

**DSS ADMINISTRATIVE LETTER ECONOMIC AND FAMILY SERVICES
EFS_FNS_AL 15-2018**

**Hurricane Florence 2018 Disaster Food and Nutrition Services
(Disaster FNS)
(October 1, 2018)**

(Food and Nutrition Services)

TO: County Directors of Social Services

ATTENTION: Food and Nutrition Services Managers and Supervisors

DATE: October 1, 2018

SUBJECT: Green County Hurricane Florence September 2018 Disaster Food and Nutrition Services

EFFECTIVE: October 1, 2018

The United States Department of Agriculture (USDA) has approved a Disaster Food and Nutrition Services (DFNS) Program for **Greene** County.

Individuals and families may be eligible for Disaster FNS benefits if they lived in Greene county, were impacted by hurricane Florence and meet the eligibility criteria. Households not affected by the hurricane are not eligible for DFNS benefits. This letter provides instructions and procedures the county must follow while implementing and participating in DFNS.

The county must:

- Take applications for **an eight-day period**.
- Begin taking DFNS applications on **Wednesday, October 3, 2018** through **Saturday, October 6, 2018**, then resuming on **Monday, October 8, 2018** through **Thursday, October 11, 2018**. Application site will not be open on Sunday **October 7, 2018**. Hours of operation will be 8:00am-5:00pm weekdays, Saturday, October 6, 2018 will be 9:00am until 5:00pm. **The county may extend their hours of operation beyond the hours specified above to accommodate the needs of your communities.**
- Designate a separate area for the disaster applicants as the implementation of DFNS must not negatively impact the operation of the regular FNS program during normal business hours, households must still be able to apply for regular FNS benefits if they choose to apply.
- Designate a separate area for those who need to apply for replacement benefits, households may request replacement benefits using the affidavit process through October 15, 2018.

- Provide designated areas/lines and accommodations for the elderly and persons with disabilities.
- Provide basic human comforts such as adequate restroom facilities and water.
- County may utilize temporary, non-merit-based staff for the administration of the DFNS Program to include retired eligibility staff, staff from other county or state departments, as well as contracted staff that are adequately trained and supervised by county merit-based staff. Staff from other social services agencies can take or enter applications.
- Contracted staff may perform all functions including, crowd control, interviews, screening of applications and EBT card distribution. Only those individuals who have prior NC FAST training and experience are allowed to enter applications and process in NC FAST.
- The Social Services Director must designate management/supervisors to interview and determine eligibility for staff involved with the administration of the DFNS applying for DFNS. Applicants must be informed that 100% of these cases will be reviewed post disaster.

DFNS Application requirements:

- Only allowable application for disaster benefits is the DSS-1432 (Rev.9-2018), Application for Disaster Food and Nutrition Services.
- DFNS rules only apply to disaster applications taken during the eight-day time period.
- Ensure applications are tracked daily.
- Process and enter in NC FAST all approved and withdrawn applications within **three days** from the date of application.
- Process and enter all denied applications as soon as possible but no later than **one** day, this will assist in identifying households that are denied and return to complete another application.

All employees who are assisting with the application taking process must review the following instructions carefully before the application process begins. Training was provided to counties on September 25, 2018.

I. POLICY INSTRUCTIONS

A. General Procedures

1. Dual participation is not allowed. An individual can only be included on one application. Each individual household member must be searched thoroughly in NCFast to determine if that individual has an existing individual ID number and if the household has an existing FNS PDC or already approved DFNS.

Note: Ineligible or disqualified household members of FNS cases that were active at the time of the disaster, including individuals that

were active in another state, are eligible for separate disaster benefits as these individuals will not be included when the household receives a supplement up to the maximum allotment.

Households that were active at the time of the disaster in Greene, but qualified for a zero benefit for September, must apply for DFNS. They will not be supplemented up to the maximum allotment for their household size. For this situation, key the DSNAP application and leave pending in NCFAS, call the Disaster Support number at 919-813-5490.

2. If an individual is discovered to be included on more than one application or is included in an active FNS household take the following actions:
 - a. If an individual is a household member in an active FNS case **in the month of the disaster**, they will show as ineligible on the DFNS application. This will exclude the ineligible and disqualified member who are eligible to apply for separate disaster benefits.
 - b. If an individual has already been approved on a DFNS application, they will show as ineligible on the second DFNS case as having concurrent benefits.
 - c. If an individual is discovered on more than one application prior to approval of either application, resolve the discrepancy before approving either application.
3. If a household is temporarily residing in a county that is not operating a Disaster FNS Program, take the following action:
 - a. Households should be encouraged to apply in the disaster county that they consider their permanent residence and resided in prior to the disaster.
Note: Displaced applicants can only apply in counties approved to administer DFNS.
 - b. If the household has no intent to return to the disaster county and considers the non-disaster county their permanent residence they can apply for regular FNS benefits or apply for DFNS in a county location that has been designated to take DFNS applications.
4. **Verification of identity is mandatory for the head of household and authorized representative.** This can be in the form of a picture ID or any other form of identification. This proof may include, but is not limited to, Social Security card, mail, or collateral statement. Identity is the only eligibility factor that must be verified.

Accept client's statement for the following: total net (take home) income, disaster related expenses, resources and Social Security Numbers, if available.

Verification of residency and loss of income or inaccessibility of resources should be verified "when possible". Verification of household composition should only be attempted if questionable. Use county available resources for verification. If verification is not available, do not pend the application, accept client's statement.

5. Pend applications only when the household is required to:
 - Provide verification of identity.
 - Applicant is unable to provide a statement of information necessary to complete the application.
 - Applicant's statement is questionable.
 - Written request from the head of household is needed for an authorized representative to make an application on their behalf.
 - Authorized representative's identity (It is not necessary to complete the Authorization Form (DSS-1688) that is used in the regular FNS program).

If needed use the DSS-8650, FNS Notice of Information Needed, to request verification, **allow five calendar** days for the client to provide verification. Process the application as soon as possible, but no later than **two calendar** days of receipt of the verification.

- a. Other verifications should be verified when possible.
- b. OVS matches are not required.

B. Eligibility Criteria

1. The household must have lived in the disaster area for the county operating a DFNS Program at the time of the disaster; and
2. Must plan on purchasing food during the disaster period; and
3. Must have experienced at least one of the following adverse effects:
 - a. Damage to or destruction of the household's home or self-employment; or
 - b. Suffered a food loss due to the disaster; or
 - c. Lost or inaccessible income, including reduction or termination of income, or a delay in receipt of income for residents of the impacted county; or
 - d. Inaccessible liquid resources; or

- e. A disaster related expense that will be paid or anticipated to be paid during the benefit period, which **will not** be reimbursed during the period of **September 7, 2018 through October 6, 2018**.
4. The total net (take-home) income received during the benefit period **September 7, 2018 through October 6, 2018**, plus accessible liquid resources, minus eligible disaster-related expenses shall not exceed the disaster gross income limit.

The above factors will be used to determine eligibility. **All other FNS eligibility factors are waived and must not be addressed.** This includes but not limited to eligibility requirements for citizenship/alien, students, **ABAWD**, substance abuse, required household members, disqualifications and Intentional Program Violations (IPV).

C. Completing the DFNS Application

1. Use the DSS-1432 Rev. (09/18) to determine eligibility.
 - Provide application to applicants while they wait and encourage them to complete before they are interviewed.
 - Interviewer must review the application with the applicant to ensure all required information is included.
 - Only the interviewer or other designated staff must complete the shaded portions of the application form.
2. Complete all information on the front page of the application including county name, application date and case/PDC number, Name of Head of household, permanent address, phone number and authorized representative information. Enter the disaster authorization period beginning date **September 7, 2018 through October 6, 2018**.
3. Part A, Household Situation, provides information to assist the agency in determining eligibility. Question 1 asks if the head of household is currently receiving FNS benefits. If **no**, proceed with the application. If **yes**, and the household lived in the disaster area and is receiving FNS benefits, the household is not eligible for Disaster FNS benefits. Deny the application. These households are potentially eligible for replacement of benefits.

The questions regarding if the applicant or any household member is a county or DHHS state employee involved in the administration of DFNS is critical for the post disaster review process. This includes temporary staff or other county agency staff utilized to take and process DFNS applications.

4. Part B, Household Members, include information for members of the FNS household. The applicant must include all household members who lived together and purchased, prepared, and ate together prior to the disaster, this includes household members who may be temporarily living apart. If the applicant's household is temporarily staying with another household

because of the disaster, do not include the other household members on the application.

To avoid duplication the application should include the following information:

- a. Name – Complete “proper” name of each household member.
 - b. Social Security Number – Applicant should provide a SSN for every household member, if available.
 - c. Birth Date – Applicant should provide birth dates for all household members.
 - d. Race – Complete for each household member.
 - e. Sex – Complete for each household member.
5. Part C, Income – includes information regarding sources, types and total net (take-home) amount of income received or expected to be received during the period **September 7, 2018 through October 6, 2018** by each household member. **Use actual income, do not round or convert.**

Note: FEMA payments are excluded as income as they are considered a reimbursement. Do not allow expenses covered by the excluded FEMA payment.

Remember to deduct business-related expenses from self-employment income. It is very important to stress that the application must include all sources of income as well as total net income amounts.

6. Part D, Resources - only accessible liquid assets such as cash available during the benefit period will be counted as resources.
7. Part E, Expenses - include disaster-related expenses. The household should provide accurate amounts for all disaster-related expenses.

For disaster-related expenses, **include expenses that the household paid or will pay from September 7, 2018 through October 06, 2018.** Do not include expenses that were paid, will be paid or will be reimbursed by someone outside the household during the disaster period, such as costs covered or reimbursed by insurance or landlords. **Incurred regular expenses are not allowable.**

EXAMPLE: A household claims a \$50,000 loss because their home was destroyed. The household incurred the expense, and it is very doubtful that the household will pay for a new home by October 6, 2018. It is acceptable to allow a deductible amount as an expense if the expense will be paid by October 6, 2018.

The household should provide most accurate amounts for the following disaster-related expenses:

- a. Food destroyed in the disaster - List total dollar amount of food lost or destroyed in the disaster that the household has replaced or will replace.
 - b. Dependent care and related mileage due to disaster – List amount paid or amount that will be paid by the household. This does not include regular dependent care expenses. The cost must be as a result of the disaster.
 - c. Funeral/medical expenses due to disaster - List actual expenses that are a result of the disaster and the amount paid or that will be paid by the household.
 - d. Moving and storage costs - List amount paid or amount that will be paid by the household.
 - e. Temporary shelter costs - List amount paid or amount that will be paid by the household. This can include lodging costs.
 - f. Cost to protect property during disaster - List amount paid or amount that will be paid by the household. This can include, but is not limited to plywood, tape, batteries, and generators.
 - g. Cost to repair or replace items for home or self-employment property
List amount paid or amount that will be paid by the household.
 - h. Other disaster-related expenses - The household must identify and describe other disaster-related expenses paid or amount that will be paid by the household.
 - i. Total expenses – add the total expenses.
8. Part F, Eligibility Computation –
- a. Add the total income for the household from Part C and enter in #1.
 - b. Add the total accessible resources for the household from Part D and enter in #2.
 - c. Add #1 and #2 and enter total in #3.
 - d. Add the total expenses from Part E and enter in #4.
 - f. Subtract #4 from #3 and enter total in #5.
 - g. Enter the Maximum Gross Income Limit from the Disaster Table.

Household Size	Disaster Gross Income Limit	Maximum Allotment
1	\$1,700	\$192
2	\$2,049	\$352
3	\$2,397	\$504
4	\$2,755	\$640
5	\$3,133	\$760
6	\$3,510	\$913
7	\$3,858	\$1,009
8	\$4,207	\$1,153
Each Additional Member	\$349	\$144

- h. If the amount in #5 is equal to or less than #6 indicate that the household is eligible in #7.
 - i. If the amount in #5 is greater than #6 indicate that the household is ineligible in #8.
9. Part G, **Penalty Warning** - includes penalty warnings that must be explained to the applicant. Review these warnings carefully with every applicant, preferably prior to completing the application process. The applicant's signature on the application is also certification that they understand the penalty warning information.
- Note: Penalty Warnings and Fraud posters must be clearly displayed at the entrances and various locations throughout the application sites.**
10. Part H, Certification and Signature - includes a statement of understanding that the applicant must read before signing the application.
- a. If the applicant signed the application prior to the interview, review the statement during the interview. The application must be signed and dated to be valid.
 - b. The interviewer and the processor must print his or her name and sign the application. The processor must also date the approval/denial and complete the certification period information, if applicable. The processor must also complete the denial reason section when applicable.
 - c. The individual entering the application into NCFAST must sign and date the application. If the application is entered in a county other than the household's county of residence, the interviewer must include his name, county, and phone number.
11. EBT Card Issuance

Those applicants that are screened as eligible for DFNS will give their application to a designated EBT card worker. When distributing the disaster EBT card, it is **vital that the sticker on the card is removed and placed on the application, and that the card is given to the applicant.** The sticker on the EBT card contains the SUI and PAN numbers and must be attached to the correct applicants' application when the EBT card is issued. This will assist staff with entering the SUI and PAN numbers in NC FAST correctly.

Example:

SUI #	PAN#
800 <u>0339756</u>	508161006881 <u>0453</u>

The PIN for the EBT card is the last four digits of the card. Applicants must be notified of how to change their PIN if they choose to do so. Advise applicants to select a PIN that is unique and not easily determined such as 1234 or using the same four numbers. Replacement, balance inquiries, and merchant disputes for DFNS cards are handled through the EBT Call Center, 1-888-622-7328.

Note: SUI and PAN numbers keyed on incorrect cases must be resolved by the county. The county must retrieve the cards from the households involved and facilitate a switch.

II. ACTIVE FNS RECIPIENTS

A. Manual Supplemental Benefits Requested

USDA **did not** approve automated supplements for **Greene County** as requested. Households that experienced a disaster loss must make a request for a supplement by signing an affidavit attesting to food or other losses due to the disaster. To reduce the burden on the household and county, any active FNS household that requests a replacement of August or September benefits between 9/17/2018 and 10/15/2018 will be considered as making a request for a supplement for the month of August or September.

NC FAST will automatically issue a supplement for those households that a manual replacement is issued with an affidavit date between 9/17/2018 and 10/15/2018.

Example: HH of 2 received \$120 as their normal August allotment. The HH reports losses due to the disaster of \$120. HH of 2 maximum allotment is \$352.00. When the worker keys the replacement the system will issue:

- \$120 replacement **and**
- \$232 supplement.

FNS Households that were active at the time of the disaster in **Greene County**, that had a disaster related loss but did not lose food, must make a request for a

supplement by signing an affidavit, attesting to a non-food loss, use the DSS-1678 (Rev.09/18) REPLACEMENT/SUPPLEMENT AFFIDAVIT. To have this supplement processed, call the Disaster Support number at **919-813-5490**.

Example: HH of 2 received \$120.00 as their normal August benefit allotment.
HH reports \$500.00 in damages to their roof.
HH of 2 maximum allotment is \$352.00.

- \$232.00 supplement benefit will be issued.

III. AUTOMATION INSTRUCTIONS

A. General Automation Procedures

Effective **September 24, 2018**, NC FAST will be available:

- Monday – Saturday 6:00 AM until 8:00 PM
- Sunday – 8:00 AM until 8:00 PM

Do not send tickets via Help Desk Portal for disaster, call the Disaster Command Center number at **919-813-5490**.

Instructions for keying are in [FAST HELP](#).

1. These instructions are to be used in conjunction with the DSS-1432 (Rev. 9/2018), Application for Disaster Food and Nutrition Services.
2. Conduct a thorough Person Search on each household member. Register applicant(s) if not already registered in NC FAST. For more information, refer to the Registering Persons Job Aid.
3. If an individual being researched appears in another FNS household for the month of application, do not include this individual in the disaster FNS household.

B. Application Approval

1. All disaster applications must be completed through NCFAST process, even if there has been a previous FNS case for the household. This does not apply to Food and Nutrition Services cases that are active as of the time of the disaster.

NOTE: NCFAST will not allow an approval for an application when the county of residence is not one of the counties designated for DFNS.

2. When approving the application in NCFAST enter all required fields.
 - a. All applications will have a **one-month certification period** of 9/07/2018 through 10/06/2018.
 - b. Benefits will not be prorated. The system will default to the maximum allotment for the household size.

- c. Do not enter a Work Registration Code for any individual.
3. After case activation, return to the PDC and add Disaster EBT card. This must be completed in order to link the PDC to the EBT card.

Note: SUI and PAN numbers keyed on incorrect cases must be resolved by the county. The county must retrieve the cards from the households involved and facilitate a switch.

C. Disposition of Applications Pending in NCFAST Prior to Disaster Application

1. If a pending regular FNS application is discovered when NCFAST is searched for an existing case, a Disaster FNS Application can be entered and approved if found eligible. Process the regular FNS application following the disposal of the DFNS application. The disaster month will show as ineligible in the regular FNS case and begin the CP for the following month.
2. Disaster FNS cases cannot be converted to an ongoing case. If the applicant wishes to receive ongoing benefits, they must apply for regular FNS benefits.
3. NC FAST will automatically close disasters cases at the end of the disaster certification.

Submit any questions regarding this information to the Operational Support Team (OST) at dss.policy.questions@dhhs.nc.gov. To ensure these questions receive priority response, please include "Disaster" as the subject line when submitting.

Sincerely,



David Locklear, Deputy Director
Economic and Family Services

Attachments (3)
Income Limits
[DSS-1432 \(Rev. 9/18\)](#)
[DSS-1432sp \(Rev. 9/18\)](#)