OR

- Under the parental control of a unit member.

See §0010.18.02 (Mandatory Verifications - FS) for information about school attendance verification requirements.

Count all unearned income of a minor child unless excluded under another provision.

MSA, GA:
Count all income of a minor child unless excluded under another provision.

GRH: Count all income of a blind minor child, unless excluded under another provision.

WORKFORCE INVESTMENT ACT (WIA) INCOME 0017.15.18

The Workforce Investment Act (WIA) is a national workforce preparation and employment system designed to integrate, coordinate, and improve employment, training, literacy, and vocational rehabilitation programs delivered through the Minnesota One Stop Operating System (MNOSOS). WIA funds employment and training services for eligible adults, dislocated workers and youth.

Employment service providers working with cash and food participants must inform the participant's financial worker which WIA program the participant is in so payments are correctly counted or excluded. Hours participating in WIA programs count in the federal Work Participation Rate (WPR) even if the income is excluded.

Programs authorized under WIA include:

- Job Corps.
- Summer Youth Employment Program (WIA Youth).
- Minnesota Migrant Council.

MFIP, WB:

Count all WIA payments as earned income EXCEPT for the following exclusions:

- Reimbursements for employment training.
- Reimbursements for work related expenses, such as child care and/or transportation.
- Payments received by a minor child, a minor caregiver, or a caregiver under age 20 who is at least a half-time student in an approved elementary or secondary education program. See §0017.15.15 (Income of Minor Child/Caregiver Under 20).

DWP: Follow MFIP. However, after the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Exclude ALL WIA income from allowances, earnings, or payments (including reimbursements).

Count earnings from On-the-Job Training (OJT) programs as earned income unless earned by people age 19 and under who are under the parental control of another adult household member regardless of whether attending and/or enrolled in school.

MSA, GA, GRH:

Count WIA payments as earned or unearned income, unless excluded under other provisions.

Exclude all tax refunds, credits, and rebates as income.

Tax refunds include:

- Federal and state withholding refunds.
- Homeowner/Renter Property Tax Refund.

Tax credits include:

- Earned Income Credit (EIC).
- Federal Child Care Credit.
- Minnesota Working Family Credit.

See §0015.27 (Excluded Assets - Income) for treatment of tax refunds and credits as assets.

There are 2 types of in-kind income:

- The unit receives something tangible, other than cash, for performing a service. For example, the unit receives food in exchange for labor.

  Determine if compensation to apartment building caretakers is in-kind income or earned income. If the person receives a paycheck with an amount for rent deducted, the gross earnings are earned income, not in-kind income.

- The unit receives non-cash gifts, such as gift cards, food, shelter, or clothing.

A client's cash benefits paid to a representative payee and spent on behalf of the client are not in-kind income but are considered available income to the client.

Payments to a 3rd party on a client's behalf are vendor payments. See §0017.15.27 (Vendor Payments as Income).

MFIP, WB:

Count the value of in-kind earnings as earned income if the unit has a choice of receiving cash or in-kind income.

Exclude all other in-kind income.

Clients must make a good faith effort to receive ongoing in-kind income in the form of cash. See §0017.03 (Available or Unavailable Income).

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS, GA, GRH:

Exclude in-kind income.

Count the value of in-kind earnings as earned income if the unit has a choice of receiving cash or in-kind income.

MSA: If SSA counts the in-kind income, count it for MSA. SSA uses standardized amounts for people receiving in-kind support and maintenance (food and/or shelter).

If SSA assigns a Presumed Maximum Value (PMV) as unearned income when determining In-Kind Support and Maintenance, count 1/3 of the appropriate SSI

FBR plus the $20 income disregard as unearned income.

Cash benefits of a client paid to a representative payee and spent on behalf of the client are not excluded vendor payments, but are considered available income to the client.

Exclude all other vendor payments made for a client unless specific program provisions below require otherwise.

Exclude court-ordered vendor payments made by a 3rd party on behalf of a client.

MFIP, WB:

Exclude vendor payments for goods and services made for a client, unless the client had the option of receiving the payment in cash.

Do not exclude vendor payments that are part of the monthly benefit for a public assistance program unless §0017.15.06 (Assistance Payments Income) says to exclude them.

The unit must make a good faith effort to change court-ordered vendor payments to direct payments. If the person making the vendor payments is a non-custodial parent, consider the client's cooperation with IV-D to be a good faith effort.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Do not exclude the following vendor payments:

- Payments made for a unit if the payor is otherwise obligated to pay the unit directly.
- DWP, GA and MSA vendor payments that are part of the monthly benefit for those programs.
- State-funded payments for energy assistance.
- Local payments for energy assistance (EXCEPT for emergency payments to avoid shutoffs).
- Transitional housing payments for the homeless.

Do exclude:

- Any type of vendor payments to battered women's shelters.

- EMSA, and EGA vendor payments.

- HUD payments made to a utility provider and Farmers Home Administration (FmHA) Rental Assistance Program utility payments. See §0017.15.81 (Utility Payments).

MSA: Exclude all vendor payments.

GA: Do not exclude payments for tuition, fees, or room and board made for a full-time student by the student's parents. See §0017.15.36 (Student Financial Aid Income).

Do not exclude payments made on behalf of clients which they could legally require to be paid directly to them.

Do not exclude vendor payments that are part of the monthly GA benefit. Exclude GA vendor payments that are separate from the monthly GA grants. Examples are EGA or Emergency Food Vouchers.

See §0017.15.06 (Assistance Payments Income), §0020.18 (GA Assistance Standards).

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Some examples of lump sums are:

- Winnings.
- Inheritances.
- Insurance settlements. Also see 0017.06 (Excluded Income).
- Retroactive payments of RSDI, VA, Unemployment Insurance, etc.

For additional information on counting lump sums as income and budgeting lump sums, see 0022.15 (Counting Lump Sums as Income), 0022.15.03 (Budgeting Lump Sums in a Prospective Month), 0022.15.06 (Budgeting Lump Sums in a Retrospective Month).

Also see 0015.60 (Evaluation of Lump Sums).

MFIP:
Lump sums may be earned or unearned income.

Treat employer contributions to pension or retirement funds as lump sum unearned income when the client liquidates the funds in 1 payment.

To calculate INCOME:

1. Add lump sum earned income to the unit's other gross earned income.

2. Allow the following EXCLUSIONS:

   - The portion of an insurance settlement designated and used to pay for medical, funeral, and burial expenses, or to repair or replace insured property.

   - Retroactive lump sum payments of SSI and all other lump sum income (including RSDI) of an SSI recipient. This exclusion applies even if the lump sum is a retroactive payment for a period for which the SSI recipient was still a mandatory unit member. However, count any portion of an RSDI lump sum payment designated as dependent benefits. See 0015.60 (Evaluation of Lump Sums).

   - Any costs associated with getting unearned lump sum income, such as attorney fees, or medical fees. Also exclude mandatory deductions such as federal and state income taxes from unearned lump sum income.

3. Add any remaining lump sum unearned income to the unit's other gross unearned income.

Treat a lump sum as income in the month received if it is not excluded under other provisions.

For information on counting lump sum payments as assets, see 0015.60 (Evaluation of Lump Sums). Also see 0015.63 (Evaluation of Pension and Retirement Plans), 0017.15.42 (Interest and Dividend Income).

For lump sum income received by an applicant during the 1st 2 months, combine the income with other income from that budget month and determine the grant prospectively.

For lump sum income received by a participant after the 1st 2 months, combine the income with other income from that budget month and determine the grant retrospectively.

When the lump sum combined with other income is less than the Transitional Standard for the applicable payment month, the assistance payment must be reduced according to the amount of the countable income. When the countable income is greater than the Transitional Standard, suspend for the payment month. See 0022.18 (Suspensions).

A lump sum may not be carried over into a subsequent month. Count any funds that remain after the lump sum is budgeted toward the asset limit.

A lump sum is counted toward the asset limit in the 3rd month after the month of receipt.

WB:
Follow MFIP, EXCEPT always budget lump sum income prospectively and references to suspension do not apply.

DWP:
Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS:
Exclude lump sums as income. Treat them as assets. See 0015.60 (Evaluation of Lump Sums).

Work bonuses are not lump sums. They are earned income in the month received.

RSDI installment payments of more than 1 month are not lump sums. They are unearned income in the month received.

The refugee resettlement grant issued to refugees by Voluntary Agencies (VOLAGs) is a lump sum in the first month received. Resettlement grants are unearned income if the benefits are issued as cash or check in the following month(s).

For SSI payments, see 0017.15.45 (Income From RSDI and SSI).

MSA:
For SSI lump sums covered under interim assistance agreements, or for lump sums not covered under an interim assistance agreement but the client repays the interim assistance voluntarily, see 0012.12.03 (Interim Assistance Agreements). Count other lump sums as earned or unearned income in the month received. Also see 0015.60 (Evaluation of Lump Sums), 0022.15 (Counting Lump Sums as Income).

GA:
Lump sums may be earned or unearned income.

Exclude lump sum payments issued by insurance companies which are specifically designated as compensation to a unit member for partial or total permanent loss of function or body part, or earmarked and used to pay medical or funeral and burial costs. See 0015.60 (Evaluation of Lump Sums), 0017.06 (Excluded Income).

GRH:
Follow MSA.

In addition, exclude lump sum payments issued by insurance companies which are specifically designated as compensation to a unit member for partial or total permanent loss of function or body part, or earmarked and used to pay medical or funeral and burial costs. Also see 0017.06 (Excluded Income).

SELF-EMPLOYMENT INCOME 0017.15.33

Self-employed people are those who are responsible for their own work schedule and do not have coverage under an employer's liability insurance or workers' compensation.

Self-employed people generally work for themselves rather than an employer. However, people employed in some types of services may be self-employed even if they have an employer or work out of another's business location (for example: real estate sales people, people who work for commission sales, manufacturer's representatives, independent contractors). Self-employed people may or may not have FICA deducted from the check an employer or another party issues to them. When self-employed people indicate they are independent contractors, check with the business the self-employed client is contracting with to see if it considers the client to be self-employed or an employee. If the business states that it considers the self-employed person to be an independent contractor, then the client is self-employed.

Self-employed people may own a business solely or in partnership. In partnerships and S-Corporations people may earn a salary.

For treatment of income from specific types of self-employment businesses, see:

§0017.15.33.21 Self-Employment Income From In-Home Day Care.
§0017.15.33.24 Self-Employment Income From Farming.
§0017.15.33.27 Self-Employment Income From Roomer/Boarder.
§0017.15.33.30 Self-Employment Income From Rental Property.
§0017.15.54 Capital Gains as Income.

Use tax forms and business records to determine income and expenses from self-employment. See §0010.18.09 (Verifying Self-Employment Income/Expenses) for information on how to verify self-employment income.

Determining gross earned income from self-employment differs from determining other gross earned income. Subtract allowable costs of doing business from gross receipts. The amount remaining is the gross self-employment income. See:

§0017.15.33.06 Self-Employment Common Business Expenses.
§0017.15.33.09 Self-Employment Expense for In-Home Business.
§0017.15.33.12 Self-Employment Transportation Expenses.
§0017.15.33.15 Self-Employment Expenses Not Allowed.

Add gross self-employment income to other earned income to determine total gross earned income for the client. For programs with a gross income limit, count gross self-employment

income toward the gross income limit. For some programs, a loss from a self-employment business can offset other income. See §0017.15.33.18 (Self-Employment Loss Offset). Apply the disregards and deductions to total earned income (from self-employment and other earned income) to determine net income. See §0018.06 (Work Expense Deductions), §0018.09 (Dependent Care Deduction), §0018.18 (Earned Income Disregards).

Also see §0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt).

MFIP, WB:

Determining gross earned income from self-employment differs from determining other gross earned income. Subtract allowable business expenses from gross income. See §0017.15.33.06 (Self-Employment Common Business Expenses). The amount remaining is the "net gross" self-employment income. Do not count draws for assistance unit members as self-employment income because wages or other benefits paid to a unit member or another member of the household for whom the employer is legally responsible is not an allowable business deduction.

- To determine the number of hours worked monthly, divide the "net gross" self-employment income by the federal or state minimum wage whichever is higher to arrive at the number of hours worked in a month.

- To determine the number of hours worked weekly, divide the "net gross" income by 4.3 to arrive at a weekly earnings figure. Divide the weekly earnings figure by the federal or state minimum wage and round off (round up .50 or higher; round down less than .50). See TEMP Manual TE12.05 (Minimum Wage). The result is the number of hours to count toward the participation requirement for MFIP Employment Services.

- For MFIP only see information on using the rolling average in §0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt).

C-Corporations are not self-employment businesses. See §0002.09 (Glossary: Calendar Month...) for the definition of C-Corporation.

S-Corporations are considered self-employment businesses. See §0002.59 (Glossary: RSDI...) for the definition of S-Corporation.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Income from a sole proprietorship and/or partnership or S-Corporation income other than wages, draws, guaranteed payments or compensation of officers is self-employment income.

Wages, draws, guaranteed payments, or compensation of officers paid to the business owner or a household member is considered earned income (not self-employment income) when the business is a partnership or S-Corporation.

S-Corporations are considered self-employment businesses. Income received by the shareholders is countable income regardless of whether the individual decides to reinvest his or her income back into the corporation. See §0002.59 (Glossary: RSDI...) for the definition of S-Corporation.

C-Corporations are NOT self-employment businesses. See §0002.09 (Glossary: Calendar Month...) for the definition of C-Corporation.

MSA: For SSI recipients, no county action is required. SSA will make all income determinations and adjustments.

For non-SSI recipients due to excess income, follow general provisions.

GA: Use only the income received and expenses paid from the month of application forward, EXCEPT for:

- Farm income. See §0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt), §0017.15.33.24 (Self-Employment Income From Farming).
- The cost of building an inventory. Allow the cost of inventory as a deduction only at the time of sale. See §0017.15.33.15 (Self-Employment Expenses Not Allowed).

GRH: Follow general provisions for aged, blind, or disabled clients. Follow GA for all other adults.

SELF-EMPLOYMENT, CONVERT INC. TO MONTHLY AMT 0017.15.33.03

For each business, calculate gross self-employment income by adding all gross receipts and subtracting allowable expenses. Also see §0017.09 (Converting Income to Monthly Amounts), §0017.15.33 (Self-Employment Income), and §0017.15.33.06 through §0017.15.33.30.

MFIP, DWP:

The self-employment budget begins in the month of application or in the 1st month of self-employment.

Use a 12-month rolling average to budget monthly income from self-employment.

If a self-employment business has been in operation for at least 12 months, average the monthly self-employment income from the most current income tax report for the 12 months before the month of application. Use this amount to determine the self-employment income to budget for the month of application and the previous 11 months. Each processing month, determine a new monthly average to use in the corresponding payment month. Do this by adding the actual self-employment income and expenses the client reports on the Self-Employment Report Form (DHS-3336) and dropping the 1st month from the averaging period, creating a new 12-month period.

If a business has been in operation less than 12 months, compute the average for the number of months the operation has been in business to determine a monthly average. Use this figure for the number of months the operation has been in business and add each new month's figures until you have a 12-month average.

If the business has a major change, compute a new rolling average beginning with the 1st month of the major change. A major change is one that affects the nature and scale of the business. It is not merely the result of normal business fluctuations. Major change can also be used when a business ends. When the business ends, continue using the new rolling average until the business income ends. Stop counting the self-employment income the payment month after the income ends.

For seasonal self-employment, the caregiver may choose to use the rolling average or actual income and expenses. Under the actual method, count income in the month received and expenses in the month incurred. The caregiver may choose the method at application or the 1st time the unit begins seasonal self-employment. The caregiver may change the method only at recertification. Seasonal self-employment for this purpose means working 6 months or less per year.

For self-employment rental income, the unit must report hours worked each month on the rental property as well as income or expenses on the DHS-3336. Use the rolling average method outlined above to compute the average number of hours worked per month. Use this average to determine whether to count the rental income as earned or unearned. See §0017.15.33.30 (Self-Employment Income From Rental Property).

See §0010.18.09 (Verifying Self-Employment Income/Expenses) for more information on collecting and verifying information used to compute the rolling average. If, at recertification, the client's tax forms or other verification show the client greatly understated the amount of income from self-employment, determine whether a fraud investigation is appropriate.

WB, FS:

Compute monthly self-employment income by averaging the income and expenses, regardless of whether the household receives the income monthly or less often than monthly. Use these averages to determine monthly counted self-employment income.

- If the unit files tax returns, base the average on the most recent tax year's income. Use the average figure until the client files a new tax return covering a full 12 calendar months. If the unit does not file tax returns, calculate the average using business records.

- If a self-employment business has been in operation for 12 months or more, average the self-employment income and expenses from the past year. Use the average figure until the client files a new tax return covering a full 12 calendar months. If the unit does not file tax returns, calculate the average using business records.

- If the self-employment business has been in operation for less than 12 months, average the business income and expenses over the period of time the business has been in operation. Use the average figure until the client files a new tax return covering a full 12 calendar months. If the unit does not file tax returns, calculate the average using business records. Continue to anticipate any changes that will impact the net income.

When business income increases or decreases significantly, anticipate the income and calculate a new average. A significant change is a change that affects the nature or scale of the business, and does not result from normal business fluctuations.

SELF-EMPLOYMENT, CONVERT INC. TO MONTHLY AMT 0017.15.33.03

MSA: For SSI recipients, no county action required.

For non-SSI recipients, due to excess income, follow GA.

GA: Count the client's income and expenses each month unless the type of self-employment requires using average monthly income or expenses. Do not use the client's tax returns to determine income or expenses. Use the average monthly income and expenses when:

- The client pays expenses less often than monthly, but receives income monthly. Count the client's income each month. However, average expenses forward over the number of months they cover. Begin with the month the client pays the expense. Do not exceed 12 months.

- The client does not receive income monthly. Average the income and expenses over the number of months the client earned the income. Budget the income for the number of months used to determine the average.

To average income:

1. Determine the number of months the income covers. The beginning month is the latest of:

   - The month the person began self-employment.

   - The month following the last self-employment income.

   - If the client was self-employed before applying for this program, the month most recent eligibility began.

   Count the month the client receives the income as the last month the income was earned. Do not exceed 12 months.

2. Determine average income and expenses.

   - Divide the income by the number of months it covers.

   - Divide total expenses paid during the months the income covers by the number of months the income covers.

3. When the client receives new income, average the income and expenses over the number of months the client earned the income. Add the new amount to the existing budget.

GRH: Follow FS for aged, blind, or disabled clients. Follow GA for all other adults.

SELF-EMPLOYMENT COMMON BUSINESS EXPENSES 0017.15.33.06

Self-employed units may deduct expenses directly related to the cost of doing business. Check each expense to see if it is appropriate and necessary to the business. If the expense is reasonable and not prohibited by §0017.15.33.15 (Self-Employment Expenses Not Allowed), subtract the expense from the gross receipts. Document reasons for allowing or disallowing a business expense.

For information on self-employment in-home business expenses and transportation expenses, see §0017.15.33.09 (Self-Employment Expense for In-Home Business), §0017.15.33.12 (Self-Employment Transportation Expenses).

Some common business expenses are:

- Interest on mortgages and loans.
- Employee wages, other than for a person who is part of the unit or who must contribute income to the client. See §0016 (Income From People Not in the Unit).
- FICA paid on an employee's wages.
- Payment on employees' workers' compensation and unemployment insurance.
- Livestock and veterinary or breeding fees.
- Raw material.
- Seed and fertilizer.
- Maintenance and repairs which are not capital expenditures.
- Tax return preparation fees.
- License fees, franchise fees, professional fees, and professional dues.
- Tools and supplies that are not capital expenditures.
- Fuel and transportation expenses other than fuel costs covered by the flat rate transportation deduction. See §0017.15.33.12 (Self-Employment Transportation Expenses).
- Advertising.

- Meals away from local work site (for example: truckers, salespeople).
- Property expenses (for example: rent, insurance, taxes, utilities). For provisions governing in home businesses, see §0017.15.33.09 (Self-Employment Expense for In-Home Business).
- Postage.
- Attorney fees allowed by the IRS.
- Tuition as allowed by IRS publication 508. The IRS allows tuition costs for some classes required to maintain or improve skills in the client's profession or required by law or regulation to keep pay, status, or job.

MFIP, WB, DWP:
Also allow purchase cost of inventory, at the time of sale.

FS: Also allow payments on the principal of the purchase price of income-producing real estate and capital assets, equipment, machinery, and other durable goods.

MSA: Allow self-employment expenses the IRS allows, unless prohibited in §0017.15.33.15 (Self-Employment Expenses Not Allowed).

GA: Follow general provisions.

GRH: Follow MSA for aged, blind, or disabled clients. Follow general provisions for all other adults.

SELF-EMPLOYMENT EXPENSE FOR IN-HOME BUSINESS 0017.15.33.09

Determine if the self-employment business operates from the client's home. Allow as a deduction the costs for the portion of the home used exclusively for the business. Also see §0017.15.33.21 (Self-Employment Income From In-Home Day Care).

Use self-employment business and shelter costs provided by the client. If these are not available, use the client's tax records or determine a reasonable ratio to allow as a business expense. Compare the number of rooms used for business to the total number of rooms in the house, or compare the total square footage of the house to the square footage used for business. Prorate the expense accordingly.

Deductions include:

- Rent.
- Real estate taxes and insurance.
- Interest on mortgage.
- Utilities.
- Repairs made to specific areas of the home used exclusively for business.

Consider areas used for inventory storage or in-home child care as exclusive business use even though the client does not use them exclusively for business if:

- For inventory storage, the client's home is the only work station. Base the business ratio on square footage of inventory storage to the square footage of the home.
- For in-home child care, the client's home is licensed for child care or is exempt from licensing. Base the business ratio on square footage. In addition to applying the business/home ratio, determine the proportion of time the unit uses the area for child care. Prorate the expense accordingly.

MFIP, WB, DWP, MSA, GA, GRH:
Follow general provisions.

FS: If a unit's self-employment utilities are not metered separately from shelter utilities, the unit may:

- Prorate actual utility expenses between shelter and self-employment as described in the general provisions.

OR

- Claim the standard utility allowance as a shelter expense with no self-employment utility expense allowed.

If there are separate meters, the unit may claim the full standard utility allowance as a shelter expense and deduct actual utility expenses for self-employment. See §0018.15.18 (Standard Utility Allowance).

SELF-EMPLOYMENT TRANSPORTATION EXPENSES 0017.15.33.12

The flat rate deduction for transportation for all programs is 50 cents per mile. Use the flat rate deduction or itemize transportation expenses.

If a unit chooses to itemize, allow only verified transportation expenses such as listed below. A tax form is acceptable verification. Advise the unit to keep receipts for expenses incurred.

If the flat rate deduction is used, advise the unit to track the following for each trip:

- Miles by recording odometer readings or other reasonable method.
- Dates.
- Travel destination.
- Purpose.

NOTE: Encourage taxi drivers to itemize actual transportation expenses because itemization allows lease payments to be included. Lease payments can NOT be allowed if the flat rate is chosen. If itemized transportation expenses are used, the participant will not need to keep a separate set of records to file federal taxes. The Internal Revenue Service (IRS) requires itemization of transportation expenses.

Transportation expenses include:

- Gas and oil costs.
- Parking fees.
- Car insurance.
- Car repairs.
- Interest payments on a car loan.

Self-employment transportation expenses are allowable between the person's principle place of business and other self-employment locations. If there is no principle place of business, allow expenses for self-employment travel beyond a distance of 35 miles, one-way, from the person's home.

Transportation expenses are NOT allowed between the self-employed person's home and principle place of business. Personal transportation expenses are not an allowed self-employment expense.

SELF-EMPLOYMENT EXPENSES NOT ALLOWED 0017.15.33.15

Do not allow as a self-employment expense:

- Federal, state, and local income taxes.
- The employer's own share of FICA. This does not include the share the employer pays for an employee.
- Money set aside for the self-employed person's own retirement.
- Work-related personal expenses.

MFIP, WB, DWP:

Do not allow:

- Payments on principal of loans for the purchase of capital assets.
- Purchase of capital assets.
- Charitable contributions.
- Depreciation.
- Amortization.
- Wages or other benefits paid to a unit member or another member of the household for whom the employer is legally responsible.
- The costs of building an inventory. (Deduct the cost of a product only after it sells.)
- Transportation costs that exceed the maximum standard mileage rate allowed for use of a personal car by the IRS. See §0017.15.33.12 (Self-Employment Transportation Expenses).
- Costs for mileage between the unit member's home and place of employment.
- Personal business and entertainment expenses.
- Credit Card payments, including interest charges.
- Any expenses not allowed by the IRS.

SELF-EMPLOYMENT EXPENSES NOT ALLOWED 0017.15.33.15

FS: Do not allow:

- Net loss from another period.
- Charitable contributions.
- Depreciation.
- Wages or other benefits a sole proprietorship pays to a unit member as a business expense.
- Personal business and entertainment expenses.
- Cost of meals**.**
- Credit Card payments, including interest charges**.**

MSA: Do not allow net loss from another period.

GA: Do not allow:

- Net loss from another period.
- Payments on principal of loans.
- Capital expenditures.
- Charitable contributions.
- Depreciation.
- Wages or other benefits paid to a unit member or other household member for whom a unit member is legally responsible.
- Personal business and entertainment expenses.
- Any expenses not allowed by the IRS unless specifically authorized by this manual.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

MFIP, WB:

A person with more than 1 self-employment business may use the loss from 1 business to offset income from another business that person owns.

A loss from a self-employment business may not offset non-self-employment income or income from another person's business.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Units operating more than 1 self-employment business may use the loss from 1 business to offset self-employment income from another business.

Units which expect to receive $1,000 or more annual gross income from farming may use a farm loss to offset other earned or unearned income.

1. Average the farm loss to determine a monthly amount.

2. Subtract the farm loss from any other self-employment of the unit.

3. If the farm loss is less than the other self-employment income, add the remaining self-employment income to any other earned and unearned income. Apply the Gross Income Test (GIT) to this result.

   If the farm loss is greater than the other self-employment income, add the unit's other gross earned and unearned income together and subtract the remaining loss. Apply the Gross Income Test (GIT) to this result.

See §0017.15.33.24 (Self-Employment Income From Farming).

MSA: A loss from self-employment income may be used to offset other earned income.

GA: Do not use a loss from self-employment to offset other income. This includes other self-employment income.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

SELF-EMPLOYMENT INCOME FROM IN-HOME DAY CARE

People who provide day care in their own homes are self-employed. In-home day care providers can deduct day care expenses from their day care income.

People who provide day care in someone else's home are not eligible for these deductions.

Instruct in-home day care providers to itemize and verify expenses, unless they use a flat rate deduction. See 0010.18.09 (Verifying Self-Employment Income/Expenses).

Commonly allowable itemized expenses include:

- Food.
- Toys and books.
- Supplies.
- Transportation. See 0017.15.33.12 (Self-Employment Transportation Expenses).
- License fees and professional dues.
- Advertising costs.
- Equipment rental and lease expenses.
- Equipment which is not a capital expenditure.

In addition, deduct expenses for the area of the home used for day care. See 0017.15.33.09 (Self-Employment Expense for In-Home Business).

MFIP, WB, GA:
In-home day care providers may itemize expenses or take a flat rate deduction of 60% of gross receipts. Use the method most advantageous to the unit. People who provide day care in someone else's home must use actual expenses. See 0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt).

Do not count payments from the Minnesota Child Care Food Program in calculating gross receipts. If using the actual expense method, do not deduct expenses reimbursed through the Minnesota Child Care Food Program.

DWP:
Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS:
In-home day care providers must itemize expenses.

Exclude the portion of Minnesota Child Care Food Program funds paid for meals served to the provider's own children. Count all other Minnesota Child Care Food Program payments in calculating gross receipts.

For meals provided, providers may choose either actual costs or the reimbursement amounts currently allowed by the Child and Adult Care Food Program (effective July 1, 2010 - June 30, 2011):

Breakfast	$1.19
Lunch or supper	$2.22
Snack	$0.66

MSA:
In-home day care providers must itemize expenses.

Exclude the portion of Minnesota Child Care Food Program funds paid for meals served to the provider's own children. Count all other Minnesota Child Care Food Program payments in calculating gross receipts.

GRH:
Follow FS for aged, blind, or disabled clients. Follow MFIP for all other adults.

SELF-EMPLOYMENT INCOME FROM FARMING 0017.15.33.24

Farmers are self-employed. They may work full-time, part-time, or as hobby farmers.

Common types of farm income include:

- Proceeds from sale of crops, livestock, or products.
- Production from livestock.
- Income from home-produced food.
- Soil conservation payments and other subsidies.
- Proceeds from machine rental, including wages to the farmer/operator.
- Capital gains. See §0017.15.54 (Capital Gains as Income).

Deduct from farm income all allowable expenses necessary to produce the income. Separate farm and shelter expenses using farm records and information from the mortgage lender, tax assessor, or Farmer's Home Administration. When it is not possible to separate farm and shelter expenses, determine the ratio of farm property to home property and multiply the expense by the ratio.

Also see:

§0010.18.09	Verifying Self-Employment Income/Expenses.
§0017.15.33.03	Self-Employment, Convert Inc. to Monthly Amt.
§0017.15.33.06	Self-Employment Common Business Expenses.
§0017.15.33.15	Self-Employment Expenses Not Allowed.
§0022	Budgeting and Benefit Determination.

MFIP, WB, DWP:
Follow general provisions.

FS: Average farm income and expenses over a 12-month period. Use the unit's most current tax return as a guide. If the tax return is not available or does not reflect true circumstances, use the client's farm records.

If the farm income has greatly increased or decreased from the income shown on the tax return or farm records, anticipate the earnings and calculate a new average. Use the average for the remainder of the certification period.

MSA, GA, GRH:

Average farm income and expenses over a 12-month period. Use the unit's most current tax return as a guide. If the tax return is not available or does not reflect true circumstances, use the client's farm records.

If the farm income has greatly increased or decreased from the income shown on the tax return or farm records, estimate the earnings. Calculate a new average each month until there is a 12-month average. Use the average figure for 12 months or until the client files a new tax return form, whichever is shorter.

SELF-EMPLOYMENT INCOME FROM ROOMER/BOARDER 0017.15.33.27

If a client receives payments for lodging, meals, or related services from people living in the client's home, the income is roomer/boarder income. Units with roomer/boarder income are self-employed. Count the income as earned income.

- A roomer lives with the unit and pays for lodging only.
- A boarder eats with the unit and pays for meals only.
- A roomer and boarder lives AND eats with the unit and pays for lodging AND meals.

Roomer/boarder income is different from rental property or from shared living expense income. For information on rental property income, see §0017.15.33.30 (Self-Employment Income From Rental Property). For information on shared living expense income, see §0017.06 (Excluded Income).

MFIP, WB, DWP:

Allow a flat rate deduction for each roomer, boarder, and roomer/boarder:

- Roomer: $71 per month.
- Boarder: $200 per month (the Thrifty Food Plan amount for 1).
- Roomer/boarder: $271 per month (the roomer rate plus the Thrifty Food Plan amount for 1).

If there is more than 1 boarder (or roomer/boarder), use the total number of boarders as the unit size in determining the Thrifty Food Plan amount. See the Food Support provisions of §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH).

Subtract the flat rate deduction for each roomer, boarder, and roomer/boarder from total roomer/boarder income to get gross roomer/boarder self-employment income.

FS: Allow the following expenses for a roomer/boarder:

- Roomer: The verified expense of providing the room. See the general provisions of §0017.15.33.30 (Self-Employment Income From Rental Property) for instructions on how to determine the expense.
- Boarder: The verified expense of providing the food or the Thrifty Food Plan. For Thrifty Food Plan amounts, see §0022.12.01 (How to Calculate Benefit

Level - FS/MSA/GRH).

- Roomer and boarder: The verified expense of providing the room and the Thrifty Food Plan amount or the verified expense of providing the food, whichever is greater. For the Thrifty Food Plan Amounts, see §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH).

If there is more than 1 boarder, use the total number of boarders as the unit size in determining the Thrifty Food Plan amount.

Deduct the allowable expenses, up to the amount of the income, to get gross self-employment income. For treatment of boarders who pay less than the Thrifty Food Plan amount for food, see §0014.03.06 (Determining the Food Support Unit), §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH).

MSA: Allow the following expenses for a roomer/boarder:

- Roomer: The verified expense of providing the room.
- Boarder: The verified expense of providing the food.
- Roomer and boarder: The verified expense of providing the room and board.

Deduct the allowable expenses, up to the amount of the income, to get gross self-employment income.

GA: Allow a flat rate deduction for each roomer/boarder:

- Roomer: $71 per month.
- Boarder: $86 per month.
- Roomer and boarder: $157 per month.

Subtract the flat rate deduction for each roomer/boarder from total roomer/boarder income to get gross self-employment income.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

SELF-EMPLOYMENT INCOME FROM RENTAL PROPERTY 0017.15.33.30

Rental property is property the client owns and rents to others. This may include separate living quarters in the same building, such as a duplex. For information on rental income from people living with the client, see §0017.15.33.27 (Self-Employment Income From Roomer/Boarder).

Income from rental property may be earned or unearned. See the program provisions for when rental income is earned or unearned. Deduct allowable expenses from both earned and unearned rental income to get gross rental income. Allow earned income disregards only for earned rental income. See §0018.18 (Earned Income Disregards).

Allowable expenses for rental property include:

- Real estate tax.
- Insurance.
- Utilities.
- Interest.
- Upkeep and repairs.

When the client lives on the rental property, determine the rental property ratio. Divide the number of rooms or square footage that the client rents out by the total number of rooms or square footage in the building. To determine the portion of an expense that is an allowable deduction, multiply the expense by the ratio.

MFIP, WB, DWP:

Clients may deduct either actual expenses for upkeep and repairs, or use a flat deduction of 2% of the estimated market value on the county tax assessment form. Clients may switch between the flat rate deduction and actual expense method only at recertification. Help clients determine which deduction would be more favorable to them. If clients choose the flat deduction, divide 2% of the estimated market value by 12 to get the monthly deduction amount.

Count income from rental property as earned income when the unit spends an average of at least 43 hours per month maintaining or managing the property. Otherwise, count it as unearned income. Allow earned income disregards only for earned rental income. See §0018.18 (Earned Income Disregards). For information on computing the average number of hours worked per month, see §0017.15.33 (Self-Employment Income).

FS: Count income from rental property as earned income when the unit spends an average of 20 hours or more per week maintaining or managing the property. Otherwise count it as unearned income.

If a unit rents out a room in its home and includes utilities in the rent, allow the client the standard utility allowance or total actual expenses as a shelter expense but no self-employment exclusion; or prorate the actual expense between shelter and self-employment. If utilities are separate from the rent, prorate the standard utility allowance or actual expenses between the client and the renter and consider the amount paid as both self-employment income and a self-employment expense.

If a unit rents out separate quarters in its home and is billed for utilities, treat it the same as above for the unit that rents a room and includes utilities in the rent. If the utilities are separate, allow the client the entire standard utility allowance or actual expenses, but don't count an amount for utilities as either self-employment income or a self-employment expense.

MSA: For SSI recipients, no county action is required.

For SSI excess income clients:

Count income from rental property as earned income for each month the client spends an average of at least 10 hours per week maintaining or managing the property.

Count income as unearned for each month the client spends less than 10 hours per week maintaining or managing the property.

GA: Count income from rental property as earned income when the client spends an average of at least 20 hours per week maintaining or managing the property. Otherwise count it as unearned income.

Allow up to $103 per year or 2% of the estimated market value on the county tax assessment form, whichever is greater, for upkeep and repairs.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Student financial aid includes federal and state work study income, educational loans, grants, and scholarships.

Some programs exclude financial aid entirely. Other programs count or exclude certain types of financial aid.

Programs that count financial aid treat aid funded under Title IV differently from other types of aid. To identify Title IV financial aid, see §0017.15.36.06 (Identifying Title IV or Federal Student Aid). Also see §0017.06 (Excluded Income), §0017.15.18 (Workforce Investment Act (WIA) Income).

Some programs prorate student financial aid over the period it is intended to cover. See §0017.15.36.03 (When to Budget Student Financial Aid).

Verification of student financial aid and expenses usually covers the full school year. Do not require additional verification unless there is conflicting information. See §0010.18.30 (Verifying Student Income and Expenses).

MFIP, WB, DWP:

Exclude all student financial aid for undergraduate students.

For graduate students:

- Count as earned income graduate student fellowships, internships, stipends, teaching assistant income, or any other financial aid that requires the student to work in order to receive the aid.
- After deductions for unmet educational expenses, count as unearned income graduate student scholarships, stipends, or other types of grants that do not require teaching or research or any other similar work.
- Exclude all Title IV financial aid and income from Bureau of Indian Affairs (BIA) student assistance programs.
- Exclude all student loans.

See §0017.15.36.09 (Student Financial Aid Deductions) for deductions to allow from graduate student financial aid.

For veterans benefits, determine which portion is designated as educational assistance benefits and exclude it as educational benefits. Treat the remaining amount of the benefit as unearned income.

FS: To exclude educational income, a student must be enrolled in 1 of the following:

- A recognized institution of post-secondary education.
- A school for the disabled.
- A vocational education program.
- A vocational or technical school.
- A program that provides for obtaining a secondary school diploma or the equivalent.

Exclude Tribal Development Student Assistance Revolving Loans made under the Tribal Development Student Assistance Act.

Exclude all Title IV financial aid and income from Bureau of Indian Affairs (BIA) student assistance programs.

For student loans other than Title IV or BIA, verify with the financial institution whether repayment of other student loans is deferred or non-deferred. For this purpose, deferred means the financial institution does not require repayment for 60 days or more from when the loan was issued. Whether or not a student is making payments does not affect whether a loan is a deferred payment loan.

- Count student loans if repayment is deferred.
- Exclude student loans if repayment is non-deferred.

Exclude all financial aid earmarked for a specific expense.

Deduct total educational expenses from all non-Title IV financial aid. In addition, deduct additional expenses from work study income. See §0017.15.36.09 (Student Financial Aid Deductions). To arrive at a monthly amount to budget, see §0017.15.36.03 (When to Budget Student Financial Aid).

MSA: Exclude the following financial aid:

- Financial aid loans, including loans from the Tribal Development Student Assistance Revolving Loan Program.
- Title IV financial aid in the month the client receives it.
- Financial aid used to fulfill an approved Plan to Achieve Self-Support (PASS) for disabled or blind people. See §0018.06.06 (Plan to Achieve Self-Support (PASS)).

Count all other financial aid as income in the month received. Deduct allowable expenses. See §0017.15.36.09 (Student Financial Aid Deductions).

GA: Exclude non-deferred student loans. Consider payments made for room, board, tuition, or fees by the parent of a full-time student in a post-secondary school to be income to the student. Budget parental payments as you do other non-excluded student financial aid.

To arrive at a monthly amount to budget, see §0017.15.36.03 (When to Budget Student Financial Aid).

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

WHEN TO BUDGET STUDENT FINANCIAL AID 0017.15.36.03

Follow the procedures in this section for when to budget counted student financial aid. See §0017.15.36 (Student Financial Aid Income) for what student financial aid is counted or excluded.

When dividing student financial aid by the months it is intended to cover, count each month only once for each source of aid. If the same source of aid covers a month where 1 term ends and another term begins, include that month only for the 1st term.

MFIP, WB:

Consider counted graduate student financial aid when it is available to meet the client's educational expenses. Budget it over the months it is intended to cover, whether or not the client attends school. To arrive at a monthly amount to budget:

1. Subtract allowable educational expenses for a given period of time (quarter, semester, year) from a graduate student's non-excluded financial aid received to cover the same period of time. See §0017.15.36.09 (Student Financial Aid Deductions).

2. Divide the result by the remaining number of months in the period.

3. Add this amount to the unit's gross income.

If the client receives the aid before the school year begins, do not budget the income until the period it is intended to cover. If the financial aid was received prior to application, do not budget it for that period.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: When to begin budgeting student financial aid depends upon the type of aid and the budgeting cycle. For budgeting cycles, see §0022.03 (How and When to Use Prospective Budgeting), §0022.06 (How and When to Use Retrospective Budgeting), §0022.09 (When to Switch Budget Cycles - Cash), §0022.09.03 (When to Switch Budget Cycles - FS).

Do not budget financial aid until it is available.

- GRANTS, SCHOLARSHIPS: Consider the income available when the student receives the award letter.

- OTHER LOANS: Consider the loan available when the student receives the award letter from the lending institution. Prorate the loan over the months it covers, regardless of the disbursement dates.

- STATE WORK STUDY INCOME: Consider work study income available in the month the student receives it.

If the student receives or signs the award letter before the school year starts, do not budget the income until the school year begins.

If a student signs or receives the award letter after some of the months it covers have passed, prorate the aid over the months it covers, but disregard the portion intended for prior months.

If a student verifies that a school withheld the student's aid because of unsatisfactory progress, do not budget the income.

To arrive at a monthly amount to budget:

1. Exclude all Title IV or Bureau of Indian Affairs (BIA) educational assistance.

2. Exclude educational assistance earmarked for specific costs of tuition, mandatory fees, books, supplies, dependent care, transportation, or miscellaneous personal expenses (other than living expenses).

3. Prorate each non-excluded, available financial aid and remaining expenses over the number of months it is intended to cover or it is incurred. The result is the monthly aid and expenses.

4. Subtract all remaining monthly educational expenses used for tuition, mandatory fees, books, supplies, dependent care, transportation, or miscellaneous personal expenses (other than living expenses).

5. Allow a 20% work expense deduction from work study income or fellowships that have a work requirement. See §0017.15.36.09 (Student Financial Aid Deductions) and TEMP Manual TE02.08.050 (Daycare Expenses) for instructions on allowing the deduction.

Continue budgeting student income over the period it is intended to cover for a client no longer in school. Deduct allowable expenses that the client must actually

pay. Exclude the income if the grantor of the aid demands immediate repayment beginning with the 1st budget month after the grantor demands repayment.

See §0017.15.36.06 (Identifying Title IV or Federal Student Aid), §0022 (Budgeting and Benefit Determination).

MSA: For SSI recipients, no county action required.

For non-SSI recipients, follow GA.

GA: Consider student financial aid when it is available to meet the client's educational expenses. Budget it over the months it is intended to cover, whether or not the client attends school.

To arrive at a monthly amount to budget:

1. Subtract allowable educational expenses for a given period of time (quarter, semester, year) from the non-excluded financial aid received to cover the same period of time. See §0017.15.36.09 (Student Financial Aid Deductions).

2. Divide the result by the remaining number of months in the period.

3. Add this amount to the unit's gross income. If the allowable educational expenses exceed the total amount of student aid, subtract the excess expenses from any work study income. Add the remaining work study income to any other gross earned income.

If the client receives the aid before the school year begins, do not budget the income until the school year begins. If the financial aid was received prior to application and is no longer available, do not budget student income for that period.

If the financial aid has not yet been made available for the client's educational expenses, do not budget the funds until they become available for the client's benefit. When the funds become available to meet the client's educational expenses, subtract financial aid deductions from the total student financial aid. Budget the remaining funds by prorating them over the remaining period of time they were intended to cover. See §0017.15.36 (Student Financial Aid Income), §0017.15.36.09 (Student Financial Aid Deductions),.

Deduct school expenses that exceed student financial aid from work study income.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

IDENTIFYING TITLE IV OR FEDERAL STUDENT AID 0017.15.36.06

Financial aid wholly or partially funded by the United States Department of Education is Title IV aid. Some programs treat Title IV aid differently from other financial aid. See §0017.15.36 (Student Financial Aid Income), §0017.15.36.09 (Student Financial Aid Deductions).

Title IV aid includes:

- Pell or BEOG grants.
- Presidential Access Scholarships (Super Pell).
- Supplemental Education Opportunity Grants (SEOG).
- Minnesota State Scholarships and Grants.
- Stafford Loan (formerly Guaranteed Student Loan).
- PLUS loans.
- Perkins Loans (formerly NDSL).
- Federal Direct Loans
- SLS (formerly ALAS).
- Robert C. Byrd Honor Scholarships.
- Federal work study income.
- Bureau of Indian Affairs Grant Program.
- High School Equivalency Program (HEP).
- College Assistance Migrant Program (CAMP).
- Upward Bound (Trio Grants).
- National Early Intervention Scholarship and Partnership Program.
- Robert E. McNair Post-Baccalaureate Achievement.

Aid that is federally funded but not under Title IV includes:

- Workforce Investment Act (WIA).
- Veterans benefits or other benefits through the United States Armed Services.

Aid that is not federally funded includes:

- SELF loan program.
- State work study income.
- Division of Rehabilitation Services, Department of Employment and Economic Development.

Verify educational expenses before allowing them as a deduction. Determine the time period the expenses cover. See §0010.18.30 (Verifying Student Income and Expenses).

Some programs exclude certain types of financial aid entirely. See §0017.15.36 (Student Financial Aid Income).

MFIP, WB, DWP:

All student financial aid for undergraduates is excluded; therefore, there are no deductions to apply. See §0017.15.36 (Student Financial Aid Income).

Do not allow deductions for educational expenses from graduate student financial aid that is earned income, but do allow the earned income disregards and deductions. From graduate student unearned income, allow a deduction for necessary educational expenses. For this purpose, necessary educational expenses do NOT include living expenses. See §0017.15.36 (Student Financial Aid Income) to determine whether the aid is earned or unearned income.

FS: Total all educational expenses EXCEPT those earmarked for a specific expense. Expenses include, but are not limited to:

- Tuition.
- Mandatory school fees. Mandatory school fees include: lab fees, equipment fees, student service fees, guaranteed student loan origination and insurance fees, uniforms, and tools.
- Books.
- Supplies.
- Transportation. Use the same transportation expense rate as allowed for self-employment transportation. See §0017.15.33.12 (Self-Employment Transportation Expenses).
- Miscellaneous personal expenses (other than room/board and clothing).
- Dependent care.

MSA: For SSI recipients, no county action required.

For non-SSI recipients, the following are allowable expense deductions from all non-excluded sources of student aid:

- Tuition.
- Mandatory fees.
- Course and lab fees.
- Books.
- Transportation to and from school. Use the same transportation expense rate as allowed for self-employment transportation. See §0017.15.33.12 (Self-Employment Transportation Expenses).
- Supplies and equipment required for course work.
- Child care costs incurred while at school and in transit.
- Work expenses and deductions from work study income.
- Any impairment related expenses necessary to attend school or perform schoolwork.

GA: The following are allowable expense deductions from all non-excluded sources of student aid:

- Tuition.
- Fees.
- Books.
- Supplies.
- Transportation expenses. Use the same transportation expense rate as allowed for self-employment transportation. See §0017.15.33.12 (Self-Employment Transportation Expenses).

- Work expenses and deductions from work study income. In addition to the expenses above, allow miscellaneous personal expenses as a deduction from Title IV student aid.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

MFIP, WB, DWP, MSA, GA, GRH:

Exclude payments the unit receives for providing family foster care to children or adults. This includes payments for basic care, difficulty of care, and clothing allowances.

Exclude payments the unit gets and uses for care and maintenance of a non-household member. See §0011 (Technical Eligibility).

FS: Count foster care payments as unearned income if the foster children or adults are part of the unit. See §0014.03 (Determining the Assistance Unit).

Exclude payments for the foster care of children or adults who are excluded from the unit.

MFIP, WB, DWP, GA:

Exclude as income any interest or dividends from assets which, when combined with other assets, are within the asset limit.

Count other interest or dividends as unearned income.

FS: Count interest and dividends as unearned income.

MSA: Exclude interest and dividends that:

- Accrue on the value of excluded burial funds. See §0015.24 (Excluded Assets - Burial Contracts).

OR

- Meet the criteria for infrequent, irregular income. See §0017.15.12 (Infrequent, Irregular Income).

Count all other interest and dividends as unearned income.

GRH: Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

Refer to each program to determine how to count RSDI and/or SSI income. Also see §0017.15.45.03 (How to Determine Gross RSDI).

For more information on RSDI and SSI, see §0029.06.03 (Supplemental Security Income Program), §0029.06.06 (Retirement, Survivors, & Disability Insurance). Also see §0015.60 (Evaluation of Lump Sums).

MFIP, WB, DWP:

See §0017.15.30 (Lump Sum Income) for information on SSI and RSDI lump sum payments.

Do not budget SSI income toward the MFIP cash portion or the WB or DWP grant.

See §0012.12 (Applying for Other Benefits) for MFIP participants who apply for and are approved for SSI.

If a client does not receive SSI but receives RSDI, count the gross RSDI amount as unearned income unless the client has a representative payee who does not live in the client's household. If the representative payee does not live in the same household as the beneficiary, presume the gross RSDI is available to the client unless the client can demonstrate it is not. If the client demonstrates that part of the payment is unavailable, count only that portion available to the client in cash or spent on behalf of the client or the unit.

Ask the Social Security Administration in writing to change the representative payee in either of the following circumstances:

- The representative payee is diverting the RSDI benefit for use by the payee or someone other than the client.
- You believe the representative payee is not using the RSDI benefit in an appropriate way to meet the client's needs.

FS: Count SSI and/or gross RSDI as unearned income, EXCEPT for the following:

- Exclude retroactive SSI benefit payments. The Social Security Administration may make payments for retroactive benefits in a 1-time lump sum payment, or in installments.

- Exclude any portion of RSDI or SSI payments that SSA recoups or that the client returns to the SSA to repay an overpayment. This exclusion does not apply to overpayments caused by the client fraudulently getting benefits.

- Exclude fees paid from SSI/RSDI to organizational representative payees as income.

MSA: For SSI recipients, count the client's Federal Benefit Rate (FBR) as gross unearned income, even if the actual SSI check is less. See §0029.06.03 (Supplemental Security Income Program).

For clients who are not current SSI recipients due to excess income:

- Exclude all retroactive SSI installment payments as income.

- Count current RSDI payments as income in the month received.

- Count the gross amount of RSDI even if the SSA recoups a portion or the client returns part of the payment to the SSA to repay an overpayment.

- To determine retroactive MSA eligibility, budget retroactive RSDI as income for the period covered by the pended application that corresponds with the period covered by the retroactive benefits.

GA: Count the gross amount of RSDI awarded to the client as unearned income.

Exclude retroactive SSI and RSDI installment payments to an SSI recipient living in the household.

GRH: For aged, blind, or disabled clients:

- For SSI recipients, count the client's Federal Benefit Rate (FBR) as gross unearned income, even if the actual SSI check is less. See §0029.06.03 (Supplemental Security Income Program).

- For clients who are not current SSI recipients due to excess income:

  - Exclude all retroactive SSI installment payments as income.

  - Count current RSDI payments as income in the month received.

- Count the gross amount of RSDI, even if SSA recoups a portion or the client returns part of the payment to SSA to repay an overpayment.

For all other adults, count the gross amount of RSDI awarded to the client as unearned income.

HOW TO DETERMINE GROSS RSDI 0017.15.45.03

Gross RSDI is the total amount of RSDI a client is entitled to before the deduction (if any) of Medicare premiums. Not all documents from the Social Security Administration (SSA) report gross RSDI. The following are SSA documents and interfaces you can use to determine and verify the amount of gross RSDI. Do not require clients to provide a specific document if another is available which provides the information.

- Initial award letter (SSA-4926-SM). This lists gross RSDI, the Medicare premium, and the monthly payment (net RSDI) to the client. The gross amount is the figure described as "The total amount of your monthly benefit before deductions".

- Report of Confidential Social Security Benefit Information (SSA-2458). This is a report sent to the client, although the information may have been requested by a 3rd party. It reports the gross RSDI, monthly payment (net RSDI) to client, and Medicare premium.

- SVES interface on MAXIS. See Temp Manual TE02.12.13 (SVES TPQY Interface).

- Public Assistance Agency Information Request (SSA-1610-U2). This form reports both gross RSDI and the payment to client (net RSDI).

Some documents report gross RSDI as a whole dollar figure. Others report the figure in dollars and cents. Count only the whole dollar figure as gross RSDI; drop any cents.

Other SSA documents report only the payment to the client and the Medicare premium. Do not add these figures together to calculate gross RSDI. Because the client payment amount is truncated (rounded down), adding the figures together may not yield the correct amount of gross RSDI.

DISPLACED HOMEMAKER PROGRAM INCOME 0017.15.48

The Minnesota Department of Employment and Economic Development contracts with other agencies to provide services for displaced homemakers. Displaced homemaker programs differ among providers. Providers may provide services, pay for services, pay the client a small stipend while the client participates in services, or reimburse the client for expenses.

MFIP, WB, FS:

Count displaced homemaker program payments as income unless they are reimbursements or vendor payments. See §0017.06 (Excluded Income).

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

MSA, GA, GRH:

Exclude displaced homemaker program payments.

PAYMENTS RESULTING FROM DISASTER DECLARATION 0017.15.51

Exclude federal payments issued due to a presidential declaration of disaster. Federal payments include, but are not limited to, grants from the Federal Emergency Management Agency (FEMA).

State and local governments, and disaster relief organizations such as Red Cross and Salvation Army, may also provide disaster assistance.

For information on how to treat disaster payments as assets, see §0015.27 (Excluded Assets - Income), §0015.30 (Excluded Assets - Payments Under Federal Law).

MFIP, WB, DWP, FS, GA:

Also exclude disaster relief payments made by states, local governments, and disaster relief organizations.

MSA: Also exclude disaster assistance provided by states, local governments, and disaster relief organizations if:

- The person stopped living in his or her home as a result of the disaster.

AND

- The person began to receive the assistance within 30 days after the disaster.

AND

- The person receives the assistance while living in a residence maintained by another person. A residence can include a private household, shelter, or any other temporary housing arrangement the person resorts to due to the disaster.

GRH: Follow MSA for aged, blind, or disabled clients. Follow MFIP for all other adults.

CAPITAL GAINS AS INCOME 0017.15.54

Capital gain is an Internal Revenue Service (IRS) term for proceeds from the sale of capital assets. The gain is the difference between the purchase and selling price minus allowable expenses.

Capital gains from self-employment businesses count as income. Unless the client is in the business of selling assets, exclude capital gains from the sale of the client's assets, regardless of whether the asset was excluded. If the client is in the business of selling assets, such as a farmer who holds grain until the prices change, the capital gain is self-employment and counts as income.

Some programs allow you to use tax forms to verify capital gains. Capital gains recorded on self-employment tax forms, such as Schedules C and F, include items such as the sale of livestock or grain. You may not be able to distinguish capital gains on self-employment forms from other self-employment income.

The IRS Capital Gains and Losses form (Schedule D) includes excluded and counted capital gains. The client must clarify whether Schedule D capital gains are from the sale of an asset or from self-employment.

In addition to capital gains from the sale of assets, Schedule D includes capital gain distributions. Capital gain distributions are dividends from stock or mutual funds. See §0017.15.42 (Interest and Dividend Income).

MFIP, WB, DWP:

Proceeds from the sale of assets, while excluded as income, may be counted as assets. See §0015.09 (Excluded Assets for Self Support).

When a self-employment business closes, count the proceeds from sale of assets (EXCEPT vehicles) used in the business as self-employment income.

FS: Use the tax form figures to verify the countable capital gain. If the client did not file tax forms, determine the capital gain using self-employment income procedures. See §0017.15.33 (Self-Employment Income).

Count capital gains only if the client will continue to have capital gains in the certification period.

MSA, GA, GRH:

Determine the capital gain using self-employment income procedures. See §0017.15.33 (Self-Employment Income).

Count capital gains only if the client will continue to have capital gains in the certification period.

Exclude any payments made to people because of their status as victims of Nazi persecution. This includes reparation payments the Federal Republic of Germany makes to certain survivors of the Holocaust. They may be monthly payments or a lump sum payment.

Exclude Netherlands' Act (WUV) payments to victims of Nazi (German) persecution. See the program provisions below for how to treat Netherlands' Act (WUV) payments to victims of Japanese persecution. See NETHERLANDS' ACT (WUV) in §0002.45 (Glossary: Netherlands' Act...) for a description of these payments.

MFIP, WB, FS, GA:
Count Netherlands' Act (WUV) payments to victims of Japanese persecution as unearned income.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

MSA: Exclude all Netherlands' Act (WUV) payments.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Also see §0029.03.06 (Family Support Grant Program).

MFIP, WB, DWP, MSA, GA, GRH:
Do not count Family Support Grant payments as income.

FS: Count Family Support Grant payments as unearned income, excluding any portion designated as reimbursement for special need items other than normal living expenses.

RELATIVE CUSTODY ASSISTANCE GRANTS 0017.15.63

A Relative Custody Assistance Grant is a monthly financial assistance payment administered by Social Services for relatives who take permanent legal and physical custody of children with special needs upon a juvenile court determination that the children are unable to return to their parent's home. See §0029.03.18 (Relative Custody Assistance Program)

MFIP, WB, DWP:

Exclude Relative Custody Assistance Grants as income.

FS: Count Relative Custody Assistance Grants as unearned income for the child(ren) if the child(ren) are part of the unit.

Exclude Relative Custody Assistance Grants for a child(ren) who are not part of the unit.

MSA, GA:

Count Relative Custody Assistance Grants as unearned income for the child only. Exclude Relative Custody Assistance Grants as income to the custodial relative(s) so long as the grants are not co-mingled with household accounts.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

Benefits provided under most titles of the Older Americans Act are in the form of in-kind services, such as meals to seniors. See §0017.15.24 (In-Kind Income) for the treatment of this type of income.

Title V of the Older Americans Act is the Community Service Employment Program which pays wages to seniors. Follow the specific program provisions below for treatment of this income. See TEMP Manual TE02.08.010 (Experience Works Income).

MFIP, WB, MSA, GA, GRH:

Count as earned income, wages paid to participants in programs carried out under the Community Service Employment Program (Title V of the Older Americans Act), which includes the Experience Works program and the Senior Aides Program.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Exclude income paid to participants in programs carried out under the Community Service Employment Program (Title V of the Older Americans Act), which includes the Experience Works program and the Senior Aides Program.

MFIP, WB, DWP:
Exclude adoption assistance payments.

FS: Count adoption assistance payments as unearned income, excluding any portion designated by the county Adoption Assistance worker as reimbursement for special need items other than normal living expenses.

MSA: Count adoption assistance payments as unearned income for the child only. Exclude adoption assistance payments as income to the caregiver so long as the payments are not co-mingled with household accounts.

GA: Count adoption assistance payments as unearned income.

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

MFIP, WB, DWP, MSA, GA, GRH:

Exclude reimbursements for expenses, other than normal living expenses. This includes reimbursements from employment and training programs, volunteer service programs, county social services programs, jury duty, employment, car pooling arrangements, and reimbursements for medical expenses.

FS: Exclude reimbursements for expenses, other than normal living expenses. This includes reimbursements from employment and training programs, volunteer service programs, county social services programs, jury duty, employment, and reimbursements for medical expenses.

Exclude reimbursements or flat allowances for job or training related expenses such as travel, per diem, uniforms, and transportation to and from a job or training site over and above basic wages, regardless of the amount.

The National Civilian Community Corps and the 1990 Commission on National and Community Service were incorporated into the National and Community Service Trust Act of 1993. This legislation created the Corporation for National and Community Service, and authorized this federal agency to administer a number of programs and special initiatives:

- AmeriCorps programs include:
  - AmeriCorps State and National.
  - AmeriCorps VISTA, formerly known as VISTA. This also includes:
    - University Year for VISTA (formerly known as University Year for Action (UYA).
    - Urban Crime Prevention Program.
    - AmeriCorps NCCC.

  For information on how to treat AmeriCorps payments, see §0017.15.87 (Americorps Payments).

- Learn and Serve America, formerly known as Serve America. For more information on Learn and Serve America see the Corporation for National and Community Service website at: http://nationalservice.gov . Also, see §0017.15.100 (Learn and Serve America) for additional information.

- Special initiatives and innovation grants.

- Senior Corps includes:
  - Foster Grandparent Program.
  - Retired and Senior Volunteer.
  - Senior Companion Programs.

MFIP, WB, DWP, FS, GA:

Exclude all Senior Corps payments and payments made under any special initiatives or innovative grants.

MSA: For SSI recipients, no county action required.

For non-SSI recipients, follow MFIP, WB, DWP, FS, GA.

GRH: For SSI recipients, follow MSA. For GA recipients, follow MFIP, WB, DWP, FS, GA.

MFIP, WB, DWP, MSA, GA, GRH:

Exclude Housing and Urban Development (HUD) utility reimbursements and Farmers Home Administration (FMHA) Rental Assistance Program utility reimbursements as income.

FS: Exclude HUD utility reimbursements and Farmers Home Administration (FMHA) Rental Assistance Program utility reimbursements as income.

Exclude utility payments to a landlord made on behalf of a client. See §0014.03.06 (Determining the Food Support Unit).

See §0015.11 (Excluded Assets - Contracts for Deed) for how to treat contracts for deed and other property agreements as assets.

MFIP, WB, MSA, GA, GRH:

Count all payments (EXCEPT the principal portion, which is considered an asset) of a contract for deed or other property agreement as unearned income. If the owner of the contract or property agreement is paying the property taxes and/or homeowner's insurance, allow these as deductions from the non-principal portion of the payment.

If the real property is encumbered by another mortgage or contract for deed and the owner of the contract is making that payment, allow a deduction for the interest portion of that payment.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Count all payments (including the principal portion) of a contract for deed or other property agreement as unearned self-employment income. If the owner of the contract or property agreement is paying the property taxes and/or homeowner's insurance, allow these as deductions from the payment. If the real property is encumbered by another mortgage or contract for deed, and the owner of the contract is making that payment, allow a deduction for the interest portion of that payment.

Although the income is unearned, allow the client to deduct related self-employment business expenses. See §0017.15.33.06 (Self-Employment Common Business Expenses), §0017.15.33.15 (Self-Employment Expenses Not Allowed).

The National and Community Services Trust Act of 1993 amended the National and Community Act of 1990 and established a Corporation for National and Community Service. This Corporation merged the work and staff of 2 predecessor agencies, ACTION and the Commission on National and Community Service, and administers national service programs that include 3 AmeriCorps programs among others:

- AmeriCorps State and AmeriCorps National (also known as AmeriCorps USA) programs, which support a broad range of local service programs that engage thousands of Americans, age 17 years and older, in intensive service to meet critical community needs.

- AmeriCorps VISTA (formerly known as VISTA) provides full-time members in the age groups 18 years and older to community organizations and public agencies to create and expand programs that build capacity and help bring low-income individuals and communities out of poverty.

- AmeriCorps NCCC**:** The AmeriCorps National Civilian Community Corps is a full-time residential program for men and women, ages 18-24, that strengthens communities while developing leaders through direct, team-based national and community service.

Count payments to people administering AmericCorps VISTA who are civil service employees as earned income for ALL programs.

MFIP, WB, MSA, GA, GRH:
Exclude payments from all AmeriCorps programs (salary, wages, stipends or reimbursements, in-kind, etc.) as income.

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Exclude all AmeriCorps State and AmeriCorps National (also known as AmeriCorps USA), and AmeriCorps NCCC payments as income.

Do not count AmeriCorps VISTA payments as income for people who were receiving FS, MFIP, or SSI when they joined AmeriCorps VISTA. For all other people, count AmericCorps VISTA payments as earned income.

MFIP, WB, MSA, GA, GRH:

Payments made to a trust account or from a trust account to a client (or for the benefit of the client) are considered trust disbursement income. Count the payments when received by the client, or on behalf of the client. See §0017.03 (Available or Unavailable Income). If the income from the trust is unavailable, the client must try to make it available. See §0015.06.06 (Availability of Trusts). Trust disbursement income is unearned income. See §0017.12.03 (Unearned Income).

DWP: Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Follow MFIP, EXCEPT trust income may be considered unavailable only if it meets all the criteria in §0015.06.06 (Availability of Trusts).

MFIP, WB, DWP, FS:

Military income is generally made available to the household members through a direct deposit of all or a portion of the military person's pay into a joint bank account. Occasionally the income is made available to the household members through an allotment arrangement made by the military person for a portion of the pay to be sent to the family. When an allotment arrangement is made, it is the military person who receives the "allotment" with the bulk of the pay being sent directly to the family.

Count as unearned income only that portion of the military pay that the applicant or participant household receives when determining the household's income, regardless of the arrangement made by the military person. Exclude all combat and/or hazard duty pay.

Combat pay, also referred to as hazardous or hazard duty pay, is additional payment military personnel receive as a result of deployment to a designated combat zone. If an applicant or participant tells you at application, recertification or contacts you with information that he or she has received or will receive income from military pay or an allotment from an absent member who is deployed to a combat zone, follow the steps below to determine the combat or hazard duty pay exclusion:

1. Establish the amount of the military person's pay that was actually available to the household prior to the deployment of the military person to a designated combat zone. If the military person was part of the household prior to deployment this amount would be the net military pay. Net military pay means the amount of pay received by the military person prior to being deployed to the combat zone. After the military person is deployed to a combat zone any increase in the money coming to the household would be considered combat or hazard duty pay.

   For example, a military member is deployed directly to a combat zone. The predeployment take home pay was $1,000/month. The income increases to $1,200/month after being deployed. When calculating eligibility exclude the $200 combat pay and count only the remaining $1,000 as unearned income to the household. This $1,000 is the net military pay.

   NOTE: If the military person was not part of the household prior to the military person's deployment to a designated combat zone, count the amount the absent military person actually made available to the family prior to deployment.

2. Determine the amount of the military pay that the military person is making available to his or her family.

3. If the amount of military pay made available is equal to or less than the amount the household received prior to deployment to a combat zone, count all of the military pay as unearned income. If the military pay available exceeds the amount the household received prior to deployment, exclude the excess amount.

See TEMP Manual TE02.10.92 (Designated Combat Zones) for a list of designated Combat Zones and the designated effective dates for each Combat Zone.

A blank Leave and Earnings Statement (LES) form is often sent directly to the family or is mailed to the family by the deployed military person. Some households may have access to verification of military pay through the internet, or households may obtain verification of military income by contacting the local military base financial office. Two fields on the LES form that are useful in identifying combat or hazard pay are:

- Field 10 Entitlements: This field identifies combat or hazard pay earned.

- Field 76 Remarks: This field outlines by codes or abbreviations the type of military pay earned. For example the abbreviation HDP = Hazard Duty Pay.

Do not make a Child Support Referral for a MARRIED parent who is called to military duty away from home when there is no breakdown in the marital relationship.

For MAXIS coding instructions, see TEMP Manual TE02.10.90 (Military Families Receiving FS, MFIP or DWP).

MSA, GA, GRH:

No provisions.

Exclude 1-time payments or allowances made under federal or state law for the costs of weatherization or for emergency repair or replacement of an unsafe or inoperative furnace or other heating or cooling device.

MFIP:
Count up to $50 of the value of public housing, Housing and Urban Development (HUD) project-based properties, and Section 8 rental subsidies provided through HUD, as unearned income toward the cash portion of the MFIP grant. Count the full amount of the subsidy if it is less than $50.

Do not count housing subsidies funded from the Homelessness Prevention and Rapid Re-Housing Program (HPRP) at the Department of Housing and Urban Development (HUD). The HPRP provides assistance to rapidly rehouse persons who are homeless and to help households to maintain their homes who would otherwise become homeless.

Other types of housing that DO NOT count as income include: Bridges, Shelter Plus Care, HOPWA, Mainstream Vouchers, Section 236, DHS Metro Project to End Long-Term Homelessness assistance, or tax credits.

EXEMPTIONS:

The policy does not apply to an assistance unit which includes a participant who is:

- Age 60 or older.
  OR
- A caregiver who is suffering from an illness, injury, or incapacity that has been certified by a qualified professional when the illness, injury, or incapacity is expected to continue for more than 30 days and the condition severely limits the person's ability to obtain or maintain suitable employment.

  NOTE: Severely limits the person's ability to obtain or maintain suitable employment means that a qualified professional has determined that the person's condition prevents the person from working 20 hours or more per week.
  OR
- A caregiver whose presence in the home is required due to the illness or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household when the illness/incapacity and the need for the participant's presence in the home has been certified by a qualified professional and is expected to continue for more than 30 days. This includes participants who have family members in the home who meet the Special Medical Criteria or receive waivered services.
  OR
- A caregiver who is an SSI recipient. **NOTE:** Do NOT apply this exemption to families with a child on SSI.

Apply the following procedures for someone who lives in public housing, a HUD project-based property, or a Section 8 rental property:

- Deny applications received on or after July 1, 2003, when applicants do not provide verification of the amount of the subsidy.

- Close cases of participants who fail to provide verification of the rent subsidy amount:

  - At the time of the Recertification.
    OR
  - When there is a change in the amount of the subsidy.
    OR
  - When the participant moves to a property that provides a subsidy to the MFIP unit.

For MAXIS procedures or information on how to properly complete the STAT/SHEL panel, see TEMP Manual TE02.08.159 (Housing Subsidy).

WB, DWP, FS, MSA, GA, GRH
No provisions.

LEARN AND SERVE AMERICA 0017.15.100

Learn and Serve America is a program of the **Corporation for National and Community Service**, an independent federal agency created to connect Americans of all ages and backgrounds with opportunities to give back to their communities and their nation. See §0017.15.78 (National and Community Service Trust Act).

People who volunteer for Learn and Serve America are not compensated.

INCOME FROM YOUTH EMPLOYMENT PROGRAMS 0017.15.103

The Minnesota Youth Program (MYP) is a state-funded program providing short-term employment and training services to disadvantaged and at-risk youth between the ages of 14-21 in all 87 counties. MYP operates in a similar fashion to Workforce Investment Act (WIA) Youth with a primary emphasis on work experience. Many local service providers co-enroll youth in both MYP and WIA Youth to stretch their dollars and provide extended services to youth. See §0017.15.18 (Workforce Investment Act (WIA) Income).

YouthBuild provides job training and educational opportunities for at-risk youth ages 16-24 while constructing or rehabilitating affordable housing for low-income or homeless families in their own neighborhood. YouthBuild programs across the country are responsible for securing their own funding; they receive financial support from diverse sources both public and private. YouthBuild trainees split their time between the construction site and the classroom and receive income or stipend support while in the program.

MFIP, WB:

Exclude the following MYP and YouthBuild payments:

- Reimbursements for work-related expenses, such as child care or transportation.

AND

- All payments received by a minor child, a minor caregiver, or a caregiver under age 20 who is at least a half-time student in an approved elementary or secondary education program. See §0017.15.15 (Income of Minor Child/Caregiver Under 20).

Exclude payments received by YouthBuild participants under age 20. As part of the program they spend half of their time in the classroom working to complete high school or their GED. See §0017.15.15 (Income of Minor Child/Caregiver Under 20).

DWP: Follow MFIP. However, after the initial DWP determination, exclude any unanticipated income the unit may receive.

FS: Exclude income received from the MYP program that is operated by the Summer Youth Employment Opportunities element under the Workforce Investment Act (WIA). If the MYP program is on-the-job-training (OJT), see §0017.15.18 (Workforce Investment Act (WIA) Income).

MSA, GA, GRH:

Count MYP and YouthBuild payments as earned or unearned income, unless excluded under other provisions.

Determine a client's net income by subtracting deductions and disregards from gross income. See §0017 (Determining Gross Income).

Use net income to determine a client's eligibility and level of benefits. See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA), §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH), §0020 (Net Income Limits).

Subtract disregards and deductions in the specific order below to determine net income.

MFIP: Apply an initial income test as noted in program provisions below.

Determine net income for the initial income test by adding gross earned income, unearned income and deemed income, then subtract the following deductions in the order listed:

1. Earned income disregard. See §0018.18 (Earned Income Disregards).

2. Allocations. Apply allocations against earned income first. Apply any remaining allocation amount against unearned income. See §0018.30 (Allocations).

3. Actual dependent care costs up to the maximum allowance from earned income. See §0018.09 (Dependent Care Deduction).

4. Child and spousal support deductions. See §0018.33 (Child and Spousal Support Deductions).

If net income (after allowing the deductions above) is less than the appropriate assistance standard, determine the benefit level. See §0020.09 (MFIP/DWP Assistance Standards).

Compute net income EACH MONTH to use in determining benefits by subtracting the following deductions from gross earned and unearned income, including deemed income in the order listed:

1. Earned income disregard. See §0018.30 (Allocations).

2. Allocations. Apply allocations against earned income first. Apply any remaining allocations amount against unearned income. See §0018.30 (Allocations).

3. Child and spousal support deduction. Apply this deduction against any remaining earned income. Apply any remaining amount of the deduction against unearned income. See §0018.33 (Child and Spousal Support Deductions).

After you apply these deductions, follow the procedures in §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA). If the MFIP grant you compute using this procedure is $0 or less (because the unit's income exceeds the standard), the unit is not eligible.

WB: Determine net income for the monthly income test by adding gross earned income, unearned income and deemed income, then subtract the following deductions in the order listed:

1. Earned income disregard. See §0018.18 (Earned Income Disregards).

2. Allocations. Apply allocations against earned income first. Apply any remaining allocation amount against unearned income. See §0018.30 (Allocations).

3. Child and spousal support deductions. See §0018.33 (Child and Spousal Support Deductions).

After you apply these deductions, compare the unit's net income to 200% of the FPG for the appropriate family size. See §0022.12 (How to Calc. Benefit Level – MFIP/WB/DWP/GA).

DWP: Follow MFIP for the initial income determination. Then compare the net need for the DWP grant to the CASH portion of the appropriate Assistance Standard.

The minimum cash benefit amount is $10, if income and asset tests are met. Do not vendor pay benefits of $10.

In most cases once the grant amount is determined, if the participant obtains a job or receives additional earned income, or unearned income, the income is **NOT** used to reduce the unit's DWP benefits. See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA) for more information.

FS: For all units:

1. Farm loss offset. See §0017.15.33.18 (Self-Employment Loss Offset).

2. Work expense deduction. See §0018.06. (Work Expense Deductions).

3. Standard disregard. See §0018.21 (Standard Disregard).

4. Dependent care deduction. See §0018.09 (Dependent Care Deduction).

5. Medical deduction. See §0018.12 (Medical Deductions).

6. Shelter deduction. See §0018.15 (Shelter Deductions).

7. Child support deduction. See §0018.33 (Child and Spousal Support Deductions).

MSA: For clients who are SSI recipients, subtract $20 from the amount of the client's full SSI Federal Benefit Rate (FBR). EXCEPT, do not allow the $20 disregard for SSI recipients living in a long term care facility (LTCF) who have their cost of care paid by MA. See §0029.06.03 (Supplemental Security Income Program).

For clients not getting SSI who live in an LTCF and have their cost of care paid by MA:

1. Guardianship fees to a legally-appointed guardian or conservator. Allow up to 5% of the client's monthly gross income to a maximum of $100.

2. Allocations. See §0018.30 (Allocations).

For all other clients:

1. Earned income disregard for blind or disabled student children. See §0018.18 (Earned Income Disregards).

2. Standard disregard. See §0018.21 (Standard Disregard).

3. The 1st $65 of the earned income disregard. See §0018.18 (Earned Income Disregards).

4. Work expense deduction for disabled clients. See §0018.06 (Work Expense Deductions).

5. One-half the remaining earned income. See §0018.18 (Earned Income Disregards).

6. Work expense deduction for blind clients. See §0018.06 (Work Expense Deductions).

7. Income used to fulfill an approved Plan to Achieve Self Support (PASS) for disabled or blind people. See §0018.06.06 (Plan to Achieve Self-Support (PASS)).

GA: 1. Earned income disregard. See §0018.18 (Earned Income Disregards).

2. Work expense deduction. See §0018.06 (Work Expense Deductions).

3. Dependent care deduction. See §0018.09 (Dependent Care Deduction).

GRH: See §0018.01 (Determining Net Income - GRH).

See 0018 (Determining Net Income) for general provisions.

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: For clients who are SSI recipients, subtract the following from the client's SSI Federal Benefit Rate, see 0029.06.03 (Supplemental Security Income Program):

1. Clothing and personal needs allowance. See 0020.24 (Clothing and Personal Need Allowance).

2. Spousal income allocation determined by the Elderly Waiver (EW) Program. See 0018.30 (Allocations).

3. Prior and other income reductions. See 0018.39 (Prior and Other Income Reductions).

4. Income unavailable in the 1st month. See 0018.42 (Income Unavailable in First Month).

For non-SSI clients who are aged, blind, or disabled and who are ineligible for SSI due to excess income:

1. Earned income disregard for blind or disabled student children. See 0018.18 (Earned Income Disregards).

2. The 1st $65 of the earned income disregard. See 0018.18 (Earned Income Disregards).

3. Work expense deduction for disabled clients. See 0018.06 (Work Expense Deductions).

4. One-half the remaining earned income. See 0018.18 (Earned Income Disregards).

5. Work expense deduction for blind clients. See 0018.06 (Work Expense Deductions).

6. Income used to fulfill an approved Plan to Achieve Self Support (PASS) for disabled or blind people. See 0018.06.06 (Plan to Achieve Self Support (PASS)).

7. Clothing and personal needs allowance. See 0020.24 (Clothing and Personal Need Allowance).

8. Spousal income allocation determined by the Elderly Waiver (EW) Program. See 0018.30 (Allocations).

9. Unmet need for a child. See 0018.36 (Child Unmet Need).

10. Prior and other income deductions. See 0018.39 (Prior and Other Income Reductions).

11. Income unavailable in the 1st month. See 0018.42 (Income Unavailable in First Month).

For all other adults EXCEPT MFIP participants:

1. Earned income disregard. See 0018.18 (Earned Income Disregards).

2. Work expense deduction. See 0018.06 (Work Expense Deductions).

3. Dependent care deduction. See 0018.09 (Dependent Care Deduction).

4. Clothing and personal needs allowance. See 0020.24 (Clothing and Personal Need Allowance).

5. Unmet need for a child. See 0018.36 (Child Unmet Need).

6. Prior and other income reductions. See 0018.39 (Prior and Other Income Reductions).

7. Income unavailable in the 1st month. See 0018.42 (Income Unavailable in First Month).

For MFIP participants:

1. Clothing and personal needs allowance. See 0020.24 (Clothing and Personal Need Allowance).

2. Prior and other income reductions. See 0018.39 (Prior and Other Income Reductions).

3. Income unavailable in the 1st month. See 0018.42 (Income Unavailable in First Month).

MFIP, WB, DWP:
There is no separate work expense deduction. See earned income disregards in 0018.18 (Earned Income Disregards).

FS:
For information about the FS earned income disregard, see 0018.18 (Earned Income Disregards).

MSA:
For SSI recipients no county action required.

For non-SSI recipients, due to excess income:

- For clients eligible for MSA because of age:

  Do not allow work expense deductions. Blind or disabled clients who received work expense deductions before the age of 65 do not lose those deductions when they turn 65.

- For clients eligible for MSA because of a disability other than blindness:

  Allow only IMPAIRMENT RELATED work expenses as a deduction from earned income. The client must reasonably show the expenses relate directly to the disability and are necessary to produce the earned income. If transportation expenses are allowed, use the same transportation expense rate as allowed for self-employment transportation. See 0017.15.33.12 (Self-Employment Transportation Expenses).

- For clients eligible for MSA because of blindness:

  Allow any work expense as a deduction when a client can reasonably show it relates directly to producing earned income. If transportation expenses are allowed, use the same transportation expense rate as allowed for self-employment transportation. See 0017.15.33.12 (Self-Employment Transportation Expenses).

Do not allow work expense deductions for items reimbursable or paid for by another source.

GA:
Allow the following deductions from earned income as work expenses:

- Cost of transportation to and from work which is not reimbursed. Use the LESSER of the amount allowed as a flat rate deduction for self-employed people (up to 100 miles per day) or the actual cost. See 0017.15.33.12 (Self-Employment Transportation Expenses).

- Allow a flat rate of $2 per day for each day a person eats a meal at work or has a break for a meal. Deduct the actual expense of meals over $2 with verification of cost. The excess cost must be necessary and reasonable.

- Cost of uniforms, tools, and equipment needed to keep a job.

- Paid union dues.

- Premiums for any insurance coverage required by the employer as a condition of employment.

- For residents of DHS Minnesota Sex Offender Programs (MSOP), the amount withheld for the mandatory 50% cost of care deduction from vocational work program earnings.

- Amount withheld or paid for mandatory retirement fund contributions.

- Professional association dues required to get or retain employment.

- Amount withheld or paid for FICA, state, and federal income taxes.

- Other work expenses required for employment and approved by the county agency.

GRH:
Follow MSA for aged, blind, or disabled clients. Do not allow a work expense deduction if the client receives SSI. Follow GA for all other adults.

MFIP, WB, DWP, GA:

No provisions.

FS: Allow an income exclusion for earned or unearned income set aside under a Plan to Achieve Self-Support (PASS) approved by the Social Security Administration (SSA).

MSA, GRH:

For SSI recipients, no action is required. SSA administers PASS and determines eligibility. All necessary income and assets exclusion adjustments to SSI are made by SSA.

People who do not receive SSI due to excess income are not eligible for PASS.

MFIP, DWP:

Allow the dependent care deduction ONLY when applying the initial eligibility test for applicant units. NEVER use this deduction to determine the grant. After families are eligible, they will get a child care subsidy in place of this deduction. See §0029.30 (Child Care Assistance).

For applicants deduct costs of care for a minor child or disabled adult in the unit when the caregiver is:

- At work or in transit to or from work.
- Not at work, but needs dependent care to maintain employment. For example, allow the expense for a client who works nights and pays for dependent care while sleeping during the day.

Deduct the costs of child care up to $200 per minor under age 2. Deduct the costs of child care up to $175 per minor age 2 and older.

For 2-parent units, allow the deduction only if the non-working parent cannot provide care (for example, due to disability).

Allow dependent care costs as a deduction either in the month incurred or paid.

Do not allow a deduction for care provided by any of these people:

- A unit member.
- The parent of a minor child.
- The spouse of the caregiver of a minor child.

WB, GA:

No provisions.

FS: Allow actual dependent care costs a unit pays for children or elderly or disabled people in the household when a unit member:

- Is employed.
- Seeks employment.

- Is in school or training to prepare for employment.

The dependent care costs cannot be reimbursable from another source. See §0017.15.36.09 (Student Financial Aid Deductions) for non-Title IV aid earmarked for dependent care. Budget dependent care costs in the month the unit pays them.

Verify paid dependent care costs only if questionable.

Do not allow a deduction for care provided by a unit member. Do not allow a dependent care deduction for care of a unit or household member paid by an ineligible student.

For units which contain ineligible non-citizens, non-applicants, or unit members disqualified for non-compliance with Social Security enumeration requirements who are responsible for dependent care costs:

1. Prorate the dependent care costs paid by the ineligible person or disqualified unit member among household members.

2. Disregard the prorated share of the costs for the ineligible person(s) or disqualified unit member(s). Allow the remainder of the costs as a dependent care expense for the unit.

MSA: No provisions. However, for a blind client see §0018.06 (Work Expense Deductions).

GRH: Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: Units can receive a deduction based on medical expenses verified as noted below, including postage for mail-order prescriptions. See §0018.12.03 (Allowable Food Support Medical Expenses) for allowable medical expenses. The unit must fit into 1 of these groups:

- Units with medical expenses for an eligible member age 60 or older, disabled, or receiving expedited SSI. The expenses may be paid or unpaid.

- Units with hospital or nursing home expenses for a person who is disabled or age 60 or older, and who was an eligible unit member before entering the hospital or nursing home. The expenses may be paid or unpaid.

- Units responsible for unpaid medical bills of a deceased member who was disabled, or 60 or older. The bills must have been incurred while the person was an eligible unit member.

See §0012.15 (Incapacity and Disability Determinations).

Units must report and verify all medical expenses at application. At recertification, units must verify changes in recurring medical expenses which total more than $25 and must verify any new expenses. Do not require units to verify expenses that have not changed at recertification. Units may, but are not required to, report changes in medical expenses during the certification period.

If the unit voluntarily reports and verifies a change, process it following the procedures in §0007.15 (Unscheduled Reporting of Changes - Cash), §0007.15.03 (Unscheduled Reporting of Changes - FS), §0008.03 (Changes - Obtaining Information).

If you learn of a change in medical expenses from a source other than the unit (for example, MA information), act on the change if it is verified when you receive it. Do not contact the unit for additional information or verification. If the change needs additional verification, do not act on it until recertification.

If a unit expects a medical expense at the time of certification but cannot verify at that time, allow the expense when they provide verification.

For units that did not report a change during the certification period, do not calculate corrective payments. If the unit does not report changes of more than $25 in recurring medical expenses at recertification, calculate overpayments back to the recertification date.

For regularly recurring medical expenses, MAXIS will subtract $35 per unit from the actual monthly expense to determine the amount of the deduction.

For non-recurring medical expenses, the unit has these options:

- To allow the entire expense in 1 month.
- To average the expense over the remaining months of the current certification period.
- To allow the expense over the scheduled length of a payment plan. Clients may continue to use this expense as a deduction for the length of the payment schedule, even into another certification period.

If a unit has both recurring and non-recurring medical expenses in 1 month, list them separately and MAXIS will subtract the $35 medical deduction.

Units may choose to have fluctuating expenses averaged. They may also choose to have expenses which are billed less often than monthly averaged forward over the interval between scheduled billings or, if there is no scheduled interval, over the period the expense is intended to cover.

Do not use medical expenses from 1 certification period for a later period unless a payment schedule extends into that period. For applicant units, expenses must have been billed for the 1st time in the billing period before application.

For units which contain ineligible non-citizens, ineligible ABAWDs, and non-applicants, or unit members disqualified for non-compliance with Social Security enumeration requirements who have allowable medical expenses:

1. Prorate medical costs billed to or paid by the ineligible person or disqualified unit member among household members.
2. Disregard the prorated share of the costs for the ineligible person(s) or disqualified unit member(s). Allow the remainder of the costs as a medical expense for the unit.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: Allow the following medical expenses for units meeting the criteria in §0018.12 (Medical Deductions):

- Medical and dental care including psychotherapy and rehabilitation provided by a state licensed practitioner or other licensed professional.
- Hospital, outpatient treatment, nursing care, and nursing home care.
- Unreimbursed out-of- pocket prescription drug expenses and over the counter medication approved by a state licensed practitioner or other health professional.
- Medical or sickroom supplies and other prescribed equipment.
- Health and hospitalization insurance and Medicare premiums.
- Dentures, hearing aids, prescription eye glasses, and prosthetics.
- Purchase and maintenance costs of service animals for people with disabilities.
- Transportation and lodging needed to get medical care. Use the same transportation expense rate as allowed for self-employment transportation. See §0017.15.33.12 (Self-Employment Transportation Expenses).
- Maintaining an attendant, homemaker, home health aide, child care services, or housekeeper needed due to age, infirmity, or illness. Also allow an amount equal to the Thrifty Food Plan (TFP) amount for 1 person if the unit provides the majority of the attendant's meals. Treat attendant care costs as a medical expense if they could qualify both as a medical and a dependent care deduction. See §0018.09 (Dependent Care Deduction).
- Expenses used to meet an MA spenddown. See the Health Care Programs Manual. Do not automatically allow the total spenddown amount as an expense, unless you verified the expenses used to meet the spenddown at FS application or recertification and the unit has not reported further changes. Use a client's total medical expenses up to the amount of the spenddown. There are 2 medical spenddown types, 6-month and monthly. Do not assume clients who are on monthly medical spenddown will always meet their spenddown.

For applications and recertifications received on or after June 1, 2006, for households with Medicare Part D deductions, allow the actual Medicare expenses incurred. This could include the following items:

- Medicare Part D premiums, if any.
- Unreimbursed out-of-pocket prescription costs.
- Other allowable medical expenses as outlined in this section.

Expenses must be within the FS time guidelines for acceptable expenses, and must be for people listed in §0018.12 (Medical Deductions). Some expenses used to meet a MA spenddown may be too old for FS purposes, and medical expenses for people other than the person eligible for the medical deduction may be used to meet a spenddown.

Budget monthly spenddown expenses as recurring medical expenses, 6-month spenddown expenses as nonrecurring. See §0018.12 (Medical Deductions).

DO NOT allow the following expenses as medical deductions:

- Premiums for health and accident policies which pay lump sum settlements for death or dismemberment, or policies which continue loan or mortgage payments while a person is disabled.
- Expenses paid for or reimbursed by a source outside the unit.
- The cost of special diets.
- Enrollment fees up to $30 and any co-payments for the Medicare-approved discount card programs paid by the unit.
- Medical drug discount credit ($600).
- Actual or standard medical expense for Medicare Drug discount participants.

MFIP, WB, MSA, GA, GRH:
No provisions.

DWP:
Use family maintenance needs, see 0002.23 (Glossary: Fair Hearing...), along with personal needs allowances, see 0002.49 (Glossary: Permanent...) and countable income to determine the DWP grant. For more information on how to calculate a benefit level for MFIP/DWP/GA, see 0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

FS:
Deduct shelter expenses only if the unit must pay someone outside the unit for the expense. EXCEPT for certain situations listed below, do not deduct expenses paid by a 3rd party who does not live in the household or who lives in the household but is not required to be in the unit. See 0014.03.06 (Determining the Food Support Unit). For Uncle Harry cases, see 0022.24 (Uncle Harry Food Support Benefits).

You may allow a deduction for households which contain people who are required to be in the unit but who are disqualified or do not meet technical or procedural eligibility requirements:

- For units which contain ineligible non-citizens, non-applicants, unit members disqualified for non-compliance with Social Security enumeration requirements, or ineligible able-bodied adults who are responsible for shelter costs:

  1. Prorate shelter costs billed to or paid by the ineligible person or disqualified unit member among household members.

  2. Disregard the prorated share of the costs for the ineligible person(s) or disqualified unit member(s). Allow the remainder of the costs as a shelter expense for the unit.

- For units which contain an ineligible student:

  - When an ineligible student pays all of the expense, the unit is not entitled to a shelter or utility deduction.

  - When a unit shares shelter and utility expenses and chooses the actual utility deduction, deduct ONLY the amount actually paid or contributed by the unit. If you cannot differentiate the payments or contributions:

    1. Prorate the expense evenly among the people actually paying or contributing to the expense. MAXIS will disregard the ineligible student's share of the costs.

    2. Allow the remainder of the costs as a shelter expense or actual utility expense for the unit.

- For units which contain an ineligible unit member disqualified for intentional program violation or non-compliance with work requirements, allow the entire unit's applicable deduction amount, including the disqualified unit member.

Do not prorate the standard utility deduction for households claiming the standard which contain household members who are required to be in the unit but who are disqualified or do not meet technical or procedural eligibility requirements and who share the utility expenses.

For units without disabled or elderly members, deduct verified shelter expenses that exceed 50% of the unit's income after deductions. The maximum monthly shelter deduction is $458, effective 10-1-2010.

There is no maximum shelter deduction for units with a disabled member whose disability is verified or units with a member age 60 or older. Deduct the full cost of shelter over 50% of the unit's income after deductions.

Allow verified shelter costs in the month billed, or if not billed, when they 1st become payable.

Units may choose to have fluctuating expenses averaged. They may also choose to have expenses which are billed less often than monthly averaged forward over the interval between scheduled billings or, if there is no scheduled interval, over the period the expense is intended to cover.

Units on a monthly rent structure, who pay their shelter expenses in advance, are allowed a shelter deduction for the period the payment is intended to cover.

Some examples of shelter costs are:

- Rent, including mobile home lot rent.
- Rent on a garage if the garage rental is a condition of renting the apartment.
- Condominium fees and association fees that are required to own a home.
- Mortgage, 2nd mortgage, or contract-for-deed payments. See MORTGAGE in 0002.43 (Glossary: Money...).
- Vehicle payment and insurance if the unit lives in the vehicle.
- Room portion of charges for group residential housing or a battered women's shelter.
- Property taxes, and state and local assessments.
- Homeowners' insurance.
- Utilities (electric, heating and cooking fuel, water, sewer, trash collection, phone). See 0018.15.09 (Utility Deductions).
- Utility installation fees.
- Well and septic tank installation.
- Costs not reimbursed for repair of a home damaged or destroyed by a natural disaster.

Do NOT deduct costs for:

- Deposits on rental properties or utilities.
- Separate insurance for personal belongings.
- Foundation, skirting, or tie-downs for mobile homes.

- Garage rent if the garage rental is not a condition of renting the apartment.
- Home improvements other than weatherization.
- Down payments and closing costs.
- Maintenance costs for septic systems and wells.
- Maintenance escrow fees used to maintain and distribute the payment for taxes and insurance.
- Escrow expenses for non-allowable shelter deductions such as insurance for furniture, liability insurance, life insurance, personal belongings, and additional living costs.

SHELTER DEDUCTION - HOME TEMPORARILY VACATED 0018.15.03

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: Allow a shelter expense for homes temporarily vacated, if the unit vacated the home:

- To take employment or training away from home.
- Because of illness.
- Due to natural disaster and loss.

The unit must intend to return to the home. The unit may not rent the home while absent. Current occupants cannot claim shelter costs for Food Support.

Deduct actual, verified expenses for the temporarily vacated home. See §0018.15 (Shelter Deductions), §0018.15.09 (Utility Deductions).

Units allowed actual shelter expenses on temporarily vacated homes may also claim actual shelter expenses for their current residence. Do not allow the standard utility allowance. Combine total actual shelter costs for both the vacated home and the current residence, and enter it on the MAXIS STAT/ACUT panel. Document the actual shelter cost for each residence in person notes on the ACUT panel and in case notes.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: For fluctuating expenses or those billed less often than monthly:

- Deduct the entire expense in the month the unit receives the bill or, if not billed, when it first becomes payable.

OR

- Average and deduct the expense over the period it covers.

The unit may choose either method. Explain to the unit the effect on their benefits of each method so that the unit may make an informed choice.

If the unit chooses averaging:

- Average 1-time expenses over the certification period.

- Average fluctuating shelter costs over the certification period. Base the average on bills from the same period last year plus inflation costs. See §0018.15.15 (Inflationary Factors for Actual Expenses).

- Average expenses billed less often than monthly over the interval between scheduled billings. If there is no schedule, average over the period the expense is intended to cover.

MFIP, WB, MSA, GA, GRH:
No provisions.

DWP: Allow actual verified utility expenses and the flat rate of $35 for telephone service, if applicable, in determining the amount of the grant. See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

FS: The utility costs a unit is responsible for are part of the shelter expense. Deduct utility costs when the unit is billed for utilities separately from the rent or mortgage payment.

At initial certification, recertification and when a unit moves the unit may choose between a standard or actual utility deduction.

Most units have the right to choose the type of utility deduction they want. Units may use the standard utility allowance or their actual verified expense. Verify utility expenses ONLY if the unit wants to claim actual utility expenses instead of the standard utility deduction. The unit may switch between standard utility allowance and actual utility deductions only at recertification or when the unit changes residence. See §0002.63 (Glossary: Special Diet…) for the definition of Standard Utility Allowance, §0018.15.12 (Actual Utility Deductions), §0018.15.18 (Standard Utility Allowance), §0010.18.02 (Mandatory Verifications – FS).

Do not allow a deduction when expenses are reimbursed by a source outside the unit, EXCEPT do allow a deduction for expenses reimbursed by the Low Income Home Energy Assistance Program or payments vendored from the client's funds.

A unit incurs a heating expense ONLY if it must pay for the actual fuel used for its primary source of heat. A unit incurs a cooling expense ONLY if it must pay electrical costs for operating an air conditioning system or room air conditioner and there is a reasonable expectation the unit will use air conditioning.

Households that receive HUD utility reimbursements and Farmers Home Administration (FMHA) Rental Assistance Program utility reimbursements may not claim the standard utility deduction unless they incur or are expected to incur heating or cooling costs exceeding the excluded HUD utility reimbursement amount in any month of the certification period. See §0017.15.81 (Utility Payments).

Verify a unit's actual utility expenses if they wish to claim expenses in excess of the standard utility standard and the deductions would result in a deduction.

Following is a listing of various situations in which units must use a specific type of utility deduction or must prorate the deduction in specified amounts:

- Units billed only for excess utility consumption or for supplemental sources of heating or cooling such as a fan or electric blanket cannot claim the standard allowance, but may deduct actual expenses.

- Units allowed actual utility expenses on temporarily vacated homes may also claim actual utility expense for their current residence. They may not use the standard allowance. Combine the total actual utility costs for both the vacated home and the current residence, and enter it on the STAT/ACUT panel in MAXIS. Document the actual utility cost for each residence in both person notes on the ACUT panel and case notes. See §0018.15.03 (Shelter Deduction - Home Temporarily Vacated).

- When different units share the same household and share utility expenses, divide the utility standard or the actual amount equally by the number of units responsible for the expense.

- When a unit rents out a room in its home, allow the unit the full standard if they charge the renter a flat amount for rent which includes utilities. If they charge the renter separately for utilities, prorate the standard or actual between the unit and the renter.

- When different units live in separate quarters (apartments) of the same house but have a central meter, allow the unit billed the standard and the other unit actual expenses if separate from rent. Allow each unit the full standard if there are separate meters/bills.

- When different units living in separate quarters of the same house split utility costs by having one unit pay for heat while the other pays for cooling, allow each unit the full standard utility allowance.

- When different units living in separate quarters of the same house or building share a meter and utilities are billed to a non-resident, allow only actual expenses to each unit if separate from rent. Do not allow the standard.

For information on how to determine utility and shelter deductions for units containing ineligible students, ineligible aliens, or people disqualified for Social Security enumeration non-cooperation, see §0018.15 (Shelter Deductions), §0018.15.18 (Standard Utility Allowance).

Also see §0017.15.33.09 (Self-Employment Expense for In-Home Business), §0017.15.33.30 (Self-Employment Income From Rental Property).

MFIP, WB, MSA, GA, GRH:
No provisions.

DWP: Allow actual verified utility expenses and the flat rate of $35 for telephone service, if applicable, in determining the amount of the grant**.** See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

FS: Allow verified actual expenses for all utility shelter deductions EXCEPT phone service. Do not allow actual phone expenses instead of the telephone standard EXCEPT the actual cost of phone installation.

Units may:

- Deduct the whole expense in the month billed or, if not billed, when it first becomes payable.

OR

- Average actual utility costs over the certification period. Use the average of last year's bills plus the cost of inflation. See §0018.15.15 (Inflationary Factors for Actual Expenses). However, Uncle Harry FS units which are subject to monthly reporting must verify actual utility expenses each month, even if the expense is averaged.

For units sharing expenses, see §0018.15.09 (Utility Deductions).

MFIP, WB, DWP, MSA, GA, GRH:
No provisions.

FS: Multiply the past utility expense by the inflation factor listed below. Use the result as the utility expense deduction.

- Electricity 109.3%
- Liquid Propane Gas (LPG) 105.0%
- Natural Gas 107.3%
- Oil No inflation factor, use past amount

MFIP, WB, MSA, GA, GRH:
No provisions.

DWP:
Allow actual verified utility expenses and the flat rate of $35 for telephone service, if applicable, in determining the amount of the grant. See 0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

FS:
Allow the single utility standard of $305 only for:

- Units that incur expenses for heating and/or cooling.

- Units on the Low Income Home Energy Assistance Program (LIHEAP), regardless of whether they incur expenses for heating and/or cooling.

The standard includes heating, cooling, electricity, water, sewer, garbage, and phone.

For units billed for neither heating nor cooling:

- Deduct the electric standard of $80 per month for units billed for electricity.

- Deduct the phone standard of $28 per month for units billed for phone service. Do not allow actual phone expenses.

  NOTE: The phone standard can be allowed for cell phone expenses when the unit is billed monthly or buys a pre-paid card with a certain dollar value or number of minutes, AND the cell phone is their only phone.

Allow actual, verified costs for units billed for the cost of cooking gas, water, sewer, or garbage collection. See 0018.15.12 (Actual Utility Deductions).

Do not prorate the standard utility allowance when all unit members who share utility expenses are not part of the FS unit because they are ineligible. Allow the full standard utility allowance.

Earned income disregards are an employment incentive. Subtract earned income disregards only from the monthly earned income of a client. See 0017.12.06 (Earned Income), 0017.15.33 (Self-Employment Income). Do not reduce earned income to less than $0 or use earned income disregards to reduce unearned income.

Also see 0018.06 (Work Expense Deductions).

People may lose the earned income disregard when computing overpayments for failure to report a change timely. See 0025.03 (Determining Incorrect Payment Amounts).

MFIP, DWP:
Disregard 18% of the unit's gross earned income when determining income to use for the initial income test.

EXCEPTION FOR MFIP ONLY: If anyone in the unit was a Minnesota participant of MFIP in any 1 of the previous 4 months, disregard 37% of the unit's gross earned income for the initial income test.

When determining net income for computing monthly benefits, disregard 37% of the unit's gross earned income. As an additional work incentive, MFIP allows a higher assistance standard for employed MFIP clients. See 0020.09 (MFIP/DWP Assistance Standards).

There is NO TIME LIMIT to the earned income disregard. Apply it every month the unit has earned income.

WB:
Disregard 37% of the unit's gross earned income before determining if the household's net income is below 200% of the FPG. See 0016.18.01 (200 Percent of Federal Poverty Guidelines).

There is NO TIME LIMIT to the earned income disregard. Apply it every month the unit has earned income.

FS:

Allow 20% of the unit's gross earned income as a work expense deduction. If you already applied the deduction to work study or fellowship income when calculating student financial aid, do not include the work study or fellowship income in earned income when applying this deduction. See 0017.15.36.06 (Identifying Title IV or Federal Student Aid), 0017.15.36.09 (Student Financial Aid Deductions).

If after applying the farm loss offset, the unit passes the GIT and income remains, allow a 20% deduction of the gross earned income from that amount prior to applying other deductions. See 0017.15.33.18 (Self-Employment Loss Offset).

People may lose the work expense deduction when computing overpayments for failure to report a required change timely. See 0025.03.01 (Determining Incorrect Payment Amounts - FS).

MSA:
For SSI recipients, no county action is required.

For non-SSI recipients due to excess income:

- Disregard the 1st $65 plus half the remaining earned income. If both spouses are clients, disregard $65 and half the combined earned income for the couple.

- Allow the Blind and Disabled Student Child Disregard from earned income when a client meets ALL 3 of the following conditions:

    - Is under age 22.

- Is certified as blind or disabled by the Social Security Administration or the State Medical Review Team.

- Is expecting to attend school at least 1 month in the next calendar quarter, or did attend school at least 1 month of the current calendar quarter.

Limit the Blind and Disabled Student Child Disregard to a maximum of $1,640 a month and $6,660 in a calendar year. Apply it only to the client's income.

Do not reduce earned income to less than $0 or use earned income disregards to reduce unearned income.

GA:
Disregard the 1st $50 of earned income for each person who has earned income.

In addition, if the client has a discharge plan approved by the county, disregard up to $150 per month for up to a maximum accumulated amount of $1,000 from earned income of people residing in:

- Intensive Rehabilitative Treatment (IRT) Centers for the mentally ill.
  OR
- Group residential housing (GRH). See 0002.29 (Glossary: Gross RSDI...) for the definition of Group Residential Housing.

The money must be kept in a separate account for use after discharge, and discharge and work must be part of the treatment plan. Consider any money withdrawn from this excluded account before the client is discharged to be income to the client in the month of receipt.

GRH:
For SSI recipients, the earned income disregards are already applied by the Social Security Administration.

For non-SSI recipients who are aged, blind, or disabled:

- Disregard the 1st $65 plus half the remaining earned income.

- Allow the Blind and Disabled Student Child Disregard from earned income when a client meets ALL 3 of the following conditions:

  - Is under age 22.

  - Is certified as blind or disabled by the Social Security Administration or the State Medical Review Team.

  - Is expecting to attend school at least 1 month in the next calendar quarter, or did attend school at least 1 month of the current calendar quarter.

  Limit the disregard to a maximum of $1,640 a month and $6,660 in a calendar year. Apply it only to the client's income.

Do not reduce earned income to less than $0 or use earned income disregards to reduce unearned income.

For all other adults, follow GA.

MFIP, WB, DWP, GA, GRH:
No provisions.

FS:
Apply a standard deduction that is 8.31% of the maximum monthly net adjusted income to the total earned or unearned income of each unit based on its size. Effective 10-1-10, the deduction should not be less than the current standard of $142 and no more than the standard for a unit size of 6.

UNIT SIZE	AMOUNT
1	$142
2	$142
3	$142
4	$153
5	$179
6 or more people	$205

Beginning October 1, 2010 the standard deduction will be indexed to inflation.

MSA:
Apply a standard disregard of $20 to a client's earned or unearned income. If a client has both types of income, apply the disregard to unearned income first, any remainder to earned income.

When both spouses are clients who live together, apply the disregard only once to their combined income.

MFIP, WB, DWP:

Deduct part of a caregiver's income to cover the unmet needs of an ineligible spouse and/or an ineligible child under the age of 21 who lives with the caregiver. Allow this deduction only if the caregiver lives with and is financially responsible for the person.

Income of a minor child cannot be allocated.

Do not allow allocation for the support of people who:

- Choose not to be members of the unit. See §0014 (Assistance Units).
- Are disqualified.

The maximum allocation is the difference between the unit's Transitional Standard, and the Transitional Standard the unit would have if the spouse and/or child were in the unit. See §0020.09 (MFIP/DWP Assistance Standards).

The actual allocation is the maximum allocation minus the ineligible spouse's and/or child's net income. See §0016.18 (Income of Inel. Parent/Guard. of Minor Crgvr).

FS, GA:

No provisions.

MSA: For non-SSI recipients in a long term care (LTC) facility for which MA pays the cost of care, follow the MA LTC provisions in the Health Care Programs Manual.

For all other clients, no allocations are permitted.

GRH: For clients who receive services under the Elderly Waiver (EW) program, deduct the spousal allocation that is determined by the EW program if the allocation is actually paid to the spouse.

For all other clients, there are no provisions.

MFIP: Deduct child support, spousal support, child care support, and medical support that a unit member pays to another household. This deduction applies to any payment, whether current or arrears. This deduction applies only to the income of the person legally required to pay support, not to other unit income.

Do not allow administrative fees charged by the employer for income withholding services as a child support deduction.

A person required to pay support whose financial circumstances change after the support order goes into effect must petition the court to change the order. Adding a member to the unit is not a change in circumstances. Even if you determine the person must file a petition, allow a deduction for support the person pays until the recertification is due.

If a person whose financial circumstances have changed does not petition to change a support order before recertification, do not allow the deduction after recertification until the person files a petition. If support ordered has decreased by the time of recertification, the client does not have to petition the court for a reduction.

Refer clients to the court administrator's office to get forms to change the support order. The client must file the forms in the county in which the court issued the support order.

Verify the amount of support paid monthly for monthly reporters. For all others, verify at application, recertification, and when they report a change.

WB: Deduct child support, spousal support, child care support, and medical support that a unit member pays to another household. This deduction applies to any payment, whether current or arrears. This deduction applies only to the income of the person legally required to pay support, not to other unit income.

Do not allow administrative fees charged by the employer for income withholding services as a child support deduction.

Verify at transition, recertification, and when a change is reported.

DWP: Follow MFIP, EXCEPT the references to monthly reporter and recertification do NOT apply.

FS: Deduct court-ordered child support that a person whose income is counted pays to or for a non-household member(s), including vendor payments made on the other household's behalf, and payments made to obtain health insurance for the child(ren).

This deduction applies to unit income. This deduction applies to any payment, whether current or arrears.

Allow this deduction after the earned income deduction, but before the shelter deduction.

Allow this deduction only for support actually paid.

Do not allow administrative fees charged by the employer for income withholding services as a child support deduction.

For prospectively budgeted units, calculate court-ordered payments based on payments expected to be made during the certification period. Anticipate the payment based on the most recent 3 months' payments, if available, unless it is reasonably certain that a change will occur.

For units that contain ineligible non-citizens, ineligible ABAWDs, and non-applicants, or unit members disqualified for non-compliance with Social Security enumeration requirements who pay court-ordered child support:

1. Prorate the amount of court-ordered child support paid by the ineligible person or disqualified unit member among household members.

2. Disregard the prorated share of the costs for the ineligible person(s) or disqualified unit member(s). Allow the remainder of the costs as a child support deduction for the unit.

For individuals disqualified due to fraud or non-compliance with work requirements, allow the full amount of court-ordered child support paid as a deduction from the individual's income. See §0016.03 (Income from Disqualified Unit Members).

Verify the amount of the court-ordered child support obligation at application, and any time the amount changes. Verify the amount of support actually paid monthly by Uncle Harry FS units subject to monthly reporting. For all other units, verify the amount paid at application, Six-Month Report, recertification, or when a change is reported.

MSA, GA:
No provisions.

GRH: Some support deduction may be allowed. See §0018.39 (Prior and Other Income Reductions).

MFIP, WB, DWP, FS, MSA, GA:

No provisions.

GRH: For SSI and MFIP clients, there are no provisions.

For non-SSI recipients who are aged, blind, or disabled, and for all other adults (EXCEPT as specified above), allow an income deduction if it is actually paid for the client's children who:

- Have no income of their own.

- Are not living with another parent.

AND

- Remain in the care and custody of the GRH client.

Allow the amount of the MFIP cash portion for the number of children covered under this provision. See §0020.09 (MFIP/DWP Assistance Standards).

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: For SSI clients, allow income deductions from the SSI Federal Benefit Rate (FBR) for obligations incurred prior to the latest entry into the current GRH setting. Deductions can include guardianship or conservator fees established by the court, representative payee fees allowed by the Social Security Administration (SSA) or other programs, SSI recoupment or RSDI repayments, support ordered by court, and similar types of deductions. Help the client to petition SSA for reduction or waiver of recoupments or repayments, and to petition the court for reduction or dismissal of support orders.

For non-SSI clients, follow the procedures for SSI clients. In addition, allow income deductions for other mandatory fees or payments incurred after GRH entry and not deducted elsewhere. For MFIP clients, also allow MFIP recoupment. For non-SSI clients, count income that is actually available.

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH: Allow an income deduction for money the client spent prior to entry into a GRH setting. Count only the income that is actually available to the client upon entering the GRH setting.

Some programs limit the amount of gross income clients may have and still be eligible for benefits. This Gross Income Test (GIT) must be done before determining a benefit amount. Compare the client's gross income to the gross income limit tables. See 0019.03 (Gross Income Test - What Income to Use), 0019.06 (Gross Income Limits).

There is also a gross income test for determining if disabled people age 60 or older may form separate Food Support units. See 0019.09 (GIT for Separate Elderly Disabled Units).

MFIP, WB, DWP, GA, GRH:
No provisions.

FS:
Apply a GIT to all units EXCEPT:

- Those with a disabled member. See 0012.15 (Incapacity and Disability Determinations).

- Units in which all members are participants of GA or SSI unless the entire unit lives in an institution. See 0011.12 (Institutional Residence).

- Units in which at least 1 member of the unit is receiving or is eligible to receive Transition Year Child Care, Basic Sliding Fee Child Care (including At-Home Infant Child Care (AHIC) program). Ask the unit about receipt of any of these programs at application, and whenever a Food Support unit exceeds the FS asset limit, gross income limit, or net income limit. Verify receipt of the benefits from the case record or by contacting the appropriate Child Care or employment services worker. See 0013.06 (FS Categorical Eligibility/Ineligibility).

- Those with an elderly member (60 or older). When determining eligibility prospectively, consider the unit to have an elderly member in the payment month the member turns 60. When determining eligibility retrospectively, consider the unit to have an elderly member in the budget month the member turns 60.

Always apply the GIT prospectively. For Uncle Harry Food Support (UHFS) units that will be retrospectively budgeted and which have contract income or student financial aid in the 2 beginning months, prorate the income over the period it is intended to cover (including the 2 beginning months) to determine prospective eligibility.

Also apply the GIT retrospectively for UHFS units in a retrospective budgeting cycle.

When determining unit size for the GIT table, use the number of people in the unit for the payment month. See 0014 (Assistance Units).

To determine which GIT to use, see 0013.06 (FS Categorical Eligibility/Ineligibility), 0019.06 (Gross Income Limits).

Unless it is possible to suspend the case, terminate or deny assistance for a client with income above the maximum figure. See 0022.18 (Suspensions).

MSA:
Prospectively apply the Gross Income Test to a client's income each month.

Unless it is possible to suspend the case, terminate or deny assistance for a client with income above the maximum figure. See 0022.18 (Suspensions). A client in group residential housing must also pass the Gross Income Test.

MFIP, WB, DWP, GA, GRH:
No provisions.

FS:
EXCEPT for income listed below, use the gross income of all unit members and the income deemed to them for both prospective and retrospective GITs. See 0016 (Income From People Not in the Unit), 0017 (Determining Gross Income). Destitute units have special provisions for determining what income to use. See 0004.51 (Destitute Units, Eligibility and Benefits). To determine which GIT to use, see 0013.06 (FS Categorical Eligibility/Ineligibility), 0019.06 (Gross Income Limits).

For Uncle Harry Food Support (UHFS) units ONLY:

- Do not apply the GIT both prospectively and retrospectively in months the unit gets an extra payment, such as 3 biweekly checks in 1 month. If budgeting is being done prospectively, eligibility is affected prospectively; if budgeting is being done retrospectively, eligibility is affected in the payment month corresponding to the budget month.

- Do not apply the GIT retrospectively to non-recurring income the unit received in the 1st 2 months of eligibility if you budgeted it prospectively.

MSA:
Use the total of the client's gross income and income deemed available. See 0016 (Income From People Not in the Unit), 0017 (Determining Gross Income).

MFIP, WB, DWP, GA, GRH:
No provisions.

FS:
To determine FS categorical eligibility/ineligibility, see 0013.06 (FS Categorical Eligibility/Ineligibility).

Use the gross income limits below for non-categorical eligible FS units and when determining the income amount for sponsors and their household size. See 0016.21.03 (Income Of Sponsors Of Immigrants With I-864).

UNIT SIZE	INCOME LIMIT
1	$1,174
2	$1,579
3	$1,984
4	$2,389
5	$2,794
6	$3,200
7	$3,605
8	$4,010
Each add'l member	$406

Use the gross income limits below for categorical eligible FS units.

UNIT SIZE	INCOME LIMITS (165% of FPG)
1	$1,490
2	$2,004
3	$2,518
4	$3,032
5	$3,547
6	$4,061
7	$4,575
8	$5,089
Each add'l member	$515

MSA:
The gross income limit is 300% of the SSI Federal Benefit Rate (FBR) for an individual. See 0029.06.03 (Supplemental Security Income Program) for the current rate.

If a married couple lives together and both partners apply and have a basis of eligibility, use their combined gross income. Their combined gross income must not exceed 600% of the SSI FBR for an individual.

MFIP, WB, DWP, MSA, GA, GRH:
No provisions.

FS:
Disabled people who are 60 or older, and are unable to buy and prepare food separately, have the option of certification with the unit they would ordinarily be in, or forming a separate unit with their spouse. To be certified separately, the gross income of people remaining in the non-elderly/disabled unit cannot exceed these limits:

PEOPLE REMAINING IN THE UNIT	INCOME LIMITS (165% of FPG)
1	$1,490
2	$2,004
3	$2,518
4	$3,032
5	$3,547
6	$4,061
7	$4,575
8	$5,089
Each add'l member	$515

Also see 0012.15 (Incapacity and Disability Determinations), 0014 (Assistance Units).

For gross income test (GIT) limits for categorical eligible units and non-categorical eligible units, see 0019.06 (Gross Income Limits).

To determine whether a unit is categorically eligible, see 0013.06 (FS Categorical Eligibility/Ineligibility).

Clients must meet net income limits to be eligible for cash assistance or food support EXCEPT for people in 0020.03 (People Exempt From Net Income Limits). Some programs also have a gross income eligibility test. See 0019 (Gross Income Test).

The net income limit is the assistance standard for the correct unit or household size. Assistance standard tables are in:

0020.09 MFIP/DWP Assistance Standards.

0020.10 WB Assistance Standard.

0020.12 Food Support Assistance Standards.

0020.18 GA Assistance Standards.

0020.21 MSA Assistance Standards.

0020.22 GRH Assistance Standards.

For information on which table in a section to use, see 0020.06 (Choosing the Assistance Standard Table).

When clients are income eligible, see 0022 (Budgeting and Benefit Determination) to determine benefit amounts.

MFIP:
Compare net income against MFIP assistance standards to determine eligibility and level of benefits.

MFIP has 2 sets of assistance standards, the Transitional Standard and the Family Wage Level. See 0020.09 (MFIP/DWP Assistance Standards), 0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

WB:
The unit's prospective total net income MUST be below the 200 Percent of Federal Poverty Guidelines. See 0016.18.01 (200 Percent of Federal Poverty Guidelines), 0020.10 (WB Assistance Standard), 0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

DWP:
See 0020.09 (MFIP/DWP Assistance Standards), 0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

FS:
Each month compare the unit's prospective total net income to its standard in 0020.12 (Food Support Assistance Standards) to determine income eligibility. See 0004.51 (Destitute Units, Eligibility and Benefits) for how to determine net income in the initial month for destitute units. If the income is greater than the standard, the unit is ineligible. See 0022 (Budgeting and Benefit Determination).

See 0020.03 (People Exempt From Net Income Limits) for the net income exceptions for Categorical Eligibility.

MSA:
For clients receiving SSI, there is no net income test.

For clients not receiving SSI, determine the client's prospective total net income and compare it to the standard in 0020.21 (MSA Assistance Standards) to determine income eligibility. If the income is equal to or greater than the standard, the unit is ineligible.

If a unit will be ineligible for 1 month only, suspend rather than terminate assistance. See 0022.18 (Suspensions).

GA:
A unit's total net income must be less than its assistance standard to be income eligible. Each month compare the unit's prospective income against its standard in 0020.18 (GA Assistance Standards) to determine eligibility.

GRH:
A client's total net income must be less than the assistance standard to be income eligible. Determine the client's prospective total net income and compare it to the standard in 0020.22 (GRH Assistance Standards) to determine eligibility. If the income is equal to or greater than the standard, the client is ineligible.

PEOPLE EXEMPT FROM NET INCOME LIMITS 0020.03

People may be eligible for some programs without regard to how much net income they have.

MFIP, WB, DWP, GA, GRH:
No provisions.

FS: Units that meet 1 or more of the conditions below are categorically eligible for Food Support and, thus, are exempt from the net income test. Although they are exempt from the net income test, they still have to meet other eligibility factors.

- Units in which at least 1 member of the unit is receiving or is eligible to receive Transition Year Child Care or Basic Sliding Fee Child Care.

- Units in which all members are participants of GA or SSI unless the entire unit lives in an institution. See §0011.12 (Institutional Residence).

Also see §0013.06 (FS Categorical Eligibility/Ineligibility) for additional information.

MSA: SSI recipients are automatically income eligible.

MFIP: Use the tables in §0020.09 (MFIP/DWP Assistance Standards) for all clients.

WB: Use the assistance standard in §0020.10 (WB Assistance Standard).

DWP: Use the cash portion column from the tables in §0020.09 (MFIP/DWP Assistance Standards) for all clients.

FS: Use the tables in §0020.12 (Food Support Assistance Standards) for all clients.

MSA: Use the tables in §0020.21 (MSA Assistance Standards) for all clients.

GA: Determine the proper assistance standard based on who is in the unit. Use the standards in §0020.18 (GA Assistance Standards). Also see §0014 (Assistance Units), §0013.15 (GA Bases of Eligibility).

GRH: Use the information in §0020.22 (GRH Assistance Standards) for all clients.

MFIP:

# Eligible People	FAMILY WAGE LEVEL	TRANSITIONAL STANDARD Full Standard	Cash Portion	Food Portion
1	$ 471	$ 428	$ 250	$ 178
2	$ 840	$ 764	$ 437	$ 327
3	$1,106	$1,005	$ 532	$ 473
4	$1,344	$1,222	$ 621	$ 601
5	$1,539	$1,399	$ 697	$ 702
6	$1,769	$1,608	$ 773	$ 835
7	$1,929	$1,754	$ 850	$ 904
8	$2,134	$1,940	$ 916	$1,024
9	$2,338	$2,125	$ 980	$1,145
10	$2,534	$2,304	$1,035	$1,269
Each add'l person	$ 196	$ 178	$ 53	$ 125

Use the Family Wage Level (FWL) standard only for units with earned income. See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

For families with a child subject to the family cap, apply the FWL for the household size including that child. To determine the Transitional Standard to apply, add the cash portion for the household size **not including** the child to the food portion for the household size **including** the child. See §0014.06.03 (Family Cap).

Some state and federal programs do not count the food portion as income. Examples of these programs include housing subsidy programs, low income energy assistance program, and Supplemental Security Income when determining interim assistance amount.

SHARED HOUSEHOLD STANDARD :

# Eligible People	Full Standard	Cash Portion	Food Portion
1	$ 403	$ 225	$ 178
2	$ 720	$ 393	$ 327
3	$ 952	$ 479	$ 473
4	$1,160	$ 559	$ 601
5	$1,329	$ 627	$ 702
6	$1,531	$ 696	$ 835
7	$1,669	$ 765	$ 904

8	$1,848	$ 824	$1,024
9	$2,027	$ 882	$1,145
10	$2,201	$ 932	$1,269
Each add'l person	$ 173	$ 48	$ 125

NOTE: Assistance standards for a household of more than 10 are calculated by MAXIS.

See SHARED HOUSEHOLD in §0002.61 (Glossary: Self...).

The Shared Household Standard does NOT apply if:

- The MFIP member is a victim of family violence.

OR

- The non-MFIP member meets the eligible caregiver requirement.

Use the Shared Household Standard unless unrelated household members meet at least 1 of the following EXCEPTIONS:

- RECEIVING PUBLIC ASSISTANCE:
  - Minnesota Family Investment Program (MFIP).
  - General Assistance (GA).
  - Emergency General Assistance (EGA).
  - Minnesota Supplemental Aid (MSA).
  - Minnesota Food Assistance Program (MFAP).
  - Refugee Cash Assistance (RCA).
  - Food Support (FS).
  - Medical Assistance (MA) and all programs under MA (for example: QMB, SLMB, etc).
  - General Assistance Medical Care (GAMC).
  - MinnesotaCare.
  - Supplemental Security Income (SSI).
  - Adoption Assistance.
  - Relative Custody Assistance.
  - Foster Care.

- ROOMER, BOARDER, OR A PERSON TO WHOM ROOM OR BOARD IS PAID:

For this to apply, the unit must meet the definition of ROOMER/BOARDER (see §0002.07 (Glossary: Benefit...), §0002.57 (Glossary: Relative...), not simply share living expenses. If the MFIP unit is receiving roomer/boarder income, consider the income as self-employment. See §0017.15.33.27 (Self-Employment Income From Roomer/Boarder).

- MINOR CHILD:
  See MINOR CHILD in §0002.41 (Glossary: Medically Necessary...).

- MINOR CAREGIVER:
  This includes minor caregivers living with parents or in an approved supervised living arrangement, if applicable. See MINOR CAREGIVER in §0002.41 (Glossary: Medically Necessary...), §0012.06 (Requirements for Custodial Parents Under 20).

- CAREGIVER OF A CHILD NOT IN THE MFIP ASSISTANCE UNIT:
  This refers to the relationship of an unrelated person in the household to a child that is not considered part of the MFIP assistance unit. For a list of eligible caregivers, see §0014.03.03 (Determining the Cash Assistance Unit).

- PROVIDING CHILD CARE TO A CHILD IN MFIP ASSISTANCE UNIT:
  This refers to the unrelated person providing care for a child who is part of the MFIP assistance unit.

For detailed information on how to calculate the food portion benefit for children born into an assistance unit that has received MFIP for 10 months or more, see §0014.06.03 (Family Cap).

WB, FS, MSA, GA, GRH:
No provisions.

DWP: Follow the CASH portion of the MFIP Transitional or Shared Household Standard, whichever is appropriate. The maximum monthly benefit amount available under DWP is the difference between the unit's needs and the unit's countable income, not to exceed the cash portion of the MFIP standard of need.

MFIP, DWP, FS, MSA, GA, GRH:
No provisions.

WB:
Effective 10-1-10, the assistance standard is a flat grant of $25. See 0016.18.01 (200 Percent of Federal Poverty Guidelines), 0022.12 (How To Calc. Benefit Level – MFIP/WB/DWP/GA).

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: Determine the proper assistance standard based on the size of the unit. When determining unit size, use the number of people in the unit in the payment month. See §0014 (Assistance Units). Use the Monthly Assistance Standards below to determine the net income limit for the unit. Also see §0019.06 (Gross Income Limits).

UNIT SIZE	ASSISTANCE STANDARD
1	$ 903
2	$1,215
3	$1,526
4	$1,838
5	$2,150
6	$2,461
7	$2,773
8	$3,085
Each additional member	$ 312

To determine the benefit level, see the Thrifty Food Plan values in §0022.12.01 (How to Calculate the Benefit Level - FS/MSA/GRH).

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: For a person living in a licensed residential facility, use the clothing and personal need allowance. See 0020.24 (Clothing and Personal Need Allowance) for the amount to use.

The assistance standard for a client living in group residential housing is the clothing and personal need allowance. See 0020.24 (Clothing and Personal Need Allowance). Pay the clothing and personal need allowance to the client or the authorized representative.

For residents of homeless or family violence shelters, use the full basic needs standard.

If 1 adult of a married couple who are living together is not included in the GA unit for any reason, use the 2nd Adult Standard for the remaining member.

ELIGIBLE PEOPLE	MONTHLY STANDARD
Minor not living with parent, stepparent, or legal custodian	$250
Married couple with no children	$260
1st Adult Standard	$187
2nd Adult Standard	$ 73
One adult not living with parent; 1 adult living with parent(s) who have no minor children; or an emancipated minor	$203
One adult living with parent(s)	
and the parent's 1 minor child	$ 95
and the parent's 2 minor children	$ 89
and the parent's 3 minor children	$ 76
and the parent's 4 minor children	$ 76
and the parent's 5 minor children	$ 77
and the parent's 6 minor children	$ 66
and the parent's 7 minor children	$ 64
and the parent's 8 minor children	$ 55

and the parent's 9 minor children	$ 54
and the parent's 10 or more minor children	$ 53

Upon request, provide information to people living in a family violence shelter about cash assistance programs and the opportunity to apply.

MFIP, WB, DWP, FS, GA, GRH:
No provisions.

MSA: MSA has 7 assistance standards whose use depends upon the applicant or participant's circumstances. Which assistance standard you use is determined by:

- The SSI Federal Benefit Rate (FBR) upon which the client's SSI grant is based. See §0029.06.03 (Supplemental Security Income Program).

- Whether a person is eligible for MA home and community based waivers (MA waivers), including Community Alternatives for Disabled Individuals (CADI), Elderly Waiver (EW), Traumatic Brain Injury (TBI), Community Alternative Care for Chronically Ill Individuals (CAC), and Home and Community Based Services for Persons with Developmental Disabilities (DD). See the Health Care Programs Manual for information on these programs.

  NOTE: Consider a person who lives with others eligible for MA home and community based waivers when the person is receiving Minnesota Senior Health Options (MSHHO) and EW services are being provided by the MSHO plan (rate cell B), or is receiving MSHO and was on CADI, TBI, or CAC but switched to EW when enrolled in MSHO (rate cell B), or is receiving DD waiver services through the county agency but also enrolled in an MSHO plan (rate cell A).

- Whether a person meets the county plan requirements for GRH placement (GRH plan) though not actually living in a GRH.

- Whether a person is eligible for the shelter special need. See §0023.24 (Shelter Special Need Allowance).

- A client's marital status.

- A client's living arrangement.

A county may set its own standards at a higher level than the State Standards, but there is no State aid for the extra costs.

MSA COMMUNITY STANDARDS

The standard for MSA applicants and participants who live independently in the community is the total of the client's MSA assistance standard and any ongoing special needs allowances. See §0023.12 (Special Diets), §0023.15 (Guardian or Conservator Fees), §0023.18 (Restaurant Meals), §0023.24 (Shelter Special Need Allowance). If a married couple lives together and both partners are applying and have an MSA basis of eligibility, combine their incomes to determine eligibility and benefit level. Use the highest appropriate standard.

MSA MONTHLY ASSISTANCE STANDARDS

Person living alone (or some people with ineligible spouses or eligible for MA waivers, GRH plan, or a shelter special need)	$ 735
Person living with others (or some people with ineligible spouses)	$ 542
Married couple living alone	$1,102
Married couple living with others	$ 738
Married couple living alone (pre-1994)	$1,117
Married couple living with others (pre-1994) (See explanations below)	$1,001

APPLY THE $735 LIVING ALONE STANDARD WHEN:

- A single person receives SSI benefits based on the $674 FBR and lives alone.
- A single person does NOT receive SSI solely due to excess income and lives alone.
- A single person lives with others and is eligible for MA waivers, a GRH plan, or a shelter special need.
- A single person at the SSI $674 FBR due to a presidential disaster declaration and/or being homeless.

- A married person lives with his or her ineligible spouse and receives SSI benefits based on the $674 FBR or does not receive SSI due to excess income.

- A married person lives with an ineligible spouse and receives SSI benefits based on the $449.34 FBR and is eligible for MA Waivers, a GRH plan, or a shelter special need.

APPLY THE $542 LIVING WITH OTHERS STANDARD WHEN:

- A person receives SSI benefits based on the $449.34 SSI FBR, and is not eligible for MA waivers, a GRH plan or a shelter special need.

- A person does NOT receive SSI solely due to excess income, and lives with others (including minor children but excluding spouse), and is NOT eligible for MA waivers, a GRH plan, or a shelter special need.

- A person at the SSI $674 FBR and lives with others (including minor children). Do not apply this standard to a person living only with a spouse ineligible for MSA (see "Apply the $735 living alone standard when:" above.)

- A married person lives with his or her ineligible spouse and receives SSI benefits based on the $449.34 FBR, and is NOT eligible for MA waivers, a GRH plan, or a shelter special need.

APPLY THE $1,102 (OR $1,117 PRE-1994) STANDARD FOR A MARRIED COUPLE LIVING TOGETHER WHEN:

- Couple receives SSI based on the $1,011 FBR or is ineligible for SSI solely due to excess income and lives alone.

- Couple receives SSI based on the $1,011 FBR or is ineligible for SSI solely due to excess income, lives with others, and one or both is eligible for MA Waivers, a GRH plan, or a shelter special need.

- Couple at the SSI $1,011 FBR due to presidential disaster declaration and/or being homeless.

APPLY THE $738 (OR $1,001 PRE-1994) STANDARD FOR A MARRIED COUPLE LIVING WITH OTHERS WHEN:

- Couple receives SSI benefits based on the $674 FBR.

- Couple NOT receiving SSI solely due to excess income.

MSA FACILITIES STANDARD:

The assistance standard for people either at the SSI $30 FBR (federal living arrangement "D"), see §0029.06.03 (Supplemental Security Income Program) and living in facilities where personal needs are not otherwise provided or some blind children is the clothing and personal need allowance - $89. See §0020.24 (Clothing and Personal Need Allowance) for the eligibility requirements.

A person hospitalized for illness may continue to receive their community standard established before being hospitalized if it is more than the personal needs allowance and if the person meets the conditions of temporary absence in §0014.09 (Assistance Units - Temporary Absence).

MSA clients who are residents of a licensed residential facility are NOT eligible for any special needs allowances EXCEPT for representative payee services. See §0023.21 (Representative Payee Services).

NOTE: Clients living in a Minnesota Consolidated Chemical Dependency Treatment Fund (CCDTF) facility are NOT eligible for an MSA standard of need.

MFIP, WB, DWP, FS, MSA, GA:
No provisions.

GRH:
The standard of need for people who live in Group Residential Housing (GRH) settings is the balance after net income is subtracted from the total GRH State cost. The total GRH State cost is the sum of:

- The base room and board rate (also known as the MSA equivalent rate) and the supplementary service rate (if any).
  OR
- The base room and board rate, plus the Difficulty of Care (DOC) rate (if any).

The basic rate is adjusted July 1 of each year, with the new rate automatically updated for all GRH providers. Effective 7-1-10, the monthly GRH basic rate is $846.

Effective 11-1-09, the maximum supplementary service rate is $459.85 and the maximum DOC rate is $459.85. You may find some GRH facilities with higher amounts; these EXCEPTIONS are due to legislative actions.

The current GRH base rate (Rate 1) and supplementary service rate (Rate 2) are shown on the MAXIS VND2 panel. The DOC rate is determined by county social services and for current GRH participants can be found on the FACI panel. The GRH supplementary service rate and DOC rate are subject to the statutory maximum and may only be used to pay for services otherwise not eligible for payment by a waiver on behalf of the client.

MFIP, WB, FS:
No provisions.

DWP:
An allowance of up to $70 per month per DWP unit member to pay for expenses such as household products and personal products. See 0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

MSA:
The personal needs allowance is $89. Consider this allowance as the standard of need for MSA clients who meet 1 of the criteria listed below. Also see 0020.21 (MSA Assistance Standards).

- Clients in medical facilities where MA pays the cost of care.

- SSI recipients who receive the $30 Federal Benefit Rate for federal living arrangement D, see 0029.06.03 (Supplemental Security Income Program).

- Blind children who meet all the following requirements:

  - They live with their parents and would be ineligible for SSI or their SSI would be less if their parents' income or assets were counted.
    AND
  - They previously received a personal need allowance from SSI when they were in a Title XIX (Medicaid) facility.
    AND
  - They receive MA under 1 of the following programs: TEFRA Option, Developmental Disabilities (DD) Waiver, Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), or Traumatic Brain Injury (TBI). See the Health Care Programs Manual for information on these programs.

GA:
The personal needs allowance is $89 for clients in licensed residential facilities provided this need is not otherwise met.

GRH:
The personal needs allowance is $89. Allow the $89 as a deduction from net income before calculating the GRH payment. For clients who have insufficient income, it may be paid from GA.

Budgeting is assigning a client's income to a specific month and determining eligibility and benefit level from that income. For some programs determining the benefit level is a separate process from determining eligibility.

Retrospective budgeting is using income from a budget month to determine a client's benefits for the payment month. The budget month is the month 2 months before the payment month. See §0022.06 (How and When to Use Retrospective Budgeting). Do not always count income from the budget month for the payment month. See §0022.06.03 (When Not to Budget Income in Retro. Cases).

Prospective budgeting is determining the client's income eligibility and benefit level using anticipated income and deductions for the payment month. See §0022.03 (How and When to Use Prospective Budgeting).

MFIP, Uncle Harry Food Support, MSA, and GA use prospective budgeting to determine the 1st 2 months' eligibility and benefit levels in most cases. All FS units subject to Six-Month Reporting or to change reporting always use prospective budgeting. See §0022.03 (How and When to Use Prospective Budgeting). After the 1st 2 months use prospective or retrospective budgeting, depending on the program and the client's circumstances. See §0022.09 (When to Switch Budget Cycles - Cash), §0022.09.03 (When to Switch Budget Cycles - FS).

DWP uses prospective budgeting for each of the 4 months of DWP eligibility. See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

WB uses prospective budgeting to determine the client's eligibility for the WB program. See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

GRH is budgeted using the client's actual income for the benefit month. See §0024.03.03 (When Benefits Are Paid - FS/MSA/GA/GRH).

Calculate the benefit level using the income from the appropriate budget month. See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA), §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH). Some programs require prorating benefits. Proration can begin from the date of application, the date the client meets all eligibility requirements, or from the date the agency receives a late household report form. See §0022.12.03 (Proration), §0022.12.03.03 (Proration Table).

For GA Participants, budget lump sums differently from other types of income. See §0022.15 (Counting Lump Sums as Income), §0022.15.03 (Budgeting Lumps Sums in a Prospective Month), §0022.15.06 (Budgeting Lump Sums in a Retrospective Month).

In some cases when clients will be income ineligible for only 1 month, suspend rather than terminate benefits. See §0022.03.03 (Ineligibility in a Prospective Month - Cash), §0022.18 (Suspensions).

When you suspend or close GA, determine whether the unit was overpaid in the 2 months before the suspension. See §0022.21 (Income Overpayment Relating to Budget Cycle).

There are special provisions for budgeting self-employment income. See §0017.15.33 (Self-Employment Income), §0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt).

For information on budgeting for MFIP pregnant women cases, also see §0008.06.12.09 (Converting a Pregnant Woman Case), §0013.03.03 (Pregnant Woman Basis – MFIP/WB/DWP).

HOW AND WHEN TO USE PROSPECTIVE BUDGETING 0022.03

Prospective budgeting is estimating the amount of monthly income a client will have in the payment month. In prospective budgeting, the budget month and the payment month are the same.

For some programs, budgeting income to determine the benefit amount is a separate process from budgeting income to determine eligibility. See §0018 (Determining Net Income), §0019 (Gross Income Test), §0020 (Net Income Limits), §0022.03.01 (Prospective Budgeting - Program Provisions).

Suspensions may affect prospective budgeting. See §0022.03.03 (Ineligibility in a Prospective Month - Cash), §0022.18 (Suspensions).

Anticipating income may result in an underpayment or an overpayment. This may require a corrective payment or an overpayment recovery. See §0022.21 (Income Overpayment Relating to Budget Cycle).

For general provisions applying to all programs, see §0022.03 (How and When to Use Prospective Budgeting).

MFIP: In the 1st month, for some units, budgeting income to determine the benefit amount is separate from budgeting income to determine eligibility. To be eligible, clients must pass the initial income eligibility test and be within net income limits. See §0017 (Determining Gross Income), §0018 (Determining Net Income), §0018.18 (Earned Income Disregards).

Use prospective budgeting to figure the benefit amount for the 1st 2 months of eligibility for each person who was not an eligible MFIP participant the month before the application month. This applies even if you are adding a person to a retrospectively budgeted MFIP unit. See §0008.06.06 (Adding a Person to the Unit - Cash).

If a person was an MFIP participant the month before the application month, continue the budget cycle the person was in. Also see §0022.06 (How and When to Use Retrospective Budgeting).

If a person losing SSI is being added to the unit as a mandatory member, budget his/her income prospectively for the 1st 2 months.

In budgeting income prospectively, count only income both you and the unit are reasonably certain they will get that month.

If a client gives a reason that the amount an employer says it will pay is inaccurate, contact the employer for confirmation. See §0010.03 (Verification - Cooperation and Consent), §0010.15 (Verification - Inconsistent Information). If you cannot reconcile the employer's and the client's claims, budget the amount the client expects to get (which might be $0). Document your action in case/person notes in MAXIS.

After the 1st 2 months of eligibility (EXCEPT for cost-of-living adjustments (COLAs) in federal benefits), continue prospectively budgeting migrant units, seasonal farmworker units, and units in which all members are homeless.

See §0022.06 (How and When to Use Retrospective Budgeting) for COLA increases.

WB: Use prospective budgeting to determine eligibility. Count only income both you and the unit are reasonably certain they will receive. The net income must be below

the 200% FPG. See §0016.18.01 (200 Percent of Federal Poverty Guidelines), §0022.12 (How to Calc. Benefit Level – MFIP/WB/DWP/GA).

If a client gives a reason that the amount an employer says it will pay is inaccurate, contact the employer for confirmation. See §0010.03 (Verification - Cooperation and Consent), §0010.15 (Verification - Inconsistent Information). If you cannot reconcile the employer's and the client's claims, budget the amount the client expects to get (which might be $0). Document your action in CASE/PERSON NOTEs in MAXIS.

DWP: To be eligible, clients must pass the initial income eligibility test and be within net income limits. See §0017 (Determining Gross Income), §0018 (Determining Net Income), §0018.18 (Earned Income Disregards).

Use prospective budgeting to figure the benefit amount for each of the 4 months of DWP eligibility. See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

In budgeting income prospectively, count only income both you and the unit are reasonably certain they will get that month.

If a client gives a reason that the amount an employer says it will pay is inaccurate, contact the employer for confirmation. See §0010.03 (Verification - Cooperation and Consent), §0010.15 (Verification - Inconsistent Information). If you cannot reconcile the employer's and the client's claims, budget the amount the client expects to get (which might be $0). Document your action in Case/Person Notes in MAXIS.

FS: For information about FS prospective budgeting, see §0022.03.01.03 (Prospective Budgeting - FS Provisions).

MSA: For SSI recipients, always budget the SSI Federal Benefit Rate prospectively.

For non-SSI recipients, use prospective budgeting for the 1st 2 months, and use the same income you budget for the 1st month to budget the 2nd month. This is true in all months EXCEPT January of any year. Budget RSDI COLA increase prospectively (for example, budget January RSDI COLA in January).

GA: For each person who was NOT a GA participant the month before the application month, use prospective budgeting to determine the benefit amount for the 1st 2 months of eligibility.

For each person who was a GA participant the month before the application, continue the budgeting cycle the person was in. Change the budget cycle only if there was a change that would alter the budgeting cycle. See §0022.09 (When to Switch Budget Cycles - Cash).

GRH: No provisions.

MFIP, WB, DWP, MSA, GA, GRH:
For information about cash program provisions, see 0022.03.01 (Prospective Budgeting - Program Provisions).

FS:
SIX-MONTH REPORTING AND CHANGE REPORTING FOOD SUPPORT UNITS

FS units subject to Six-Month Reporting or to change reporting use prospective budgeting. Consider ALL of the following when determining prospective income.

- Use income received 30 days prior to the month of application, Combined Six-Month Report, or recertification, as an indicator of the income that will be available during the next 6-month period.

- Use income already received in the application month through the date of approval as an indicator of the income that will be available during the 6-month period. When the date of application and the date of the interview are different, document in MAXIS CASE/NOTEs what income was used.

- Use only anticipated income both the county agency and the client are reasonably certain will be received during the certification period. Document this information in MAXIS CASE/NOTEs.

- When the unit is unsure of the amount of income or when it will be received, count only that portion of the income that can be anticipated with reasonable certainty.

- If a client gives a reason that the amount an employer says it will pay is inaccurate, contact the employer for confirmation. See 0010.03 (Verification - Cooperation and Consent), 0010.15 (Verification - Inconsistent Information). If you cannot reconcile the employer's and the client's claims, budget the amount the client expects to get (which might be $0). Document your action in CASE/PERSON NOTEs in MAXIS.

- Do not use past income as an indicator of income that will be available during the 6-month period if the unit cannot anticipate this income continuing in the future. Document in MAXIS CASE/NOTEs why past income was not used for the 6-month period.

- When anticipating earned income, all income must be converted to monthly amounts. MAXIS will calculate the monthly amount by using the appropriate multiplier. Use of this income multiplier does NOT constitute averaging income. The multiplier is:

  - 4.3 for weekly checks.

  - 2.15 for bi-weekly checks.

  - 1 for monthly checks.

  - 2 for semi-monthly checks.

- Convert regular recurring income received less often than monthly into a monthly amount.

- When income fluctuates to the extent that the 30 days income prior to the application month is NOT an accurate indication of

anticipated income, use a reasonable period of time and income. Document in MAXIS CASE/NOTE the period of time and income used for the 6-month period.

- When the client anticipates receiving future income from a source not received in the 30 days prior to the application, Combined Six-Month Report, or recertification, use an amount both the client and the county agency are reasonably certain will be received.

- When recalculating a new 6-month report period, take into account income received in the last 30 days. Use any anticipated income the unit and county agency are reasonably certain will be received during the next 6-month period.

- If wages are held by the employer at the request of the client, count this income in the month the wages would have been received by the client.

- Anticipate DWP, GA, and MSA grants for the period of time the agency is reasonably certain these grants will be received during the certification period. For DWP/FS households, count the amount of DWP benefits the agency can reasonably anticipate once the client has met the Employment Plan requirements. If the agency cannot determine when or what amount of DWP benefits a client will receive, even though the client has cooperated, budget only that part of the DWP benefits the agency and the client are reasonably certain the client will receive that month.

- For units with seasonal income, it may be appropriate to use the most recent past season's income to determine the amount of income that will be received during the 6-month budget period. Consider any anticipated income fluctuations and new circumstances.

- Average income and expenses using current tax returns or business records to determine monthly counted self-employment income. See 0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt.).

Budget COLA increases in federal benefits prospectively.

Budget recurring medical expenses prospectively. See 0018.12 (Medical Deductions).

Do not increase FS benefits in response to a decrease in RCA, MSA, GA, or SSI because a participant unit or unit member does not provide mandatory verifications for the cash program. Compute benefits using the cash grant the unit would have received had a reduction in the cash grant for failure to provide mandatory verifications not occurred. This applies for the duration of the reduction in the cash program.

UNCLE HARRY FOOD SUPPORT UNITS

Use prospective budgeting for the 1st 2 months of eligibility for each Uncle Harry Food Support (UHFS) member who was not a Minnesota FS participant the month before the application month.

After the 1st 2 months of eligibility, continue to budget prospectively the following UHFS units:

- Units with no counted or excluded earned income, no GA income, and no members who have received counted or excluded earned income within the 3 months before the budget month.

- Units with all members in the migrant work stream. See MIGRANT FARMWORKER UNITS in 0002.41 (Glossary: Medically Necessary...).

- Units in which any member is a seasonal farmworker. See SEASONAL FARMWORKER in 0002.59 (Glossary: RSDI...).

- Units with no counted or excluded earned income in which all adult members are either disabled or age 60 or older, including units receiving GA.

- Units in which all members are homeless. See HOMELESS in 0002.29 (Glossary: Gross RSDI...).

- Units living on Indian reservations. Unit members do not have to be members of a tribe for this purpose.

Consider the following when determining prospective income in a prospectively budgeted month.

- Count only cash assistance and other income both the county agency and the unit are reasonably certain the unit will receive during the certification period.

- If a client gives a reason that the amount an employer says it will pay is inaccurate, contact the employer for confirmation. See 0010.03 (Verification - Cooperation and Consent), 0010.15 (Verification - Inconsistent Information). If you cannot reconcile the employer's and the client's claims, budget the amount the client expects to get (which might be $0). Document your action in CASE/PERSON NOTEs in MAXIS.

- Always budget cash assistance grants for the current month prospectively, even when you budget other income and expenses retrospectively. See 0017.15.06 (Assistance Payments Income).

- It may be appropriate to suspend an UHFS unit in a prospective month. See 0022.03.04 (Ineligibility in a Prospective Month - FS), 0022.18 (Suspensions).

- For people certified for FS in Minnesota the month before the application month, continue the budgeting cycle they were in. Change the budget cycle only if there was a change that would alter the budgeting cycle. See 0022.09.03 (When to Switch Budget Cycles - FS).

Budget COLA increases in federal benefits prospectively only when received during the initial 2 months. For COLA increases received after the 1st 2 months, see 0022.06 (How and When to Use Retrospective Budgeting).

Budget recurring medical expenses prospectively. See 0018.12 (Medical Deductions).

INELIGIBILITY IN A PROSPECTIVE MONTH - CASH 0022.03.03

See §0022.03 (How and When to Use Prospective Budgeting) for general provisions on prospective budgeting. Also see §0022.03.01 (Prospective Budgeting - Program Provisions), §0022.12.02 (Beginning Date of Eligibility), §0022.18 (Suspensions).

Also see TEMP Manual TE02.10.32 (Applicant Ineligible in Processing Month), TE02.05.08 (Switching to Retrospective Budget Cycle).

MFIP, DWP:

Eligibility begins on the date of application or the date the unit meets all eligibility factors, whichever is later. If the client is not eligible on the date you process the application, deny eligibility and review eligibility for any other program, including Food Support.

If you are acting on the application in the 1st month AND the unit is eligible for that month but not income eligible in the 2nd prospective month, suspend the unit for the 2nd prospective month. A suspension cannot stay in effect for more than 1 month. Deny the case if the unit will be prospectively ineligible for 2 consecutive months.

When the unit is ineligible for the 1st month, but eligible for the 2nd month:

- If you are taking action on the application in the 2nd month, deny assistance for the 1st month but approve the 2nd month without a new CAF. Use prospective budgeting for the 2nd and 3rd months (the 1st 2 months of eligibility).

- If you are acting on the application after the 2nd month, and the unit IS eligible on the date you take the action, deny assistance for the 1st month but approve the 2nd month without a new CAF. Use prospective budgeting for the 2nd and 3rd months (the 1st 2 months of eligibility).

- If you are acting on the application after the 2nd month, and the unit is NOT eligible on the date you take the action, DENY ASSISTANCE for the 1st, 2nd, and subsequent months. Use the denial reason which you use for the 1st month for all subsequent months.

If Food Support were opened for the month of ineligibility for MFIP, close Food Support when you open MFIP.

WB: If the unit is not eligible on the date you process the case, deny eligibility and send a notice of decision to the unit. See §0026.15 (Notice of Denial, Termination or Suspension).

INELIGIBILITY IN A PROSPECTIVE MONTH - CASH 0022.03.03

FS: See §0022.03.04 (Ineligibility in a Prospective Month - FS).

MSA, GA:

Clients must be eligible for assistance on the date you are acting on the case. See §0005.12.15 (Application Processing Standards), §0008.06.06 (Adding a Person to the Unit - Cash).

Do not suspend when a unit is ineligible in either of the 1st 2 prospective months. The action you need to take depends on when you are acting on the application:

- When the unit is ineligible for the 1st month, but eligible for the 2nd month:

  - If you are acting on the application in the 1st or 2nd month, deny assistance for the 1st month but approve the 2nd month without a new CAF. Use prospective budgeting for the 2nd and 3rd months (the 1st 2 months of eligibility).

  - If you are acting on the application after the 2nd month, and the unit IS eligible on the date you are acting, deny assistance for the 1st month but approve the 2nd month without a new CAF. Use prospective budgeting for the 2nd and 3rd months (the 1st 2 months of eligibility).

  - If you are acting on the application after the 2nd month, and the unit is NOT eligible on the date you are acting, DENY ASSISTANCE for the 1st, 2nd, and subsequent months. Use the denial reason which you use for the 1st month for all subsequent months.

- When the unit is eligible for the 1st month, but ineligible for the 2nd month:

  - If you are acting on the application in the 1st month, approve assistance for the 1st month, close for the 2nd month, and require the unit to reapply for any further benefits.

  - If you are acting on the application in the 2nd month, deny assistance for the 1st and 2nd month. Require the unit to reapply for any further benefits.

  - If you are acting on the application after the 2nd month, and the unit IS eligible on the date you are acting, approve assistance for the 1st month, close for the 2nd month, and approve for the 3rd and any subsequent months using the same CAF. Use prospective budgeting for the 1st month. Also use

prospective budgeting for the 3rd and 4th months, since there has been a break in eligibility of 1 month.

- If you are acting on the application after the 2nd month, and the unit is NOT eligible on the date you are acting, DENY assistance for the 1st, 2nd, and subsequent months. Use the denial reason which you use for the 1st month for all subsequent months.

When you approve results in MAXIS, you will get a pop-up window for ineligible months asking if the case should be closed or suspended; "C" for close is the default. Remember that in the 2 initial months you MAY NOT SUSPEND and you MUST DENY or CLOSE, as noted in the above situations.

For suspension provisions for participants after the 1st 2 months of eligibility, see §0022.18 (Suspensions).

GRH: No provisions.

MFIP, WB, DWP, MSA, GA:

See §0022.03.03 (Ineligibility in a Prospective Month - Cash).

GRH: No provisions.

FS: SIX-MONTH REPORTING UNITS AND CHANGE REPORTING UNITS

If the unit is ineligible in the month of application and the following month, deny benefits.

If the unit is ineligible for the month of application but eligible in the following month, deny benefits for the 1st month and open for the 2nd month without requiring a new application.

UNCLE HARRY FOOD SUPPORT UNITS

If the unit is ineligible for both prospective months, deny benefits.

If the unit is ineligible for the 1st prospective month but eligible for the 2nd prospective month, deny benefits for the 1st month and open for the 2nd month without requiring a new application. Use prospective budgeting for the 1st 2 months of eligibility.

If the unit is eligible for the 1st prospective month but ineligible for the 2nd prospective month, suspend the case for the 2nd month.

Do not suspend prospectively and retrospectively for the same change. If you suspend the case prospectively, count non-recurring income retrospectively only if you did not count the non-recurring income in the prospective month. For this purpose, treat a 3rd or 5th paycheck as non-recurring income. See §0022.06.03 (When Not to Budget Income in Retro. Cases).

For information on Uncle Harry Food Support Benefits, see §0022.24 (Uncle Harry Food Support Benefits).

HOW AND WHEN TO USE RETROSPECTIVE BUDGETING 0022.06

Retrospective budgeting is determining the benefit amount using actual income received 2 months before the payment month. For example, base the March benefit on income and expenses in January.

MFIP: Some units are always prospectively budgeted. See 0022.03.01 (Prospective Budgeting - Program Provisions). For all other units, use retrospective budgeting after the 1st 2 months of initial eligibility.

When an assistance unit applies for MFIP in the same month MFIP was terminated, and the month prior to application was retrospectively budgeted, continue the retrospective budgeting cycle for the month of application and the following month.

For each person who was an MFIP participant the month before the application month, continue the budgeting cycle the person was in. Special budgeting provisions apply to income from self-employment. See 0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt).

Always budget COLA increases in federal benefits retrospectively, EXCEPT for units that get a COLA increase in 1 of their 2 initial months. Retrospective budgeting of COLA increases applies even to units that continue prospective budgeting.

Also see 0022.03 (How and When to Use Prospective Budgeting), 0022.06.03 (When Not to Budget Income in Retro. Cases).

WB, DWP, GRH:
No provisions.

FS: Uncle Harry Food Support (UHFS) units are the ONLY FS units which may be subject to retrospective budgeting. The following provisions ONLY apply to UHFS units.

Budget all cash assistance grant income prospectively, even though you budget a unit's other income retrospectively.

Do not increase FS benefits in response to a decrease in RCA, MSA, GA, or SSI because a participant unit or unit member does not provide mandatory verifications for the cash program. Compute benefits using the cash grant the unit would have received had a reduction in the cash grant for failure to provide mandatory verifications not occurred. This applies for the duration of the reduction in the cash program.

There are special budgeting provisions for contract income of less than a year and student financial aid. Unlike other income, do not budget these incomes prospectively for the 2 beginning months, if you expect to budget the unit retrospectively after the 1st 2 months. Budget contract income of less than a year and student financial aid retrospectively over the months they are intended to cover. Budget any other income and expenses the unit may have prospectively for the 1st 2 months, and retrospectively thereafter. See 0017.09 (Converting Income to Monthly Amounts), 0017.15.36.03 (When to Budget Student Financial Aid).

Budget yearly contracts over a 12-month period, even if the client receives the income in a shorter period of time. Do not follow the special budgeting procedures above for yearly contracts.

With the EXCEPTION of those received in the initial 2 months, budget all COLA increases for federal benefits 2 months after the month of receipt, even if the unit is otherwise subject to prospective budgeting. For COLA increases received during the initial 2 months, see 0022.03.01 (Prospective Budgeting - Program Provisions).

See 0022.03 (How and When to Use Prospective Budgeting), 0022.06.03 (When Not to Budget Income in Retro. Cases), 0022.09.03 (When to Switch Budget Cycles - FS).

MSA: For non-SSI recipients, use retrospective budgeting after the 1st 2 months of eligibility. See 0022.09 (When to Switch Budget Cycles - Cash).

EXCEPTION: Budget RSDI COLA increases prospectively. (For example, budget January RSDI COLA in January).

GA: Use retrospective budgeting after the 1st 2 months of initial eligibility. For each person who was a GA participant the month before the month of application, continue the same budgeting cycle the person was in unless there was a change that would alter the budgeting cycle. See 0022.09 (When to Switch Budget Cycles - Cash).

WHEN NOT TO BUDGET INCOME IN RETRO. CASES 0022.06.03

This section tells when not to budget income retrospectively in a case which stays in the retrospective cycle. For when to switch a case from a retrospective to a prospective cycle, see §0022.09 (When to Switch Budget Cycles - Cash), §0022.09.03 (When to Switch Budget Cycles - FS).

See NON-RECURRING INCOME in §0002.45 (Glossary: Netherlands' Act...).

MFIP: Do not retrospectively budget non-recurring income that does not continue into the corresponding payment month if you budgeted it in the prospective month.

Do not budget a person's income when:

- The person was a unit member or financially responsible person who left the home and whose needs you removed from the assistance standard. Stop counting the person's income the same month you remove the person's needs. Continue to count the income of people who meet temporary absence criteria. See §0014.09 (Assistance Units - Temporary Absence).

- You remove the person from the unit for not meeting minor child requirements. See §0013 (Basis of Eligibility), §0020 (Net Income Limits). Stop counting the person's income when you remove the person's needs from the benefit.

  If you remove a child's needs for not providing Social Security number verification and the child is a mandatory member of the unit, continue to count the child's income. See §0012.03 (Providing/Applying for an SSN), §0014.03 (Determining the Assistance Unit), §0014.03.03 (Determining the Cash Assistance Unit), §0020 (Net Income Limits).

- The income is from a person who ceases to have financial responsibility for a unit member. Stop counting the income in the month after the month financial responsibility ends.

- The person is a unit member who starts to get SSI. Count the member's income only through the person's last month on MFIP.

- The person is a child without student status in the budget month who gains student status in the payment month. For example, the child gains student status on March 1st. Do not budget the child's January income toward the March grant. See §0017.15.15 (Income of Minor Child/Caregiver Under 20).

- It is non-recurring income which you budgeted in the initial prospective months. If a 3- or 5-paycheck month caused a suspension in a prospective month, treat the 3rd or 5th paycheck as non-recurring income. See §0022.18 (Suspensions).

WB, DWP, MSA, GRH:

No provisions.

FS: The following provisions ONLY apply to Uncle Harry Food Support (UHFS) units.

Do not retrospectively budget non-recurring income if you budgeted it in the initial prospective months. If a 3- or 5-paycheck month caused a suspension in a prospective month, treat the 3rd or 5th paycheck as non-recurring income. See §0022.18 (Suspensions).

Do not retrospectively budget a person's income when:

- A unit member or financially responsible person leaves the home and you do not include the person in the unit size. Remove that person and stop counting the income effective the month after the month you no longer include the person in the unit size. Unless exempted under §0017.15.06 (Assistance Payments Income), continue to budget the income of people granted temporary absence under GA. Continue budgeting in the ordinary budget cycle as long as they are temporarily absent. See §0016 (Income From People Not in the Unit). If that person joins another unit, retrospectively budget income for the new unit EXCEPT for any income that is from a terminated source.

- The income is from a person who ceases to have financial responsibility for a unit member. Stop counting the income in the month after the month financial responsibility ends. See §0011.03.15 (Non-Citizens - LPR With Sponsors).

- The person is a unit member who gains separate unit status, and you remove the person from the unit. Stop counting the income in the 1st payment month the person gains separate unit status.

- A person joins a unit and you budget the person prospectively for the 1st 2 months, even though that person previously provided income to the household on an ongoing basis.

- The person is applying for cash assistance and received income in the FS budget month from a source that terminated before the payment month.

- The person is getting cash assistance and:

  - Received income in the budget month from a source which terminated before the payment month.

  AND

  - The loss of income resulted in the client getting more cash assistance than the client would otherwise have received.

  AND

  - The unit reported the change on the HRF, CAF, or Change Report Form in time for you to process this change for the cash assistance grant for the payment month.

GA: Do not retrospectively budget non-recurring income that does not continue into the corresponding payment month if you budgeted it in the prospective month.

Do not budget a person's income when:

- The person was a unit member or financially responsible person who left the home and whose needs you removed from the assistance standard. Stop counting the person's income the same month their needs are no longer considered. Continue to count the income of temporarily absent people. See §0014.09 (Assistance Units - Temporary Absence).

- The income is from a person who ceases to have financial responsibility for a unit member. Stop counting the income in the month after the month financial responsibility ends.

- A minor child not living with parents/stepparents who did not have student status in the budget month but gains student status in the payment month. For example, the minor child gains student status on March 1st. Do not budget the minor child's January income towards the March assistance payment.

WHEN TO SWITCH BUDGET CYCLES - CASH 0022.09

Programs using both retrospective and prospective budgeting may require a switch from one to the other when certain changes occur. See 0022.03 (How and When to Use Prospective Budgeting), 0022.06 (How and When to Use Retrospective Budgeting).

Also see 0008.06.15 (Removing or Recalculating Income), TEMP Manual TE02.10.13 (Three Paychecks Anticipated - Food Support), TE02.13.11 (Significant Change).

MFIP: Do not switch the budgeting cycle for MFIP units unless the unit's status changes FROM or TO migrant, seasonal farm worker, or homeless.

- If the unit's status changes FROM migrant, seasonal farm worker, or homeless, begin retrospective budgeting the month after the month the change is reported.

- If the unit's status changes TO migrant, seasonal farm worker, or homeless, the 1st prospective month is the 1st month after timely report of the change in status. If the change in status is not reported timely, the 1st month you are able to switch the budgeting cycle is the 1st prospective month.

WB, DWP, GRH:
No provisions.

FS: See 0022.09.03 (When to Switch Budget Cycles - FS).

MSA: When an MSA participant becomes eligible for SSI, begin prospective budgeting using the SSI FBR in the 1st month of SSI receipt. Continue to prospectively budget using the SSI FBR for any month in which the person is an SSI recipient. See SSI RECIPIENT in 0002.63 (Glossary: Special Diet...).

When an MSA participant loses SSI eligibility, review eligibility for MSA.

- If non-payment of SSI is for reasons other than excess income or recoupment, close MSA.

- If the sole reason for SSI non-payment is recoupment or suspension due to income, continue to prospectively budget the case using the SSI FBR.

- If SSI non-payment is due to receipt of recurring income (not a 1-month suspension), continue to prospectively budget for 2 months using ACTUAL income. Switch to retrospective budgeting in the 3rd month of non-payment of SSI.

WHEN TO SWITCH BUDGET CYCLES - CASH 0022.09

GA: Change from retrospective to prospective budgeting when a suspended unit has a change in recurring net income of $50 or more. Recurring net income is the amount after work expenses and dependent care deductions, but before disregards. A change in recurring net income fits this definition if the recurring net income in the budget month which caused the suspension is at least $50 higher or lower than either the month before the suspension month or the suspension month. Do not use the amount of a 3rd or 5th paycheck to calculate the $50 change.

Use prospective budgeting to determine the benefit level for the 1st 2 months after the suspension month. Also see 0022.18 (Suspensions).

Follow the above policy with the following EXCEPTION: people who enter a battered women's shelter or group residential housing must have their grant determined prospectively from the date they entered the shelter or residence. Any income, including public assistance grants, received before entering the shelter or residence, but which is no longer available at the time they enter the shelter or residence, must be applied to the unit's assistance standard.

Continue prospective budgeting until the 2nd month after they leave the shelter or residence.

Determine the unit's grant for the 2nd month after leaving the shelter or residence retrospectively. See 0020.18 (GA Assistance Standards).

Programs using both retrospective and prospective budgeting may require a switch from one to the other when certain changes occur. See 0022.03 (How and When to Use Prospective Budgeting), 0022.06 (How and When to Use Retrospective Budgeting).

Also see 0008.06.15 (Removing or Recalculating Income), TEMP Manual TE02.10.13 (Three Paychecks Anticipated - Food Support), TE02.13.11 (Significant Change).

MFIP, MSA, GA:

See 0022.09 (When to Switch Budget Cycles - Cash).

WB, DWP, GRH:

No provisions.

FS: Change Uncle Harry FS units from prospective to retrospective budgeting when:

The unit's status or composition changes and the change makes retrospective budgeting mandatory. See 0022.06 (How and When to Use Retrospective Budgeting). Usually the 1st retrospective payment month is the 2nd month after the change occurs. This is not true if there is an adverse action and insufficient time to issue a notice or the Food Support issuance cut-off date has already passed. In these cases, switch to retrospective budgeting in the 1st month the county can issue a notice. See 0026 (Notices).

When the change from prospective to retrospective budgeting involves contract income or student financial aid, count only income that was intended to be counted for the budget month.

If the unit fails to report the change timely, check possible overpayments. See 0008 (Changes in Circumstances), 0025 (Benefit Adjustments and Recovery).

Change Uncle Harry FS units from retrospective to prospective budgeting when:

- A suspended unit's loss of employment, decrease in hours of work, or loss of a unit member with countable income occurs in the suspension month. Use prospective budgeting to determine the benefit level for the 1st 2 months after the suspension month. See 0007.03.02 (Six-Month Reporting – FS), 0022.18 (Suspensions).

- The unit's status or composition changes and the change makes prospective budgeting mandatory. See 0022.03 (How and When to Use Prospective Budgeting). The 1st prospective month is:

- The 1st payment month after timely report of the change in household composition.

- The 1st month after timely report of the change in status from non-migrant/non-seasonal farm worker to migrant/seasonal farm worker. If the change in status is not reported timely, the 1st month you are able to switch the budgeting cycles is the prospective month. See TEMP Manual TE02.08.132 (Switching Retros. to Pros. Budgeting - FS) for information on MAXIS procedures.

- The 2nd month after the last full month of MSA or GA income.

- The 2nd month after a 3-month period of no earned income unless the unit receives GA or all adults are age 60 or older or disabled. Units who receive GA remain on the retrospective budgeting cycle unless they are migrant/seasonal farm workers in the migrant work stream, or all unit members are homeless. See HOMELESS in 0002.29 (Glossary: Gross RSDI...). For people age 60 or older or disabled, switch to prospective budgeting in the 1st month after they lose employment.

When the change from retrospective to prospective budgeting involves contract income or student financial aid, count only the income that was intended to cover the budget month.

If the change results in an adverse action, do not reduce benefits until giving notice. See 0026 (Notices). If the unit fails to report the change timely, check possible overpayments. See 0008 (Changes in Circumstances), 0025 (Benefit Adjustments and Recovery).

When Uncle Harry FS units no longer exist because MFIP closed, begin prospective budgeting the 1st month of MFIP closure. The units are now non-public assistance (NPA) FS units.

For sanction procedures, see §0028.30 (Sanctions for Failure to Comply - Cash), §0012.21 (Responsible Relatives Not in the Home).

MFIP: MFIP is composed of both federal block grant money and state money. MFIP covers some people who cannot be funded by federal money:

- Some non-citizens. See §0011.03 (Citizenship and Immigration Status), §0011.03.03 (Non-Citizens - MFIP/WB/DWP Cash), §0011.03.06 (Non-Citizens - MFIP Food Portion).

- Legal custodians. See LEGAL CUSTODIAN in §0002.37 (Glossary: Learning...). Also see §0014.03.03 (Determining the Cash Assistance Unit).

The procedure to determine the grant amount differs based upon the types of income the unit receives.

- If the unit receives NO INCOME (other than MFIP), the Transitional Standard or the Shared Household Standard, whichever applies, for the payment month is the total MFIP grant. See §0020.09 (MFIP/DWP Assistance Standards).

- If the unit receives UNEARNED INCOME ONLY, subtract the amount of unearned income in the budget month from the Transitional Standard or the Shared Household Standard, whichever applies, for the corresponding payment month to determine the total MFIP grant.

- If the unit has EARNED INCOME ONLY:

1. Subtract the net earned income in the budget month from the Family Wage Level for the corresponding payment month. See §0020.09 (MFIP/DWP Assistance Standards).

   For APPLICANT cases, use the transitional standard when budgeting income to determine whether the unit meets the initial month's eligibility test.

2. If the difference you computed in Step 1 is MORE THAN OR EQUAL TO the Transitional Standard or the Shared Household Standard, whichever applies, the Transitional Standard or the Shared Household Standard is the total MFIP grant.

   If the difference is LESS THAN the Transitional Standard or the Shared Household Standard, the amount of the difference is the total MFIP grant.

- If the unit has both EARNED AND UNEARNED INCOME:

  1. Subtract the net earned income in the budget month from the Family Wage Level for the corresponding payment month.

  2. If the difference you computed in Step 1 is MORE THAN the Transitional Standard or the Shared Household Standard, whichever applies, subtract the unit's unearned income in the budget month from the Transitional Standard or the Shared Household Standard. The difference is the total MFIP grant.

     If the difference you computed in Step 1 is LESS THAN the Transitional Standard or the Shared Household Standard, whichever applies, subtract the unit's unearned income in the budget month from the amount of the difference. The remaining amount is the total MFIP grant.

For applicant cases, prorate the benefit. See §0022.12.03 (Proration). For addendum cases, do not prorate the benefit. See §0008.06.06 (Adding a Person to the Unit - Cash).

Subtract the recoupment if applicable. See §0025.21.15 (Recoupment).

Issue the food portion of the grant as EBT. Issue any remaining amount in cash. For the food portion amount, see §0020.09 (MFIP/DWP Assistance Standards).

Use the amount of the MFIP food portion when you report Food Support Program benefits to other agencies. Also use the food portion of MFIP when issuing expedited food assistance. See §0004 (Emergencies).

When there are people in the MFIP unit who are not eligible for the food portion, subtract a prorated share of the food portion for that person. To calculate the amount:

1. Calculate the food portion for this assistance unit. See §0022 (Budgeting and Benefit Determination).

2. Divide the food portion by number of people in the MFIP unit.

3. Multiply the result of Step 2 by the number of unit members eligible for the food portion.

EXAMPLE: The food portion for a household of 4 is $601. Two unit members already received FS this month. $601 food portion divided by 4 unit members x 2 eligible members = $300. Truncate if necessary.

DO NOT count certain children born to families who have been on MFIP for 10 months or more in the cash portion of the assistance unit's grant. See §0014.06.03 (Family Cap).

WB: Compare the unit's net income to 200% of the FPG for that family size. If the net income is less than 200% of the FPG, the unit meets the income criteria. See §0016.18.01 (200 Percent of Federal Poverty Guidelines), §0018 (Determining Net Income), §0018.18 (Earned Income Disregards), §0020.10 (WB Assistance Standard).

Subtract the recoupment if applicable. See §0025.21.15 (Recoupment).

DWP: The amount of cash benefits a unit is eligible for is based on the number of people in the unit, the family maintenance needs, personal needs allowance, and countable income. See §0002.13 (Glossary: Conciliation...) for the definition of countable income. Evaluate the income of the unit that is requesting DWP, allowing the same disregards for earned income that are allowed under MFIP. See §0018.18 (Earned Income Disregards).

Family maintenance needs include:

- Housing costs.
- Utility costs.
- $35/month telephone allowance.
- Up to $70/month per eligible unit member for personal needs allowance.

Use verified shelter and utility expenses, and the flat rate of $35 for telephone service, if applicable, to determine the amount of the grant.

When the participant has a verified job pending at the time the family applies for DWP, factor the prospective earnings into the benefit calculation.

The maximum monthly benefit amount available under DWP is the difference between the unit's maintenance needs plus personal needs and the unit's countable income not to exceed the CASH portion of the appropriate MFIP standard of need. For the purpose of this determination, "MFIP standard of need" means either the Transitional Standard or the Shared Household Standard for the unit's size. See §0020.09 (MFIP/DWP Assistance Standards). The minimum cash benefit amount, if income and asset tests are met, is $10. Do not vendor pay benefits of $10.

Units must pass the initial income test. See §0018 (Determining Net Income). Households whose income exceeds the total of their family maintenance needs and personal needs allowance, and the units' income is more than the cash portion of the MFIP standard but less than the MFIP Transitional Standard, will receive the $10.00 minimum monthly grant. They are also eligible for Employment Services, Child Care Assistance, and supportive services.

For applicant cases, prorate the amount for the 1st month benefit. See §0022.12.03 (Proration).

Subtract the recoupment if applicable. See §0025.21.15 (Recoupment).

For details on the calculation of benefits, see TEMP Manual TE20.06 (DWP Example - Initial Benefit Calculation).

Once the monthly grant is determined, vendor pay the housing and utilities. Vendor payment of telephone services is a county option.

In most cases once the grant amount is determined, if the participant obtains a job or receives additional earned income, or unearned income (such as child support), the income is **NOT** used to reduce the unit's DWP benefits. See §0022.21 (Income Overpayment Relating to Budget Cycle).

When any of the following circumstances occur, recalculate the unit's benefits and approve new results, allowing for proper notice:

- The unit's income decreases.
- There are changes in the unit's household size.
- There are changes in the unit's family maintenance needs.

This recalculation may result in determining an overpayment or issuing a supplement.

DWP benefits are **NOT** considered TANF cash assistance and are **NOT** counted towards the 60-month time limit.

FS, MSA, GRH:

See §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH).

GA: Determine the benefit level as follows:

1. Subtract net income in the budget month from the assistance standard for the corresponding payment month. See §0022.03 (How and When to Use Prospective Budgeting), §0022.06 (How and When to Use Retrospective Budgeting), §0018 (Determining Net Income), §0020.18 (GA Assistance Standards).

2. For applicants, or units with late HRFs, prorate the benefit. See §0022.12.03 (Proration), §0007 (Reporting).

3. Determine if there is a recoupable amount. If there is, subtract the recoupment. See §0025.21.15 (Recoupment).

4. Issue benefits of $10 or more. Issue benefits which are less than $10 because of recoupment or because part of the benefit is vendor paid. See §0024.09 (Protective and Vendor Payments).

   In addition, see §0011.27.03 (Drug Felons) for special provisions for units containing a member convicted of a drug felony.

MFIP, WB, DWP, GA:

See §0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA).

FS: Determine the benefit level as follows:

1. Subtract 30% of the unit's net income from the Thrifty Food Plan amount. Truncate any cents.

THRIFTY FOOD PLAN VALUES

UNIT SIZE	BENEFIT AMOUNT
1	$ 200
2	$ 367
3	$ 526
4	$ 668
5	$ 793
6	$ 952
7	$1052
8	$1202

For each additional member, add $150

2. For applicants, prorate the benefit. See §0022.12.03 (Proration).

3. Subtract recoupment amounts. See §0025.21.15 (Recoupment).

The Minimum Food Support Allotment is $16 for 1- and 2-person units effective 04-01-2009.

For units in the 1st month of certification, issue benefits which are less than $10 solely because of recoupment. If the benefit is less than $10 for any other reason, issue $0, but do not deny the application.

After the 1st month:

- If 1- or 2-member units are eligible for less than $16 in monthly Food Support, issue $16 unless there is an overpayment which you are recouping.

- Issue FS monthly benefits to units of 3 or more members even if the amount is less than $16.

A unit of 3 or more people may pass the gross income test and meet net income limits but be eligible for $0 in benefits. For these units, approve the application or keep the ongoing case open.

Also see §0024.03.03 (When Benefits Are Paid - FS/MSA/GA/GRH), §0024.04 (How Benefits Are Paid).

MSA: Follow the procedures below to determine the benefit level. Also see TEMP Manual TE20.01 (MSA Budgets for Single SSI Recipients), TE20.02 (MSA Budgets for SSI Couples).

FOR SSI RECIPIENTS

1. Subtract $20 dollars from the client's SSI FBR. For information about the SSI Federal Benefit Rate (FBR), see §0029.06.03 (Supplemental Security Income Program). Do NOT allow the $20 disregard for residents of a long term care facility for which MA pays their cost of care. Do not make any adjustments due to other income the client may have (SSA has already adjusted the SSI payment).

2. Locate the appropriate standard in §0020.21 (MSA Assistance Standards). Add any special need items the client is eligible for. See §0023 (Special Needs Payments).

3. Subtract the result of Step 1 from the result of Step 2. The difference is the MSA benefit for the month. In the case of a married couple where BOTH partners have a basis of eligibility, divide the total by 2 to determine the benefit amount for each partner.

4. Determine if there is a recoupable amount. If there is, subtract the recoupment. See §0025.21.15 (Recoupment).

FOR NON-SSI RECIPIENTS

1. Locate the appropriate assistance standard in §0020.21 (MSA Assistance Standards). Add any special need items the client is eligible for in §0023 (Special Needs Payments).

2. Subtract the client's net income from the result of Step 1. See §0018 (Determining Net Income). The difference is the benefit for that month. In the case of an eligible married couple where BOTH partners are on MSA, divide the difference by 2 to determine the benefit amount for each partner.

3. Determine if there is a recoupable amount. If there is, subtract the recoupment. See §0025.21.15 (Recoupment).

GRH: Subtract net income in the budget month from the assistance standard for the corresponding payment month. NOTE: For the month the client enters the GRH setting, subtract ONLY the income that is actually available for that month. See §0018 (Determining Net Income).

The assistance standard for a GRH client is the GRH rate specified on the MAXIS MONY/VND2 panel plus the difficulty of care amount specified on the MAXIS STAT/FACI panel for clients in adult foster homes without other service funding. See §0020.22 (GRH Assistance Standards).

Also see §0005.12.03 (What Is a Complete Application), §0005.12.09 (Date of Application), §0005.12.15 (Application Processing Standards), §0006 (Determining Financial Responsibility), §0009.03 (Length of Recertification Periods), §0022.12.03 (Proration).

For information on emergency assistance, see §0004 (Emergencies).

MFIP: For people who do not meet state residency requirements on the date of application, begin eligibility on the date they satisfy state residency requirements. See §0011.06 (State Residence).

MFIP eligibility begins on the date of application or the date the unit meets all eligibility factors, whichever is later. If the client is not eligible on the date you process the application, deny eligibility for MFIP and review eligibility for any other program, including Food Support.

While eligibility for MFIP does not begin until the client meets the state residency requirement, there may be eligibility for RCA. See §0017.15.06 (Assistance Payments Income), §0030.03.03 (RCA Assistance Units).

If client will be MFIP-eligible the month after the application month, close Food Support and open MFIP for that month. Do not require a new application. Eligibility continues through the entire certification period if the client continues to meet all eligibility factors.

WB: Eligibility begins on the 1st day of the month after MFIP or DWP closes. See §0024.03 (When Benefits Are Paid - MFIP/WB/DWP).

Do not prorate WB benefits.

Do not require a new CAF, however, a participant who leaves DWP must complete the MTAF (DHS-5223) to determine eligibility for WB. See §0005.10 (Minnesota Transition Application Form (MTAF)), §0008.06.30 (DWP Transition to WB). Families who leave MFIP are not required to complete a MTAF to determine eligibility for WB. See §0008.06.27 (MFIP Transition to WB).

DWP: The eligibility date for DWP begins on the date you receive the signed Combined Application Form (CAF) or the date DWP eligibility criteria are met, whichever is later.

For people who do not meet state residency requirements on the date of application, begin eligibility on the date they satisfy state residency requirements. See §0011.06 (State Residence).

While eligibility for DWP does not begin until the client meets the state residency requirement, there may be eligibility for RCA. See §0017.15.06 (Assistance Payments Income), §0030.03.03 (RCA Assistance Units).

FS: FS eligibility begins on the date of application or the date ALL eligibility factors are met, whichever is later, and continues throughout the entire certification period if the client continues to meet ALL factors of eligibility.

Applicants may also indicate on page number 1 of the Combined Application Form (CAF) if they wish to have eligibility begin on a date later than the date of application. This date must be within 30 days of the date of application. Eligibility begins on the designated date, assuming all other eligibility factors are met.

MSA: MSA eligibility begins on the 1st day of the month. A client who meets ALL eligibility factors on the 1st day of the month of application is eligible for the entire month, regardless of the date of application. Eligibility continues throughout the entire certification period if the client continues to meet ALL eligibility factors on the 1st day of each month.

Applicants may also indicate on page number 1 of the CAF if they wish to have their eligibility begin on a date later than the date of application. This date must be within 30 days of the date of application. However, MSA eligibility always begins on the 1st of the month, assuming all other eligibility factors are met.

Consider clients who gain a basis of eligibility during the month of application to have been eligible on the 1st of that month.

For applicants with excess assets on the 1st of the month, see §0015.72 (Excess Assets - Applicants).

GA: For people who do not meet state residency requirements on the date of application, begin eligibility on the date they satisfy state residency requirements. See §0011.06 (State Residence).

For all others, begin eligibility on the date of application, or the date ALL eligibility factors are met, whichever is later.

Applicants may also indicate on page number 1 of the CAF if they wish to have eligibility begin on a date later than the date of application. This date must be within 30 days of the date of application. Eligibility begins on the designated date, assuming all other eligibility factors are met.

People must be eligible for assistance on the date you approve the case.

Eligibility continues throughout the entire certification period if the client continues to meet ALL factors of eligibility.

GRH: GRH eligibility begins on the 1st day of the month in which the later of 1 of the following occurs:

- An application is received.

OR

- The client enters a GRH setting.

OR

- When the client meets all eligibility factors.

GRH benefits are payable from the date of entry into a GRH setting if later than the 1st of the month of eligibility.

MFIP, DWP:

Prorate the 1st month's benefit from the date of application or the date unit members meet all eligibility factors, whichever is later. You might have to do multiple prorations when people become eligible on different dates within the initial month. MAXIS will not do multiple prorations.

To prorate:

1. Determine the full month's benefit.

2. Multiply the full month's benefit by the decimal rate for the proper day of the month as provided in the proration table. See §0022.12.03.03 (Proration Table).

3. Drop any cents.

Do not prorate the initial month's benefit for migrants or seasonal farmworkers in the migrant or seasonal farm work stream who participated in the Food Support Program within 30 days before the date of application.

WB, MSA, GRH:

No provisions.

FS: Prorate the initial month's benefit from the date of application or the date the unit meets eligibility requirements, whichever is later. See INITIAL MONTH in §0002.33 (Glossary: Independent...). Also see §0005 (Applications). For information on application processing delays, see §0005.12.15.03 (Delays in Processing Applications).

Prorate at recertification if the unit reapplies in the same month the case was closed or if the unit does not complete all recertification requirements during the last month of the certification period, but is determined eligible during the following month. See §0009.06.03 (Recertification Processing Standards).

Do not prorate the initial month's benefit for migrants or seasonal farmworkers in the migrant or seasonal farm work stream who participated in the Food Support Program within 30 days before the date of application.

To prorate:

1. Determine the full month's benefit.

2. Multiply the full month's benefit by the decimal rate for the proper day of the month as provided in the proration table. See §0022.12.03.03 (Proration Table).

3. Truncate any cents.

GA: Prorate the 1st month's benefit from the date of application or the date unit members meet all eligibility factors, whichever is later. Multiple prorations may be required when people become eligible on different dates within the initial month.

If the unit submits an HRF after the month it was due, prorate benefits from the date the agency receives the completed HRF. Do not require a new application.

To prorate:

1. Determine the full month's benefit.

2. Multiply the full month's benefit by the decimal rate for the proper day of the month as provided in the proration table. See §0022.12.03.03 (Proration Table).

This table gives the percentage of a month remaining on any day of a month.

DATE OF ELIGIBILITY	28-DAY MONTH	29-DAY MONTH	30-DAY MONTH	31-DAY MONTH
1st	100.00%	100.00%	100.00%	100.00%
2nd	96.43%	96.55%	96.67%	96.77%
3rd	92.86%	93.10%	93.33%	93.55%
4th	89.29%	89.66%	90.00%	90.32%
5th	85.71%	86.21%	86.67%	87.10%
6th	82.14%	82.76%	83.33%	83.87%
7th	78.57%	79.31%	80.00%	80.65%
8th	75.00%	75.86%	76.67%	77.42%
9th	71.43%	72.41%	73.33%	74.19%
10th	67.86%	68.97%	70.00%	70.97%
11th	64.29%	65.52%	66.67%	67.74%
12th	60.71%	62.07%	63.33%	64.52%
13th	57.14%	58.62%	60.00%	61.29%
14th	53.57%	55.17%	56.67%	58.06%
15th	50.00%	51.72%	53.33%	54.84%
16th	46.43%	48.28%	50.00%	51.61%
17th	42.86%	44.83%	46.67%	48.39%
18th	39.29%	41.38%	43.33%	45.16%
19th	35.71%	37.93%	40.00%	41.94%
20th	32.14%	34.48%	36.67%	38.71%
21st	28.57%	31.03%	33.33%	35.48%
22nd	25.00%	27.59%	30.00%	32.26%
23rd	21.43%	24.14%	26.67%	29.03%
24th	17.86%	20.69%	23.33%	25.81%
25th	14.29%	17.24%	20.00%	22.58%
26th	10.71%	13.79%	16.67%	19.35%
27th	7.14%	10.34%	13.33%	16.13%
28th	3.57%	6.90%	10.00%	12.90%
29th		3.45%	6.67%	9.68%
30th			3.33%	6.45%
31st				3.23%

See 0022.15.06 (Budgeting Lump Sums in a Retrospective Month), 00022.15.03 (Budgeting Lump Sums in a Prospective Month) for budgeting lump sum income.

MFIP, WB, GA:
A lump sum is income in the month of receipt. See 0015.60 (Evaluation of Lump Sums), 0017.15.30 (Lump Sum Income).

DWP:
Follow MFIP. After the initial DWP determination, exclude any unanticipated income the unit may receive.

FS:
Treat lump sums as assets, not income. See 0013.06 (FS Categorical Eligibility/Ineligibility), 0015.60 (Evaluation of Lump Sums), 0017.15.30 (Lump Sum Income), 0017.15.45 (Income From RSDI and SSI).

MSA:
For lump sums covered under interim assistance agreements, or for lump sums not covered under an interim assistance agreement but the client repays the interim assistance voluntarily, see 0012.12.03 (Interim Assistance Agreements).

Count other lump sums as earned or unearned income in the month received. See 0015.60 (Evaluation of Lump Sums), 0017.15.30 (Lump Sum Income), 0017.15.45 (Income From RSDI and SSI).

For information on how lump sum payments are treated as assets, see 0015.60 (Evaluation of Lump Sums).

If the client documents that the lump sum income is already spent, budget 0 income, but cite an overpayment in the month the lump sum was received. See 0025 (Benefit Adjustments and Recovery).

GRH:
Follow MSA EXCEPT that for the month the client enters into a GRH setting, you count only income actually available upon entering the setting.

MFIP, WB, GA:
See 0015.60 (Evaluation of Lump Sums), 0017.15.30 (Lump Sum Income), 0022.18 (Suspensions).

DWP, GRH:
See 0015.60 (Evaluation of Lump Sums), 0017.15.30 (Lump Sum Income), 0022.15 (Counting Lump Sums as Income).

FS:
Treat lump sums as an asset, not income. See 0013.06 (FS Categorical Eligibility/Ineligibility), 0015.60 (Evaluation of Lump Sums).

MSA:
Count the lump sum as income in the month received. The lump sum becomes an asset in the following months. Allow the same disregards and expenses as for other income. See 0018 (Determining Net Income).

If the lump sum is an SSI payment, see 0012.12.03 (Interim Assistance Agreements), 0015.60 (Evaluation of Lump Sums), 0017.15.30 (Lump Sum Income), 0017.15.45 (Income From RSDI and SSI), 0022.15 (Counting Lump Sums as Income).

MFIP, GA:
See 0015.60 (Evaluation of Lump Sums), 0017.15.30 (Lump Sum Income), 0022.18 (Suspensions).

WB, DWP, MSA:
No provisions.

FS:
Treat lump sums as an asset, not income. See 0013.06 (FS Categorical Eligibility/Ineligibility), 0015.60 (Evaluation of Lump Sums).

GRH:
See 0015.60 (Evaluation of Lump Sums), 0017.15.30 (Lump Sum Income), 0022.15 (Counting Lump Sums as Income).

Also see TEMP Manual TE02.10.13 (Three Paychecks Anticipated - Food Support), TE02.13.11 (Significant Change).

MFIP: See 0022.12.02 (Beginning Date of Eligibility) for what to do if a unit is not eligible for MFIP on the date of application.

If a unit is not income eligible in the 2nd prospective month, suspend the unit for that month. A suspension cannot stay in effect for more than 1 month. Deny the case if the unit will be prospectively ineligible for 2 consecutive months.

Do not close a case with a $0 grant due to sanction. Continue the $0 grant for as many months as there would have been a grant if there were no sanction in place.

After the initial months, suspend a case in the payment month if it is not income eligible in the corresponding budget month and you do not expect the excess income to continue. If the excess income will continue for more than 1 month, close the case.

Do not require a new application to reinstate after the suspension month or $0 grant months.

WB, DWP:

No provisions.

FS: The following provisions ONLY apply to Uncle Harry Food Support (UHFS) units.

Suspend benefits for units who will only be ineligible for 1 month. Do not require a new application to reinstate after the suspension month.

A suspension cannot remain in effect for more than 1 month. Terminate the case if the unit is ineligible for 2 consecutive months.

It is possible to suspend a prospectively budgeted unit in any month after the 1st month of certification if the unit will be prospectively ineligible in that month. See 0022.03.04 (Ineligibility in a Prospective Month - FS) for when a unit is ineligible in a prospective month.

If a unit on retrospective budgeting is prospectively income ineligible for 1 month, continue the retrospective cycle. Suspend the unit retrospectively in the appropriate payment month.

Suspension may interrupt the retrospective portion of the budgeting cycle. Use prospective budgeting for the 2 months after suspension when a suspended unit has 1 of the following changes during the suspension month:

- Loss of employment.
- Decrease in hours of work.
- Loss of a unit member who has countable income.

MSA: See 0022.03.03 (Ineligibility in a Prospective Month - Cash) for applicants who are ineligible in 1 of the 2 initial months.

Suspend benefits for participants who will only be income ineligible for 1 month. Do not require a new application to reinstate after the suspension month.

A suspension cannot remain in effect for more than 1 month. Terminate the case if the client is ineligible for 2 consecutive months.

GA: Do not suspend a unit in either of the 1st 2 prospective months. See 0022.03.03 (Ineligibility in a Prospective Month - Cash).

If a unit on retrospective budgeting is prospectively income ineligible for no more than 1 month, continue the retrospective cycle. Suspend the unit in the payment month that corresponds to the budget month with the excess income. Do not apply a suspension prospectively nor suspend a case for more than 1 consecutive month. Terminate the case if the unit will be prospectively ineligible for 2 consecutive months.

Do not require a new application to reinstate after the suspension month.

Suspension may interrupt the retrospective budgeting cycle. See 0022.09 (When to Switch Budget Cycles - Cash).

GRH: Suspend benefits for participants who will only be income ineligible for 1 or 2 months. A suspension cannot remain in effect for more than 2 consecutive months. Do not require a new application to reinstate after the suspension month(s).

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: When benefits are suspended in a retrospective payment month, determine if an overpayment exists in the 2 months before suspension.

The unit is overpaid in the budget month corresponding to the suspension month only if all of the following apply:

- The budget month income that exceeds the net income limit (excluding a 3rd or 5th paycheck) is recurring income.

AND

- The income from the month between the budget month and the suspension month (the processing month) also exceeds the net income limit (excluding a 3rd or 5th paycheck).

AND

- The income from the processing month is from the same source as the income that exceeded the net income limit in the budget month.

The unit is overpaid in the processing month corresponding to the suspension month if recurring income in the processing month would cause the unit to exceed the net income limit.

INCOME OVERPAYMENT RELATING TO BUDGET CYCLE 0022.21

For information on prospective budgeting, see §0022.03.01 (Prospective Budgeting - Program Provisions).

MFIP, WB, DWP, FS, MSA:

Do not establish overpayments or underpayments for the prospectively budgeted months if you based the assistance issued on the best information available at the time, you applied the correct policy, and there was no client error.

GA: For lump sum income, follow MFIP. See §0015.60 (Evaluation of Lump Sums), §0017.15.30 (Lump Sum Income).

For all other income:

After a prospective budget month ends, verify the actual income the unit received in the prospective month. If the actual verified income is more or less than the amount you budgeted, cite an overpayment or issue a corrective payment.

When you end a unit's benefits because of income, review income the unit received in the 2 budget months before closing for possible overpayments. Cite an overpayment for each month the net income exceeds the assistance standard. See §0018 (Determining Net Income), §0020 (Net Income Limits), §0020.18 (GA Assistance Standards).

GRH: If the actual verified income is more or less than the amount you budgeted, cite an overpayment or issue a corrective payment. See §0015.60 (Evaluation of Lump Sums), §0017.15.30 (Lump Sum Income), §0022.15 (Counting Lump Sums as Income).

MFIP:
See FS provisions. For households whose MFIP is ending and which contain an Uncle Harry Food Support unit, see TEMP Manual TE02.08.143 (Food Support When MFIP is Closed).

WB, DWP, MSA, GA, GRH:
No provisions.

FS:
Some non-MFIP members of an MFIP unit may be able to get Food Support only. These cases are commonly known as Uncle Harry Food Support (UHFS) units. There are special rules for determining their Food Support benefits. See 0002.71 (Glossary: Two Party…).

To determine the amount of Food Support to issue to UHFS units:

1. Determine the composition of the Food Support unit, following the FS provisions in 0014 (Assistance Units).

2. Exclude from the Food Support unit all current MFIP unit members, including optional MFIP unit members who have chosen to be on MFIP and people disqualified for MFIP fraud. The remaining members constitute the Uncle Harry Food Support (UHFS) unit.

3. Allow the unit at least the maximum shelter deduction when you compute Food Support benefits for the UHFS unit. If any member of the UHFS unit is eligible for an uncapped shelter deduction, and is responsible to pay shelter costs, allow the uncapped deduction if higher than the maximum shelter deduction. To compute the uncapped deduction, allow the full cost of the shelter expenses; do NOT prorate. Do not consider income or expenses of any MFIP unit members. If the Uncle Harry unit shares responsibility for a shelter expense with the MFIP unit, allow the full cost of the expense. See 0018.15 (Shelter Deductions).

4. MAXIS will calculate the Food Support allotment for the UHFS unit. The Uncle Harry allotment will be 75% of the stand-alone Food Support allotment or $16, whichever is more.

MFIP unit members who are disqualified for fraud or non-compliance with Food Support quality control may NOT get Food Support only.

MFIP, WB, DWP, FS:
No provisions.

MSA: A participant's living arrangement does not affect eligibility for special needs payments for representative payee services. See §0023.21 (Representative Payee Services). However, participants living in group residential housing (GRH), nursing homes, or regional treatment centers are not eligible for any other special needs payments.

Clients may have a special needs payment for certain items added to their assistance standard. See §0020.21 (MSA Assistance Standards), §0023.12 (Special Diets), §0023.15 (Guardian or Conservator Fees), §0023.18 (Restaurant Meals), §0023.21 (Representative Payee Services), §0023.24 (Shelter Special Need Allowance), TEMP Manual TE02.08.035 (How to Issue Special Needs Payments).

Clients may be eligible for a separate special need payment for home repairs, or for furniture and appliances. See §0023.06 (Home Repair), §0023.09 (Household Furnishings and Appliances). Usually, the county agency must approve these payments before the client incurs the cost. However, a client incurring an expense outside of working hours because of an emergency may contact the agency on the next working day to request help. County agencies must have written procedures for making special need payments. They must keep a record of requests for assistance and the disposition of each request. Clients must request special need payments in writing. County agencies may require clients to verify the need for an item. If a client is on vendor or protective payee status, pay the vendor directly. See §0024.09 (Protective and Vendor Payments). In other cases, issue the payment directly to the client or as a vendor payment.

Also see Emergency MSA provisions in §0004 (Emergencies).

GA: No provisions. See §0004 (Emergencies), §0028.16 (Support Services).

GRH: No provisions. See §0018.39 (Prior and Other Income Reductions).

MFIP, WB, DWP, FS, GA, GRH:

No provisions.

MSA: Payments for home repairs have these conditions:

- The client must own and live in the home.
- The request must be to repair the roof, foundation, wiring, heating system (including chimney) or water and sewer system.
- The client must document the need for the repair.
- The payment must be reasonable when considering the condition of the home against alternate cost-effective housing.
- The county agency must verify the client does not have sufficient liquid assets (or assets that can be liquidated in time to help) to pay for the repair. Clients must apply available assets toward the cost of the repair with the county paying the difference.
- The county agency must determine if alternate resources are available for all or part of the repair cost.
- The client must provide at least 1 estimate of the repair cost. The county agency can require 2 additional estimates if it determines the 1st one is excessive. Pay the cost of estimates with special need funds.

There must be a written agreement between the county agency and the vendor when the agency pays the vendor directly. The vendor must complete the work before payment.

MFIP, WB, DWP, FS, GA, GRH:
No provisions.

MSA: Limit payment for an item to once in a 3-year period. The limit does not apply if the request is for repair or replacement due to damage, loss, normal wear and tear, or theft.

If the cost of an item exceeds the special need allowance, clients must verify they can pay the difference. Credit arrangements that allow immediate possession of an item satisfy this requirement; layaway agreements do not.

Covered items and maximum payment amounts are:

- Bed:
  - Complete twin size, $72.
  - Complete full size, $116.
  - Twin mattress or box spring, $27 each.
  - Full mattress or box spring, $49 each.
  - Frame, either size, $18.
- Bedding (blanket, pillow and case, sheets), $20.
- Chest of drawers, $26.
- Child's car seat, $35.
- Clothes dryer, $93.
- Cooking stove or range, $80.
- Couch, $74.
- Crib and mattress, $49.
- High chair, $16.
- Kitchen chair, $10.
- Kitchen table, $24.
- Lamp, $13.

- Layette, $35.
- Living room chair, $24.
- Living room table, $10.
- Refrigerator, $93.
- Washing machine, $93.
- Water heater, $186.

Also see TEMP Manual TE02.08.035 (How to Issue Special Needs Payments).

MFIP, WB, DWP, FS, GA, GRH:
No provisions.

MSA:
A special need allowance for a special diet may be paid to MSA clients who are not residents of a nursing home, regional treatment center, or group residential housing facility.

Add an amount for special diet requirements to the monthly assistance standard. See below for the amount to add for a specific diet.

A licensed physician must prescribe the special diet(s). Verify the need at each recertification or more often if warranted. Do not require a unit to verify actual food expenditures. Another funding source must not be available to pay the diet costs.

The eligible diets and amounts are:

- Anti-dumping diet $30.00
- Controlled protein diet (40-60 grams and requires special products) $200.00
- Controlled protein diet (less than 40 grams and requires special products) $250.00
- Gluten free diet $50.00
- High protein diet (minimum 80 grams/day) $50.00
- High residue diet $40.00
- Hypoglycemic diet $30.00
- Ketogenic diet $50.00
- Lactose free diet $50.00
- Low cholesterol diet $50.00
- Pregnancy and lactation diet $70.00

When a client requests a payment for more than 1 diet, use the following guidelines to determine payment:

- If the recommended diets overlap one another with respect to their dietary components, allow the amount indicated for the more costly of the diets.

- If there is no overlap in the recommended dietary components of the prescribed diets, allow the total for all the prescribed diets.

- If a doctor prescribed diets which are mutually exclusive, do NOT allow either until adequate clarification has been received from the doctor who prescribed both diets.

MFIP, WB, DWP, FS, GA:
No provisions.

MSA: An allowance for guardian or conservator fees may be paid to MSA clients who are not residents of a nursing home, regional treatment center, or group residential housing facility.

Add an amount for the fee of a guardian or conservator to the monthly assistance standard. Use the fee amount negotiated by the county agency or approved by the court. The maximum fee is 5% of the unit's income, up to $100 a month.

Do not allow for a fee if the guardian or conservator is a county agency employee.

GRH: No provisions. See §0018.39 (Prior and Other Income Reductions).

MFIP, WB, DWP, FS, GA, GRH:
No provisions.

MSA: An allowance for restaurant meals may be paid to MSA clients who are not residents of a nursing home, regional treatment center, or group residential housing facility.

Add $68 to the monthly assistance standard for a client who was receiving a restaurant meal allowance on 6-1-90 and who eats at least 2 meals in a restaurant daily.

Once a client is off MSA for a calendar month, or loses the allowance because of not eating 2 or more meals a day in a restaurant, the allowance is never available again. See §0020.21 (MSA Assistance Standards).

MFIP, WB, DWP, FS, GA:
No provisions.

MSA: MSA allows a recurring special need payment of up to 10% of a client's gross income OR $25, WHICHEVER IS LESS, to pay for representative payee services. Clients must provide a statement from the organization that the SSA has authorized it to collect a fee for representative payee services. Clients must verify the authorization at application and whenever there is a change in representative payee.

Special need payments for representative payees are available to MSA participants living in GRH, nursing homes, or regional treatment centers, as well as clients living in the community.

GRH: No provisions. See §0018.39 (Prior and Other Income Reductions).

MFIP, WB, DWP, FS, GA, GRH:
No provisions.

MSA: The shelter special need allowance is a recurring special need payment for clients whose shelter costs exceed 40% of the unit's gross income. The amount of the allowance is $200. This allowance amount is equal to the maximum single person Food Support allotment as of July 1st each year.

To be eligible for the allowance, an applicant for the allowance must meet ALL the following requirements:

- Be eligible for MSA.

- Meet 1 of these conditions:

  - Relocating to the community from an institution or an intensive residential mental health treatment program. See INSTITUTION in §0002.33 (Glossary: Independent...).

  OR

  - Eligible for the MA self-directed supports option.

  OR

  - A recipient of MA waiver services living in his or her own home or rented or leased apartment.

NOTE: A client in an institution may already be eligible for MSA, but would not be eligible to receive the shelter special need allowance until after the move from the institution. A client in an institution and not eligible for MSA may become eligible upon discharge.

- Be under the age of 65. A client under the age of 65 who is receiving the shelter special need allowance and turns age 65 continues to receive the allowance until subsidized housing becomes available.

- Have total shelter costs that exceed 40% of the unit's gross income before application of this allowance. See SHELTER COSTS in §0002.61 (Glossary: Self...).

- Have an application pending for subsidized housing. The client must provide verification of application for subsidized housing. Once the client has been approved for and receives subsidized housing, the client is no longer eligible to receive the shelter special need allowance.

This chapter discusses benefit payments, payment frequency, who receives payments, methods of payment, and how to replace lost, stolen, or destroyed benefits. For additional information on emergency benefit payments, see §0004 (Emergencies), §0004.06 (Emergencies - 1st Month Processing), §0004.09 (Emergencies - 2nd and 3rd Month Processing).

The cash programs and the Food Support program issue benefits in various forms and at various times. See §0024.03 (When Benefits Are Paid - MFIP/WB/DWP), §0024.03.03 (When Benefits Are Paid - FS/MSA/GA/GRH), §0024.04 (How Benefits Are Paid). DHS will print warrants and issue Food Support based on information from MAXIS.

Under certain circumstances, clients may or must receive cash benefits in the form of vendor or protective payments. See §0024.09 (Protective and Vendor Payments).

There are specific guidelines for replacing warrants. See §0024.06 (Provisions for Replacing Benefits). For information on replacing benefits after clients cash a warrant, see §0004.36 (Emergency Aid to Replace FS/MSA/GA). There are also specific guidelines for replacing Food Support benefits depending on the circumstances of the loss. See §0024.06.03 (Situations Requiring FS Benefit Replacement).

Usually, county agencies issue and replace identification cards. See §0024.12 (Issuing and Replacing Identification Cards).

For additional information on EBT issuances, see TEMP Manual TE16.10 (EBT - Issuance Dates).

MFIP: Issue regular benefits monthly. Issue retroactive benefits as soon as you approve a case. Issue additional payments to reflect a change in the unit's circumstances within 7 calendar days of discovering the unit is entitled to them. Also see §0025.09 (Correcting Underpayments).

WARRANTS:

DHS will mail monthly warrants in time for postal delivery no later than the 1st day of each month. When clients must pick up warrants, DHS will arrange to have those warrants available to the county by the 1st working day of the month.

ELECTRONIC BENEFIT TRANSFER (EBT):

Monthly issuances of cash benefits are available after 6:00 a.m. on the following days:

- If the last digit of the case number is odd, the benefits are available on the 2nd to the last day of the previous month.

- If the last digit of the case number is even, the benefits are available on the last day of the previous month.

Daily issuances of cash benefits are as follows:

- Overnight issuances are deposited into the client's account at 10:00 a.m. the following day, including Saturdays and holidays.

- Rapid Electronic Issuances (REI) are deposited into the client's account by 1:00 p.m. and 6:00 p.m. each working day.

DIRECT DEPOSIT:

Monthly benefits issued via direct deposit are available the 1st of the month, or the last banking day prior to the 1st if the 1st falls on a weekend or holiday. Daily benefits issued to an ongoing direct deposit case are available 2 banking days after the issuance.

EBT:

- Food portion benefits issued via EBT are staggered over 10 calendar days (the 4th through the 13th) without regard to weekends or holidays.

- The case number determines when EBT food benefits will be available. Food benefits will be available on the 4th of the month for case numbers ending in 4, the 9th day of the month for case numbers ending in 9, the 13th of the month for case numbers ending in 3, and so on.

REI:

- Rapid Electronic Issuances (REI) are deposited into the client's account by 1:00 p.m. and 6:00 p.m. each working day.

WB: Follow MFIP EXCEPT references to the EBT food benefits do NOT apply.

For families leaving MFIP, WB benefits are automatically pended for the initial 30 days after the family leaves MFIP to allow for possible reinstatement of MFIP. This delay in issuing WB occurs ONLY in the 1st month of eligibility.

For families leaving DWP, issue WB benefits immediately following approval of WB.

DWP: Follow the MFIP cash portion policy.

Issue DWP benefits within 1 working day after receiving notice that the Employment Plan has been signed. For more information on Employment Plans, see §0028.15 (Employment Plan (EP)).

FS, MSA, GA, GRH:

See §0024.03.03 (When Benefits Are Paid - FS/MSA/GA/GRH).

EXCEPT for GA, issue regular benefits monthly. Issue retroactive benefits as soon as you approve a case. Issue additional payments to reflect a change in the unit's circumstances within 7 calendar days of discovering the unit is entitled to them. Also see §0025.09 (Correcting Underpayments).

For additional information on EBT issuances, see TEMP Manual TE16.10 (EBT - Issuance Dates).

MFIP, WB, DWP:

See §0024.03 (When Benefits Are Paid - MFIP/WB/DWP).

FS: When expedited units apply after the 15th of a month and are eligible for both the application month and subsequent month, issue both months' benefits at the same time. See §0004.06 (Emergencies - 1st Month Processing), §0004.09 (Emergencies - 2nd and 3rd Month Processing).

When non-expedited units apply after the 15th of the month, and they provide verification for and are eligible for both the application month and subsequent month, issue benefits for both months at the same time.

Benefits issued through EBT are staggered over 10 calendar days, beginning on the 4th through the 13th of every month, without regard to weekends or holidays.

DHS mails SSI/elderly cash-out benefits on the 1st working day of the month, unless those benefits are "Direct Deposited". If so, see instructions from §0024.03 (When Benefits Are Paid - MFIP/WB/DWP) under MFIP Direct Deposit.

MSA: DHS will mail monthly warrants in time for postal delivery no later than the 1st day of each month. When clients must pick up warrants, DHS will arrange to have those warrants available by the 1st working day of the month.

For clients using electronic benefits, the MSA benefit will be available at 6:00 a.m. on the 1st day of the month, without regard to Sundays or Holidays.

GA: Unless requested otherwise, issue regular benefits monthly to:

- People who are medically certified with mental illness or mental retardation or a related condition.
- Units with a permanent address.

The county agency must mail monthly warrants in time for postal delivery no later than the 1st day of each month. Date benefit warrants with the 1st day of the month or an earlier date as approved by DHS.

For clients with monthly issuances who are using electronic benefits, the GA benefit will be available at 6:00 a.m. on the 1st day of the month, without regard to Sundays or Holidays.

Issue regular benefits to clients without a permanent address in monthly or weekly payments as the county agency determines appropriate. The benefits must be available on the day the client is scheduled to come into the office to pick them up. Only clients who have an appropriate cash exclusion code can receive benefits weekly. Also see §0024.04.09 (GA Weekly Issuance).

Issue retroactive benefits as soon as you approve a case. Issue additional payments to reflect a change in the unit's circumstances within 7 calendar days of discovering the unit is entitled to them. Also see §0025.09 (Correcting Underpayments).

GRH: GRH benefits may be paid 2 ways:

- Pre-payments issued at the beginning of an eligibility month.
- Post-payments issued after an eligibility month.

Post-payments must be issued for:

- Clients whose placement in a GRH setting is expected to last 30 days or less.
- Clients who are monthly reporters.

Pre-payments may be issued at the county’s discretion in all other situations.

For detailed information on benefit delivery methods, see §0024.04.03 (Benefit Delivery Methods).

MFIP: Issue benefits in the form of Electronic Benefit Transfer (EBT), direct deposit, or warrant. Benefits are usually payable to the client, although in some situations you may or must use vendor or protective payments. See §0024.09 (Protective and Vendor Payments).

ELECTRONIC BENEFIT TRANSFER

Cash benefits can be issued via EBT unless the client chooses another issuance method. EBT exclusion criteria are detailed in TEMP Manual TE16.07 (EBT - Issuance Defaults and Exclusion Codes).

DIRECT DEPOSIT

Direct deposit is available as an alternative to EBT or warrants, for any client who has a checking or savings account, provided the client is not subject to vendor payment or protective payee. See §0024.09 (Protective and Vendor Payments).

WARRANTS

The cash portion of a client's benefits may be issued as a warrant if the client chooses. EBT exclusion criteria are detailed in Temp Manual TE16.07 (EBT - Issuance Defaults and Exclusion Codes), or the cash portion of a client's benefits may be issued as a warrant during the 10-day pre-note period for direct deposit if the appropriate EBT cash exclusion code has been entered. Issue warrants as a replacement for rejected direct deposit transactions.

FOOD PORTION

The food portion will be issued via EBT.

Do NOT mail regular monthly benefits or corrective payments to an out-of-state address.

WB: Follow MFIP EXCEPT reference to the food portion of MFIP does not apply.

DWP: Issue benefits in the form of vendor payment for housing and utilities. Issue the remainder of the grant, if any, to the unit, following MFIP cash payment methods.

FS: Issue benefits in the form of:

- EBT. Access FS benefits with an EBT card.

- Cash-out warrants (in federally approved demonstration projects only -- SSI/elderly cash-outs).

Mail warrants to the client's home unless the county agency approves, program procedure requires, or client requests other arrangements. Do NOT mail regular monthly benefits or corrective payments to an out-of-state address.

MSA: Issue benefits in the form of warrants, direct deposit, or via EBT. Benefits are usually payable to the client or client's legal representative. In some situations, you may or must issue benefits using vendor or protective payments. See §0024.09 (Protective and Vendor Payments).

Mail warrants to the client's home unless your agency approves, or program procedure requires, other arrangements.

GA: Issue benefits in the form of warrants, direct deposit, or via EBT, as approved by DHS. Benefits are usually payable to the client. In some situations counties may or must use vendor or protective payments. See §0024.09 (Protective and Vendor Payments).

Mail warrants to the unit's home unless your agency approves other arrangements, program procedure requires other arrangements, or the unit has no permanent address.

Mail warrants to the county agency for office pickup if the unit does not have a permanent address. Also see §0024.04.09 (GA Weekly Issuance).

GRH: Issue benefits in the form of a warrant or voucher payable to the GRH vendor.

BENEFIT DELIVERY METHODS 0024.04.03

MAXIS may deliver benefits to a client by regular mail, certified mail, direct deposit, or electronic benefit transfer (EBT). MAXIS can also send benefits to the county office for the client to pick up, or the county can print warrants at the county office.

MAXIS sets an initial delivery method for clients.

- Issue benefits via EBT unless the client meets an EBT exclusion criteria. See TEMP Manual TE16.07 (EBT - Issuance Defaults and Exclusion Codes) for exclusion criteria.

- The initial delivery method for clients who meet the EBT exclusion code criteria is regular mail. MAXIS may automatically change delivery when a client has requested too many replacements in a 6-month period. See §0024.04.04 (Changes in Automatic Benefit Delivery Method), §0024.06 (Provisions for Replacing Benefits). Clients may request a more secure delivery method at any time.

- A case that has selected direct deposit will have cash benefits sent directly to the checking or savings account number noted on the DISB panel in MAXIS. When a direct deposit account is set up, there will be an initial 10-day pre-note period during which benefits will be issued in the form of a warrant/EBT. Direct deposit cases may be excluded from EBT.

EXCEPT to issue emergency benefits, use the same delivery method for all cash programs for which the client is eligible.

Each time you authorize a benefit payment, MAXIS stores the payment request in an issuance transaction file. Based on this file, MAXIS issues benefits using 1 of the processes below:

- OVERNIGHT NIGHTLY ISSUANCE PROCESS:

  Each non-holiday weekday evening, MAXIS searches the issuance transaction file for transactions coded as replacement or nightly issuance. The Issuance Operation Center (IOC) prepares and mails these benefits by 10:00 a.m. the next working day. MAXIS automatically holds some types of case reinstatements until the correct issuance date.

  Direct deposit transaction is processed overnight and may not appear in the client's account for 2 business days. EBT transactions will appear in clients' account by 10:00 a.m. the next calendar day.

- ONGOING ISSUANCE PROCESS:

  After each end-of-month cutoff date, MAXIS searches the issuance transaction file for transactions coded as ongoing issuance. Benefits are available by the scheduled day.

- ELECTRONIC BENEFIT TRANSFER:

  Regular overnight EBT issuances are deposited into client accounts at 10:00 a.m. the following day. Overnight issuance will meet the requirements for expedited FS issuance if the client already has a card with which he or she can access the benefits.

- RAPID ELECTRONIC ISSUANCE (REI):

  REI is the equivalent of a same day local issuance.

  Request an REI ONLY in the following situations:

  - To prevent the issuance of a food voucher.

  - Necessary to meet expedited FS issuance time frames (this would only be necessary if the client DOES NOT have a card).

  - To avoid having to issue emergency cash benefits.

  REIs processed before 12:00 Noon will be available at 1:00 p.m. daily. REIs processed from 12:00 Noon but before 5:00 p.m. will be available at 6:00 p.m. daily. The issuance method appearing in MAXIS will show EBT REI.

See §0024.04.03.03 (Benefits Delivery Methods--Program Provisions) for the specific program provisions.

In addition to the specific program provisions below, see §0024.04.03 (Benefit Delivery Methods) for the general provisions that apply to all programs.

MFIP, WB:

If a client does not pick up a county issuance warrant, accounting staff will hold it for pick up through the end of the issuance month. If the client has not picked up the warrant by that time, accounting will cancel the issuance, void the warrant, and return it to the Issuance Operation Center (IOC).

DWP: Monthly benefits made on a client's behalf for shelter, utilities, and the flat rate of $35 for telephone service (at county option) are issued as vendor payments directly to the vendor. For the remainder of the grant, if any, issue the payment via Electronic Benefit Transfer (EBT).

FS: You must offer REI to FS clients when it is available in MAXIS.

Issue only the EBT portion of expedited FS benefits via REI. See §0024.04.06 (Expedited Food Support Issuance).

MSA, GA:

If a client does not pick up a county issuance warrant for MSA, accounting staff will hold it for pickup through the end of the issuance month. If the client has not picked up the warrant by that time, accounting will cancel the issuance, void the warrant, and return it to the IOC.

GRH: Monthly benefits made on a client's behalf are issued as vendor payments.

CHANGES IN AUTOMATIC BENEFIT DELIVERY METHOD 0024.04.04

MFIP, WB, MSA, GA:

There is no effect on the delivery method for warrants until a 2nd replacement occurs in a 6-month period. After a 2nd replacement, the unit must pick up benefits at the county office for a 6-month period. The 6 months begin the day you issue the 2nd replacement.

At the end of the 6-month period, the benefit delivery method reverts to regular mail delivery. The worker has the option to continue benefit delivery at a higher security level at the end of the 6 months.

If you issue a replacement, and later the post office or the client returns the original or replacement to the Issuance Operation Center (IOC), that replacement does not affect the delivery method.

DWP: There is no effect on the delivery method for warrants throughout the period of DWP eligibility. This also applies if you issue a replacement, and later the post office or the client returns the original or replacement to the Issuance Operation Center (IOC), that replacement does not affect the delivery method.

FS: Countable replacements affect the automatic delivery method. After 1 countable replacement, the unit receives benefits through certified mail for 6 months. (If the unit was already on certified mail delivery, it goes to county pickup.) After a 2nd replacement in a 6-month period, the client must come in to the county agency office to pick up benefits. At the end of the 6-month period, the benefit delivery method reverts to regular mail delivery.

There is no effect on the benefit delivery method for elderly/SSI cash-out units until the 2nd countable replacement in a 6-month period. After a 2nd replacement, the unit must pick up benefits at the county office for a 6-month period. The 6 months begin the day you issue the 2nd replacement. At the end of the 6-month period, the benefit delivery method reverts to regular mail delivery. The worker has the option to continue benefit delivery at a higher security level at the end of the 6 months.

If you issue a replacement, and later the post office or the client returns the original or replacement to the IOC, that replacement does not affect the delivery method.

See §0024.06.03 (Situations Requiring FS Benefit Replacement), for more information on countable replacements.

GRH: Replacement checks do not alter the benefit delivery method.

MFIP:
Clients eligible for expedited food support whose MFIP case cannot be processed due to missing verifications must have an non-public assistance (NPA) Food Support case set up to issue the expedited food support. Once MFIP can be processed, close the NPA Food Support. In MFIP, deduct the food portion from the grant from any month in which NPA Food Support have been issued for any or all unit members.

There is no provision for issuing just the food portion of the MFIP grant on an expedited basis. See 0004.04 (Emergency Aid Eligibility--FS/Expedited Food).

WB, DWP, MSA, GA, GRH:
No provisions.

FS:
For clients entitled to expedited food support issuance, benefits will be via EBT. Expedited Food Support benefits approved as a regular overnight issuance will be available at 10:00 a.m. the morning following MAXIS approval.

A unit eligible for expedited benefits which applies after the 15th of the month will also receive its 2nd month's allotment in an overnight issuance via EBT IF it provided all required verifications. See 0004.12 (Verification Requirements for Emergency Aid).

Expedited Food Support benefits can be issued as a Rapid Electronic Issuance (REI). See TEMP Manual TE16.09 (EBT - Expedited Food Support). Benefits are available same day as MAXIS approval.

MFIP, WB, DWP, FS, MSA, GRH:
No provisions.

GA: After giving 30 days advance notice to DHS, counties may issue GA benefits using 1 of the methods below for clients without a verified residence. Counties choosing to use weekly issuance must do so for all clients without a verified residence.

Do not issue benefits on a weekly basis to a client who has a medical certification of mental illness, retardation, or a related condition. Discontinue weekly payments when a client verifies a residence address.

Provide clients with the schedule to use to come in to the county agency office to pick up payments and notices.

For the 1st month, you may issue benefits by either of the 2 methods below. After the 1st full calendar month, you must issue benefits using Method 1.

- Method 1: DETERMINE ELIGIBILITY MONTHLY AND ISSUE BENEFITS ON A WEEKLY BASIS.

  Divide the monthly benefit payment into 4 weekly payments and issue by cash, voucher, or vendor payments.

  All standard notice, eligibility, and grant calculation provisions apply.

- Method 2: DETERMINE ELIGIBILITY AND ISSUE BENEFITS ON A WEEKLY BASIS.

  Determine the amount of weekly benefits using either actual need or by dividing the monthly benefit into 4 weekly payments. Follow the provisions of §0004.18 (Determining the Amount of Emergency Aid) to determine the actual need. Use cash, voucher, or vendor payments. Do not issue benefits for a period in which the unit claims no need, unless the client has good cause for not claiming need. See GOOD CAUSE in §0002.27 (Glossary: FSET...).

  Notify the unit each time it receives weekly benefits that it will not receive subsequent weekly benefits unless it claims need or has good cause for not claiming need. The advance notice requirement in §0026.12 (Timing of Notices) does not apply when issuing benefits under this option. All forms used for determining assistance weekly must meet DHS standards in TE12.02.01 (County Designed Forms).

Do not use this method of benefit payment beyond the 1st full calendar month after the month of application or for a unit that receives or is expected to receive countable income within the month of application or the following month.

CASHING WARRANTS 0024.05

Public assistance warrants are drawn directly on the State Treasury, not a bank. People must make their own arrangements to cash their public assistance warrants through local banks or financial institutions.

Explain to the client the ID requirements and under what circumstances they may receive a photo ID from the county agency. See §0024.12 (Issuing and Replacing Identification Cards).

MFIP, MSA, GA, GRH:

Provisions for replacing benefits apply to participants, vendors, and protective payees.

ELECTRONIC BENEFIT TRANSFER (EBT):

Benefits accessed with an EBT card and correct PIN (personal identification number) are not replaceable.

DIRECT DEPOSIT:

A direct deposit transaction will ONLY be replaced if the bank notifies DHS of a reject. All replacement of direct deposit will be done by DHS staff. The procedure for this replacement is:

- The bank will notify DHS of a direct deposit reject.
- DHS will notify county staff with "DCDP" security clearance of the reject and ask that current direct deposit information on the case be stopped.
- DHS staff will notify the financial worker and ask that the worker send e-mail to "BENE" about the replacement method. DHS will NOT replace benefits as direct deposit.

NON-EBT ISSUANCE:

People requesting replacement warrants must file a Non-Receipt/Replacement Affidavit (DHS-1609) with the county agency. They must state why they need a replacement (for example: lost in the mail, never received, or destroyed). If you can prove a warrant went back to the Issuance Operations Center (IOC) or has stale dated, do not require an affidavit.

County agencies may require clients to file a police report if the request for replacement is for a lost, stolen, or destroyed warrant.

If the warrant has been cashed, have the person sign the Non-Receipt/Replacement Affidavit (DHS-1609) and a forgery affidavit in the presence of the duplicate issuance investigator. Request copies of the warrant(s) via MAXIS e-mail to "WARR" to examine the signatures. All cashed warrants must be replaced by DHS.

A county may or may not require an indemnity bond for checks it issues. If it requires a bond, it must require one of anyone requesting a county replacement check. Counties may not require an indemnity bond for state warrant replacements.

Do not replace a warrant when you can document that the request for replacement is fraudulent. Give people written notice of denial. See §0025.24 (Fraudulently Obtaining Public Assistance). If you suspect the request to be fraudulent, but cannot document the fraud, replace the warrant and refer the case for investigation.

Replace a warrant no more than 7 calendar days after the person reports it as stolen, lost, or destroyed (and there is no fraudulent intent). Do not replace a warrant the person reports as not received until 5 mailing days after issuance. However, do not wait 5 days when you can show worker error caused the benefit to go to the wrong address, and the person cannot get the warrant at the incorrect address.

Replacement warrants have a different number than the original, and states that they are replacement warrants.

Do not deny cash replacement solely because of multiple losses.

When people do not live in the county of financial responsibility, the servicing county must replace warrants. See §0006 (Determining Financial Responsibility).

For replacing the food portion of MFIP, follow the FS provisions.

WB, DWP:

Follow MFIP, EXCEPT the reference to replacement of the food portion of MFIP does not apply.

FS: Replace benefits only under specific conditions. See §0024.06.03 (Situations Requiring FS Benefit Replacement). Replace food destroyed in a disaster if FS EBT or cash-out money purchased it. See §0024.06.03.15 (Replacing Food Destroyed in a Disaster).

In some instances, there is a limit to the number of times the county agency may replace benefits. Units must also report the loss to the county agency (either orally or in writing) within certain time frames. See §0024.06.03 (Situations Requiring FS Benefit Replacement) for more information.

Most units requesting replacement must come into the county agency and sign a Non-Receipt/Replacement Affidavit (DHS-1609). Units must complete the DHS-1609 to get replacements unless you can verify that a warrant has been returned to the IOC or has stale dated.

Counties may mail the DHS-1609 when clients are unable to come into the county agency office because:

- Of their age, a handicap, or transportation problems.

AND

- They are unable to appoint an authorized representative. See §0005.06 (Authorized Representatives).

Unless there is documentation showing possible fraud, issue authorized replacement benefits within 10 calendar days after the unit reports benefits not received, destroyed, etc., or within 2 working days of completing the DHS-1609, whichever is later. Do not replace other warrant benefits reported as not received until 5 mailing days after issuance. The only EXCEPTION to the 5- or 6-day wait is when you can verify that worker error caused the benefit to go to the wrong address and the client will not be able to get the benefit at the incorrect address.

Follow MFIP procedures to replace cash-out warrants.

Inform clients of the right to appeal a denial or delay of a replacement. See §0027 (Appeals).

MFIP: For replacing the food portion of MFIP, follow the FS provisions below.

WB, DWP, MSA, GA, GRH:
No provisions.

FS: ELECTRONIC BENEFIT TRANSFER (EBT)

Benefits accessed with an EBT card and correct PIN (personal identification number) are not replaceable.

EXCEPTION: Benefits accessed with an EBT card that purchased food destroyed in a disaster may be replaced. DHS will decide at the time of the replacement if benefits will be replaced via EBT. See §0024.06.03.15 (Replacing Food Destroyed in a Disaster).

CASH-OUT WARRANTS

Replace cash-out benefits only in the situations below. See the section listed below for limits on the replacement:

- Benefits lost in the mail or stolen before the unit receives them. See §0024.06.03.03 (Replacing FS Stolen/Lost Before Receipt).
- Benefits when food bought with them is destroyed in a disaster. See §0024.06.03.15 (Replacing Food Destroyed in a Disaster).
- Mutilated or improperly manufactured warrants. See §0024.06.03.18 (Replacing Damaged FS Cash-out Warrants).

Do not replace benefits when:

- The unit does not sign and return the Non-Receipt/Replacement Affidavit (DHS-1609), or returns it too late.
- Cash from a negotiated cash-out warrant is stolen.
- The unit loses the benefits.
- The county agency documents the replacement request is fraudulent. See §0024.06 (Provisions for Replacing Benefits), §0025.24 (Fraudulently Obtaining Public Assistance).

- The benefit was not picked up during the period of intended use.

Also see the FS provisions of §0024.06 (Provisions for Replacing Benefits) for information on overall provisions for replacing benefits.

Notify clients, in writing, of denied replacement requests and of their right to appeal denial or delay of a replacement. See §0027 (Appeals).

MFIP: For replacing the food portion of MFIP, follow the FS provisions.

WB, DWP, MSA, GA, GRH:
No provisions.

FS: For information on overall provisions for replacing benefits, see §0024.06 (Provisions for Replacing Benefits).

Limit replacement of Food Support cash-out warrants lost in the mail to twice in a 6-month period.

Units must report that they did not get their benefits by the last day of the PERIOD OF INTENDED USE, which is the later of:

- The last day of the issuance month.

OR

- The last day of the month after the issuance month if the original benefit was issued on or after the 20th of the month.

OR

- The last day of the month for which the benefit was issued.

In addition, units must complete and sign a Non-Receipt/ Replacement Affidavit (DHS-1609) within 10 days of the date they report they did not receive their benefits. If the 10th day falls on a weekend or holiday, give units until the next working day to return the form.

Issue replacements within 10 calendar days after the unit reports benefits as stolen, or within 2 working days after the county agency receives the completed DHS-1609, whichever is later.

Replacing lost or stolen benefits affects the unit's benefit delivery method. See §0024.04.03 (Benefit Delivery Methods).

REPLACING FOOD DESTROYED IN A DISASTER 0024.06.03.15

MFIP: For replacing the food portion of MFIP, follow the FS provisions.

WB, DWP, MSA, GA, GRH:
No provisions.

FS: For information on overall provisions for replacing benefits, see 0024.06 (Provisions for Replacing Benefits), TEMP Manual TE02.11.18 (Food Destroyed in a Disaster).

There is no limit on the number of times units may apply for and receive replacement of food destroyed in a disaster.

Replace benefits used to buy food if EBT, or cash-out money was used to buy food and the food was later destroyed in a disaster. Limit the replacement to the actual value of the destroyed food, up to 1 month's allotment.

Do not replace food losses caused by mechanical breakdown such as appliance failure or power outage, unless caused by a disaster.

Units must report the loss of food within 10 days after the disaster. In addition, units must complete and sign the Non-Receipt/Replacement Affidavit (DHS-1609) within 10 days of reporting it. If the 10th day falls on a weekend or holiday, give units until the next working day to return the form.

Issue replacements within 10 calendar days after the unit reports the destruction, or within 2 working days after receiving the completed DHS-1609, whichever is later.

MFIP: For replacing the food portion of MFIP, follow the FS provisions.

WB, DWP, MSA, GA, GRH:
No provisions.

FS: For general information on replacing food support benefits, see §0024.06 (Provisions for Replacing Benefits).

There is no limit on the number of times an agency may replace mutilated or improperly printed cash-out warrants.

Units must report mutilated cashout warrants to the county agency within the period of intended use.

Cancel mutilated or improperly printed cashout warrants. Return them to the Issuance Operations Center at the end of the month. Issue a replacement.

Protective and vendor payments are alternatives to issuing benefits directly to clients.

Protective payments give a client's assistance benefits to a payee other than the client. The payee is responsible to pay for the client's needs up to the amount of the benefit.

Vendor payments are cash assistance benefits paid directly to a provider of goods or services.

Protective and vendor payments may be mandatory or optional.

The county agency may not act as vendor of a client's grant.

You may use the Mandatory Vendor Form - Request for Information (DHS-3365) to request shelter or utility expense information from clients. This is not a required form. Clients can provide this information in other ways if they choose.

MFIP: Use alternative payment methods for the cash portion of MFIP in the following situations:

- Issue to a vendor when you find this is the most effective way to resolve an emergency.

- Issue to a vendor or protective payee when clients have a pattern of money mismanagement. The county agency director or director's designee must approve a proposal for protective or vendor payments for money mismanagement. The county agency must provide training on managing money. Document the need for and the method of payment. If the need for protective payee or vendor payments will last beyond 2 years, ask the court to appoint a legal representative.

- Issue to a vendor or protective payee if the client completes the Request for Voluntary Vendor Payment (DHS-2984) form.

- Issue MFIP as a vendor payment out of the cash portion of assistance for shelter and utilities for units with a member who was convicted of a drug felony or failed a random drug test on or after 7-1-97. If the vendor's refusal to accept partial payment is due to a legality or company policy, do not vendor pay the shelter cost (for example, real estate taxes). Vendor pay the shelter cost if the vendor's refusal to accept partial payment is based on an agreement made between the vendor and client. If there is an amount left over, issue it directly to the unit. See 0011.27.03 (Drug Felons).

- When possible, issue MFIP to a protective payee when a minor caregiver and minor child live with the minor caregiver's parent, other adult relative, legal guardian or legal custodian, or in an adult-supervised supportive living arrangement. See 0012.06 (Requirements for Custodial Parents Under 20).

- Issue voluntary vendor payments only for shelter and utilities.

- Issue up to the cash portion of MFIP to a vendor for shelter and, at county option, utilities if the unit is subject to the 2nd through 6th month of any Employment Services, orientation, or child support sanction. Continue to vendor pay the shelter (and utilities, if applicable) for 6 months after the month in which the participant(s) return to compliance.

  If the vendor's refusal to accept partial payment is due to a legality or company policy, do not vendor pay the shelter cost (for example, real estate taxes). Vendor pay the shelter cost if the vendor's refusal to accept partial payment is based on an agreement made between the vendor and client.

  See 0028.30 (Sanctions for Failure to Comply - Cash).

Inform clients whose grants are vendor paid how fluctuating grants due to changes in earned or unearned income will affect the amount of their vendor payments.

When the information needed to pay the vendor(s) is not on file, send a 10-day notice of adverse action, proposing to terminate assistance unless you receive ALL of the following items before the effective date of the notice:

- The amount of the shelter and/or utilities.

- The date when shelter is due.

- The name and address of the landlord/caretaker/mortgage holder and/or utility company.

Do not terminate assistance if the participant provides information about and completes a release to contact the vendor. Do not terminate assistance if the participant verifies he or she does not incur shelter and/or utilities.

To determine the amount to vendor pay for utilities, choose 1 of the following methods:

- The average of the actual monthly cost of utilities for the family for the prior 12 months (if the family has maintained their current residence for 12 months or more).

- The amount of the monthly budget plan set by the local utility company for the family's current residence.

- The estimated monthly utility costs (in consultation with the client) for the dwelling in which the family currently resides.

For the food portion of MFIP, follow the FS provisions of 0024.09.01 (Protective and Vendor Payments - FS/MSA/GA/GRH).

Document and review the need for the method of payment at least annually.

WB: Follow MFIP EXCEPT references to the food portion and money mismanagement do NOT apply.

DWP: Follow MFIP for protective payee and vendoring partial payment provisions. Vendor pay all family maintenance needs (housing and utilities) up to the amount of the DWP grant for the entire period of DWP eligibility when possible. Do not vendor pay the minimum cash benefit amount of $10. At county option, you may also vendor pay the standard phone amount of $35.00.

A unit with high shelter expenses may not be getting additional cash benefits (for example, personal needs) because the entire amount of the DWP benefits is paid out in a vendor payment for the family's shelter needs. For units receiving personal needs allowance payments, issue the personal needs allowance payments via Electronic Benefit Transfer (EBT).

For more information, see 0022.12 (How to Calc. Benefit Level - MFIP/WB/DWP/GA), 0020.09 (MFIP/DWP Assistance Standards) and 0024.04.03.03 (Benefit Delivery Methods--Program Provisions).

FS, MSA, GA, GRH:

See 0024.09.01 (Protective and Vendor Payments - FS/MSA/GA/GRH).

See 0024.09 (Protective and Vendor Payments) for general provisions and MFIP provisions.

MFIP, WB, DWP:
See 0024.09 (Protective and Vendor Payments).

FS:
Food Support cash-out benefits may go to alternate payees, and counties may use protective payments for them.

Also, participants may, or in some cases must, have an authorized representative. See 0005.06 (Authorized Representatives).

MSA:
Use vendor payments only in the following situations:

- At the client's or representative payee's request.
- When there is an emergency need and it is the most appropriate method to resolve the emergency. See 0004 (Emergencies).
- To use special need funds (other than for special diets). See 0023 (Special Needs Payments).

Use protective payee payments when there is evidence that the client cannot manage income to meet necessary expenditures. Evidence includes:

- Not being properly fed or clothed.
- Repeated failure to meet obligations for rent, utilities, food, or other essentials.
- Repeated instances of lost or stolen warrants.

The determination of representative payment by the Social Security Administration (SSA) for the client is sufficient reason for protective payment of MSA.

GA:
Use alternative payment methods in the following situations:

- When you determine clients have exhibited a continuing pattern of money mismanagement, issue vendor or protective payments.
- EGA payments must be in the form of vouchers or vendor payments, unless you determine that a cash grant will better meet the need of the emergency situation. See 0004 (Emergencies).
- When a client lives in a nursing home or an Institution of Mental Diseases (IMD), issue vendor payments to the facility on behalf of the client. See 0017.15.06 (Assistance Payments Income), 0017.15.27 (Vendor Payments as Income), 0020.18 (GA Assistance Standards). Also see the Health Care Programs Manual for more information on IMDs.

- When you refer a client for a chemical use assessment, or an assessment indicates the client is drug dependent. See 0012.30 (Chemical Use Assessment), 0024.09.12 (Payments After Chemical Use Assessment).

- When clients request in writing that you issue all or part of their assistance in the form of vendor payments and you approve the request. If a client requests their MinnesotaCare (MCRE) premium be vendor paid, see TEMP Manual TE19.167 (QTIP #167 - Vendoring Minnesota Care Premium).

- When you issue benefits to clients based on drug or alcohol addiction (DA&A). See 0013.15.54 (GA Basis - Drug/Alcohol Addiction).

- When a unit contains a member convicted of a drug felony. See 0011.27.03 (Drug Felons).

GRH:
Monthly payments made on an individual's behalf for group residential housing are issued as vendor payments.

MFIP, WB, DWP, MSA, GA:

You must consult with clients about selection of the form of payment, or the selection of a protective payee, and the distribution of their assistance payment. Notify the caregiver of the consultation date. If the client fails to respond to the request by the due date, select a protective payee for the client. If clients respond to the request at a later date, they retain the right to consult with the agency on the protective payee.

If you have not selected a protective payee by the time benefits are to be issued, issue benefits directly to the client.

Tell caregivers they may appeal use of protective or vendor payments and the selection of the protective payee.

The following people may not serve as protective payees due to possible conflict of interest:

- Members of the county board of commissioners or welfare board.
- Agency workers who determine the client's eligibility or handle accounting processes related to the client.
- Special investigative staff.
- The client's landlord, grocer, or other vendor.

County staff members not listed above may serve as protective payees if:

- The county agency cannot find an appropriate person to act as protective payee.

OR

- The county agency determines using a county staff member as protective payee is in the client's best interest.

FS: Food Support cash-out benefits may go to alternate payees, and counties may use protective payments for them.

Also, participants may, or in some cases must, have an authorized representative. See §0005.06 (Authorized Representatives).

GRH: No provisions.

MFIP, WB:

End protective or vendor payments:

- At the unit's written request, if the protective or vendor payments were voluntary.
- In cases of money mismanagement, in 2 years, or the month after you determine a client no longer needs a money management plan, whichever occurs first, unless the client is under vendor payments due to program sanctions or drug-related activity.
- For program sanctions, discontinue vendor payment of rent and, if applicable, utilities 6 months after the month the participant complies. See §0028.30 (Sanctions for Failure to Comply - Cash).
- When the vendor payment interferes with the participant's legal right to withhold rent due to a dispute with a landlord. The renter can file an "Emergency Relief" action or "Rent Escrow" action which provides the right to withhold rent. Minnesota law also allows a renter to withhold rent, without filing an action in court, when a landlord fails to maintain the premises and all common areas fit for the intended use, keep premises in reasonable repair during the term of the lease, or maintain the premises in compliance with applicable health and safety laws of the state.

  If the participant's request to cease vendor payment is questionable, contact the landlord to verify the participant is actually withholding rent payments, using a signed release of information.

Vendor payment of shelter and utility costs remain in place any time a drug felon is part of the assistance unit. See §0011.27.03 (Drug Felons).

Release any unspent funds as soon as possible after you stop protective or vendor payments.

Conduct a review within 30 days after a unit complains about the protective payee's performance.

Review a protective payee's performance once every 12 months and determine whether to appoint a new payee.

DWP: End protective or vendor payments:

- When the vendor payment interferes with the participant's legal right to withhold rent due to a dispute with a landlord. The renter can file an "Emergency Relief" action or "Rent Escrow" action which provides the right to withhold rent. Minnesota law also allows a renter to withhold rent, without filing an action in court, when a landlord fails to maintain the premises and all common areas fit for the intended use, keep premises in reasonable repair during the term of the lease, or maintain the premises in compliance with applicable health and safety laws of the state.

  If the participant's request to cease vendor payment is questionable, contact the landlord to verify the participant is actually withholding rent payments, using a signed release of information.

- When the participant exits DWP, or when the 4-month DWP eligibility period ends.

FS, GRH:

No provisions.

MSA: Review the need for a protective payee at least annually. If the need is likely to continue beyond 2 years, seek judicial appointment of a legal representative for the client.

End voluntary participation in protective or vendor payments at the client's written request.

GA: Review vendor or protective payee situations at each recertification.

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: Follow these procedures for payments after you make a referral for chemical use assessment, after a client is assessed as drug dependent, and for any client who asserts drug dependency as a basis for permanent or temporary disability. Also see §0012.30 (Chemical Use Assessment), §0024.09.09 (Discontinuing Protective and Vendor Payments).

You must attempt to vendor pay at least 85% of the grant. On MAXIS, indicate the vendors and the amounts to be vendor paid before the cash cut-off date. Any grant amount that is not vendor paid will be paid to the participant. Do not withhold portions of the grant if you cannot identify vendors. Do not pay the non-vendored portion to a representative payee unless there is an unrelated basis for making payments to a payee, such as money mismanagement.

If the client's basis of eligibility is based on Drug or Alcohol Addiction (DA&A), you must vendor pay the shelter and utilities, and issue the remainder of the benefits to the client. See §0013.15.54 (GA Basis - Drug/Alcohol Addiction).

When an assessment determines that the client is not chemically dependent, start monthly payment again, beginning with the month following the decision.

For notice provisions, see §0026.51 (Notices - Chemical Use Assessment).

MFIP: County agencies may issue 1 photo ID card per unit when the person who normally cashes the benefit warrant does not have a Minnesota driver's license, Minnesota non-driver identification card, or a county photo ID.

County agencies may not require that clients have state ID cards.

At the time of application, tell clients about the availability of photo ID cards. An oral statement of need is sufficient reason to issue an ID. Photo ID cards expire 12 months from the date of issue.

Do not take the photo for the ID until you have established the client's identity according to program policy. See §0010.18 (Mandatory Verifications).

Issue a photo ID card only if the client meets the criteria above and you expect the client to receive a state warrant.

Give the ID card to the client. Keep a copy of the number of ID card issued in the case file. Issue the client 1 free replacement in a 12-month period. A county which replaces cards more frequently may charge a replacement fee of no more than $2 per card. Counties may use the funds from this charge to defray their costs in the ID process.

County agencies must keep a log of photo ID cards issued.

For the food portion of MFIP, follow the FS provisions.

WB, DWP, MSA, GA:
Follow MFIP, EXCEPT reference to the food portion of MFIP does not apply.

FS: Identification cards are NOT issued for Food Support clients. Food Support benefits are accessed using an EBT card and PIN, which is acceptable identification of the food support client.

GRH: No provisions.

This chapter gives information on underpayments, overpayments, and relative contributions. The information in this chapter will help you determine when to issue a corrective payment, adjust benefits, or pursue overpayment recovery.

See §0030.03.18 (RCA Overpayments and Underpayments) for information on Refugee Cash Assistance (RCA) underpayments and overpayments.

See §0008.06 (Implementing Changes - General Provisions) for what might cause an overpayment or underpayment. To compute the amount of an incorrect payment, see §0025.03 (Determining Incorrect Payment Amounts).

Some programs require counties to keep records of incorrect payments. Some programs also require counties to send records of certain overpayments to Department Human Services (DHS). See §0025.06 (Maintaining Records of Incorrect Payments), §0025.24.03 (Recovering Fraudulently Obtained Assistance).

All programs require the county agency to correct underpayments and overpayments. However, the procedures for accomplishing this vary. For further information, see:

§0025.09	Correcting Underpayments.
§0025.09.03	Where to Send Corrective Payments.
§0025.12	Types of Overpayments.
§0025.12.03	Overpayments Exempt from Recovery.
§0025.12.06	Repaying Overpayments - Participants.
§0025.12.09	Repaying Overpayments - Non-Participants.
§0025.12.12	Action on Overpayment - Time Limits.
§0025.15	Order of Recovery - Participants.
§0025.18	Order of Recovery - Non-Participants.
§0025.21	Recovery Methods.
§0026.39	Notice of Overpayment and Recoupment.

For all client error overpayments, determine if a fraud investigation is appropriate. See §0025.24 (Fraudulently Obtaining Public Assistance).

Pursue recovery for overpayments and relative contributions. The order and method of recovery vary depending on whether the person responsible for payment is a current participant. Financially responsible relatives who do not live with the participant may have to contribute toward the cost of assistance. See §0025.30 (Financial Responsibility, People Not in Home), §0025.15 (Order of Recovery - Participants), §0025.18 (Order of Recovery - Non-Participants), §0025.21 (Recovery Methods).

For further information on collection methods, see:

§0025.21.03 Overpayment Repayment Agreement.
§0025.21.06 Civil Recovery.
§0025.21.09 Revenue Recapture Act.
§0025.21.12 Estate Claims.
§0025.21.15 Recoupment.
§0025.21.18 Treasury Offset Program (TOP).
§0025.24.03 Recovering Fraudulently Obtained Assistance.

State law protects some clients from wage garnishment while they are on assistance and for 6 months after eligibility for assistance ends. See §0025.27 (Protection From Garnishment).

When you find a payment was incorrect, reconstruct each budget month and corresponding payment month using the policies and procedures that were in effect for the payment month. The overpayment or underpayment is the difference between the benefit amount the client actually received and the benefit amount the client should have received.

To determine if a client was overpaid, refer to other sections of this manual. For example, see 0022.21 (Income Overpayment Relating to Budget Cycle) to determine if an increase in income results in an overpayment. See 0008 (Changes in Circumstances) for information on other changes that may cause an overpayment or underpayment.

When computing overpayments, allow earned income disregards and work expense deductions only for earned income reported timely. Do not allow the earned income disregard on income reported through other means such as IEVS, a "New Hire Message", or a person other than the client, the authorized representative, or guardian. If a client reports only part of his/her earned income, do not allow earned income disregards on the income not reported timely. (For example, a client has 2 jobs but fails to report the 2nd job. When computing the overpayments, allow all the disregards on the earnings from the 1st job but not the 2nd job.) Also see 0018.06 (Work Expense Deductions), 0018.18 (Earned Income Disregards).

NOTE: Enter all claims on MAXIS through CCOL/CLAM menu panel. Enter claims you suspect are fraud claims as client error initially, and adjust them later to fraud if appropriate. See 0025.24.03 (Recovering Fraudulently Obtained Assistance).

When processing a restored benefit on a case that has a claim for the same period, ALWAYS enter the claim first. MAXIS will apply the restored benefit amount to the claim when appropriate. See TEMP Manual TE02.08.025 (Restored Benefits Applied to a Claim).

MFIP:
DO NOT establish an overpayment or underpayment for prospectively budgeted units for any month for which you based the assistance issued on the best information available at the time, if you applied the correct policy, and there was no client error.

DO NOT charge an overpayment when a 100% sanction has not been imposed due to the agency's failure to act. See 0028.30.03 (Pre 60-Month Type/Length of ES Sanctions).

Use retrospective budgeting CONTINUOUSLY for all previously retrospectively budgeted months whether or not there were months of total ineligibility. DO NOT change budget cycles due to months of ineligibility.

For purposes of allowing the earned income disregard, a report is timely when the client or authorized representative reports income within 60 days from the month in which the income was received.

Reporting procedures and client notice requirements used when clients report timely do not apply when changes in household composition are not reported timely.

- When a mandatory unit member enters the household and the unit fails to report the change timely, calculate the overpayment starting with the month the mandatory unit member arrives.

- When a mandatory unit member leaves the household and the unit fails to report the change timely, if the agency could have reduced or terminated assistance for 1 or more payment months had a delay in reporting the change not occurred, determine whether timely notice could have been issued on the day that the change occurred. Determine the correct benefit amount beginning with the 1st month in which you could have given timely notice.

Subtract the benefit the unit should have received for the payment month from the actual MFIP issued.

For overpayments for months PRIOR TO JANUARY 2001, consider the amount of current child support collected as reimbursement if the amount of monthly current retained child support is greater than the monthly grant for which the unit is eligible. Deduct the child and spousal support or the amount the unit was eligible to receive, whichever is greater, from the assistance that was actually received. (Support arrearage cannot be used to offset an overpayment unless the obligation for all other months has been satisfied.)

Subtract the full amount of entitlement the unit should have received (disregard any recoupment previously deducted) from the full amount of entitlement the unit actually received (disregard any recoupment previously deducted) for each month in the overpayment period. The difference is the overpayment amount.

NOTE: The housing subsidy deduction reduces only the cash portion of the MFIP grant. see 0017.15.99 (Housing Subsidy). When determining the correct overpayment amount, do NOT use the housing subsidy to reduce the food portion of the benefit amount.

If the client refuses to provide information to establish the amount of the overpayment and if no information is available to estimate a claim amount, assign an overpayment for the full amount of MFIP issued for the period in question.

Notify the client of the right to provide proof to establish a smaller overpayment. Close the case if it is not possible to establish current eligibility.

For both fraud and non-fraud client error claims, go back 6 years from the time you discovered the overpayment. The 6-year time frame covers the month you discovered the overpayment and the 6-year period preceding the month of discovery. For agency errors, go back 1 year.

WB:
Follow general provisions.

DO NOT establish an overpayment or underpayment for any month you based the assistance issued on the best information available at the time, if you applied the correct policy, and there was no client error.

DWP:
Follow general provisions. In addition, do not establish an overpayment or underpayment if the determination of the DWP grant amount is based on the best information available at the time of approval, even when there is additional income to the family unit. See 0022.12 (How to Calc. Benefit Level – MFIP/WB/DWP/GA).

FS:
See 0025.03.01 (Determining Incorrect Payment Amounts - FS).

MSA:
There is no time limit on establishing a claim.

In addition, if the client receives SSI and SSA does not establish an overpayment or charge a partial overpayment, do not establish an MSA overpayment. For any month in which there is a total SSI overpayment, establish an MSA overpayment. If the total SSI overpayment is due to excess assets, the entire MSA benefit is an overpayment. If the total SSI overpayment is due to excess income, evaluate income to determine the amount of the MSA overpayment.

Do not allow the work expense deduction on income not reported timely. See 0018.06 (Work Expense Deductions).

When there is 1 month or more of total ineligibility and then 1 month or more of eligibility, presume that the unit reapplied on the 1st day they were eligible. Calculate the amount the unit should have received based on the 1st day of the month they were eligible.

GA:
There is no time limit on establishing a claim.

Do not allow the work expense deduction on income not reported timely. See 0018.06 (Work Expense Deductions).

When there is 1 month or more of total ineligibility and then 1 month or more of eligibility, presume that the unit reapplied on the

1st day they were eligible. Calculate the amount the unit should have received based on the 1st day they were eligible. Prorate if necessary; see 0022.12.03 (Proration).

GRH:
Follow MSA for clients who are aged, blind, or disabled, EXCEPT do NOT recalculate assistance after you receive the retroactive SSI check from SSA. See 0012.12.03 (Interim Assistance Agreements).

Follow GA for all other clients.

GRH also accepts as a timely report an income report from other reliable sources. Other reliable sources include case manager, job coach, the GRH vendor, employer, or other source that is assisting the client with life tasks.

In addition, if the client receives SSI and SSI does not establish an overpayment or charges a partial overpayment, do not establish a GRH overpayment.

Establish a GRH overpayment for any month in which there is a total SSI overpayment. If the total SSI overpayment is due to excess assets, the entire GRH benefit is an overpayment. If the total SSI overpayment is due to excess income, evaluate income to determine the amount of the GRH payment.

There is no MAXIS claims functionality for GRH. Claims against GRH settings are a county collection process, with collections forwarded to the DHS Financial Management Division. Record client claims and hold them for later entry.

For general provisions, see 0025.03 (Determining Incorrect Payment Amounts).

MFIP, WB, DWP, MSA, GA, GRH:
See 0025.03 (Determining Incorrect Payment Amounts).

FS:
Do not establish an overpayment or underpayment because of changes that were not required to be reported by the unit during the certification period. However, for any reported change, take appropriate action. See 0007.15.03 (Unscheduled Reporting of Changes - FS).

When calculating overpayments or underpayments for FS, use the amount of cash assistance actually received in the payment month even if the cash assistance was later determined to be an overpayment.

Do not allow the work expense deduction on income not reported timely. Timely reporting means that required changes be reported by the 10th of the month following the month of the change.

CALCULATING AN OVERPAYMENT

Determine whether the unit IS or is NOT categorically eligible for Food Support (FS):

- If the FS unit IS categorically eligible, they are subject to the budgeting provisions that were in place at the time of the overpayment. See 0013.06 (FS Categorical Eligibility/Ineligibility), 0022.09.03 (When to Switch Budget Cycles - FS).

- For overpayments that occurred PRIOR to 03-01-09: If the FS unit is NOT categorically eligible, they must meet prospective eligibility requirements. If the overpayment is caused by unreported income, the unit remains in retrospective budgeting unless there are 2 or more consecutive months of ineligibility. If there are 2 or more consecutive months of ineligibility, the case would be presumed closed. Switch the unit to prospective budgeting and presume that the unit reapplied on the 1st day they were eligible. Calculate the amount the unit should have received based on the 1st day they were eligible. See 0022.03.01 (Prospective Budgeting - Program Provisions).

- For overpayments that occurred ON OR AFTER 03-01-09: Continue to budget all months prospectively. EXCEPTION: For Uncle Harry Food Support (UHFS) units, follow the instructions for determining overpayments that occurred prior to 03-01-09.

If the ineligibility is caused by any reason other than unreported income, and there is 1 month or more of total ineligibility and then 1 month or more of eligibility, presume that the unit reapplied on the 1st day they were eligible. Calculate the amount the unit should have received based on the 1st day they were eligible.

Do not include any amounts that occurred more than 6 years prior to the date of discovery.

Counties must keep a record of underpayments, corrective payments, overpayments, and recovery. The information must be sufficient to keep track of people who:

- Currently receive assistance (including people who move from 1 unit to another).

OR

- No longer receive assistance.

Keep information on each overpayment. Overpayment information includes:

- Identifying information on the claimant (at a minimum, name and SSN).
- The day, month, and year the overpayment was discovered.
- The time period covered by the claim. Enter the beginning and ending month on MAXIS.
- The reason the overpayment occurred and documentation.
- The overpayment amount.
- Computation worksheets for income overpayments.
- The county agency, unit, or person pursuing recovery.
- The method of recovery.
- Overpayment notices and billing records.
- The amount of the overpayment recovered to date.

Keep claims records separate from other case information. Maintain both fraud and non-fraud claims record for at least 4 years after the claim has been paid in full or adjusted to $0. Close the claim ONLY when it has been adjusted or reduced to $0.

For information on fraud claims, see §0025.24.03 (Recovering Fraudulently Obtained Assistance).

MFIP, WB, DWP, MSA, GA, GRH:

Follow general provisions.

FS: Complete form Food Support Claim Determination Report (DHS-2136) for all overpayments and file it in the case record and in the central claims file, if appropriate.

Clients are underpaid if they do not receive the benefits for which they are eligible.

MFIP, DWP:

The date you discover an underpayment affects how you correct it. The discovery date is whichever of the following occurs 1st:

- The date someone notifies the county agency (orally or in writing) of the underpayment.
- The date the county agency discovers the underpayment.
- The date the appeals referee issues a decision on a client's appeal. See §0027.12 (Appeal Hearing Process).

Correct underpayments caused by client error, county agency error, or court reversal of a fraud disqualification.

- Issue benefits for the current month without deducting any overpayments.
- Restore benefits for up to 12 months before the discovery date after deducting any outstanding MFIP overpayments.
- If the underpayment of a current participant's benefits is for the current month, issue a benefit supplement, regardless of the amount, within 7 calendar days after the discovery date.
- Correct an underpayment within 7 calendar days after the underpayment has been identified, by adding the corrective payment amount to the monthly assistance payment of the participant or by issuing a separate payment to a participant or former participant, or by reducing an existing overpayment balance.
- Do NOT apply a food portion supplement to a cash portion overpayment. However, you may apply a cash portion supplement to a food portion overpayment.

WB: Follow MFIP EXCEPT do NOT apply a cash supplement to a food portion overpayment.

FS: The date you discover an underpayment affects how you correct it. The discovery date is whichever of the following occurs 1st:

- The date someone notifies the county agency (orally or in writing) of the underpayment.

- The date the county agency discovers the underpayment.

- The date the appeals referee issues a decision on a client's appeal. See §0027.12 (Appeal Hearing Process).

Correct underpayments caused by county agency error or court reversal of a fraud disqualification. Do NOT correct underpayments caused by client errors.

- Issue benefits for the current month without deducting any overpayments.

- If the underpayment of a current participant's benefits is for the current month, issue a benefit supplement, regardless of the amount, within 7 calendar days after the discovery date.

- Restore benefits for up to 12 months before the discovery date after deducting any outstanding overpayments.

- Restore benefits whether or not the unit is currently receiving Food Support.

MSA: For any underpayment of a current participant's benefits, issue a supplement regardless of the amount.

- If the underpayment is for the current month, issue a benefit supplement within 7 calendar days after the discovery date.

- If the underpayment is for a past month and the client has an outstanding overpayment, reduce the overpayment by the underpayment. Issue a corrective payment for any remaining underpayment within 7 calendar days after the discovery date.

Do not issue corrective payments to people who are not current participants. If the client reapplies and is eligible for benefits, offset any overpayments with underpayments. Issue a corrective payment (for any remaining underpayment) within 7 calendar days after opening the case.

GA: The date you discover an underpayment affects how you correct it. The discovery date is whichever of the following occurs first:

- The date someone notifies the county agency (orally or in writing) of the underpayment.

- The date the county agency discovers the underpayment.

- The date the appeals referee issues a decision on a client's appeal. See §0027.12 (Appeal Hearing Process).

Correct underpayments that occurred after 9-30-81. Issue corrective payments as described below. Do not issue corrective payments for underpayments that occurred before 9-30-81.

For current participants:

- If the underpayment is for the current month, issue a corrective payment within 7 calendar days after the discovery date.

- If the underpayment is for a past month and the unit has an outstanding overpayment, reduce the overpayment by the underpayment. Issue a corrective payment for any remaining underpayment within 7 calendar days after the discovery date.

Issue corrective payments only to people who are either current participants, or who would be current participants if the error causing the underpayment had not occurred. Offset any overpayments with underpayments. If the unit reapplies and is eligible for benefits issue a corrective payment (for any remaining underpayment) within 7 calendar days after the case open date.

GRH: Issue corrective payments to the vendor within 7 calendar days after determining the amount of the underpayment for a client.

MFIP, WB, DWP:

Send corrective payments to current units or their authorized representative, or to units who are no longer eligible.

If unit composition has changed, send corrective payments to person 01 in the unit with the majority of members who were part of the underpaid unit at the time of the underpayment.

If you cannot determine which unit has the majority of members, send the payment to the person who was person 01 at the time of the underpayment.

FS: Send corrective payments to currently eligible units or their authorized representative, or to units who are no longer eligible.

If unit composition has changed, send corrective payments to the unit with the majority of members who were part of the unit at the time the underpayment occurred.

If it is not possible to determine which unit contains the majority of members, send the payment to the person who was the primary contact person at the time the underpayment occurred.

MSA: Send corrective payments to current participants or their protective payees.

GA: Issue corrective payments only to people who are either current participants or who would be current participants if the error causing the underpayment had not occurred. Make the benefit payable to the primary contact person.

GRH: Issue corrective payments to GRH vendors.

TYPES OF OVERPAYMENTS 0025.12

There are 3 types of overpayments:

- County agency error overpayments resulting from agency failure to take action on known or reported information. This includes miscalculation of a budget or failure to make a timely reduction in benefits based on information fully and timely reported by the client.

- Client error overpayments. This includes any instance in which a client has not made a timely report. Consider cases suspected of fraud to be client error overpayments until a determination of fraud is made. Enter claims as non-fraud on MAXIS and adjust when appropriate.

- Fraud overpayments. Consider cases suspected of fraud to be client error overpayments until the court or an Administrative Disqualification Hearing (ADH) makes a determination of fraud. Consider an overpayment in any month in which a client files a false report timely and this results in an overpayment to be a client error overpayment. This applies even if there is an agency error in the same month, unless the agency caused the client's failure to report. See §0025.24 (Fraudulently Obtaining Public Assistance).

Pursue recovery on all overpayments, EXCEPT for non-fraud overpayments on a closed case which total $35 or less. Initiate 1 MAXIS Notice of Overpayment, but do not pursue unless the unit reapplies.

Some examples of client error overpayment are:

- The unit's failure to give the county agency correct or complete information.

- The unit's failure to notify the county agency of required changes.

- The unit's receipt of more benefits than it should have because of a request for an appeal hearing.

- The unit's participation in more than 1 county or state in the same month.

Some examples of county agency error are:

- The county agency's failure to take prompt action on a change the unit reported.

- The county agency's miscalculation of the unit's income or deductions which results in an overpayment of benefits.

If the county which overpaid the unit does not pursue recovery, the county the unit moves into must pursue recovery. The county the unit moves into must contact the county which made the overpayment to verify that it does not intend to pursue recovery. The county agency which recovers the overpayment retains the county agency's share of the claim. For information on when to transfer a claim, see TEMP Manual TE02.09.18 (When to Transfer a MAXIS Claim).

MFIP: Continue to code AFDC/FGA claims as AFDC/FGA claims (not MFIP claims). They will be recouped from MFIP.

WB, DWP:

Follow general provisions. In addition, benefits are subject to overpayments and underpayments but are NOT subject to cross-program recoupment. Any time an overpayment or underpayment is determined calculate the correction using prospective budgeting. See §0025 (Benefit Adjustments and Recovery). For participants receiving benefits via electronic benefit transfer (EBT), if the overpayment is a result of an ATM dispensing funds in error to the participant, the county may recover the ATM error by immediately withdrawing funds from the participant's EBT account, up to the amount of the error.

FS: Client error overpayment is further defined as:

- The unit's participation in the Food Support Program and the Food Distribution Program in the same month.
- An error on the part of a categorically eligible unit.
- Social Security Administration errors which result in a unit's categorical eligibility.

County agency error is further defined as:

- The county agency's failure to reduce the unit's benefit when it's cash assistance changed.
- The county agency issuing the unit FS benefits after their certification period expired.
- The county agency overpaying food support due to the underpayment of a cash assistance grant that would have reduced food support benefits.

GA, GRH:

Follow general provisions.

MSA: Determine and recover overpayments from special needs.

The court may order that all or part of an overpayment is exempt from recovery. The county must follow the court order. See §0025.12.03.06 (Bankruptcy), §0025.24.03 (Recovering Fraudulently Obtained Assistance).

MFIP, WB, DWP:

Establish a claim but do not pursue recovery on non-fraud overpayments on closed cases which total $35 or less. Note overpayments of $35 or less in the case record. If the client begins to receive assistance again, start recoupment.

FS: The following overpayments are exempt from recovery; do not establish a claim for overpayments due to:

- The county agency's failure to certify a unit in a correct project area.
- The county agency's failure to verify a unit signed the application.
- The county agency's failure to verify a unit completed a current work registration form.
- The unit's failure to report a change because it was not required to report the change. See §0007 (Reporting).
- A categorically eligible unit later being found ineligible for cash assistance or SSI due to excess assets.

Establish a claim, even though the following overpayments are exempt from recovery when:

- The total overpayment is less than $35 and the unit no longer receives Food Support.
- The county agency has documentation which shows that the unit cannot be located. See §0025.12.03.03 (Suspending or Terminating Recovery).

Do not pursue recovery on compromised portions of an overpayment. See §0025.12.03.09 (Compromising a Portion of the Overpayment).

MSA, GRH:

Do not pursue recovery from a personal needs allowance.

- If an overpayment occurs while a client is in a facility, establish the claim but do not pursue recovery action until the client leaves the facility. When the client leaves the facility, begin to recover the overpayment the 1st month you can give a 10-day notice.

- If you are recovering an overpayment and the client enters a facility, stop recovery action until the client leaves the facility:

  - If the client enters a facility on the 1st of the month, stop recovery action the month the client enters the facility.

  - If the client enters a facility after the 1st of the month, stop recovery action the month after the month the client entered the facility.

  When the client leaves the facility, resume recovery action the 1st month you can give a 10-day notice.

GA: Do not pursue recovery from non-participants on an overpayment balance that totals less than $35, unless it is the result of a fraud conviction. Note overpayments of $35 or less in the case record. If the client begins to receive assistance again, start recoupment.

Do not pursue recovery from a personal needs allowance.

- If an overpayment occurs while a client is in a facility, establish the claim but do not pursue recovery action until the client leaves the facility. When the client leaves the facility, begin to recover the overpayment the 1st month you can give a 10-day notice.

- If you are recovering an overpayment and the client later enters a facility, stop recovery action until the client leaves the facility:

  - If the client enters the facility on the 1st of the month, stop recovery action the month the client enters the facility.

  - If the client enters the facility after the 1st of the month, stop recovery action the month following the month the client entered the facility.

  When the client leaves the facility, resume recovery action the 1st month you can give a 10-day notice.

MFIP, WB, DWP, MSA, GA, GRH:

See §0025.12.03 (Overpayments Exempt From Recovery).

FS: You cannot suspend a claim. But you may stop sending demand letters after a period of inactivity, if:

- Recoupment is not currently available.

AND

- The client is not making direct repayment.

AND

- The county agency determines the demand letters are no longer cost effective.

The county agency sets its own policy on cost effectiveness. Counties may also reinstate system-generated demand letters if the client's circumstances change.

Terminate non-fraud claims only when the client dies.

Discontinue all recovery actions against a person who files a Chapter 7 or Chapter 13 bankruptcy action and sends a notification of creditors to your agency. A bankruptcy proceeding does not affect recovery actions against any person who is not part of the proceeding. Continue recoupment against an assistance unit if 1 or more members responsible for that debt are not part of the bankruptcy action.

As soon as your agency receives a notification of creditors, refer the matter to your county attorney or another person designated to respond to bankruptcy court on these actions. Your agency must formally respond to bankruptcy court. In Chapter 7 proceedings, this consists of communicating with bankruptcy court the citation and documentation supporting the non-dischargeable basis for any of the affected claims. In Chapter 13 proceedings, this consists of sending in a proof of claim and, as appropriate, attending the meeting of creditors to ensure repayment against the claim from income and assets that are not reserved for higher priority payments.

When the court determines that a claim is non-dischargeable or the bankruptcy action is dismissed, resume recovery actions against that person. If your agency receives initial notification of a claim after the issuance of a bankruptcy discharge, the discharge notice does not affect recovery of that claim even though the claim may have occurred prior to the date of discharge notice. If the client's attorney or bankruptcy court notifies your agency after the original notification of creditors was issued by bankruptcy, contact your county attorney promptly to ensure that your agency receives full due process protection when responding to bankruptcy court.

COMPROMISING A PORTION OF THE OVERPAYMENT 0025.12.03.09

Compromising a claim consists of accepting a partial payment as full satisfaction of a claim on the condition that the payment is received promptly. Separate policies apply to claims depending on when initial notification is received on the claim.

NEW CLAIMS:

This policy applies to all claims for which the initial notification of overpayment occurred on or after December 1, 2002. The text of all MAXIS overpayment notices issued on or after December 1, 2002 has been modified to include language that advises each debtor of:

- The right to have their claim compromised.

AND

- The conditions that must be met to have their claim compromised.

The time limit for a debtor to make the compromise payment is 90 days from the initial notification of the claim to the household. If the initial overpayment notice is sent by first class mail, the 90 day period begins with the date the notice is issued. If the initial notice is returned to the local agency by the postal service, the right to an overpayment notice and compromise is renewed. If the initial overpayment notice is sent by certified mail and accepted by the household, the 90 day period begins with the date a household member signs for receipt of the notice.

The right to compromise does not apply when the initial notification of an overpayment occurs in conjunction with a criminal or civil court proceeding. This includes the occasion of securing a confession of judgment which also happens to be the initial notification of overpayment. None of these methods of establishing a claim, in fact, requires a MAXIS overpayment notice. If a MAXIS overpayment notice precedes any of these other actions and a timely compromise payment is received, the local agency is bound by the compromise. Consequently, a local agency that pursues criminal action would not be able to seek monetary restitution for the full amount of a previously compromised claim. This does not, however, prevent a local agency from charging the full amount of a compromised claim or from requesting additional fines, penalties, interest or non-monetary restitution in the sentencing phase of the criminal proceeding.

Claims are subject to compromise if voluntary payment is received within the 90-day time limit and either of the following conditions applies:

- Claims for excess assets may be compromised if the amount of the overpayment is greater than the amount that assets exceeded program limits. A compromise payment can be made for the amount of excess assets. If the value of excess

assets changed during the period of an overpayment, the acceptable compromise payment is based upon the maximum amount assets were over program limits.

OR

- Claims for any basis may be compromised by 25% if the remaining 75% is repaid. A claim for excess assets can be compromised under this provision if this method establishes a smaller payment than the prior provision.

Compromise amounts must be in the form of direct voluntary payment by a debtor. Recovery received by tax offset, recoupment, restored benefits or canceled EBT benefits cannot be applied toward a compromise.

PREVIOUS CLAIMS:

This policy applies to claims that provided the initial notice of overpayment prior to December 1, 2002. Compromise of these claims may be done upon inquiry of the debtor to the local agency. A local agency representative may offer a compromise proposal subject to the following limitations:

- The compromise is based upon the account of the debtor rather than an individual claim. This account includes all existing claims for which the debtor is responsible except new claims identified in Part A, fraud claims resulting from criminal conviction or pre-trial diversion and claims that have already been referred to the Minnesota Collection Enterprise (MCE) or the Treasury Offset Program (TOP).

  NOTE: In March, 2004 MCE changed its name to Collection Division of the Department of Revenue. The codes and process for debt referral will continue to be referred to as MCE on MAXIS.

- At least 50% of the total amount owed on the claims in the account has been repaid prior to the compromise proposal.

- The debtor repays 50% of the remaining balance within 90 days of the compromise proposal.

All forms of recovery can be credited in determining whether a debtor meets the 50% payment requirement.

CLAIM TERMINATION POLICY:

COMPROMISING A PORTION OF THE OVERPAYMENT 0025.12.03.09

A claim may be terminated and the claim balance adjusted to 0 when there is no realistic prospect for future recovery. This practice differs from a write off which is an accounting mechanism to remove a claim as an accounts receivable asset even though the claim is retained against the possibility of future recovery. All terminated claims are automatically written off, but claims that are written off are not necessarily terminated.

Terminate claims when:

- The only responsible debtor for a claim has died and no future recovery actions are available.

OR

- The only responsible debtor for a claim has had that debt discharged by federal bankruptcy court in a Chapter 7 or Chapter 13 proceeding.

OR

- When a claim is the sole responsibility of a debtor who resides in a Long Term Care Facility, there is no prognosis for a return to residential living in the community and there is no estate to repay the claim or there are existing commitments to repay higher priority obligations.

OR

- When initial notification on a claim occurred at least 10 years previous, there has been no recovery on any of the claims in the debtor's MAXIS account in the preceding 6 years, criminal restitution is no longer required by district court, there is no docketed judgment and the debt is not certified for Revenue Recapture.

Some overpayments are exempt from recovery. See §0025.12.03 (Overpayments Exempt From Recovery). For overpayments that are not exempt from recovery, follow the specific program provisions below.

For the order of recovery and recovery methods, see §0025.15 (Order of Recovery - Participants), §0025.21 (Recovery Methods). For computing how much to recoup, see §0025.21.15.03 (Amount to Recoup).

Recover overpayments from the following people:

- Unit members who received more benefits than they were eligible to receive.

- A unit containing an adult member from a different unit that received more benefits than they were eligible to receive. Overpayments follow a member to a new unit if the member was a minor caregiver or age 18 or over when the overpayment occurred. These people remain equally responsible for the overpayment.

- A unit containing a member from a different unit that received more benefits from this program than they were eligible to receive.

  In most cases, overpayments follow a member to a new unit if the member was part of the overpaid unit at the time the overpayment occurred. An overpayment does not follow a unit member when the unit member left the home and the remaining unit members did not report it.

- Overpayments follow the responsible member.

Before pursuing recovery, tell people their repayment amount. See §0026.39 (Notice of Overpayment and Recoupment), TEMP Manual TE02.09.11 (Demand Letters for Overpayments).

If you recover more than the overpayment amount, give the participant a refund.

MFIP, DWP:

Recover overpayments from people who were minor caregivers or adult members of a unit at the time the overpayment occurred.

Pursue recovery from relative caregivers and mandatory adult assistance unit members whose needs are not included in the benefits.

If the unit member receives benefits as part of a 2nd unit before removal from the 1st unit's benefit, the 1st unit is overpaid if they did not report the change timely, the agency failed to act timely on the reported change or benefits were continued pending an appeal. Reduce the 1st unit's overpayment by any verified amount the paid the 2nd unit up to that person's benefit standard. See §0010 (Verification).

WB: Recover overpayments from people who were minor caregivers or adult members of a unit at the time the overpayment occurred.

FS: Recover overpayments from people who were minor caregivers or adult members of a unit at the time the overpayment occurred.

Pursue recovery from relative caregivers and mandatory adult assistance unit members whose needs are not included in the FS benefits.

MSA, GRH:

Follow general provisions.

GA: Follow general provisions, EXCEPT recover overpayments from anyone, regardless of age, who received more benefits from this program than they were eligible to receive.

REPAYING OVERPAYMENTS - NON-PARTICIPANTS 0025.12.09

Some overpayments are exempt from recovery. See §0025.12.03 (Overpayments Exempt From Recovery). For overpayments that are not exempt from recovery, follow the specific program provisions below.

See §0025.12.12 (Action on Overpayments - Time Limits) for the time frame for starting recovery.

Recover overpayments from the following people who are not currently getting benefits:

- People who were adult members of the unit, adult caregivers who were not members of the unit, relative caregivers and mandatory adults who are sanctioned or disqualified, or minor caregivers when the overpayment occurred.

  Do not recover from a former participant who was younger than 18 years old and not a minor caregiver when the overpayment occurred.

- Sponsors of non-citizens, if you counted the sponsor's income and the sponsor willfully failed to give correct income information. However, do not hold sponsors liable if they did not give correct information due to circumstances beyond their control.

For recovery methods, see §0025.21 (Recovery Methods).

Once a claim is set up on MAXIS, MAXIS will send a Notice of Overpayment. See TEMP Manual TE02.09.11 (Demand Letters for Overpayments).

MFIP, WB, DWP, FS:
You may use any combination of the methods listed in §0025.21 (Recovery Methods) for non-participants.

MSA, GRH:
Pursue recovery for any overpayment that is not exempt from recovery.

GA: Follow general provisions, EXCEPT recover overpayments from anyone, regardless of age, who received more benefits from this program than they were eligible to receive.

ACTION ON OVERPAYMENTS - TIME LIMITS 0025.12.12

There is no time limit for pursuing administrative recovery of established overpayments. There is a 6-year statute of limitations for initiating civil recovery, and a 3-year statute of limitations for initiating criminal prosecution.

Within the calendar quarter after the calendar quarter you identify the overpayment, do at least 1 of the following:

- Recover the overpayment.
- Start recoupment from a participant's benefit.
- For former clients, send a letter requesting repayment and try to arrange a repayment agreement. See §0025.12.09 (Repaying Overpayments - Non-Participants), §0026.39 (Notice of Overpayment and Recoupment).

Failure to take 1 of these actions within the time frame does not affect the unit's responsibility to repay. It also does not affect the county agency's responsibility to recover the overpayment.

MFIP, WB, DWP, MSA, GA, GRH:
Follow general provisions.

FS: The time limit for referring debts for Treasury Offset Program (TOP) is 10 years. EXCEPTION: There is no time limit if the claim is secured by civil judgment.

ORDER OF RECOVERY - PARTICIPANTS 0025.15

Some overpayments are exempt from recovery. See §0025.12.03 (Overpayments Exempt From Recovery). For overpayments that are not exempt from recovery, follow the provisions below.

Before pursuing recovery, notify people of their repayment amount. See §0026.39 (Notice of Overpayment and Recoupment).

Do not recover more than the amount of the overpayment. If the county agency recovers more than the overpayment amount, give the participant a refund.

Consider clients to be participants even if recoupment reduces the benefit to $0.

Pursue recovery in this order:

1. Offset overpayments by underpayments. See §0025.09 (Correcting Underpayments).

2. Ask the client to voluntarily repay the overpayment in full or to sign a voluntary repayment agreement. See §0025.21.03 (Overpayment Repayment Agreement). Notify the client when recoupment will begin. Do not wait for the unit to respond to the request for voluntary repayment. Begin recoupment as soon as notice requirements permit.

3. Begin recoupment. Continue until the client repays the overpayment. For court-determined fraud overpayments, notify court services when recoupment begins and ends.

For information on the amount to recoup, see §0025.21.15.03 (Amount to Recoup).

ORDER OF RECOVERY - NON-PARTICIPANTS 0025.18

Some overpayments are exempt from recovery. See §0025.12.03 (Overpayments Exempt From Recovery). For overpayments that are not exempt from recovery, follow the provisions below.

Before pursuing recovery, you may use the Notice of Overpayment to notify non-participants of the unpaid balance of the overpayment. See Temp Manual TE02.09.11 (Demand Letters for Overpayments).

The procedures for pursuing recovery are the same whether the county agency designates the IV-D section, the IV-A section, or the county attorney to pursue recovery. See §0025.21 (Recovery Methods).

Do not recover more than the overpayment or responsible relative's reimbursement amount. If the county agency recovers more than the overpayment amount, issue a refund.

See §0025.12.12 (Action on Overpayment - Time Limits) for the time frame for beginning recovery.

Refer all overpaid non-participants to the collections officer, central collection unit, or other party designated to negotiate a repayment plan with the client.

Methods of recovery vary depending on whether the overpaid person is a participant or non-participant.

Recovery methods for recovering overpayments from participants are:

- Recoupment.
- Voluntary repayment. See §0025.21.03 (Overpayment Repayment Agreement).
- Civil recovery. See §0025.21.06 (Civil Recovery).
- Criminal restitution. See §0025.24 (Fraudulently Obtaining Public Assistance).
- Offsetting overpayments with underpayments. See §0025.09 (Correcting Underpayments).

For additional methods of recovering overpayments from participants, see the individual programs listed below.

Common methods for recovering overpayments from non-participants are:

- Voluntary repayment, repayment agreements, and Confessions of Judgment. See §0025.21.03 (Overpayment Repayment Agreement), §0015.12.06 (Repayment Agreements on Real Property).
- Referral to Revenue Recapture. See §0025.21.09 (Revenue Recapture Act).
- Civil recovery. See §0025.21.06 (Civil Recovery).
- Criminal restitution. See §0025.24 (Fraudulently Obtaining Public Assistance).
- Contracting with a professional or private collection agency.

For programs other than Food Support and the food portion of MFIP, all direct recoveries by the county (EXCEPT recoupments) qualify for retention of 50% of the non-federal share. For Food Support and the food portion of MFIP, there is a 35% federal incentive provided for fraud recoveries, 20% for household errors, and 0% for agency errors. Counties receive half of this incentive when Treasury Offset Program (TOP) recovers the money and they receive full incentive when recovery is a result of recoupment or direct payment.

Do not use wage garnishment for participants. Do not use wage garnishment for non-participants until 6 months after all public assistance eligibility ends.

MFIP: Also use the Treasury Offset Program (TOP) as an additional method of recovery for non-participants for the MFIP Food Portion only.

WB, DWP:
Follow general provisions. However, there is no cross-program recoupment.

FS: Also use the Treasury Offset Program (TOP) as an additional method of recovery for non-participants.

MSA, GA:
Use the Minnesota Collection Enterprise (MCE) professional collection agency as an additional method of recovery for non-participants. See §0025.21.21 (Minnesota Collection Enterprise).

NOTE: In March 2004 MCE changed its name to Collection Division of the Department of Revenue. The codes and process for debt referral will continue to be referred to as MCE on MAXIS.

GRH: Follow general provisions.

OVERPAYMENT REPAYMENT AGREEMENT 0025.21.03

An overpayment repayment agreement is a payment plan the client and the county agency agree to as a method of repaying an overpayment. It is not the same as the repayment agreement used for excess assets. See §0015.12.06 (Repayment Agreements on Real Property),

Use repayment agreements with participants in the following situations:

- Client requests voluntarily repayment in excess of the recoupment amount.
- Fraud determination or a pretrial diversion require repayment in excess of the recoupment amount.

Use repayment agreements with non-participants in the following situations:

- Client requests voluntary repayment.
- Fraud determinations.

Clients may voluntarily repay the overpayment before you start other methods of recovery. The Notice of Overpayment explains this option.

Overpayment repayment agreements include any of the following:

- A Confession of Judgment.
- A written agreement between the county agency and the client.

Civil recovery includes obtaining a judgment and pursuing it through garnishment, attaching property, etc. Specific procedures for civil recovery may vary by county and are set by the county attorney or collections unit.

The county may initiate civil recovery up to 6 years after the overpayment occurred. The county agency can obtain a judgment for civil recovery while a client is still receiving assistance. However, the county agency cannot pursue recovery while the person is a participant or until 6 months after eligibility ends. See §0025.27 (Protection From Garnishment).

Once the court awards a judgment, recovery is not subject to the statute of limitations, but the county must renew the judgment every 10 years. An action to obtain a judgment must be initiated within the 6-year statute of limitations, and the county must renew the judgment every 10 years.

The court-ordered repayment amount may differ from the actual overpayment because the judgment may include interest after the judgment is docketed, in which case the interest applies back to the date the judgment was obtained.

MFIP, WB, DWP, GA:

Clients may make voluntary payments to the county while they are on or off assistance. Subtract all payments from the balance of the overpayment.

When a client fails to pay, contact the county attorney immediately. The county attorney or collections unit may decide to obtain a judgment to ensure collections after the statute of limitation expires.

Do not recoup any interest the judgment accrues. The client must pay the interest separately to the county. Recoup the actual overpayment only.

FS: If the client makes payments to the county, subtract the payments from the overpayment balance.

If the judgment accrues interest, do not recoup the interest. The client must pay the interest separately to the county.

MSA, GRH:

Clients may make voluntary payments to the county while they are on or off assistance. Subtract all payments from the balance of the overpayment.

Contact the county attorney immediately if the overpayment is not being recouped or voluntarily repaid. The county attorney may decide to obtain a judgment on the overpayment to insure collections after the statute of limitation expires.

When the court orders a judgment that accrues interest, the client is liable for the overpayment and the interest. If the client comes back on MSA, recoup the actual overpayment only, not the interest.

Without a judgment, use only recoupment, voluntary repayment, and revenue recapture.

Counties may use revenue recapture to recover overpayments from former clients by intercepting their Minnesota income tax refunds, property tax refunds, and lottery winnings.

The county does not need a judgment for recovery to intercept taxes or lottery winnings, but if it does not have one, the client has the right to ask for a hearing conducted by a Minnesota Department of Human Services referee.

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: The county agency may file a claim with a court of appropriate jurisdiction for the full amount of GA paid, without interest, against the estate on the death of any person who received GA, or on the death of the survivor of a married couple, either or both of whom received GA.

For information on the amount of recoupment, see 0025.21.15.03 (Amount to Recoup).

Consider the unit to be participants even if recoupment reduces the benefit to $0.

Do not recoup more than the actual overpayment of assistance.

Do not recoup an amount greater than the mandated amount. If a client requests recoupment for a greater amount, send a monthly bill to the client for the amount that is greater than the mandated recoupment amount. See 0025.21.15.03 (Amount to Recoup).

The county agency must recoup from participants if the unit fails to pay the claim in full within 30 days of being notified of the claim.

MFIP: The following provisions apply to all overpayments:

- For applicants with prior overpayments, begin recoupment with the 1st full month of eligibility.

- Apply recouped amounts to overpayments starting with the oldest fraud AFDC, FGA, MFIP field trials, MFIP, or Food Support overpayment, followed by the oldest non-fraud AFDC, FGA, MFIP field trials, MFIP, or Food Support overpayment.

- Recoup AFDC, FGA, FS, MFIP, and MFIP field trial overpayments from MFIP benefits. DO NOT recoup AFDC overpayments from an MFIP case if the adult on MFIP was a child when the AFDC overpayment occurred. MAXIS will recoup from MFIP to repay AFDC, FGA, FS, MFIP and MFIP field trial claims. For the order of recovery, see 0025.15 (Order of Recovery - Participants).

- Do not recoup from BOTH the cash and food portions of an MFIP grant at the same time.

  - If the cash portion of the MFIP grant is $50 or more, recoupment will be taken from ONLY the cash portion of the grant and applied to both the cash and food portions of an MFIP claim, or to an AFDC and/or a FS claim.

  - If the cash portion of the MFIP grant is less than $50 and there is an active food claim, recoupment will be taken from ONLY the food portion of the MFIP grant and applied to the food portion of an MFIP claim or to a Food Support claim.

- If there are no active food claims, and the MFIP cash portion is less than $50, recoupment will be taken from the available cash and applied to active MFIP or AFDC claim(s).

- Clients may have a restitution plan through court services. The diversion restitution order may accept recoupment as partial or full satisfaction. This restitution plan is in addition to and separate from the mandatory recoupment amount for participants and does not affect the monthly recoupment calculation. The total restitution (repayment plan and recoupment) may be more than the actual overpayment. The court will collect the amount greater than the overpayment.

- If an Uncle Harry case and MFIP case are both responsible for a Food Support claim, recoup from both cases at the same time, if the Uncle Harry members would have been considered mandatory unit members. If MFIP and Uncle Harry Food Support are issued via different case numbers, make sure both cases are made responsible for the claim. See TEMP Manual TE13.030 (Food Support Uncle Harry Tip Sheet).

- Recoup from stand-alone Food Support to repay the federal food portion of MFIP claims.

- Do NOT recoup MFIP cash benefits from a household's Uncle Harry Food Support case.

WB: The following provisions apply to all overpayments:

- For applicants with prior overpayments, begin recoupment with the 1st full month of eligibility.

- Apply recouped amounts to overpayments starting with the oldest fraud.

- Clients may have a restitution plan through court services. The diversion restitution order may accept recoupment as partial or full satisfaction. This restitution plan is in addition to and separate from the mandatory recoupment amount for participants and does not affect the monthly recoupment calculation. The total restitution (repayment plan and recoupment) may be more than the actual overpayment. The court will collect the amount greater than the overpayment.

There is no cross-program recoupment.

DWP: Follow only the MFIP provisions that apply to recouping CASH overpayments. Also, there is no cross-program recoupment.

FS: When the county agency determines there is an overpayment of benefits, it must begin recovering the overpayment through recoupment. Begin recoupment the 1st month notice requirements will allow.

When there is a Food Support claim being recouped from an active MFIP case, follow the procedures in MFIP above.

MSA: When the county agency determines there is an overpayment of benefits, it must begin recovering the overpayment through recoupment. Begin recoupment the 1st month notice requirements will allow.

Do not recoup from a personal needs allowance. See 0025.12.03 (Overpayments Exempt From Recovery).

GA: The following provisions apply to all overpayments:

- Do not recoup on benefit amounts of less than $10.
- For applicants with prior overpayments, begin recoupment with the 1st month of eligibility.
- Do not recoup an overpayment for another state.

Do not recoup from a personal needs allowance. See 0025.12.03 (Overpayments Exempt From Recovery).

GRH: Recoupment from the GRH benefit cannot be withheld. See 0025.12.03 (Overpayments Exempt From Recovery).

MFIP:
For all non-fraud overpayments that are not exempt from recovery, recoup the LESSER of these amounts:

- 3% of the Transitional Standard or Shared Household Standard, whichever applies, for the unit's size and composition.
  OR
- The amount of the unit's monthly MFIP grant, subject to the requirements in 0025.21.15 (Recoupment).

For fraud overpayments, recoup the lesser of these amounts:

- 10% of the Transitional Standard or Shared Household Standard, whichever applies, for the unit's size and composition.
  OR
- The amount of the unit's monthly MFIP grant, subject to the requirements in 0025.21.15 (Recoupment).

See 0025.24 (Fraudulently Obtaining Public Assistance) for information on fraud overpayments.

WB:
For all non-fraud overpayments that are not exempt from recovery, recoup 3% of the WB grant.

For fraud overpayments, recoup 10% of the WB grant. See 0025.24 (Fraudulently Obtaining Public Assistance).

DWP:
For all non-fraud overpayments that are not exempt from recovery, recoup the LESSER of these amounts:

- 3% of the DWP grant for the unit's size and composition.
  OR
- The amount of the unit's monthly DWP grant, subject to the requirements in 0025.21.15 (Recoupment).

For fraud overpayments, recoup the lesser of these amounts:

- 10% of the DWP grant for the unit's size and composition.
  OR
- The amount of the unit's monthly DWP grant, subject to the requirements in 0025.21.15 (Recoupment).

See 0025.24 (Fraudulently Obtaining Public Assistance) for information on fraud overpayments.

FS:
The amount to recoup depends on the type of overpayment:

- For non-fraud error overpayments, recoup 10% of the monthly allotment or $10 a month, whichever is greater.

- For fraud overpayments, recoup 20% of the monthly allotment or $10 a month, whichever is greater.

Recoup multiple fraud or client error overpayments in sequence.

If a client has both a fraud overpayment and a client error overpayment, recoup the fraud overpayment first up to the 20% limit. If any benefit remains, recoup the client error simultaneously up to the 10% limit. However, the total recoupment cannot exceed

20% of the unit's monthly allotment.

MSA:
Each month withhold 3% of the assistance standard or the entire benefit amount, whichever is less.

See 0025.12.03 (Overpayments Exempt From Recovery) for people who are exempt from recoupment.

GA:
For non-fraud overpayments (both client and county errors), recoup 3% of the unit's assistance standard or the amount of the unit's monthly assistance payment, whichever is less.

For fraud overpayments, recoup 10% of the unit's assistance standard or the amount of the unit's monthly assistance payment, whichever is less.

You may substitute a 3% recoupment rate for pre-existing fraud overpayments if your county attorney proffered that rate as part of a plea agreement in a fraud proceeding or the court specified that rate of recoupment in the sentencing order. If a court order only specifies a monthly restitution amount, do not substitute that amount for the 10% statutory recoupment rate.

For recoupment purposes, fraud is:

- A conviction by the court.
  OR
- An admission of fraud through a court approved pre-trial diversion plan or disqualification consent agreement.

See 0025.12.03 (Overpayments Exempt From Recovery) for people exempt from recoupment.

GRH:
No provisions.

The Treasury Offset Program (TOP) is a recovery system for intercepting federal income tax refunds, federal salaries, federal retirement, military salaries, federal contract payments, Black Lung Disease, RSDI, and Railroad Retirement to repay delinquent debts owed to federal government agencies.

MFIP: No provisions for the cash portion. See Food Support provisions for the MFIP food portion.

WB, DWP, MSA, GA, GRH:
No provisions.

FS: To qualify for using TOP recovery, the claim must meet certain criteria. MAXIS will send a file of claims to the appropriate county contact people for review to make sure it meets the selection criteria.

After county contact people have reviewed the file of claims accounts, MAXIS will submit the file to the Food and Nutrition Service (FNS). FNS combines the files from all other participating states and submits them to the United States Treasury Department.

For MAXIS instructions on TOP, see TEMP Manual TE02.08.121 (Treasury Offset Program), TE02.08.123 (TOP 60-Day Notice).

All state debt that becomes 121 days past due is to be referred to the Minnesota Collection Enterprise (MCE).

NOTE: In March, 2004 MCE changed its name to Collection Division of the Department of Revenue. The codes and process for debt referral will continue to be referred to as MCE on MAXIS.

The requirement to refer claims DOES NOT apply if the claim meets 1 of the following conditions:

- There is a dispute over the amount or validity of the debt.
- The debt is subject to legal action or administrative proceedings.
- The agency determines that the debtor is adhering to an acceptable payment arrangement.

Claims that meet ALL of the following criteria are system selected to be referred to MCE for collection:

- The claims are for MSA or GA.
- The client's program participation status has been inactive for at least 275 days for all programs.
- The claim balance is greater than $100.
- The claim is between 275 and 1,827 days old.
- There was no collection activity on the claim within the past 275 days.

Once selected, county staff will have 60 days to review the claim. If the claim is not excluded within 60 days of selection, the system will send a notice to the client to give the client 30 days to resolve the claim, and inform the client of additional MCE fees that will be applied to the debt. At the end of 30 days, if the claims worker has not updated referral status, the system will refer the claim to MCE to begin the collection process.

Clients who are referred to MCE are assessed additional collection fees by MCE and are responsible to pay the collection fees assessed to the claim, regardless of where they send any further payments. The additional fees are not recorded on MAXIS. Refer all client questions regarding fees or collection process to MCE.

For MAXIS instructions on MCE, see TEMP Manual TE02.09.41 (Minnesota Collection Enterprise (MCE)), TE02.09.41.03 (MCE Payment and Contact Information).

MFIP, WB, DWP, FS, GRH:
No provisions.

MSA, GA:
Follow general provisions.

FRAUDULENTLY OBTAINING PUBLIC ASSISTANCE 0025.24

Fraud exists when:

- People willfully or intentionally withhold, conceal, or misrepresent information to receive or attempt to receive more assistance than they are eligible for. For some programs, this includes people giving or receiving property without receiving or providing reasonable compensation. See §0015.69.06 (Improper Asset Transfers).

- For purposes of establishing fraud in an Administrative Disqualification Hearing (ADH), an Intentional Program Violation (IPV) shall consist of a willful or intentional false statement, a concealment of a fact, or a misrepresentation. See §0025.24.06.03 (Administrative Disqualification Hearing).

- People plan with or knowingly help another person to fraudulently seek or obtain assistance.

- Ineligible or unauthorized people knowingly redeem or transfer assistance checks, or EBT cards.

Refer anyone you suspect of fraud for investigation. If you think fraud has occurred, immediately refer the case to the county's investigator or investigative unit. Continue benefits if current eligibility exists. Do not close a case or deny benefits to people under investigation for fraud if they are otherwise eligible.

You may delay notifying a client of an overpayment if the county attorney believes that it would hinder the fraud investigation. In this instance, you may wait up to the end of the quarter following the quarter of discovery to notify the client of the overpayment and begin recoupment.

Disqualify people found guilty of fraud through an Administrative Disqualification Hearing (ADH), a court approved pre-trial diversion plan, a disqualification consent agreement, or a conviction by a court action. See §0025.24.06 (Disqualification for Fraud) for information on disqualification procedures.

MFIP: Disqualify MFIP families from Transition Year Child Care when all caregivers are found guilty of fraud.

WB, DWP, FS, MSA, GA, GRH:
Follow general provisions.

RECOVERING FRAUDULENTLY OBTAINED ASSISTANCE 0025.24.03

The county agency must pursue recovery from clients who obtain assistance fraudulently.

Reconstruct each budget month and corresponding payment month. Use the policies and procedures that were in effect for the payment month. The overpayment or underpayment is the difference between the benefit amount the client actually received before recoupment and the benefit amount the client should have received before recoupment. For more information, see §0022 (Budgeting and Benefit Determination).

Use the recovery methods described in §0025.15 (Order of Recovery - Participants), §0025.18 (Order of Recovery - Non-Participants), §0025.21 (Recovery Methods). In addition, the court may order repayment.

If any part of a county-calculated fraud overpayment is reduced, either as part of a stipulated plea agreement, in a pre-trial diversion order, or in a conviction order, reduce the fraud claim to reflect that reduction in the claim. When you reduce a fraud claim pursuant to these actions, you may establish a household error for the over-issued period or program you removed from the fraud claim(s). Any resulting household error claim is subject to standards and procedures for administrative or civil recovery, depending on how that claim is established.

If a court finds a person innocent of welfare fraud, you may also establish or maintain a household error claim based on the same action. A court may determine that welfare fraud has not been established or criminal intent does not exist, whether or not an overpayment occurred.

A court has broad discretion to set restitution for any person convicted of welfare fraud. This is done through sentencing after a person is found guilty of welfare fraud. The amount of restitution may not be the same as the overpayment you determined. Restitution is often tied to what a court determines a person is capable of paying during the probation period.

- Any restitution ordered in addition to the county-determined fraud overpayment does NOT increase or otherwise affect that claim. This can include fines, penalties, accrued interest when the amount owed is converted and docketed as a civil judgment, and the value of community service. The value of any restitution added to the fraud claim is collected and retained entirely by the court or county agency that preferred the fraud charge.

- If a court orders monetary restitution for an amount less than the county-determined fraud overpayment for which the person was charged and convicted, the fraud claim is ordinarily not reduced. The lower restitution is simply the amount that the court requires repaid as satisfaction of the terms of probation. If

a court orders a methodology or formula for computing the fraud claim, reduce the fraud claim accordingly. In this event, the remainder of the overpayment may still be established and recovered as a household error claim by administrative or civil process.

The client's total overpayment may be different from the court order. For example, if the client had a previous overpayment for a different time period, add the previous overpayment and the current overpayment to get the client's total overpayment.

DISQUALIFICATION FOR FRAUD 0025.24.06

Disqualify people who have committed an Intentional Program Violation (IPV). An IPV disqualification can be established by any of the following:

- Court conviction.
- Disqualification consent agreement.
- Pre-trial diversion.
- Administrative Disqualification Hearing (ADH).
- Waiver of an ADH.

Disqualify people who have committed an IPV for the following lengths of time:

- 12 months for the 1st offense.
- 24 months for the 2nd offense.
- Permanently for the 3rd offense.

Disqualify people who have been convicted in state or federal court of making a fraudulent statement regarding residence in order to receive duplicate assistance from 2 or more states, even if they are otherwise eligible. The period of disqualification is 10 years from the date of conviction.

Disqualify only the person convicted of fraud. Other unit members remain eligible.

Send the client the Notice of Disqualification for Intentional Program Violation (DHS-3134) to disqualify the client and/or reduce or end assistance. See §0026.12.09 (Adequate Notice), §0026.12.18 (Cash Cut-Off Notice). This disqualification is not appealable through an administrative hearing. The only method of appeal of this disqualification is through court action.

Confessions of judgment are not fraud convictions, and disqualification penalties do not apply.

Record conviction and disqualification information and copies of supporting documents (including conviction information) in the case file. If a disqualified person moves from 1 county to another, include disqualification information in the case referral. See §0008.06.21 (Change in County of Residence).

MFIP: People disqualified from Food Support due to an IPV are barred from receiving MFIP (cash and food) until that disqualification ends.

A current DWP period of disqualification carries over to MFIP.

A current WB period of disqualification carries over to MFIP.

The disqualification period begins the 1st day of the month following the month in which the IPV is determined.

People disqualified for fraud in another state remain disqualified in Minnesota.

A prior Food Support disqualification is treated as if it were an MFIP disqualification in determining the sequence of the offense (1st, 2nd, or 3rd) for MFIP.

WB: Follow general provisions. Also:

- A caregiver who is currently in a fraud disqualification period for MFIP or DWP is not eligible for WB.
- A Food Support disqualification does NOT carry over to WB and a WB disqualification does not carry over to Food Support.

DWP: Follow general provisions. Also:

- A caregiver who has been disqualified for fraud under MFIP, WB or DWP is not eligible for DWP when the caregiver is currently in a disqualification period for MFIP, WB or DWP.
- A Food Support disqualification does NOT carry over to DWP and a DWP disqualification does not carry over to the Food Support program.

FS: People disqualified from MFIP due to an IPV are barred from receiving FS until that disqualification ends.

The disqualification period begins the 1st day of the month following the month in which the IPV is determined.

A prior MFIP disqualification is treated as if it were a FS disqualification in determining the sequence of the offense (1st, 2nd, or 3rd) for Food Support.

A person who makes a fraudulent statement regarding identity and/or residence in order to receive duplicate assistance from 2 or more states is disqualified for 10 years from the date of establishing the IPV by a disqualification consent agreement, pre-trial diversion plan, or through the ADH process.

For information on entering a Food Support fraud disqualification on MAXIS, see TEMP Manual TE02.08.129 (Entering FS Fraud Disqualifications).

People disqualified for fraud in another state remain disqualified in Minnesota.

MSA, GA:

The disqualification period begins the 1st day of the month following the month in which the IPV is determined.

GRH: No provisions.

ADMINISTRATIVE DISQUALIFICATION HEARING 0025.24.06.03

An Administrative Disqualification Hearing (ADH) is a formal, impartial review by a Hearing Judge for the purpose of rendering a decision as to whether or not an individual committed an intentional program violation (IPV).

An IPV is any action by an individual which is a willful or intentional false statement, a concealment of a fact or a misrepresentation, whether or not it resulted or could have resulted in receipt of additional benefits.

Failure to report on a timely basis does not necessarily constitute an IPV. The criteria for establishing the IPV requires an intentional act of deception, or one taken with an appreciation or understanding of its consequences or wrongfulness and must be proven by a clear and convincing legal standard of proof. Clear and convincing proof requires more than a preponderance of the evidence but less than proof beyond a reasonable doubt. Legally, clear and convincing is where the truth of the facts asserted is highly probable.

In addition, there are also specific acts defined as IPVs that are related to program enforcement such as misuse of EBT cards and food stamp trafficking offenses. These generally constitute an IPV by the demonstrated performance of the particular act.

Administrative Disqualification Hearing (ADH) must be initiated for individuals accused of committing an IPV when criminal charges are not being pursued. ADH procedures and requirements, EXCEPT for the notice of hearing as explained below, are the same as for appeal hearings. See §0027 (Appeals).

REFERRAL OF IPVS

Resolve cases of suspected IPVs through either the criminal or ADH process, not both. Do not make concurrent referrals for prosecution and ADH. The practice of resolving an IPV first through the ADH process and then referring the same IPV for prosecution is prohibited.

If a case is dismissed in court, an ADH may be pursued because the burden of proof in establishing an IPV in an ADH action is the lower “clear and convincing” test as opposed to the “any reasonable doubt” standard required in a criminal prosecution.

ADH WAIVERS AND REQUESTS FOR ADH

Upon identifying an IPV and determining that the ADH process will be pursued, the accused individual must be offered the opportunity to waive the appearance before a Hearing Judge and simply agree to the prescribed disqualification penalties.

Initiate the ADH process by completing the Notice of Intentional Program Violation – Waiver of Administrative Disqualification Hearing (DHS-3131). Prepare a narrative summary of the allegations, investigative findings, and the evidence to support the findings. Someone other than the assigned case worker must also review and sign the form and find that the case facts, if proven, would justify a finding of fraud. The waiver allows the client to admit to the facts or not, with the understanding that the disqualification penalty will be imposed in either case. Present or mail the ADH Waiver to the client. In either case, allow the client up to 10 days to return the form.

Waivers should not be offered when there is only a suspicion of guilt but the evidence is not convincing. If a county agency determines that it has sufficient evidence to hold a hearing and has offered the individual an opportunity to waive the hearing, the agency must then schedule a hearing if the individual requests a hearing or does not sign the wavier. Do not offer an ADH waiver if the case is being referred for prosecution nor should prosecution be suggested as a threat if the waiver is not signed. If an ADH waiver is offered it should be because the county has already determined that an ADH is appropriate and is merely offering the individual the opportunity to opt out of the actual hearing.

If the client waives his/her right to a hearing, disqualify the person. See §0025.24.06 (Disqualification for Fraud).

Clients have the right to revoke a signed waiver and request an ADH be held. This revocation must be in writing and be received by the county agency prior to the effective date of the proposed disqualification or within 30 days of the date the waiver was signed, whichever is earlier.

If the client refuses to sign the waiver, requests to have a hearing, or fails to return the waiver, refer the case for an ADH. Complete the Request for Administrative Disqualification Hearing (DHS-3132) and send to:

Minnesota Department of Human Services
Appeals Office
P.O. Box 64941
St. Paul, MN 55164-0941

Upon receipt of the Request for Administrative Disqualification Hearing (DHS-3132), the Office of Appeals will either accept or deny the request. If denied, the county agency will receive a notice indicating the reason for the denial. Denied requests may be resubmitted to the Office of Appeals for reevaluation.

ADH requests may be withdrawn anytime before the scheduled hearing date with written

notice to both the client and the Office of Appeals.

If the Office of Appeals accepts a request it will schedule a hearing date and send the client and county agency a notice of hearing. The notice will include a copy of the summary prepared by the county agency. Federal regulations require the Office of Appeals to give notice of an ADH hearing at least 30 days in advance (unless the client waives the hearing), rather than the 5-day notice for a regular fair hearing.

A judge may combine a fair hearing and ADH into a single hearing if the factual issues arise out of the same or related circumstances. The client must receive 30 days advance notice (unless waived) that the hearings will be combined.

Within 90 days of client notification of an ADH or a combined hearing, the Office of Appeals must conduct the hearing, reach a decision, and notify the client and county agency of the decision.

Unlike fair hearings, asking the appeals office to reconsider their decision is not an option. If either party disagrees with the Judge's decision, they may start an appeal in district court. This is a separate legal proceeding that must start within 30 days of the date of the decision.

People found guilty of fraud by an ADH determination are subject to the disqualification procedures in §0025.24.06 (Disqualification for Fraud).

ADH INVESTIGATIVE SUBPOENA

Subpoena authority is available to county agencies for gathering information in the investigative stage necessary to develop a basis for establishing and proving an IPV that will be pursued through the ADH process.

Consider using an investigative subpoena when a third party refuses to provide information. Complete the Request for Investigative Subpoena (DHS-3436) form and send to the DHS Appeals and Regulations Division. Include a description of the information being requested and the relevance of the information to establishing the IPV.

These subpoenas are not self-enforcing in that a first refusal to obey will not result in a contempt citation. However, these subpoenas are enforceable by appealing to district court for their enforcement by issue of a district court subpoena.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: Disqualify a person for 2 years the 1st time a court finds the participant has purchased illegal drugs with Food Support. Disqualify the client permanently for a 2nd such finding.

Permanently disqualify a person if a court finds the participant purchased firearms, ammunition, or explosives with Food Support.

Permanently disqualify a person if a court finds that person bought or sold Food Support benefits for cash or other consideration having a value of $500 or more.

Also see §0005.06.03 (Who Can/Cannot Be Authorized Representatives).

MFIP, FS:

The National Food Stamp Fraud Electronic Disqualified Recipient System (eDRS) is a system run by the Food and Nutrition Service (FNS). It tracks clients who have been disqualified from Food Support (FS) across the nation for violating FS program rules.

DHS will process a monthly match for clients who are receiving FS in Minnesota but who may be disqualified from receiving FS due to a fraud disqualification in another state. Case workers will receive notification of this disqualification through an email from DHS Program Integrity Staff.

For both open and closed cases, follow the steps outlined in TEMP Manual TE02.08.127 (FS Electronic Disqualified Recipient System). These steps need to be completed so the client will not receive any food benefits they are not eligible for in the future.

WB, DWP, MSA, GA, GRH:

No provisions.

Participants of cash assistance and Food Support are protected from having their assistance benefits or wages garnished.

This protection extends for 6 months after eligibility for assistance ends

The data practices law prevents public agencies from releasing information about eligibility, including the date assistance was lost, to private creditors without client authorization. If a client solicits an affirmation of protection after being threatened with an attachment action, give the client a letter upon request.

County agencies may advance the date for action to obtain enforcement on judgments for public assistance overpayments when repayment agreements are not established or a debtor becomes delinquent on a payment plan.

County agencies may initiate attachment actions against clients with overpayments who lost public assistance eligibility at least 6 months previously.

MFIP, WB, DWP, FS, MSA, GA, GRH:
Follow general provisions.

As a condition of receiving assistance, clients must cooperate in trying to get support from financially responsible people not in the home. Do not withhold any part of a client's benefits because financially responsible people refuse to contribute.

MFIP, DWP:

Non-custodial parents, some parents of unemancipated minor caregivers, and some sponsors of immigrants are financially responsible to contribute to the unit.

- Refer non-custodial parents of minor children to the county agency IV-D unit. The IV-D unit will determine, together with existing court orders, the amount of support the non-custodial parents must contribute.

  NOTE: Married parents who are currently serving in the military away from home are considered to be custodial parents. Do not refer to IV-D when there is no breakdown in the marital relationship. See TEMP Manual TE02.10.90 (Military Families Receiving FS, MFIP or DWP) for MAXIS workarounds.

- The county agency IV-A section computes the contribution amount for an unemancipated minor caregiver's parents who do not live with the child, according to the instructions in §0025.30.03 (Contributions From Parents Not in Home). (This provision does not apply to minor caregivers' parents who receive MFIP, SSI, MA, MSA, GA, or GAMC, unless there is an existing court order for support.). Notify the parent to send the payment to the minor caregiver or to the county agency. See §0026.24 (Notice of Relative Contribution). Contributions the minor caregiver receives are unearned income.

  If IV-D action had already been brought against a non-custodial parent of a minor caregiver, IV-D must continue action to enforce support and obtain recovery.

- To determine if a sponsor must contribute to the unit, see §0011.03 (Citizenship and Immigration Status), §0015.48 (Whose Assets to Consider), §0015.48.03 (Whose Assets to Consider - Sponsors W/I-864), §0015.48.06 (Whose Assets to Consider - Sponsors W/I-134), §0016.21 (Income of Sponsors of Immigrants With I-134), §0016.21.03 (Income of Sponsors of Immigrants with I-864).

WB: Follow MFIP/DWP, EXCEPT references to IV-D referrals do not apply.

FS: Sponsors of some immigrants must contribute to the sponsored person. To determine if and how much sponsors must contribute, see §0011.03 (Citizenship and

Immigration Status), §0015.48 (Whose Assets to Consider), §0015.48.03 (Whose Assets to Consider - Sponsors W/I-864), §0016.21 (Income of Sponsors of Immigrants With I-134), §0016.21.03 (Income of Sponsors of Immigrants with I-864).

MSA: Follow FS.

GA: Follow MFIP with the following EXCEPTION: Although sponsors of immigrants who do not live with the immigrant are financially responsible for the person, count only income and assets they actually contribute to the immigrant's household for sponsors who executed the I-134 (Affidavit of Support). See §0015.48 (Whose Assets to Consider), §0016.21 (Income of Sponsors of Immigrants With I-134), §0025.30.03 (Contributions From Parents Not in Home).

GRH: Follow MSA for aged, blind, and disabled clients. Follow GA for all other adults.

MFIP, GA:

Do not require a contribution from legal guardians.

Do not determine parental contributions for parents who have an existing court order for support in place. The non-custodial parent's financial contribution for the child(ren) is being met by the child support obligation so no parental contribution is necessary.

Determine parental contribution amounts for a minor caregiver's parents who are not living with the minor caregiver. This provision does not apply to emancipated minors. For parents who live with the minor caregiver, see §0016.18 (Income of Inel. Parent/Guard. of Minor Crgvr).

The minor caregiver must cooperate in trying to get support from his/her parent(s). Do not withhold benefits because a minor caregiver's parents refuse to cooperate.

Refer a minor caregiver's parent who does not cooperate to the county attorney.

To determine the amount a minor caregiver's parents must pay when the minor is not living with the parent:

1. Request the following information from the parent(s):

   - The amount of earned and unearned income for the previous tax year.
   - The current month's income amount.
   - The names of each dependent the minor's parent could claim on federal income taxes.
   - The amount of annual medical bills the person pays.
   - The amount of annual housing costs the person pays.
   - The amount of utility and home repair costs the person pays.
   - The amount of annual educational costs the person pays for family members.

2. Determine income:

   a. Determine the gross income of the parent. Follow the same method as for units with income. See §0017 (Determining Gross Income).

   b. Determine family size. Count each person who the minor's parent claims or could claim as a dependent on federal income tax forms. Do not count the minor caregiver and his/her children.

   c. Combine the family's medical, educational, and housing costs. If the combined costs exceed 30% of the gross income, deduct the amount in excess of 30% from the gross income. This is the net income.

3. Compare the minor caregiver's parent's net income to the following scale:

Family Size	
1	$ 9,288
2	$ 12,432
3	$ 15,576
4	$ 18,720
5	$ 21,864

Add $3,144 for each additional family member.

The parent's required annual contribution is 1/3 of the income that exceeds the amounts above. See §0026.24 (Notice of Relative Contribution).

4. Review the minor caregiver's parent's income annually or when the person reports a change.

WB: Follow MFIP EXCEPT the minor caregiver is NOT required to cooperate in trying to get support from his/her parent(s).

DWP, FS, MSA, GRH:
No provisions.

GA: Follow MFIP. This includes minors on GA.

MAXIS will send clients written notice of:

- Approval or denial of their applications.
- A delay in acting on their applications.
- Their benefit levels.
- Changes affecting their benefits.
- Reinstating their benefits.
- Changes in the method of payment.
- A change that did not affect their benefits, when they reported the change on a Change Report Form (DHS-2402).
- Changes in reporting requirements.

Give responsible relatives written notice of the amount they must contribute toward a client's assistance. MAXIS does not issue this notice; you must issue it manually.

Information on notices of action is in:

§0026.03	Content of Notices.
§0026.06	Notice - Approval of Application or Recert.
§0026.09	Notice of Processing Delays.
§0026.15	Notice of Denial, Termination, or Suspension.
§0026.18	Notice of Change in Benefit.
§0026.21	Notice of Change in Issuance Method.
§0026.24	Notice of Relative Contribution.

MAXIS will notify clients of actions and the reason for the actions in advance whenever appropriate. For participants, notices of adverse action must meet specific time frames or you cannot take the action. See:

§0026.12	Timing of Notices.
§0026.12.03	10 Day Notice.
§0026.12.06	5 Day Notice.
§0026.12.09	Adequate Notice.
§0026.12.12	When Not to Give Additional Notice.

§0026.12.15 When to Give Retroactive or No Notice.
§0026.12.18 Cash Cut-Off Notice.
§0026.12.21 Voluntary Request for Closure Notice.

Some circumstances require additional notice information or specific forms:

§0026.27 Notice of Mass Changes.
§0026.30 Notice, Disqualification of Authorized Rep.
§0026.33 Notice, Denying Good Cause for IV-D Non-Coop.
§0026.39 Notice of Overpayment and Recoupment.
§0026.42 Notice of Incomplete or Missing Report Form.
§0026.45 Notice of Food Support Expiration.
§0026.51 Notices - Chemical Use Assessment.

Notify MFIP, WB, DWP and FS clients of the Income Eligibility Verification System (IEVS). Use the IEVS forms to request verification or notify clients of eligibility changes resulting from IEVS matches. See §0026.48 (Notices - IEVS).

Employment services programs also have specific notice requirements. See §0028.33 (Employment Services/FSET Notice Requirements).

The Minnesota Government Data Practices Act requires county agencies to tell clients why they need information before asking for it. See §0003.09.06 (Client Rights - Data Privacy Practices).

All notices to clients must be in writing and contain the following information:

- What the action is.
- The reason for the action.
- The effective date of the action.
- The legal authority for the action.
- The right to appeal. See §0027 (Appeals).
- The conditions under which they may continue to get assistance pending the outcome of the appeal. See §0027.15 (Continuation of Benefits).
- Their responsibility to repay assistance if they lose the appeal. See §0027.15 (Continuation of Benefits).
- Language block and the American's With Disabilities Act (ADA) statement. See TE02.13.43 (Alternate Format of Client Notices & Forms), TE12.03 (DHS Language Block).

In most cases, MAXIS will produce a standard notice. Some circumstances require you to add notes to the standard notice or to use a specific form. See §0026 (Notices) for a list of sections with special circumstances.

NOTICE - APPROVAL OF APPLICATION OR RECERT. 0026.06

MAXIS will notify clients of approval of their application or request for recertification within the time frames in §0005.12.15 (Application Processing Standards), §0009.06 (Recertification Process). The content requirements listed below are in addition to the requirements in §0026.03 (Content of Notices).

MAXIS will use the appropriate reason codes and authority when informing clients of benefit eligibility.

See §0026.15 (Notice of Denial, Termination, or Suspension) for requirements for sending denial notices.

Provide clients a notice if they withdraw an application before you process it. See §0005.12.18 (Withdrawing an Application).

MFIP, WB, DWP, MSA, GA, GRH:

The notice will include:

- The level of benefits.
- When benefits begin.

FS: The notice will include:

- The beginning and ending date of the certification period.
- When benefits begin.
- The level of benefits.
- Variations in the benefit level based on changes anticipated at the time of certification. Also see §0026.12.12 (When Not to Give Additional Notice).

NOTICE OF PROCESSING DELAYS 0026.09

MAXIS will notify clients when it will take longer than the allowable time standards to process their application. See §0005.12.15 (Application Processing Standards).

MAXIS will send the notice by the end of the processing period. The notice will include:

- The cause of the delay, and whether the delay was caused by the agency or the client.
- What steps, if any, the client must take to complete the process.
- A statement that they must report any changes in circumstances since the date of application.
- The information listed in §0026.03 (Content of Notices).

In cases of agency delay, initiate an additional notice to the client using the SPEC/MEMO function in MAXIS. Include the exact cause of the processing delay and what steps, if any, the client must take to complete the process.

TIMING OF NOTICES 0026.12

MAXIS will send notices of approved, increased, and supplemental benefits before the effective date whenever possible. The client is eligible for the approved or increased benefits even if you do not send advance notice of the action.

Before taking most adverse actions, notify the client of the action and allow time for a response. The time you must allow varies according to the proposed action and its cause.

See the following sections for information on circumstances where different time limits apply:

§0026.12.03	10 Day Notice.
§0026.12.06	5 Day Notice.
§0026.12.09	Adequate Notice.
§0026.12.12	When Not to Give Additional Notice.
§0026.12.18	Cash Cut-Off Notice.
§0026.12.21	Voluntary Request for Closure Notice.

Count the day you mail a notice as the 1st day of the notice period. Count the day before the effective date of action as the last day of the notice period.

The effective date of action is 12:01 a.m. on the date listed on the notice. When an adverse action ends ongoing monthly benefits, MAXIS will use the 1st of the month as the effective date of action.

Most adverse actions require a 10-day advance notice. MAXIS will issue a 10-day notice unless you override the notice.

For coding and 10-day notice procedures for a client with whereabouts unknown, see TEMP Manual TE02.08.012 (Returned Mail Processing).

See the following sections for specific situations that have additional or different requirements:

§0026	Notices.
§0026.12.06	5 Day Notice.
§0026.12.09	Adequate Notice.
§0026.12.12	When Not to Give Additional Notice.
§0026.12.15	When to Give Retroactive or No Notice.

MFIP: 10-day notice must be given for the following:

- Death of a child or the 2nd caregiver.
- Absence of a member of the assistance unit from the home which does not meet temporary absence. See §0014.09 (Assistance Units - Temporary Absence).
- Approval of assistance unit member to receive assistance in another state.

Also see §0026.12.18 (Cash Cut-Off Notice), §0026.12.21 (Voluntary Request for Closure Notice).

WB, DWP, FS, MSA, GA, GRH:
Follow general provisions.

MFIP, WB, DWP:

No provisions. See §0026.12.18 (Cash Cut-Off Notice).

FS: No provisions.

MSA, GA, GRH:

A 5-day notice is timely if the agency verifies it should reduce, suspend, or terminate benefits because of probable fraud by the participant. See §0025.24 (Fraudulently Obtaining Public Assistance).

Adequate notice of a change, termination, or suspension is notice you issue no later than the effective date of the action.

Give adequate, rather than 10-day, notice of a change in these situations:

- An approval of assistance or an increase in benefits. The client is eligible for the approved or increased benefits even without advance notice of the action.

- A client submits a signed Household Report Form (HRF) or Combined Six-Month Report (CSR) (or a signed Combined Application Form (CAF) at recertification) with information requiring a change that you can determine solely from the HRF or CSR or the CAF.

  Do not use adequate notice to reduce benefits or terminate a program when the client completes a CAF to apply for a new program and the on-going program is not due for recertification. See §0026.06 (Notice - Approval of Application or Recert.), §0026.15 (Notice of Denial, Termination, or Suspension).

- A participant provides information in writing and acknowledges in writing that the result will be reduction or termination of assistance.

- Another state has approved the unit for assistance for the same period.

MFIP, WB, DWP:
No provisions. See §0026.12.18 (Cash Cut-Off Notice), §0026.12.21 (Voluntary Request for Closure Notice).

FS: Give adequate notice when:

- A unit moves out of state and will not be able to get their next allotment. Notify the unit of termination no later than the date they would receive the next allotment. Do not delay the termination to provide advance notice. If the unit has already moved, you do not need to send a notice.

- A unit makes a request in writing or in the presence of a financial worker to end their Food Support. In this case, the notice is a letter to the unit confirming the termination of benefits. The letter does not entitle the unit to the same rights as a notice of adverse action. It does give the unit the right to a fair hearing. If the request to end benefits is not in writing or in the presence of a financial worker, you must send a 10-day notice.

- You disqualify a person from FS and/or reduce or terminate the grant due to a fraud conviction by the court, an ADH, a court approved pre-trial diversion plan, or a disqualification consent agreement. This is true whether or not the date set by a court allows for advance notice. Send the client the Notice of Disqualification for Intentional Program Violation (DHS-3134) to take the action in addition to the MAXIS generated adequate notice. See §0025.24.06 (Disqualification for Fraud). This action is not appealable. However, if a client wishes to appeal, forward the appeal request to the DHS Appeals Office. See §0027.03 (Appealable Issues).

MSA: Give adequate notice when:

- A participant dies.
- A participant makes a written request to end assistance.
- The payee dies and no other relative will be payee.
- A participant enters an institution where the participant will be ineligible for MSA. See §0011.12 (Institutional Residence).
- The post office returns a participant's mail and you cannot locate the participant. If you locate the participant before the end of the period for which you issued the benefit, give the participant the benefit.
- You disqualify a person from MSA and/or reduce or terminate the grant due to a fraud conviction by the court, an ADH, a court approved pre-trial diversion plan, or a disqualification consent agreement. This is true whether or not the date set by the court allows for advance notice. Send the client the Notice of Disqualification for Intentional Program Violation (DHS-3134) to take the action in addition to the MAXIS-generated adequate notice. See §0025.24.06 (Disqualification for Fraud).

GA: Give adequate notice when:

- A participant dies.
- A participant asks in writing to end assistance. Evaluate the reason for the termination and determine if an overpayment exists. See §0025.03 (Determining Incorrect Payment Amounts), §0026.15 (Notice of Denial, Termination, or Suspension).

- The payee dies and no other relative will be payee.
- A participant enters an institution where the participant will be ineligible for assistance. See §0014.09 (Assistance Units - Temporary Absence).
- You process the application during the month of application and the client is eligible only for that month. See §0026.15 (Notice of Denial, Termination, or Suspension).
- The post office returns a participant's mail and the county agency cannot locate the participant. If you find the participant before the end of the period for which you issued the benefit, give the participant the benefit.
- A person is disqualified from this program and/or the grant is reduced or terminated due to a fraud conviction by the court or an Administrative Disqualification Hearing. This is true whether or not the date a court sets allows for advance notice. Send the client the Notice of Disqualification for Intentional Program Violation (DHS-3134) as well as the MAXIS generated adequate notice. See §0025.24.06 (Disqualification for Fraud).
- A participant verifies that a member of the unit is absent from the home and does not meet temporary absence provisions. See §0014.09 (Assistance Units - Temporary Absence).
- A court removes a GA eligible child from an MFIP household.
- You reinstate eligibility for a unit you terminated for failure to provide an HRF, you receive a complete HRF in the calendar month after the month the HRF was due, and the unit is otherwise eligible. See §0007.03.06 (Processing a Late HRF).

GRH: Follow general provisions.

WHEN NOT TO GIVE ADDITIONAL NOTICE 0026.12.12

County agencies do not have to give additional notice before acting when a client loses an appeal. The original notice and the appeal decision are the client's notice.

MFIP, WB, DWP, MSA, GA, GRH:
Follow general provisions.

FS: County agencies do not have to give additional notice in these circumstances:

- A client's benefit levels decrease in the second month of participation and the client was notified of this at certification.
- Clients apply for cash assistance and Food Support on the same CAF, and receive Food Support pending the approval of cash assistance. Notify clients at certification that their Food Support benefits will decrease if the county agency approves cash assistance.
- The agency certifies clients on an expedited basis and postpones verifications. See §0004.15 (Emergencies - Postponed Verification Notice). Notify clients at certification that their Food Support benefits will be terminated if they fail to provide postponed verifications.
- The agency begins recoupment after clients fail to make agreed upon repayments, and do not negotiate a new repayment schedule. See §0025.15 (Order of Recovery - Participants).

WHEN TO GIVE RETROACTIVE OR NO NOTICE 0026.12.15

See specific program provisions below for when you may take action without giving notice and when you may send notice that you are taking action retroactively.

MFIP, WB, DWP, MSA, GA, GRH:
No provisions.

FS: If all members of a unit have died, you do not need to send notice of denial or termination.

MFIP, WB, DWP:

A cash cut-off notice is a notice sent by MAXIS by the cash cut-off date, which is generally 4 working days before the end of the month.

Give a cash cut-off notice when:

- The payee dies and no other relative will be payee.
- A participant asks in writing to end assistance.
- You receive factual information to reduce, suspend, or terminate assistance based on failure to report changes timely.
- You disqualify a person and/or reduce or terminate the grant due to a fraud conviction by a court or an Administrative Disqualification Hearing. This is true whether or not the date a court sets allows for an earlier notice. Send the client the Notice of Disqualification for Intentional Program Violation (DHS-3134) as well as the MAXIS-generated cash cut-off notice. See §0025.24.06 (Disqualification for Fraud).
- You have received verification that a member of the assistance unit has entered a regional treatment center or a licensed residential facility for medical or psychological treatment or rehabilitation.
- You have received verification that a member of the assistance unit has been removed from the home as a result of a judicial determination or placed in foster care, and temporary absence does not apply. See §0014.09 (Assistance Units - Temporary Absence).
- You cannot locate the caregiver.

FS, MSA, GA, GRH:

No provisions.

MFIP, WB, DWP, FS, MSA, GA:

This notice allows a caregiver to make a written request for closure after cash cut-off but before the 1st of the next payment month. It is likely most requests for case closings will not fall within this short amount of time, but it is important to allow caregivers to have their cases canceled as soon as possible.

Inform applicants and participants you must receive a written request for closure no later than the last day of a month when they want to have their assistance terminated for the next month.

A voluntary request for closure notice does not have to be mailed by the last day of the month, but it must be mailed within the month of cancellation. MAXIS will mail the notice after ineligible results are approved.

In addition to a notice of closure, officially closing a case due to a voluntary request will require the following:

- If benefits are issued via EBT, participants must be informed they must not access benefits issued for the month of cancellation.
- Direct deposit benefits may be returned via Automated Clearing House (ACH).
- Vendored warrants must be returned uncashed. The participant must make arrangements with the vendor to return the vendor's warrant uncashed.

  NOTE: For GA and MSA participants, the county must seek the return of vendored payments rather than the participant.

- For payments via warrant, the participant must return the warrant uncashed.

Send e-mail to BENE to have the benefits returned by the 14th of the cancellation month. See TEMP Manual TE02.10.80 (Voluntary Request for Closure) for MAXIS procedures.

Create and approve ineligible results in MAXIS. Update the TIME panel for MFIP cases to show non-participation.

Review eligibility for other programs.

GRH: No provisions.

Give applicants who are ineligible for a program a denial notice. Provide the notice no later than the end of the application processing period. See 0005.12.15 (Application Processing Standards).

When you approve an application for 1 cash assistance program, do not send a notice of denial for other cash assistance programs, with the EXCEPTIONS noted below.

When denying an application because clients only submitted page number 1 of the Combined Application Form (CAF), deny for all programs.

For most situations, give at least a 10-day notice before terminating or suspending benefits. See 0026.12.03 (10 Day Notice). There are some EXCEPTIONS. See 0026.12.06 (5 Day Notice), 0026.12.09 (Adequate Notice), 0026.12.12 (When Not to Give Additional Notice), 0026.12.15 (When to Give Retroactive or No Notice), 0026.12.18 (Cash Cut-Off Notice), 0026.27 (Notice of Mass Changes).

Notices of denial, ineligibility, termination, or suspension must contain the information listed in 0026.03 (Content of Notices).

MFIP:
When you process a case in the application month and the client is eligible for MFIP for that month but not for the next months, MAXIS will issue separate approval and denial notices for each month. See 0005.12.15 (Application Processing Standards).

If you find the unit ineligible for MFIP, and they did not request Food Support on the CAF, ask them if they want Food Support. If they do, determine eligibility for the entire Food Support unit, using normal Food Support policies. The original date of application is the Food Support request date.

When you close an MFIP unit due to ineligibility or the 60-month time limit and the unit remains eligible for FS, indicate in the closing notice that the unit is eligible for FS and does not need to contact the county office unless the unit wishes to decline FS benefits.

If you close an MFIP unit that contains an Uncle Harry Food Support (UHFS) unit, you must add the MFIP unit members to the Uncle Harry Food Support unit the 1st day of the month the unit is no longer eligible for MFIP. These units become non-public assistance FS units and are subject to all the provisions of the FS program. Send a closing notice for Food Support if adding the new members result in the unit's ineligibility for Food Support.

WB:
When you process a case in the transition month and the client is eligible for WB for that month but not for the next months, MAXIS will issue separate approval and denial notices for each month. See 0005.10 (Minnesota Transition Application Form (MTAF)).

DWP, MSA, GA, GRH:
Follow general provisions.

FS:
If a unit is eligible for the month of application but ineligible for subsequent months, MAXIS will issue separate approval and denial notices for each month. See 0026.12.09 (Adequate Notice).

NOTICE OF CHANGE IN BENEFIT 0026.18

For most situations, give at least a 10-day notice before decreasing benefits. See §0026.12.03 (10 Day Notice). There are some EXCEPTIONS. See:

§0026.12.06	5 Day Notice.
§0026.12.09	Adequate Notice.
§0026.12.12	When Not to Give Additional Notice.
§0026.12.18	Cash Cut-Off Notice.
§0026.12.21	Voluntary Request for Closure Notice.
§0026.27	Notice of Mass Changes.

If clients report a change which does not result in a change in benefits, send them written notice of no change in benefits.

Notices of change in benefits must contain the information listed in §0026.03 (Content of Notices).

Adequate notice of an increase in benefits is enough. Clients can get increased benefits even without adequate notice.

NOTICE OF CHANGE IN ISSUANCE METHOD 0026.21

Notify clients at least 10 days before changing their benefit issuance method, unless they ask for the change in writing. See §0024.09 (Protective and Vendor Payments).

Notify clients whether the change is to or from issuing benefits directly to them.

The notice must contain all of the information listed in §0026.03 (Content of Notices).

The initial notice of approval for benefits does not have to state the method of issuance.

MFIP, WB:

Notify clients when a county agency review shows the need to continue protective payments. See §0024.09 (Protective and Vendor Payments).

DWP, GRH:

No provisions.

FS: Follow general provisions.

MSA: Notify clients when a county agency review of protective, mandatory vendor, or mandatory 2-party payments shows the need to continue them.

GA: In addition, specific provisions apply for notice of change in issuance method relating to referral for chemical use assessment. See §0012.30 (Chemical Use Assessment), §0024.09.03 (Choosing Protective Payees), §0024.09.09 (Discontinuing Protective and Vendor Payments), §0024.09.12 (Payments After Chemical Use Assessment).

NOTICE OF RELATIVE CONTRIBUTION 0026.24

MFIP, WB, DWP:

A minor caregiver's parents who do not live in the minor's home may have to make a financial contribution. See §0025.30 (Financial Responsibility, People Not in Home).

Notify a minor caregiver's parents of:

- The amount of their contribution.
- When the contribution is due.
- Where to send the payment.
- What will happen if they refuse to pay.
- The contribution calculations.
- The reason for the action.
- The legal authority the agency has to require contributions.
- The right to appeal the decision.

Also notify relatives of any change in the contribution amount. The notice of change must include the same items as the original notice.

FS, MSA, GA, GRH:

No provisions.

NOTICE OF MASS CHANGES 0026.27

A mass change is a change caused by a federal or state policy which affects all or many clients. Common types of mass changes are adjustments in assistance standards and changes in allowable deductions.

MFIP, WB, DWP, MSA, GA, GRH:
Treat mass changes the same as any other change.

FS: For benefit changes due entirely to federal changes in the following items, notify clients of the change before the benefit issuance date:

- The Thrifty Food Plan. See §0022.12.01 (How to Calculate the Benefit Level - FS/MSA/GRH).
- The standard disregard. See §0018.21 (Standard Disregard).
- The shelter deduction. See §0018.15 (Shelter Deduction).
- The dependent care deduction. See §0018.09 (Dependent Care Deduction).
- The income eligibility standards. See §0020.12 (Food Support Assistance Standards).

It is not necessary to use personalized notices. For example, posters in certification offices or a mailed general notice to all affected clients are sufficient.

For all other benefit changes due to a mass change, notify clients prior to their benefit issuance date. The notice must include the information in §0026.03 (Content of Notices). It is not necessary to use personalized notices or include the client's new benefit level. Do include an example of the effect of the change on benefits. This provision applies to benefit changes due to cost-of-living adjustments to SSI, RSDI, VA, or other programs under Title 38 of the United States Code of Federal Regulations and the Black Lung Program. See §0022.03 (How and When to Use Prospective Budgeting), §0022.06 (How and When to Use Retrospective Budgeting).

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: See §0005.06.06 (Disqualifying Authorized Representatives) for information on when to disqualify an authorized representative.

MAXIS will send a notice to the client and the client's authorized representative 30 days before the date of disqualification. The notice must include all the information listed in §0026.03 (Content of Notices).

This provision does not apply to drug and alcohol centers and group homes that appoint authorized representatives for clients.

NOTICE, DENYING GOOD CAUSE FOR IV-D NON-COOP 0026.33

MFIP: A client may claim good cause for not cooperating with IV-D. See §0012.21.06 (Child Support Good Cause Exemptions). When a good cause claim is denied by a joint IV-A/IV-D committee, notify the client of these options:

- To cooperate with the IV-D agency.
- To withdraw the entire application.
- To appeal the decision.
- To refuse to cooperate and have the unit's grant reduced by a percentage of the Transitional Standard.

The notice must also have the information given in §0026.03 (Content of Notices).

Clients may choose to refuse to cooperate and have their unit's grant reduced by 30% of the Transitional Standard. See §0012.21 (Responsible Relatives Not in the Home).

See §0028.30 (Sanctions for Failure to Comply - Cash) and §0028.30.03 (Pre 60-Month Type/Length of ES Sanctions) for how to sanction a case that has child support and an additional sanction(s) at the same time.

WB, FS, GA, GRH:
No provisions.

DWP: Follow MFIP. However, disqualify any family unit that includes a participant who fails to comply with DWP Child Support Enforcement requirements, without good cause. Provide written notice to the participant prior to disqualifying the family unit. The disqualification does not apply to Food Support.

A participant who has been disqualified from DWP due to noncooperation with Child Support may regain eligibility by complying with Child Support requirements. Once a family unit has been reinstated, issue prorated benefits for the remaining portion of the month.

See §0028.30 (Sanctions for Failure to Comply - Cash) for sanction information.

MSA: No provisions; however, MSA clients must follow MA requirements to maintain automatic eligibility for MA. See the Health Care Programs Manual.

In addition to the information listed below, the notice of overpayment must contain the information specified in §0026.03 (Content of Notices).

For more information on how and when to cite an overpayment, see §0025.03 (Determining Incorrect Payment Amounts). For which method of overpayment recovery to use, see §0025.15 (Order of Recovery - Participants), §0025.18 (Order of Recovery - Non-Participants). For procedures on demand notices, see Temp Manual TE02.09.11 (Demand Letters for Overpayments).

MFIP, WB, DWP, GA:

Send claim notices to current and former participants.

MAXIS will generate the Notice of Overpayment for cases on MAXIS. The notice includes:

- The amount of overpayment.
- The time during which the overpayment occurred.
- The requirement that the client repay the overpayment.
- The county agency's intent to recover the overpayment.

If the overpayment results from budgeting computation, mail the client a manually completed:

- Computation of MFIP Overpayment Worksheet (DHS-2776).

OR

- Computation of DWP Overpayment Worksheet (DHS-4436).

OR

- Computation of Work Benefit Overpayment Worksheet (DHS-2776B).

This applies to all cases whether or not they are on MAXIS.

MAXIS will notify clients of recoupment, using the Cash Notice of Overpayment. MAXIS will send the notice of action each time the benefit/recoupment amount changes.

FS: MAXIS will generate the Food Stamp Notice of Overpayment/Fraud Demand Letter for cases on MAXIS. The notice includes:

- The amount of overpayment.
- The time during which the overpayment occurred.
- The requirement that the client repay the overpayment.

If sponsors of immigrants must repay an overpayment, send a notice to both the immigrant and the sponsor. Include a statement telling the sponsors they do not have to repay if they gave incorrect information due to reasons beyond their control.

Before starting recoupment, give 10-day written notice. Until recertification, give 10-day notice each time the recoupment amount increases. Once clients are recertified, advance notice is not necessary each time the recoupment amount changes.

MSA: MAXIS will generate the Notice of Overpayment for cases on MAXIS. The notice includes:

- The amount of overpayment.
- The time during which the overpayment occurred.
- The requirement that they repay the overpayment.
- The county agency's intent to recover the overpayment.

If the overpayment results from unbudgeted income or expenses, mail a manually completed Community Minnesota Supplemental Aid Budget Worksheet (DHS-2708) to the client.

Send the notice at least as far ahead of the proposed action as the circumstances require. See §0026.12.03 (10 Day Notice), §0026.12.06 (5 Day Notice), §0026.12.09 (Adequate Notice).

GRH: Follow general provisions.

NOTICE OF INCOMPLETE OR MISSING REPORT FORM 0026.42

MAXIS will send a notice of termination at least 10 days before the effective date to clients who fail to submit a required Household Report Form (HRF) (DHS-2120) or Combined Six-Month Report (CSR) (DHS-5576).

The notice will contain the information in §0026.03 (Content of Notices) and the information listed below for each program.

For incomplete forms, send the Notice of Late or Incomplete Household Report Form, Health Care Renewal Form or Combined Six-Month Report (DHS-2414) using the time frames in §0007.12.06 (Incomplete HRF/CSR). Include the following information:

- When the HRF or CSR was received.
- The date the completed HRF or CSR was due.
- Which items were missing.
- That they must complete the missing items and return the form.
- The date by which they must return the HRF or CSR.
- What items of verification they must provide.
- If clients sign or send in a HRF before the end of the month for which they were reporting, tell them to sign and date the form again on or after the last day of the report month.

See §0007 (Reporting).

MFIP, WB, GRH:
Follow general provisions.

DWP: No provisions. See §0007.15 (Unscheduled Reporting of Changes - Cash).

FS, MSA:
The notice will inform clients they will receive benefits retroactive to the 1st day of the month the agency receives the completed HRF or CSR if they submit it in the month following the month in which it was due. They must meet all other eligibility requirements.

GA: The notice will inform clients they will receive benefits prorated from the date the agency receives the completed HRF if they submit it in the month following the month in which it was due. They must meet all other eligibility requirements.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: It is not necessary to send a notice of Food Support expiration to clients who applied and were certified for Food Support and cash assistance on the same CAF, and the end of eligibility periods for those programs coincide.

For all other clients, MAXIS will send a notice of Food Support expiration before the last month of their certification period. MAXIS will send the notice during the month before the last month of the certification period.

Give the expiration notice at certification to clients certified for only a 1- or 2-month period. The notice must include:

- The date their certification ends.
- The date by which they must file an application for recertification to provide for uninterrupted benefits. See §0009 (Recertification).
- Their right to request an application and have the agency accept it when they sign it, and the name and address are legible.
- The address of the office to file the application.
- Their right to file the application by mail or through an authorized representative.
- That they must attend an interview and reschedule any interview they miss.
- That they must provide mandatory verification items requested at the interview.
- That if every unit member receives SSI, they may apply for recertification at the local SSA office.

The notice must also contain all of the information listed in §0026.03 (Content of Notices).

MFIP, WB, DWP, FS:

At application and recertification, notify clients of the Income and Eligibility Verification System (IEVS). Use the Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759).

When an IEVS report differs from the case record, contact the client for verification by generating the IEVS Difference Notice on MAXIS. See §0010.24.06 (Resolving IEVS Matches). Send the notice by using the Verification Log Update (IULA and IULB) panels from REPT/IEVC or INFC/IEVP. The notice contains a release of information form.

- The client has 10 days to respond and cooperate with verifying the match information. Clients may provide verification of the income listed in the notice or may sign and return the release of information attached to the notice.

- If there is a discrepancy in information, initiate an IEVS Difference Notice. However, if your county agency has written procedures allowing fraud investigators to resolve matches, refer the case to fraud instead of sending the IEVS Difference Notice to the client. The investigator must verify the information within the same time line required of the financial worker.

- When the client cooperates, enter the MAXIS code for the client's response.

- If you do not enter a code showing cooperation and 10 days have passed, MAXIS produces a message on your DAIL/DAIL. The message tells you to terminate or deny eligibility and create a disqualification (DISQ) panel. The DISQ panel inhibits eligibility.

- Refer cases for fraud investigation when an IEVS match results in an overpayment meeting county fraud referral guidelines, or when the client does not cooperate with resolving IEVS matches and there is a potential overpayment as a result of the IEVS match.

When ending, reducing, or denying eligibility as a result of an IEVS match, notify the client using the Notice of Denial, Termination, or Suspension on MAXIS. See §0026.15 (Notice of Denial, Termination or Suspension).

MSA, GA, GRH:

No provisions.

MFIP, WB, DWP, FS, MSA, GRH:

No provisions.

GA: See related provisions in §0012.30 (Chemical Use Assessment), §0024.09.12 (Payments After Chemical Use Assessment).

Send a notice of referral for a chemical use assessment informing the client of:

- The basis for the referral.
- The name, address, and phone number of the person to contact to schedule the assessment; or the time, date, and location of the assessment if one has already been scheduled.
- The fact that the client's GA may be paid in the form of vendor payments.
- The client's right to appeal the county agency's decision to refer the client for an assessment, and the right to appeal the assessment results when the assessment has been completed.

When an assessment indicates that the client is drug dependent, notify the client within 15 days after the date of the chemical use assessment, or within 30 days after the date of referral if the client failed to participate. Send the notice at least 10 days before you begin making vendor payments. The notice must include:

- Your decision to vendor pay and the basis for that decision.
- The date you will begin making vendor payments.
- The circumstances under which vendor payment may be removed.
- The client's right to appeal.

People who are dissatisfied with county agency decisions can appeal for a review of the matter by the DHS Appeals Office. Most Food Support appeals are decided within 60 days of the date of request for a hearing; other programs within 90 days. Appealable issues are discussed in 0027.03 (Appealable Issues). How to request an appeal is covered in 0027.09 (Appeal Requests).

Appeal rights are covered in 0027.06 (Client Appeal Rights). Also see 0003.09 (Client Rights).

See 0027.12 (Appeal Hearing Process) for appeal hearing procedures. Also, see 0027.18 (Effect of Appeal Decision) for information about how the county agency carries out an appeal decision.

Under the conditions in 0027.15 (Continuation of Benefits), people may continue to receive benefits during the appeal process.

Follow the appeal process regardless of the possibility of fraud.

APPEALABLE ISSUES 0027.03

Clients, former clients, and some people with financial obligations to clients may appeal any action by the county agency which affects benefits, program participation, or program requirements. Although some issues are not appealable, forward ALL appeal requests to the DHS Appeals Office. The Appeals Office will decide if an issue is appealable and convene a hearing.

Commonly appealed actions for all programs include:

- Denial, suspension, reduction, or termination of assistance.
- Benefit determinations.
- Denial of a good cause exemption.
- The county agency not acting on an application within the timeliness standards in §0005.12.15 (Application Processing Standards).
- The basis for an overpayment, calculated amount of an overpayment, and the level of recoupment.

The Appeals Office may deny or dismiss an appeal request if:

- The appellant withdraws it in writing.
- It is not received within the timeliness standard in §0027.09 (Appeal Requests).
- The client, financially responsible person, or representative fails to appear for a hearing and cannot show good cause for doing so.
- DHS has no jurisdiction to hear the appeal.

When an action affects participants' benefits or the contribution of someone determined financially responsible for them, provide them with written information on:

- The right to appeal to the county agency or directly to the DHS Appeals Office for a fair hearing.
- How to file an appeal.

Also provide this information at the time of application.

People also receive information from the Appeals Office regarding:

- The right to represent themselves at the hearing or to have another person represent them.
- The right to examine documents and records in the case file. Do not release information classified as confidential. See §0003.09.09 (Client Rights, Private and Confidential Data).
- The right to question or rebut any testimony or evidence given at the hearing.
- The right to submit evidence at the hearing to establish facts and circumstances in the case.

MFIP, WB, DWP, MSA, GRH:
Follow general provisions.

FS: The State Appeals Office can expedite hearing requests for people who plan to move out of the state before a hearing would normally be heard.

GA: Clients denied GA by the county agency may request an order from a district court to require GA payments. The court can order payments if it believes the client is likely to be eligible for benefits and will suffer severe harm if GA is not granted immediately. A court's refusal to order payment does not affect the client's right to follow the normal appeal process.

Refer all appeal requests to the State Appeals Office. Do this regardless of when you receive the request, and regardless of the client's reason for making a late appeal request. The Appeals Office will convene a hearing and decide the issue of timeliness or good cause at that time. Also see §0027.15 (Continuation of Benefits).

For written appeals, clients may use the Appeal to State Agency form (DHS-0033) or may send a letter indicating disagreement with the county agency's decision.

MFIP, **DWP:**

People must request an appeal hearing in writing and state what county agency action they are appealing.

People must request the appeal hearing no more than:

- 30 days after getting an MFIP Notice of Intent to Sanction (DHS-3175). See §0028.30 (Sanctions for Failure to Comply - Cash).

OR

- 30 days after getting the notice of proposed action, unless they show good cause for not making a request within that time. If they show good cause, they may appeal up to 90 days after getting the notice.

WB, MSA, GA, GRH:

People must request an appeal hearing in writing and state what county agency action they are appealing.

They must request the appeal hearing within 30 days of receiving a notice of proposed action, or show good cause for not requesting within that time. People may file an appeal up to 90 days after receiving the notice of proposed action if they show good cause for not filing within 30 days.

FS: People may request an appeal hearing orally or in writing. They must state what county agency action they are appealing.

People may appeal any agency action or benefits lost in the last 90 days. They may appeal a denial of restoration of lost benefits within the past year, and may appeal their benefit level at any time during a current certification period.

Send the written request for an appeal to the appeals office within 5 working days of receiving the client request.

Send the appeal summary to the client and the appeals office at least 3 working days before the date of the hearing.

Before the hearing, offer the client an agency conference to resolve the appealed issue informally. The conference must include a supervisor or the agency director. If the conference resolves the issue, ask the client to sign a written request to withdraw the appeal. Do not delay sending the appeal request to the Appeals Office pending an informal conference.

To allow for proper notification, the Appeals Office normally holds hearings at least 5 days (10 for FS) after it receives the appeal notice. Hearings can be held sooner if the client and Human Services judge consent. The Human Services judge may conduct a hearing face to face, or by telephone if the client agrees. County agencies must have equipment necessary to conduct telephone hearings (such as a telephone speaker attachment).

Summarize the issues (including timeliness) and county actions leading to the appeal on the State Agency Appeal Summary form (DHS-0035). Provide copies to the client and DHS. The client may give additional evidence at the hearing. Evidence given at the hearing is the basis for the Human Services judge's recommendation and the commissioner designee's decision.

The Human Services judge recommends an order to the commissioner designee, who then issues an order affirming, reversing, or modifying the action of the agency or DHS. If the commissioner designee disagrees with the Human Services judge's recommendation, each party has 10 days to present additional written arguments. The commissioner designee then issues a decision.

The client or the county agency may ask the commissioner designee to reconsider within 30 days after the date the commissioner designee issues the order. A request to reconsider should state the reason(s) the dissatisfied party believes the original order is incorrect. The commissioner designee may reconsider an order upon request of either party or on the commissioner designee's own motion, and will then issue an amended order or an order affirming the original order. The original order takes effect even if there is a request to reconsider.

The client or the county agency may also appeal to district court within 30 days after the date the commissioner designee issues, amends, or affirms an order. Either party may also appeal to district court to enforce an appeal decision.

The commissioner designee can order that the client receive benefits during the entire time of appeal.

MFIP, WB, DWP, MSA, GA, GRH:
Follow general provisions.

FS: Clients may also orally withdraw their request for a hearing. Send the client a notice indicating that you have withdrawn their request for a hearing per their oral request.

If a client requests an agency conference to contest a denial of expedited benefits, schedule it within 2 working days of the denial.

APPEAL HEARING EXPENSE REIMBURSEMENT 0027.12.03

Reimburse clients for reasonable and necessary expenses they incur to attend the hearing. Examples are:

- Transportation costs to and from the hearing for clients, their authorized representatives, and any witnesses. Use the same rate as is allowed as a flat rate deduction for self-employment transportation expenses. See §0017.15.33.12 (Self-Employment Transportation Expenses).

- Child care costs.

- Payment for a medical assessment.

In some cases participants may continue to receive benefits during the appeal process. Notify them that benefits will be an overpayment if they lose their appeal.

Unless participants request otherwise in writing, continue their benefits at the same level if they request an appeal before the effective date of the adverse action or within 10 days after the date of mailing the notice of adverse action, whichever is later.

If a notice period ends on a weekend or holiday, consider an appeal the unit makes on the next working day to be timely.

If a change not related to the issue under appeal occurs while benefits are continuing, notify the participant of any adverse action. Take the action unless it is also appealed.

MFIP: See §0028.30 (Sanctions for Failure to Comply - Cash) for information on sanction types and procedures.

WB: WB benefits cannot extend beyond the 24th consecutive month.

DWP: DWP benefits cannot extend beyond the 4th month.

FS: Offer continued benefits if they can show good cause for not appealing within the time limits noted in the general provisions.

Continue benefits until the Commissioner issues a hearing decision, the current certification period expires, or another change occurs which requires an adjustment, whichever occurs 1st.

If the certification period expires and people reapply, process the issue under appeal as it would normally be handled. They can file another appeal if they disagree with the new action.

Do not continue benefits which are reduced or terminated due to:

- A mass change. See §0026.27 (Notice of Mass Changes).
- Not receiving a Household Report Form (HRF) or Combined Six-Month Report (CSR), even if the client claims to have sent it. Inform the client that benefits cannot continue until an HRF or CSR is received. See §0007.03 (Monthly Reporting - Cash).

MSA, GA, GRH:

If caregivers appeal protective, vendor, or 2-party payments continue mailing benefits directly to them until the Commissioner issues an appeal decision. See §0024.09 (Protective and Vendor Payments). The appeal request must be made before the effective date of the action or within 10 days after the date of mailing the notice, whichever is later.

EFFECT OF APPEAL DECISION 0027.18

When a client wins an appeal, calculate and issue any corrective payments. See §0025.09 (Correcting Underpayments).

When a client who continues to receive benefits during the appeal process loses an appeal, stop or change benefits at the next issuance date. No notice is required at this time.

The Appeals Office attaches the Compliance With State Decision form (DHS-0666) to the appeal decision. Complete and return the form to them. Also return a copy of the Food Support Claim Determination Report (DHS-2136) and the Notice of Overpayment (DHS-2775) when an overpayment results from a decision affirming the county action.

If the appeal decision finds the client to be ineligible, calculate the amount the client must repay for all months the client continued to receive benefits. See §0025 (Benefit Adjustments and Recovery).

MFIP, DWP, and FS provide Employment Services to program participants. MFIP has exceptions from Employment Services requirements for certain participants. FS has exemptions from Employment Services requirements for certain participants. For those who are not exempt or do not meet an exception criteria, participation in Employment Services is mandatory. See §0028.06.02 (Universal Participation Provisions), §0028.06.03 (Who Must Participate in Empl. Services/FSET), §0028.06.10 (Who Is Exempt From FSET).

MFIP and DWP participants are served by the MFIP Employment Services (MFIP-ES) program. (For more specific information regarding this program, refer to the MFIP Employment Services Manual.)

FS participants are served by the Food Support Employment and Training (FSET) program. (For more specific information regarding this program, refer to the FSET Program Manual.) FSET provides services to Non-PA FS participant whose participation is mandatory (able-bodied adults between the ages of 18 and 50 without dependents).

Some FS participants are required to register for work. The client registers all assistance unit members who are required to be work registered by signing the Combined Application Form (DHS-5223) or the Combined Application - Addendum (DHS-5223C). See §0028.06.12 (Who Is Exempt From FS Work Registration).

Sanction or disqualify people if they do not cooperate with Employment Services requirements. See §0028.30 (Sanctions for Failure to Comply - Cash), §0028.20 (Failure to Comply - FSET), §0028.30.09 (Refusing or Terminating Employment).

Some programs require counties to orient clients to available Employment Services. See §0005.12.12.06 (Orientation to Financial Services), §0028.09 (ES Overview/FSET Orientation), §0028.09.03 (Content of ES Overview/FSET Orientation), §0028.09.06 (Exemptions From ES Overview/FSET Orientation).

Each county must provide an Employment Services component or contract with Employment Services Providers (ESPs) for such services. The county agency may choose to use the same or different providers for each Employment Services activity. FSET services must be provided through a Workforce Development Center unless such services are not available through a local Workforce Development Center.

The ESP and the county agency must develop procedures to ensure that clients comply with Employment Services requirements. The county agency must refer clients to the ESP, exempt clients when applicable, sanction clients when they do not comply with the requirements, and oversee the ESPs. For more information, see:

§0028.03 County Agency Empl. Serv. Responsibilities.
§0028.03.01 County Agency FSET Responsibilities.
§0028.06 Participation Requirements.
§0028.06.03 Who Must Participate in Empl. Services/FSET.
§0028.06.10 Who Is Exempt From FSET.
§0028.18 Good Cause for Non-Compliance--MFIP/DWP.

Employment Services programs may pay for some client Employment Services related expenses. See §0028.16 (Support Services).

For more information about Employment Services provisions, refer to the specific program headings and provisions in this chapter.

MFIP: The mission of MFIP-ES is to help participants make the transition from poverty to self-sufficiency through paid employment.

Use the time criteria in §0028.06 (Participation Requirements) to refer caregivers who do not meet an exception criteria to MFIP-ES. See §0028.06.03 (Who Must Participate in Empl. Services/FSET). Also see §0028.12 (Education Requirements).

WB: WB has no Employment Services requirements. At county option, support services may be provided. See §0028.16 (Support Services).

DWP: The goal of DWP is to provide short-term, necessary services and supports to families which will lead to unsubsidized employment, increase economic stability, and reduce the risk of those families needing longer term assistance under MFIP. Before issuing DWP benefits to a family unit, the caregiver or caregivers must, in conjunction with a job counselor, develop and sign an Employment Plan or Family Stabilization Services (FSS) Plan.

FS: People between the age of 18 and 50, without dependents, receiving FS must register for and participate in FSET program activities unless they are exempt or deferred. See §0028.06.03 (Who Must Participate in Empl. Services/FSET), §0028.06.10 (Who Is Exempt From FSET), §0028.12 (Education Requirements).

MSA, GRH:

MSA and GRH have no Employment Services requirements. However, clients who are SSI recipients must comply with Social Security vocational rehabilitation requirements and may voluntarily develop a Plan to Achieve Self-Support. See §0018.06.06 (Plan to Achieve Self-Support (PASS)).

GA: GA has no Employment Services requirements.

Each county agency must provide employment services or contract for employment services with outside providers. County agency administrators must ensure that Employment Services Providers (ESPs) follow employment services program requirements. The county agency is ultimately responsible for the operation of employment services programs and clients' participation in them.

County agency procedures and interactions with ESPs may vary depending on how the county sets up its employment services program. Follow your county's procedures.

MFIP: Counties must provide ALL required components of MFIP-ES. See §0028.03.03 (Employment Services/FSET Required Components).

Unless the county has a workforce center or claims financial hardship, each county must offer caregivers a choice of 2 ESPs. The providers, including counties, DO NOT need to be certified by the Commissioner of the Department of Employment and Economic Development (DEED).

Counties and providers may employ whatever combination of skilled staff is necessary to provide these services.

Financial workers in all counties must:

- Determine who must participate in MFIP-ES. See §0028.06.03 (Who Must Participate in Empl. Services/FSET).
- Refer mandatory caregivers and eligible volunteers to the MFIP ESP. Use the Employment Services Referral (DHS-3166). See §0028.06.03 (Who Must Participate in Empl. Services/FSET).
- Report changes to the job counselor. See §0028.03.09 (Reporting Changes to Job Counselor).
- Enter and update MFIP-ES information on the MAXIS STAT/EMPS panel.
- Refer caregivers to the child care office and report certain changes to child care staff. See §0029.30 (Child Care Assistance).
- Sanction mandatory participants when the job counselor decides that they have failed, without good cause, to comply with MFIP-ES requirements. See §0028.18 (Good Cause for Non-Compliance--MFIP/DWP), §0028.30 (Sanctions for Failure to Comply - Cash).

Counties and/or ESPs must provide written notice to, and obtain written concurrence from, the appropriate exclusive bargaining representatives before placing clients at any paid or unpaid work placement. Counties and/or ESPs must obtain written agreement from the exclusive bargaining representative of affected employees of a public employer when placing a participant with that employer for 67 working days or 536 hours in a calendar year. Upon written request from the union, the county or public service employer must make available a report of hours worked by the participant in jobs that are represented by that union.

In lieu of the above, county agencies and ESPs may obtain written agreement from any affected union, when obtaining original union concurrence, to waive the 67-day or 536-hour limit. This will prevent having to obtain concurrence when the 67-day or 536-hour limit for a calendar year is reached.

WB, MSA, GA, GRH:

No provisions.

DWP: Within 1 working day of determining that the applicant is eligible for DWP, but before benefits are issued to or on behalf of the family unit, refer all caregivers to Employment Services. The referral to DWP Employment Services must be in writing and must contain the following information:

- Notification that, as part of the application process, applicants are required to develop an Employment Plan or the DWP application will be denied.

AND

- The Employment Services Provider's name and phone number.

AND

- The immediate availability of supportive services, including, but not limited to, child care, transportation, and other work-related aid.

AND

- The rights, responsibilities, and obligations of participants in the program, including, but not limited to, the grounds for good cause, the right to equal access under ADA provisions, the consequences of refusing or failing to participate fully with program requirements, and the appeal process.

AND

- Employment Plans may not be written for longer than 4 months.

MAXIS/WORKFORCE ONE PROCESS:

Referral to Employment Services will not occur automatically. The worker must trigger the referral based on county policy. A new case-level panel called WORK

has been added to MAXIS to transmit electronic referrals to Employment Services. When MAXIS creates pending eligibility results for DWP, a DAIL message will be created to inform the financial worker (FW) to refer a DWP participant to Employment Services. From the WORK panel, the FW will select an ES provider to refer the job seeker to. The WORK panel also allows the FW to indicate the date of an appointment with Employment Services as well as a place for worker comments. In 2-parent households, both parents will be referred to Employment Services from the same, case level WORK panel.

MAXIS functionality allows a FW to refer a job seeker to Employment Services before all required verifications have been received. Counties should establish a county-wide policy to address these "early DWP referrals". If a county approves "early DWP referrals", the FW can navigate to the WORK panel directly rather than waiting for the DAIL message. If the case has not been referred and the participant has not developed and signed an Employment Plan, the case can not be opened.

Counties must develop back-up referral processes in case the MAXIS/ WORKFORCE ONE referral interface is not ready when DWP is implemented or for some other reason is not operational.

FS: See §0028.03.01 (County Agency FSET Responsibilities).

County agencies and FSET providers each have certain responsibilities. For county agency responsibilities, follow the provisions of this section. For provider responsibilities, follow the provisions of 0028.03.02 (ES Provider Responsibilities - FSET).

Each county agency must provide Food Support Employment and Training (FSET) services or contract for FSET services with outside providers. County agency administrators must ensure that FSET services providers follow FSET services requirements. The county agency is ultimately responsible for the operation of FSET and clients' participation in the program.

County agency procedures and interactions with FSET providers may vary depending on how the county sets up its FSET services. Follow your county agency's procedures.

MFIP, WB, DWP, MSA, GA, GRH:
No provisions.

FS:
Due to the American Recovery and Reinvestment Act (ARRA) and the statewide ABAWD waiver approval from the Food and Nutrition Service (FNS), FSET requirements for Able-Bodied Adults Without Dependents (ABAWDs) are waived from January 1, 2009 through September 30, 2011. For more information on the statewide ABAWD waiver, see 0011.24 (Able-Bodied Adults).

FS participants receive employment services through the county's Food Support Employment and Training (FSET) program. FSET provides services to mandatory non-PA FS participants (able-bodied adults without dependents).

County agency functions include:

ADMINISTER FOOD SUPPORT PROGRAM ELIGIBILITY AND WORK REQUIREMENTS

- Determine FS eligibility.
- Determine which FS participants must be registered for work and which are exempt from work registration.
- Determine which FS participants are required to participate in FSET and which are exempt or deferred from mandatory participation. You must record this information in MAXIS.
- Upon notification from the ESP that a participant failed to comply with FSET, determine if the participant had good cause.
- Implement FS sanctions for participants who failed without good cause to cooperate with or participate in FSET.

CLIENT NOTIFICATION

- Inform FS able-bodied adults without dependents (ABAWDs) that they are only eligible for 3 months of FS benefits in a 36-month period, but that they can "earn" additional months of benefits by working or participating in work program activities.
- Tell FS participants about the FSET program.
- Inform ABAWDs of the requirement to participate and the consequences of failing to comply.

REFERRAL/COMMUNICATION WITH ESP

- Refer mandatory participants to the ESP as soon as FS eligibility is approved. A referral to the ESP is done through the Workforce One (WF1) System automatically when FS benefits are approved in the MAXIS system.

- Notifying the ESP when referring an ABAWD so the provider is aware of the participant's time-limited FS eligibility and can quickly develop potential work or work program activities that will help the participant "earn" additional months of benefits.

- Notify the ESP of any changes in the areas below. Use the Food Support Employment and Training Status Update Form (DHS-3165A) to report the changes.
  - Exemption status.
  - Deferral status.
  - Mandatory participant status.
  - Circumstances that indicate good cause for failure to cooperate.
  - Start of employment.
  - Hours of employment.
  - End of employment.
  - Address.
  - Phone number.
  - Household composition.
  - Amount of assistance payment.
  - Suspension or closing of financial assistance case.
  - Other changes in status that affect employment and training or support services (for example, changes in the amount of child care or transportation provided).

OPERATE AND MANAGE FSET SERVICES

- Operate an FSET program in compliance with state and federal laws, regulations, and guidelines.

- Provide an orientation and FSET services to all FS participants who are required to participate. See 0028.09 (ES

Overview/FSET Orientation).

- Provide needed support services so that participants are capable of participating in FSET without out-of-pocket costs.

- Assess, monitor, evaluate, and manage service delivery by the county agency's ESPs.

- Complete program funding requirements.

Limit participation in the FSET program to 20 hours a week to allow time for job search. County agencies must require each participant to spend at least 20 hours a week in FSET program activities.

When a client moves to a different county or there is a change in service provider, the former county or former service provider who performed the initial assessment and EDP or has the pertaining documents must make those documents available to the new county or the new provider.

DHS retains ownership of any FSET document for which it has reimbursed the cost. This declaration must be incorporated in any service contract between the county and a service provider.

County agencies and FSET providers each have certain responsibilities. For information on county agency responsibilities, see §0028.03.01 (County Agency FSET Responsibilities). Follow the provisions of this section for FSET provider responsibilities.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: Each Employment Services Provider (ESP) operates under a formal written agreement with the county agency to provide FSET services to FS participants. Services may begin as early as the date FS eligibility is approved, but must start no later than the 1st day of the month after the month FS eligibility is approved. Under county agency administration, ESPs provide the following services:

- **ORIENTATION AND ASSESSMENTS:**

  - Orient participants to the FSET program.

  - Assess the participant's literacy level and refer the participant to local literacy programs when appropriate.

  - Complete an individual assessment and an Employability Plan (EP) for each participant.

  - Identify ABAWDs who have time-limited FS eligibility, so that potential work or work program activities can be quickly developed which will help them earn additional months of FS benefits.

  - Identify the need for and coordinate support services such as transportation, purchase of equipment or tools.

- **IMPLEMENTING THE EP:**

  - Implement the participant's EP, whether through direct service provision or referral to other agencies for services that are needed, so that the participant can successfully complete the plan and find employment.

  - Monitor participant performance and participation.

  - Modify the participant's EP as necessary.

- **NOTIFICATION:**

  - Provide notices to the participant and county agency when the participant has failed to participate or comply with FSET program requirements.

  - Provide the county agency with information that may affect a participant's FSET exemption status, program eligibility, or benefit amount. The ESP must notify the county agency anytime a participant's employment status changes.

- **COORDINATION AND PROGRAM RECORDS:**

  - Coordinating with the county agency regarding program activities and outcomes, expenditures, individual participant services and progress, and participant sanctions.

  - Maintain needed program files and documentation, and record relevant participant data on the WF1 system as necessary. When a participant moves to a different county or there is a change in service provider, the former county or service provider that initially provided services must make program documents and information available to the new county or the new provider. (DHS retains ownership of any FSET document for which it has reimbursed the cost. This declaration must be incorporated in any service contract between the county and a service provider.)

Counties and ESPs may employ whatever combination of skilled staff is necessary to provide FSET services.

MFIP: Counties must offer ALL the following services as part of MFIP Employment Services (MFIP-ES):

- An overview of MFIP-ES.

- An assessment of the participant's ability to obtain and maintain employment which includes a review of the participant's education level, prior employment, transferable work skills, and a review of existing job markets.

  In addition, an assessment for participants who:

  - Have barriers to employment the job counselor believes will not be overcome through job search.

  OR

  - Have completed 6 weeks of job search without obtaining suitable employment. See §0028.18.03 (Suitable/Unsuitable Work).

  OR

  - Are working 20 or more hours per week and the job counselor, the county, or the participant requests an assessment.

  OR

  - Are complying with an existing Employment Plan developed for another program at the time of enrollment in MFIP-ES.

  OR

  - Are already involved in training or education activities at the time of enrollment in MFIP-ES.

  OR

  - Have worked for 6 consecutive months for an average of more than 20 hours per week.

  OR

  - Have met Family Stabilization Services (FSS) criteria. For more information on FSS, see Employment Services Manual.

- Assistance in developing an Employment Plan for participants who qualify for the Family Violence Waiver. This includes providing clients with the Family Violence Referral (DHS-3323), referring them to an appropriate county or community agency. See §0005.12.12.09 (Family Violence Provisions/Referrals), §0028.15 (Employment Plan (EP)).

- Help in developing the participant's Employment Plan. See §0028.15 (Employment Plan (EP)).

- Intensive job search.

- Coordination and/or provision of services a participant needs to fulfill the terms of the Employment Plan, including post-employment follow-up.

WB, MSA, GA, GRH:

No provisions.

DWP: Within 1 working day of determining that the applicant is eligible for DWP, but before benefits are issued to or on behalf of the family unit, refer all caregivers to Employment Services. The referral to DWP Employment Services must be in writing and must contain the following information:

- Notification that, as part of the application process, applicants are required to develop an Employment Plan or the DWP application will be denied.

AND

- The Employment Services Provider's name and phone number.

AND

- The immediate availability of supportive services, including, but not limited to, child care, transportation, and other work-related aid.

AND

- The rights, responsibilities, and obligations of participants in the program, including, but not limited to, the grounds for good cause, the consequences of refusing or failing to participate fully with program requirements, and the appeal process.

AND

- Employment Plans may not be written for longer than 4 months.

FS: The following services may be provided and funded with the county's FSET allotment:

- Orientation to the program and mandatory responsibilities. This includes the notices, contacts, and other activities needed to schedule participants newly referred.

- Counseling. This includes individual assessment, testing, development of the EDP, vocational counseling, encouragement and support, placement assistance, referrals, and coordination of services. See §0028.03.04 (FSET Assessment/EDP)

- Training and education. FSET participants may participate in short-term technical or post-secondary education (up to 2 years), provided the Employment Services Providers (ESP) approves the program as part of the participant's EDP. Training/education may include:

  - ESL classes for participants who do not speak English well enough to obtain employment.

  - Adult Basic Education (ABE) for participants who need remedial education in order to obtain employment.

  - High school education or equivalent programs for participants who have not completed high school.

  - Post-secondary education or training of 2 years or less in duration.

- On-the-job training (OJT).

- Job search, job search training, and job club.

- Work experience placements (workfare) for ABAWDs who are subject to the 3-month Food Support eligibility limit. Work experience is unpaid work in a public or private non-profit agency.

When circumstances require intervention in areas outside the expertise of the ESP or require other resources, make referrals to the appropriate county or community agency. Issues which are often likely to require a referral include chemical dependency, mental or emotional health problems, family violence, physical health problems, and legal problems.

For more information about a specific service, see §5.3 (FSET Services) of the FSET Program Manual.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: FSET services may begin as early as the date you approve FS eligibility, but no later than the 1st day of the month after the month eligibility is approved. FSET services must include an employability assessment and Employability Development Plan (EDP). The assessment and EDP must be done in consultation with the client. Development of an EDP is required only once in any 12 consecutive months. The client must sign the EDP and receive a copy of the signed EDP.

The purpose of an employability assessment is to collect and evaluate information to identify a participant's employment capabilities, barriers, and support service needs. It should be individualized and completed in an interactive face-to-face meeting with the participant. The information collected from this assessment is the basis for the EDP. The employability assessment must be completed within 30 days of the participant being referred to FSET, and must include:

- Information regarding the client's literacy level.
- The client's ability to communicate in the English language.
- The education and employment history of the client.
- The estimated length of time it will take the client to obtain employment.
- The client's employment-related skills and abilities, barriers to employment, and the steps necessary to overcome the client's barriers to employment.

The state does not require that a particular form be used for recording the results of the employability assessment. County agencies and Employment Services Providers (ESPs) may develop and utilize their own forms for this purpose, may record relevant information in a standard location in the case notes, or may use the sample assessment form developed by the state.

NOTE: Literacy testing may be routinely included as part of the assessment, but is not required for all FSET participants. The ESP should use available information about the participant (for example, how applications and other forms are completed, the participant's speech, participant disclosure, reports from other sources) to form an opinion of the participant's literacy and reading capabilities. The participant's literacy capabilities should be

tested if a problem is perceived. The ESP should record each participant's perceived and tested literacy and reading capability in the case record.

The EDP is a written plan specifying in detail the services to be provided to an FSET participant, the requirements with which the participant must comply, and the consequences for failure to comply. An EDP must be developed within 30 days of the person being referred to FSET, and must be based on the employability assessment conducted for the participant. The employability assessment and EDP must be done in consultation with the participant. The participant must sign and receive a copy of the EDP. Participants who refuse to cooperate with development of the plan or to sign the plan are considered non-compliant with FSET.

There are standard components that must be contained in each EDP. The EDP must identify:

- A specific employment objective toward which the participant is working.
- The specific services to be provided that will lead to that objective.
- The dates, times, and locations of where services will be provided.
- The hours of activity required each week.
- Requirements for daily activity.
- Job search, job acceptance, and job retention requirements.
- Information about the consequences of failing to comply with the EDP.
- The name and telephone number of an ESP contact person.

The state has not prescribed a specific form or format for the EDP.

The following items must be addressed and provided for in the EDP if they apply to the participant:

- Referral to available accredited remedial or skills training programs designed to address barriers to employment. This may include:
  - English as a Second Language programs.

- Adult Basic Education or secondary education program.
- Literacy training.
- Job search programs, including job seeking skills training.

➢ Referral to available programs that provide subsidized or unsubsidized employment. This may include:

- Workforce Investment Act (WIA) programs.
- Job Services.
- Local agencies or programs geared to help the client become employable.
- Other activities designed by the county or its Employment Services Provider to prepare the client for permanent employment.

The EDP cannot require a client to participate in FSET activities more than 20 hours per week, nor place any requirement upon a client that interferes with employment which the county has determined can lead to self-sufficiency.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: You must determine the Principal Wage Earner (PWE) at application, recertification, and when unit composition changes. See §0005.12.12 (Application Interviews), §0008.03 (Changes - Obtaining Information), §0009.06.06 (Recertification Interview).

If there is more than 1 adult, give the adults in the unit the option to designate which adult is the PWE.

- For units with NO CHILDREN in the unit who do NOT designate which adult is the PWE: The PWE is the unit member with the most earned income in the 2 months before the date of application, voluntary quit, or work registration non-compliance.

- For units that include an adult parent(s) with children in the home OR an adult unit member(s) with parental control over children in the home who do NOT designate which adult is the PWE: The county will designate the PWE.

- If you cannot determine who to designate as the PWE based on the information above, the primary contact person is the PWE.

MFIP, DWP:

The following changes in a participant's status trigger a message to the job counselor from MAXIS to Workforce One:

- County Transfer. Indicates the county the case was transferred to and from. (SPEC/XFER).
- Disability Status. Indicates a change in the person's disability status. (STAT/DISA).
- DWP/MFIP Sanction. Indicates a change in the person's sanction status for MFIP and/or DWP. (STAT/EMPS).
- Employment. Indicates a change in information about the person's job(s). (STAT/JOBS).
- Employment Services Status. Indicates a change in the person's ES Status for Employment Services and whether a participant meets the eligibility criteria for Family Stabilization Services (FSS). (STAT/EMPS).
- Household. Indicates any changes to a 2-parent or 1-parent household and/or Emergency Needs Last Used. (ELIG).
- HRF/Review Closure. Indicates that the case has been closed in MAXIS for a missing HRF or Eligibility Review. (ELIG).
- MAXIS Worker. Indicates any change in MAXIS Worker assigned to the case. (SPEC/XFER).
- Non-Citizen. Indicates any change in the immigration status and nationality. (STAT/IMIG).
- Other Personal. Indicates any change in level of education and citizenship. (STAT/MEMI).
- Personal. Indicates any change in name, DOB, Gender, Race, Hispanic/Latino, Language, Alien Registration Number. (STAT/MEMB).
- Phone Number. Indicates any change to the person's primary phone number. (STAT/ADDR).

- PMI Merge. Indicates a new PMI if the person's PMI has been merged in MAXIS.

- Privacy. Indicates any change in the person's privacy level in MAXIS. (PRIV).

- Program. Indicates any change in the program status (pending, active, inactive). begin/end date and/or closure reason. (ELIG).

- Relationship. Indicates any change in the person's relationship to applicant in MAXIS. (STAT/MEMB).

- Residence. Indicates any change in the person's residence address and secondary phone. (STAT/ADDR).

- Sanction Count. Indicates any change in the number of sanctions recorded for the whole case and the individual person. (STAT/SANC).

- Self-Employment. Indicates changes in the person's self-employment. (STAT/BUSI).

- SSN Change. Indicates a new SSN or SSN Verification as it's changed in MAXIS.

- TANF Months. Indicates any change in the projected 60th month, extension reason or banked months, and the number of months TANF received. (STAT/TIME).

Report any relevant changes to the child care worker using the Diversionary Work Program/Minnesota Family Investment Program Status Update Form (DHS-3165).

In addition, report the following changes to job counselors and child care workers using the DWP/MFIP Status Update Form:

- Change in voluntary or mandatory status.

- Notice from the participant of circumstances that indicate good cause for failure to cooperate/comply with program requirements.

- Any other change in status that affects support services, such as amount of child care or transportation provided.

Keep a copy of the DHS-3165 in the case file. The back side of the last sheet of the DHS-3165 lists the type of changes you must report.

WB, MSA, GA, GRH:

No provisions.

FS: Follow MFIP, EXCEPT FSET uses the Food Support Employment and Training Status Update Form (DHS-3165A).

Participation requirements for Orientation and Employment Services (ES) differ.

For information on participation requirements for Orientation, see §0028.09 (ES Overview/ FSET Orientation).

For information on participation requirements for Employment Services, see the program provisions below. Also see 0028.06.03 (Who Must Participate in Empl. Services/FSET), 0028.06.10 (Who Is Exempt From FSET).

MFIP: All MFIP caregivers receiving assistance MUST engage in Employment Services, including MFIP caregivers who are disqualified effective 10-1-07 or later due to an intentional program violation, unless they meet the exception criteria as specified in 0028.06.02 (Universal Participation Provisions).

WB, MSA, GA, GRH:
No provisions.

DWP: All eligible caregivers are required to participate in Employment Services.

A 1-parent household that includes a child under 12 months (with no other DWP reason) which has already used 12 months lifetime ES exemption limit must participate in ES services.

A 2-parent household that includes a child under 12 months, with no other DWP exclusion reason, must participate in DWP. However, if the parents have NOT already used the entire 12 months lifetime limit between them while previously on MFIP or DWP, 1-parent is allowed to claim the child under 12 months ES exemption.

FS: Unless exempt, each adult Food Support participant must participate in and cooperate with FSET each month that person receives FS benefits. Non-exempt participants must begin FSET participation no later than the 1st day of the month after the month FS eligibility is approved. The county agency may choose to require that FS participants begin participating in FSET on a mandatory basis as soon as eligibility is approved.

NOTE: Effective 7-1-03, Minnesota Food Assistance Program (MFAP) participants are deferred from FSET participation.

Each participant's exemption or deferral status must be redetermined at least annually. See 0028.06.03 (Who Must Participate in Empl. Services/FSET) for a list of who is required to participate in FSET.

If the county agency or ESP becomes aware of circumstances that indicate a participant has become exempt or deferred, the county should notify the participant and the ESP, and should update the MAXIS exemption or deferral status.

At the time the county agency notifies the household that it is eligible for Food Support, it must notify all non-exempt participants that they must participate in and comply with the FSET program each month, and that the participant must attend an orientation. This notice is issued through MAXIS.

The county agency will issue all participant notices dealing with FS eligibility, benefit amounts, and benefit reductions or terminations, including those due to FSET non-compliance. All other FSET participant notices may be issued by either the county agency or the ESP as provided for in the county agency's formal agreement with the ESP.

Non-exempt ABAWDs must comply with participation requirements established by the FSET services provider. Failure to comply will result in sanction. See 0028.20 (Failure to Comply - FSET).

Some people are required to register for work even though they are exempt from participating in FSET. See 0028.06.12 (Who Is Exempt From FS Work Registration).

MFIP:
Universal Participation requires all caregivers receiving assistance and caregivers disqualified due to an Intentional Program Violation (IPV) to engage in Employment Services (ES), with the exception of participants with a natural born child under the age of 12 months regardless if the child's needs are included in the grant.

NOTE: The participation requirements for caregivers disqualified due to an IPV apply only to caregivers disqualified effective 10-1-07 or later.

CHILD UNDER 12 MONTHS ES EXEMPTION

Under the law there is a time-limited ES exemption for MFIP and DWP caregivers with a natural born child under 12 months.

The 1st month of an ES exemption begins the month after the month that the participant claims the child under 12 months exemption.

The 3 periods for which an ES exemption for the care of a child under the age of 12 months could have been or can be claimed are:

- The original child under age 1 exemption that was in effect from January 1, 1998 through June 30, 2004.

- The child under 12 weeks ES exception that was in effect from July 1, 2004 through February 28, 2010. Do not count more than a total of 3 months for any participant who used the 12 week exception during this period.

- The child under 12 months ES exemption effective March 1, 2010.

All months used on DWP and MFIP under any of these periods count toward the 12-month lifetime limit for a household.

MFIP parents who have not used a total of 12 months of the exemption (up to 12 months combined total per household for a 2-parent family) may choose to use the remaining months beginning March 1, 2010. Parents are allowed to choose to claim the exemption for more than 1 child, and in different spans of time. This ES exemption applies even if the child's needs are not included in the grant, such as for a child that is ineligible for cash under the Family Cap policy or due to receipt of Supplemental Security Income (SSI).

In a 1-parent household, the ES exemption for the care of a child under the age of 12 months is available for a cumulative 12 months lifetime limit.

In a 2-parent household, the parents' exemption usage is combined to determine the 12 months total rather than being available in full to each caregiver. The 12 months are clocked separately for each parent and follow the parent that uses them. Only 1 parent is allowed to claim the exemption in any 1 month but the exemption can switch between parents from month to month.

If a parent in a 2-parent unit moves out and joins a 1-parent assistance unit to form a new 2-parent assistance unit, the newly formed unit is limited to 12 months total when the 2 parents' exemption months are added together. If the combined months of the new unit exceed 12 months, they would not be eligible for any more exempt months as long as they live together.

The ES exemption for the care of a child under 12 months ends at the earliest of the following dates:

- The 1st day of the month after the month the child reaches 12 months of age.
  OR
- The 1st day of the month after the parent uses the last month of the lifetime exemption.
  OR
- The 1st day of the month after the specific number of months of the lifetime limit the parent chose to use.

TEEN PARENTS

The ES exemption to care for a child under the age of 12 months is NOT available to minor parents under age 18, or 18- or 19-year old parents without a high school diploma or its equivalent and who choose an employment plan with an education option. Such parents may choose to claim a 6-week exemption to care for a child under 6 weeks.

However, 18- or 19-year-old parents without a high school diploma or its equivalent who choose an employment plan with a work option may choose to claim the child under 12 months ES exemption.

WB, FS, MSA, GA, GRH:
No provisions.

DWP:
All caregivers eligible for DWP are required to participate in Employment Services except in the following 2 situations:

- A 1-parent household that includes a child under the age of 12 months (with no other DWP exclusion reason) is NOT eligible for DWP unless the parent has already used all the 12 months lifetime ES exemption. Such cases should be converted to MFIP.

- A 2-parent household that includes a child under the age of 12 months, with no other DWP exclusion reason, MUST participate in DWP. If the parents have NOT already used all of the months of the 12-month lifetime limit between them while previously on MFIP or DWP, 1-parent in any 1 month, is allowed to claim the child under 12 months ES exemption.

Participation requirements for orientation and employment services differ. For information on participation requirements for ES Overview orientation, see 0028.09 (ES Overview/FSET Orientation), 0028.09.06 (Exemptions From ES Overview/FSET Orientation).

For information on general participation requirements and when people become mandatory participants for employment services, see 0028.06 (Participation Requirements).

MFIP: In the first 60 months of MFIP eligibility all caregivers are required to participate in Employment Services (ES). Some caregivers will have a different level of participation which is dependent upon their circumstances. The only possible exceptions to ES participation requirements are good cause or if the caregiver has a child under 12 months or under 6 weeks (depending on the age of the parent and the option used to develop the EP). See 0028.18 (Good Cause For Non-Compliance--MFIP/ DWP), 0028.06.02 (Universal Participation Provisions). For information about ES requirements for extended cases, see 0011.33 (MFIP Hardship Extensions).

- **FAMILIES WITH A MINOR PARENT CAREGIVER.**

  Caregivers under age 18 must receive an assessment of educational progress and develop an Employment Plan concurrent with receipt of MFIP assistance. Refer the minor caregiver to the county social worker or the agency with whom your county has contracted to provide minor caregiver services.

- **FAMILIES HEADED BY AN 18- OR 19-YEAR OLD PARENT WITHOUT A HIGH SCHOOL DIPLOMA OR GED.**

  Counties must allow 18- and 19-year old teen parents who do not have a high school diploma or its equivalent to choose an EP with either an education option or a work option.

  The work option means the EP includes activities under the regular employment services track. The 60-month clock **DOES NOT stop for teen parents who choose this option. Under this option earned income DOES** count for teens who choose the employment option.

The education option means that the EP includes education requirements (high school or its equivalent). The 60-month clock **STOPS** for teen parents who choose this option. Plans that include both secondary school attendance and work fall under this option. Under this option income **IS NOT** counted toward the MFIP grant.

County and Employment Services staff working with 18- and 19-year old parents must explain the option and make specific efforts to inform those who are in sanction for not attending school that there is a way to come into compliance.

Caregivers 18 and 19 years old who choose employment will be federally funded.

Also see 0012.06 (Requirements for Custodial Parents Under 20).

As soon as eligibility is determined, refer caregivers who must participate to MFIP-ES. Use the Employment Services Referral (DHS-3166). **NOTE:** Applicants who received DWP in the last 30 days must be referred to ES within 10 days of the date they are determined eligible for MFIP.

Sanction the unit when a caregiver refuses to participate in mandatory employment services. See 0028.18.03 (Suitable/Unsuitable Work), 0028.30 (Sanctions for Failure to Comply - Cash), 0028.30.03 (Pre 60-Month Type/Length of ES Sanctions), 0028.30.04 (Post 60-Month Empl. Services Sanctions).

WB, MSA, GA, GRH:

No provisions.

DWP: Within 1 working day of determination that the applicant is eligible for DWP, but before benefits are issued to or on behalf of the family unit, refer all caregivers to Employment Services. All eligible caregivers who do not meet the exception criteria are required to participate in Employment Services. The referral to the DWP Employment Services must be in writing and must contain the following information:

- Notification that, as part of the application process, applicants are required to develop an Employment Plan or the DWP application will be denied.
- The name and phone number of the Employment Services Provider.
- The immediate availability of supportive services, including, but not limited to, child care, transportation, and other work-related aid.
- The rights, responsibilities, and obligations of participants in the program, including, but not limited to, the grounds for good cause, the consequences of refusing or failing to participate fully with program requirements, and the appeal process.

As soon as possible, but no later than 10 working days of being notified that a participant is financially eligible for DWP, the Employment Services Provider must provide the participant with an opportunity to meet to develop an initial Employment Plan. The Employment Services Provider must notify the county within 1 working day that the initial Employment Plan has been developed and signed by the participant and the job counselor. The county must issue DWP benefits within 1 working day after receiving notice that the Employment Plan has been signed.

Participation in DWP Employment Services fulfills the requirements for FSET participation. Once DWP ends, participants may be subject to FSET requirements.

FS: For information about who is exempt from FSET services, see 0028.06.10 (Who Is Exempt From FSET). For information on Food Support Work Registration, see 0028.06.12 (Who Is Exempt From FS Work Registration).

Each non-exempt or non-deferred ABAWD in a non-PA Food Support unit must participate in FSET. The client must participate each month the unit is eligible for FS.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: The following people are exempt from mandatory FSET participation**:**

- People exempt from Food Support work registration under §0028.06.12 (Who Is Exempt From FS Work Registration).

- Participants of any of the following cash assistance programs:

  - Minnesota Family Investment Program (MFIP).
  - Work Benefit (WB).
  - Diversionary Work Program (DWP). See §0028.06.03 (Who Must Participate in Empl. Services/FSET).
  - Minnesota Supplemental Aid (MSA).
  - Refugee Cash Assistance (RCA).
  - General Assistance (GA).

- People under age 18.

- People age 50 or older.

- People providing home schooling to a child and in compliance with state reporting requirements for home schooling. If compliance is questionable, contact the superintendent of the local school district to verify.

- People who reside on an ABAWD exempt reservation or reside in an ABAWD exempt county. See §0011.24 (Able-Bodied Adults), TEMP Manual TE02.05.68 (ABAWD FSET Exempt Reservations), TE02.05.69 (ABAWD FSET Exempt Counties).

- Participant responsible for a unit member under the age of 18, even if the member is not eligible for Food Support (FS).

Redetermine the client's exemption status at least annually.

WHO IS EXEMPT FROM FS WORK REGISTRATION 0028.06.12

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: Federal regulations require that all non-exempt adult FS participants register for work. In Minnesota, work registration is automatically accomplished when a household member signs the Combined Application Form (CAF) when applying for the FS program. The adult who signs the CAF registers all adults in the FS household who are required to register for work.

A participant's work registration exemption status must be redetermined at least annually, and must be coded on the MAXIS system. The state then reports to the federal government the number of participants who are exempt from work registration and the number who are not exempt. The federal government uses this information to determine the amount of federal funding Minnesota receives for FSET services.

Although work registration is not a component of the FSET program (it is a national FS program requirement), there is a close relationship between work registration and FSET. FS participants who are exempt from work registration are also exempt from FSET participation. See §0028.06.03 (Who Must Participate In Empl. Services/FSET), §0028.06.10 (Who Is Exempt From FSET). However, some people are required to register for work even though they are exempt from participating in FSET.

A participant becomes exempt from FS work registration (and thus from mandatory FSET participation) as soon as the participant meets the provisions of an exemption. EXCEPT as provided below, a participant who no longer meets the provisions of an exemption from work registration becomes mandatory for FSET the beginning of the next month.

The following people are exempt from FS work registration:

- Having a mental or physical illness, injury, or incapacity which is expected to continue for at least 30 days, and which impairs the participant's ability to obtain or retain employment as evidenced by professional certification or the receipt of temporary or permanent disability benefits issued by a private or government source. Professional certification means a statement about a person's illness, injury, or incapacity that is signed by a licensed physician, psychological practitioner, or licensed psychologist, qualified by professional training and experience to diagnose and to certify the person's condition. Pregnancy does not

routinely exempt a participant unless professional certification specifies that the person is incapacitated. See §0010.18.06 (Verifying Disability/Incapacity - FS).

- FS applicants or recipients who have applied for SSI and provide proof of the SSI application. Work registration requirements are waived only while the SSI application is pending.

  - If SSI is approved, review the individual's exemptions from the FS Work Registration requirements.

  - If SSI is denied, re-evaluate the individual's FS work requirements.

- Responsible for the care of a household member who is professionally certified as having a mental or physical illness, injury, or incapacity. Usually, only 1 unit member may claim exemption under this provision. However, there may be an EXCEPTION with medical documentation which specifies that more than 1 person is needed to provide the required care.

- Age 60 or older.

- Under age 16.

- Age 16 or 17 and living with a parent or caregiver, or attending school or enrolled in an employment training program at least half-time.

- Responsible for the care of a dependent child under age 6 (even if child care is available). In most instances, only 1 unit member may claim exemption under this provision. However, there may be an EXCEPTION with medical documentation which specifies that more than 1 person is needed to provide care. When the child turns 6, the exemption ends at the unit's next annual FS program recertification. The household members may designate which person will use this exemption, but may not change the person designated until the next recertification period.

- Employed or self-employed and meets 1 of the provisions below:

  - Working at least 30 hours per week (regardless of wage level).

  - Receiving earnings at least equal to 30 hours a week at the federal minimum wage.

This provision includes migrant or seasonal farm workers under contract to begin employment within 30 days. The county agency may use a monthly average of these weekly requirements. For self-employed participants working less than 30 hours per week, the county agency will use the participant's net weekly income (net profit after expenses).

- Receiving or have applied for Unemployment Insurance (UI) and are registered for work with the Minnesota Department of Employment and Economic Development. The participant must show proof of receipt of UI or documentation of application for UI.

- Enrolled as a student at least half-time in a recognized school, training program, or institution of higher learning and is eligible under the provisions of §0011.18 (Students). This includes participants attending high school at least half-time, but does not include participants attending GED or ESL training only. When determining if the person is enrolled half-time, use the school or program's criteria for being enrolled half-time. An FSET participant who is placed in a training program under the provisions of an EDP may use this provision to be exempt from FSET or ABAWD provisions if the employment and training program for low income units is operated by a state or local government. One or more program components is equal to the components of the FSET program. Please contact Steve Erbes at the Department of Employment and Economic Development (DEED) at steve.erbes@state.mn.us to verify whether or not the training program qualifies for this exemption.

- Participating regularly in a drug addiction or alcohol treatment and rehabilitation program. There is no minimum weekly amount of time that a person must be attending. If the person attends 1 hour or more per week, the exemption is available. This does NOT include participants in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).

- Refugees receiving the Matching Grant Program. For additional information about the Matching Grant Program, see MATCHING GRANT PROGRAM in §0002.39 (Glossary: Lump Sum…).

MFIP:
Participation requirements for MFIP Employment Services (MFIP-ES) overview and MFIP financial orientation differ. The MFIP-ES overview is conducted by the Employment Services Provider. Refer to the MFIP Employment Services Manual for more information on requirements for the MFIP-ES overview.

For information on MFIP financial orientation, see 0005.12.12.06 (Orientation to Financial Services).

WB, DWP, MSA, GA, GRH:
No provisions.

FS:
Due to the American Recovery and Reinvestment Act (ARRA) and the statewide ABAWD waiver period (January 1, 2009 through September 30, 2011) there are no mandatory orientation requirements. If an ABAWD volunteers, he/she should be provided with an orientation. For more information on the statewide ABAWD waiver, see 0011.24 (Able-Bodied Adults).

The ARRA and the statewide ABAWD waiver supersede the policy below.

The county agency or its Employment Services Provider (ESP) must provide an orientation to the FSET program for each mandatory participant referred to the program. The purpose of orientation is to explain participation requirements, describe available services, identify the ESP, explain that FSET can help able-bodied adults without dependents (ABAWDs) meet their eligibility and work requirements, and encourage the participant to move to self-sufficiency through employment.

Mandatory participants must be notified of the requirement to participate in an orientation. The state has developed a standard MAXIS letter for this purpose. If the county agency or ESP is unable to use the MAXIS letter, a locally-developed notice about the orientation must be provided to the participant. The notice must include the following information:

- The requirement that the participant attend an orientation.
- Date of the orientation.
- Time the orientation.
- Place of the orientation.
- Name and telephone number of an ESP contact person.
- A statement that Food Support (FS) assistance will end if the mandatory participant fails, without good cause, to comply with FSET requirements.

An orientation must be provided to mandatory participants within 30 days of the county approving Food Support eligibility. Mandatory participants who fail without good cause to attend or comply with the orientation are subject to FSET program sanctions. See 0028.21 (Good Cause Non-Compliance - WB/FS/MSA/GA/GRH), 0028.30.06 (Type/Length of FSET Sanctions).

An orientation must be provided at least once during any 12 consecutive calendar month period. The 12 consecutive calendar month period begins on the 1st of the month after the month of eligibility, and ends on the last day of the 12th consecutive month.

The orientation may be done either individually or in a group setting. It may be provided through audio-visual methods as long as the participant has the opportunity for face-to-face questions and answers. See 0028.09.03 (Content of ES Overview/FSET

Orientation) for what you must include in orientations.

MFIP:
For MFIP Employment Services (MFIP-ES) overviews, see the MFIP Employment Services Manual. For MFIP financial orientation, see 0005.12.12.06 (Orientation to Financial Services).

WB, DWP, MSA, GA, GRH:
No provisions.

FS:
Due to the American Recovery and Reinvestment Act (ARRA) and the statewide ABAWD waiver beginning January 1, 2009 through September 30, 2011, there are no mandatory orientation requirements. If an ABAWD volunteers, he/she should be provided with an orientation. For more information on the statewide ABAWD waiver, see 0011.24 (Able-Bodied Adults).

The orientation must inform the client of:

- The work or work program activities that may enable able-bodied adults to receive more than 3 months of benefits in a 36-month period.
- The requirement to participate in FSET program activities and services.
- The name and phone numbers of the FSET service provider.
- The services, including support services, available through FSET and other providers of similar services in the county.
- The date, time, and location to report for FSET services.
- The consequences for failure without good cause to participate in mandatory services or requirements, including accepting suitable employment.
- Encouragement to view public assistance as a temporary means of supplementing the unit's needs as it moves toward self-sufficiency through employment.

EXEMPTIONS FROM ES OVERVIEW/FSET ORIENTATION 0028.09.06

MFIP: Participants who have or are in the process of qualifying for a family violence waiver must be provided Employment Services (ES) information. They cannot be required to attend an overview done in a group setting. Cover the ES information during the development of the Employment Plan.

WB, DWP, MSA, GA, GRH:
No provisions.

FS: People who are exempt or deferred from participation in FSET are exempt from attending an FSET orientation. All mandatory participants in FSET must participate in an orientation to FSET Employment Services. See §0028.06.10 (Who Is Exempt From FSET).

MFIP: Caregivers under the age of 18 without a high school diploma or GED must attend school unless exempt.

The caregiver must be enrolled in a secondary school and meeting the school's attendance requirements.

For caregivers under 18 years of age, who are enrolled in an on-line secondary school or GED program, refer to the school district to determine its legitimacy. Each district has a transfer specialist who will sort this out, probably by doing testing.

Consider a caregiver to be attending school when he or she is enrolled but the school is not in regular session (for example, during holidays and summer breaks).

At the intake interview, give caregivers under age 20 the Graduate to Independence/MFIP Teen Parent Informational Brochure (DHS-2887) and the Notice of Requirement to Attend School (DHS-2961).

For an 18- or 19-year old caregiver with an on-line diploma from a program other than one approved by the MN Dept. of Education, explain the MFIP policy and place the teen in the "work option". See 0012.06 (Requirements for Custodial Parents Under 20).

Counties must allow 18- and 19-year old teen parents who do not have a high school diploma or its equivalent to choose an Employment Plan (EP) with either an education option or a work option. See 0028.06.03 (Who Must Participate in Empl. Services/FSET), 0028.15 (Employment Plan (EP)).

The following are EXEMPTIONS from the school attendance requirement:

- Transportation services needed to attend school are not available.
- Appropriate child care services are not available.
- The caregiver is ill or disabled seriously enough to prevent school attendance.
- The caregiver is needed in the home because of the professionally certified illness or disability of another member of the assistance unit, a relative or who is a foster child in the household.
- The caregiver is the parent of a child who is younger than 6 weeks old.

When you deny an exemption, send a SPEC/LETR of exemption denial to the caregiver.

If a caregiver who is not exempt from school requirements fails to attend school, without good cause, impose a sanction. See 0028.18 (Good Cause for Non-Compliance--MFIP/DWP), 0028.30 (Sanctions for Failure to Comply - Cash).

Social Services will notify you if they determine that education is inappropriate for a custodial parent under age 18. Do not impose any other school attendance requirements unless Social Services notifies you to do so.

Custodial parents who are required to attend school must meet enrollment and attendance requirements. Verify enrollment and attendance information at least monthly. Have the client sign the Request for Verification of School Attendance/Progress (DHS-2883) or a county version of the form that contains the same information and send it to the school. Do not sanction the parent if the school fails to cooperate.

Custodial parents must meet enrollment and attendance requirements at the time of verification. If the school verification shows that a client is not enrolled or attending school, or appears to be facing barriers to completing education, notify the job counselor (for clients age 18 and 19) or Social Services (for clients under age 18). The job counselor or Social Services must reassess the client's school attendance requirement.

WB, MSA, GRH:

No provisions.

DWP: Generally follow MFIP. Also see 0013.05 (DWP Bases of Eligibility).

FS: BASIC EDUCATION/GED PARTICIPATION:

When participants enter the program, the Employment Services Provider (ESP) must assess the participants to determine if the participants can find a job with the skills they possess. If the lack of basic education is a barrier to obtaining suitable employment, the ESP may include basic education or GED course work in the EDP. Examples of when to include basic education or GED course work in an EDP include:

- GED course work or basic education is considered the best path to employment.

- Low skill levels make it difficult to complete job applications; interfere with the ability to get, keep, or advance on the job; or block movement toward self-sufficiency.

- The participant is very close (1 to 3 months) to completing a GED at the time of the individualized assessment.

Prior to including basic education in an EDP, the ESP should consider:

- The participant's interest and motivation to be in school.

- The participant's history of participation and progress in similar educational activities.

- Whether there is a reasonable expectation that the participant will make sufficient improvement in a short time to noticeably increase his/her marketability.

- Any intellectual impairments or learning disabilities which may indicate the need for more specialized services.

The ESP should approve basic education in blocks of 3 months or less to allow for a review of progress prior to continuation of the activity.

POST-SECONDARY TRAINING/EDUCATION:

Post-secondary training and education activities may be included in an EDP and are generally limited to 1 year. A 2nd year may be approved in limited circumstances. In order for a post-secondary education program to be approved, the participant or the provider must document that:

- The goals in the participant's EDP can only be met with the post-secondary training.

- There is a market for full-time employees with the proposed training where the participant will (or is willing to) reside upon completion of the program.

- The average wage level for employees with this training is significantly greater than the participant can earn without this training.

- The participant can meet the requirements for admission into the program.

- There is a reasonable expectation that the participant will complete the training program based on such factors as the participant's current assessment; previous education, training, and work history; current motivation; and changes in previous circumstances.

The ESP must ensure that the participant is making satisfactory progress in the program. Satisfactory progress must be defined in the participant's EDP. The ESP may accept or modify the definition of satisfactory progress used by the educational institution where the participant is enrolled.

GA: No provisions. However, some people are required to attend school to get or maintain GA eligibility. See 0011.18 (Students).

MFIP: Both an Employment Plan (EP) and a Family Stabilization Services (FSS) EP are social contracts between the county/ES provider and each participant. The purpose of these plans is to identify for each participant the most direct path to unsubsidized employment and any subsequent steps that support long-term economic stability.

All MFIP participants:

- Are mandatory ES participants.

AND

- Must develop an EP, unless they:
  - Have a child under 12 months.

  AND
  - Have any remaining months of the child under 12 months ES exemption.

  AND
  - Choose to use any remaining months of the child under 12 months ES exemption.

  AND
  - If an EP is developed, must comply with the plan.

Employment Plans are based on information gathered during the assessment process and throughout participation in the program. Development of a basic EP should begin during the 1st meeting with a job counselor, or shortly thereafter. The EP is a living document that should be reviewed at least every 3 months and revised whenever necessary.

Failure on the part of a mandatory participant to develop or comply with hourly requirements in a plan may result in a sanction:

- Failure to sign an Employment Plan is considered failure to develop an EP and should result in a sanction.

- Failure to develop or comply with the FSS EP on the part of a participant in the FSS service track may also result in a sanction, however pre-sanction FSS provisions apply. See Employment Services Manual Appendix H (FSS Sanction Guidance).

All EPs must be reviewed at least every 3 months to determine whether activities and hourly requirements should be revised. Reviews may be scheduled more often if circumstances change.

Sanction participants if they are mandatory and fail to develop or follow the terms of the Employment Plan. See 0028.30 (Sanctions for Failure to Comply - Cash). There are special provisions for victims of family violence and self-employed participants. See below.

VICTIMS OF FAMILY VIOLENCE

- Victims of family violence who want to claim a Family Violence Waiver and be exempt from the 60-month time limit must develop and comply with an EP. The EP is developed with the assistance and collaboration of the participant, a person trained in domestic violence and a job counselor. MFIP child care is available for all activities included in an approved EP. See 0005.12.12.09 (Family Violence Provisions/Referrals). See PERSON TRAINED IN DOMESTIC VIOLENCE in 0002.49 (Glossary: Permanent...).

- Victims of family violence who have or are in the process of developing an EP cannot be required to attend an overview done in a group setting. The job counselor must discuss the information normally presented in the ES Overview at the time the EP is developed, unless the client previously attended an Overview. See 0028.09 (ES Overview/FSET Orientation). If you combine the Financial Orientation and ES Overview, do not sanction the participant for failing to attend the regular ES Overview components of the meeting.

- The job counselor has final approval of an EP or any revisions to the plan. If the job counselor does not approve activities in the plan, the county must provide written reason why the activities are not approved and document how the denial of these activities does not interfere with the safety of the client or children.

- If the client fails to cooperate with the EP the 60-month time limit exemption ends and the client is subject to sanction. See 0028.30 (Sanctions for Failure to Comply - Cash).

SELF-EMPLOYMENT

Self-employment activities may be included in an Employment Plan (EP) contingent on the development of a business plan.

All participants should be encouraged to look for employment that will lead to their self sufficiency. Participants with an approved EP that includes self-employment must meet the participation requirements. Only the hours the participant earns the federal minimum wage count toward the participation requirements. The number of

self-employment hours is determined by dividing the net self-employment income by the federal minimum wage. When the number of self-employment hours is less than the number of hours required for the participant to be included in the numerator, the participant's EP should be revised to include additional countable activities, such as job search, paid employment, or unpaid work experience.

WB, MSA, GA, GRH:

No provisions.

DWP: Follow MFIP. However, before issuing DWP benefits to a family unit, the caregiver or caregivers must, in conjunction with a job counselor, develop and sign an EP. Also, activities in EPs must not cover a period of more than 4 months. The purpose of the EP is to identify the most direct path to unsubsidized employment for each participant within the 4-month DWP period. The EP must clearly outline the commitments on the part of both the county/Employment Services provider and the participant.

The activities in the EP must focus on obtaining the necessary evaluation, medical assessment and/or documentation if a DWP participant believes he/she may meet 1 of the DWP unlikely to benefit categories. The job counselor or county must assist the DWP participant in gathering this information.

DEVELOPING AN EP AS PART OF THE DWP APPLICATION PROCESS

A DWP applicant must meet with an employment counselor to develop and sign an initial EP before issuing any DWP benefits to or on behalf of the family. The employment counselor and applicant have 10 working days from the date he/she is referred to Employment Services to develop and sign the initial EP. The ES provider has 1 working day to notify the county that the job seeker's initial EP was signed. Once notified, the county has 1 working day to issue the DWP benefits. DWP benefits cannot be issued until the initial EP is signed.

When the EP is not signed within 30 days of the application date, the ES provider must notify the county. The applicant must submit a new application for DWP benefits and the time lines will start over. If the initial EP was not developed and signed within 30 days of the original application due to county or Employment Services agency error, issue DWP benefits based on the original application date. The requirement that the participant signs the EP before benefits are issued still applies to these situations.

In most cases, the EP should include 35 hours of work or work-related activities per week. If fewer hours are included in the EP, the reasons for reducing the hours should be noted.

A more limited initial EP can be developed to meet the 10-day requirement provided that a date at which the EP will be revised is included. Because DWP is limited to 4 months, the initial EP should be revised as soon as possible.

SPECIAL CONSIDERATIONS FOR 2-PARENT FAMILIES

In 2-parent families where only 1 caregiver meets a DWP exclusion category and the other caregiver does **NOT** meet a DWP exclusion category, **BOTH** parents must participate in DWP. However, the EP for the caregiver who would otherwise be excluded will be developed taking into account the participant's special circumstances. This includes a caregiver in a 2-parent family who is:

- A minor who has not graduated from HS/GED, see 0012.06 (Requirements for Custodial Parents Under 20).

OR

- An 18- or 19-year old who has not graduated from HS/GED, and has chosen the education option, see 0012.06 (Requirements for Custodial Parents Under 20).

CHILD UNDER 12 MONTHS, REGARDLESS IF CHILD'S NEEDS ARE INCLUDED IN THE GRANT

- A 1-parent family (with no other DWP exclusion reason) that includes a child under 12 months is not eligible for DWP, unless the parent previously used all of the 12 month lifetime ES exemption limit. Take a Combined Application - Addendum (DHS-5223C) for the newborn and move the case to MFIP. If the determination is made more than 30 days after the DWP application date, have the participant complete an MFIP Transition Application Form (DHS-5223E) as part of the process. Terminate DWP allowing for proper notice.

  Once the MFIP case is opened, the caregiver is required to choose within 10 days whether to use the child under 12 months exemption or use it at a later date.

- A 2-parent household that includes a child under 12 months with no other DWP exclusions MUST participate in DWP. In a 2-parent family only 1 parent in any 1 month is eligible for the ES exemption if the unit has not already used the 12 month lifetime limit.

FS: For FSET participant Employment Plan requirements, see FSET Manual 5.12 (Employment Plan (EP)).

MFIP, DWP:

The county must arrange for or provide people required to participate in MFIP Employment Services (MFIP-ES) with child care services, transportation, and other necessary family services as authorized by the Employment or Family Stabilization Services (FSS) Plan. People who do not have child care or transportation may claim good cause for not participating in MFIP-ES.

WB: Support Services may be available according to your county policy.

FS: The county agency must, within the limit of available funds, arrange for or provide needed support services to clients participating in FSET. Support services are those services necessary to enable clients to participate in the program including, but not limited to:

- Transportation, unless free transportation is available. This includes transportation to enable FSET participants to take part in literacy training.
- Child care.
- Tools, equipment, and supplies.
- Uniforms.

Do not require clients to participate, and do not sanction clients for failure to cooperate, if needed support services or funds to pay for them are unavailable or if the client would have to incur these expenses out-of-pocket without being repaid.

MSA, GA, GRH:

No provisions.

GOOD CAUSE FOR NON-COMPLIANCE--MFIP/DWP 0028.18

MFIP: The Employment Services Provider has primary responsibility to determine good cause for failure to comply for participants enrolled in MFIP Employment Services (MFIP-ES). However, if you learn of circumstances that show good cause, complete and send a Status Update Form (DHS-3165) to the job counselor. See §0028.03.09 (Reporting Changes to Job Counselor).

MFIP ORIENTATION TO FINANCIAL SERVICES:

All participants may claim any 1 of the following reasons as good cause for failure to attend financial orientation:

- Appropriate child care is not available. See §0028.18.02 (MFIP Good Cause--Child Care).
- The participant is ill or injured.
- A family member is ill and needs care by the participant that prevents the participant from attending an orientation.
- The participant is unable to secure the necessary transportation.
- The participant is in an emergency situation that prevents him/her from attending an orientation.
- The orientation conflicts with the participant's work, training, or school schedule.
- The schedule of orientation conflicts with judicial proceedings.
- The participant documents other verifiable impediments to attendance at an orientation beyond the participant's control.
- The participant is needed in the home to care for someone who is ill or incapacitated, OR has a child or adult in the household who meets ANY of the following disability or special medical criteria and whose services have been interrupted. See §0011.36 (Special Medical Criteria).

  - Child or adult who receives physician-ordered, medically necessary home health services or private duty nursing in his or her residence.

  OR

  - Child or adult in the household who meets the disability or medical criteria for a home and community-based waiver services program.

OR
- Child who meets the definition of "severe emotional disturbance", as determined by a qualified professional.

OR
- Adult who meets the definition of "serious and persistent mental illness", as determined by a qualified professional.

If a caregiver misses an orientation because he/she must care for a disabled child or adult whose services are interrupted, you should grant good cause without time consuming attempts to document that the complex criteria above are met. When in doubt if the above criteria are met, it is appropriate to grant good cause based on either an emergency situation or verifiable impediments.

County agencies must work with participants to provide child care and transportation necessary to ensure a participant has every opportunity to attend an orientation.

EMPLOYMENT SERVICES REQUIREMENTS:

All participants may claim any 1 of the following reasons as good cause for failure to comply with the expectations of MFIP-ES:

- Appropriate child care is not available. See §0028.18.02 (MFIP Good Cause--Child Care).

- The job does not meet the definition of suitable employment. See §0028.18.03 (Suitable/Unsuitable Work).

- The participant is ill or injured.

- A member in the assistance unit, or a relative or foster child in the household, is ill and needs care by the participant that prevents the participant from complying with the Employment Plan.

- The participant is unable to secure the necessary transportation.

- The participant is in an emergency situation that prevents compliance with the Employment Plan.

- The schedule of compliance with the Employment Plan conflicts with judicial proceedings.

- The participant is already participating in acceptable activities.
- The employment plan requires an educational program for a participant under age 20, but the educational program is not available.
- Activities identified in the Employment Plan are not available.
- The participant is willing to accept suitable employment but employment is not available.
- The participant documents other verifiable impediments to compliance with the Employment Plan beyond the participant's control.
- The documentation needed to determine if a participant is eligible for Family Stabilization Services (FSS) is not available, but there is information that the participant may qualify and the participant is cooperating with the county or employment services provider's efforts to obtain the documentation necessary to determine eligibility.

Participants must prove the good cause reason if the job counselor asks.

WB, MSA, GA, GRH:
No provisions.

DWP: Participants may claim good cause for any of the reasons listed in MFIP above under Employment Services Requirements.

FS: See §0028.21 (Good Cause Non-Compliance-WB/FS/MSA/GA/GRH).

MFIP GOOD CAUSE--CUSTODIAL PARENTS UNDER 20 0028.18.01

MFIP, DWP:

Good cause reasons for custodial parents under age 20 differ from those of other participants. Custodial parents under the age of 20 who do not have a high school diploma or its equivalent may claim the following good cause reasons for not attending school:

- Transportation services or appropriate child care services needed to enable the participant to attend school are not available.
- The participant is ill or disabled seriously enough to prevent attendance at school.
- The participant is needed in the home because of the illness or disability of a member of the assistance unit, or a relative or foster child in the household. This includes a participant with a child under 6 weeks of age.
- The job counselor determines that no appropriate educational option is available for the participant who is age 18 or 19. In this case, the job counselor and participant will need to develop an Employment Plan. Allow 18- and 19-year old teen parents who do not have a high school diploma or its equivalent to choose an Employment Plan (EP) with either an education option or a work option. See §0012.06 (Requirements for Custodial Parents under 20).
- The county social services agency determines that school attendance is not appropriate for a participant who is under age 18. In this case, social services should assist the minor participant to develop an appropriate plan.

WB, FS, MSA, GA, GRH:

No provisions.

MFIP, DWP:

Caregivers may claim good cause for demonstrated inability to obtain needed child care. The Department of Human Services has developed the terms below to use in determining good cause for failure to comply with MFIP orientation and MFIP Employment Services (MFIP-ES) requirements due to inability to obtain needed child care.

Do not impose a sanction if you and/or the Employment Services Provider (ESP) determine that a participant has good cause for not complying with a program requirement because appropriate child care is not available. See §0028.18 (Good Cause for Non-Compliance--MFIP/DWP).

- Appropriate child care means:

  - The provider of care is a licensed or legal non-licensed provider according to state standards.

  - The provider of care is able to meet a demonstrated need for language-specific care.

  - The care is appropriate to the child's age and special needs. Special needs means a child who has a hearing impairment, visual disability, speech or language impairment, physical handicap, other health impairment, mental handicap, emotional/behavioral disorder, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf/blind disability and needs special instruction and services as determined by the Department of Education. Counties should also accommodate demonstrated needs for culturally-specific services as resources allow.

- Reasonable distance means that the total commuting time to the child care provider and to work does not exceed 2 hours round trip.

- Unsuitability of informal care means that the provider does not meet standards regarding health and safety of the child that would be applied to legal, non-licensed providers.

- Affordable child care arrangements means the provider does not charge in excess of the maximum amount the county is allowed to pay, as established in a rate schedule set each year.

WB, FS, MSA, GA, GRH:

No provisions.

MFIP, DWP:

Work is unsuitable when:

- The hourly gross wages are less than the federal or state minimum wage for that type of employment, whichever applies. See minimum wage figures in Temp Manual TE12.05 (Minimum Wage).
- The work is not within the client's physical and mental capacity.
- The work does not meet health and safety standards established by the Occupational Safety and Health Administration (OSHA) and the Minnesota Department of Employment and Economic Development.
- There is discrimination at the work site on the basis of age, sex, race, creed, marital status, status with regard to public assistance, disability, religion, or place of national origin.

WB, MSA, GRH:

No provisions.

FS: Participants must accept any bona fide offer of suitable employment, and must not quit suitable employment without good cause. Work is unsuitable when:

- The work is temporary day labor.
- The wages are less than the highest of:
  - The applicable federal or state minimum wage. See the minimum wage figures in TEMP Manual TE12.05 (Minimum Wage).
  - 80% of the federal minimum wage if neither the federal or state minimum wage applies.
  - The work is offered on a piece-rate basis and hourly yield is likely to be less than the applicable minimum wage listed above.
- The person is required to do any of the following as a condition of employment:
  - Join a union.
  - Resign from a union.

- Refrain from joining a labor organization.

- The work offered is at a site undergoing a strike or lockout. (Consider work offered at a site undergoing a strike or lockout as suitable if the court issues an injunction under Section 10 of the Railway Labor Act or the strike has been enjoined under the Taft-Hartley Act.).

- The degree of risk to health and safety is unreasonable when compared to federal, state, and local health and safety regulations.

- The person is physically or mentally unfit to perform the work as documented by medical evidence or by other reliable information.

- The work offered within the 1st 30 days of registration is not in the person's major field of experience. After 30 days, a job need not be in the major field of experience.

- The round trip commuting time from the person's residence to the place of work is more than 2 hours by available means of transportation.

- The working hours or nature of the work interfere with the person's religious observances, convictions, or beliefs.

GA: Suitable work is a job within the local labor market that:

- Meets existing health and safety standards set by federal, state, or local regulations.

- Is within the physical and mental ability of a person.

- Provides a gross weekly income equal to the federal or state minimum wage applicable to the job for 40 hours per week, or a monthly income which, after allowable exclusions, deductions, and disregards would exceed the standard of assistance for the assistance unit, whichever is less.

AND

- Includes employment offered through Workforce Investment Act (WIA), the Minnesota Employment and Economic Development Act, and other employment and training options, but does not include temporary day labor.

MFIP, DWP:

The county agency or Employment Services Provider (ESP) must offer a conciliation conference to clients who fail to comply with MFIP Employment Services (MFIP-ES) requirements. Also offer this opportunity to a minor caregiver to resolve issues of non-compliance with education requirements. See §0012.06 (Requirements for Custodial Parents Under 20).

The client must request the conference within 10 calendar days from the date you mail or hand deliver the MFIP Notice of Intent to Sanction (DHS-3175) to the client. Requests for conciliation conference may be made in writing, by telephone, or in person.

If the client requests the conciliation conference within 10 calendar days from the date you mail or hand deliver the notice to the client, hold the conference within 5 calendar days of the request.

If the client fails to request a conciliation conference within the 10-day time period or the conference fails to resolve the problem, the job counselor will send a Status Update form asking you to send the client a notice of adverse action. See §0028.30 (Sanctions for Failure to Comply - Cash).

WB, FS, MSA, GA, GRH:

No provisions.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: Participants must make satisfactory progress toward their overall employment goals and on the intermediate activities that lead toward those goals. The employment goal, intermediate activities, and standards for satisfactory progress should all be specified in the participant's Employability Development Plan (EDP).

Mandatory participants are expected to participate in and complete the activities specified in their EDP. When a mandatory participant fails to participate or make satisfactory progress without good cause, the participant will be subject to sanction.

There are no specific state standards for establishing or monitoring satisfactory progress in FSET. Include other agencies or service organizations who help provide the services specified in the participant's EDP when establishing satisfactory progress criteria.

In job search, satisfactory progress may include:

- Making a set number of employer contacts.
- Spending a specific number of hours doing individual employer contacts.
- Spending a set number of hours searching want ads or the job bank.
- Doing cold-calls to employers completing a specific number of practice interviews.
- Attending a set number of individual meetings with the Employment Services Provider (ESP) or group meetings with a job club.

Frequent contact between participants and staff to coordinate workshops and job search activities will help ensure that job search requirements are met.

The need for monitoring job search progress will differ depending on the activities in the EDP and the individual participant. Possible methods of monitoring include, but are not limited to: job logs; requiring verification of contacts or copies of completed applications; and calling personnel offices to verify that participants have applied and/or interviewed.

When appropriate, you may also wish to get feedback from employers after an interview is completed.

MFIP, DWP:

See §0028.30 (Sanctions for Failure to Comply - Cash).

WB, MSA, GA, GRH:

No provisions.

FS: When the Employment Service Provider (ESP) determines that a mandatory participant has failed, without good cause, to participate in and cooperate with FSET or to accept any bona fide offer of suitable employment, the ESP must provide timely notice to the participant. See §0028.21 (Good Cause Non-Compliance - WB/FS/MSA/GA/GRH).

The ESP must mail or hand deliver the notice to the participant within 5 days of the determination of non-compliance. Use the Notice: Failure to Comply - Food Support Employment & Training (FSET) (DHS-3227).

The ESP must also send a copy of this notice to the county agency at the same time it is provided to the participant. DHS recommends that the ESP and county agency establish and maintain effective communication regarding FSET program operations in general, and sanction procedures in particular, to assure that both are informed of all relevant facts and circumstances.

If the ESP is unable to use the DHS-3227 notice and instead uses an alternate notice, the alternate notice must contain all of the following:

- The specific requirement(s) with which the client did not comply.
- The factual basis for determining that the participant failed to participate or comply with the requirement(s).
- A statement that the county agency will terminate Food Support benefits due to the failure to participate or comply.
- A request that the participant explain his/her failure to participate or non-compliance.
- A statement that a sanction will not be imposed or will be lifted if the participant had good cause for failing to participate or comply.
- A request that the participant inform the county agency or ESP if he/she had good cause for failing to participate or comply.

- A statement of the participant's appeal rights.

Using information provided by the ESP and any information the participant presents, the county agency must make the final determination of good cause for non-compliance with FSET requirements. If the county agency determines that the participant had good cause for failing to participate or comply, or for refusing to accept suitable employment, a sanction must not be imposed. See §0028.21 (Good Cause Non-Compliance-WB/FS/MSA/GA/GRH). If the client has good cause, do not impose the sanction.

If the county agency determines that the participant did not have good cause for failure to participate or comply or for refusing to accept suitable employment, the county agency must send or give the participant a 10-day notice of termination from assistance. The non-compliance notice completed by the ESP and the 10-day termination notice developed by the county agency may be issued at the same time. See §0028.33 (Employment Services/FSET Notice Requirements). The notice must include:

- The specific act of non-compliance.

- The proposed disqualification period.

- A statement describing how the client may end the sanction.

Disqualify clients who do not have good cause. Follow the provisions in §0028.30.06 (Type/Length of FSET Sanctions). Send the unit a 10-day notice of disqualification. See §0026.12 (Timing of Notices).

MFIP, DWP:

See §0028.18 (Good Cause for Non-Compliance--MFIP/DWP).

WB, MSA, GA, GRH:

No provisions.

FS: Good cause for not participating in employment services requirements means circumstances beyond the client's control, including:

- Client illness or injury.
- Illness or injury of another unit member that requires the client's presence.
- A household emergency.
- Inability to obtain transportation needed to participate in FSET.

Good cause for quitting or not accepting work includes:

- Client illness or injury.
- Illness or injury of another unit member that requires the client's presence.
- A household emergency.
- Inability to obtain needed transportation.
- The job did not meet suitable work requirements. See §0028.18.03 (Suitable/Unsuitable Work).
- Employer discrimination.
- Work demands or conditions that make working unreasonable, such as working without being paid on schedule.
- The PWE enrolls at least half-time in any recognized school, training program, or institution of higher education that requires the PWE to leave employment.
- The PWE quits work so another unit member can accept employment or enroll at least half-time in any recognized school, training program, or institution of higher education.

- A client under age 60 resigns, and the employer recognizes it as retirement.
- The client accepts a new job of 20 hours a week at minimum wage, or fewer hours equal to the pay of 20 hours a week at minimum wage.
- Leaving a job because employment patterns make it necessary for workers to frequently move from 1 employer to another.

Also see §0028.30.09 (Refusing or Terminating Employment).

MFIP: For information on child support sanctions when the participant is not also sanctioned for another reason, see §0012.24 (Child Support Sanctions). For information on drug felony sanctions, see §0011.27.03 (Drug Felons). For information on post 60-month sanctions, see §0028.30.04 (Post 60-Month Empl. Services Sanctions). For information on MFIP sanctions for refusing or terminating suitable employment, see §0028.30.09 (Refusing or Terminating Employment). Also see §0028.18 (Good Cause for Non-Compliance--MFIP/DWP), §0028.30.12 (Sanction Notice for Minor Caregiver).

UNLESS THERE IS GOOD CAUSE, consider a participant out of compliance with the requirements of MFIP Employment Services if they fail to:

- Attend a financial orientation.

OR

- Attend the overview.

OR

- Conduct the required job search.

OR

- Cooperate in the development of an Employment Plan.

OR

- Comply with or make satisfactory progress in the activities specified in the Employment Plan. The Employment Plan must clearly specify the criteria for satisfactory progress.

OR

- Accept or terminates suitable employment.

OR

- Meet school attendance requirements.

Do not sanction a Family Stabilization Services (FSS) participant once an FSS Employment Plan has been developed, unless all FSS sanction provisions have been met. See Employment Services Manual Appendix H (FSS Sanction Guidance).

Do not impose a sanction when the participant comes into compliance BEFORE the effective date of the sanction for failure to:

- Attend financial orientation.

OR

- Comply with child support requirements. See §0012.24 (Child Support Sanctions).

Do NOT continue a sanction that was imposed in a previous state. Sanctions do not follow from state to state.

In addition, apply the process below for any EMPLOYMENT-RELATED sanction:

1. The job counselor must send participants the MFIP Notice of Intent to Sanction (DHS-3175) and tell them they may request a conciliation conference. Your agency's Employment Services Provider (ESP) must conduct the conference within 5 days of the request. Participants may request a fair hearing when they get a Notice of Intent to Sanction without exercising the option of a conciliation conference.

2. If a participant does not request a conciliation conference within 10 calendar days of the mailing of the Notice of Intent to Sanction, the job counselor will send a Status Update Form (DHS-3165). When you get the Status Update Form, send the caregiver a Notice of Adverse Action (NOAA).

3. Apply the sanction to the grant for the 1st possible month after the determination of non-compliance, following 10-day notice requirements. Notify the job counselor of the effective date of sanction.

4. The caregiver may request a fair hearing upon getting the NOAA. See §0027 (Appeals). If the caregiver files an appeal within 10 days after the date of the NOAA, follow the provisions of §0027.15 (Continuation of Benefits).

5. Lift the sanction in the month after the month the caregiver complies with the MFIP-ES requirement provided the grant reduction has been in effect for a minimum of 1 month. The job counselor will send you a Status Update Form to tell you to remove the sanction. If the grant was vendor paid as a result of the sanction, continue vendor payment for 6 months after the month in which the participant returns to compliance.

Do not impose a sanction when a participant complies with MFIP-ES requirements ON OR BEFORE 10 days prior to the effective date of the sanction.

Participants may cure an MFIP-ES sanction by complying with the MFIP-ES requirements as outlined below:

- **FOR THE 1ST OCCURRENCE OF NON-COMPLIANCE:** The sanction can be cured ON OR BEFORE 10 days prior to the EFFECTIVE date of the sanction. When a sanction has been imposed, it must be in effect for a minimum

of 1 month and you may remove it in the month after the month the participant comes into compliance.

- **FOR THE 2ND OCCURRENCE OF NON-COMPLIANCE:** The sanction can be cured ON OR BEFORE 10 days prior to the effective date of the sanction. When the participant comes into compliance AFTER the 10-day cure time period has passed, remove the sanction the month after the month the participant comes into compliance.

- **3RD THROUGH 6TH OCCURRENCES OF NON-COMPLIANCE:** When the 30% sanction has been imposed for 1 month, ALL subsequent consecutive months in which a 10-day notice is not required may be cured up to the day prior to the effective date of the sanction. When subsequent months are not consecutive, a notice of adverse action is sent out and the sanction must be cured ON OR BEFORE 10 days prior to the EFFECTIVE date of the sanction.

- **7TH OCCURRENCE OF NON-COMPLIANCE (100% SANCTION - MONTH OF CLOSURE):** The sanction can be cured ON OR BEFORE 10 days prior to the EFFECTIVE date of the sanction (case closure) unless good cause is granted or pre-employment activities are found to exist.

  For a relative caregiver case, in which the eligible relative caregiver has opted to be included in the MFIP grant, and the caregiver has reached the 7th occurrence sanction limit, MFIP should remain open for the relative care child. For MAXIS instructions, see POLI/TEMP TE17.13 (7th Occurrence Sanction - Relative Caregiver).

  Also, see TE20.07 (Reapply After 7th Occur. Sanction Examples) for a list of case examples with information on regaining eligibility after a 7th occurrence of non-compliance (100% sanction case closure).

When a case has been closed, and you then reinstate or reopen it, apply the following procedures:

- **CLOSED FOR LESS THAN A CALENDAR MONTH:**

  - If the sanction was already in effect prior to closing, the sanction remains in place.
  - If the notice of adverse action was sent to the client prior to the case closing, impose the sanction immediately.

- If the notice was not sent prior to closing, send the notice when the case opens. Impose the sanction for the 1st of the month for which you are able to give 10 days notice.

➢ **CLOSED FOR MORE THAN A CALENDAR MONTH DUE TO NON-COMPLIANCE WITH EMPLOYMENT SERVICES WITH A NEW APPLICATION AND PROSPECTIVE BUDGETING:**

The client must demonstrate compliance with ES requirements for up to 1 month before reopening the case. Reopen from the date of compliance. If you approve a new application and the client again fails to cooperate, send the appropriate notices.

➢ **CLOSED FOR MORE THAN A CALENDAR MONTH FOR REASONS OTHER THAN NON-COOPERATION WITH EMPLOYMENT SERVICES WITH A NEW APPLICATION AND PROSPECTIVE BUDGETING:**

Do not impose the previous ES sanction. The client has a new opportunity to comply with ES. If you approve the new application and the client again fails to cooperate, send the appropriate notices.

For information on type and length of MFIP sanctions depending on case circumstances, 1st or subsequent occurrence of non-compliance, and dual sanctions, see §0028.30.03 (Pre 60-Month Type/Length of ES Sanctions).

WB, MSA, GA, GRH:

No provisions.

DWP: Disqualify any family unit that includes a participant who fails to comply with DWP Employment Services or Child Support Enforcement requirements, without good cause. See §0028.18 (Good Cause for Non-Compliance--MFIP/DWP). Provide written notice and appeal provisions to the participant prior to disqualifying the family unit. See §0026 (Notices). The disqualification does not apply to Food Support or health care benefits.

A participant who has been disqualified from DWP due to non-compliance with Employment Services may regain eligibility by complying with program requirements. A participant who has been disqualified from DWP due to noncooperation with Child Support may regain eligibility by complying with Child Support requirements. Once a participant has been reinstated, issue prorated

benefits for the remaining portion of the month. In a 2-parent family, both parents must be in compliance before the family unit can regain eligibility for benefits.

A family unit that has been disqualified from DWP due to non-compliance is not eligible for MFIP or any other TANF cash program during the period of time the participant remains non-compliant for up to the remainder of the 4-month DWP period. The disqualification for a DWP unit closed due to non-cooperation does not carry over to MFIP.

A family unit is not eligible for MFIP/DWP Child Care Assistance while disqualified from DWP due to non-compliance with ES. However, if the family has received 3 months of DWP they may be eligible for Transition Year child care. Families who are not MFIP or DWP participants are eligible for Basic Sliding Fee child care, if the county does not have a waiting list.

Disqualification from DWP due to noncooperation with child support results in no eligibility for any child care assistance programs.

If a family has been found guilty of fraud, the family is NOT eligible for TY child care but may be eligible for BSF. If a family is found guilty of child care fraud, they are not eligible for any child care assistance until after the disqualification period.

NOTE: DWP does NOT include a minimum length of time a case must be closed due to non-compliance.

To regain DWP eligibility after an initial disqualification, a participant must comply with the terms of her or his EP. Since DWP is a short-term program, it is important that participants do not remain disqualified for an extended period of time. The county and ES provider should work to re-engage the disqualified participant in Employment Services as soon as possible.

If a participant fails to comply with his or her EP a 2nd time and becomes disqualified again, the county should again review the EP and redetermine what it will take for the participant to regain eligibility. This 2nd determination may differ from the previous determination, which was driven by the desire to have the participant re-engage in DWP Employment Services as quickly as possible. For example, with the 1st disqualification, a county may simply require the participant to start attending job search again to regain eligibility for DWP. However, when the participant is disqualified a 2nd time for failing to attend job search sessions, the

county may decide that the participant must make up all of the missed days or job search workshops before regaining eligibility.

Compliance expectations should be reasonable and support the program goal of engaging people in work and improving family stability within the 4-month program. Counties should develop guidance for Employment Services providers to ensure that all participants are treated equitably but must not require closure for a set period of time.

A participant remains disqualified from DWP until the participant complies with all program requirements. There is no minimum or maximum amount of time the case must be closed. If the participant complies during the 4 consecutive months of DWP eligibility, issue DWP benefits to the family unit. Prorate the benefits from the date of cooperation. Have the family complete a new CAF only if they have been off assistance for more than 30 days.

FS: For information on FSET sanctions, see §0028.20 (Failure to Comply - FSET), §0028.30.06 (Type/Length of FSET Sanctions), §0028.30.09 (Refusing or Terminating Employment).

PRE 60-MONTH TYPE/LENGTH OF ES SANCTIONS 0028.30.03

For information on whether or not to sanction clients, see §0028.30 (Sanctions for Failure to Comply - Cash), §0028.20 (Failure to Comply - FSET). For information on sanctions for refusing or terminating suitable employment, see §0028.18.03 (Suitable/Unsuitable Work), §0028.30.09 (Refusing or Terminating Employment).

MFIP: This section applies to participants who have not reached their 60-month lifetime limit as specified in §0011.30 (60-Month Lifetime Limit). For information on participants who have reached their 60-month lifetime limit and qualify for a hardship extension, see §0011.33 (MFIP Hardship Extensions). For sanction information, see §0028.30 (Sanctions for Failure to Comply - Cash), §0028.30.04 (Post 60-Month Empl. Services Sanctions).

Effective 7-1-03, sanctions count towards closure of the MFIP case. A participant will have his or her case closed at the 7th occurrence of non-compliance. The count toward closure does **NOT** start over, even if the participant goes off assistance, comes into compliance, and remains in compliance. Use the STAT/SANC panel to track occurrences of non-compliance.

Each month that a participant fails to comply with a requirement is considered a separate occurrence of non-compliance. If both participants in a 2-parent assistance unit are out of compliance at the same time, it is considered 1 occurrence of noncompliance.

- **FOR THE 1ST OCCURRENCE (10%) OF NON-COMPLIANCE:** by a participant(s) in an assistance unit, reduce the assistance unit's grant by 10% of the MFIP standard of need for an assistance unit of the same size with the residual grant paid to the participant. The reduction in the grant amount must be in effect for a minimum of 1 month. Remove the reduction in the month following the month that the participant(s) returns to compliance.

- **FOR THE 2ND - 6TH OCCURRENCE (30%) OF NON-COMPLIANCE:** Vendor pay the shelter costs up to the amount of the cash portion of the grant. At county option, you may vendor pay utilities up to the amount of the cash portion of the grant. Vendor payment rules apply beginning with the 2nd occurrence of child support sanctions. Non-compliance with child support also counts toward the 7 occurrences and may lead to a 100% sanction. See §0012.24 (Child Support Sanctions), §0024.09 (Protective and Vendor Payments) for procedures to use when the information necessary to vendor pay is not on file and the vendor refuses to accept partial payment.

The residual amount of the cash grant after vendor payment, if any, and the food portion must be reduced by an amount equal to 30% of the Transitional Standard or Shared Household Standard, whichever applies for the family's size.

The reduction in the grant must be in effect for a minimum of 1 month and must be removed the month after the month the participant returns to compliance. In a 2-parent household, remove the grant reduction in the month following the month **both** participants return to compliance.

Continue to vendor pay the shelter (and utilities, if applicable) for 6 months after the month in which the participant(s) return to compliance.

NOTE: If the participant comes into compliance between occurrences and the next occurrence results in a change in benefit amount, issue a notice of adverse action. Participants must comply on or before 10 days prior to the effective date of the sanction in order to cure the sanction.

- **FOR THE 7TH OCCURRENCE OF NON-COMPLIANCE:** Close the MFIP case (100% sanction). Closure during the first 60 months is NOT permanent. The case must be closed for 1 full month but can be reopened after 1 month if the participant demonstrates compliance for up to 1 month. For MAXIS instructions, see TEMP Manual TE02.05.97 (MFIP Re-Appl After 7th/More Non-Compliance).

The Employment Services Provider must attempt a face-to-face meeting prior to case closure. Review the participant's case file to determine if:

- The continued non-compliance can be explained by providing a needed pre-employment activity. This includes activities such as volunteer work, literacy programs and related activities, citizenship and English as a Second Language classes, or participation in dislocated worker services, chemical dependency treatment, mental health services, peer group networks, displaced homemaker programs, parenting education, or other programs designed to help families reach their employment goals and enhance their ability to care for their children.

OR

- The participant qualifies for a good cause exception.

If the lack of an identified activity can explain the non-compliance, the provider must work with the participant to provide the activity. Also, the county must restore the participant's grant amount to the full amount retroactive to the 1st day

in which the participant was found to lack pre-employment activities or to qualify for a good cause exception. If the participant's grant is restored, remove the vendor payment of shelter (and utilities), if applicable.

A 2-parent assistance unit gets a **total** of 6 occurrences before closure. For example: if Mom has 3 occurrences and Dad has 3, the next (7th) occurrence results in case closure. However, if both parents in a 2-parent assistance unit are out of compliance during the same month, it counts as 1 occurrence.

Closure for non-compliance does **NOT** make the participant ineligible for Food Support, if otherwise eligible. Determine eligibility for Food Support at the time of closure. Case closure also does not affect health care eligibility.

If a case that has been closed for non-compliance is reopened and has another occurrence of non-compliance, vendor pay the shelter costs up to the amount of the cash portion of the grant. At county option, you may vendor pay utilities up to the amount of the cash portion of the grant. Reduce the residual amount of the cash grant after vendor payment, if any, and the food portion by an amount equal to 30% of the Transitional Standard or Shared Household Standard, whichever applies for the family's size. A subsequent occurrence of non-compliance for a case reopened after closure for non-compliance will result in case closure.

FOR DUAL SANCTIONING: Impose sanctions as follows for participants who refuse to comply with child support requirements AND have a concurrent sanction for failure to attend orientation or to develop or to comply with their Employment Plan:

- If the child support non-compliance and other program non-compliance occur in the SAME month, reduce the Transitional Standard or Shared Household Standard and MFIP food portion, whichever applies, by 30% for the 1st month, then vendor pay shelter costs (and utilities, if applicable) for the 2nd month.

- The participant remains subject to vendor payments and 30% sanction until BOTH issues of non-compliance have been resolved.

WB, DWP, MSA, GA, GRH:

No provisions.

FS: See §0028.30.06 (Type/Length of FSET Sanctions).

MFIP: This section applies to participants who have been granted hardship extensions under the 60-month lifetime limit requirements as specified in §0011.30 (60-Month Lifetime Limit).

The sanction provisions in this section apply only to non-compliance with ES requirements. Count ES sanction occurrences by case for purposes of determining when an MFIP unit is permanently disqualified.

For information on child support sanctions, see §0012.24 (Child Support Sanctions). Sanction policy for non-compliance with child support for extended households follows pre 60-month policy.

For information on Employment Services (ES) sanctions for pre 60-month time limit participants, see §0028.30 (Sanctions for Failure to Comply - Cash), §0028.30.03 (Pre 60-Month Type/Length of ES Sanctions).

For information on sanctions for refusing or terminating suitable employment, see §0028.18.03 (Suitable/Unsuitable Work), §0028.30.09 (Refusing or Terminating Employment).

All extended participants, excluding those extended as employed, are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop and comply with an FSS Employment Plan. Participants extended as employed are also required to participate with Employment Services but are not considered FSS.

Participants who are determined to be out of compliance may claim good cause for not complying as outlined in §0028.18 (Good Cause for Non-Compliance--MFIP/DWP).

Post 60-month sanctions differ from action taken during the 1st 60 months in several ways as follows:

- Non-compliance may result in permanent closure of MFIP.
- Pre-60 month occurrences do not carry into extended MFIP.
- Two-parent provisions are more complex. See §0028.30.04.03 (Post 60-Month Sanctions: 2-Parent Provisions).

SANCTION SEQUENCE

If 1 or both participants in an assistance unit are receiving MFIP under the extension provisions (after month 60), and are not cooperating with ES requirements, the sanction policy below applies.

- **FOR THE 1ST OCCURRENCE OF NON-COMPLIANCE:** The sanction is a 10% grant reduction of the Transitional Standard or Shared Household Standard. Participants can cure the sanction by complying on or before 10 days prior to the effective date of the sanction.

- **FOR THE 2ND OCCURRENCE OF NON-COMPLIANCE:** The sanction is a 30% grant reduction of the Transitional Standard or Shared Household Standard after the vendor payment of rent (and utilities, at county option). In addition, case review provisions (face-to-face meeting with participant) are required. Participants can cure the sanction by complying on or before 10 days prior to the effective date of the sanction.

- **FOR THE 3RD OCCURRENCE OF NON-COMPLIANCE:** The sanction is a 30% grant reduction of the Transitional Standard or Shared Household Standard plus vendor payment of rent (and utilities, at county option). In addition, case review provisions (face-to-face meeting with participant) are required. Participants can cure the sanction by complying before the effective date of the sanction unless there are months of compliance between occurrences. See **NOTE** below.

- **FOR THE 4TH OCCURRENCE OF NON-COMPLIANCE:** The unit is disqualified from MFIP. Participants can cure the sanction by complying 10 days prior to the effective date of the sanction.

  NOTE: If the participant comes into compliance between occurrences and the next occurrence results in a change in benefit amount, issue a notice of adverse action. Participants must comply on or before 10 days prior to the effective date of the sanction in order to cure the sanction.

DISQUALIFICATION UNDER EXTENSION SANCTION PROVISIONS

Participants who are disqualified (MFIP is closed) under the 4th occurrence of post 60-month sanction policy above may be determined eligible for assistance 1 additional time before being permanently disqualified from MFIP. In order to be reopened, the participant(s) must demonstrate compliance with ES requirements for

up to 1 month before the MFIP case can be reopened or meet criteria for another extension category. If the participant(s) demonstrates compliance with ES, the effective date of eligibility must not be prior to the date of cooperation.

When the MFIP case is reopened, the participants must remain in compliance. If the participant is out of compliance, send a Notice of Intent to Sanction (NOITS). If the participant does not respond within 10 days, or does not follow through with steps necessary to comply as listed on the NOITS, the following sanctions apply:

- **FOR THE 5TH OCCURRENCE OF NON-COMPLIANCE:** The sanction is 10% grant reduction of the Transitional Standard or Shared Household Standard. Participants can cure the sanction by complying on or before 10 days prior to the effective date of the sanction.

- **FOR THE 6TH OCCURRENCE OF NON-COMPLIANCE:** The sanction is permanent disqualification of the case (close the entire MFIP unit). There is no 30% sanction step. Participants can cure the sanction by complying on or before 10 days prior to the effective date of the sanction.

  NOTE: Before disqualifying a participant, the county must review the participant's case to determine if the Employment Plan is still appropriate and must make a good faith effort to meet with the participant face-to-face. If the participant does not comply, the county agency must send a notice of adverse action informing the participant that the MFIP case will be permanently closed.

During the face-to-face meeting, the county agency must:

- Determine whether the continued non-compliance can be explained and mitigated by providing a pre-employment activity.

- Determine whether the participant qualifies for a good cause exception.

- Inform participants of the Family Violence Waiver criteria and make a referral if appropriate.

- Inform participants of the sanction status and explain the consequences of continuing non-compliance.

- Identify other resources that may be available to the participant to meet the needs of the family.

- Inform the participant of the right to appeal.

WB, DWP, FS, MSA, GA, GRH:

No provisions.

POST 60-MONTH SANCTIONS: 2-PARENT PROVISIONS 0028.30.04.03

MFIP: In addition to the sanction policies outlined in §0028.30.04 (Post 60-Month Empl. Services Sanctions), there are provisions which apply when 1 or both parents in a 2-parent unit are out of compliance. Some of these provisions apply to all 2-parent units, and some will differ depending on whether both parents reached month 60 at the same time, or 1 reached month 60 before the other.

For information on the general sequence of sanctions, see §0028.30.04 (Post 60-Month Empl. Services Sanctions).

FOR ALL 2-PARENT CASES

- Pre 60-month occurrences do not carry into extended MFIP for purposes of counting occurrences toward permanent disqualification.
- Two-parent MFIP units are disqualified at the 4th occurrence of non-compliance, AND permanently disqualified at the 6th occurrence.
- Sanction occurrences are counted against the CASE, not the individual parent, for purposes of determining when the unit is permanently disqualified.
- If both participants are in sanction at the same time, it counts as 1 occurrence of non-compliance for the case.
- Two-parent units have the option to remove a non-compliant parent from the grant. A parent who is removed from the grant may reapply 1 additional time. A subsequent removal of this parent from the grant for non-compliance will result in permanent disqualification from MFIP for that parent. See §0011.33.02 (MFIP Hardship Extensions - Removing 1 Parent) for information about removing a non-compliant parent from MFIP.
- Only 1 parent may be removed at a time. Count Removals PER CAREGIVER for purposes of determining permanent disqualification of the individual caregiver from the MFIP unit. See §0011.33.02 (MFIP Hardship Extensions - Removing 1 Parent) for information about removing a non-compliant parent from MFIP.

WHEN BOTH PARENTS REACH MONTH 60 AT THE SAME TIME

- If both caregivers reach month 60 and are extended under a category that requires an Employment Plan, post 60-month Employment Services sanction provisions apply.

  EXAMPLE: Both parents reach month 60 and are extended under the employed category. Parent 2 is out of compliance with his or her Employment Plan. Apply post 60-month sanction or removal/disqualification provisions.

- If the household is mixed and 1 parent is extended under a category that requires an Employment Plan and 1 parent is extended under the ill/incapacitated category that does not require a plan, post 60-month sanction provisions apply.

  EXAMPLE: Both parents reach month 60. Parent 1 is determined "unemployable". Parent 2 meets criteria for "ill or incapacitated". Parent 1 must develop and follow an Employment Plan. Parent 2 is not required to follow an Employment Plan. If Parent 1 is out of compliance, post 60-month Employment Services sanction/disqualification policies apply.

- If both caregivers are extended under the ill/incapacitated category that does not require an Employment Plan, post 60-month Employment Services sanction policies do NOT apply.

WHEN 1 PARENT REACHES MONTH 60 BEFORE THE OTHER:

- If the caregiver who has reached month 60 is extended under a category that requires an Employment Plan, post 60-month sanction provisions apply.

  EXAMPLE: Parent 1 has reached month 60 and is extended under the employed category. Parent 2 has not reached month 60, and is out of compliance with his or her EP. Apply post 60-month ES sanction or removal/disqualification provisions.

- If parent 1 has reached month 60 and is being extended under a category that does not require an Employment Plan, and parent 2 has not reached month 60 but is required to participate in Employment Services, pre 60-month ES sanction provisions apply. See §0028.30.03 (Pre 60-Month Type/Length of ES Sanctions).

EXAMPLE: Parent 1 has reached month 60 and is extended under the ill/incapacitated category. Parent 2 has not reached month 60, and is out of compliance with his/ her Employment Plan. Apply pre 60-month Employment Services sanction provisions.

WB, DWP, FS, MSA, GA, GRH:

No provisions.

For information on whether or not to sanction clients, see 0028.06.10 (Who Is Exempt From FSET), 0028.20 (Failure to Comply - FSET). For information on sanctions for refusing or quitting suitable employment, see 0028.18.03 (Suitable/Unsuitable Work), 0028.30.09 (Refusing or Terminating Employment). For information on drug felony sanctions, see 0011.27.03 (Drug Felons), 0011.27.03.01 (Drug Felons - FS).

MFIP:
See 0028.30.03 (Pre 60-Month Type/Length of ES Sanctions), 0028.30.04 (Post 60-Month Empl. Services Sanctions).

WB, DWP, MSA, GA, GRH:
No provisions.

FS:
Due to the American Recovery and Reinvestment Act (ARRA) and the statewide ABAWD waiver (January 1, 2009 through September 30, 2011) there are no FSET Employment and Training sanctions. However, any sanction imposed due to a non-compliance which occurred prior to January 1, 2009, must be served before eligibility under the waiver can be assessed. The waiver of sanctions does NOT include sanctions imposed due to non-compliance with Food Support eligibility criteria. For more information on the statewide ABAWD waiver, see 0011.24 (Able-Bodied Adults).

The following provisions apply to non-PA mandatory FSET participants who fail to participate, cooperate, accept employment, or voluntarily quit suitable employment while participating in FSET. When a mandatory participant fails, without good cause, to comply with FSET requirements, determine if you must sanction only the client or the entire unit.

- If the client is NOT the principal wage earner (PWE), sanction ONLY the client.

- If the client is the PWE, sanction the entire unit. (Note that during a sanction the unit cannot designate someone else as the PWE simply to avoid the sanction.)

See 0028.03.06 (Determining FS Principal Wage Earner).

Apply the length of the sanction for each occurrence as follows:

- **FOR THE 1ST OCCURRENCE:** Loss of FS for 1 month or until compliance, whichever is longer.

- **FOR THE 2ND OCCURRENCE:** Loss of FS for 3 months or until compliance, whichever is longer.

- **FOR THE 3RD AND ANY SUBSEQUENT OCCURRENCE:** Loss of FS for 6 months or until compliance, whichever is longer.

The sanction begins on the date specified in the county agency's 10-day notice to the participant. See 0026.12.03 (10 Day Notice).

Apply the sanction policy until the client does 1 of the following:

- Serves the sanction period and reapplies for FS.

- Leaves the unit's home.

- If a unit member who failed to comply joins another unit as that unit's PWE, the entire new unit is ineligible for the rest of the disqualification period.

- If a unit member who failed to comply joins another unit where that person is NOT the PWE, ONLY that person is ineligible.

- If a unit is disqualified because the PWE failed to comply and a new person who has not committed any violations joins the unit as the PWE, end the disqualification for the other unit members. Require a new application and prorate benefits from that date.

- Becomes exempt from work registration or FSET participation.

When an FSET sanction ends, see 0008.06.07 (Adding a Person to the Unit - FS).

NOTE: Applicants for Food Support who have been in FSET sanction status continuously for at least 1 year do not have to comply with the previous requirements that caused the sanction.

A leave of absence is NOT considered refusing or terminating employment. See TE19.143 (Coding STAT/JOBS for a Leave of Absence) for MAXIS coding instructions.

MFIP: Sanction participants for failure to accept suitable employment or for terminating suitable employment, ONLY if they are enrolled in MFIP Employment Services (MFIP-ES). See §0028.18.03 (Suitable/Unsuitable Work).

When participants extended under the "employed" or "limited work due to illness/disability" category involuntarily lose employment, allow a 1-month exemption from meeting hourly employment requirements. See §0011.33.03 (MFIP Employed Extension Category), §0011.33.03.03 (Limited Work Due to Illness/Disability).

When a job counselor determines that a sanction is appropriate for failure to accept or terminating suitable employment, the job counselor will notify the financial worker using the DWP/MFIP Status Update Form (DHS-3165). When you get the Status Update Form, send the participant a Notice of Adverse Action (NOAA). See §0028.30 (Sanctions for Failure to Comply - Cash).

WB, MSA, GA, GRH:
No provisions.

DWP: Disqualify family units when a participant(s) fails to accept suitable employment or terminates suitable employment without good cause. See §0028.18 (Good Cause for Non-Compliance--MFIP/DWP).

FS: Federal regulations specify that households will be subject to disqualification from receipt of FS benefits if the PWE or a non-PWE, without good cause, quit employment of 30 or more hours per week (or employment that weekly paid a wage equal to 30 hours times federal minimum wage) within 60 days of applying for FS benefits.

Sanction only the client when a non-PWE fails to participate, cooperate, accept employment, or voluntarily quits suitable employment within the 60 days before application or while receiving FS.

In the case of an applicant PWE who is determined to have quit employment without good cause, the household's eligibility will be denied and the household will be disqualified from receiving Food Support benefits for 90 days, starting from the date of quit. For a non-PWE applicant, disqualify only the individual for 90 days from the date of quit.

In the case of a participant PWE who is determined to have quit employment without good cause, the household must be disqualified from receiving Food Support benefits for 3 calendar months, starting with the 1st of the month following timely notice. If you are unable to disqualify the unit for 3 months because the quit or determination of the quit occurs in the last month of the certification, cite overpayments for Food Support issued the month following the month the PWE quit. Apply this provision to non-PWE participants but only disqualify the individual.

This provision does not apply if the client meets any of the following:

- The PWE is exempt from work registration or FSET participation, EXCEPT that the exemption for a person working 30 or more hours per week may not be used in this situation.
- The PWE quit self-employment.
- The PWE reduced his or her hours while working for the same employer, or quit a job at the employer's demand. A federal, state, or local government employee who is dismissed because of participating in a strike is considered to have quit employment.
- The PWE accepted equivalent employment.

A PWE disqualified for quitting a job carries the sanction from 1 assistance unit to another if the person joins another unit as that unit's PWE.

Once started, the disqualification period runs without interruption unless any of the following happen:

- The PWE returns to the same job.
- The PWE accepts equivalent employment.
- A new member joins the unit as the unit PWE.
- The PWE becomes exempt from work registration or FSET participation, for a reason other than receiving unemployment compensation.

MFIP: Send an MFIP Notice of Intent to Sanction (DHS-3175) to a minor caregiver who is out of compliance with MFIP Employment Services (MFIP-ES) or education requirements. See §0012.06 (Requirements for Custodial Parents Under 20), §0028.12 (Education Requirements). MFIP-ES staff usually send the Notice of Intent to Sanction. However, in the case of a minor caregiver whose plan to attend school is developed by a social worker, your agency must decide who will send the Notice and make the determination of compliance or non-compliance. If the caregiver takes no action within the required time frame (at least 10 days from the mailing of the notice), the designated county person will notify you of the lack of action via the Status Update Form (DHS-3165). At that time, send a Notice of Adverse Action (NOAA) or apply the appropriate sanction if a NOAA is not required.

The Notice of Intent to Sanction does the following:

- Specifies requirements not complied with.
- Informs that a sanction will be imposed unless action is taken within the specified time frame (at least 10 days from the mailing of the notice of intent).
- Informs that good cause reasons for not complying should be reported to the job counselor.
- Provides information about the option to request a conciliation conference and a fair hearing.
- States that continuing non-compliance could result in additional sanctions including case closure.

A caregiver has at least 10 calendar days from the mailing of the notice to come into compliance or request a conciliation conference. A caregiver may request a fair hearing upon receipt of the Notice of Intent to Sanction without exercising the conciliation option. If no action is taken within the specified time frame (at least 10 days), you will receive a Status Update form. You must then send a MAXIS Notice of Adverse Action when required.

When a minor caregiver who is not involved with a job counselor requests a conciliation conference, the social worker who developed the education plan may conduct the conference. See CONCILIATION CONFERENCE in §0002.13 (Glossary: Conciliation...). If you receive a timely request, the conference must be conducted within 5 days of the request. A supervisor or designee must review the

outcome of the conference. If conciliation resolves the non-compliance, withdraw the sanction notice. The Status Update form is used to notify you to impose or postpone a sanction or that the sanction is cured.

WB, FS, MSA, GA, GRH:
No provisions.

DWP: Follow MFIP. However, notify the caregiver that non-cooperation results in disqualification.

MFIP: County agencies have considerable flexibility to design a referral process for MFIP Employment Services (MFIP-ES).

Give or send the Notice of Requirement to Attend MFIP Overview (DHS-2929) to clients required to attend the MFIP overview. The DHS-2929 explains the requirement to attend the overview, the consequences for failure to attend, and appeal information.

Job counselors will explain the additional rights and responsibilities of participating in MFIP-ES, and will distribute the Employment Services - Rights and Responsibilities (DHS-3172) to clients when they attend the overview.

WB, MSA, GA, GRH:
No provisions.

DWP: County agencies have considerable flexibility to design a referral process for DWP Employment Services.

Within 1 working day of determination that the applicant is eligible for DWP, but before benefits are issued to or on behalf of the family unit, refer all caregivers to Employment Services. The referral must be in writing and must contain ALL the following information:

- Notification that applicants are required to develop an Employment Plan as part of the application process or the DWP application will be denied.
- The Employment Services Provider name and phone number.
- The immediate availability of supportive services, including, but not limited to, child care, transportation, and other work-related aid.
- The rights, responsibilities, and obligations of participants in the program, including, but not limited to, the grounds for good cause, the consequences of refusing or failing to participate fully with program requirements, and the appeal process.

FS: At the time you notify the client of eligibility for assistance, give the client who is designated to participate in FSET a clearly written notice that includes:

- The requirement that the client attend an orientation; the date, time, and place of the orientation; and the name and telephone number of a contact person.

- The requirement that the client participate in and comply with all FSET program requirements, and the consequences of not complying.

- A statement that assistance will end if the client fails, without good cause, to comply with FSET program requirements.

No later than 24 hours after determining that a client has failed without good cause to comply with FSET program requirements, mail or hand deliver the Notice: Failure to Comply - Food Support Employment and Training Program (FSET) (DHS-3227) to the client.

For information on type and length of FSET sanctions, see §0028.30.06 (Type/Length of FSET Sanctions).

The county agency must provide the initial notice of orientation. All other advance notices may be provided by the county agency or the FSET service provider.

This chapter gives information about other programs. Give clients information about other programs or services for which they may be eligible.

Some programs listed in this chapter require counties to determine a client's eligibility, apply to the Department of Human Services (DHS) on the client's behalf, or help the client with forms and applications. See the following sections for more information:

0029.03 Health Care Programs.

0029.03.03 Transitional MA Programs.

0029.03.06 Family Support Grant Program.

0029.03.09 Consumer Support Grant Program.

0029.03.18 Relative Custody Assistance Program.

0029.06.12 Foster Care.

0029.06.21 United States Repatriation Program.

0029.07.03 State Food Programs.

0029.15 Social Services.

0029.30 Child Care Assistance.

0029.31 Child Care Resource and Referral.

0029.36 Domestic Violence Brochure Program.

The other programs listed in this chapter require that non-county agencies determine eligibility. Use information in these sections to refer clients to programs for which they might be eligible. Do not try to determine a client's eligibility for a particular program based on information in this chapter. The non-county agency responsible for the program must make the eligibility determination. These include:

0029.03.12 Workers' Compensation.

0029.03.15 Veterans' Benefits.

0029.06.03 Supplemental Security Income Program.

0029.06.06 Retirement, Survivors & Disability Insurance.

0029.06.09 Unemployment Insurance.

0029.06.24 Tribal TANF Programs.

0029.06.24.03 Tribal TANF Mille Lacs Band of Ojibwe.

0029.07.06 School Lunch Program.

0029.07.09 Women, Infants, and Children (WIC) Program.

0029.07.12 Commodity Supplemental Food Program.

0029.20.03 Publicly Assisted Housing.

0029.20.09 Family Homeless Prevention Assistance.

0029.20.12 Bridges Housing Subsidy.

0029.27 Low Income Home Energy Assistance Program.

0029.29 Safe At Home Program.

The Medical Assistance (MA) program was established under Title XIX of the Social Security Act and Minnesota Statute 256B to provide health care to needy people. People who receive Minnesota Supplemental Aid (MSA) or Refugee Cash Assistance (RCA) are automatically eligible for MA. MFIP, WB, and DWP participants and other people must meet the MA program requirements.

- Transitional MA and Transition Year MA are federally-funded programs established to provide some people who have been closed from MA with extended medical coverage. See §0029.03.03 (Transitional MA Programs) and the Health Care Programs Manual.

- General Assistance Medical Care (GAMC) is a state-funded program providing medical care to people receiving General Assistance (GA), people between the ages of 21-65 who are not pregnant, parents of minor children in the home, blind, or disabled; and certain undocumented and non-immigrant people.

- MinnesotaCare is a premium-based health care coverage program for uninsured Minnesota residents who meet the income guidelines. MinnesotaCare may pay for past medical bills.

For additional eligibility criteria and program provisions for the above programs, see the Health Care Programs Manual.

Also see the Health Care Programs Manual for information on the following:

- MA waiver programs, including Community Alternatives for Disabled Individuals (CADI), Developmental Disabilities (DD), Community Alternative Care (CAC), Elderly Waiver (EW), and Traumatic Brain Injury (TBI).

- Alternative Care (AC).

- Child & Teen Checkups (C&TC).

- Hill-Burton Act.

- Insurance Extension Program.

- Minnesota Children with Special Health Needs (MCSHN).

- Minnesota Comprehensive Health Association (MCHA).

- Pre-Admission Screening (PAS).

- Prescription Drug Program.
- Qualified Medicare Beneficiary (QMB).
- Qualified Working Disabled Adult (QWD).
- Service Limited Medicare Beneficiary (SLMB).
- TEFRA Option.

TRANSITIONAL MA PROGRAMS 0029.03.03

Some people closed from Medical Assistance (MA) due to increased income may be eligible for Transitional Medical Assistance (TMA) or Transition Year Medical Assistance (TYMA).

- Transitional Medical Assistance (TMA): Up to 4 months of additional medical coverage provided to some people terminated from regular MA because of increased child or spousal support.

- Transition Year Medical Assistance (TYMA): Up to 12 months of additional medical coverage provided to some people terminated from regular MA due to increased earnings, loss of earned income disregards, or a combination of loss of child/spousal support and increased earnings/loss of earned income disregards.

Households must contain a parent or caretaker and a dependent child. Both programs are person-based; thus, some households may have people receiving regular MA and/or TMA or TYMA.

For specific provisions and eligibility criteria, see the Health Care Programs Manual.

FAMILY SUPPORT GRANT PROGRAM 0029.03.06

The Family Support Grant Program is a state-funded program that provides cash grants to families with children with disabilities who live, or will live, in their family home. The home is considered to be the least restrictive and most normalized placement for children with disabilities. However, many families who have children with disabilities living at home incur higher-than-average expenses that are directly related to the disability. The grants provide families with the flexibility to purchase an array of supports and services to meet specific needs.

The goal of the Family Support Grant Program is to prevent or delay the out-of-home placement of children with disabilities and to promote family health and social well-being by enabling access to family-centered services and supports.

Families must use grants to purchase services and items that are required by the child's Individual Service Plan and unavailable through other funding sources.

Grants may be awarded on a one-time or an ongoing basis and distributed in a lump sum or in monthly payments, depending upon the nature/extent of the child/family needs. Grant awards are limited to $3000 per year. For information on how to treat this income, see §0017.15.60 (Family Support Grant Income).

Children eligible for the program are:

- Under 21 years of age;

AND

- Certified disabled under MN Statutes, section 256B.055, subdivision 12 paragraphs (a), (b), (c), (d), and (e);

AND

- Living in their biological or adoptive family home;

OR

- Residing in a regional treatment center, ICF/MR, or other licensed residential service or nursing facility, and would return to their family home if a grant were awarded.

Families who are receiving Home and Community-Based Services under the following Waiver programs are also eligible to receive Family Support Grant funds:

- Community Alternative Care (CAC).
- Community Alternatives for Disabled Individuals (CADI).
- Traumatic Brain Injury (TBI).

Families who are receiving Home and Community-Based Services under the waiver for persons with Mental Retardation and Related Conditions (MR/RC) are NOT eligible for a Family Support Grant.

Families with an annual adjusted gross income of $76,171 or more are not eligible for the Family Support Program except in cases where extreme hardship is demonstrated.

A family may request an exception to the income eligibility criteria by providing information to the county which indicates that such a limitation would cause them extreme hardship. In determining hardship status, the county may consider such factors as family size, presence of disability in other family members, and substantial family debt due to the child's disability.

A family with more than 1 child with a disability may apply for a grant for each eligible child.

For additional information about the Family Support Grant program clients may either:

- Contact their local county social services agency.

OR

- See the DHS website http://www.dhs.state.mn.us/id_004736.

CONSUMER SUPPORT GRANT PROGRAM 0029.03.09

The Consumer Support Grant Program (CSG) is a state-funded program that provides funds to help people with functional limitations and their families to purchase and secure supports to maintain safe, independent living. Participation in the CSG program is voluntary for counties and consumers. A person may be able to participate in CSG program only if his/her county of financial responsibility elects to participate in the CSG program.

CSG makes support grants to people or families as an effective alternative to existing programs and services, such as the Developmental Disability Family Support Grant program, Personal Care Attendant services, Home Health Aid services, and private duty nursing services. It provides a monthly subsidy to the consumer or his/her representative in the form of cash, grant, voucher, or direct payment to a vendor for the consumer's special needs as approved in an individual service plan.

CSG pays for goods and services related to a consumer's functional limitations that are over and above the normal cost of caring for a person. For example, people may purchase supports such as respite care, assistance with daily living, homemaker, chore and adaptive aids from friends, neighbors, relatives or any other responsible person the consumer knows and trusts.

People may not use CSG for services for which other public or private funds or resources are available. People enrolled in the Managed Care program cannot receive CSG funds.

People may NOT concurrently receive CSG if they are:

- Receiving Home and Community-Based Services under U.S. Code, title 42, section 1396h(c), Personal Care Attendant and Home Health Aid Services under Minnesota Statutes 256B.0625, Developmental Disability Family Support Grant.

OR

- Residing in an institutional or congregate care setting.

Services and/or items requiring the use of CSG funds must meet ALL of the following criteria:

- Must be over and above the normal cost of caring for the consumer if the consumer did not have a functional limitation.

AND

- Must be directly attributable to the consumer's limitation.

AND

- Must enable the consumer or his/her family to delay or prevent out-of-home placement of the consumer.

AND

- Must be consistent with the consumer's needs identified in the service plan.

To be eligible, the consumer must meet ALL the following criteria:

- Is eligible for MA as determined under Minnesota Statutes 256B.055 and 256B.056.

AND

- Is able to direct and purchase his/her own care and supports, or the consumer has a family member, legal representative, or other responsible person who can purchase and arrange supports on the consumer's behalf.

AND

- Has functional limitations, requires ongoing supports to live in the community, and is at risk of or would continue institutionalization without such supports.

AND

- Will live in his/her own home or the home of his/her family member. The home must be a natural home setting, and not licensed by DHS.

The county social services agency applies on the consumer's behalf to DHS for the program. The application must specify the needs of the consumer or his/her family and how they will use the subsidy.

For treatment of CSG payment income for all programs, see §0017.06 (Excluded Income).

Workers' Compensation is an employer paid insurance program that covers the medical expenses and lost wages of workers injured on the job. Some participants of and applicants for assistance must apply for Workers' Compensation. See §0012.12 (Applying for Other Benefits), §0012.27 (Cooperation in Obtaining Tort Liability Payments).

The United States Department of Veterans Affairs (USDVA) provides services to people who have served in the U.S. armed forces. USDVA also provides some benefits to dependents of veterans. Benefits provided by USDVA include hospital treatment and pensions for service related disabilities.

Some applicants for and participants of assistance must apply for USDVA benefits. See §0012.12 (Applying for Other Benefits), §0012.27 (Cooperating to Get Tort Liability Payments).

Refer people who might be eligible for veteran's benefits to:

United States Department of Veterans Affairs
Regional Office and Insurance Center
1 Federal Drive
Fort Snelling
St. Paul, Minnesota 55111-9986
1-800-827-1000

The Minnesota Department of Veterans Affairs provides cash and medical assistance for temporarily disabled veterans and their dependents. It also provides educational assistance for veterans, dependents of POW/MIAs, and war orphans.

The cash assistance program serves as interim assistance pending the approval of another program's benefits or as short-term assistance up to a maximum of 6 months. DWP, MFIP and GA participants are ineligible to receive this veterans' cash assistance program.

The veterans medical assistance program provides payment for emergency medical care and some non-emergency medical care costs for up to a maximum of $1,000 per admission, and dental care up to a maximum of $700 per person per year.

To apply, people must contact the Department of Veterans Affairs at 651-296-2562 or the county veterans service officer at the county courthouse in their county of residence.

Also see the Health Care Programs Manual for related medical information.

RELATIVE CUSTODY ASSISTANCE PROGRAM 0029.03.18

The Relative Custody Assistance Program (RCAP) was established by the Laws of Minnesota 1997, Chapter 203, Article 5, section 21, to support the permanency option of transferring the permanent legal and physical custody of children in foster care to a relative. This permanency option was established in 1993, but for many relatives the lack of financial assistance when custody was transferred was a barrier to assuming permanent custody.

The responsibility of administering the RCAP and making payments rests with the county agency. The state will reimburse each county on a quarterly basis for the amount of cash payments the county has paid to relative custodians. RCAP payments and reimbursements are subject to the availability of state funds.

Relative is defined as any individual, other than a parent, who is related by blood, marriage, or adoption; or an important friend with whom a child has resided or had significant contact. In the Laws of Minnesota 1998, Chapter 406, the definition of relative custodian was expanded to siblings, including half-siblings and step-siblings, who are being placed together in the permanent legal and physical custody of a relative of 1 of the siblings. The person receiving permanent legal and physical custody of the siblings is considered a relative custodian of all of the siblings.

Children must meet ALL the following eligibility criteria to be certified for RCAP:

- A determination is made in juvenile court that a child cannot return to the home of the parent.

AND

- A court order has been or will be issued to transfer permanent legal and physical custody of the child to the relative custodian.

AND

- The child is a member of a sibling group being placed together or has a physical, mental, emotional, or behavioral disability that requires financial support.

The agency transferring the custody of the child is responsible for determining the child's eligibility for RCAP within 7 days of the court order. The agency must notify the relative custodian of its determination, complete the RCAP agreement, make the payments, and request reimbursement from the state.

The agency is also responsible for completing an annual recertification for all children with an RCAP agreement. The agency remains responsible for the agreement regardless of where the family lives.

The RCAP agreement must be signed by the agency and the relative custodian within 30 days of the court order transferring custody. There is a separate agreement written for each

child, and the effective date of the agreement is the date of the order establishing permanent legal and physical custody.

The amount of the RCAP payment a child receives is the same amount that a child of the same age and with the same special needs would receive through the adoption assistance program. The agency must determine the income of the child (for example, MFIP, SSI, VA benefits) and subtract that from the grant. The result is the maximum payment a relative can receive from RCAP. This amount is means tested for those relatives whose gross family income exceeds 200% of the Federal Poverty Guidelines. See §0016.18.01 (200 Percent of Federal Poverty Guidelines).

See §0017.15.63 (Relative Custody Assistance Grants) for information on how to treat payments from RCAP as income.

Direct all questions on the RCAP program to the Adoption Assistance Program Advisor, Children and Family Services, 651-431-4718.

This section describes programs which provide cash subsidies for basic maintenance needs. See §0029.06.03 (Supplemental Security Income Program), §0029.06.06 (Retirement, Survivors, & Disability Insurance) for cash assistance programs for the aged and disabled and their survivors and dependents.

Some refugees are eligible for cash assistance. See §0030 (Refugee Resettlement Program), §0030.03 (Refugee Cash Assistance).

People who have lost their jobs may be eligible for assistance. See §0029.06.09 (Unemployment Insurance).

Temporarily disabled veterans may be eligible for short term cash assistance. See §0029.03.15 (Veterans Benefits).

People who provide foster care to children or adults may receive payment for the cost of providing care. See §0029.06.12 (Foster Care).

Certain American Indian Families may be eligible for Tribal TANF assistance. See §0029.06.24 (Tribal TANF Programs).

DWP, MFIP, MA, GA, MSA, and GRH require participants to apply for benefits from some of these programs. See §0012.12 (Applying for Other Benefits).

The Social Security Administration operates the Supplemental Security Income (SSI) program. This program provides monthly income to low income aged, blind, and disabled people. GA and RCA applicants who are aged, blind, or disabled must apply for SSI. MFIP participants who are disabled must apply for SSI. See §0012.12 (Applying for Other Benefits), §0012.12.06 (Special Services – Applying for SSI), §0030.03 (Refugee Cash Assistance). SSI recipients may be eligible for MSA.

All SSI recipients have a basis of eligibility for MA but are not automatically eligible for benefits. SSI recipients who are age 18 or over or under age 18 and blind have a basis of eligibility for MSA. SSI recipients are not eligible for DWP, MFIP or GA. See §0013 (Basis of Eligibility).

SSI RESOURCE LIMITS

Individual	$2,000
Couple	$3,000

SSI FEDERAL BENEFIT RATES 2009	Individual	Couple
Federal Living Arrangement (FLA) A (Own home)	$674.00	$1,011.00
Federal Living Arrangement (FLA) B (Home of another)	$449.34	$ 674.00
Federal Living Arrangement (FLA) C (Child)	$674.00	
Federal Living Arrangement (FLA) D (living in medical facility)	$ 30.00	

In some situations, Social Security will adjust benefits by using standard amounts based on the full Federal Benefit Rate (FBR). For 2009, these amounts are:

	Individual	Couple
Value of 1/3 reduction:	$224.66	$337.00
Presumed maximum value (PMV) of in kind support and maintenance (ISM)	$244.66	$357.00

Essential person increment	$338.00
Ineligible child allocation	$337.00

Provide potentially eligible clients and clients who are referred to SSA with the SSA web site and toll-free telephone number. The toll-free number is 1-800-772-1213. The web site is http://www.ssa.gov/.

For information on Americans with Disabilities Act (ADA) resources and an SSI advocates list, see the Employment Services Manual Appendix G (Resources for Americans with Disabilities (ADA) and Appendix G-3 (DHS - SSI Advocates List).

The Social Security Administration operates the Retirement, Survivors, and Disability Insurance (RSDI) program. RSDI provides a monthly income to retired people, survivors or dependents of insured people, and people with disabilities. Benefits are based on earned employment credits.

The disability part of the RSDI program is also known as Social Security Disability Insurance (SSDI or SSD).

Refer people who might be eligible to their local Social Security Administration office to apply for RSDI.

Some people must apply for RSDI to be eligible for cash or medical assistance. See §0012.12 (Applying for Other Benefits). Also see the Health Care Programs Manual.

Provide potentially eligible clients and clients who are referred to SSA with the SSA toll-free telephone number. The toll-free number is 1-800-772-1213.

For information on Americans with Disabilities Act (ADA) resources and an SSI advocates list, see the Employment Services Manual Appendix G (Resources for Americans with Disabilities (ADA) and Appendix G-3 (DHS - SSI Advocates List).

UNEMPLOYMENT INSURANCE 0029.06.09

Unemployment Insurance (UI) is regulated by the Minnesota Employment Services Law, and is administered by the Department of Employment and Economic Development. Unemployment Insurance provides income for some people who have lost their jobs.

Some people must apply for Unemployment Insurance. See §0012.12 (Applying for Other Benefits).

For information on how to count Unemployment Insurance income, see §0017.12.03 (Unearned Income).

Foster care is part of social services. It provides funding for the cost of care for eligible children and adults.

For more information on foster care, refer to the Minnesota Social Services Manual.

FOSTER CARE TRIAL HOME VISIT

A court may order a trial home visit for a child who has been in foster care. The trial home visit is meant to be a transition to permanent reunification with the parent or guardian and for a significant amount of time, not to exceed 6 months. During the trial home visit, the foster care provider would not be receiving foster care payments on behalf of the child but could receive, on a short-term basis, a child welfare payment from the county to hold a bed for the child.

The county social service agency is not expected to provide financial assistance to the parent. Instead, the parent(s) is expected to be able to provide for the child's needs in his or her home again.

During the trial home visit, the child is not considered to be in foster care; the social services agency retains custody and would provide case management services. The parent(s) and child can receive MFIP, if otherwise eligible.

Also see §0011.21 (Receipt of Other Assistance).

The United States Repatriation Program provides temporary financial assistance for needy U.S. citizens and their dependents returning from a foreign country because of destitution, illness, war, invasion, or a similar crisis. Funds may be used for the costs of rent, security and utility deposits, essential clothing and personal items, etc. Other services may be made available upon individual or family needs. These services may include, but are not limited to, admission into a nursing home or hospital, moving into permanent housing, or foster care placement.

Repatriation assistance is provided in the form of a loan and must be repaid to the U.S. government by the repatriates. The applicant must sign a repayment agreement at the time of arrival. This agreement serves as the application for repatriation assistance. There is no other formal application. Assistance furnished by county agencies through the Repatriation Program is limited to 90 days from the date of arrival in the United States

PROCESSING THE RETURN TO MINNESOTA

After the U.S. Department of State has certified that a citizen or a dependent of a citizen is eligible for the Repatriation Program, the State Department or its contractor will contact the Resettlement Program Office of the Minnesota Department of Human Services (DHS) to arrange for their return. During this period DHS works in conjunction with the county contact person for the arrival and placement of the repatriate(s). Arrangements include:

- Verifying their previous residence in Minnesota.
- Contacting relatives of the repatriate.
- Understanding their general physical condition and needs.
- Tentative travel schedules and details regarding airport reception.

PROCESSING REPATRIATION ASSISTANCE

For the 1st 30 days, there is a 1-time payment of up to $560 per person, depending on need. For the subsequent 60 days, the assistance provided would be based on the need standard used for MFIP. Funds are provided for no more than 30 days at a time (for example, 1 payment each month for up to 3 months). The final assistance payment must be prorated for a period of less than 30 days to ensure that the assistance does not exceed the 90-day limit. Assistance is not provided retroactively.

Advise the repatriates of their potential eligibility and their right to apply for cash or medical assistance programs or for food support at the time they arrive and when they apply for the Repatriation Program. If they are eligible for MFIP or other cash assistance (for example, SSI, GA, VA), they should be approved for those benefits whenever possible. Repatriation assistance may be used to cover expenses before they receive their 1st benefit payment.

Repatriation assistance is NOT considered income for cash and food support programs.

COUNTY CONTACTS

Each county must designate a contact person who is responsible for coordinating assistance to repatriates and acting as liaison between the county, the Department of Human Services, and federal agencies. The name of the county contact person must be provided to the Department of Human Services. The contact person may be required to provide services after normal work hours.

FEDERAL REIMBURSEMENT PROCESS

County agencies are to use county funds to provide assistance through the Repatriation Program. Assistance provided by the county through the Repatriation Program is 100% reimbursable by the federal government for direct assistance and administrative costs. Counties must complete Form SSA-3935 (Expenditure Statement and Claim for Reimbursement) and provide documentation of all costs when requesting federal reimbursement.

Tribal groups recognized by the federal government may administer their own TANF programs similar to that of the states. Tribal groups interested in administering Tribal TANF programs must submit a plan to the Department of Health and Human Services outlining their proposed program including the geographical service area and the population to be served within that service area.

Many of the general requirements of Tribal TANF programs are the same as the requirements of state TANF programs (MFIP program in Minnesota). Funding for Tribal TANF block grants are from the state TANF block grant of the state where the Tribal service area is located.

The Mille Lacs Band of Ojibwe Indians has opted to operate a Tribal TANF program. For more detailed information on Tribal TANF for the Mille Lacs Band of Ojibwe, see 0029.06.24.03 (Tribal TANF-Mille Lacs Band of Ojibwe). For information on MAXIS procedures, see TEMP Manual TE10.35 (Mille Lacs Band Expansion TANF/FS).

TRIBAL TANF - MILLE LACS BAND OF OJIBWE 0029.06.24.03

The Mille Lacs Band of Ojibwe Indians chose to operate a Tribal TANF program beginning 1-1-99. The Band's program requires that there be at least 1 adult on the grant and that adult must be an enrolled member of the Mille Lacs Band of Ojibwe Indians or a 1st generation descendent. The Band has designated a 6-county service area covering Aitkin, Benton, Crow Wing, Mille Lacs, Morrison, and Pine counties.

The Band expanded the Tribal TANF program effective April 1, 2005, to enrolled members of the Minnesota Chippewa Tribe (Leech Lake, White Earth, Bois Forte, Grand Portage, Fond du Lac, and Mille Lacs) residing in Hennepin, Ramsey or Anoka counties. Members of the Minnesota Chippewa Tribe (MCT) living in Hennepin, Ramsey or Anoka counties have the option to receive either MFIP through the county or Tribal TANF administered by staff of the Mille Lacs Band. To participate in the Tribal TANF program there must be at least 1 active adult enrolled in MCT. Child-only cases must receive MFIP benefits through the county where the child resides.

- The Tribal TANF program DISREGARDS 75% of child support income for the cash portion of the Tribal program. However, COUNT the entire amount of child support the Tribal TANF unit receives toward the food portion of the grant.

- The cash portion of the Tribal TANF program DISREGARDS 100% of the gaming per capita payments received by an assistance unit participating in Tribal TANF. However, COUNT the entire amount of the gaming payments the unit receives toward determining the food benefits in the Tribal TANF program.

The Mille Lacs Band of Ojibwe Tribal TANF program is similar to the MFIP program, including grant amounts and benefit issuance methods. The Band uses MAXIS and is designated as "County 88". EXCEPT for the initial transfer of existing eligible MFIP cases from the covered service area to the Band, handle case transfers into and out of the Tribal TANF program in the same manner as transfers from county to county. See §0008.06.21 (Change in County of Residence).

The general requirements of the Mille Lacs Band of Ojibwe Tribal TANF program are the same as the requirements of the MFIP program, EXCEPT as follows:

- The Mille Lacs Band of Ojibwe will determine eligibility for Food Support and health care for families receiving benefits under the Tribal TANF program. The Band under contract with DHS provides MFIP child care services to families receiving Tribal TANF and living in the counties of Aitkin, Benton, Crow Wing, Mille Lacs, Morrison, and Pine. Tribal TANF families living in Hennepin, Ramsey, and Anoka counties receive child care services through the county. All

Tribal TANF families receive child support services through the counties. People who are applying for ONLY Food Support, health care, child care, or child support services must apply at their county of residence.

- In addition to the MFIP sanctions, the Band has some additional types of sanctions. If a Tribal TANF participant leaves the Tribal service area and wants to continue getting MFIP, the Band will remove all sanctions that are different from MFIP before transferring the case.

- Even though participants must assign their rights and cooperate with child support requirements, the state may retain only the medical and child care support that is assigned. The state must release other forms of child support it collects to the participant.

- The Band does NOT use the Shared Household Standard. It does NOT count the $50 housing subsidy or $125 per SSI household member as income. It also does NOT apply family cap policy.

- The Tribal TANF program will conduct hearings for appeals related to cash issued or claimed under the Tribal TANF program. Appeals for Food Support, health care, or child support issues will be heard through regular appeals process. See §0027 (Appeals).

For general information and MAXIS procedures on the Mille Lacs Band of Ojibwe Tribal TANF program, see §0029.06.24 (Tribal TANF Programs).

FOOD AND NUTRITION PROGRAMS 0029.07

Food and nutrition programs provide supplemental foods to certain groups of people who meet program eligibility requirements. Give clients information about the programs for which they may be eligible.

Following is a list of sections that contains information on some food or nutrition programs. Refer to these sections for more information:

§0029.07.03	State Food Programs.
§0029.07.06	School Lunch Program.
§0029.07.09	Women, Infants and Children (WIC) Program.
§0029.07.12	Commodity Supplemental Food Program.

County agencies determine eligibility for the state food program.

The other programs require eligibility determination by non-county agencies. Use information in these sections to refer clients to programs for which they might be eligible. Do not try to determine a client's eligibility for a particular program based on information in these sections. The non-county agency responsible for the program must make the eligibility determination.

Minnesota provides state-funded food benefits to 3 groups of people, ineligible for the federal Food Support program because they do not meet the citizenship requirements of the Food Support program. The 3 groups are:

- MFIP participants who do not qualify for the federally-funded food portion of the MFIP grant due to non-citizenship status. The monthly amount of assistance is equal to the food portion the non-citizens would have been eligible for under MFIP if citizenship requirements were met.

- DWP participants who do not qualify for federally funded Food Support due to non-citizen status and who are age 50 or older. The monthly amount of assistance is equal to the Food Support the non-citizens would have been eligible for if citizenship requirements were met. This is known as the Minnesota Food Assistance Program (MFAP) and referred to in MAXIS as the State Food Amount.

- Non-citizens who do not receive MFIP and who do not qualify for federally funded Food Support due to citizenship requirements, and who are age 50 or older. They must meet all other Food Support eligibility requirements, and unless exempt or deferred, are subject to work provisions as well as FSET participation requirements. The amount of state-funded benefits will be equal to the amount of benefits that would have been received under the federal Food Support program if citizenship requirements were met. This is known as the Minnesota Food Assistance Program (MFAP) and referred to in MAXIS as the State Food Amount.

No additional application is required. Prorate benefits if a client is found eligible during the month.

SCHOOL LUNCH PROGRAM 0029.07.06

The School Lunch Program is a federally-funded program providing free and reduced-price lunches to low income school children in grades 1 through 12. Children receiving MFIP or FS will usually be eligible for the program without formal application.

An electronic certification of MAXIS data is sent to all school districts. The data is used to certify students for the School Lunch Program for the school year. DHS no longer sends the Annual School Meal Notice to clients.

During August, each school district sends a notice to parents/guardians informing them of students in their household who are eligible for the School Lunch Program and that no further application is needed. The parents/guardian will also be informed if their child has NOT been certified for the School Lunch Program. The parent/guardian may complete an application for that child at the school food service office. Eligibility for free or reduced price meals for the child is based on their household income.

If for some reason a child's name is not on the electronic match sent to the schools, the child can still enroll in the program by applying directly to the school.

When clients apply through the schools, verify MFIP or Food Support benefit status if the client signs a written release of information. Schools are responsible for getting written information releases from school lunch applicants. File a copy of the release in the case file.

Families must report to the school the loss of FS or MFIP. Children in families that lose MFIP may still qualify for reduced prices or free meals.

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM 0029.07.09

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps improve the diets of pregnant women, mothers, and young children. Tell pregnant women and families who have children under age 5 about the program.

The WIC program provides:

- Supplemental foods that have key nutrients often lacking in the diets of young children and their mothers (for example, milk, eggs, cheese, juice and cereal).
- Answers nutrition questions and gives tips on healthy eating.
- Breast-feeding support.

People receiving MFIP, FS, and MA are automatically income eligible for WIC. For families who are not receiving MFIP, FS, or MA, WIC has higher qualifying income guidelines than most programs:

- 275-280% of poverty for pregnant women and children to age 2.
- 185% of the poverty level for children age 2-under age 5.

Working families may qualify for WIC. WIC does not require participants to be U.S. citizens. Mothers who breast-feed may qualify for the program for 1 year following their child's birth.

A person cannot get both Mothers and Children (MAC) Program and WIC at the same time. See §0029.07.12 (Commodity Supplemental Food Program).

WIC is available in every county. For the closest WIC clinic, call 1-800-WIC-4030.

COMMODITY SUPPLEMENTAL FOOD PROGRAM 0029.07.12

Commodity Supplemental Food Program (CSFP) is a United States Department of Agriculture (USDA) program administered by the Minnesota Department of Health, Family Health Division, Supplemental Nutrition Programs Section. In Minnesota, the programs are called Mothers and Children (MAC), and Nutrition Assistance Program for Seniors (NAPS).

CSFP is a supplemental food and nutrition program that is designed to provide healthy and nutritious commodity food products each month at no cost to eligible individuals.

For more information about the CSFP program, visit the Department of Health website at: http://www.health.state.mn.us/divs/fh/csfp/index.html#qualifies

TELEPHONE ASSISTANCE PROGRAMS 0029.09

Telephone companies are authorized to provide 2 federally-funded and 1 state-funded telephone service discount programs designed to promote universal service by providing low-income people with new telephone service installations and monthly telephone service discounts. The 3 programs are Lifeline, Telephone Assistance Plan (TAP) and Link-Up. These programs are administered and supervised by the Minnesota Public Utilities Commission of the Department of Commerce.

- **LIFELINE AND TELEPHONE ASSISTANCE PLAN (TAP)** provide eligible subscribers with a monthly credit on the basic service portion of their telephone bill. The credit applies on the main home telephone number listed in the applicant's name. The credit amount may vary slightly by carrier. Subscribers may also receive free blocking of long distance calling on their telephone line. Additional benefits are available to persons living on Tribal Lands/reservations.

- **LINK-UP** provides eligible subscribers with reduced connection charges for their basic home telephone service. This reduction is 50 percent of applicable charges or $30, whichever is less. Link-Up also provides for deferred payment of connection charges without interest. It does not cover the cost of wiring inside the home and is available to eligible subscribers only once per home address.

To be eligible for Lifeline, TAP, or Link-Up, telephone service must be in the client's name and the client must participate in at least 1 of the following public assistance programs or have income at or below 135% of the federal poverty guidelines:

- Medicaid/Medical Assistance
- Food Support (Food Stamps)
- Minnesota Family Investment Program (MFIP)
- Supplemental Security Income (SSI)
- Federal Housing Assistance or Section 8 Assistance
- Low Income Home Energy Assistance (LIHEAP)
- National School Lunch Program's free lunch program

Additional qualifying programs for persons living on a reservation:

- Bureau of Indian Affairs General Assistance
- Tribally administered Temporary Assistance for Needy Families

- Head Start (only those meeting its income qualifying standard)
- National School Lunch Program's free lunch program

For more information about these programs or to apply, call the local telephone company or visit the Telephone Service Discount Programs web page at http://www.puc.state.mn.us/consumer/assist/tsd1.htm

In addition to the above programs,-the Department of Commerce - Telecommunication Access Minnesota (DOC – TAM) administers the Telephone Equipment Distribution (TED) program. TED provides equipment for those who have hearing loss, speech, and/or mobility impairment that limits their use of a standard telephone. TED equipment is loaned out at no cost as a long-term loan. Available equipment includes Captel phones, light flashing ring signalers, TTYs, amplified telephones, loud ringers, hands free speakerphones and more. For more information about this program or to apply, call 1-800-657-3663 (Phone), 1-888-206-6555 (TTY), or visit the TED Program Home page at http://www.dhs.state.mn.us/ecs/ted/

To be eligible for TED, the client must:

- Live in Minnesota.
- Have a hearing loss, speech or physical disability that limits the client's use of a standard telephone.
- Have a telephone in the client's home or have applied for telephone service.
- Have a family income equal to or below set guidelines. For current income guidelines, call the TED program at 1-800-657-3663 (Phone), 1-888-206-6555 (TTY), or visit the TED Program Home page at http://www.dhs.state.mn.us/ecs/ted/

In addition to income maintenance, each county social services agency provides social services according to Minnesota Statutes 256E, the Community Social Services Act (CSSA).

Each county social services agency develops a biennial Community Social Services Act Plan, which describes the services which will be available to eligible county residents. Most social services provided by the county agencies are directed at achieving or maintaining one or more of the following goals:

- Economic self-support to prevent, reduce, or eliminate dependency.
- Self-sufficiency, including reduction or prevention of dependency.
- Prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests.
- Preserve, rehabilitate, or reunite families.
- Prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.
- Secure referral or admission for institutional care when other forms of care are not appropriate, or provide services to people in institutions.

Services must be provided to the following groups of people:

- Families with children under age 18 who are experiencing child dependency, neglect, or abuse, and also pregnant minors, minor parents under the age of 18 and their children, and other minors.
- People, including minors, who are under the guardianship of the Commissioner of Human Services as dependent and neglected wards.
- Adults who are in need of protection.
- People age 60 and over who are experiencing difficulty living independently and are unable to provide for their own needs.
- Emotionally disturbed children, or chronically and acutely mentally ill people who are unable to provide for their own needs or to independently engage in ordinary community activities.
- People with mental retardation or with related conditions who are unable to provide for their own needs or to independently engage in ordinary community activities.
- People, including minors, who are dependent on drugs, intoxicated, and/or at risk of harm to themselves or others due to the ingestion of alcohol or other drugs.
- Parents whose income is at or below 70% of the state median income and who are in need of child care services in order to secure or retain employment or to obtain the training or education necessary to secure employment.
- Minors involved in or at risk of involvement with criminal activity.
- Other groups of people who, in the judgment of the county board, are in need of social services.

Each county agency uses the Department of Human Services classification structure for social services, which is BRASS (Budgeting, Reporting and Accounting for Social Services). It provides the structure for standardizing and organizing the service categories used by the county agency for social services planning, budgeting, accounting, financial statements and audits, and for most fiscal and statistical reporting to the Department.

Social services which may be provided include:

- Child and adult protection.
- Alternative response to reports of child maltreatment.
- Transportation.
- Homemaker and chore services.
- Adaptive aids, supplies, or special equipment.
- Adolescent life skills training.
- Individual and group counseling.
- Family-based crisis services.
- Respite care.
- Adoption services.
- Child and adult foster care.
- Child care assistance.
- Child and adult mental health services.
- Child and adult residential treatment.
- Semi-independent living services (SILS).
- In-home family support services.
- Day training and rehabilitation (DAC).
- Nursing home pre-admission screening.
- Adult day care.
- Many additional services.

For more information, refer to the Social Services Manual.

Refer people in need of social services to the county social services intake unit. County income maintenance staff must make a written referral to the social services unit for:

- Minor caregivers.
- People who may be vulnerable adults.
- Children who may be victims of child maltreatment.
- Children whose parents had their parental rights terminated but are now caregivers for their former children under another category of MFIP caregiver. See §0014.03.03 (Determining the Cash Assistance Unit).

PUBLICLY ASSISTED HOUSING 0029.20.03

Publicly assisted housing is government owned and operated or subsidized housing for people who are low income or disabled, or senior citizens. The most commonly known publicly assisted housing programs are Public Housing, Section 8 Rental Certificate, and Section 8 Rental Vouchers.

The availability of public housing aid and income limits varies among communities. The amount of housing assistance depends on income and family size.

People must complete an application and meet the eligibility requirements of the United States Department of Housing and Urban Development (HUD) and the local public housing agency (PHA). People may apply at any PHA office.

In rural areas, there also may be other federal housing/rental programs, home improvement and repair loans and grants, and self-help housing loans. Contact the local Rural Development office (check the Federal Government section of the telephone directory, their web site at http://www.rurdev.usda.gov/rhs or the HUD web site http://portal.hud.gov/portal/page/portal/HUD/).

Some communities have a joint effort between government and private rental property owners to rehabilitate dwelling units to provide rental subsidies for low income people. Local residents and people displaced by public action may receive preference for vacancies.

Some housing subsidies are not counted as income, see §0017.15.99 (Housing Subsidy).

FAMILY HOMELESS PREVENTION ASSISTANCE 0029.20.09

The Family Homeless Prevention Assistance Program is coordinated by the Minnesota Housing Finance Agency (MHFA). It assists single adults without children, families with children, and youth, who are homeless or at risk of being homeless. The goals of the Family Homeless Prevention Assistance Program are to:

- Prevent homelessness.
- Reduce the length of stay in emergency housing.
- Eliminate repeated episodes of homelessness.

Funds are distributed by MHFA to local grantees who design the means for achieving these outcomes using programs and approaches that make sense in the local community. This may include rental assistance, a revolving loan fund for security deposits, and mortgage foreclosure prevention assistance.

In addition to housing assistance, program participants receive information, referral, and supportive services.

In the 7-county metro area, the county is the grantee. In other counties, grantees may include a county, group of counties, Indian tribal organization, or community-based non-profit agency.

BRIDGES HOUSING SUBSIDY 0029.20.12

The Bridges program is a rental assistance program for people with serious and persistent mental illness who are waiting for a permanent housing subsidy. It provides a housing subsidy for families in which at least 1 adult member has a serious and persistent mental illness. Household gross income must be under 50% of the area median.

Bridges is a program meant to fill the gap between a person paying a large portion of his or her income toward housing or having no place to live, and getting federal or other permanent housing subsidies. In order to successfully "bridge" between these housing circumstances, the individual must be able to slide onto a Section 8 housing voucher when their name comes to the top of that waiting list. Bridges funds may be used to pay rent directly to a landlord, or for contract rent, security and utility deposits, and utility costs, for up to 90 days during medical or psychiatric crisis.

Bridges is administered by the Minnesota Housing Finance Agency and the Department of Human Services Mental Health Division. Refer people who are potentially eligible to their local housing agency or local mental health authority.

Housing subsidies under this program are not counted as income, see §0017.15.99 (Housing Subsidy).

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM 0029.27

The Low Income Home Energy Assistance Program (LIHEAP) helps low income people pay heating costs and reduce home energy consumption through conservation and weatherization activities. Additional assistance may be available in emergency situations. Payments are made directly to the household's energy vendor.

To be eligible for LIHEAP, people must meet income, asset, and other eligibility requirements.

People may apply for LIHEAP at their county's LIHEAP agency between the program year running from October 1st through September 30th. In addition, mail applications may be available for some households beginning August 1st, at the discretion of the LIHEAP agency.

The LIHEAP agency may be a community action council or agency; economic opportunity or assistance agency; county human services or social services agency; citizen action council or agency; or a reservation business committee.

The amount of help LIHEAP provides depends on the type of services and the household's size and income.

See §0017.06 (Excluded Income) for information on how to treat LIHEAP payments. For information on how to treat LIHEAP for emergency assistance applicants, see §0004.42 (Emergency Aid for Utility Bills).

For more information on LIHEAP, call 1-800-657-3710.

A list of energy assistance providers may be found on the LIHEAP web site.

Safe At Home (SAH) Program is a Minnesota address confidentiality program that assists survivors of domestic violence, sexual assault, and stalking by providing a substitute address for people who move or are about to move to a new location unknown to their aggressors. The Minnesota Secretary of State's office administers this program.

SAH provides a free confidential mail-forwarding service and optional absentee voter registration. SAH participants will share a common P.O. Box but each participant will be assigned a unique Lot number. When mail is received for a participant, the Secretary of State is required to forward the mail to the participant's actual residence.

SAH participants who apply for or are receiving public assistance programs administered at the county agency must provide the county with a Safe At Home Identification Card that verifies they are participating in the Safe At Home Program. SAH participants may use the PO Box address along with the unique Lot number assigned to them by the Secretary of State's office as the address on the Combined Application Form (CAF) (DHS-5223) and the Authorization for Release of Information About Residence and Shelter Expenses (DHS-2952).

SAH participants MUST also tell the county agency the county where they actually live. There may be a delay in the mail-forwarding process. Participants may not receive public assistance program notices when anticipated which may affect the ability of the participant to respond timely. County workers will need to make exceptions for these situations.

For more information about the Safe At Home Program, call 651-201-1399 or 1-866-723-3035 or TTY 1-800-627-3529 or 711.

There are several child care assistance programs to help low and moderate income families pursue employment or education leading to economic self-sufficiency by subsidizing their child care. All programs are supervised by DHS, unless noted.

BASIC SLIDING FEE CHILD CARE PROGRAM:

For the Basic Sliding Fee Child Care Program, people must meet the income guidelines published annually. Priorities for the Basic Sliding Fee program are:

1. Non-MFIP caregivers without a GED or high school diploma or who need remedial and basic skill courses in order to pursue employment or education and participating in the education program (with higher priorities for younger caregivers).

2. Families who have completed their MFIP transition year or parents who are no longer receiving or eligible for DWP supports.

3. Portability pool families (current child care participants who move to another county that has a waiting list).

4. Families in which at least 1 parent is a veteran. A veteran is a US citizen or resident non-citizen separated under honorable conditions from any branch of the US armed forces after:

   - Serving on active duty for 181 consecutive days.

   OR

   - Incurring a disability while serving on active duty.

   OR

   - Meeting the minimum active duty requirement.

   OR

   - Has active military service certified a discharge under honorable conditions.

5. Additional county-set priorities, which includes all other families within the income range.

Families who choose to leave DWP prior to participating in the program for 3 months are classified as a Priority 2 under the Basic Sliding Fee (BSF) program.

DWP AND MFIP CHILD CARE PROGRAM:

The DWP and MFIP Child Care Program is for DWP and MFIP families who fall into 1 of the following groups:

- Participants in Employment Services within an authorized Employment Plan.
- Participants who have not developed an Employment Plan and who are employed an average of at least 20 hours per week that pays at least applicable minimum wage and have child care expenses. See TEMP Manual TE12.05 (Minimum Wage).

  NOTE: Applicants who are working less than 20 hours per week may need child care assistance before developing the EP. Expedite referrals to MFIP Employment Services and to Child Care Assistance. When that is not possible, the job counselor may back date the EP to the date of MFIP eligibility.

- Participants who have not developed an Employment Plan and who are seeking employment through Job Search. Limit child care assistance for these families to 240 hours per calendar year.
- Participants who are attending an MFIP orientation or an MFIP program appeals hearing.
- Participants who have pre-employment and/or social service activities identified as required activities in their approved Employment Plan (EP).

MFIP caregivers SANCTIONED for non-cooperation with child support are not eligible for the MFIP Child Care Program or any other child care assistance program.

MFIP caregivers SANCTIONED for non-cooperation with Employment Services are ineligible for MFIP Child Care Assistance for those activities with which they are not cooperating. Caregivers continue to be eligible for MFIP Child Care Assistance for those activities with which they are cooperating. MFIP caregivers continue to be eligible for MFIP Child Care Assistance for employment if they are employed 20 hours per week or more and earn at least the applicable minimum wage for all hours worked and/or job search up to 240 hours per calendar year.

DWP caregivers DISQUALIFIED for non-cooperation with child support or Employment Services are ineligible for DWP Child Care Assistance.

There may be a co-payment for families with income at or above 75% of the federal poverty level adjusted for family size.

TRANSITION YEAR CHILD CARE PROGRAM:

The Transition Year Child Care Program is available to ALL former MFIP participants as long as they have received MFIP in 3 of the last 6 months before losing their eligibility. This includes families who request closure of MFIP or fail to return a Household Report Form (HRF) or a Combined Application Form (CAF) for recertification. Transition Year Child Care is NOT available for families when all caregivers have been disqualified from MFIP due to fraud.

Transition Year Child Care is available for employed families who receive 3 or 4 months of DWP provided the family unit meets all other child care eligibility criteria, such as hours worked and hourly wages.

Transition Year Child Care may be used to support employment and/or job search. Families who have completed Transition Year may receive Transition Year Extension child care if the county has a waiting list for Basic Sliding Fee. A family may participate in Transition Year Extension for the length of time necessary for the family to be moved from the BSF waiting list into the BSF program.

If a DWP family exhausts the 12 months of Transition Year eligibility and the county has a waiting list for BSF Child Care Assistance, the former DWP family can receive a Transition Year Extension until the family's name comes to the top of the BSF waiting list.

NON-MFIP POST-SECONDARY PROGRAM:

The Post-secondary Child Care Grant Program is administered by the Minnesota Higher Education Services Office to help students who do not receive MFIP with their child care costs so they may attend public college and universities, technical and community colleges, private colleges and some vocational schools. Additional information on this program may be available through the financial aid office at the school.

CHILD CARE RESOURCE AND REFERRAL 0029.31

You must inform all MFIP applicants and participants of the Child Care Resource and Referral (CCR&R) services available to them. Minnesota law requires counties to:

- Insure that child care services available to eligible residents are well advertised.

AND

- Inform all MFIP applicants and participants of training and employment opportunities and programs, including child care assistance and child care resource and referral services.

Minnesota has a Child Care Resource and Referral (CCR&R) agency for each region in the state. In the metro area there is a CCR&R agency for each county. State law requires these agencies to provide up to date information on all types of licensed child care, including family day care, center care, half-day programs, Head Start, drop-in programs, and school-age programs.

Clients calling the designated CCR&R agency for their area will receive a computerized list matching their child care needs to those providers with openings to meet their needs. Information includes hours of care needed, ages of children, openings, rates, location, school districts, pets, smoking or non-smoking, special needs, training of provider, transportation, and program philosophy.

Clients will receive detailed information, both through phone counseling and written materials, on how to choose child care, parents' rights in choosing care, indicators of quality, how to set up a good parent/provider interview, and how to negotiate a good parent/provider contract.

For more information on the CCR&R program or agencies, contact the Child Care Resource and Referral Grants Administrator, Partnership for Child Development, DHS.

MFIP, WB, DWP, MSA, GA, GRH:

No provisions.

FS: This TANF-funded program provides information about the identification of domestic violence and resources available to victims of domestic violence through other DHS programs.

Food Support units that receive Domestic Violence Information (DHS-3477) may be categorically eligible for Food Support. For information about categorical eligibility, see 0013.06 (FS Categorical Eligibility/Ineligibility). Give Domestic Violence Information (DHS-3477) to all units applying for Food Support.

For additional information related to Domestic Violence Information requirements, see 0005.12.12.01 (Forms/Handouts for Applicants), 0015.03 (Asset Limits), TE02.05.49 (FS Categorical Eligibility Q&A), TE02.05.100 (Domestic Violence Brochure Program Coding)

REFUGEE RESETTLEMENT PROGRAM 0030

The Refugee Act of 1980 created the Refugee Resettlement Program (RRP). It provides for the effective resettlement of people who have had to leave their homeland and are unable to return because of a well-founded fear of persecution. People are determined eligible for admission as a refugee by an officer of the U.S. Citizenship and Immigration Services (USCIS). The goal of resettlement is to provide a safe haven to assist them to achieve economic self-sufficiency as quickly as possible.

The United States Department of State contracts with several national Voluntary Resettlement Agencies (VOLAGs) to provide reception and placement services to refugees coming to the United States. The state in which a refugee is resettled is usually determined by where relatives or friends are living, but those without relatives in the United States may be sent anywhere. Local affiliates of the VOLAGs provide services during the 1st 90 days after arrival, either directly or through volunteers such as local relatives or church organizations. They may also provide cash or in-kind assistance to meet the food, clothing, and shelter needs of refugees for the 1st 30 days after arrival. Though VOLAGs or local volunteers may sometimes be referred to as sponsors, refugees do not have sponsors who have a financial responsibility to support them.

Some VOLAGs may also offer a Matching Grant program for a limited number of refugees. The program's goal is to help refugees attain self-sufficiency within 4 months after arrival, without access to public cash assistance. VOLAGs will supply cash maintenance and employment services. Participants may be eligible for non-cash programs, such as Food Support or Health Care.

RRP also provides grants to states through the DHS Office of Refugee Resettlement. Reimbursement is received for the cash (RCA), health care (RMA), and administrative costs for refugees who are ineligible for MFIP or MA. Assistance units with minor children are NOT eligible for RCA, only single adults or childless couples may be eligible. See §0030.03 (Refugee Cash Assistance). Also see the Health Care Programs Manual for information on Refugee Medical Assistance (RMA). There are also grants to provide refugee specific social services, primarily employment services.

VOLUNTARY AGENCIES (VOLAGS) 0030.01

The Refugee Cash Assistance program (RCA) was set up as a public/private partnership with local resettlement voluntary agencies (VOLAGs) to administer the provisions of RCA. VOLAGs are responsible, under contract with the U.S. Department of State, for providing refugees with initial housing, food, clothing and shelter for the first 30 days after arrival in the United States. This resettlement grant is usually $225-$425 per person.

As of 10-1-03 Voluntary Agencies (VOLAGs) which assumed the administration of the RCA Program are in the following 8 counties: Anoka, Carver, Dakota, Hennepin, Olmsted, Ramsey, Scott, and Washington.

Refugees who apply for RCA in the above 8 counties, will file the Combined Application Form (CAF) with the VOLAG which administered their resettlement. For more information on RCA applications in VOLAG counties, see §0030.03.01 (Processing RCA Applications).

The following VOLAGs are under contract with the State Resettlement Programs Office to administer the RCA Program:

- Catholic Charities, Archdiocese of St. Paul & Minneapolis.
- Catholic Charities, Diocese of Winona.
- International Institute of Minnesota.
- Lutheran Social Service.
- Minnesota Council of Churches.
- World Relief of Minnesota.

The Refugee Resettlement Program (RRP) provides Refugee Cash Assistance (RCA) to refugees who are ineligible for Supplemental Security Income (SSI) or MFIP for up to 8 months after arrival in the United States. Employment Services and Social Services are provided to assist refugees attain self-sufficiency within this relatively short period of time. Refugees may continue to receive Social Services after their RCA eligibility ends.

The 30-day state residency requirement does not apply to RCA applicants.

Only refugees, as defined by the Immigration and Nationality Act (INA), are eligible for RCA. INA defines eligible refugees as people who were:

- Admitted as refugees under section 207.
- Paroled as refugees or asylees under section 212(d)(5).
- Granted asylum under section 208.
- Cuban and Haitian entrants, in accordance with requirements in 45 CFR part 401.
- Admitted as Amerasian under the Amerasian Homecoming Act.
- Trafficking victims who have been certified by the Office of Refugee Resettlement (ORR). People under age 18 who are trafficking victims are not required to be certified but are issued letters of confirmation by ORR. See TRAFFICKING VICTIMS in 0002.67 (Glossary: Thrifty...). Also see 0011.03.30 (Non-Citizens - Trafficking Victims).

To be eligible, refugees must also:

- Have been in the United States 8 months or less. Count the month they entered the country OR the month the U.S. Citizenship and Immigration Services (USCIS) granted asylum status, whichever is later, as month 1 of the 8-month eligibility time limit.
- Provide the name of their Voluntary Resettlement Agency (VOLAG) and give consent to contact the agency. For the definition of a VOLAG see 0002.73 (Glossary: Victim...). Also see 0030.01 (Voluntary Agencies (VOLAGs)) for a list of VOLAGs.
- Have not voluntarily quit employment, or have refused an offer of suitable employment, without good cause, within 30 days prior to application.
- Register for and participate in Refugee Employment Services (RES) within 30 days of the receipt of assistance, unless exempt with a good cause reason. See 0030.12.06 (RCA Employment Services Good Cause Claims). If an RES Provider is not available in the area, refer the participants to any employment and training program in the area.
- Not attend school full-time.
- Not be enrolled in the Match Grant (MG) Program at the Voluntary Agency.

NOTE: When a participant enrolls in the Match Grant Program they agree not to apply for or receive any cash assistance from the county as they receive their cash assistance payments from the VOLAG. While participating in the MG program they may be eligible for Food Support and health care coverage. The MG program ends 4 to 6 months after enrollment. At that time they may apply for RCA for the remainder of the 8-month RCA eligibility period. Match Grant participants meet a WREG exemption. Due to the American Recovery and Reinvestment Act of 2009 all Match Grant participants meet a WREG exemption.

Refugees and Amerasians, but not people granted asylum, all receive resettlement case management (RMP) services from a local affiliate of a VOLAG. See 0030 (Refugee Resettlement Program). Verify with the local VOLAG what assistance was provided and whether the participant quit or refused an offer of employment.

As a condition for the receipt of RCA, a refugee who is not exempt must:

- Register for RES with an appropriate agency providing employment services, and participate in the employment services provided by such agency, within 30 days of the receipt of assistance. If a refugee-specific RES is not available or appropriate in the area in which the refugee resides, the refugee must register with any Employment or Training Services agency which provides job or language training.

- Go to a job interview arranged through a refugee-specific RES, an Employment or Training Services agency.

- Accept at any time, from any source, an offer of suitable employment.

- Participate in a social services program, including English language instruction, which the agency or service determines to be available and appropriate.

- Comply with monthly reporting requirements if receiving earned income.

For information on who may be included in an RCA assistance unit, see 0030.03.03 (RCA Assistance Units).

Refugees receiving RCA are automatically eligible for Refugee Medical Assistance (RMA). For more information on RMA, see the Health Care Programs Manual. Refugees are also eligible for federally-funded Food Support benefits. See 0011.03.09 (Non-Citizens - FS/MSA/GA/GRH).

Whether an applicant files the CAF with the county or with the VOLAG, the date of application is the date the signed CAF Page number 1 is date stamped or signed/dated as received by either a county worker or a VOLAG worker.

VOLAG-ADMINISTERED RCA

New arrivals into the state who reside in a VOLAG-administered county must file their RCA applications with the Voluntary Agency (VOLAG) that processed their resettlement. For the list of the 8 VOLAG-administered counties and VOLAGs, see §0002.73 (Glossary: Victim…).

When an applicant files a CAF with a VOLAG and the application includes a request for Food Support (FS) and/or health care, the VOLAG worker must:

- Enter the CAF Page number 1 data on MAXIS the date it is received at the VOLAG.
- Review for expedited FS eligibility (immediately FAX a copy of the CAF if applying for FS and the applicant appears to be eligible for expedited service).
- Immediately FAX the CAF Page number 1 to the county if the applicant requests FS.
- Conduct an intake interview.
- Obtain all verifications mandatory for RCA eligibility.
- Process the RCA eligibility.
- FAX a copy of the CAF and verifications to the county contact person to process the FS and/or health care.

NOTE: Another face-to-face intake interview is not required for processing the FS and/or health care. The only exception may be when there is potential eligibility for expedited FS: the intake interview must be completed immediately, verifications can be postponed, but benefits must be issued within 24 hours of the interview.

The VOLAG eligibility staff will also:

- Provide RCA program orientation.

- Review Household Report Forms (HRFs) or Combined Six-Month Reports (CSRs) for RCA cases also receiving Food Support and FAX copies of the HRF or CSR and attachments to the county agency. A participant will not be required to report to both the VOLAG and to the county agency when a change occurs. The VOLAG will immediately report any changes to the county via MAXIS e-mail or by phone.

- Complete the 7-month RCA review.

- Maintain the RCA case through the 8-month eligibility period.

SECONDARY MIGRANTS AND ASYLEES

Secondary migrants are refugees who are originally resettled in another state but choose to move to Minnesota after resettlement. See SECONDARY MIGRANT in §0002.59 (Glossary: RSDI...). Asylees are people who are already present in the U.S. and have established a well-founded fear of persecution if returned to their home country and have been granted asylum. See ASYLEE in §0011.03.18 (Non-Citizens - People Fleeing Persecution).

Once the county agency determines an applicant may be eligible for RCA, the county should:

- Immediately process any requests for FS and/or health care.

  NOTE: Most of these applicants may be eligible for expedited FS, see §0004.04 (Emergency Aid Eligibility-FS/Expedited Food).

- Inform the client that the application for RCA will be forwarded to the contact person at the International Institute of MN (IIM) for referral to a VOLAG to determine their eligibility for RCA.

- Tell the applicants that they should receive a phone call from the contact at IIM within 7 days.

- Ensure there is a current phone/contact listed on the CAF.

- Provide the contact person's phone number (651-647-0191 Ext. 342) in writing to the applicant.

- Encourage the applicant to call the contact phone number if someone has not contacted them within 7 days.

- Fax the entire CAF and all other verifications to IIM:
  FAX number: 651-647-9268 Attn: Robin Dusterhoft

When IIM receives a referral from one of the 8 VOLAG-administered counties, the contact enters a case note regarding the receipt of the CAF and any contacts and/or attempted contacts with the applicant. Within 7 days after IIM receives the CAF from the county, the contact person will refer the case to a VOLAG. After 7 days, if unable to contact the client, the contact person will send a memo to the client requesting them to call the contact person at IIM. This memo will be written in both English and the client's preferred language as indicated on the CAF.

NOTE: The VOLAG worker is required to perform another face to face intake interview for RCA.

NON-SECONDARY MIGRANT/ASYLEE APPLICANTS

A few new arrivals may not understand that they must file a CAF with the VOLAG that resettled them. If they file a CAF at the local agency, the agency should ask the applicant if they are newly arrived in the U.S. or have moved from another state (secondary migrant) or are an approved asylee. If they are new arrivals, date-stamp the CAF and send the applicant back to their VOLAG for RCA eligibility. If they are secondary migrants or asylees, follow the above procedure.

COUNTY-ADMINISTERED RCA

All applicants, including secondary migrants and asylees, residing outside of the 8 VOLAG-administered counties will continue to file the CAF with the agency in their county of residence. These county agencies will process RCA applications and maintain RCA cases through the 8-month RCA eligibility period.

For moves from a county-administered program to a VOLAG-administered program or moves from a VOLAG-administered program to a county-administered program, see §0030.27 (RCA - Moves Within the State).

For RCA closing instructions, see §0030.21 (Closing/Terminating RCA).

INELIGIBILE FOR OTHER CASH PROGRAMS 0030.03.01.01

There are situations where a refugee loses eligibility for another cash assistance program (for example, a client moves out of an MFIP unit and becomes a single-person unit.)

If the person has been in the United States less than 8 months, he or she may be eligible for RCA.

If the person was resettled in Minnesota through a VOLAG, refer them to their original VOLAG to apply for RCA. If the person is a secondary migrant or asylee, follow the instructions in §0030.03.01 (Processing RCA Applications) for how to process applications for secondary migrants and asylees.

A Refugee Cash Assistance (RCA) unit consists of a single person or a married couple without minor child(ren) who live together; whose needs, assets, and income you consider together; and who receive a single benefit from a cash and/or food assistance program.

The following establish RCA units:

- Single adults age 18 and older. Single adults who indicate at the time of application that they intend to go to school full-time are eligible for RCA until they actually begin school full-time. See 0030.03 (Refugee Cash Assistance).

- Married couples without minor children.

- Pregnant women and their spouses (until they meet all eligibility requirements for MFIP). See 0011.06.09 (State Residence - 30-Day Requirement), 0013.03 (MFIP Bases of Eligibility), 0022.12.02 (Beginning Date of Eligibility).

- Aged or disabled people (eligible until they are determined eligible for Supplemental Security Income (SSI) by the Social Security Administration (SSA)) or until the end of the 8-month eligibility period, whichever comes first. Immediately refer clients who are age 65 or older, or who are blind or disabled, to SSA to apply for the SSI program. Approve RCA eligibility while waiting for the determination from SSA. Do not require clients to complete an SSI Interim Assistance Authorization (DHS-1795).

- Minors under age 18 who have been declared legally emancipated by a court of competent jurisdiction, or who are living with an adult with the consent of an agency acting as a legal custodian, and who are NOT eligible to be included in a DWP or MFIP assistance unit, as long as there is eligibility for a cash payment.

Refugee units with minor children are not eligible for RCA. To review eligibility for MFIP, see 0013.03 (MFIP Bases of Eligibility), 0014.03.03 (Determining the Cash Assistance Unit).

RCA assistance units will be 1-person or 2-person households, single or childless couples. The RCA assistance standards are similar to the MFIP assistance standards and are as follows:

- $250 - 1-person unit.
- $437 - 2-person unit.
- Clothing/personal needs allowance – resident of a LTC facility (see below).

LONG TERM CARE ASSISTANCE STANDARD

There may be some instances when a refugee is placed in a Long Term Care facility (LTC). Living in a LTC facility does not prohibit RCA eligibility. The applicable RCA standard for a refugee living in a LTC facility, and who is eligible for RCA, is the applicable clothing and personal needs allowance, see the Health Care Programs Manual.

A refugee placed in a LTC facility should be referred to SSA to apply for SSI. The refugee is eligible for RCA until eligibility for SSI is determined, or until the end of the 8-month RCA eligibility period, whichever comes first. If the LTC placement lasts longer than the 8-month RCA eligibility period and SSI eligibility has not been determined, the county should process eligibility for General Assistance (GA).

REFUGEES UNDER AGE 18

Refugees under the age of 18 may be eligible for GA with specific requirements if they meet 1 of the following conditions:

- Not eligible to be included in an MFIP household.
- Not living with a parent, stepparent, or legal custodian.
- Legally emancipated. (A minor is considered emancipated if he/she has been married or has been declared by a court of competent jurisdiction to be legally emancipated.)
- Living with an adult with the consent of the agency acting as legal custodian.
- Living with an adult with the consent of a legal custodian and the agency.

SCHOOL ATTENDANCE

Any RCA applicant age 17 and below and who is not living with parent or eligible relative caregiver must comply with the provisions in their Social Services case plan. Their assistance standard would be $250 (GA).

RCA applicants age 18 or older who are WITHOUT a high school diploma may choose to:

- Attend high school full time. This results in ineligibility for RCA. They may be eligible for GA benefits if they meet the GA basis of eligibility for English Not Primary Language in §0013.15.48 (GA Basis - English Not Primary Language) and are in compliance with schooling requirements. Follow the GA assistance standards in §0020.18 (GA Assistance Standards).

  NOTE: Do not require the applicant to choose only part-time schooling to be eligible for the federally funded program rather than establishing GA eligibility.

- Participate in RES activities and include part-time school attendance in their employment plan. This would establish eligibility for RCA.

RCA applicants age 18 or older who have a high school diploma or GED and choose to attend school full-time are NOT eligible for RCA.

Use income received or anticipated in the month of application to determine eligibility and benefit amount, unless excluded.

Exclude any cash grant received by a refugee under the Department of State or Department of Justice Reception and Placement programs. See §0017.15.30 (Lump Sum Income) for FS policy regarding resettlement grants.

Do not consider a sponsor's income accessible to a refugee solely because the person is serving as a sponsor.

Do not consider any assets remaining in the applicant's country of origin in determining income.

Disregard half of the gross earned income. Count the remaining amount toward the grant calculation. Participants with earned income are subject to monthly reporting.

Exclude income from VA benefits awarded from 12-1-01 to children of Vietnam veterans for a covered birth defect identified by the VA as associated with the service of these veterans who served in the Republic of Vietnam from 2-28-61 through 5-7-75 and performed active military service.

INCOME OF AN INELIGIBLE SPOUSE

When an RCA applicant joins a spouse who is ineligible for RCA and who has income, apply the following calculations:

Earned income:

1. Determine the spouse's gross earned income.
2. Allow 50% earned income disregard from the gross earned income.
3. Deduct amounts the ineligible person actually paid to people not living in the same household but whom the ineligible person claims or could claim as a dependent for federal income taxes.
4. Deduct an allocation of $187 for the spouse's needs. ($437 - $250 = $187)
5. Deem the remaining income as unearned income to the applicant.

Unearned income:

1. Determine the spouse's gross unearned income. (Note: do not count the SSI income of an ineligible spouse.)

2. Deduct amounts the ineligible person actually paid to people not living in the same household but whom the ineligible person claims or could claim as a dependent for federal income taxes.

3. Deduct an allocation of $187 for the spouse's needs.

4. Deem the remaining income as unearned income to the applicant.

RCA units are subject to monthly reporting requirements. Follow MFIP policy in §0007.03 (Monthly Reporting - Cash.)

An applicant unit's non-excluded assets must not exceed $2,000.

A participant unit's assets cannot exceed $5,000.

Exclude any assets remaining in the applicant’s country of origin.

Do not consider a sponsor’s assets accessible to a refugee solely because the person is serving as a sponsor.

Count the assets of an ineligible spouse toward the asset limit of the RCA applicant/participant.

Prorate the initial month's benefit amount from the date of application or the date all eligibility factors are met, whichever is later.

Use prospective budgeting for the 1st 2 months of eligibility and retrospective budgeting for subsequent months.

Follow MFIP policy for earned income after the 1st 2 months of prospective budgeting.

For RCA, there is no prospective eligibility.

Retrospectively budget income after the 1st 2 months except when it occurs in the 1st 2 months, but does not continue into the retrospective cycle (non-recurring income). See §0022.06.03 (When Not to Budget Income in Retro. Cases).

Suspend benefits for units who will be ineligible for only 1 month but will be eligible in the following month.

Do not establish an overpayment or underpayment for prospectively budgeted units for any month for which you based the assistance issued on the best information available at the time, you applied the correct policy, and there was no client error.

Department of Human Services (DHS) contracts with the Voluntary Agencies (VOLAGs) to administer the RCA program for the 8 counties. The VOLAG worker signs and dates the CAF page number 1 on behalf of the county agency. This date is accepted as the date of application for cash, FS and health care.

It is the responsibility of the VOLAG to make all RCA eligibility determinations.

County workers in the 8 VOLAG counties should not approve RCA eligibility (opening, closing or changing benefit levels.).

When changes are reported to either the county agency or to the VOLAG worker or to the employment service provider, it is the responsibility of that person/agency to communicate the change to the other agencies involved.

To determine which VOLAG worker is assigned to a case, PF1 on the secondary worker logon id field on any STAT panel. The pop-up window provides the name, address, phone number and MAXIS email code for the worker. See TE02.13.02 (How to Locate Worker's Name and Address).

The VOLAGs are a part of the county eligibility network. County agency workers are not required to get a release of information to contact the VOLAGs for information (for example: verification of resettlement grants, Matching Grant Program, employment, pay stubs, residency, etc.).

UNDERPAYMENTS

Correct any underpayment discovered for a current benefit month within 7 calendar days following the discovery. Issue corrective payments for the current month without deducting any overpayments.

Apply restored benefits for a past month to existing RCA claims/overpayments and issue any remaining benefits to the current participant.

Do not issue a corrective payment to a person who is not a current participant. If the person reapplies and is eligible for benefits, add the corrective payment to the 1st payment made or issue a separate payment.

OVERPAYMENTS

Recover all RCA overpayments, except for non-fraud overpayments on a closed case of $35 or less. Do not recoup from other programs to offset an RCA overpayment.

Correct any overpayment discovered for a past month within 7 calendar days of the discovery by reducing the amount of payment for the next month(s), allowing for a 10-day notice.

If a former participant received an overpayment prior to the case being closed, then reapplies and is eligible for benefits, reduce the 1st month's benefits by the overpayment amount.

Discontinue all recovery actions against a participant who files Chapter 7 or Chapter 13 bankruptcy action and sends a notification of creditors to the agency.

RCA CLAIMS

Effective July 1, 2004 RCA claims can be entered on MAXIS. In the VOLAG-administered program, the VOLAG Eligibility Coordinators will determine the amount of the overpayment and enter the RCA claim on the system. In the county-administered program the county financial workers will follow their county's current procedures regarding entering and maintaining claims.

Because Judgment of Law (JOL) is not supported by statute for RCA overpayments, do not send the Notice of Overpayment letter to the client using certified mail. Document any supportive evidence as to why the overpayment occurred in the claim notes (PF4 on the CLAM/CLSM panel) and on the Notice of Overpayment on CLAM/CLDL.

RCA BENEFIT ISSUANCE 0030.05

RCA benefits are issued via check for the VOLAG-administered RCA program. The Issuance Operation Center (IOC) mails the check to the VOLAG for over-the-counter pickup.

After the participant has been on RCA for 2 months his and/or her RCA benefits may be issued via Electronic Benefit Transfer (EBT) if they meet the following conditions:

- The RCA participant is exempt from employment services because he or she is:
  - Employed at least 30 hours per week.
  - Age 60 or over.
  - Disabled.
  - Caring for a disabled spouse.

OR

- The RCA participant is employed less than 30 hours per week, but his or her work schedule makes it difficult for him or her to pick up the check at the voluntary agency.

REFUGEE MEDICAL ASSISTANCE 0030.06

Refugee Medical Assistance (RMA) is a federally authorized program providing medical assistance to refugees. Refugees who receive RCA are automatically eligible for RMA if they are not eligible for regular Medical Assistance (MA). Consider eligibility for regular MA first. Refugees do not have to apply for RCA as a condition of eligibility for RMA.

Refugees losing RCA eligibility due to increased earnings from employment who are not eligible for Transitional Year Medical Assistance (TYMA) may be eligible for RMA until the end of their 8-month eligibility period.

For additional information on RMA, see the Health Care Programs Manual.

RCA FINANCIAL ORIENTATION 0030.09

Provide an orientation to financial services during the intake interview. The orientation must inform refugees of:

- The RCA work incentive: Half of the gross earned income is disregarded.
- The rights and responsibilities of RCA participants.
- What will happen if they do not meet program requirements.
- Information about shelters and programs for victims of violence.
- Eligibility for Health Care Programs.
- The necessity to obtain immediate employment.
- The requirement to comply with Refugee Employment Services (RES).
- Information about available RES providers.
- Information on volunteering for RES.

It is critical that participants leave the orientation knowing RCA is a work-focused program that is limited to 8 months from the date of entry into the United States.

The objective of Refugee Employment Services (RES) is to ensure that RCA participants obtain employment within the 8-month period of eligibility for RCA, or within 12 months of arrival in the United States. RES includes a full range of employment services, including development of an Individual/Family Self-Sufficiency Plan, an Individual Employability Plan, world-of-work and job orientation, language training, employment related support, job clubs, job workshops, job development, referral to job opportunities, supported job search, job placement and follow-up.

RCA participants must comply with RES requirements unless exempt. Inability to communicate in English does NOT exempt a refugee from registration for employment services, participation in employability service programs, or acceptance of appropriate offers of employment.

RCA participants must enroll with RES within 30 days of RCA eligibility approval. Each RCA recipient must participate in RES at least 35 hours per week unless he or she meets 1 of the following conditions:

- Employed at least 30 hours per week.
- Age 60 or over.
- Temporarily or permanently ill or disabled. Verification from a medical authority is required if the illness or disability is expected to last more than 30 days. See MEDICAL CERTIFICATION in 0002.39 (Glossary: Lump Sum...).
- Responsible for the care of a spouse who is ill or disabled. Verification from a medical authority is required if the illness or disability is expected to last more than 30 days.
- Experiencing a personal or family crisis, as determined by the agency. Redetermine such an exemption monthly.

Refugees exempt from RES may volunteer to participate in RES. Volunteer participants must participate on the same level as mandatory participants. If a volunteer participant fails to comply with RES requirements, close the RES case. The volunteer participant remains eligible for RCA through his or her 8-month eligibility period.

Refer refugees who are disabled, age 65 or older to SSA to apply for SSI. No SSI Interim Assistance Authorization (DHS-1795) is required and no RCA overpayment results, as SSA would have budgeted the RCA benefits as income for SSI grants.

When a refugee fails to comply with program requirements, or reaches his/her 8th month of eligibility, terminate or close the case. See 0030.21 (Closing/Terminating RCA). Refugees who are eligible for federal Food Support but no longer participating in RES, must participate in Food Support Employment and Training activities unless they meet an exemption. See 0028.06.03 (Who Must Participate in Empl. Services/FSET).

For a list of Refugee Employment Service Providers, contact the Resettlement Programs Office, Community Living Supports, Department of Human Services, P.O. Box 64962, St. Paul, Minnesota 55164-0962.

In order for a language training or post-secondary education or training program to be approved as a Refugee Employment Services (RES) activity, the training must not be full-time (EXCEPT for professional skills refresher or recertification courses as noted below) and must be concurrent with employment or participation in other RES activities.

To be approved, a post-secondary education or training program must be no longer than 12 months and the participant must provide documentation that:

- There are suitable employment opportunities that require specific education or training in the area in which the participant is resettled.

AND

- The education or training will meet local employers' requirements so that the participant will be in a competitive position within the local labor market.

AND

- The participant can meet the requirements for admission to the program.

AND

- There is reasonable expectation that the participant will complete the training program.

If refugees with professional skills need professional refresher training or other recertification services in order to qualify to practice in the United States, the training may consist of full-time attendance in a college or professional training program, provided that such training:

- Is approved as part of the individual's employability plan by RES staff.

AND

- Does not exceed 1 year in duration (including any time enrolled in such program in the United States prior to the refugee's application for assistance).

AND

- Is specifically intended to assist the professional in becoming relicensed in his or her profession.

AND

- If completed, can realistically be expected to result in such relicensing.

The professional refresher and/or recertification courses may only be made available to people who are employed.

RCA EMPLOYMENT SERVICES GOOD CAUSE CLAIMS 0030.12.06

A participant may claim good cause for failure to comply with Refugee Employment Services (RES) requirements. Do not impose a sanction if it is determined that the participant has good cause for non-compliance with RES participation.

Good cause exists when:

- The job does not meet the definition of suitable employment. For the purpose of this determination, employment is NOT suitable if:
  - The hourly gross wages are less than the federal or state minimum wage for that type of employment, whichever applies.
  - The work is not within the client's physical and mental capacity.
  - The work does not meet health and safety standards established by the Occupational Safety and Health Administration (OSHA) and the Minnesota Department of Employment and Economic Development.
  - There is discrimination at the work site on the basis of age, sex, race, creed, marital status, status with regard to public assistance, disability, religion, or place of national origin.
- The participant is ill or injured.
- A spouse is ill and needs care by the participant.
- The participant is unable to secure the necessary transportation.
- The participant is in an emergency situation as determined by the agency.
- The schedule of the Employment Services conflicts with judicial proceedings.
- The participant is willing to accept suitable employment but employment is not available.
- The participant documents other verifiable impediments beyond his or her control.

SANCTIONS FOR RCA PROGRAM NON-COMPLIANCE

The sanction for non-compliance with program requirements, EXCEPT for Refuge Employment Services (RES) non-cooperation, is total ineligibility for cash assistance. If the person in sanction is the only member of the assistance unit, terminate the case allowing for a 10-day notice. If the assistance unit includes other members, sanction only the person who is in non-compliance.

If the participant complies with the program requirement before the effective date, lift the sanction. Once the participant complies, issue benefits back to the 1st day of the month the person is in compliance, without requiring a new application for RCA. Do not prorate benefits subsequent to the 1st month of application.

When a non-exempt RCA participant fails or refuses, without good cause, to meet RES requirements, or has voluntarily quit a job, terminate assistance allowing for a 10-day notice. Do not impose a sanction when a participant complies with RES requirements prior to the effective date of the sanction. Once imposed, the RES sanction must remain in effect for 3 payment months for the 1st occurrence, and 6 payment months for any subsequent occurrence.

SANCTIONS FOR NON-COMPLIANCE WITH THE MATCHING GRANT PROGRAM

Some VOLAGs offer a Matching Grant (MG) program for a limited number of refugees. The program's goal is to help refugees attain self-sufficiency within four months after arrival, without access to public cash assistance. The VOLAGs supply cash maintenance and Employment Services. Participants may be eligible for non-cash programs, such as food stamps or medical.

A sanction in the MG program for non-compliance does not transfer to the RCA program. An RCA applicant who was previously sanctioned in MG for non-compliance with work requirements or program participation requirements should be counseled and informed of the general regulatory provisions governing registration for and participation in Employment Services as a condition of receipt of RCA. They should also be informed of the effect of failing to participate in Employment Services or of refusing or voluntarily quitting employment.

RCA 5-MONTH REVIEWS 0030.18

During the 5th month of eligibility for RCA, conduct a case review and face-to-face meeting with the RCA participant(s). Prior to the face-to-face meeting, staff involved with the participant(s) should meet to review the person's situation.

The case review should include:

- What conditions exist that affect the participant's progress toward self-sufficiency?
- What services is the participant currently receiving?
- Are there any other service options that should be considered, including participation in other programs (for example, Food Support Employment & Training (FSET))?
- Is the participant's employment plan still appropriate?
- Is the participant currently exempt from RES?
- What resources might be available to the participant when RCA ends?

Immediately following the case review, schedule a face-to-face meeting with the participant. The face-to-face meeting provides:

- A means to reach a participant who may have missed important messages.
- An opportunity for the participant to develop an exit plan.

Terminate RCA prospectively in the first 2 months of eligibility, retrospectively after the first 2 months when an RCA unit becomes ineligible due to increased income.

Terminate RCA if the unit fails to cooperate with RES requirements, or other eligibility requirements, or at the end of the 8-month eligibility period, whichever comes 1st.

Terminate RCA if a participant moves from a county-administered program to a VOLAG-administered program. For the correct procedures when a closing is due to a client moving from a county-administered program to a VOLAG-administered program, see §0030.27 (RCA – Moves Within the State).

Send the client a written notice of adverse action to suspend, reduce, or terminate assistance at least 10 days before the effective date of the proposed action. See §0030.24 (RCA/RES Appeals).

If RCA is terminated prior to the end of the 8-month eligibility period, Refugee Medical Assistance (RMA) continues for the remainder of the 8-month period. At the end of the 8-month RMA period, determine if MA eligibility continues under another basis. Do not require a new application. Require verification of earnings if applicable. If there is no MA basis, review for MinnesotaCare or GAMC eligibility, see the Health Care Programs Manual.

RCA/RES APPEALS 0030.24

If a client is out of compliance with either Refugee Cash Assistance (RCA) or Refugee Employment Services (RES) requirements, send the client a written notice of adverse action to suspend, reduce, or terminate assistance at least 10 days before the effective date of the proposed action. The notice must include the right to request a mediation conference or a fair hearing.

A client may request a mediation conference to settle disagreements regarding a proposed action. The agency or DHS must receive the request for a fair hearing from the client in writing within 30 days of the notice of adverse action. A fair hearing may be conducted to resolve the disagreement.

Do not reduce, suspend or terminate payment when a client requests a fair hearing within 10 days of the mailing of the notice of adverse action, unless the client requests in writing to not receive continued assistance pending a fair hearing decision. However, in no case may assistance continue beyond the 8-month RCA eligibility period.

Assistance issued pending a fair hearing is subject to recovery if, as a result of the fair hearing decision, the client is determined ineligible for assistance or for the amount of the assistance received. The agency may increase or reduce an assistance payment pending an appeal when the circumstances of the client change in ways unrelated to the issue on appeal.

When a client moves within the state, this may affect how their RCA case is administered. Moves involve good communication between the original county of residence and the new county of residence, which may also involve the VOLAG eligibility staff. The county staff and the VOLAG staff should consult on who will perform the tasks listed below.

MOVE FROM A VOLAG-ADMINISTERED COUNTY TO A COUNTY-ADMINISTERED PROGRAM.

When an RCA participant moves from 1 of the 8 VOLAG-administered counties to a county-administered program, the transferring county and/or VOLAG worker must:

- Contact the VOLAG eligibility staff /county financial worker regarding the move to determine who will complete the transfer tasks.
- Enter the last day of the month of the move as an end date on STAT/ALTP.
- Remove the VOLAG eligibility staff logon id as the secondary worker in SPEC/XFER.
- Transfer the MAXIS case to the new county of residence.

If the participant does not have an EBT card, the new county of residence must contact the participant to schedule an appointment for the participant to attend EBT training and issue the EBT card.

The new county of residence should review the RCA case and follow the policies and procedures for maintaining the RCA case through the remainder of the eligibility period. This includes the policies regarding referral and participation in employment services in the new county of residence, sanctions for non-compliance and recovery of overpayments when applicable.

MOVE FROM A COUNTY-ADMINISTERED TO A VOLAG-ADMINISTERED PROGRAM

When an RCA participant moves from a county-administered program to 1 of the 8 VOLAG-administered counties, the transferring county worker must:

- Inform the participant that their RCA case will be closed effective the 2nd month after the move. Require them to apply for RCA with a VOLAG administering the RCA program. (For example, the unit moves on 3/19/05. The RCA will close

effective 5/1/05). The RCA participant is required to complete an interview with a VOLAG worker. The VOLAG worker must ensure that a referral is made to an RCA-Employment Service Provider in the new county of residence.

- Provide the participant with the contact name/number for the new county of residence:

  - Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties contact :

    Robin Dusterhoft -- International Institute of MN
    Phone: 651-647-0191 Ext. 342
    Fax: 651-647-9268

  - Olmsted County contact:

    Dynee' Stetzler -- Catholic Charities.
    Phone: 507-287-2047 Ext. 27
    Fax: 507-287-2050

- Transfer the MAXIS case to the new county of residence as per current policies and procedures.

- Provide the participant's new address and phone number to the appropriate VOLAG (see above). This contact can be made via phone, MAXIS email or internet email.

  - Robin Dusterhoft: MAXIS e-mail address: VOL1
    Internet e-mail: rdusterhoft@iimn.org

  - Dynee' Stetzler: MAXIS e-mail address: VL16
    Internet e-mail: dstetzler@ccwinona.org

It is the responsibility of the agency worker at the new county of residence to close the RCA effective the 2nd month after the move.

MOVE FROM A VOLAG-ADMINISTERED COUNTY TO ANOTHER VOLAG-ADMINISTERED COUNTY WITHIN THE METRO AREA.

When an RCA participant moves from one VOLAG-administered county to another VOLAG-administered county, the transferring county worker shall transfer the MAXIS case to the new county of residence as per current policies/procedures.

MOVE FROM A VOLAG-ADMINISTERED COUNTY IN THE METRO AREA TO OLMSTED COUNTY, OR VICE VERSA.

When an RCA participant moves from a VOLAG-administered county in the metro area to Olmsted County, and vice versa, the transferring county worker must follow the procedures for a participant who moves from a county-administered to VOLAG-administered program. This will ensure that the participant is referred to a VOLAG and to an RCA-Employment Service provider in the new county of residence.