

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-01

Food Stamp Certification Manual

Issuance Date: 01-01-2000

From: Ruth Whitney, Director

Expiration Date: Until Superseded

Subj: New and Revised Policy

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
FSC 5000 (Entire Section)	Various Dates	FSC 5000 (Entire Section)	01/01/00

### Summary of Changes:

- This section of policy has been generally updated.
- Some sections have been rewritten for clarity.
- Information about the AFDC Program has been replaced with information about the TEA Program.
- The word "benefits" has replaced the word "allotment."

Specific changes are explained below:

[FSC 5300](#) – An example has been added to illustrate the circumstances under which money deposited in a checking account will be counted as income.

[FSC 5405](#) – The Indian income exclusions have been updated. A new item 28 has been added. This item explains the exclusion of funds in individual development accounts funded under the TANF block grant program.

[FSC 5410](#) – This section, Recoupments, has been rewritten for clarity.

[FSC 5412](#) – A statement has been added to this section to clarify how to handle the income received by the third-party beneficiary.

[FSC 5502](#) – Information has been added about bonuses received more frequently than once a year.

[FSC 5505](#) – Instructions have been added for handling income received under a contract that covers a period less than 12 months.

[FSC 5507](#) – Information has been added about allowances received by military personnel.

[FSC 5600 – 5643](#) – These sections have been rewritten and renumbered. The new policy sections are:

- [FSC 5630](#) Self-employment Income
- [FSC 5631](#) Partnerships
- [FSC 5632](#) Contractors
- [FSC 5633](#) Corporations
- [FSC 5640](#) Capital Gains
- [FSC 5650](#) Special Payments to Farmers
- [FSC 5660](#) Determining Self-employment Income
- [FSC 5661](#) Annualizing Self-employment Income
- [FSC 5662](#) Self-employment Income that is not Annualized
- [FSC 5662.1](#) Self-employment Enterprises in Business for Less than One Year
- [FSC 5662.2](#) Self-employment Income that Increases or Decreases Substantially
- [FSC 5662.3](#) Anticipating Capital Gains
- [FSC 5663](#) Costs of Producing Self-employment Income
- [FSC 5663.1](#) Rent or Mortgage, Taxes and Insurance Payments as Costs of Producing Income
- [FSC 5663.2](#) Utilities as a Cost of Producing Income
- [FSC 5664](#) Calculating Net Self-employment Income
- [FSC 5664.1](#) Separate Enterprises
- [FSC 5664.2](#) Budgeting Income Received from a Partnership
- [FSC 5670](#) Farm Loss Deductions
- [FSC 5680](#) Reported Changes in Self-employment Income
- [FSC 5690](#) Verification/Documentation
- [FSC 5691](#) Certification Periods

[FSC 5701.1](#) – This is a new section. It contains information about TEA diversion assistance.

[FSC 5701.2](#) – This is a new section. It contains information about TEA employment bonuses.

[FSC 5701.3](#) – This is a new section. It contains information about TEA extended support payments.

[FSC 5704.4](#) – This section now provides information about anticipating child support income.

[FSC 5704.5](#) – This is a new section. It provides information about verifying child support income collected by OCSE.

[FSC 5704.6](#) – This is a new section. It provides information about verifying child support income not collected by OCSE.

[FSC 5704.7](#) – This is a new section. It provides information about documentation of child support income.

[FSC 5708](#) – Information about guardianship payments to relatives has been added to this section.

[FSC 5723](#) – Information about VA aid and attendance has been added to this section.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-04

**Food Stamp Certification Manual**

**Issuance Date: 03-01-2000**

**From: Ruth Whitney, Director**

**Expiration Date: Until Superseded**

**Subj: Food Stamp Manual Annual Checklist and Typographical Errors**

---

<b>Pages to be Deleted:</b>	<b>Date:</b>	<b>Pages to be Added:</b>	<b>Date:</b>
Front 4410 – 4420	1/1/99	4410 – 4420	1/1/99
Back 4420 – 4430	1/1/99	4420 – 4430	1/1/99
Front 5610 – 5622	1/1/00	5610 – 5622	1/1/00
Back 5622 – 5631	1/1/00	5622 – 5631	1/1/00
Front 5662.1 – 5662.2	1/1/00	5662.1 – 5662.2	1/1/00
Back 5662.2 – 5663	1/1/00	5662.2 – 5663	1/1/00
Front 6510 – 6520	3/1/97	6510 – 6510	3/1/97
Back 6511 – 6511	8/1/89	6511 – 6511	3/1/97
Front 6610 – 6610	12/1/99	6610 – 6620	12/1/99
Back 6621 – 6621	12/1/99	6621 – 6621	12/1/99
Front 10630 – 10640	4/1/94	10630 – 10645	4/1/94
Back 10650 – 10660	4/1/94	10650 – 10660	4/1/94

Summary of Changes:

The [Policy Checklist](#) has been updated to reflect current policy. The policy pages attached have been updated to correct typographical errors.

Inquiries to:

Curtisteen Brooks, Food Stamp Section, (501) 682-8285, [Curtisteen.Brooks@arkansas.gov](mailto:Curtisteen.Brooks@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-07

**Food Stamp Certification Manual**

**Issuance Date: 03-01-2000**

**From: Ruth Whitney, Director**

**Expiration Date: Until Superseded**

**Subj: Authorized Representatives – Treatment Centers and Group Living Arrangements**

---

<b>Pages to be Deleted:</b>	<b>Date:</b>	<b>Pages to be Added:</b>	<b>Date:</b>
Front 981 – 981.2	12/1/98	981 – 981.2	3/1/00
Back 981.2 – 981.4	12/1/98	981.2 – 981.4	3/1/00
Front 981.5 – 981.5	12/1/98	981.5 – 981.5	3/1/00
Back 982 – 983.1	12/1/98	982 – 983.1	3/1/00
Front 14400 – 14400	12/1/98	14400 – 14400	12/1/98
Back 14400 – 14600	12/1/98	14400 – 14600	3/1/00

The PUB-390, *Use of Food Stamp Benefits by Residents of Alcoholism and Drug Addiction Treatment Centers*, is being reissued. One copy of the PUB-390 is attached. An initial distribution of the revised PUB-390 will be sent to county offices that serve treatment centers. All copies of the PUB-360 dated 01/99 should be discarded upon receipt of this transmittal.

A maximum of 50 additional copies of the PUB-390 will be provided upon request. To request additional pamphlets, send a memorandum to [Georgia Gilkey](#), Manger, Food Stamp Program, Slot 1240. Or, you may request additional copies via email to Betty Helmbeck or [Curtisteen Brooks](#).

### Summary of Changes:

In a treatment center, one employee of the center serves as the authorized representative (AR) for all center residents. In a group living arrangement, an employee of the group living arrangement may serve as the authorized representative for several residents. In the past, an AR employed by a treatment center or group living arrangement was often classified as the alternate payee or primary payee. As a result, the AR's name appeared on the member segment of household's FACTS record and an EBT card was issued to the AR.

When ANSWER is implemented, an individual who serves as the alternate payee or primary payee for more than one individual will appear on ANSWER as a duplicate member. In order to avoid this problem, one person will no longer be allowed to serve as the alternative payee or the primary payee for more than one individual. This means that when an application for a resident of a treatment center or group living arrangement is approved via either FACTS or ANSWER, the AR's name will not, for any reason, be entered as a household member.

As a result, there are changes in the Food Stamp Certification policy pertaining to the issuance of EBT cards to residents of treatment centers and group living arrangements. The specific changes are explained below:

[FSC 981](#) – A statement has been added to this section prohibiting the classification of a treatment center AR as an alternative payee.

[FSC 981.3](#) – This section has been revised to provide updated information regarding the role of authorized representatives at treatment centers.

[FSC 981.4](#) – The instructions for deactivating and then reactivating an EBT account when a resident leaves a center are no longer applicable. These instructions have been deleted.

[FSC 981.5](#) – This section has been updated to reflect the new procedures to be used by a treatment center AR.

[FSC 982.1](#) – This section has been updated to reflect the new procedures to be used when a resident of a group living arrangement is represented by an employee of the group living arrangement.

[FSC 14500 to 14600](#) – In these sections, the instructions regarding authorized representatives have been revised.

### Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-08

Food Stamp Certification Manual

Issuance Date: 04-01-2000

From: Ruth Whitney, Director

Expiration Date: Until Superseded

Subj: Changes in Enumeration Procedures; Appendix Q; and Authorized  
Representatives – Treatment Centers and Group Living

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Front 981 – 981.2	3/1/00	981 – 981.2	4/1/00
Back 981.2 – 981.4	3/1/00	981.2 – 981.4	4/1/00
Front 981.5 – 981.5	3/1/00	981.5 – 981.5	4/1/00
Back 982 – 983.1	3/1/00	982 – 983.1	4/1/00
Front 2100 – 2210	1/1/99	2100 – 2210	1/1/99
Back 2220 – 2222	6/1/99	2220 – 2222	4/1/00
Front 2222 – 2222	6/1/99	2222 – 2222	4/1/00
Back 2223 – 2223	1/1/99	2223 – 2223	4/1/00
Front 2300 – 2310	1/1/99	2300 – 2310	1/1/99
Back 2320 – 2400	6/1/99	2320 – 2400	4/1/00
Front 14400 – 14400	12/1/98	14400 – 14400	12/1/98
Back 14400 – 14600	3/1/00	14400 – 14600	4/1/00



Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix Q page 13		Appendix Q page 13	

Summary of Changes:

[FSC 981 - 983.1](#) – A correction has been made to remove all references to wholesale outlets.

[FSC 2223](#) – A statement has been added to accept the Receipt of Enumeration at Birth (SSA – 2853) as verification of a SSN application for newborns. The other changes in this section of policy pertain to the SSA-2853.

[FSC 14500](#) – A correction has been made to remove all references to wholesale outlets.

[Appendix Q](#) page 13, information has been added about the earnings needed to establish a SSA quarter of coverage for the years 1999 and 2000. Please remove the old page 13 and add the new page 13 to Appendix Q.

Inquiries to:

Kissia Nathaniel, Food Stamp Section (501) 682-8286, [kissia.harrison@arkansas.gov](mailto:kissia.harrison@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-10

**Food Stamp Certification Manual**

**Issuance Date: 07-01-2000**

**From: Ruth Whitney, Director**

**Expiration Date: Until Superseded**

**Subj: FSC 15000, Overpayments**

---

<b>Pages to be Deleted:</b>	<b>Date:</b>	<b>Pages to be Added:</b>	<b>Date:</b>
<b>FSC 15000 (Entire Section)</b>	Various Dates	FSC 15000 (Entire Section)	07/01/00

### Summary of Changes:

FSC 15000 has been generally updated to:

- Change AFDC to TEA, if needed;
- Change food stamp allotment to food stamp benefits;
- Clarify certain sections; and
- Replace instructions for using the DCO-216 and DCO-217 with instructions for using the DHS-199, *Benefit Overpayment Report*.

An explanation of specific changes appears below.

[FSC 15410](#) – Information about sanctions and disqualification periods has been added to this section.

[FSC 15420](#) – This section provided instructions for the completion of the DCO-217. It has been deleted.

[FSC 15500](#) – This is a new section. It provides information about the automated recipient overpayment accounting system (ROAS).

[FSC 15520](#) – This section has been updated to include information about processing an overpayment claim using ROAS.

[FSC 15533](#) – This section has been rewritten to provide information about the referral of uncollected claims to the Collections Unit.

[FSC 15800](#) – This section has been rewritten to provide instructions for taking benefits from an EBT account to repay an overpayment. Instructions have been provided for routing completed DCO-273s to the Office of Fiscal Management when cash is received in the county office. When benefits are to be withdrawn from the EBT account, the DCO-273 must first go to the Food Stamp Section for validation.

[FSC 15810](#) – This section was rewritten to explain the conditions under which a county office may cancel EBT benefits prior to the date the benefits are made available to the household.

[FSC 15820](#) – This section was deleted.

[FSC 15830](#) – This section was deleted.

[FSC 15900](#) – This section has been updated to provide current information about the State Income Tax Refund Interception.

[FSC 15910](#) – This section has been deleted.

[FSC 15920](#) – This section has been deleted.

[FSC 15930](#) - This section has been updated to provide current information about the Treasury Offset Program (TOP).

[FSC 15940](#) – This section has been rewritten to provide the criteria for debts to be referred for collection under the Treasury Offset Program.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-12

Food Stamp Certification Manual

Issuance Date: 08-01-2000

From: Ruth Whitney, Director

Expiration Date: Until Superseded

Subj: Incorporate Directive 99-26 into Policy and Other Changes

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Front 3440-3442	01/01/1999	3440-3442	01/01/1999
Entire 4000 Section	01/01/1999	Entire 4000 Section	01/01/2000

### Summary of Changes:

[FSC 3440 – 3442](#) – An update has been made to change the term Trade Readjustment Act (TRA) to Trade Adjustment Act (TAA).

The entire FSC 4000 section of policy was reformatted from Word Perfect to Microsoft Word. The only change was made to [FSC 4811 – 4841](#). Policy Directive 99-26 has been incorporated into FSC 4811 – 4841. This section of policy supersedes PD 99-26.

### Inquiries to:

Kissia Nathaniel, Food Stamp Section, (501) 682-8286, [kissia.harrison@arkansas.gov](mailto:kissia.harrison@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-15

Food Stamp Certification Manual

Issuance Date: 08-01-2000

From: Ruth Whitney, Director

Expiration Date: Until Superseded

Subj: Revisions to FSC 8000

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
FSC 8000 (Entire Section)	Various Dates	FSC 8000 (Entire Section)	12-01-00 and Various Dates

### Summary of Changes:

The policy has been reformatted and generally updated. Specific changes appear in the highlighted text. The specific changes are explained below:

[FSC 8100](#) – The definition of an initial application has been updated.

[FSC 8130](#) – A new item 10 has been added to the list of county office responsibilities. This item explains the worker's responsibility to explain the availability of nutrition education.

[FSC 8140](#) – This section has been reworded.

[FSC 8142](#) – The instructions for referring to the DCOUM manual have been deleted.

[FSC 8150](#) – FACTS instructions were deleted from this section.

[FSC 8160](#) – This section, which explained the procedures for registering pending applications via FACTS, has been deleted.

[FSC 8161](#) – This section, which explained the procedures for obtaining a pseudo SSN via FACTS, has been deleted.

[FSC 8240](#) – A new sentence has been added to item 2 to explain that the worker must give all applicants a copy of the pamphlet Your Rights and Your Responsibilities during all application interviews, initial and recertification. A new item 11 has been added to explain the worker's responsibility to advise applicants about nutrition education.

[FSC 8500](#) – A sentence was added to clarify that day one of the application processing period is the day after the application was filed.

[FSC 8505](#) – The specific instructions for approving applications via FACTS have been removed and replaced with two general items telling the worker to authorize benefits and issue an approval notice.

[FSC 8540](#) – "Failed to assist the household in obtaining needed information when such assistance was requested" has been removed as a reason to continue an application past the 60th day of the application-processing period.

[FSC 8640](#) – The example in this section has been updated to use current minimum food stamp benefit amounts.

[FSC 8641](#) – This section has been rewritten.

[FSC 8650](#) – Instructions for authorizing retroactive benefits via FACTS have been deleted from this section.

[FSC 8651](#) – Instructions for authorizing aggregate benefits via FACTS have been deleted from this section.

[FSC 8960](#) – The old definition of a categorically eligible household has been removed and replaced with a reference to the policy containing the new definition of a categorically eligible household.

[FSC 8962](#) – Information about handling applications that become categorically eligible has been added to this section.

[FSC 8970](#) – Information about the Simplified Food Stamp Program (SFSP) has been removed from this section and replaced with guidelines for processing joint food stamp and TEA applications.

[FSC 8971](#) – Information about the SFSP has been removed from this section and replaced with guidelines for scheduling interviews when joint food stamp and TEA applications.

[FSC 8972](#) – Information about the SFSP has been removed from this section and replaced with guidelines for processing joint food stamp and TEA applications.

FSC 8972.2, 8972.3, 8973, 8973.4, 8974, 8975, 8976, 8976.1, 8977.2, 8977, 8978, and 8979 contained information about the SFSP. All these sections have been deleted.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-16

Food Stamp Certification Manual

Issuance Date: 12-01-2000

From: Ruth Whitney, Director

Expiration Date: Until Superseded

Subj: Incorporation of Revised Definition of Categorical Eligibility and Other Changes

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
FSC 1000 (Entire Section)	Various Dates	FSC 1000 (Entire Section)	12/01/00 and Various Dates

### Summary of Changes:

The policy has been reformatted and generally updated. Specific changes appear in the highlighted text. The specific changes are explained below:

[FSC 1301](#) – Instructions for accessing the DCO-74 via DHS GOLD have been added to this section.

[FSC 1302](#) – This section has been clarified to specify that households receiving only family planning services through the DHS county office may participate in the Food Stamp Program in a county other than their county of residence.

[FSC 1303](#) – Instructions for keying transfers to the FACTS system have been deleted.

[FSC 1500](#) – Information about keying case heads to FACTS and changing case heads on FACTS has been deleted.

[FSC 1610](#) – This section has been renamed.

[FSC 1620](#) – This section has been renamed and rewritten. None of the policy has changed.



[FSC 1621.3.1](#) – Appendix Q's title has been added to this section.

[FSC 1621.6](#) – Instructions for entering an ineligible alien's prorated income to the FACTS system have been deleted.

[FSC 1621.7.4](#) – The budget example has been updated.

[FSC 1622.2](#) – The instructions for determining if a student is to be classified as an eligible student based on the receipt of TEA benefits have been updated. Also, references to the replacement of the JTPA Program by the WIA Program have been added.

[FSC 1622.3](#) – References to the JTPA Program have been changed to the WIA Program.

[FSC 1622.6](#) – The instructions for verifying student income have been revised to include instructions for issuing a DCO-265. Also, references to the JTPA Program have been changed to the WIA Program.

[FSC 1622.7](#) – References to the JTPA Program have been changed to the WIA Program.

[FSC 1622.9](#) – Instructions for entering information about an ineligible student to FACTS have been deleted.

[FSC 1622.10](#) – A definition of a fleeing felon has been added to this section.

[FSC 1623.1](#) – Instructions for entering a budget including a disqualified household member to the FACTS system have been deleted. The section now contains basic instructions for preparing such a budget.

[FSC 1623.2](#) – A statement has been added to this section to clarify that income the disqualified member no longer receives is not counted in the budget unless the disqualification was for an IPV. Also, instructions for entering a budget including a disqualified household member to the FACTS system have been deleted. The section now contains basic instructions for preparing such a budget.

[FSC 1624.1](#) – The examples have been updated to use current food stamp benefit amounts.

[FSC 1630](#) – The examples have been updated to use current food stamp benefit amounts.

[FSC 1640](#) – The instructions for listing children who are boarders as household members on the FACTS system have been deleted.

[FSC 1730](#) – The examples have been updated to use current food stamp benefit amounts.

[FSC 1820](#) – Instructions for handling treatment centers with multiple locations have been added to this section.

[FSC 1821.1 – 1821.2](#) – These are new sections. They provide instructions for handling the applications of treatment center residents when these residents are currently receiving food stamp benefits.

[FSC 1824](#) – Instructions for requiring daily census reports from treatment centers with multiple locations have been added to this section. Instructions for recording the on-site visits on the Record of On-Site Visit have also been added to this section.

[FSC 1852](#) – Instructions for accessing the DCO-223 and DCO-224 via DHS GOLD have been added to this section.

[FSC 1920](#) – The old definition of a categorically eligible household has been deleted and replaced with the new definition.

[FSC 1923](#) – This is a new section. It provides information about the impact of categorical eligibility.

[FSC 1924](#) – This is a new section. It provides information about when to classify a household as a categorically eligible household.

[FSC 1925](#) – This is a new section. It provides information about handling changes in a household's categorical eligibility status.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-17

**Food Stamp Certification Manual**

**Issuance Date: 12-01-2000**

**From: Ruth Whitney, Director**

**Expiration Date: Until Superseded**

**Subj: Updates to FSC 16000, *Hearings***

---

<b>Pages to be Deleted:</b>	<b>Date:</b>	<b>Pages to be Added:</b>	<b>Date:</b>
FSC 16000 (Entire Section)	Various Dates	FSC 16000 (Entire Section)	12/01/2000

### Summary of Changes:

The policy has been reformatted and generally updated. The specific changes are explained below:

[FSC 16400](#) – This section has been revised to indicate that a copy of the final order is sent to the county office when a hearing request is dismissed.

[FSC 16510](#) – This section has been revised to state that the Office of Appeals and Hearings sends the DHS-1210 directly to the county office.

[FSC 16513](#) – This section has been revised to delete references the DHS-3205. This form is no longer in use.

[FSC 16515](#) – This section has been revised to include instructions for continuation on quarterly reporting cases.

[FSC 16520](#) – A statement has been added to this section to clarify that a face-to-face hearing is utilized only when requested by the household.

[FSC 16533](#) & 16534 – Statements have been added to these sections to clarify that the supervisor or manager of the Office of Appeals and Hearings does not always review hearing decisions.

[FSC 16750](#) – This section has been revised to remove the requirement that a household must be given a date by which to return a signed Waiver of Hearing and Disqualification Agreement. Also, the form number DHS-257 has been removed. The waiver used by the Office of Appeals and Hearings does not have a form number.

[FSC 16761](#) – This section has been revised to remove the form number DHS-255. The scheduling letter used by the Office of Appeals and Hearings does not have a form number.

[FSC 16800](#) – A summary of the penalties that were in effect prior to October 1, 1996, has been added to this section.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 00-20

Food Stamp Certification Manual

Issuance Date: 12-01-2000

From: Ruth Whitney, Director

Expiration Date: Until Superseded

Subj: Updates to FSC 13000 and Appendix D

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	10/01/00	Appendix D	01/01/01
FSC 13000 (Entire Section)	Various Dates	FSC 13000 (Entire Section)	12/01/00

### Summary of Changes:

#### **Appendix D**

[Appendix D](#) has been updated to provide the maximum SSI payments and Medicare premium effective 01/01/01.

#### **FSC 1300**

This entire section has been rewritten and generally updated. All references to FACTS have been removed. Specific changes are explained below.

[FSC 13100](#) – The instructions for re-mailing returned food stamp allotments have been deleted. The explanation of the difference between a supplemental issuance and a restoration has been rewritten for clarity.

[FSC 13300](#) – All references to authorizing restored benefits due to a food stamp mail out problem have been removed from this section. A reference to new section FSC 13311 has been added. (New section FSC 13311 provides instructions for restoring aged EBT benefits.)

[FSC 13310](#) – The information in this section has been reorganized. Under step 4, instructions for handling deductible expenses have been added. Also, the note under step 7 has been updated to state that a DCO-201 need not be completed when aged EBT benefits are restored.

[FSC 13311](#) – This is a new section. It provides instructions for restoring aged EBT benefits.

[FSC 13320](#) – A reference to the Recipient Overpayment Accounting System (ROAS) has been added to this section. Also, references to the DCO-216 and DCO-217 have been deleted and replaced with references to the Benefit Overpayment Report (DCO-199).

[FSC 13350](#) – This section has been updated to provide current instructions for authorizing restored benefits to households that have moved out of state.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 01-03

**Food Stamp Certification Manual**

**Issuance Date: 06-01-2001**

**From: Ruth Whitney, Director**

**Expiration Date: Until Superseded**

**Subj: Incorporation of Revised Definition of Categorical Eligibility and Other Changes**

---

This packet of revised policy includes changes to the following sections of the Food Stamp Certification Manual: [\[FSC 100\]](#), [\[FSC 1000\]](#), [\[FSC 5000\]](#), [\[FSC 6000\]](#), [\[FSC 8000\]](#), [\[FSC 10000\]](#), [\[FSC 11000\]](#), [\[FSC 12000\]](#), and the [\[Glossary\]](#).

Each section has been reformatted and updated. A summary of changes to each individual section of policy follows.

### Summary of Changes:

#### **FSC 100 General Provisions**

1. [\[FSC 200\]](#) – A new item three was added to advise county offices of their responsibility to establish procedures to serve special needs households.
2. [\[FSC 210\]](#) – Two items have been added: 1) This item instructs DHS county offices to provide food stamp applications and pamphlets to interested parties. 2) This item instructs DHS county offices to explain the county's procedures for scheduling appointments to interested parties.
3. [\[FSC 211\]](#) – This is a new section. It explains the county office's role in outreach activities.
4. [\[FSC 312\]](#) – A reference to the online FSC manual was added to this section.
5. [\[FSC 440\]](#) – This section, which provided information for destroying old manual issuance records, has been deleted.
6. [\[FSC 900\]](#) – The section was expanded to include the provisions for naming one AR to apply for benefits for the household and another AR to use the household's EBT card to obtain food for the household. Also included are instructions for naming an AR in an emergency.

7. [\[FSC 920\]](#) – The provisions under which an individual disqualified for committing an intentional program violation (IPV) as an AR have changed.
8. [\[FSC 981.4\]](#) – A statement was added to instruct treatment centers to provide Change Report Forms to departing residents if possible.
9. [\[FSC 981.5\]](#) – Three additional guidelines for treatment centers were added: 1) If none of the resident's benefits have been accessed before he or she leaves the treatment center, the treatment center must not access these benefits. 2) The AR should report changes in the resident's circumstances to the DHS county office if there are changes while he or she is residing at the center. 3) Once a resident leaves a treatment center, the resident, not the treatment center has access to any food stamp benefits remaining in the EBT account.

### **FSC 1000 Household Information**

1. [\[FSC 1621\]](#) – The entire section has been rewritten to:
  - Expand the definition of a U.S. citizen.
  - Define the "non-citizen national" and explain that non-citizen nationals are treated as U.S. citizens.
  - Add an explanation of when citizenship must be verified.
  - Provide a list of items that may be used to verify citizenship.
  - Define a qualified alien.
  - Explain which aliens are lawfully residing in the U.S.
2. [\[FSC1621.1\]](#) – This section has been rewritten to remove repetitious information and to clarify the existing rules. Additional information about eligible categories of American Indians was added to items 4 and 5. Additional information about Hmong and Laotian tribe members and their dependents was added to item 6.
3. [\[FSC 1621.2\]](#) – Additional instructions have been added about providing households with a reasonable opportunity to provide acceptable documentation of eligible alien status. Also, additional information has been added to clarify which aliens should not be reported to the INS when the alien is unable or unwilling to provide the needed documentation of eligible alien status. Aliens who are verified to be in the U.S. in violation of the Immigration and Naturalization Act will now be reported to the appropriate INS office.
4. [\[FSC 1621.2.1\]](#) – The examples in this section were updated. An example was added to illustrate when to determine if an alien is eligible under another status.
5. [\[FSC 1621.3\]](#) – A statement has been added to clarify that if there is a divorce, the former spouse's quarters of work will continue to be credited to the participating alien until the household's next recertification.



6. [\[FSC 1621.3.2\]](#) – This is a new section. The information about disregarding any quarter of work in which the alien received a Federal means-tested public benefit has been moved to this section. Additional instructions have been added.
7. [\[FSC 1621.4\]](#) – Additional information has been added to clarify which individuals with a military connection may participate in the Food Stamp Program.
8. [\[FSC 1621.4.1\]](#) – A definition of a battered alien has been added.
9. [\[FSC 1621.7\]](#) to [\[FSC 1621.7.6\]](#) – These sections have been rewritten to explain the new provisions that apply to sponsored aliens. Under these provisions, there will be only one method of deeming income. Deeming will not apply unless the sponsored alien is an eligible household member.
10. [\[FSC 1821.2\]](#) – Instructions for shortening the household's certification period have been removed from this section.
11. [\[FSC 1830\]](#) – A statement has been added to clarify that residents of a group living arrangement authorized by FNS as a authorized retail store may participate in the Food Stamp Program. Also, a statement has been added to clarify that when personalized meals are prepared and paid for with food stamp benefits, that resident's food stamp benefits must be used to pay for the meals.
12. [\[FSC 1834\]](#) – Instructions have been added for providing a departing group living arrangement resident with their EBT card and one-half of their monthly food stamp benefits if they leave before the 16th of the month.
13. [\[FSC 1835\]](#) – This is a new section. It provides the rules under which residents of group living arrangements must report changes.
14. [\[FSC 1836\]](#) – This is a new section. It provides the guidelines under which group living arrangements must submit Daily Census Reports.
15. [\[FSC 1841.2\]](#) – Instructions for shortening the resident's certification period when the resident leaves the treatment center have been removed.
16. [\[FSC 1920\]](#) – A statement has been added to clarify that suspension or recoupment of TEA or SSI benefits will have no impact on a determination of categorical eligibility.
17. [\[FSC 1922\]](#) – Under this new provision if citizenship was verified for another program, the county office worker may accept participation in that program as proof of citizenship.

#### **FSC 5000 Income**

1. In the following sections of policy, all instructions and/or references to the Jobs Training Partnership Act (JTPA) have been replaced by instructions and/or references to the Workforce Investment Act (WIA) which replaced the JTPA: FSC 5405, FSC 5501, and FSC 5509.

Additional changes were made as explained below:

2. [\[FSC 5405\]](#) – A statement was added to item 4 to clarify the treatment of payments made for weatherization or emergency repair or replacement of heating and cooling devices.
3. [\[FSC 5621\]](#) – A definition of a boarder was added to this section.
4. [\[FSC 5670\]](#) – The steps for calculating the farm loss deduction were changed. The deduction is first applied to any other self-employment income reported by the household and then to all the other household income.
5. [\[FSC 5691\]](#) – The instructions for assigning a certification period to a household with self-employment income have changed. Under the new provisions, the household's certification period will no longer be shortened. Instead, the household's annual self-employment income will be recalculated at the time a quarterly report is submitted.

### **FSC 6000 Deductions**

1. [\[FSC 6300\]](#) – This section has been updated. All instructions for entering information to the FACTS system have been deleted.
2. [\[FSC 6400\]](#) – This section has been updated. Information has been added about handling dependent care costs reimbursed by the Division of Child Care.
3. [\[FSC 6510\]](#) – Several items have been added as allowable medical costs. This includes corrective shoes and orthotics prescribed by a doctor or other health care professional, nursing home insurance premiums, dental insurance premiums, prescription drug plans and "cards", costs of a lifeline service, and certain items purchased over the counter. Information has been added about how to handle food supplements.
4. [\[FSC 6610\]](#) – Several items have been added as allowable shelter costs. This includes condominium and association fees, well installation and maintenance costs, and septic tank installation and maintenance costs. Information has been added about how to handle the \$300 tax credit allowed on real estate taxes.
5. [\[FSC 6624\]](#) – The section has been updated. Information about keying a prorated standard utility standard to FACTS was not deleted but was simplified.
6. [\[FSC 6627\]](#) – A statement has been added to clarify that actual utility costs are handled separately. Therefore, if a household verifies some, but not all, actual utility costs, only the unverified costs will be disallowed.
7. [\[FSC 6628\]](#) – The first paragraph has been revised to removed instructions for keying information to FACTS. Information has been added about the new maximum utility deduction that became effective 4-01-01. The example has been updated.
8. [\[FSC 6722\]](#) – A statement has been added to clarify that utility usage is not to be projected simply by averaging the household's utility costs for the last several months or the last year. A statement has been added to clarify that actual utility costs are handled separately

### **FSC 8000 Initial Case Actions**

1. [\[FSC 8100\]](#) – Information about accepting electronically transmitted applications has been added to this section. The definition of an initial application has changed.
2. [\[FSC 8120\]](#) – Information about accepting electronically transmitted applications has been added to this section.
3. [\[FSC 8130\]](#) – Information about accepting electronically transmitted applications has been added to this section. Also, item 3 has been expanded to provide additional information about encouraging households to apply for food stamp benefits.
4. [\[FSC 8140\]](#) – Information has been added to this section about faxing applications received in the wrong office to the correct office.
5. [\[FSC 8141\]](#) – This is a new section. It provides information about how to handle an application submitted to the wrong office in a county where there is more than one DHS office.
6. [\[FSC 8220\]](#) – Information about the correct procedures for scheduling interviews for food stamp applicants has been added to this section. Specifically, the policy now states that it is not acceptable to ask households to return to the DHS county office to be seen on a first-come, first-serve basis. Each applicant must be assigned a date and time to return for the interview.
7. [\[FSC 8230\]](#) – Information about the county office's responsibility to schedule food stamp interviews to accommodate the needs of groups with special needs has been added to this section. Also, a paragraph has been added to clarify that an application may not be denied prior to the 30th day of the application period if the household fails to appear for an interview.
8. [\[FSC 8250\]](#) – A statement that a face-to-face interview must be scheduled for any household that requests one has been added to this section. Also, a statement has been added to clarify that the use of a telephone interview will not affect the length of the certification period assigned to the household.
9. [\[FSC 8300\]](#) – A statement has been added to emphasize the worker's responsibility to provide assistance in obtaining needed verification to food stamp applicants.
10. [\[FSC 8500\]](#) – Information was added about applying 30 day processing to untimely applications for recertification.
11. [\[FSC 8610\]](#) – Information was added about prorating benefits on untimely applications for recertification when the application is submitted within 30 days of the last day of the household's last certification.
12. [\[FSC 8710\]](#) – In this section, the guidelines for assigning certification periods have changed. Under item 5, unstable households will generally be assigned a three-month certification period. Under items 7 and 8, households in treatment centers and households that are likely to soon become ineligible to receive food stamp benefits will

be assigned a one or two month certification period. (This will not affect expedited households with verification postponed. These households are addressed in item 6.

13. [\[FSC 8970\]](#) – The following information about joint applications has been added to this section:
  - No household will be required to apply for TEA or Medicaid in order to receive food stamp benefits or vice versa.
  - Information verified for TEA purposes will be used to process the food stamp application.
  - If a household has met all Food Stamp Program requirements but information is still needed to process the TEA application, the food stamp application will be processed without delay.
  - No household will be required to file a new food stamp application just because a TEA or Medicaid application has been delayed.
  - When a worker is attempting to divert a household from TEA cash assistance, the worker must make clear that the disadvantages of applying for cash assistance do not apply to the Food Stamp Program.
  - The worker must explain that even when a TEA case is closed, the household may continue to receive food stamp benefits.
14. [\[FSC 8971\]](#) – A new item has been added to this section to clarify how to handle an out-of-office interview when a household applies for TEA cash assistance and food stamp benefits at the same time.

#### **FSC 10000 Recertifications**

1. [\[FSC 10100\]](#) – The definition of a recertification was rewritten, and an example was added.
2. [\[FSC 10210\]](#) – Instructions were added to send a DCO-239 when a QR is reinstated in the last two months of the household's certification period.
3. [\[FSC 10400\]](#) – The date by which to file an untimely application was changed to the end of the month that follows the last month of certification.
4. [\[FSC 10500\]](#) – The reference to the interview guide was deleted.
5. [\[FSC 10520\]](#) – This paragraph has been rewritten to explain the new provisions for rescheduling missed interviews at recertification.
6. [\[FSC 10550\]](#) – This section was revised to provide information about the verification requirements.
7. [\[FSC 10620\]](#) – Under item 1, additional information was added about the verification process and the worker's responsibility to assist the household in obtaining the verification.
8. [\[FSC 10630\]](#) – Instructions to issue a DCO-206 to request information were added. A statement about reinstating timely filed applications was added.

9. [\[FSC 10650\]](#) – Information about how to handle delays in processing timely filed applications was added to this section
10. [\[FSC 10660\]](#) – This section, which formerly contained the chart about delays in processing, was deleted.
11. [\[FSC 10700\]](#) – This section was revised to explain the process of reinstating untimely applications for recertification.
12. [\[FSC 10710\]](#) – This section was rewritten. It now provides additional information about handling delays in processing untimely applications.
13. [\[FSC 10800\]](#) – This section now provides a chart that explains how to handle delayed applications for recertification when the delay was the fault of the agency. This includes the new provisions for reinstating applications and prorating benefits.
14. [\[FSC 10810\]](#) – This section now provides a chart that explains how to handle delayed applications for recertification when the delay was the fault of the agency. This includes the new provisions for reinstating applications and prorating benefits.
15. [\[FSC 10900\]](#) – This section now contains the provisions for handling applications for recertification filed at the Social Security Office.

#### **FSC 11000 Reporting Requirements**

1. [\[FSC 11110\]](#) – This is a new section. It provides the provisions under which a county office may and may not require a participating household to report for an interview.
2. [\[FSC 11120\]](#) – The policy that defines refusal to cooperate following certification was moved from the 8000 section of the FSC manual to this location.
3. [\[FSC 11430\]](#) – The instructions for shortening a certification period have been removed and replaced. Certification periods may no longer be shortened unless it appears that the household is ineligible.
4. [\[FSC 11510\]](#) – Item 6, which referred to households participating in the SFSP, was deleted.
5. [\[FSC 11520\]](#) – Instructions for shortening a household's certification period were removed. Also, instructions were provided for recalculating self-employment income at the time a quarterly report is submitted.
6. [\[FSC 11530\]](#) – A statement was added to instruct the counties to reinstate eligible households that submit a quarterly report before the end of the report month.
7. [\[FSC 11630\]](#) – This section was revised so food stamp households that submit a midpoint review will be allowed to choose between actual shelter costs and the utility standard when the midpoint review is submitted. Also, the instructions for shortening a certification period when the midpoint review is processed were deleted.
8. [\[FSC 11640\]](#) – New instructions were provided for handling one-time medical expenses when a midpoint review is submitted.

9. [\[FSC 11650\]](#) – This section was revised to remove the instructions for issuing a notice when the household’s certification period was shortened as a midpoint review was processed.

#### **FSC 12000 Processing Reported Changes**

1. [\[FSC 12227\]](#) - Instructions for shortening a household’s certification period were removed, and new instructions for obtaining the signature of a responsible household member were added.
2. [\[FSC 12241\]](#) – Instructions for shortening a household’s certification period were removed and a reference to FSC 12400 was included.
3. [\[FSC 12400\]](#) – This section has been renamed and rewritten. It now provides instructions for handling cases where the household’s current situation must be clarified before the household can continue participating in the Food Stamp Program.
4. [\[FSC 12410\]](#) – Instructions for shortening a household’s certification period were removed and a reference was provided to FSC 12400, which provides instructions for handling questionable situations.
5. [\[FSC 12430\]](#) – Two references to FSC 12400 were added. FSC 12400 provides instructions for handling questionable situations.
6. [\[FSC 12440\]](#) – Instructions for shortening a household’s certification period were removed and a reference was provided to FSC 12400, which provides instructions for handling questionable situations.
7. [\[FSC 12450\]](#) – A reference was provided to FSC 12400, which provides instructions for handling questionable situations. Instructions for handling generally known information for quarterly reporting households have been revised.
8. [\[FSC 12460\]](#) – This chart has been changed to reflect the changes in the way questionable information is handled.

#### **FSC 16000 Administrative Hearings**

<b>Pages to be Deleted:</b>	<b>Pages to be Added:</b>
Front 16310 to 16330	16310 to 16330
Back 16400 to 16511	16400 to 16511
Front 16770 to 16782	16782 to 16783
Back 16793 to 16800	16790 to 16800

1. [\[FSC 16400\]](#) – This policy now states that untimely requests for administrative hearings will be handled by the county as requests for restored benefits.

2. [[FSC 16800](#)] – A reference to FSC 1623.2 was added. FSC 1623.2 provides instructions for calculating a budget when a household member has been disqualified.

### **Glossary**

1. [[Collateral Contact](#)] – Examples of acceptable collateral contacts were provided. Instructions were provided for obtaining information from collateral contacts without disclosing information about the food stamp household.
2. [[Home Visits](#)] – Information was added about the conditions under which a home visit may be conducted.
3. [[Verification](#)] – The following information was added to items 2 and 3 respectively:
  - A statement that the household may provide verification by facsimile or other electronic device.
  - Clarification that assistance in obtaining verification will be provided to households that are cooperating with the Agency.

### **Inquiries to:**

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 01-04

**Food Stamp Certification Manual**

**Issuance Date: 07-01-2001**

**From: Ruth Whitney, Director**

**Expiration Date: Until Superseded**

**Subj: Revised Vehicle Policy**

---

This packet of revised policy includes changes to the following sections of the Food Stamp Certification Manual: [\[FSC 4000\]](#) and [\[FSC 16000\]](#).

Each section has been reformatted and updated. A summary of changes to each section of policy follows.

### Summary of Changes:

#### **FSC 4000 Resources**

1. [\[FSC 4400\]](#) – Policy references were added to the list of excluded resources.
2. [\[FSC 4430\]](#) – This section formerly provided information about excluded vehicles. The information about excluded vehicles was moved to [\[FSC 4840\]](#). The information formerly in FSC 4431 about property related to the use of excluded vehicles was moved to this section.
3. [\[FSC 4451\]](#) – This section was updated to reflect the current definition of a categorically eligible household.
4. [\[FSC 4500\]](#) – Policy references were added to the list of excluded resources.
5. [\[FSC 4580\]](#) – This section was revised to redefine a significant return as one of \$1,500 or less and to state that this policy does now applies to vehicles.
6. [\[FSC 4610\]](#) – Information has been added about a web site that may be used in the process of verifying savings bonds.
7. [\[FSC 4640\]](#) – A sentence has been added to clarify that a KEOGH plan is inaccessible to a food stamp household if it involves a contractual agreement with non-household members.
8. [\[FSC 4650\]](#) – A money market account has been added as a type of checking account.



9. [\[FSC 4660\]](#) – A money market account has been removed as a type of savings certificate.
10. [\[FSC 4670\]](#) – Information was added about using the internet to verify current stock prices.
11. [\[FSC 4800\]](#) – Information was added about the process of evaluating vehicles to determine the resource value.
12. [\[FSC 4810\]](#) – This section now contains information about establishing ownership of vehicles.
13. [\[FSC 4820\]](#) – This section now contains information about the treatment of leased vehicles.
14. [\[FSC 4830\]](#) – This section now provides instructions for excluding vehicles owned by categorically eligible households as a resource.
15. [\[FSC 4840\]](#) – This section now provides instructions for applying resource exclusions to vehicles owned by members of food stamp households. This includes one exclusion per household and additional exclusions based on use.
16. [\[FSC 4850\]](#) – This section now provides instructions for determining the countable resource value of any vehicle not excluded under the policy in FSC 4840.
17. [\[FSC 4851\]](#) – This section now provides instructions for determining the fair market value of vehicles. Internet web sites rather than NADA books will be used to establish the fair market value of vehicles.
18. [\[FSC 4860\]](#) – This section now provides instructions for determining the accessibility of any vehicle if the value of the vehicle will make the household ineligible to receive food stamp benefits.
19. [\[FSC 4870\]](#) – This section now contains the Vehicle Desk Guide. This guide has been revised to reflect the new provisions.
20. [\[FSC 4974\]](#) – This section has been updated and the example, which described the transfer of a vehicle, has been revised.

### **FSC 16000 Hearings**

The entire section had to be reissued due to printing errors.

### **Inquiries to:**

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 01-12

**Food Stamp Certification Manual**

**Issuance Date: 10-01-2001**

**From: Ruth Whitney, Director**

**Expiration Date: Until Superseded**

**Subj: Corrections and Clarifications**

---

<b>Pages to be Deleted:</b>	<b>Pages to be Added:</b>
Front 981.2 to 981.5	Front 981.2 to 981.5
Back 981.5 to 981.5	Back 981.5 to 981.5
Front 1621.1 to 1621.1	Front 1621.1 to 1621.1
Back 1621.2 to 1621.2	Back 1621.2 to 1621.2
Front 1621.2 to 1621.2	Front 1621.2 to 1621.2
Back 1621.2 to 1621.2.1	Back 1621.2 to 1621.2.1
Front 4850 to 4851	Front 4850 to 4851
Back 4851 to 4851	Back 4851 to 4851
Front 5412 to 5413	Front 5412 to 5413
Back 5413 to 5413.1	Back 5413 to 5413.1
Front 5701.1 to 5701.3	Front 5701.1 to 5701.3
Back 5702 to 5704	Back 5702 to 5704
Front 8506 to 8506	Front 8506 to 8506

<b>Pages to be Deleted:</b>	<b>Pages to be Added:</b>
Back 8506 to 8520	Back 8506 to 8520
Front 8530 to 8540	Front 8530 to 8540
Back 8540 to 8540	Back 8540 to 8540
Front 10100 to 10210	Front 10100 to 10210
Back 10210 to 10300	Back 10210 to 10300
Front 10700 to 10710	Front 10700 to 10710
Back 10800 to 10800	Back 10800 to 10800
Front 11420 to 11440	Front 11420 to 11430
Back 11440 to 11450	Back 11430 to 11440
Front 11450 to 11450	Front 11440 to 11450
Back 11460 to 11460	Back 11450 to 11450
Front None	Front 11460 to 11460
Back None	Back None
Front 11531 to 11550	Front 11531 to 11550
Back 11550 to 11550	Back 11550 to 11550
Front 11550 to 11560	Front 11550 to 11560
Back 11560 to 11560	Back 11560 to 11560
Front 13310 to 13310	Front 13310 to 13310
Back 13310 to 13320	Back 13310 to 13320
FSC 14000 Entire Section Reformatted and Reissued.	FSC 14000
Glossary – Front Begins with definition of “Institution of Higher Education” and ends with definition of “Notice of Action.”	Glossary – Front Begins with definition of “Institution of Higher Education” and ends with definition of “Notice of Action.”

Pages to be Deleted:	Pages to be Added:
Glossary - Back Begins with definition of "Notice of Action" and ends with definition of "Occasional Reporting."	Glossary – Back Begins with definition of "Notice of Action" and ends with definition of "Occasional Reporting."

### Summary of Changes:

1. [FSC 981.4](#) – This policy was corrected by removing the phrase "and destroy the AR's EBT card" from the first sentence.
2. [FSC 1621.2](#) – The instructions for reporting illegal aliens were changed. Under the new instructions, illegal aliens are to be reported only if the county office has documents to verify the alien's status. Also, the DHS county office is to report illegal aliens to the Central Office, Food Stamp Section.
3. [FSC 4850](#) – Example 2 was corrected so that the countable resource value is \$2,400.
4. [FSC 5413.1](#) – A sentence has been added to this section to clarify that the Independent Choices Program is a cash and counseling program.
5. [FSC 5701.1, 5701.1 and 5701.3](#) – References to the Simplified Food Stamp Program were removed from each of these policies.
6. [FSC 8506](#) – Dependent care costs and child support payments were added to the list of deductible expenses that will be disallowed if the household does not provide requested verification during the application process.
7. [FSC 8530](#) – In the chart, in the first box under the column entitled action, a sentence has been added to the beginning of the explanation. The sentence reads: "Deny the application."
8. [FSC 10100](#) – The example has been corrected so that it now refers to an application received before October 30.
9. [FSC 10710](#) – In the first paragraph the definition of an untimely application has been corrected
10. [FSC 11430](#) – Instructions have been added for shortening the certification period when a household's circumstances change and the household is no longer entitled to 24-month certification period.
11. [FSC 11550](#) – The paragraph explaining the verification process has been rewritten to clarify that QR households must be allowed until the end of the report month to provide required verification unless there are less than 10 days before the end of the report month. If there are less than 10 days before the end of the report month, the deadline must be extended into the following month so the household is allowed a full 10 days.

12. [FSC 13311](#) – The instructions for restoring aged benefits has been corrected. As corrected, aged food stamp EBT benefits may be restored for only up to 12 months after authorization.
13. [FSC 13320](#) – A sentence has been added to clarify that although aged EBT benefits are not subject to reset, the benefits may be applied to the claim with the household's permission.
14. [FSC 14360](#) – The last sentence has been revised to state that aged food stamp EBT benefits may be restored for only up to 12 months after authorization.
15. Glossary – [Mixed Household](#), The definition has been revised to agree with the new definition of a categorically eligible household.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 02-01

Food Stamp Certification Manual

Issuance Date: 01-01-2002

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: 2002 COLA / Income and Resource Exclusion Updates

---

### Summary of Changes:

1. [FSC 1621.3](#) – For the purpose of determining qualifying quarters of work, the definition of a spouse will no longer include a common-law spouse.
2. [FSC 4450](#) – This section has been updated.

Item 1- This item has been rewritten.

Item 2 – Additional exclusions for Indian tribes have been added.

Item 4 – Old item 4, which stated the exclusion for payments made under the Disaster Assistance Act of 1988 has been deleted. (See item 8 for the current disaster assistance exclusions.) All the following items were renumbered. The new item 4 provides new information about the exclusion of HEAP payments.

Items 8 and 9 – These items have been combined into one item. This is now item 8.

Item 11 – Information has been added about the exclusion of coupons redeemable at farmer's markets.

Item 17 – This is a new item. It provides information about the exclusion of funds under P.L. 99-576.

Item 18 – This is a new item. It provides information about the exclusion of funds set aside in individual development accounts.

3. FSC 5405 – This section has been updated.

Item 3 – Information has been added about additional organizations that receive title V funds.

Item 4 – Information has been added about the exclusion of HEAP payments.

Item 7 – Additional exclusions for Indian tribes have been added.

Item 8 & 10 – These two items, which provided information about exclusions authorized under the Disaster Assistance Act of 1988 and the Drought Relief Act of 1988 have been deleted. (See item 14 for disaster payment exclusions.) All the following items were renumbered.

Item 12 – Old items 14, 15, and 16 have been combined into a new item 12.

Item 16 – Additional information has been added about the programs authorized under the

4. [Appendix D](#) – The SSA-SSI and Medicare premium amounts for 2002 now appear.
5. [Appendix Q](#) – The increment amounts for the years 1999 to 2002 have been added.
6. [Appendix Q](#) – The address has changed, and the telephone numbers have changed
7. [Appendix Q](#) – The address has changed.
8. [Appendix Q](#) – The increment amounts for the years 2000 and 2001 have been added.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 02-03

**Food Stamp Certification Manual**

**Issuance Date: 03-01-2002**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Overpayments**

---

### Summary of Changes:

1. [\[FSC 992\]](#) – This section has been updated.
2. [\[FSC 994\]](#) – The benchmark for referring cases has changed from \$200 to \$125. Trafficking has been added as a reason for referring a case to the Fraud Investigations Unit.
3. [\[FSC 995\]](#) – The criteria under which cases will be referred for prosecution has been updated.
4. [\[FSC 996\]](#) – This section has been updated.
5. [\[FSC 997\]](#) – This section has been updated.

### **FSC 15000**

The entire section has been reformatted and generally updated. Specific changes are explained below.

1. [\[FSC 15100\]](#) – A paragraph has been added to provide information about the new time frames for preparing overpayments.
2. [\[FSC 15110\]](#) – This is a new section. It contains the information about the types of overpayments. This information was moved forward from FSC 15410. Please note that under instructions for determining an IPV, signing a consent agreement with the prosecutor has been removed as a method of determining an IPV.
3. [\[FSC 15200\]](#) – There are new guidelines for preparing overpayments. A definition of trafficking has been provided. The instances in which an overpayment will not be prepared have been revised.



4. [\[FSC 15210\]](#) – This is a new section. It states when a county office worker will prepare an overpayment and when a suspected intentional program violation overpayment will be referred to the Fraud Unit to be prepared.
5. [\[FSC 15300\]](#) – This section now contains a definition of the date of discovery of an overpayment. It also provides the time frames for referring a suspected intentional program violation to the Fraud Unit for investigation and preparation of any resulting claim.
6. [\[FSC 15400\]](#) – The new time frames for preparing overpayments have been added to Step 2.
7. [\[FSC 15404\]](#) – The new definition of a categorically eligible household has been added to this section.
8. [\[FSC 15430\]](#) – The new guidelines for referring suspected IPV overpayments to the Fraud Unit have been included.
9. [\[FSC 15500\]](#) – The explanation of the Overpayment Unit’s responsibilities has been expanded.
10. [\[FSC 15510\]](#) – The explanation of the Accounting Section’s responsibilities has been updated.
11. [\[FSC 15530\]](#) – Offset of EBT benefits has been added as a collection method.
12. [\[FSC 15533\]](#) – The time frames for referring delinquent debts to the Collection Unit have changed from 120 days to 180 days. A statement has been added to clarify that the Fraud Unit monitors collections on court adjudicated cases.
13. [\[FSC 15535\]](#) – The criteria for suspending cases has been revised.
14. [\[FSC 15620\]](#) - The new guidelines for referring suspected IPV overpayments to the Fraud Unit have been included.
15. [\[FSC 15800\]](#)– The procedures for using EBT benefits to repay an overpayment have been updated to include information about aged benefits and expunged benefits.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 02-05

Food Stamp Certification Manual

Issuance Date: 04-01-2002

From: Joni Jones, Director

Expiration Date: Until Superseded

**Subj: Revised Procedures for Scheduling Out-of-Office Interviews Handling Unclear Information**

---

Implementation Date: By federal mandate this policy will be implemented April 1, 2002. Approval of the policy under the Administrative Procedures Act will not occur until April 10, 2002.

### Summary of Changes:

Go to the corresponding number in the body of the policy to see the revised policy.

1. [\[FSC 4420\]](#) – Item 3 has been separated into two separate items. The new number 3 now provides information only about the exclusion of life insurance policies as a resource. The new number 4 now provides information only about the exclusion of burial policies as a resource. All subsequent items have been renumbered.
2. [\[FSC 8230\]](#) – A statement has been added to clarify that households must only supply an application containing a name, an address and a signature in order for the county office to schedule an interview.
3. [\[FSC 8250\]](#) – The conditions under which an out-of-office must be scheduled have been revised. Having an AR will no longer be a factor in determining whether to grant an out-of-office interview. Out-of-office interviews will be scheduled upon request for any household where all members are aged and/or disabled and there is no earned income. Also, there are changes in the procedures for granting out-of-office interviews to other households under the hardship provisions.
4. [\[FSC 10510\]](#) – A statement has been added to clarify that when it is time for a household to appear for an interview at recertification, the county offices must schedule this interview to accommodate the needs of households with special circumstances.

5. [\[FSC 12400\]](#) – There are new procedures for handling reported changes when the worker cannot determine the effect of the reported change on the household's eligibility and/or benefit level. Workers must send a request for contact to the household before issuing any advance notice of adverse action.
6. [\[FSC 12410\]](#) – The language about changes reported to E&T workers has been removed from the policy. The Food Stamp E&T Program is no longer operated in the DHS county office.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 02-10

**Food Stamp Certification Manual**

**Issuance Date: 06-01-2002**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Adjustments to EBT Accounts**

---

### Summary of Changes:

[FSC 14900](#) – This section has been added to explain how a household can request an adjustment when too many benefits have been withdrawn from the household's food stamp EBT account.

### Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)  
Sheila Smedley, EBT Unit, 501-682-8188, [sheila.smedley@arkansas.gov](mailto:sheila.smedley@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 02-12

Food Stamp Certification Manual

Issuance Date: 07-01-2002

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Corrections and Clarifications

---

### Summary of Changes:

1. [\[FSC 1621.5.3\]](#) - The instructions for instituting secondary verification have been revised. An INS Form G-845S is to be used to request secondary verification. This form may be downloaded from the INS web site. A DHS Consent for Release of Information must accompany the form. All requests for secondary verification must be directed to the Memphis INS office.
2. [\[FSC 4420\]](#) and [\[4630\]](#) – Money in Simplified Employee Pension Plans (SEPs) is no longer excluded as a resource. This item has been removed from the list of excluded pension plans and added as a countable IRA.
3. [\[FSC 5704.5\]](#)– The instructions for verifying child support paid through OCSE has been revised to provide instructions for using the DCO-OCSE Inquiry Interface. These instructions have been moved to an Appendix.
4. [\[FSC 6510\]](#)– Under item 10, the Medicaid reimbursement rate will no longer be used to calculate medical transportation costs. Instead, the current TEA reimbursement rate will be used to calculate transportation costs.
5. [\[FSC 11120\]](#)– References to the policy that provides the instructions for different types of subsequent reviews have been added to this section.
6. [\[FSC 11420\]](#)– Instructions have been added for requesting additional verification of reported changes via a Request for Contact (RFC).
7. [\[FSC 12400\]](#)– A statement has been added to clarify that the worker may not require the household to appear for an interview using a request for contact. Also, in the chart the instructions for handling situations where the household refused to cooperate have been corrected to specify that the case will be closed because the household refused to cooperate.
8. [\[FSC 12440\]](#)– Instructions have been added for sending a Request for Contact when the household has failed or refused to cooperate with a field investigator.

9. [\[FSC 15110\]](#)– The disqualification periods for violations that occurred during the period October 1983 to September 1996 have been corrected.
10. [\[FSC 15210\]](#)– Additional information has been added to clarify when a county office worker must prepare the DHS-199.
11. [Appendix O](#) – This Appendix provides instructions for verifying child support payments received through OCSE.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)  
Sheila Smedley, EBT Unit, 501-682-8188, [Sheila.Smedley@arkansas.gov](mailto:Sheila.Smedley@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 02-14

Food Stamp Certification Manual

Issuance Date: 11-01-2002

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Updated Work Registration Policy

---

### Summary of Changes:

#### SUMMARY OF CHANGES

1. [FSC 1623](#) – Failing to comply with the E&T Program has been removed as a reason for disqualifying a household member. The information about failing or refusing to cooperate with a Workfare Program requirement as a member of another household has been changed. Now only the household member who fails or refuses to comply with the Workfare Program requirement is disqualified.
2. [FSC 1623.1](#) – Disqualification for failure to comply with the RTW will be handled in the same manner as a failure to comply with the SSN requirement.
3. [FSC 1623.3](#) – This section has been removed. The instructions for disqualifying a household member due to a Workfare non-compliance have been added to FSC 1623.2.
4. [FSC 3100](#) – Policy references were added to this section. Participation in an E&T Program was removed as work registration requirement and a brief explanation of the voluntary E&T Program was added.
5. [FSC 3200](#) – The employment status in item 8 has been changed from "on a full time basis" to "on at least a half-time basis." In item 9, "a training program" has been added to the list of schools.
6. [FSC 3220](#) – The explanation of work registration exemptions for household members who are aged 16 or 17 has been rewritten. A statement has been added to clarify that household members aged 16 or 17 may meet other work registration exemptions.
7. [FSC 3310.2](#) – Instructions for issuing an advance notice of adverse action and shortening the household's certification period have been removed and replaced with instructions for issuing a request for clarification.
8. [FSC 3310.3](#) – Instructions to shorten the household's certification period were removed.

9. [FSC 3320](#) – Due to the implementation of ANSWER, an explanation of the work registration codes have been removed from this section. However, the instructions for prioritizing the work registration reasons remain.
10. [FSC 3400](#) – In item 1, participating in an E&T Program has been removed from the list of things a work registrant must do to show compliance. (Participation in an E&T Program is now voluntary.)
11. [FSC 3401](#) – Refusal to participate in an E&T Program has been removed from the list of work registration violations. (Participation in an E&T Program is now voluntary.)
12. [FSC 3401.2](#) – The conditions under which a voluntary quit must be verified have changed. (Verification is required only when a household's statements about a voluntary quit are questionable.)
13. [FSC 3410](#) – The sanction penalties have changed. No matter which violation, a sanction may be ended whenever the disqualified member complies. When a sanction is imposed, the household's food stamp benefit amount may not increase.
14. [FSC 3411](#) – Additional information about applying good cause has been added. For voluntary quits, good cause will only be established if the individual who quit the job accepts employment of at least 30 hours per week. Additional voluntary quit "good cause" reasons have been added.
15. [FSC 3413](#) – This section of policy will also apply to voluntary reduction in work hours. The time frame for "looking back" to see if a voluntary quit occurred has been changed from 60 days prior to the date of application to 30 days prior to the date of application. The procedures for applying a sanction due to a voluntary reduction in work hours have been added to this section. A statement has been added to clarify when a government employee who is on strike is considered to have quit his or her job. An individual must have been working at least 30 hours per week (formerly 20 hours per week) before voluntary quit sanctions will apply.
16. [FSC 3414](#) – Sanctions must now be applied when a recipient of TEA cash assistance fails or refuses to comply with a TEA work requirement and is otherwise subject to the Food Stamp Program work registration requirements.
17. [FSC 3430](#) – A time frame has been established for sending an advance notice of adverse actions to households with a member who failed or refused to comply with a work registration requirement.
18. [FSC 3440](#) – Failure or refusal to register for an E&T Program has been removed from the chart that illustrates what an individual must do to avoid or end a disqualification. Also, now an individual may participate in any E&T component to be in compliance with the RTW.
19. [FSC 3441](#) – Instructions for handling the income and resources of a disabled member have been removed from this policy and a reference to FSC 1622.2 has added to the policy.
20. [FSC 3500](#) – References to the JTPA have been replaced with references to the WIA. Participation in an E&T Program of any type now shows compliance with the RTW.
21. [FSC 3510](#) – Instructions for determining the RTW compliance period have been updated.
22. [FSC 3520](#) – The example has been updated.
23. [FSC 3560](#) – This is a new section. It provides instructions for granting personal exemptions to individuals who are subject to the RTW.



24. [FSC 3600](#) – This section now provides an explanation of the voluntary E&T Program operating in selected counties for individuals who are subject to the RTW. This program is operated by the Department of Workforce Education.
25. [FSC 3610](#) – This section has been updated.
26. [FSC 3620](#) – This section now provides instructions for referring individuals who are subject to the RTW to the E&T Program in Mississippi, St. Francis and Union counties.
27. [FSC 3630](#) – This section now provides instructions for providing transportation reimbursements to individuals who participate in the E&T Program.
28. [FSC 3640](#) – This section now explains the information provided to the county office about E&T Program participants.
29. The following sections of policy have been deleted:

FSC 3603	FSC 3611	FSC 3619	FSC 3628	FSC 3637
FSC 3604	FSC 3612	FSC 3621	FSC 3629	FSC 3638
FSC 3605	FSC 3613	FSC 3622	FSC 3631	FSC 3639
FSC 3606	FSC 3614	FSC 3623	FSC 3632	FSC 3641
FSC 3607	FSC 3615	FSC 3624	FSC 3633	FSC 3642
FSC 3608	FSC 3616	FSC 3625	FSC 3634	
FSC 3609	FSC 3617	FSC 3626	FSC 3635	
FSC 3610	FSC 3618	FSC 3627	FSC 3636	

30. [FSC 3700](#) – Additional information has been added to this section to clarify program funding methods and allowable costs. Also a statement has been added to clarify that Workfare sponsors must not release information about program participants.
31. [FSC 3710](#) – Additional information about job-related benefits has been added to this section.
32. [FSC 3720](#) – A statement was added to clarify that any work registrant or any household member exempt from the work registration requirements solely due to receipt of TEA cash assistance or unemployment benefits may be referred to the Workfare Program.
33. [FSC 3730](#) – This section has been rewritten to clarify the procedure for determining the prime designee.
34. [FSC 3752](#) – A statement has been added to clarify that a Workfare sponsor must maintain files that record activity by Workfare participant. Also, information has been added to clarify how long Workfare Program records must be maintained by the sponsor.
35. [FSC 3760](#) – The section has been rewritten because the procedures for imposing a sanction due to a Workfare Program non-compliance have changed. Now, only the individual who failed or refused to comply with a Workfare Program requirement will be sanctioned.

36. FSC 3761 – [FSC 3760](#) and 3761 were combined. FSC 3761 was deleted.
37. [FSC 3762](#) – The good cause provisions in this section were updated to add several new good cause reasons.
38. [FSC 3764](#) – The notice requirements were changed to reflect disqualification by individual rather than for the entire household.
39. [FSC 3765](#) – The procedures for avoiding a sanction were changed to reflect individual disqualification rather than for the entire household.
40. [FSC 3766](#) – This section now contains the procedures for ending a sanction. This policy now reflects individual disqualification rather than closing the case.
41. [FSC 3780](#) – The procedures for calculating the amount of enhanced reimbursement have been re-written.
42. [FSC 12110.5](#) – This is a new section. It provides information about disqualifying members of TEA households who fail to comply with a TEA Work Requirement and who are exempt from the Food Stamp Program work registration requirements only due to the receipt of TEA benefits.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 02-19

Food Stamp Certification Manual

Issuance Date: 11-01-2002

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Update of FSC 7000 & Related Changes

---

### Summary of Changes:

1. [FSC 1621.1](#) – Items 3 has changed to remove disabled aliens as a class of aliens who must have been lawfully present in the United States on August 22, 1996, in order to participate in the Food Stamp Program. A new number 4 has been added to clarify that an alien who is lawfully residing in the United States and who is receiving disability benefits may participate in the Food Stamp Program if otherwise eligible. The following items have been renumbered. A new item 8 has been added to clarify the circumstances under which battered aliens may participate in the Food Stamp Program.
2. [FSC 1621.4.1](#) – This section has been rewritten to clarify the circumstances under which battered aliens may participate in the Food Stamp Program.
3. [FSC 1730](#) – The examples have been updated to reflect the new standard deduction amounts and the current food stamp benefit amounts.
4. [FSC 4300](#) – The new resource standards have been incorporated.
5. [FSC 7200](#) – The charts have been updated.
6. [FSC 7410](#) – The resource chart has been updated.
7. [FSC 7430](#) – The new resource standard for disabled households has been incorporated. The examples have been updated.
8. [FSC 7431](#) – The example for determining the value of a vehicle has been updated. The instructions for completing a denial have been updated.
9. [FSC 7500](#) – The examples have been updated.
10. [FSC 7520](#) – The instructions for using the "Review for Change" fields have been removed.
11. [FSC 7522](#) – The instructions for using the "Review for Change" fields have been removed.
12. [FSC 7523.1](#) – A statement has been added to clarify that weeks when little or no pay is received must be used to anticipate earned income if this is the normal pattern of pay.
13. [FSC 7523.3](#) – Instructions for completing a DCO-233 have been removed.

14. [FSC 7525](#) – Instructions for completing a DCO-233 have been removed.
15. [FSC 7600](#) – Item 2, the description of the standard deduction has been revised.
16. [FSC 7610](#) – This section has been rewritten. Field by field instructions for completing a DCO-233 have been removed and replaced with step by step instructions for completing a food stamp budget. The revised pages may be used as a worksheet to complete a budget.
17. [FSC 7700](#) – The section has been updated.
18. [FSC 7710](#) – The examples have been updated.
19. [FSC 7720](#) – The examples have been updated.
20. [FSC 7730](#) – The examples have been updated.
21. [FSC 7740](#) – The examples have been updated.
22. Glossary, "[Aged/Disabled Household](#)" – The definition has been changed to show that households with an aged or a disabled member will be allowed up to \$3,000 in countable resources.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 03-01

**Food Stamp Certification Manual**

**Issuance Date: 01-01-2003**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Exclusion of Educational Income**

---

### Special Instructions:

This policy mandates that all educational income, including VA educational benefits, will be excluded as income and as a resource in the Food Stamp Program. (This policy does not change the procedures for determining eligible student status.)

This policy will be effective at the first certification, recertification, quarterly report or reported change processed after January 1, 2003. If a household contacts the county office and requests that educational income be removed from their food stamp budget, the request will be honored. The request will be processed using the time frames for reported changes stated in FSC 11410.

### Summary of Changes:

[Appendix D](#) has been updated.

1. [FSC 1622.3](#) – VA educational assistance paid through the Montgomery GI Bill has been added as a type of educational income. The policy has been changed to state that all educational income will be excluded entirely as income and as a resource. The remainder of the information in the section was deleted.
2. FSC 1622.4, FSC 1622.5, FSC 1622.6, FSC 1622.7, and FSC 1622.8 – These policy sections, which explained how to exclude educational costs, were deleted.
3. [FSC 4300](#) – Information about resource eligibility standards for categorically eligible households was moved from FSC 4451 to this section. (FSC 4451 was deleted.)
4. [FSC 4400](#) – Education income was added to the list of excluded resources.
5. [FSC 4450](#) – A statement was added to item 12 to clarify that all educational income is excluded as a resource.

6. FSC 4451 – Information about resource eligibility standards for categorically eligible households was moved from FSC 4451 to [FSC 4300](#). This information has not changed. FSC 4451 was deleted.
7. [FSC 4460](#) – Prorated student income was removed as a type of excluded resource. Educational income was added as a type of excluded resource.
8. [FSC 5400](#) – Under types of income exclusions, educational costs was listed as a type of excluded income. This was changed to “educational income.”
9. [FSC 5404](#) – This policy was changed to state that all educational income will be excluded as income.
10. [FSC 5405](#) – A statement was added to item 22 to clarify that all educational income is excluded as income.
11. [FSC 5501](#) – Work-study was removed as a type of countable earned income.
12. FSC 5504 – Income from assistantships was removed as a type of countable earned income so the section was deleted.
13. [FSC 5507](#) – A statement was added to this section to clarify that educational benefits paid under the Montgomery GI Bill are excluded as income.
14. FSC 5513 – This section, which explained how to count work-study income, was deleted.
15. [FSC 5700](#) – Educational benefits was removed as a type of countable unearned income.
16. FSC 5707 – This section, which explained how to determine the amount of educational income to be counted in the budget, was deleted.
17. [FSC 5723](#) – A statement was added to this section to clarify that educational benefits paid under the Montgomery GI Bill are excluded as income.
18. [FSC 5800](#) – The reference to the policy explaining how to calculate the income of eligible students was removed.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 03-03

**Food Stamp Certification Manual**

**Issuance Date: 01-01-2003**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Food Stamp Employment and Training (E&T) Program**

---

### Program Information:

#### **I. Introduction**

Under a plan approved by the Department of Agriculture, Food and Nutrition Service (FNS), the Arkansas Department of Human Services (DHS) has contracted with the Arkansas Department of Workforce Education (DWE) to administer a Food Stamp E&T Program in the following counties:

- Benton
- Cleburne
- Craighead
- Crawford
- Crittenden
- Drew
- Faulkner
- Garland
- Grant
- Hempstead
- Independence
- Jefferson
- Lee
- Miller
- Mississippi
- Pope
- Pulaski
- St. Francis
- Union
- Washington
- White

## **II. Program Description**

### **A. General Description**

The Food Stamp E&T Program will be operated by the Arkansas Department of Workforce Education (DWE) in local adult education centers and vocational-technical schools. Participation in the Food Stamp E&T Program is voluntary. No individual will be penalized for failure or refusal to participate in the Food Stamp E&T Program.

### **B. Program Components**

1. Independent Job Search – Participants will make a pre-determined number of inquiries to prospective employers over a specified period of time.
2. Job Search Training – Participants will undergo a job skills assessment. Resume development, interview coaching and job leads may be provided. Skills testing may be conducted. Participants may be provided employment counseling, motivational techniques, and effective job search method and instructions in a group setting. Participants may be assigned an employment counselor or case manager who works with the participant on a one-to-one basis to:
  - Develop an employment and training plan
  - Provide encouragement
  - Assist in finding financial aid for education
  - Manage referrals
  - Monitor and report progress
3. Education – Participants may be enrolled in education programs or activities designed to help the participant:
  - Improve basic skills including reading and math
  - Acquire a high school diploma or GED
  - Learn the English language.
  - Gain occupational skills including but not limited to work keys and self-guided computer-assisted learning programs.

Participants may also be enrolled in short courses such as, but not limited to, certified nursing assistant training or post-secondary vocational training (limited to 12 months).

4. Work Experience or OJT – Participants participate in unpaid or subsidized work experience or on-the-job training to prepare themselves for unsubsidized employment.
5. Vocational Training – Vocational training at the post-secondary level may be available for participants who may benefit from such training.

## **III. County Office Responsibilities**

### **A. Make Referrals**

In counties where the E&T Program is operating, county office workers will refer to the local DWE office all food stamp recipients who are subject to the Requirement to Work (RTW). This includes all able-bodied, non-exempt individuals between the ages of 18 and 49.



The following individuals are exempt from the RTW:

1. Anyone age 17 or younger.
2. Anyone age 50 or older.
3. Anyone medically certified as physically or mentally unfit for employment. This includes any individual who:
  - Meets the definition of disabled as provided in the Glossary, definition of Aged/Disabled.
  - Receives services through Arkansas Rehabilitative Services.
  - Receives Worker's Compensation or sick pay benefits.
  - Receives a decision of disability from the Medical Review Team.
  - Provides a statement from a physician or licensed, certified psychologist indicating the cause of the disability and anticipated duration of the disability.
4. Any natural, adoptive or step-parent of a minor dependent child age 17 or younger so long as the dependent child lives with the parent. If both parents are in the home, then both parents are exempt under this provision. This provision also applies to individuals who are exercising parental control over a child age 17 or younger in the absence of a parent. If a couple (e.g., grandmother and grandfather) both exercise parental control, both individuals are exempt under this provision.
5. Any pregnant woman - This exemption covers all trimesters of pregnancy. If the pregnancy is not obvious, verification may be requested from a medical professional such as a physician, a certified nurse midwife or an employee of the Health Department.
6. Anyone who is otherwise exempt from the Food Stamp Program work registration requirements. This includes:
  - Anyone who is responsible for the care of a dependent child under the age of 6 or an incapacitated person of any age.
  - Anyone who is receiving TEA cash assistance.
  - Anyone who is currently receiving unemployment benefits or anyone who has applied for unemployment benefits but is not yet receiving them.
  - Anyone who is participating in a drug addiction or alcoholism treatment and rehabilitation program on either an inpatient or outpatient basis.
  - Anyone who is employed and either working a minimum of 30 hours weekly or receiving weekly earnings equivalent to the federal minimum wage multiplied by 30.
  - Any student age 18 or older who is attending a high school or an institution of post secondary education on at least a half-time basis or attending an institution of higher education on any basis.

**NOTE:** Any other household member who is subject to the Food Stamp Program work registration requirements may be referred to the E&T Program as a volunteer. For example, a mother or a father of minor children who is out of work may volunteer to participate in the E&T Program. There this individual will be offered assistance with finding a job or may be able to secure education or job skills training.

*The county office worker will offer to refer any work-registered food stamp participant who might benefit from participation in the E&T Program. There will be no penalty imposed if this individual refuses the referral or fails to participate in the E&T Program.*

**B. Referrals**

A Food Stamp E&T Program Referral (DCO-205) will be completed on each individual subject to the RTW and on each volunteer. Referrals will occur at initial application or at recertification. Referrals will also be made at reported change or quarterly report if a household member has become subject to the requirement to work (RTW). Referrals will be made even if the county has been selected as a RTW “waiver county.” (See [FSC 3620](#)). Referrals will also be made even if the individual has been granted an RTW personal exemption.

County office workers will use a Referral Form and Participation Record (DCO-205) to refer appropriate household members to the E&T Program A Notification of Work Registration (DCO-260) will be given to the household to serve as the registrant’s “notice” and to explain the E&T Program to the registrant. Referrals will be made using the DCO-205 and DCO-260 at application (initial and recertification), quarterly report and reported change.

The DCO-205 will be mailed to the DWE location for that county. See the attached list.

**C. Notifying DWE of Changes**

DWE will not be reimbursed costs incurred by an E&T Program participant who is no longer participating in the Food Stamp Program. Therefore, it is extremely important that DWE be notified when a food stamp case containing an E&T Program participant is closed or when an E&T Program participant is dropped from a Food Stamp Household. (This includes individuals whose status is changed from an eligible to an ineligible member due to disqualification, etc.) The worker will notify DWE of these changes on the Referral Form and Participation Record (DCO-205).

**D. Authorizing Reimbursements**

The only Food Stamp Program E&T expenditure that may be reimbursed directly to program participants is transportation. Each E&T participant will be eligible to receive reimbursement for transportation necessary to enable the individual to comply with required component activities. Reimbursement for transportation will be based on mileage of \$.29 per mile or actual costs (e.g., for bus service or transportation provider) up to a maximum of \$285.00 reimbursement per calendar month per participant.

**(NOTE: This reimbursement will not be counted as income in the food stamp budget. See [FSC 5411](#).)**

Reimbursements will be authorized by the DHS county office worker through the WISE system based on reports provided by DWE. Each time a reimbursement is to be authorized, the worker must check the client’s mailing address displayed on WISE to be

sure it is the current/correct one. The WISE mailing address can be corrected from INPS if necessary but this needs to be done before a reimbursement check is authorized.

To key transportation for an E&T case, the county office worker must go to RSRP, key the SSN of the individual to receive the reimbursement and <Enter>. This should bring in the Participant Name, County, and Category.

Next, the worker must complete the following steps:

- Tab to Reason field and key T1.
- Tab to Mnth-Yr and key a numeric entry. (Example – Key January 2003 as 01-03.
- Tab to Reim Amount and key amount to be reimbursed.
- Tab to COMP and key NCA.
- Tab to WA Cat and key FS.
- Tab to Provider # and key the letter C.
- <Enter>.

After the first enter, the message “Press Enter To Update Screen” will appear. <Enter> again to process the payment. If everything processes OK, the message “Update Complete” will appear.

#### IV. DWE Responsibilities

DWE operates Arkansas’ system of adult education centers, vocational schools and community colleges. Adult education centers, vocational schools and community colleges are partners in the state’s 10 full-service one stops.

DWE will report to the Division of County Operations (DCO) on a monthly basis about slots offered, slots filled, attendance, completion, job placement, etc. The original report will be forwarded to the Manager, Food Stamp Program, Slot S335. A copy of the report will be maintained in the county office files in chronological order – by year and month.

#### *Food Stamp Employment and Training Program Addresses*

---

County	Institution	Director	Contact Information
<b>Benton</b>	Northwest Ark. Comm. College Adult Education Program	Mr. Ben Aldama 2710 Wood Lane Rogers, AR 72756	One College Drive Bentonville, AR 72712 Business: 479-631-4614 Fax: 479-6314610 <a href="mailto:baldama@nwacc.edu">baldama@nwacc.edu</a>
<b>Crittenden</b>	Mid-South Community College Adult Education Program	Ms. Sue Dodd	2000 West Broadway West Memphis, AR 72301 Business: 870-733-6760 Fax: 870-733-6799 <a href="mailto:sdodd@mscc.cc.ar.us">sdodd@mscc.cc.ar.us</a>

County	Institution	Director	Contact Information
<b>Cleburne White</b>	Foothills Technical Institute Adult Education Program	Ms. Linda King	Foothills Technical Institute P.O. Box 909 Searcy, AR 72145-0909 Business: 501-207-4090 Fax: 501-268-0263 <a href="mailto:lking@foothills.tec.ar.us">lking@foothills.tec.ar.us</a>
<b>Drew</b>	Monticello School District Adult Education Center	Ms. Faye Branch	809 Hwy 278 East Monticello, AR 71655 Business: 870-367-4070 Fax: 870-367-4071 <a href="mailto:hbranch@seark.net">hbranch@seark.net</a>
<b>Craighead</b>	Jonesboro School District Adult Education Center	Mr. Steven D. Ewart	613 North Fisher Jonesboro, AR 72491 Business: 870-933-5896 Fax: 870-933-5889 <a href="mailto:ewarts@adulthood.k12.ar.us">ewarts@adulthood.k12.ar.us</a>
<b>Faulkner</b>	Conway School District Adult Education Program	Ms. Robin Ann Williams	615 Robins Street Conway, AR 72032 Business: 501-450-4810 Fax: 501-450-4818 <a href="mailto:rawill@conwaycorp.net">rawill@conwaycorp.net</a> <a href="http://www.caec.org">http://www.caec.org</a>
<b>Crawford</b>	Van Buren School District Crawford County Adult Education Program	Mr. Richard Jones	605 Alma Blvd. Circle Van Buren, AR 72956 Business: 501-471-0019 Fax: 501-471-0021 <a href="mailto:rjonessalma@msn.com">rjonessalma@msn.com</a>
<b>Garland</b>	Quapaw Technical Institute Adult Education Program	Ms. Becky Linsky	P.O. Box 3950 Hot Springs, AR 71914 Business: 501-767-4433 Fax: 501-767-0224 <a href="mailto:BeckyL@Quapaw2.qti.tec.ar.us">BeckyL@Quapaw2.qti.tec.ar.us</a>
<b>Grant</b>	Sheridan School District Grant County Adult Education Program	Ms. Kim DeCorte, Special Services Director	400 North Rock Sheridan, AR 72150 Business: 870-942-3135 Fax: 870-942-4801 <a href="mailto:KimDecorte@sheridanschools.org">KimDecorte@sheridanschools.org</a>
<b>Lee St. Francis</b>	Crowley's Ridge Technical Institute Adult Education Program	Mr. Walter Meals III	P.O. Box 925 Forrest City, AR 72336-0925 Business: 870-633-5411 Fax: 870-633-9328 <a href="mailto:walter@crti.tec.ar.us">walter@crti.tec.ar.us</a>

County	Institution	Director	Contact Information
<b>Hempstead</b>	Hope School District Adult Education Program	Mr. Charles George	117 East Second Street Hope, AR 71801 Business: 870-722-2744 Fax: 870-722-2745 <a href="mailto:adult-ed@swbell.net">adult-ed@swbell.net</a>
<b>Miller</b>	Texarkana School District Adult Education Program	Mr. Jim Reese	P.O. Box 9050 Washington Campus 1900 Marietta Texarkana, AR 75505-9050 Business: 870-774-4414 Fax: 870-772-7952 <a href="mailto:jreese@darkstar.swsc.k12.ar.us">jreese@darkstar.swsc.k12.ar.us</a>
<b>Independence</b>	University of Arkansas Community College at Batesville Adult Education Program	Ms. Nancy Whitmire	P.O. Box 3350 Batesville, AR 72503 Business: 870-612-2085 Fax: 870-793-4988 <a href="mailto:nwhitmire@uaccb.cc.ar.us">nwhitmire@uaccb.cc.ar.us</a>
<b>Mississippi</b>	Mississippi County Community College Adult Education Program	Ms. Elizabeth Thompson	P.O. Drawer 1109 Blytheville, AR 72316-1109 Business: 870-762-1020 Fax: 870-838-7675 <a href="mailto:dia@arkansas.net">dia@arkansas.net</a>
<b>Jefferson</b>	SouthEast Arkansas (SEARK) College Adult Education Program	Ms. Robbie Woodruff	1900 Hazel Street Pine Bluff, AR 71603 Business: 870-543-5915 Fax: 870-543-5951 <a href="mailto:rwoodruff@stc.seark.tec.ar.us">rwoodruff@stc.seark.tec.ar.us</a>
<b>Pope</b>	Russellville School District Adult Education Program	Ms. Pat Collins	P.O. Box 928 Russellville, AR 72801 Business: 479-968-5244 Fax: 479-968-6081 <a href="mailto:pat.collins@rsdmail.k12.ar.us">pat.collins@rsdmail.k12.ar.us</a>
<b>Pulaski</b>	Pulaski County Special School District Adult Education Program	Mr. Bruce Harkey	4300 Haywood St. North Little Rock, AR 72117 Business: 501-945-6055 Fax: 501-864-7180 <a href="mailto:pcaec@hotmail.com">pcaec@hotmail.com</a>
<b>Washington</b>	Northwest Technical Institute Adult Education Program	Ms. Carolyn Moody	P.O. Box 2000 Springdale, AR 72765 Business: 501-751-8824 Fax: 501-750-7272 <a href="mailto:cmoody@nti.tec.ar.us">cmoody@nti.tec.ar.us</a>

County	Institution	Director	Contact Information
<b>Union</b>	South Arkansas Community College Adult Education Program	Ms. Patricia Bates	P.O. Box 7010 El Dorado, AR 71731-7010 Business: 870-862-8131 Fax: 870-864-7180 <a href="mailto:pbates@southark.edu">pbates@southark.edu</a>

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 03-05

**Food Stamp Certification Manual**

**Issuance Date: 03-01-2003**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Implementation of Five Year Requirement for Qualified Aliens**

---

### Summary of Changes:

The policy that deals with citizenship in the Food Stamp Program has been reorganized. The policy sections have been renumbered and renamed as follows:

- 1621      Citizenship Status
- 1621.1    Qualified Aliens
- 1621.1.1   Qualified Battered Aliens
- 1621.2    Participation for Up to Seven Years
- 1621.3    Unlimited Participation
- 1621.3.1   Participation After Five Years as a Qualified Alien
- 1621.3.2   Aliens Who Have 40 Qualifying Quarters
- 1621.3.3   Individuals With a Military Connection
- 1621.4    Documentation of Alien Status
- 1621.5    SAVE
- 1621.5.1   Accessing the SAVE System
- 1621.5.1   Information Provided by the ASVI
- 1621.5.2   Secondary Verification Procedures
- 1621.5.4   Action on Responses from SAVE
- 1621.6    Handling the Income and Resources of Ineligible Aliens
- 1621.7    Sponsored Aliens
- 1621.7.1   Citizenship Requirements for Sponsored Aliens
- 1621.7.2   Indigent Aliens
- 1621.7.3   Battered Aliens
- 1621.7.4   Deeming the Sponsor's Income
- 1621.7.5   Changes in Sponsors

- 1621.7.6 Reporting Changes in Sponsor's Income
- 1621.7.7 Verification from the Sponsor
- 1621.7.8 Notices
- 1621.7.9 Incorrect Sponsor Information
- 1621.7.10 Sponsored Alien Reports/Reimbursement
- 1621.8 Alien Eligibility Status Chart

The following policy has changes as described below:

1. [\[FSC 1621\]](#)- Information about qualified alien status has been moved to [\[FSC 1621.1\]](#), and information about lawfully admitted aliens has been moved to [\[FSC 1621.3\]](#). A statement has been added to clarify which aliens are allowed to participate in the Food Stamp Program.
2. [\[FSC 1621.1\]](#)- This section now provides an explanation of qualified aliens.
3. [\[FSC 1621.1.1\]](#)- This is a new section. It provides a definition of a battered alien and explains which battered aliens may receive food stamp benefits if otherwise eligible.
4. [\[FSC 1621.2\]](#)- This section now explains which qualified aliens may receive food stamp benefits for up to seven years from their date of entry into the country if otherwise eligible.
5. [\[FSC 1621.3\]](#) - There are three changes:
  - a. This section now explains which aliens may receive food stamp benefits indefinitely if otherwise eligible.
  - b. There is a new category of aliens who may receive food stamps indefinitely - those who have lived in the U.S. as a qualified alien for five years or longer.
  - c. The explanation of aliens who are considered to be lawfully residing in the United States has been moved to item 7 of this section. Item 7 explains the provisions for members of Hmong or Highland Loatian tribes who wish to receive food stamp benefits. (These individuals must be lawfully residing in the United States but do not need to be classified as qualified aliens.)
6. [\[FSC 1621.3.1\]](#)- This is a new section. It provides instructions for determining if an alien has had qualified alien status for five years.
7. [\[FSC 1621.3.2\]](#)- This section now provides information about determining if an alien has 40 qualifying quarters of SSA coverage.
8. [\[FSC 1621.3.2\]](#)- This section now provides instructions for determining if a qualified alien has a military connection.
9. [\[FSC 1621.4\]](#)- This section now provides information about the documentation an alien must furnish. Some of the information has been updated. The addresses of the two INS offices that serve Arkansas have been moved to this section.
10. [\[FSC 1621.5.3\]](#) - The address to which requests for secondary verification should be submitted has been corrected.
11. [\[FSC 1621.7\]](#)- This section contains additional information about which aliens may have a sponsor and when the sponsor's income must be deemed. There is also new information about verifying sponsorship.
12. [\[FSC 1621.7.4\]](#)- The examples of income and resource deeming have been updated.
13. [\[FSC 1621.8\]](#)- This is a new section. It contains a chart that summarizes alien eligibility.



## **SPECIAL IMPLEMENTATION INSTRUCTIONS**

The Farm Security and Rural Investment Act of 2002, commonly referred to as the 2002 Farm Bill, restores food stamp eligibility to many aliens who have lived in the United States as a qualified alien for at least five years. This provision is effective April 1, 2003.

### **Notices to Affected Households**

See notice attached to this transmittal. This notice will be mailed to all households with members coded as ineligible aliens.

### **Initial Applications**

Households consisting entirely of members who will become eligible under these provisions may apply any time during the month of March. If the household is otherwise eligible, the application will be approved

If a household where some (but not all members) are classified as ineligible aliens under the current policy submits an initial application in March, the worker will establish or re-establish the ineligible alien's current eligibility based on the new policy. If the alien will become eligible in April 2003, the application will not be delayed solely to add the alien as an eligible household member. Instead a variable budget will be keyed with the alien included as an eligible household member effective April 2003.

### **Recertifications**

If a household with a member who is classified as an ineligible alien under the current policy submits a timely or untimely application for recertification in March 2003, the worker will establish or re-establish the ineligible alien's current eligibility based on the new policy. If the alien has become eligible to participate in the Food Stamp Program, his or her status will be changed to eligible household member when the application for recertification is processed.

Any alien who does not supply the information required to establish eligible alien status will continue to be classified as an ineligible alien.

### **Quarterly Reports**

If a household with a member who is classified as an ineligible alien under the current policy submits a quarterly report in March for the report month of April, the worker will establish or re-establish the ineligible alien's current eligibility based on the new policy when the QR is processed. If the alien has become eligible to participate in the Food Stamp Program, his or her status will be changed to eligible household member when the quarterly report is processed.

If a quarterly report submitted for the report month of March is being reinstated in April, the reinstatement action will not be delayed solely for the purpose of determining if an ineligible household member will become eligible under the new rules. Instead, if there is a household member who is an ineligible alien, the worker will advise the household of the new rule using the procedures in [FSC 12440]. (The worker will send the household a copy of the notice attached to this directive.) If the household provides the information needed to determine that

the alien has become eligible to participate in the Food Stamp Program, the alien will be added as an eligible household member.

Any alien who does not supply the information required to establish eligible alien status will continue to be classified as an ineligible alien.

### **Midpoint Reviews**

If a household with a member who is classified as an ineligible alien under the current policy submits a midpoint review in March for the report month of April, the worker will establish or re-establish the ineligible alien's current eligibility based on the new policy when the midpoint review is processed. If the alien has become eligible to participate in the Food Stamp Program, his or her status will be changed to eligible household member as the midpoint review is processed.

Any alien who does not supply the information required to establish eligible alien status will continue to be classified as an ineligible alien.

### **Reported Changes**

If a household with a member who is classified as an ineligible alien reports a change in the household's circumstances during the month of March, the worker will establish or re-establish the ineligible alien's current eligibility based on the new policy. If necessary, the worker will issue a request for contact to obtain the documentation needed to assess the alien's status as a qualified alien.

Any alien who does not supply the information required to establish eligible alien status will continue to be classified as an ineligible alien.

### **Requests to Change Member's Status**

If a household contacts the county office in writing, by telephone, by electronic transmission, or in person to request that a household member be added to a food stamp case, the county will act on this request. If the documentation needed to determine the alien's status is provided with the request, the alien will be added to the food stamp case within 10 days of the date of the request. If additional documentation is needed to determine the alien's status, a request for contact will be issued to the household as instructed in [\[FSC 12400\]](#). The alien will not be added to the food stamp case until the documentation is provided.

### **Inquiries to:**

Betty Helmbeck, Food Stamp Section, 501-682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

### **NOTICE**

Our records show that someone in your food stamp household is classified as an ineligible alien.

Under the 2002 Farm Bill, qualified aliens who have lived in the United States for five years or longer may be able to get food stamp benefits beginning in April 2003. (Your household must still meet income and resource guidelines.)

See the Chart below for a description of a qualified alien.

Category of Alien	Conditions
<b>Legally admitted for permanent residence in the United States</b>	Holders of green card
<b>Amerasian immigrants</b>	Defined under section 584 of Foreign Operations, Export Financing and Related Programs Appropriation Act of 1988
<b>Asylee</b>	Granted asylum under section 208 of the Immigration and Nationality Act
<b>Refugee</b>	Admitted under section 207 of the Immigration and Nationality Act
<b>Trafficking victim</b>	Treated as refugee for food stamp purposes under the Trafficking Victim Act of 2002
<b>Parolee</b>	Paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act for at least one year
<b>Deportation withheld</b>	Deportation withheld under section 243(h) of the Immigration and Nationality Act <b>OR</b> Removal withheld under section 241(b)(3) of the Immigration and Nationality Act
<b>Granted conditional entry</b>	Granted conditional entry under section 203(a)(7) of the Immigration and Nationality Act as in effect before April 1, 1980.
<b>Cuban or Haitian Entrant</b>	Entered under section 501(e) of the Refugee Education Assistance Act of 1980
<b>Battered spouse, child or parent</b>	Under certain conditions, a battered person with a petition pending under 204(a)(1)(A) or (B) or 244(a)(3)

A qualified alien's five year waiting period began on the date he or she gained status as a qualified alien according to Immigration and Naturalization Service records.

Contact your local DHS county office if you want the county office to determine if this person may now begin getting food stamp benefits.

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 03-12

**Food Stamp Certification Manual**

**Issuance Date: 10-01-2003**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Immigrant Children**

---

### Summary of Changes:

1. [FSC 1621.3](#) – Revisions are:
  - Qualified aliens under the age of 18 may participate in the Food Stamp Program (if otherwise eligible) regardless of the date of admission.
  - When the child reaches the age of 18, he or she must meet another eligible alien criteria to continue participating in the Food Stamp Program.
2. [FSC 1621.7](#) – The section has been revised to include children under the age of 18 as a sponsored alien who is exempt from the deeming procedures.

### Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 03-13

Food Stamp Certification Manual

Issuance Date: 10-01-2003

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Limited Reporting and Semi-Annual Reporting

---

### Summary of Changes:

#### **I. INTRODUCTION**

Limited reporting and the semi-annual report replace the quarterly reporting requirement. This policy directive provides instructions for the implementation of both the limited reporting requirements and semi-annual reporting.

#### **Limited Reporting**

Limited reporting is a change in the reporting requirements. Households subject to the limited reporting requirement must report if their total gross income begins to exceed the gross income limit for their household size. (Example - The gross income limit for a household of three is \$1,654. The household's gross income increases to \$1,700. The household must report this change.) Households in non-waived counties must also report if a household member subject to the requirement to work begins to work less than 20 hours per week. Households subject to the limited reporting requirements will be given either a 4-month certification period or a 12-month certification period

#### **Semi-Annual Reporting**

Households subject to the limited reporting requirement that are given a 12-month certification period will be required to submit a report in the 6th month of their certification period.

#### **Aged/Disabled Households**

Households where all members are aged and/or disabled but no household member works or claims a child support deduction will continue to be given 24-month certification periods and classified as occasional reporting households. With this policy revision, household composed entirely of aged and/or disabled adults and minor children will also be assigned a 24-month certification period unless a member of the household works or claims a child support deduction.

Aged/disabled households will be given a 12-month certification period if a household member works or claims a child support deduction. These households will be subject to the limited reporting requirements and required to submit a semi-annual report.

Households classified as occasional reporters must continue to report changes within 10 days of the date the change became known to the household. For these households, the threshold for reporting changes in unearned income has changed from \$25 to \$50. (Changes in unearned income must be reported when the income increases or decreases by more than \$50.)

## **II. IMPLEMENTATION**

The new reporting requirements will be implemented 11-01-03. At the end of October, households currently subject to the quarterly reporting requirements will be converted to semi-annual reporting.

All households subject to the semi-annual reporting requirements must be advised of the new limited reporting requirements. Participating households that are currently classified as QR households will be sent a notice advising them of the change in their reporting requirements during the month of October. More information will be provided by screen message when the notices are generated.

After the SR notices are generated, workers must begin notifying households of the change in the reporting requirements at application approval and when September QRs are reinstated. This means that instead of notifying households that they will be subject to quarterly reporting, they will notify households of the new semi-annual reporting requirements. These households will be given or mailed a notice and the new *“Limited Reporting Form”* (DCO-284).

Effective 11-01-03, the following households will be assigned a four-month certification period and notified of the limited reporting requirements.

- Homeless households
- Households with members who are on strike
- Migrant and seasonal farmworkers who expect to remain in Arkansas

These households will be required to report only if the household’s total gross income begins to exceed the gross income limit for the household size.

### **Summary of Changes:**

1. [FSC 1303](#) - This section has been revised to reflect the semi-annual reporting requirements.
2. [FSC 1310](#) - A statement has been added to this section to clarify how to handle a case when the household has moved out of the state.
3. [FSC 1320](#) - The policy about providing instructions to the home has been updated.
4. [FSC 1621.7.6](#) - This section has been revised to reflect the semi-annual reporting requirements.
5. [FSC 1925](#) - This section has been revised to reflect the semi-annual reporting requirements.
6. [FSC 3310.3](#) - This section has been revised to reflect the semi-annual reporting requirements.

7. [FSC 3413](#) - This section has been revised to reflect the semi-annual reporting requirements.
8. [FSC 3420](#) - This section has been revised to reflect the semi-annual reporting requirements.
9. [FSC 3501](#) - This section, which contains information about RTW waiver counties, has been moved forward and renumbered from FSC 3550 to FSC 3501. It has also been updated.
10. [FSC 3502](#) - This section, which contains information about RTW waiver counties, has been moved forward and renumbered from FSC 3560 to FSC 3502. The section has been revised to reflect the semi-annual reporting requirements. Also, a screening guide has been added to help workers determine when a personal exemption should be applied.
11. [FSC 3520](#) - The example has been removed.
12. FSC 3522 - 3525 - These sections which provided explicit instructing for disqualifying individuals for failure to comply with the RTW have been **deleted**. FSC 3531, FSC 3532 and 3540 have been incorporated into FSC 3530. (All four sections provided information about the reinstatement of an individual disqualified for RTW noncompliance.) FSC 3550 & FSC 3560 have been moved to FSC 3501 & FSC 3502 respectively.
13. [FSC 3610](#) - The instructions for work registering a household member have been revised to include instructions for work registration when a semi-annual report is processed.
14. [FSC 3620](#) - The instructions for making an E&T referral have been revised to include instructions for E&T referral when a semi-annual report is processed.
15. [FSC 3631](#) - The instructions for authorizing transportation reimbursements have been clarified.
16. [FSC 3650](#) - Information was added to clarify that the worker must notify DWE when a food stamp case with an E&T participant closes because the semi-annual report was not processed.
17. [FSC 3720](#) - The instructions for making a Workfare Program referral have been revised to include instructions for making a Workfare Program referral when a semi-annual report is processed.
18. [FSC 3740](#) - The instructions for calculating Workfare Program obligation have been revised to include instructions for making a calculating Workfare Program obligation when a semi-annual report is processed.
19. [FSC 4840](#) - The statement about vehicle exclusions applying to certification periods beginning after July 1, 2001 is outdated. It has been removed.
20. [FSC 4850](#) - This section has been revised to remove outdated instructions about vehicle exclusions and to reflect the semi-annual reporting requirements.
21. [FSC 5514](#) - The threshold for verifying reported changes in earned income has been changed from \$25.00 to \$50.00.
22. [FSC 5662](#) - Instructions have been added for handling self-employment income received by households subject to the limited reporting requirements.
23. [FSC 5662.1](#) - Instructions have been added for handling self-employment income received by households subject to the limited reporting requirements.
24. [FSC 5680](#) - The example has been revised to reflect semi-annual reporting rather than quarterly reporting.
25. [FSC 5691](#) - Instructions have been added for handling self-employment income received by households subject to the limited reporting requirements.

26. [FSC 6552](#) - This section has been revised to reflect the semi-annual reporting requirements.
27. [FSC 6627](#) - This section has been revised to reflect the semi-annual reporting requirements.
28. [FSC 6628](#) - The policy has been updated by removing outdated information about the shelter deduction amounts.
29. [FSC 7100](#) - This section has been revised to reflect the semi-annual reporting requirements.
30. [FSC 7200](#) - This section has been revised to reflect that individuals who don't furnish information about disability are work-registered. The application will not be denied.
31. [FSC 7431](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
32. [FSC 7522](#) - This section has been revised to reflect the semi-annual reporting requirements.
33. [FSC 8240](#) - Item 10 has been revised to reflect the limited reporting requirements.
34. FSC 8310 - This section has been **deleted**.
35. [FSC 8500](#) - This section has been updated to mention use of the *Request for Verification* (DCO-191).
36. [FSC 8503](#) - The time frames for denying applications have been clarified.
37. [FSC 8505](#) - This section has been revised to reflect the limited reported and the semi-annual reporting requirements.
38. [FSC 8506](#) - This section has been updated to mention use of the *Request for Verification* (DCO-191) and to clarify the application processing time frames.
39. [FSC 8520](#) - This section has been updated to mention use of the *Request for Verification* (DCO-191) and to clarify the application processing time frames.
40. [FSC 8710](#) - This section has been rewritten to: expand the conditions under which a 24-month certification period may be assigned; to incorporate the 4-month certification periods to be assigned to some limited reporting households, and to limit the households to be assigned a one or two month certification period.
41. [FSC 8720](#) - The section has been revised to incorporate the new rules for assigning certification periods.
42. [FSC 8820](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
43. [FSC 8821](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
44. [FSC 9510](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
45. [FSC 10210](#) - The statement that information must be supplied within 10 days has been removed. Also, the statement about manually issuing DCO-239s when a QR is reinstated has been removed.
46. [FSC 10520](#) - The section has been revised to clarify when a case will be denied for failure to appear for an interview or failure to provide information requested at the interview.
47. [FSC 10550](#) - The benchmark for verifying income changes has been changed to \$50.
48. [FSC 10610](#) - Additional information has been added to this section to clarify the time frames for verification at recertification.



49. [FSC 10620](#) - Additional information has been added to this section to clarify the conditions under which a household will be allowed up to provide information after the end of the current certification period.
50. [FSC 10630](#) - The first and second paragraphs were revised to clarify when to request an interview at a midpoint review.
51. FSC 10640 - This section, "Adjusting the BD Date", was **deleted** effective 10-01-03.
52. [FSC 10650](#) - Additional information has been added to clarify the time frames for denying timely filed applications for recertification.
53. [FSC 11100](#) - This section was updated section with the new limited reporting requirements.
54. [FSC 11120](#) - Information about closing cases for failure to cooperate with field investigators and for failure to supply information needed to prepare an overpayment has been removed from this section.
55. [FSC 11200](#) - This section has been updated with the new limited reporting requirements and the increase in the reporting limit for unearned income to more than \$50. Also a note was added to clarify how to handle a case when the household has moved out of the state.
56. [FSC 11310](#) - The new requirement for reporting gross income over the household's limit has been added to this section.
57. [FSC 11320](#) - The statement that most categorically eligible households are subject to occasional reporting has been removed.
58. FSC 11330 - This section, which explained the reporting requirements of PA households, has been **deleted**.
59. [FSC 11340](#) - This section has been rewritten. It now explains the limited reporting requirements.
60. [FSC 11341](#) - This section now explains the reporting requirements of households certified for four months.
61. [FSC 11342](#) - This section now explains the reporting requirements of semi-annual reporting households.
62. [FSC 11350](#) - The definition of an occasional reporting household has been revised to remove any information about quarterly reporting households.
63. [FSC 11420](#) - The threshold for verifying reported changes in unearned income has been revised from changes of more than \$25 to changes of more than \$50.
64. [FSC 11430](#) - Instructions for shortening certification periods on the FACTS system have been removed.
65. [FSC 11460](#) - The chart has been updated to reflect the new \$50 threshold for reporting and verifying unearned income changes.
66. [FSC 11500](#) - This section has been rewritten to reflect the semi-annual reporting requirements.
67. [FSC 11510](#) - This section has been rewritten to reflect the semi-annual reporting and limited reporting requirements.
68. [FSC 11520](#) - This section has been rewritten to reflect the semi-annual reporting requirements.

69. [FSC 11530](#) - This section has been rewritten to reflect the semi-annual reporting requirements.
70. [FSC 11531](#) - This section has been rewritten to reflect the semi-annual reporting requirements.
71. [FSC 11540](#) - This section now contains instructions for completion of the semi-annual report.
72. [FSC 11550](#) - This section now provides information about the verification to be submitted with semi-annual reports.
73. [FSC 11560](#) - This section has been rewritten to reflect the semi-annual reporting requirements.
74. [FSC 11561](#) - This section has been rewritten to reflect the semi-annual reporting requirements.
75. [FSC 11562](#) - This section has been rewritten to reflect the semi-annual reporting requirements.
76. [FSC 11570](#) - This section has been updated to reflect the new semi-annual reporting requirements.
77. [FSC 11571](#) - This section has been updated to reflect the new semi-annual reporting requirements.
78. [FSC 11580](#) - This section has been updated to reflect the new semi-annual reporting requirements.
79. [FSC 11620](#) - This section has been revised to clarify the circumstances under which an interview may be requested at the time of a midpoint review.
80. [FSC 12100](#) - This section has been revised to reflect the semi-annual reporting requirements.
81. [FSC 12110](#) - The statement about the TEA sanction ending in three months has been removed.
82. [FSC 12110.2](#) - The chart that specifies the sanction period has been revised to comply with current TEA policy.
83. [FSC 12110.3](#) - The statement about handling earned income at the time of a voluntary quit has been removed.
84. [FSC 12210](#) - This section has been revised to reflect the semi-annual reporting requirements.
85. [FSC 12211](#) - A statement has been added to this section to clarify how to handle a case when the household has moved out of the state.
86. [FSC 12221](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
87. [FSC 12222](#) - The revised instructions for referring certain household members to the E&T Program have been added to this section.
88. [FSC 12226](#) - The instructions for keying a change when a household division occurs have been removed.
89. [FSC 12227](#) - The Request for Assistance has been added as the food stamp application form.
90. [FSC 12232 to 12233](#) - These sections have been updated to reflect current policy.
91. [FSC 12241](#) - This section has been updated to reflect current policy and also to reflect the new limited reporting and semi-annual reporting requirements.
92. [FSC 12251](#) - This section has been revised to reflect the semi-annual reporting requirements.

93. FSC 12252 - This section, which dealt with the process for keying a change to FACTS, has been **deleted**.
94. [FSC 12260](#) - Instructions for keying a change to FACTS have been deleted.
95. [FSC 12270](#) - References to quarterly reporting have been changed to semi-annual reporting.
96. [FSC 12300](#) - This section has been revised to reflect the limited reporting requirements.
97. [FSC 12330](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
98. [FSC 12400](#) - Information about the FACTS system has been removed.
99. [FSC 12410](#) - This section has been revised to reflect the limited reporting requirements.
100. [FSC 12420](#) - This section has been updated to reflect the limited reporting requirements.
101. [FSC 12430](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
102. [FSC 12440](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
103. [FSC 12450](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
104. [FSC 12460](#) - This section has been revised to reflect the limited reporting and semi-annual reporting requirements.
105. [FSC 13200](#) - This section has been revised to reflect the semi-annual reporting requirements.
106. [FSC 13300](#) - This section has been revised to reflect the semi-annual reporting requirements.
107. [FSC 13310](#) - This section has been revised to reflect the semi-annual reporting requirements.
108. [FSC 15400](#) - This section has been revised to reflect the semi-annual reporting requirements.
109. [FSC 16515](#) - This section has been revised to reflect the semi-annual reporting requirements.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 03-17

Food Stamp Certification Manual

Issuance Date: 12-01-2003

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Changes to Limited Reporting Procedures

---

### Summary of Changes:

- The DCO-284, Limited Report Form, will not be used. Instead, limited reporting households will use the DCO-234, Change Report, to report changes.
- The DCO-234, Change Report, has been revised so that it instructs limited reporting households to report changes on the DCO-234. The DCO-234A (ADDENDUM), which explains the limited reporting requirements, will be issued with the DCO-234 to limited reporting households.
- The policy pages and pamphlets have been revised to reflect these changes ([FSC 11100](#)) and to remove references to the Limited Report Form (DCO-284).

### Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 03-18

**Food Stamp Certification Manual**

**Issuance Date: 12-01-2003**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Changes to EBT Procedures**

---

### Summary of Changes:

In the following sections of policy, EBT-related information was updated and/or FACTS information was removed. There were no other changes.

<a href="#">FSC 981.3</a>	<a href="#">FSC 14133.2</a>
<a href="#">FSC 981.4</a>	<a href="#">FSC 14134</a>
<a href="#">FSC 14000</a>	<a href="#">FSC 14310</a>
<a href="#">FSC 14110</a>	<a href="#">FSC 14320</a>
<a href="#">FSC 14120</a>	<a href="#">FSC 14330</a>
<a href="#">FSC 14121</a>	<a href="#">FSC 14340</a>
<a href="#">FSC 14122</a>	<a href="#">FSC 14400</a>
<a href="#">FSC 14130</a>	<a href="#">FSC 14500</a>
<a href="#">FSC 14133.1</a>	<a href="#">FSC 14700</a>

In the following sections of policy, while EBT-related information was updated and/or FACTS information was removed, there are certain other specific changes. These specific changes are explained below:

[FSC 980, 981, 981.2, & 981.5](#) - The agency responsible for authorizing drug addiction and alcoholism treatment centers has been changed to Arkansas Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention. The new address of this agency is provided in FSC 981.5.

[FSC 14100](#) - Type 100, release from hold was removed as valid transaction type.

[FSC 14131](#) - This policy section, "Release from Hold" was deleted. Holds are no longer permitted.

[FSC 14200](#) - A chart was added to this section. The chart provides:

- A list of the failure-to-extract error messages
- An explanation of the reason benefits failed to extract
- An explanation of the corrective action

[FSC 14300](#) - The policy has been changed so that the designation of primary cardholder agrees with the current ANSWER procedures.

[FSC 14350](#) - A chart containing an explanation of the procedures needed to reauthorize cancelled benefits was added to this section.

[FSC 14360](#) - The time frames for availability of benefits have changed. Benefits will now be available to the household for up to 12 months from the date of availability. After that, the benefits will be expunged.

[FSC 14800](#) - This section has been deleted. Food stamp benefits are no longer converted to food stamp coupons when a household moves out of the state.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 04-07

**Food Stamp Certification Manual**

**Issuance Date: 06-01-2004**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Corrections and Clarifications**

---

<b>Pages to be Deleted:</b>		<b>Pages to be Added:</b>	
Front 1621.8 (Chart, Page 1)	Back 1621.8(Chart, Page 2)	1621.8(Chart, Page 1)	1621.8(Chart, Page 2)
Front 1621.8(Chart, Page 3)	Back 1621.8(Chart, Page 4)	1621.8(Chart, Page 3)	1621.8(Chart, Page 4)
Front 1621.8(Chart, Page 5)	Back 1621.8(Chart, Page 6)	1621.8(Chart, Page 5)	1621.8(Chart, Page 6)
Front 3620 to 3630	Back 3631 to 3650	3620 to 3630	3631 to 3650
Front 4450 to 4450	Back 4450 to 4450	4450 to 4450	4450 to 4450
Front 4450 to 4450	Back 4450 to 4450	4450 to 4450	4450 to 4450
Front 5405 to 5405	Back 5405 to 5405	5405 to 5405	5405 to 5405

<b>Pages to be Deleted:</b>		<b>Pages to be Added:</b>	
Front 7511 to 7511	Back 7512 to 7512	7511 to 7511	7512 to 7512
Front 8650 to 8700	Back 8700 to 8710	8650 to 8700	8700 to 87410
Front 8720 to 8800	Back 8810 to 8820	8710 to 8720	8730 to 8800
Front 8821 to 8821	Back None	8821 to 8820	8821 to 8830
Front 9100 to 9200	Back 9200 to 9300	9100 to 9200	9200 to 9300
Front 9300 to 9300	Back 9300 to 9300	None	None
Front 9300 to 9300	Back 9321 to 9323	9300 to 9300	9321 to 9323
Front 11420 to 11430	Back 11440 to 11440	11420 to 11430	11440 to 11440
Front 11450 to 11450	Back 11460 to 11460	11450 to 11450	11460 to 11460
Front 11580 to 11580	Back 11580 to 11600	11580 to 11580	11580 to 11600
Front 11610 to 11630	Back 11630 to 11630	11610 to 11630	11630 to 11630
Front 11640 to 11640	Back 11650 to 11710	11640 to 11640	11650 to 11660
Front None	Back None	None	None



Pages to be Deleted:	Pages to be Added:
Front 13000 to 13200 Back 13210 to 13300	13000 to 13200 13210 to 13300
Front 13310 to 13310 Back 13310 to 13320	13310 to 13310 13310 to 13320
Front 14350 to 14350 Back 14360 to 14400	14350 to 14350 14360 to 15800
Front 15620 to 15700 Back 15700 to 15800	15620 to 15700 15700 to 15800
Front None Back None	15800 to 15800 None

#### Summary of Changes:

1. [FSC 1621.8](#) - The section has been updated with to reflect the changes effective 10-01-03. These changes permitted certain aliens under the age of 18 to participate in the Food Stamp Program regardless of their date of entry into the U.S.A.
2. [FSC 3630](#) - The mileage reimbursement rate for E&T Program participants has been updated to \$.31 per mile.
3. [FSC 4450](#) - A new item 19 has been added. This item provides clarification about the exclusion of funds in HUD Family Self-sufficiency Program accounts.
4. [FSC 5405](#) - In item 3, the name of the Green Thumb Program has been changed to the Experience Works Program. A new item 25 has been added. This item provides information about the exclusion of funds withdrawn from HUD Family Self-sufficiency Program accounts. The old item 25 has been renumbered as item 26.
5. [FSC 7512](#) - This policy has been revised to reflect the semi-annual reporting requirements.
6. [FSC 8710](#) - The instructions for assigning 24-month certification periods have been revised. A 24-month certification period will no longer be assigned if minor household members are age 16 or older.
7. [FSC 8720](#) - A portion of this section was rewritten to include the new guidelines for assigning 24-month certification periods to households with minor dependent child.
8. [FSC 8730](#) - This is a new section. It provides instructions for lengthening certification periods in two circumstances: 1) when a certification period shorter than 24 months has been assigned to a household entitled to a 24-month certification period; or 2) when there are errors in assigning certification periods that occur when an application is approved for a household subject to semi-annual reporting.

9. [FSC 9300](#) - The instructions for screening a Food Stamp Application (DCO-220) have been removed from this section.
10. [FSC 9321](#) - Information about screening DCO-220s has been removed.
11. [FSC 11430](#) - The instructions for shortening a certification period have been moved to FSC 11660. A reference to FSC 11660 has been included.
12. [FSC 11460](#) - Two verification codes have been corrected.
13. [FSC 11580](#) - Two verification codes have been corrected.
14. [FSC 11600](#) - This policy has been revised to reflect the new policy for assigning 24-month certification periods to households with aged/disabled members and minor dependent children age 15 or younger.
15. [FSC 11630](#) - A reference to FSC 11660 has been added to this section.
16. [FSC 11660](#) - This is a new section. It contains the instructions for shortening certification periods on 24-month certifications.
17. [FSC 13300](#) - The note that refers to restoring aged EBT benefits has been removed.
18. FSC 13311 - This policy section, which provided instructions for restoring aged benefits, has been **deleted**.
19. [FSC 13320](#) - The exception, which dealt with offsets of aged benefits, has been removed.
20. [FSC 14400](#) - A statement has been added to clarify that stolen food stamp EBT benefits are not replaced. The policy has been rewritten to clarify the procedures for reporting a stolen food stamp EBT card.
21. [FSC 15800](#) - The instructions for accepting EBT benefits on an overpayment have been updated. Instructions for applying expunged benefits to an overpayment have been added.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 04-08

Food Stamp Certification Manual

Issuance Date: 08-01-2004

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Categorical Eligibility and Fraud Penalties

---

Pages to be Deleted:	Pages to be Added:
Front 1851 to 1852	1851 to 1852
Back 1852 to 1920	1852 to 1920
Front 1920 to 1920	1920 to 1920.2
Back 1920 to 1923	1920.2 to 1921
Front 1924 to 1924	1922 to 1924
Back 1925 to 1930	1925 to 1930
Front 5408 to 5409	5408 to 5409
Back 5409 to 5410	5409 to 5410
Front 5410 to 5411	5410 to 5411
Back 5411 to 5412	5411 to 5412
Front 16790 to 16800	16790 to 16800
Back 16800 to 16810	16800 to 16810
Front 16820 to 16840	16820 to 16840
Back 16840 to 16910	16840 to 16920

Pages to be Deleted:	Pages to be Added:
Front 16920 to 16920	None
Back None	None
Form DCO-19 (rev. 09/03)	Form DCO-19 (rev. 08/04)

#### Summary of Changes:

1. [FSC 1852](#) - This section has been updated with the correct slot numbers for the Central Office Food Stamp Section.
2. [FSC 1910](#) - This section has been updated to agree with the current policy at FSC 8720.
3. [FSC 1920](#) - This policy has been revised so that a household may not be classified as a categorically eligible household if a household member has been disqualified for an IPV or has been convicted for a drug-related felony. Also, language has been added to clarify that ineligible household members will not be included as eligible household members just because the household is categorically eligible.
4. [FSC 1920.1](#) - This is a new section. It provides instructions for classifying households as categorically eligible due to receipt of SSI benefits.
5. [FSC 1920.2](#) - This is a new section. It provides instructions for classifying households as categorically eligible due to receipt of TEA benefits.
6. [FSC 1923](#) - This section has been updated to reflect the new categorical eligibility guidelines.
7. [FSC 1924](#) - This section has been updated to reflect the new categorical eligibility guidelines. In the last paragraph, information has been added to clarify when a manual approval notice must be issued.
8. [FSC 5408](#) - This section has been updated to reflect current policy since educational loans are now excluded as income.
9. [FSC 5410](#) - This section has been revised to clarify the procedures for determining income when food stamp overpayments are recouped from other federal benefits under the Treasury Offset Program (TOP).
10. [FSC 16800](#) - The penalty for trading food stamp benefits for a controlled substance has been changed to 24 months for the first violation and permanently for the second violation. Also, additional information has been added to clarify when a penalty must be imposed for an intentional program violation.
11. [FSC 16840](#) - This policy has been updated with the new guidelines for disqualifying household members found guilty of trading food stamp benefits for controlled substances.
12. [DCO-19](#) - This form has been revised to reflect the new penalties for trading food stamp benefits for controlled substances. It is available on DHS GOLD.

#### Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 04-13

**Food Stamp Certification Manual**

**Issuance Date: 10-01-2004**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: New SAVE Procedures & Individual Development Accounts**

---

Pages to be Deleted:	Pages to be Added:
Front 1621.3.1 to 1621.3.1 Back None	1621.3.1 to 1621.3.1 1621.3.1 to 1621.3.2
Front 1621.3.1 to 1621.3.3 Back 1621.3.2 to 1621.3.2	1621.3.2 to 1621.3.2 1621.3.2 to 1621.3.3
Front 1621.3.2 to 1621.3.3 Back 1621.3.3 to 1621.4	1621.3.3 to 1621.4 1621.4 to 1621.4
Front 1621.4 to 1621.4 Back 1621.4 to 1621.4	1621.4 to 1621.4 1621.4 to 1621.4
Front 1621.4 to 1621.4 Back 1621.4 to 1621.5.1	1621.4 to 1621.5 1621.5 to 1621.5.2
Front 1621.5.1 to 1621.5.3 Back 1621.5.3 to 1621.6	1621.5.2 to 1621.6 1621.6 to 1621.7
Front 1621.6 to 1621.7 Back 1621.7 to 1621.7.1	1621.7 to 1621.7.1 None
Front 1621.8, Page 1 Back 1621.8, Page 2	1621.8, Page 1 1621.8, Page 2

<b>Pages to be Deleted:</b>		<b>Pages to be Added:</b>	
Front 1621.8, Page 3	Back 1621.8, Page 4	1621.8, Page 3	1621.8, Page 4
Front 1621.8, Page 5	Back 1621.8, Page 6	1621.8, Page 5	1621.8, Page 6
Front None	Back None	1621.8, Page 7	
Front 4450 to 4450	Back 4450 to 4450	4450 to 4450	4450 to 4450
Front 4450 to 4450	Back 4450 to 4450	4450 to 4450	4450 to 4450
Front 4460 to 4460	Back 4470 to 4510	4460 to 4460	4460 to 4460
Front None	Back None	4470 to 4510	None
Front 5405 to 5405	Back 5405 to 5405	5405 to 5405	5405 to 5405
Front 5405 to 5405	Back 5405 to 5405	5405 to 5405	5405 to 5405
Front 5405 to 5405	Back 5405 to 5405	5405 to 5405	5405 to 5405
Front 5412 to 5413	Back 5413 to 5413.1	5412 to 5413	5413 to 5413.1
Front 5414 to 5415	Back 5416 to 5500	5413.2 to 5413.2	5414 to 5415
Front None	Back None	5416 to 5500	None

Pages to be Deleted:	Pages to be Added:
Front 14121 to 14130	14121 to 14130
Back 14132 to 14132	14132 to 14132

#### Summary of Changes:

1. [FSC 1621.3.1](#) – Instructions for manually sending a Verification Request to FNS have been removed.
2. [FSC 1621.4](#) – The instructions for using the SAVE system have been updated.
3. [FSC 1621.5](#) – The instructions for using the SAVE system have been updated.
4. FSC 1621.5.1 – The information in this section was outdated. The section was **deleted**.
5. [FSC 1621.5.2](#) – The instructions for using the SAVE system have been updated.
6. FSC 1621.5.3 – The information in this section was outdated. The section was **deleted**.
7. [FSC 1621.5.4](#) – The instructions for using the SAVE system have been updated.
8. [FSC 1621.8](#) – Separated the description of the provisions that apply to “paroled into the United States” and “removal withheld” into separate items on the chart. Per FSC 1621.2, an alien with the status “removal or deportation withheld” is eligible to participate for up to seven years from the date of admission but an alien with the status “paroled into the United States” is not eligible to participate unless they meet one of the stated criteria.
9. [FSC 4450](#) – This section has been updated to include references to the policy governing individual retirement accounts (IDAs).
10. [FSC 4460](#) – Information about the exclusion of various IDAs has been added to this section.
11. [FSC 5405](#) – This section has been updated to include references to the policy governing IDAs.
12. [FSC 5413.2](#) – This is a new section. It contains an explanation of income exclusions related to IDAs.
13. [FSC 14131](#) – This section has been updated to clarify the procedures for authorizing the replacement of food purchased with food stamp benefits and then lost in a household misfortune.

#### Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 05-03

**Food Stamp Certification Manual**

**Issuance Date: 06-01-2005**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Corrections and Clarifications**

---

<b>Pages to be Deleted:</b>	<b>Pages to be Added:</b>
Front 300 to 311 Back 312 to 314	300 to 311 312 to 314
Front 314 to 317 Back 317 to 410	314 to 317 317 to 410
Front 420 to 430 Back 500 to 530	420 to 420 420 to 420
Front None Back None	420 to 420 500 to 530
Front 1600 to 1620 Back 1621 to 1621	1600 to 1620 1621 to 1621
Front 1621 to 1621 Back 1621.1 to 1621.1.1	1621 to 1621 1621.1 to 1621.1.1
Front 1621.3.3 to 1621.4 Back 1621.4 to 1621.4	1621.3.3 to 1621.4 1621.4 to 1621.4
Front None Back None	1621.4 to 1621.4 None



<b>Pages to be Deleted:</b>	<b>Pages to be Added:</b>
Front 1621.8, Page 7 Back None	1621.8, Page 7
Front 1920 to 1920.2 Back 1920.2 to 1921	1920 to 1920.2 1920.2 to 1921
Front 5405 to 5405 Back 5405 to 5405	5405 to 5405 5405 to 5405
Front 5405 to 5405 Back 5405 to 5405	5405 to 5405 5405 to 5405
Front 5405 to 5405 Back 5405 to 5405	5405 to 5405 5405 to 5405
Front 5412 to 5413 Back 5413 to 5413.1	5412 to 5413 5413 to 5413.1
Front 5501 to 5503 Back 5504 to 5506	5501 to 5503 5504 to 5506
Front 5507 to 5509 Back 5511 to 5512.1	5507 to 5509 5511 to 5512.1
Front 5701.1 to 5701.3 Back 5702 to 5704	5701.1 to 5701.3 5702 to 5704
Front 5704.1 to 5704.3 Back 5704.3 to 5704.4	5704.1 to 5704.3 5704.3 to 5704.4
Front 5704.4 to 5704.4 Back 5704.5 to 5704.7	5704.4 to 5704.4 5704.5 to 5704.7
Front 6510 to 6510 Back 6510 to 6510	6510 to 6510 6510 to 6510
Front 6510 to 6510 Back 6510 to 6510	6510 to 6510 6510 to 6510

<b>Pages to be Deleted:</b>	<b>Pages to be Added:</b>
Front 6511 to 6511 Back 6520 to 6521.1	6511 to 6511 6520 to 6521.1
Front 6521.3 to 6522 Back 6523 to 6524	6521.3 to 6522 6523 to 6524
Front 6524 to 6525 Back 6525 to 6526	6524 to 6524.1 6524.1 to 6524.1
Front 6526 to 6527 Back 6528 to 6528	6524.1 to 6524.1 6524.2 to 6524.2
Front None Back None	6524.2 to 6524.2 6524.3 to 6524.3
Front None Back None	6525 to 6525 6525 to 6525
Front None Back None	6526 to 6527 6527 to 6528
Front 6626.2 to 6627 Back 6627 to 6700	6626.2 to 6627 6627 to 6700
Front 7610 to 7610 Back 7610 to 7610	7610 to 7610 7610 to 7610
Front 8130 to 8130 Back 8131 to 8140	8130 to 8130 8131 to 8131
Front 8140 to 8141 Back 8142 to 8170	8140 to 8140 8141 to 8142
Front None Back None	8142 to 8170
Front 8500 to 8500 Back 8500 to 8503	8500 to 8500 8500 to 8501

Pages to be Deleted:	Pages to be Added:
Front 8503 to 8504 Back 8505 to 8505	8502 to 8503 8503 to 8504
Front None Back None	8505 to 8505 None
Front 9100 to 9200 Back 9200 to 9300	9100 to 9200 9200 to 9300

### Summary of Changes:

1. [FSC 311](#) – This section has been updated to reflect the use of the ANSWER Online Policy.
2. [FSC 314](#) – This section has been updated to include the use of the ANSWER narrative tab.
3. [FSC 316](#) – Federal and state audits have been included as a type of review conducted in the county office.
4. [FSC 317](#) – Quarterly report was updated to semi-annual report. A statement was added to clarify that only current, approved forms may be provided to clients during the certification process and all subsequent case actions.
5. [FSC 400](#) – The retention schedule for food stamp records has been changed from three years to five years to comply with State law.
6. [FSC 410](#) – The retention schedule for food stamp records has been changed from three years to five years.
7. [FSC 420](#) – This section has been updated to reflect the case record organization for the six-part folder.
8. FSC 430 – This section was outdated. It has been **deleted**.
9. [FSC 510](#) – This section was updated to reflect the requirement that each DHS county office must maintain at least one “paper” food stamp certification manual for public review during normal working hours.
10. [FSC 520](#) – This section was updated.
11. [FSC 1621](#) – A statement has been added to clarify that citizens of the Federated States of Micronesia (FSM) which includes the Republic of the Marshall Islands and the Republic of Palau are not eligible to receive food stamp benefits.
12. [FSC 1621.1](#) – This section has been changed to reflect the expansion of qualified alien status to the minor children, spouses, and (in some cases) the parents and siblings of victims of severe forms of trafficking.
13. [FSC 1621.3.4](#) – This is a new section. It contains information about the provisions under which a victim of severe forms of trafficking may participate in the Food Stamp Program if he or she is otherwise eligible.

14. [FSC 1621.4](#) – This section has been updated to explain the documentation required for non-citizens who claim to be victims of severe forms of trafficking.
15. [FSC 1621.8](#) – The information about victims of severe forms of trafficking has been updated.
16. [FSC 1920.2](#) – A statement was added to clarify that a household is categorically eligible for the month or months during which the TEA benefits are received. Diversion assistance was added as a type of TEA assistance that confers categorical eligibility for the month of receipt.
17. [FSC 5405](#) – Item 5 has been revised to include information about Disaster Relief Employment funded through national emergency grants. A reference to item 5 was added to item 15.
18. [FSC 5413.1](#) – A reference to FSC 5707 was added to this section.
19. [FSC 5501](#) – Two items have been added to the list of earned income – attendant care payments from an outside source and paid to one household member who is caring for another household member, and dependent care payments from an outside source and paid to a one household member who is providing dependent care for another household member.
20. [FSC 5503](#) – The special instructions for assigning certification periods no longer apply. These instructions have been deleted.
21. [FSC 5512](#) – New instructions have been included for counting attendant care and dependent care funds as wages if they are paid from a source outside the household to a household member who is caring for another household member.
22. [FSC 5701.3](#) – The specific State reimbursement rate has been removed from the policy.
23. [FSC 5704.1](#) – Additional information about when child support refunds are sent to TEA recipients has been added to this section.
24. [FSC 5704.5](#) – A note has been added to this section to clarify that information is no longer provided on OCSE screens that might identify interceptions of IRS refunds.
25. [FSC 6510](#) – The standard costs attributed to the medical expenses of household members who use a Medicare-Approved drug discount card have been added to the list of allowable medical costs.
26. [FSC 6511](#) – Dental services was listed as an allowable medical expense in the list of allowable expenses.
27. [FSC 6524](#) – An explanation about the use of an ANSWER spreadsheet has been added to this section.
28. [FSC 6524.1](#) – This is a new section. It provides information about Medicare-approved drug discount cards and how to offset the savings produced by these cards so that the household's food stamp benefit amount will not be reduced.
29. [FSC 6524.2](#) – This is a new section. It provides instructions for restoring benefits to households that lost benefits as a result of policy instructions initially provided by FNS.
30. [FSC 6524.3](#) – This is a new section. It provides a chart that summarizes the provisions about Medicare-approved drug discount card users.
31. [FSC 6525](#) – This section has been updated to reflect the standard deductions allowed for Medicare-approved drug discount card users.
32. [FSC 6528](#) – An explanation about the use of an ANSWER spreadsheet has been added to this section.

33. [FSC 6627](#) – In the first sentence of the first paragraph, the word “changes” has been corrected to read “charges.”
34. [FSC 7610](#) – Corrections have been made.
35. [FSC 8131](#) – Information has been added to clarify the procedures for holding certain applications until the 30th day of the application process.
36. [FSC 8140](#) – Information about selecting a service county has been added to this section.
37. [FSC 8141](#) – Information has been added about the restrictions that apply to individuals who must be referred to the E&T Program.
38. [FSC 8500](#) – Information has been added to clarify the procedures for holding certain applications until the 30th day of the application process.
39. [FSC 8502](#) – The section has been rewritten.
40. [FSC 8503](#) – Information has been added to clarify the procedures for holding certain applications until the 30th day of the application process.
41. [FSC 8504](#) – Information has been added to clarify that only applications denied for failure to provide information may be reinstated.
42. [FSC 9200](#) – The section has been rewritten. A paragraph has been added to this section to clarify that a household must provide postponed verification or be certified under the regular processing procedures before the household is once again entitled to expedited processing.
43. [FSC 9300](#) – A paragraph has been added to this section to instruct workers to determine if verification was postponed if an expedited applicant most recent food stamp application was approved under the expedited procedures.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 05-05

Food Stamp Certification Manual

Issuance Date: 04-01-2005\*

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Transfer of Food Stamps Cases in Open Status and Policy Clearance

---

Pages to be Deleted:	Pages to be Added:
Front None Back None	12211.1 to 12211.1 12211.1 to 12211.1
Front None Back None	12211.1 to 12211.1 None
Front 12241 to 12250 Back 12251 to 12251	12241 to 12242 12251 to 12251
Front 12440 to 12450 Back 12450 to 12450	12440 to 124441 12441 to 12450

### Summary of Changes:

1. [FSC 12211.1](#) – This is a new section. It contains instructions for transferring food stamp cases in open status.
2. [FSC 12250](#) – This section was outdated. It was deleted.
3. [FSC 12441](#) – This is a new section. It contains instructions for following up on EBT Out-of State transaction reports handled by field investigators.
4. [FSC 12450](#) – A statement has been added to this section to clarify when a request for contact must be issued and how to handle the food stamp case if a household member has died.

\* ANSWER changes were effective 04-11-05.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 05-07

Food Stamp Certification Manual

Issuance Date: 08-01-2005

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: The Social Security Number Requirement

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
FSC 2000, Entire Section	Various Dates	FSC 2000, Entire Section	08-01-05

### Summary of Changes:

1. The entire policy section has been reformatted and updated. Specific changes are described below.
2. [FSC 2200](#) – The policy has been updated. A statement has been added to clarify that household members can choose to be non-applicants and that non-applicants don't have to furnish social security numbers. Household members who choose to be non-applicants will be disqualified.
3. [FSC 2210](#) – This section has been updated to reflect the procedures used with ANSWER.
4. [FSC 2221](#) – This section has been updated to reflect the procedures used with ANSWER.
5. [FSC 2222](#) – This section has been updated to reflect the procedures used with ANSWER.
6. [FSC 2223](#) – The DHS-645 has been added as a document that may be used to verify that the parents of a newborn child have applied for an SSN for the child.
7. [FSC 2400](#) – This section has been updated to reflect the procedures used with ANSWER.
8. [FSC 2401](#) – This section has been updated to reflect the current procedures used to resolve multiple SSNs.
9. [FSC 2410](#) – This section has been updated to reflect the procedures used with ANSWER.
10. [FSC 2411](#) – This section has been updated to reflect the procedures used with ANSWER. Also, the instructions for closing the case when a household fails to provide the information needed to resolve a mismatch have been removed. (A household member who fails to resolve a mismatch on his or her SSN is disqualified.)



11. [FSC 2500](#) – This section has been updated to reflect the current use of IEVS information.
12. [FSC 2510](#), [FSC 2520](#), [FSC 2530](#), and [FSC 2540](#) – The information in these sections was outdated. It has been removed.
13. [FSC 2600](#) – This section now contains new instructions for using IEVS information for applicants. A DHS county office worker will access ESD and SSA information for selected household members before the application is processed.
14. [FSC 2610](#) – This section now contains instructions for using IEVS information for recipients. This includes accessing IEVS information when the semi-annual report is processed and handling IEVS reports generated on households certified for 12 months or for 24 months.
15. [FSC 2620](#) – This section now contains information about the verification requirements on IEVS matches.
16. [FSC 2700](#) – The information in this section has been updated.
17. FSC 2710, FSC 2710.1, FSC 2710.2, FSC 2720, FSC 2800, FSC 2805, FSC 2810, FSC 2900, FSC 2910, and FSC 2920 – These sections have been **deleted**. The information provided in this policy was either incorporated into other policy sections or deleted because it was outdated.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 05-08

Food Stamp Certification Manual

Issuance Date: 07-01-2005

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Appendix A (List of Forms) and Tables of Contents

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix A	April 2004	Appendix A	July 2005
Tables of Contents	April 2004	Tables of Contents	July 2005

### Summary of Changes:

The Appendix A (List of Forms) and the Tables of Contents for the Food Stamp Certification Manual have been updated.

### Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 05-09  
IMF 05-08

Food Stamp Certification Manual

Issuance Date: 07-01-2005

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Revised Forms DCO-191,DCO-271, and DCO-285

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
DCO-191	07/04	DCO-191	07/05
DCO-271	05/03	DCO-271	07/05
DCO-285	06/03	DCO-285	04/05

### Summary of Changes:

DCO-191- Request for Information- Medicaid, Food Stamps and TEA Programs- has been revised to provide space for “other” verification.

DCO-271-Telephone Report Form- has been revised to request information about U.S. Citizenship status and to request information as to whether the household has moved from the county or not.

DCO-285- Food Stamp Semi-Annual Report and Medicaid Renewal Form- has been revised for the following reasons:

1. Reformatted to fit a standard size envelope.
2. Modified the Social Security Number Statement.
3. Made the Verification of Earnings for Semi-Annual Report a separate sheet that will be mailed with the Semi-Annual Form.

These forms are available on DHS Gold.

Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 06-01

**Food Stamp Certification Manual**

**Issuance Date: 01-01-2006**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Medical Deductions – Medicare Part D**

---

<b>Pages to be Deleted:</b>	<b>Pages to be Added:</b>
Front 6524 to 6525 Back 6524.1 to 6524.1	6524 to 6524.1 6524.1 to 6524.2
Front 6524.1 to 6524.1 Back 6524.2 to 6524.2	6524.2 to 6524.2 6524.3 to 6524.3
Front 6524.2 to 6524.2 Back 6524.3 to 6524.3	None None
Front 6525 to 6525 Back 6525 to 6525	6525 to 6525 6525 to 6525
Front 11550 to 11560 Back 11560 to 11560	11550 to 11560 11561 to 11570
Front 11561 to 11570 Back 11571 to 11571	11571 to 11571 None

### Summary of Changes:

1. FSC 6524.1– This section has been re-titled “Medicare-Part D.” It now contains information about Medicare Prescription Drug Plans and how these plans will affect food stamp recipients.
2. FSC 6524.2 – This section has been re-titled “Medicare Approved Drug Discount Cards.” It now contains information about those households that will continue to have coverage under a Medicare-approved drug discount card until May 15, 2006.
3. FSC 6524.3 – The chart in this section has been updated.
4. FSC 6525 – Step 3 was updated to specify that the Medicare Approved Drug Discount card standards may be allowed only if the household’s certification period will begin before May 2006.
5. FSC 11560 – The IEVS procedures have been updated to agree with the current policy in FSC 2000.
6. FSC 11562 – The information in this section was outdated. The section was deleted.

### Inquiries to:

Betty Helmbeck, Food Stamp Section, (501) 682-8284, [Betty.Helmbeck@mail.state.ar.us](mailto:Betty.Helmbeck@mail.state.ar.us)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 06-02

Food Stamp Certification Manual

Issuance Date: 02-07-2006

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Appendix D

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	01/15/05	Appendix D	01/01/06

### Summary of Changes:

The Appendix D has been updated to provide the maximum SSI payments and Medicare premium effective 01/01/06.

#### **Current SSI Maximum Payments**

- SSI Only-Individual will increase to \$603
- SSA/SSI-will increase to \$623
- SSI Only- Individual Reduced will increase to \$402
- SSA/SSI Individual Reduced will increase to \$422

Current Medicare Premium-\$88.50

### Inquiries to:

Erica Scott, Food Stamp Section (501) 682-8286, [Erica.Scott@arkansas.gov](mailto:Erica.Scott@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 06-01

**Food Stamp Certification Manual**

**Issuance Date: 01-01-2006**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Food Stamp Recertification Forms**

---

Forms to be Deleted:	Forms to be Added:
None	Application for Recertification (Packet) – DCO-268
None	Notice of Missed Interview – DCO-269
None	Notice of Food Stamp Recertification Appointment – DCO-286

### Summary of Changes:

These are new forms.

DCO-268 - To begin the recertification process, a system-generated packet containing and an Application for Recertification (DCO-268) and the notice of expiration will be mailed directly to the household. The recertification packet will also supply the household with the information about their rights and responsibilities and will contain a list of the information the household should submit with the application. If the household wishes to reapply, the DCO-268 must be submitted to the DHHS county office. This form will be available on DHHS GOLD.

DCO-269 - If a household is not available at the appointed time for the telephone interview or doesn't appear for an appointment for a recertification interview, the DHHS county office worker will issue a



Notice of Missed Appointment to the household. If the household does not request another appointment for an interview, the Application for Recertification will be denied. This form will be available on DHHS GOLD and through the warehouse after the initial distribution.

DCO -286 – This form will be used to schedule the household's interview at recertification. It will also be used to request information that was not submitted with the application. This form will be available on DHHS GOLD and through the warehouse.

Inquiries to:

Larry Crutchfield, Food Stamp Section, 501-682-8283, [Larry.Crutchfield@arkansas.gov](mailto:Larry.Crutchfield@arkansas.gov)  
Erica Scott, Food Stamp Section (501) 682-8286, [Erica.Scott@arkansas.gov](mailto:Erica.Scott@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 06-05

Food Stamp Certification Manual

Issuance Date: 07-01-2006

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Telephone Interviews at Recertification

---

Pages to be Deleted:	Pages to be Added:
FSC 10000, Entire Section	FSC 10000, Entire Section

### Summary of Changes:

[FSC 10100](#) – A description of the new recertification process has been added.

[FSC 10200](#) – The revised policy explains the use of a recertification packet containing a notice of expiration.

[FSC 10210](#) – The policy has been rewritten to reflect the contents of the recertification packet.

[FSC 10300](#) – The policy has been rewritten to reflect the use of a recertification packet rather than a DCO-239.

[FSC 10310](#) – The policy has been rewritten using the term Application for Recertification.

[FSC 10400](#) – The policy now uses the term Application for Recertification.

[FSC 10500](#) – The policy has been revised to state that no appointment for an interview will be scheduled until the household returns their Application for Recertification.

[FSC 10510](#) – The policy has been revised to provide guidelines for scheduling interviews when a household returns an Application for Recertification.

[FSC 10511](#) – The policy has been revised to provide instructions for conducting telephone interviews at recertification.

[FSC 10520](#) – The policy has been revised to provide a definition of a failure to participate in a telephone interview and instructions for issuing a Notice of Missed Interview.

[FSC 10530](#) – This section (Out-of-Office Interviews) has been deleted.

[FSC 10540](#) – This section (Use of the Rights & Responsibilities Pamphlet) has been deleted.

[FSC 10550](#) – This section has been re-written for clarity.

[FSC 10600](#) – The title of this section was changed for clarity.

[FSC 10610](#) – This section has been revised to reflect the use of a telephone interview.

[FSC 10620](#) – This section has been revised to reflect the use of a telephone interview.

[FSC 10630](#) – This section has been rewritten to clarify when to extend processing time to obtain required verification.

[FSC 10650](#) – The policy has been rewritten to reflect the use of a recertification packet rather than a DCO-239. Also, the instructions for reinstating timely filed applications has been moved to a separate section.

[FSC 10651](#) – This is a new section. It contains instructions for reinstating timely filed applications for recertification.

[FSC 10700](#) – An explanation of the term “processing” has been added to the policy. Also, instructions have been added for accepting Applications for Recertification as a valid application whenever it is submitted.

[FSC 10710](#) – The policy has been rewritten to reflect the use of an Application for Recertification. Also, the instructions for reinstating untimely filed applications have been moved to a separate section.

[FSC 10711](#) – This is a new section. It contains instructions for reinstating untimely filed applications for recertification.

[FSC 10800](#) – Instructions for using a DCO-206 were replaced with instructions for using a DCO-191.

[FSC 10820](#) – This is a new section. It lists forms & notices that may be required to be issued at recertification.

#### Inquiries to:

Larry Crutchfield, Food Stamp Section, 501-682-8283, [Larry.Crutchfield@arkansas.gov](mailto:Larry.Crutchfield@arkansas.gov)

Erica Scott, Food Stamp Section (501) 682-8286, [Erica.Scott@arkansas.gov](mailto:Erica.Scott@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 06-16

**Food Stamp Certification Manual**

**Issuance Date: 01-01-2007**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Appendix D**

---

<b>Pages to be Deleted:</b>	<b>Date:</b>	<b>Pages to be Added:</b>	<b>Date:</b>
Appendix D	01/15/06	Appendix D	01/01/07

### Summary of Changes:

The Appendix D has been updated to provide the maximum SSI payments and Medicare premium effective 01/01/07.

#### **Current SSI Maximum Payments**

- SSI Only-Individual will increase to \$623
- SSA/SSI-will increase to \$643
- SSI Only- Individual Reduced will increase to \$415
- **SSA/SSI Individual Reduced will increase to \$436**

**CURRENT MEDICARE PREMIUM - \$93.50**

### Inquiries to:

Erica Scott, Food Stamp Section (501) 682-8286, [Erica.Scott@arkansas.gov](mailto:Erica.Scott@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 07-01

**Food Stamp Certification Manual**

**Issuance Date: 01-01-2007**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Corrections and Clarifications**

---

Pages to be Deleted:	Pages to be Added:
Front 530 to 540	530 to 540
Back 600 to 600	600 to 600
Front 600 to 700	600 to 700
Back 710 to 721	710 to 721
Front 721 to 722	721 to 722
Back 730 to 740	730 to 740
Front 970 to 980	970 to 980
Back 980 to 981.1	980 to 981
Front 981.2 to 981.5	981 to 981
Back 981.5 to 981.5	981.1 to 981.3
Front None	981.4 to 981.5
Back None	981.5 to 981.5
Front 1622.9 to 1622.20	1622.9 to 1622.20
Back 1622.20 to 1622.20	1622.20 to 1622.20

<b>Pages to be Deleted:</b>	<b>Pages to be Added:</b>
Front None	1622.20 to 1622.20
Back None	None
Front 1730 to 1730	1730 to 1730
Back 1730 to 1800	1730 to 1800
Front 1800 to 1820	1800 to 1810
Back 1821 to 1821.1	1820 to 1820
Front None	1821 to 1821.1
Back None	None
Front 4450 to 4450	4450 to 4450
Back 4450 to 4450	4450 to 4450
Front 4450 to 4450	4450 to 4450
Back 4450 to 4450	4450 to 4450
Front 4800 to 4810	4800 to 4810
Back 4810 to 4840	4810 to 4840
Front 4840 to 4840	4840 to 4840
Back 4840 to 4850	4840 to 4850
Front 4850 to 4851	4850 to 4851
Back 4851 to 4851	4851 to 4851
Front 4851 to 4860	4851 to 4860
Back 4860 to 4860	4860 to 4860
Front 4870 to 4870	4870 to 4870
Back 4900 to 4930	4900 to 4930
Front 5405 to 5405	5405 to 5405

Pages to be Deleted:	Pages to be Added:
Back 5405 to 5405	5405 to 5405
Front 5405 to 5405	5405 to 5405
Back 5405 to 5405	5405 to 5405
Front 5405 to 5405	5405 to 5405
Back 5405 to 5405	5405 to 5405
Front 14330 to 14340	14330 to 14340
Back 14350 to 14350	14350 to 14350
Front 14350 to 14350	14350 to 14350
Back 14360 to 14400	14350 to 14350
Front None	14360 to 14400
Back None	None
Front 15620 to 15700	15620 to 15700
Back 15700 to 15800	15700 to 15800
Front 15800 to 15800	15800 to 15800
Back None	None
Front 15810 to 15930	15810 to 15930
Back 15930 to 15940	15930 to 15940

#### Summary of Changes:

1. [FSC 600](#), 710, 720, & 722 – Addresses and telephone numbers have been updated in this section of policy. Also, the Department of Human Services has been changed to the Department of Health & Human Services and DHS has been changed to DHHS.
2. [FSC 980](#) – The Department of Human Services has been changed to the Department of Health & Human Services and DHS has been changed to DHHS. There are no other changes.
3. [FSC 981](#) – The policy has been revised to reflect new criteria for establishing whether residents of a treatment center may participate in the Food Stamp Program.

4. [FSC 981.2 & 981.4](#) – The Department of Human Services has been changed to the Department of Health & Human Services and DHS has been changed to DHHS. There are no other changes.
5. [FSC 981.5](#) – The policy has been revised to reflect new criteria for establishing whether residents of a treatment center may participate in the Food Stamp Program.
6. [FSC 1622.20](#) – Instructions for verification of drug-related felony convictions has been added to this section. The disqualification chart has been updated.
7. [FSC 1800](#) – Item 1 has been revised to remove references to any particular law.
8. [FSC 1810](#) – This section has been revised to remove references to any particular law.
9. [FSC 1820](#) – The policy has been revised to reflect new criteria for establishing whether residents of a treatment center may participate in the Food Stamp Program.
10. [FSC 1821.1](#) – DHS has been changed to DHHS. There are no other changes.
11. [FSC 4450](#) – Item 8 has been revised to clarify that Disaster Unemployment Assistance is excluded as a resource.
12. [FSC 4840](#) – A statement has been added to the beginning of the policy to clarify that at least one vehicle will be excluded for all food stamp households.
13. [FSC 4850](#) – The policy header has been revised to clarify that this policy section applies to non-excluded vehicles.
14. [FSC 4851](#) – This section has been revised to reflect a boarder use of the designated web-sites to determine the fair market value of non-excluded vehicles.
15. [FSC 4870](#) – The “NOTE” has been removed from this chart since the procedures in the chart apply at all case actions.
16. [FSC 5405](#) – Information about disaster relief employment was moved from item 4 – to item 17. Item 15 now provides information about excluding FEMA funds as income. Item 16 now provides information disaster unemployment assistance as income. Item 17 now provides information about excluding disaster relief employment as income. The numbering has been adjusted for items 18 to 28.
17. [FSC 14340](#) – The food stamp EBT availability dates have been corrected to agree with the current schedule.
18. [FSC 14350](#) – The new instructions for cancellation of food stamp EBT benefits after extract have been included in this section.
19. [FSC 15630](#) – DHS has been changed to DHHS. There are no other changes.
20. [FSC 15800](#) – A statement has been added to Step 2 to clarify that completed DCO-273s are sent directly to the Overpayments Unit.
21. [FSC 15810](#), [15900](#), [15930](#), and [15940](#) – The Department of Human Services has been changed to the Department of Health & Human Services and DHS has been changed to DHHS. There are no other changes.

Inquiries to:

Larry Crutchfield, Food Stamp Section, 501-682-8283, [Larry.Crutchfield@arkansas.gov](mailto:Larry.Crutchfield@arkansas.gov)  
Erica Scott, Food Stamp Section (501) 682-8286, [Erica.Scott@arkansas.gov](mailto:Erica.Scott@arkansas.gov)



---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 07-03

**Food Stamp Certification Manual**

**Issuance Date: 04-01-2007**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Racial/Ethnic Data Collection**

---

<b>Pages to be Deleted:</b>	<b>Date:</b>	<b>Pages to be Added:</b>	<b>Date:</b>
Front 721-722	09-01-94	Front 721-722	09-01-94
Back 730-740	09-01-94	Back 730-740	04-01-07

### Summary of Changes:

[FSC 740](#) has been updated to reflect new reporting categories based upon the requirement to collect racial/ethnic data for reporting on the FNS-101. This rule change is effective April 1, 2007.

### Inquiries to:

Larry Crutchfield, Food Stamp Section, 501-682-8283, [Larry.Crutchfield@arkansas.gov](mailto:Larry.Crutchfield@arkansas.gov)  
Erica Scott, Food Stamp Section (501) 682-8286, [Erica.Scott@arkansas.gov](mailto:Erica.Scott@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 08-01

**Food Stamp Certification Manual**

**Issuance Date: 01-01-2008**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Appendix D**

---

### Summary of Changes:

The Appendix D has been updated to provide the maximum SSI payments and Medicare premium effective 01/01/08.

#### **Current SSI Maximum Payments**

- SSI Only-Individual will increase to \$637.
- SSA/SSI-will increase to \$956.
- SSI Only-Individual Reduced will increase to \$424.
- SSA/SSI Individual Reduced will increase to \$444.

#### **CURRENT MEDICARE PREMIUM - \$96.40**

### Inquiries to:

Larry Crutchfeld, Food Stamp Section, 501-682-8283, [Larry.Crutchfeld@arkansas.gov](mailto:Larry.Crutchfeld@arkansas.gov)  
Yolanda Geary, Food Stamp Section, (501) 682-8284, [Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 08-03

**Food Stamp Certification Manual**

Issuance Date: 05-06-2008

From: Joni Jones, Director

Expiration Date: Until Superseded

**Subj: Social Security Enumeration Requirement**

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
FSC 2100 – 2700	8/01/05	FSC 2100 – 2700	5/1/08 8/1/05

### Summary of Changes:

The TEA, Medicaid and Food Stamp program policies have been updated to incorporate the current policy and procedures for meeting the SSN Enumeration requirement and resolving mismatches. There are no significant changes in the policy relating to an individual meeting the enumeration requirement. Please note that Social Security policy regarding the age at which an individual who is applying for an SSN must apply in person has been reduced from age 18 to age 12.

The procedures for resolving mismatches have been updated to reflect ANSWER processes, the new mismatch reports through ANSWER, and the current monitoring procedures. There are specific situations described within these procedures that the worker should request assistance from ANSWER System Support to resolve a mismatch. These situations are limited at this time to those in which SSA information is different from ours and the worker has been unable to resolve the mismatch. It does not include situations involving non-qualified or undocumented aliens.

Specific procedures have been added regarding undocumented aliens. In cases in which an undocumented alien must be added to the system, a pseudo SSN will always be assigned even if the alien reports having an SSN. SSA does not issue SSNs to undocumented aliens. Therefore, whenever it is established that an alien is undocumented and is entered to ANSWER as such, a pseudo number will be assigned. If an undocumented alien currently has an SSN keyed to the Profile Tab, the worker will

assign a pseudo number when processing the mismatch reports. The procedures outlined in the ANSWER Desk Guide for changing an SSN to a pseudo will be followed. Since these will continue to mismatch as pseudo numbers, we are in the process of developing a separate mismatch report listing these individuals. In addition to having a pseudo number, it will be based on the alien status shown in ANSWER. Therefore, it is important that the status is shown correctly.

Inquiries to:

Larry Crutchfeld, Food Stamp Section, 501-682-8283, [larry.crutchfeld@arkansas.gov](mailto:larry.crutchfeld@arkansas.gov)

Yolanda Geary, Food Stamp Section, (501) 682-8284, [Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 08-08

**Food Stamp Certification Manual**

**Issuance Date: 10-01-2008**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Revised FSC 1622-1623.1**

---

<b>Pages to be Deleted:</b>	<b>Date:</b>	<b>Pages to be Added:</b>	<b>Date:</b>
FSC 1622.9 - 622.20	10/01/00	1622.9 - 1622.20	10/01/08
FSC 1622.20 - 1622.20	01/01/07	1622.20 - 1622.20	10/01/08

### Summary of Changes:

[FSC 1622.10](#) has been revised to provide clarification of fleeing felon policy. The Drug Conviction Chart included in this issuance has been revised to add the following drug offenses:

- Delivery of counterfeit substance
- Trafficking a controlled substance
- Conspiracy to import controlled substance

**NOTE:** Until further notice, all felony drug convictions regarding the “intent” to manufacture or deliver should be sent to the Office of Program Planning and Development to obtain a legal opinion from the Office of Chief Counsel. The requests may be sent via mail to Slot S-335, or via fax to 501-682-1469, Attn: Food Stamp (SNAP) Policy Unit.

### Inquiries to:

Larry Crutchfeld, Food Stamp Section, 501-682-8283, [larry.crutchfeld@arkansas.gov](mailto:larry.crutchfeld@arkansas.gov)  
Yolanda Geary, Food Stamp Section, (501) 682-8284, [Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 08-09

Food Stamp Certification Manual

Issuance Date: 10-01-2008

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Revised Policy - Dependent Child Care Deduction & Appendix B

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
FSC 6210 - 6400	06/01/01	FSC 6210 - 6400	10/01/08
FSC 6410 - 6500	06/01/01	FSC 6410 - 6500	10/01/08
FSC 7730 - 7730	11/01/02	FSC 7730 - 7730	10/01/08
FSC 10540 - 10620	01/01/96	FSC 10540 - 10620	10/01/08
FSC 11400 - 11420	09/01/99	FSC 11400 - 11420	10/01/08
FSC 11420 - 11460	10/01/03	FSC 11420 - 11460	10/01/08
FSC 11460 - 11510	10/01/03	FSC 11460 - 11510	10/01/08
FSC 11510 - 11520	12/01/03	FSC 11510 - 11520	10/01/08
FSC 11540 - 11570	10/01/03	FSC 11540 - 11570	10/01/08
FSC 11580 - 11600	06/01/04	FSC 11580 - 11600	10/01/08
Appendix B – Food Stamp Glossary		Appendix B – Food Stamp Glossary	

### Summary of Changes:

[FSC 6400](#) The Dependent Care Deduction has been revised to remove the Dependent Care Deduction cap.

[FSC 6410](#) Documentation and Verification of Dependent Care Costs has been revised to include new verification procedures for Dependent Care.

[FSC 7730](#) Earned and Unearned Income/Dependent Care & Excess Shelter has been revised to show total dependent care deduction and current pretest income used in the budgeting example.

[FSC 10550](#) Verification at Recertification has been revised to explain new verification requirements for the Dependent Care Deduction.

[FSC 11420](#) Verification for Occasional Reporters has been revised to include dependent care in explanation for deduction change.

[FSC 11460](#) Summary Chart for Occasional Reporters has been revised to include new code "VC-This information must be verified when the amount paid or caretaker/provider changes."

[FSC 11550](#) Verification to be Submitted with Semi-Annual Report Form has been revised to include new verification requirements for household reporting dependent care costs.

The definition, [Documentary Evidence](#) in Appendix B, has been revised to include dependent care costs in the definition.

The definition, [Verification](#) in Appendix B, has been revised to include dependent care costs in establishing the validity of information provided by the household.

Form [DCO-71 Child Care Verification](#) has been revised and is available on DHS SHARE.

### Inquiries to:

Larry Crutchfeld, Food Stamp Section, 501-682-8283, [larry.crutchfeld@arkansas.gov](mailto:larry.crutchfeld@arkansas.gov)  
Yolanda Geary, Food Stamp Section, (501) 682-8284, [Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 08-13

Food Stamp Certification Manual

Issuance Date: 10-01-2008

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Revised Policy-Excluded Resources

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
FSC 4410 - 4430	07/01/02	FSC 4410 - 4430	10/01/08
FSC 4620 - 4651	07/01/02	FSC 4620 - 4651	10/01/08

### Summary of Changes:

[FSC 4420](#), Household and Personal Goods/Life Insurance/Pension Funds, #6 has been deleted. These resources are totally disregarded and incorporated as a disregard in a new section [FSC 4421](#). The policy note to count interest income from retirement accounts has been deleted from [FSC 4420](#).

[FSC 4421](#), Pension or Retirement Funds, is a new section added to include retirement accounts as excluded resources. A chart identifying tax-preferred and employer sponsored accounts that are disregarded has also been added.

[FSC 4460](#), Other Excluded Resources, has been revised to include educational accounts as an excluded resource.

FSC 4630, Individual Retirement Accounts (IRA), has been deleted because this type of account as of October 1, 2008 is an excluded resource.

FSC 4640, Keogh Plans, has been deleted because this type of account as of October 1, 2008 is an excluded resource.



Inquiries to:

Larry Crutchfeld, Food Stamp Section, 501-682-8283, [larry.crutchfeld@arkansas.gov](mailto:larry.crutchfeld@arkansas.gov)

Yolanda Geary, Food Stamp Section, (501) 682-8284, [Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 09-01

**Food Stamp Certification Manual**

**Issuance Date: 02-06-2009**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: Revised FSC 8500 - 8505**

---

<b>Pages to be Deleted:</b>	<b>Date:</b>	<b>Pages to be Added:</b>	<b>Date:</b>
FSC 8500-8505	06/01/05	FSC 8500-8505	02/06/09

### Summary of Changes:

[FSC 8501](#) section updated to include examples for waiving face-to-face interview when the household requests a telephone interview because of a hardship.

[FSC 8501.1](#) section added to provide guidance for handling the Notice of Missed Appointment (DCO-269).

### Inquiries to:

Larry Crutchfeld, Food Stamp Section, 501-682-8283, [larry.crutchfeld@arkansas.gov](mailto:larry.crutchfeld@arkansas.gov)  
Yolanda Geary, Food Stamp Section, (501) 682-8284, [Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 09-05

**SNAP Certification Manual**

**Issuance Date: 04-01-2009**

**From: Joni Jones, Director**

**Expiration Date: Until Superseded**

**Subj: *Revised* FSC 10520: Failure to Attend Scheduled Interview**

---

<b>Pages to be Deleted:</b>	<b>Date:</b>	<b>Pages to be Added:</b>	<b>Date:</b>
Front 10510 – 10511	06-01-01	Front 10510 – 10511	06-01-01
Back 10511 – 10520	07-01-06	Back 10511 – 10511	07-01-06
		Front 10520 – 10520	03-01-09
		Back	Blank
Front 10520 – 10550	06-01-01	Front 10520 – 10550	06-01-01
Back 10560 – 10610	07-01-06	Back 10560 – 10610	07-01-06

### Summary of Changes:

[FSC 10520](#) has been revised to include the deadline for mailing a Notice of Missed Appointment (DCO-269) following a missed scheduled interview according to updated Federal regulations.

### Inquiries to:

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284,

[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

Yolanda Geary, Food Stamp Section, (501) 682-8284, [Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 09-09

SNAP Certification Manual

Issuance Date: 07-20-2009

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: REVISED FSC 1622-1623.1

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Front 1622.9 to 1622.20	10-01-08	Front 1622.9 to 1622.20	07-01-09
Back 1622.20 to 1622.20	10-01-08	Back 1622.20 to 1622.20	07-01-09

### Summary of Changes:

[FSC 1622.20](#) the Drug Conviction Chart included in this issuance has been reorganized and revised to include the following:

- Possession of a controlled substance with intent to deliver or distribute
- Possession of a counterfeit substance with intent to deliver, manufacture, or distribute
- Attempted possession of paraphernalia to manufacture a controlled substance
- Attempted possession with intent to manufacture a controlled substance
- Criminal attempt to manufacture or Attempt to manufacture or Conspiracy to manufacture
- Delivery or distribution of a controlled substance
- Trafficking a controlled substance
- Conspiracy to import, deliver, or distribute controlled substance

**NOTE:** Felony drug convictions regarding the “intent” to manufacture or deliver no longer have to automatically be sent to SNAP Policy Section in order to be forwarded to Office of Chief Counsel because these offenses are now included in the chart in FSC 1622.10.

Inquiries to:

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284,  
[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8286,  
[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Issuance Number: FSC 10-02

SNAP Certification Manual

Issuance Date: 04-01-2010

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: REVISED FSC 1622.2 - 1622.2

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Front 1622.2 to 1622.2	12-01-00	Front 1622.2 to 1622.2	04-01-10
Back 1622.2 to 1622.2	12-01-00	Back 1622.2 to 1622.2	04-01-10

### Summary of Changes:

[FSC 1622.2](#) the Student Criteria included in this issuance was revised to allow averaging of student work hours when determining student eligibility.

### Inquiries to:

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284,

[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8286,

[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Directive

Issuance Number    SNAP 11-15

[SNAP Certification Manual](#)

Issuance Date: 10-01-2011

From: Joni Jones, Director

Expiration Date: Until Superseded

---

**Subj: SNAP Regular Basis of Issuance**

---

Pages to be Deleted    Dated

*Appendix D*            *October 01, 2010*

*Issuance Chart*      *October 01, 2010*

Pages to be Added    Dated

*Appendix D*            *October 01, 2011*

*Issuance Chart*      *October 01, 2011*

### **SUMMARY OF CHANGES**

**\*This is a revised version to replace previously issued FSC 11-15. The information has not changed only the formatting of the page.**

Effective October 1, 2011 maximum SNAP benefit amounts will remain the same. The income levels have increased. The 2011 Desk Guide will be lavender.

Budget deductions will change as listed below:

1.        Standard deduction will **increase** from **\$142 to \$147** for household sizes 1, 2, and 3.  
  
            Household size 4 will **increase** from **\$153 to \$155**.  
  
            Household size 5 will **increase** from **\$179 to \$181**.  
  
            Household size 6 and up will **increase** from **\$205 to \$208**.
2.        Maximum excess shelter deduction will **increase** from **\$458 to \$ 459**.  
            Aged/Disabled households have no excess shelter deduction limit.
3.        Standard utility allowance will **remain \$271**.
4.        An optional **medical standard deduction of \$138.00** per household will be introduced effective **November 01, 2011**. This will be addressed in a separate transmittal.

Inquiries to: Curtisteen Brooks, SNAP, [curtisteen.brooks@arkansas.gov](mailto:curtisteen.brooks@arkansas.gov), (501) 682 -8285

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 11-20

SNAP Certification Manual

Issuance Date: 10-01-2011

From: Joni Jones, Director

Expiration Date: Until Superseded

**Subj: Increase in Resource Limit for Aged Households and/or Households Containing Individuals with Disabilities**

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 1621.7.4-1621.7.4	04/01/03	SNAP 1621.7.4-1621.7.4	10/01/11
SNAP 1623.2-1623.2	11/01/02	SNAP 1623.2-1623.2	10/01/11
SNAP 4300-4300	01/01/03	SNAP 4300-4300	10/01/11
SNAP 7430-7430	11/01/02	SNAP 7430-7430	10/01/11
SNAP 7431-7431	10/01/03	SNAP 7431-7431	10/01/11
SNAP 9445-9445	10/01/97	SNAP 9445-9445	10/01/11
SNAP 12232-12233	10/01/03	SNAP 12232-12233	10/01/11
Appendix B-Glossary	11/01/02	Appendix B-Glossary	10/01/11
Aged/Disabled Household		Aged/Disabled Household	

### Summary of Changes:

The resource limit for households containing aged persons (age 60+) and/or individuals with disabilities has increased from \$3000, to \$3,250, effective October 1, 2011. The sections listed above have been changed to reflect the increase.

### Inquiries to:

Yolanda Geary, SNAP Section, (501) 682-8284, [Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

Carol Tabron, SNAP Section, 501-682-8284, [Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)



---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Manual Transmittal

Issuance Number: SNAP 11-22

[SNAP Certification Manual](#)

Issuance Date: 11-14-2011

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Odd Job Income/Expense Record

Pages to be Deleted:	Date:	Pages to be Added:	Date:
None		DCO-96	11-14-11

Form DCO-96 may be used to record daily income and expenses for calculating income from odd jobs. It may also be used to obtain the information concerning self-employment enterprises that have been in business for less than one year or have not filed income taxes.

Form DCO-96 is available on DHS Share.

Inquiries to:

SNAP Unit, (501)682-8286

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 11-26

SNAP Certification Manual

Issuance Date:10-05-2011

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: SNAP 6000 Update and Adding the Medical Standard Deduction

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 6100-6800	Various Dates	SNAP 6100-6800	11/01/11

**\* 47 pages to be added and deleted**

### Summary of Changes

SNAP 6520 has been revised to include a new Standard Medical Deduction option for households that are eligible to claim medical expenses. Effective with November 2011 benefits, SNAP households containing an individual with a disability or an aged (age 60+) member will be eligible to receive a standard medical deduction. The standard of \$138.00 can be selected in ANSWER when a household verifies that it has at least \$35.01 in allowable medical expenses. Qualifying SNAP households will be given a standard deduction unless their actual medical expenses exceed \$138.00. If actual medical expenses exceed \$138.00, the household will be allowed to choose between actual and the standard. The medical standard is a household standard, not an individual standard. Implementation procedures are provided below.

In addition, SNAP 6000 has been updated to correct grammar, spelling, usage, and consistency issues, obsolete references. Outdated policy has been deleted as well. Some of the deletions include Medicare Prescription policy and references to the ANSWER spreadsheet for drug costs. Case record filing instructions have been updated to include the document imaging procedures when documenting verification of allowable deductions.

## **Procedures for Implementing the Standard Medical Deduction**

### **A. Initial Applications in October**

Any initial application processed by October 15<sup>th</sup> must **not** include the medical standard. October applications processed after the 15<sup>th</sup> that include aggregate benefits for November must include the appropriate medical deduction for the household for the November benefit. This will ensure the household receives the accurate benefits and medical deduction for November and ongoing.

The first benefit month ANSWER will allow the medical standard is November 2011. Therefore, if the client claims the standard for ongoing benefits (November and later), the county must submit a November budget.

### **B. Semi-Annual Reports**

The initial month for the implementation of the medical standard for semi-annual households will be November. For SARs received in October to be processed for November, the standard medical deduction can be assigned. The household may be given the standard if they have at least \$35.01 in eligible medical expenses and electing it does not result in a benefit decrease.

### **C. Annual Reviews**

Annual Reviews (formerly Midpoints) will be processed by the Access Arkansas Processing Center beginning in October 2011. The new DCO-811 will be used to determine continued eligibility and the medical standard option is included on the form.

### **D. Recertifications**

A caseworker will explain the medical standard and offer the deduction during the recertification process if it has been previously verified that they have at least \$35.01 in eligible medical expenses. The worker must discuss both options with the household in order to determine which deduction would be more beneficial to the household.

### **E. ANSWER Keying**

The Standard Medical Deduction has been added to ANSWER with an 11/01/11 effective date. Please follow the procedures below to ensure SNAP households that are eligible for the Standard Medical Deduction receive the correct medical deduction.

For actions which will result in an extract of benefits prior to 11/01/11 (initial applications, untimely recertifications, reinstatements, etc.) and if the household will be eligible for the Standard Medical Deduction beginning in November, the worker must submit a budget month that is prior to November 2011 in order to authorize benefits for October. **However,**

**the caseworker must also ensure that a November 2011 budget is submitted after October's benefits have extracted but prior to 11/01/11 in order for the Standard Medical Deduction to be included in the November benefit amount.**

When keying the **standard medical deduction** in ANSWER, caseworkers will be able to select **"Standard Medical Deduction"** on the Member Expenses tab. When keying the verified medical expense, key medical costs for each eligible member who incurs the expense. If the total medical expenses exceed \$35.01, enter the standard medical deduction on only one eligible member's expense tab. ANSWER will process only one **standard medical deduction** per household.

**Example 1:** *This example explains how to add the medical deduction for ongoing months when the case is approved before November 1, 2011.*

**John Q. Public** - Mr. Public submits an initial SNAP application on 10/3/11. His monthly prescription cost of \$60.00 has been verified by the worker and the application is ready to be approved on 10/07/11. Since his monthly medical expense exceeds \$35.00, he will be eligible for the Standard Medical Deduction beginning 11/11. The caseworker will enter his \$60.00 prescription cost in the expense tab with a 10/1/11 date and will also enter the expense type of Standard Medical Deduction with a begin date of 11/1/11. A budget for 10/11 will be run and submitted for approval. After the benefits have extracted, a new budget for 11/11 will be run and submitted on or before 10/31/11 in order to authorize the correct benefits for November.

**Example 2:** *This example explains how to add the medical deduction for ongoing months when the application is approved including aggregate benefits.*

**Mary S. Customer** - Ms. Customer submits an initial SNAP application on 10/17/11. Her household includes herself and her disabled husband. She verifies her monthly Health Insurance Premium cost of \$115.00 and her husband's monthly prescription cost of \$10.00 for a total household medical expense of \$125.00. The worker is ready to approve the application on 10/21/11. Since the household's total medical expenses exceed \$35.00, they are eligible for the Standard Medical Deduction beginning 11/11. The caseworker will enter each member's medical expense on their respective expense tabs with a 10/1/11 date and will also enter the expense type of Standard Medical Deduction on one of the member's expense tabs with a begin date of 11/1/11. Budgets for both 10/11 and 11/11 will be run but the 10/11 budget will be submitted for approval. On the WFSM interface, the worker will complete the retro section for 11/01/11-11/30/11 with the benefit amount shown in the 11/11 budget. This will ensure the household will receive the correct benefits for both the current month and future month. After the benefits have extracted the worker will submit the 11/11 budget in order to ensure the correct benefits for 12/11 and continuing will be authorized.

**Example 3:** *This example explains how to add the medical deduction for ongoing months when the application is approved including retro benefits.*

**Billy R. Client** - Mr. Client submits an initial SNAP application on 10/18/11. He has verified his monthly prescription cost of \$45.00. The worker is ready to approve the application on 11/1/11. Since Mr. Client's total medical expense exceeds \$35.00, he is eligible for the Standard Medical Deduction beginning 11/1/11. The worker will enter his monthly prescription cost of \$45.00 in the expense tab with a 10/1/11 date and will also enter the Standard Medical Deduction with a begin date of 11/1/11. Budgets for both 10/11 and 11/11 will be run but the 11/11 budget will be submitted for approval. On the WFSM interface, the retro section will be completed for the 10/11 benefits.

For actual medical expenses, use current procedures and continue to list each expense on the eligible member's expense tab. ANSWER will continue to deduct the \$35.

## **F. Medical Standard vs. Actual Expenses**

### **1. What Hasn't Changed?**

- a. Eligibility requirements are the same for both deductions.
- b. Households qualifying for a medical deduction must meet the \$35 threshold.
- c. Medical deductions are per household, not per individual.
- d. Total household medical expenses will be combined to determine eligibility for medical standard or actual expenses.

**Example:** James has verified medical expenses of \$32. Edna has verified medical expenses of \$31. Together their medical expenses are \$63. They are entitled to the Standard Medical deduction.

- e. There are no new verification requirements for either deduction.

### **2. What Has Changed?**

- a. The medical standard is required when medical expenses are between \$35.01 and \$138.00.
- b. If there is a break in service, medical expenses must be re-verified with the next application.
- c. Households with medical expenses that exceed \$138.00 may choose to claim the medical standard. Case workers must discuss with the household to ensure the household receives the deduction that is most advantageous.

**Example:** Josie has verified medical expenses of \$180. Because she is over the \$35.01 threshold, she is eligible for the \$138 standard medical deduction BUT it is to her advantage to use actual. However, if she chooses actual, she must verify at each

subsequent case action. She can elect the standard and she doesn't have to verify again as long as there is no break in services.

- d. When reporting a change in medical expenses, households may choose to switch between standard and actual depending on which deduction is most beneficial.

## **G. Things to Remember**

1. One-time medical expenses may qualify a household for the medical standard for one month.

**Example:** Joe has a one-time medical expense of \$41 incurred on 11/7/11 and verified on 11/16/11. He can choose to receive the standard medical deduction of \$138 for one-month only. The worker must set a control to take out the deduction after it is allowed one month.

2. A one-time expense may not qualify a household for an ongoing medical standard unless:
  - a. A one-time medical expense prorated over 12 months exceeds \$35 or;
  - b. A one-time medical expense is used in conjunction with ongoing medical expenses and when prorated, it brings the total medical expenses to over \$35.01.

**Example:** Bonnie has verified ongoing medical expenses of \$26 monthly. She buys glasses at a cost of \$200. She reports this one-time expense timely. There are 10 months left in her certification period. Dividing the \$200 glasses expense over the remainder of her certification period results in \$20 per month. The \$20 prorated glasses expense along with her ongoing medical expenses of \$26 = \$46. She is eligible for the standard medical deduction for the remainder of her certification period.

3. Counties are allowed but not required to verify all medical expenses for all eligible household members to ensure the household receives the most appropriate deduction for the household.
4. The DCO- 268 is being updated but will not have the medical standard option on it for October and November recertifications. However, during the recertification interview, the option can be discussed if the household is qualified for a medical deduction. If ongoing expenses over \$35.01 have been previously verified, the county may assign the standard if it is advantageous for the client (between \$35.01 and \$139.00).
5. The Semi-annual Report, DCO-285, is being updated but the option to choose the medical standard is not available for October and November forms. If medical expenses are claimed, the county can request verification in order to obtain the required supporting documentation to assign the standard when applicable. If ongoing expenses over \$35.01 have been previously verified, the county may assign the standard if it is advantageous for the client (between \$35.01 and \$139.00).

Inquiries to:

Yolanda Geary, Supplemental Nutrition Assistance Program Section, (501) 682-8286,  
[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

Sonya Lee Supplemental Nutrition Assistance Program Section, (501) 682-8283,  
[Sonya.lee@arkansas.gov](mailto:Sonya.lee@arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, (501) 682-8284,  
[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 11-32

SNAP Certification Manual

Issuance Date: 12-08-2011

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Appendix D-Current Standards

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	10-1-11	Appendix D	01/01/12

### Summary of Changes:

Appendix D has been updated to provide the maximum SSI payments and Medicare premium effective 01/01/12.

### Inquiries to:

Sonya Lee Supplemental Nutrition Assistance Program Section, 501-682-8283,

[Sonya.Lee@arkansas.gov](mailto:Sonya.Lee@arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284,

[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501- 682-8286,

[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

Larry Crutchfield Supplemental Nutrition Assistance Program Section, 501-682-8276,

[Larry.Crutchfield@arkansas.gov](mailto:Larry.Crutchfield@arkansas.gov)



---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 12-01

SNAP Certification Manual

Issuance Date: 01-05-2012

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Appendix V – Voter Registration

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix V	1-1-96	Appendix V	01-05-12

### Summary of Changes:

- Revised Program name of Food Stamps to Supplemental Nutrition Assistance Program.
- Revised the name of Family Support Specialist to Program Eligibility Specialist.
- Referenced the link for instructions on how to register to vote with Access Arkansas
- Added instructions on registering to vote with SNAP/MSP Review.

### Inquiries to:

Sonya Lee, Supplemental Nutrition Assistance Program Section, 501-682-8283,  
[Sonya.lee@arkansas.gov](mailto:Sonya.lee@arkansas.gov)

Carla Droughn, Medicaid Eligibility Unit, 501-682-8254, [Carla.Droughn@arkansas.gov](mailto:Carla.Droughn@arkansas.gov)

Cindy Williams, TEA Unit, 501-682-8122, [Cindy.Williams@arkansas.gov](mailto:Cindy.Williams@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 12-11

[SNAP Certification Manual](#)

Issuance Date: 04-23-2012

From: Joni Jones, Director

Expiration Date: Until Superseded

[Subj: Benefit Availability Change](#)

Pages to be Deleted:	Date:	Pages to be Added:	Date:
14330-14350	01/01/07	14330-14350	04/23/12

### Summary of Changes:

Effective April 23, 2012, daily-authorized benefits will extract the same day the benefits are authorized and become available at 6pm the next calendar day.

SNAP 14340 has been revised to change the availability for SNAP benefits extracted daily. This revision removes the 48-hour delay to review the authorization for problems. The State will have until 6pm the following day to review benefits authorized through daily issuance.

### Inquiries to:

Sonya Lee, Supplemental Nutrition Assistance Program Section, (501)-682-8283,  
[Sonya.Lee@arkansas.gov](mailto:Sonya.Lee@arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, (501) 682-8286,  
[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, (501)-682-8284,  
[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

Larry Crutchfield Supplemental Nutrition Assistance Program Section, (501)-682-8276,  
[Larry.Crutchfield@arkansas.gov](mailto:Larry.Crutchfield@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 12-13

SNAP Certification Manual

Issuance Date: 06-01-2012

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: SNAP 8000 Initial Application Process

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 8000- 8980	Various dates	SNAP 8000-8980	06/01/12

### Summary of Changes:

SNAP Certification Manual Section 8000- Initial Application Process has been updated to include several changes:

- Because of the change in benefit availability that became effective 4/23/2012, application approvals must be keyed as soon as possible but no later than the 29th day in order for benefits to be available on the 30th, except when the 29th day is on a weekend or holiday, the approval must be keyed the day before.
- Certification periods for households that include persons aged 60 or older and/or individuals with disabilities have been extended from 24 months to 36-months. Please see SNAP 8710.
- Functionality for online application processing and the Access Arkansas Processing Center has been included in the application process. References for online application processing include:
  1. registration time frames,
  2. document imaging,
  3. application date for applications received after close of business,
  4. the right to be provided with option of completing the application online, and

5. agency responsibility for providing the option of completing an online application.
- Updated grammar, obsolete policy references, examples, and telephone numbers.
  - An expansion of guidance for applications that do not contain name, address, and signature when submitted to the county office has been added to clarify how to handle these invalid applications. Please see SNAP 8170.
  - References to Aged/Disabled individuals and households have been changed to comply with Act 98-TO REQUIRE STATE AGENCIES TO REVIEW ADMINISTRATIVE RULES TO ENSURE THE USE OF RESPECTFUL LANGUAGE REGARDING DISABILITIES.
  - Application denial must be keyed on the 30th day, if the requested information is provided at anytime on the 30th day, the application must be reinstated back to the original application date for the following reasons:
    1. Failed to verify Inc Recert
    2. Failed to verify Info Recert
    3. Not Comply-Interview
    4. Failed to verify income
    5. Failed to verify info
    6. Not comply-Other
      - a. A manual DCO-1 must be sent to the client when the application is denied using this reason. This action type does not produce a system-generated notice.
  - Applications denied beyond the 30<sup>th</sup> or 60<sup>th</sup> day shall use the current date as the date of denial, applications will not be backdated.

Inquiries to:

Sonya Lee, Supplemental Nutrition Assistance Program Section, 501-682-8283,

[Sonya.Lee@arkansas.gov](mailto:Sonya.Lee@arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501 682-8286,

[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284,

[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

Larry Crutchfield, Supplemental Nutrition Assistance Program Section, 501-682-8276,

[Larry.Crutchfield@arkansas.gov](mailto:Larry.Crutchfield@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 12-16

SNAP Certification Manual

Issuance Date 08-01-2012

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: SNAP 10000 Recertifications

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 10100 – 10300	07/01/06	SNAP 10100 - 10300	08/01/12
SNAP 10500 – 10500	07/01/06	SNAP 10500 – 10500	08/01/12
SNAP 10620 – 10620	07/01/06	SNAP 10620 – 10620	08/01/12
SNAP 10900 - 10900	04/01/94	SNAP 10900 – 10900	08/01/12

### Summary of Changes:

- Instructions for recertifying households certified for 36 months. The introduction of the Recertification Review process using the DCO-811 for telephone interviews for these households.
- Guidance for scheduling interviews for expedited households certified for one or two months.
- Clarifying options for submission of recertification application for SSI households (SNAP 10940)
- Grammar has been updated along with obsolete policy references and examples. New terminology for DCO-268 and DCO-811, “Recertification Forms” will be used when policy includes instructions that apply to both regular households and household that includes persons aged 60 or older and/or individuals with disabilities.

Effective with August 2012 recertifications, households eligible for an extended certification period will be recertified using the Recertification Review process (SNAP 10900).

The Recertification Review process consists of telephone contact to confer with the household and review the information contained on the DCO-811. The Recertification Review will be the default process for households with extended certification periods unless the household requests a face-to-face interview.

Inquiries to:

Sonya Lee Supplemental Nutrition Assistance Program Section, (501) 682-8283,  
[Sonya.lee@arkansas.gov](mailto:Sonya.lee@arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, (501) 682-8286,  
[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, (501) 682-8284,  
[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

Larry Crutchfield Supplemental Nutrition Assistance Program Section, (501) 682-8276,  
[Larry.crutchfield@arkansas.gov](mailto:Larry.crutchfield@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 12-18

SNAP Certification Manual

Issuance Date: 06-27-2012

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Disregard of Federal Income Tax Refunds in SNAP

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
4450 to 4450	01/01/07	4450 to 4450	06/27/12

### Summary of Changes:

A provision to exclude Federal income tax refund received after December 31, 2009 as a countable resource has been added to SNAP 4450 Resources Excluded by Law. This policy update complies with the Tax Relief, Unemployment Insurance Reauthorization and Job Creation Act of 2010.

This policy supersedes the Screen Message #2022 sent on March 24, 2011.

### Inquiries to:

Yolanda Geary, Supplemental Nutrition Assistance Program Section, (501) 682-8286,

[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

Sonya Lee Supplemental Nutrition Assistance Program Section, 501-682-8283,

[Sonya.lee@arkansas.gov](mailto:Sonya.lee@arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284,

[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

Larry Crutchfield Supplemental Nutrition Assistance Program Section, 501-682-8276,

[larry.crutchfield@arkansas.gov](mailto:larry.crutchfield@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 12-22

SNAP Certification Manual

Issuance Date: 10-01-2012

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: SNAP Regular Basis Of Issuance

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	October 01, 2011	Appendix D	October 01, 2012
Issuance Chart	October 01, 2011	Issuance Chart	October 01, 2012

### Summary of Changes

Attached is the fiscal year (FY) 2013 Cost-of-Living Adjustments (COLAS) to the Supplemental Nutrition Assistance Program (SNAP) income eligibility standards and deductions for Arkansas.

Budget deductions will change as listed below:

1. The Standard Deduction will **increase** as follows:
  - Household sizes 1,2 and 3 will **increase** from **\$147 to \$149**
  - Household size 4 will **increase** from **\$155 to \$160**.
  - Household size 5 will **increase** from **\$181 to \$187**.
  - Household size 6 and up will **increase** from **\$208 to \$214**.
2. The Maximum Excess Shelter Deduction will **increase** from **\$459 to \$469**.
3. The Standard Utility Allowance will **increase to \$273**.
4. The Standard Medical Deduction of **\$138.00** will **remain** the same per household.
5. The income limits have **increased** (see income chart).
6. The maximum and minimum benefits **have not** changed.

#### Inquiries to:

Tim Langley Supplemental Nutrition Assistance Program Section, 501-682-8290,  
[Timothy.Langley2@arkansas.gov](mailto:Timothy.Langley2@arkansas.gov)

Curtisteen Brooks Supplemental Nutrition Assistance Program Section, 501-682-8285,  
[Curtisteen.Brooks@arkansas.gov](mailto:Curtisteen.Brooks@arkansas.gov)



---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

☒ Policy ☒ Form ☐ Policy Directive

Issuance Number: SNAP 13-03

SNAP Certification Manual

Issuance Date: 07-01-2013

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: How to Calculate a Household Misfortune Food Replacement.

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
14120 to 14132	Various Dates	14120 to 14132	07/01/2013
14133 to 14133.2	Various Dates	14133 to 14133.2	07/01/2013
Forms to be Deleted:	Date:	Forms to be Added:	Date:
DCO-238	10/2012	DCO-238	07/01/2013
		DCO-238W	07/01/2013

### Summary of Changes:

The SNAP Certification Manual (SNAP 14132-Replacement of Food Lost in a Household Misfortune) has been revised and updated to include several changes:

- Instructions for determining eligibility for and amount of SNAP benefits to be replaced.
- Guidance for determining whether or not benefits should be replaced after a power outage.
- Clarifying when verification is required from the household if it cannot be gathered by the agency.

- Terminology was updated to conform to current ANSWER related processes.
- Declaration of Food Loss (DCO-238) has been revised to simplify the process of reporting the household misfortune.
- Food Loss Replacement Worksheet (DCO-238W) has been built and added to ANSWER spreadsheets to calculate benefit replacement.

Inquiries to:

Sonya Lee Supplemental Nutrition Assistance Program Section, 501-682-8283,  
[sonya.lee@arkansas.gov](mailto:sonya.lee@arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8286, [yolanda.geary@arkansas.gov](mailto:yolanda.geary@arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284, [carol.tabron@arkansas.gov](mailto:carol.tabron@arkansas.gov)

Larry Crutchfield Supplemental Nutrition Assistance Program Section, 501-682-8276, [larry.crutchfield@arkansas.gov](mailto:larry.crutchfield@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 13-18

SNAP Certification Manual

Issuance Date 09-06-2013

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: DCO-811 SNAP/MSP Annual Review

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
DCO-811	01/01/13	DCO-811	09-06-13

### Summary of Changes:

DCO-811 SNAP/MSP Annual Review Form will no longer be processed by the AAPC (Access Arkansas Processing Center) as of October 1, 2013. DCO-811 will be processed by a statewide Processing Center. A new contact number has been added for inquires and case actions.

Form DCO-811 is available on DHS Share.

### Inquiries to:

SNAP Unit, (501) 682-8283

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 13-19

[SNAP Certification Manual](#)

Issuance Date: 09-14-2013

From: Joni Jones, Director

Expiration Date: 10-31-13

Subj: SNAP Regular Basis of Issuance

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	01/01/13	Appendix D	10/01/13
Issuance Chart	10/01/12	Issuance Chart	10/01/13

### Summary of Changes

Attached is the fiscal year (FY) 2014 Cost-of-Living Adjustments (COLAS) to the Supplemental Nutrition Assistance Program (SNAP) income eligibility standards and deductions for Arkansas. Budget deductions will change as listed below:

1. The Standard Deduction will **increase** as follows:
  - Household sizes 1, 2, and 3 will **increase** from **\$149 to \$152**
  - Household size 4 will **increase** from **\$160 to \$163**.
  - Household size 5 will **increase** from **\$187 to \$191**.
  - Household size 6 and up will **increase** from **\$214 to \$219**.
2. The Maximum Excess Shelter Deduction will **increase** from **\$469 to \$478**.
3. The Standard Utility Allowance will remain at **\$273**.
4. The Standard Medical Deduction of **\$138.00** will **remain** the same per household.
5. The income limits have **increased** (see income chart).
6. The maximum and minimum benefits **have not** changed.

#### Inquiries to:

Tim Langley Supplemental Nutrition Assistance Program Section, 501-682-8290,  
Timothy.Langley2 @arkansas.gov

Curtisteen Brooks Supplemental Nutrition Assistance Program Section, 501-682-8285, Curtisteen.Brooks

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 13-20

[SNAP Certification Manual](#)

Issuance Date: 10-14-2013

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: SNAP Regular Basis of Issuance

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Issuance Chart	10/01/13	Issuance Chart	11/01/13

### Summary of Changes

Attached is the fiscal year (FY) 2014 Cost-of-Living Adjustments (COLAS) to the Supplemental Nutrition Assistance Program (SNAP) maximum and minimum benefit levels for Arkansas. Both the maximum and minimum benefit levels for each household size have decreased due to the expiration of the ARRA based benefit increases.

Inquiries to:

Tim Langley Supplemental Nutrition Assistance Program Section, 501-682-8290

Curtisteen Brooks Supplemental Nutrition Assistance Program Section, 501-682-8285

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 14-01

SNAP Certification Manual

Issuance Date: 02-01-2014

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Gross Income Pretest

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 1600 – 1620	Various dates	SNAP 1600 – 1620	Various Dates
SNAP 1621.5.3 – 1621.7	Various dates	SNAP 1621.5.3 – 1621.7	Various Dates

### Summary of Changes:

A new description for certain ineligible aliens has been added to SNAP 1620. Ineligible-Undocumented aliens are those who are unable or unwilling to verify immigration status.

SNAP 1621.6 Handling the Resources and Income of Ineligible Aliens now provides instructions for calculating income for households that include ineligible-undocumented aliens. Total income for the entire household will be used to determine whether the gross income pretest is met.

### Inquiries to:

Sonya Lee, Supplemental Nutrition Assistance Program Section, 501-682-8283, [sonya.lee@arkansas.gov](mailto:sonya.lee@arkansas.gov)  
Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8286, [yolanda.geary@arkansas.gov](mailto:yolanda.geary@arkansas.gov)  
Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284, [carol.tabron@arkansas.gov](mailto:carol.tabron@arkansas.gov)  
Larry Crutchfield, Supplemental Nutrition Assistance Program Section, 501-682-8276, [larry.crutchfield@arkansas.gov](mailto:larry.crutchfield@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Directive

Issuance Number: SNAP 14-06

Issuance Date October 01, 2014

From: Delia Anderson, Director

Expiration Date: September 30, 2015

Subj: SNAP Regular Basis of Issuance

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	January 01, 2014	Appendix D	October 01, 2014
Issuance Chart	November 01, 2013	Issuance Chart	October 01, 2014

### Summary of Changes:

Effective October 01, 2014 SNAP benefit amounts will increase see attached chart.

Budget deductions will change as listed below:

- Standard deduction will **increase** from **\$152 to \$155** for household sizes 1, 2, and 3.  
Household size 4 will **increase** from **\$163 to \$165**.  
Household size 5 will **increase** from **\$191 to \$193**.  
Household size 6 and up will **increase** from **\$219 to \$221**.
- Maximum excess shelter deduction will **increase** from **\$478 to \$ 490**.  
Aged/Disabled households have no excess shelter deduction limit.
- Standard utility allowance will **increase from \$273 to \$277**.
- Medical standard deduction will **remain \$138** per household.

### Inquiries to:

Timothy Langley, SNAP, [timothy.langley@arkansas.gov](mailto:timothy.langley@arkansas.gov), (501) 682-8290

Curtisteen Brooks, SNAP, [curtisteen.brooks@arkansas.gov](mailto:curtisteen.brooks@arkansas.gov), (501) 682-8285

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 14-07

SNAP Certification Manual

Issuance Date: 11-01-2014

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Resource Limit Increase for Regular Households

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 1621.7.4-1621.7.4	10/01/11	SNAP 1621.7.4-1621.7.4	11/01/14
SNAP 4300-4300	10/01/11	SNAP 4300-4300	11/01/14
SNAP 4450-4451	06/25/12	SNAP 4450-4451	11/01/14
SNAP 4974-4974	10/01/11	SNAP 4974-4974	11/01/14
SNAP 5405-5405	01/01/07	SNAP 5405-5405	11/01/14
SNAP 7430-7430	10/01/11	SNAP 7430-7430	11/01/14
SNAP 9445-9445	12/15/11	SNAP 9445-9445	11/01/14
SNAP 11200-11200	12/01/03	SNAP 11200-11200	11/01/14
SNAP 11460-11460	10/01/08	SNAP 11460-11460	11/01/14
SNAP 11580-11580	10/01/08	SNAP 11580-11580	11/01/14
SNAP 12232-12233	10/01/11	SNAP 12232-12233	11/01/14

### Summary of Changes:

The resource limit for Regular Households has increased to \$2,250 from \$2,000, effective November 1, 2014.



The sections listed above have been changed to indicate the increase in resource limit for regular households.

Inquiries to:

Sonya Lee, Supplemental Nutrition Assistance Program Section, 501-682-8283,  
[sonya.lee@arkansas.gov](mailto:sonya.lee@arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8286,  
[yolanda.geary@arkansas.gov](mailto:yolanda.geary@arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284,  
[carol.tabron@arkansas.gov](mailto:carol.tabron@arkansas.gov)

Donna DuMond, Supplemental Nutrition Assistance Program Section, 501-682-8276,  
[donna.dumond@arkansas.gov](mailto:donna.dumond@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Directive

Issuance Number: SNAP 15-03

Issuance Date October 01, 2015

From: Delia Anderson, Director

Expiration Date: September 30, 2016

Subj: SNAP Regular Basis of Issuance

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	January 01, 2015	Appendix D	October 01, 2015
Issuance Chart	November 01, 2014	Issuance Chart	October 01, 2015

### Summary of Changes:

Effective October 01, 2015 SNAP benefit amounts will increase see attached chart.

Budget deductions will change as listed below:

- Standard deduction will **remain \$155** for household sizes 1, 2, and 3.  
Household size 4 will **increase** from **\$165 to \$168**.  
Household size 5 will **increase** from **\$193 to \$197**.  
Household size 6 and up will **increase** from **\$221 to \$226**.
- Maximum excess shelter deduction will **increase** from **\$490 to \$504**.  
Aged/Disabled households have no excess shelter deduction limit.
- Standard utility allowance will **increase from \$277 to \$289**.
- The deduction for telephone only will remain \$25.**
- Medical standard deduction will **remain \$138** per household.

### Inquiries to:

Melba Kennedy, [melba.kennedy@dhs.arkansas.gov](mailto:melba.kennedy@dhs.arkansas.gov), (501) 682-8253

Sonya Lee, [sonya.lee@dhs.arkansas.gov](mailto:sonya.lee@dhs.arkansas.gov), (501) 682-8283

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP2015-06

SNAP Certification Manual

Issuance Date: 12-01-2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: LIHEAP Payments and Eligibility for the Standard Utility Allowance

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 6621	10/01/97	SNAP 6621	12/01/15
SNAP 6626	10/01/97	SNAP 6626	12/01/15

### Summary of Changes:

Households that have received a HEAP/LIHEAP payment of at least \$20 in the month of application or the preceding 12 months will be eligible to receive the standard utility allowance regardless of whether the household has moved from the location for which the payment was based or is currently incurring any utility costs.

SNAP 6621 and SNAP 6626 have been updated to reflect this change.

### Inquiries to:

Donna Dumond Supplemental Nutrition Assistance Program Section, 501-682-8276,

[Donna.Dumond@dhs.arkansas.gov](mailto:Donna.Dumond@dhs.arkansas.gov)

Sonya Lee Supplemental Nutrition Assistance Program Section, 501-682-8283,

[Sonya.Lee@dhs.arkansas.gov](mailto:Sonya.Lee@dhs.arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284,

[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Publication

Issuance Number: SNAP2015-7

[SNAP Form](#)

Issuance Date: 12-14-2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: PUB-429 Requirement to Work/RTW

---

### Summary of Changes:

OPPD has developed a new publication; PUB-429 Requirement to Work/RTW. This publication summarizes the Requirement to Work for ABAWDs, the three-month time limit, what an individual can do to comply, or what may exempt an individual from the requirement.

This publication should be issued to all households with members subject to the RTW. It should be issued at initial application, recertification, semi-annual report, or reported change when a member becomes subject to the RTW.

Counties may begin utilizing this publication immediately.

### Inquiries to:

Donna Dumond Supplemental Nutrition Assistance Program Section, 501-682-8276,

[Donna.Dumond@dhs.arkansas.gov](mailto:Donna.Dumond@dhs.arkansas.gov)

Sonya Lee Supplemental Nutrition Assistance Program Section, 501-682-8283,

[Sonya.Lee@dhs.arkansas.gov](mailto:Sonya.Lee@dhs.arkansas.gov)

Carol Tabron, Supplemental Nutrition Assistance Program Section, 501-682-8284,

[Carol.Tabron@arkansas.gov](mailto:Carol.Tabron@arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 16-09

SNAP Certification Manual

Issuance Date: 01-01-2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: SNAP 3000 Work Requirements

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 3000	Various dates	SNAP 3000	01/01/2017

### Summary of Changes:

The SNAP Certification Manual Section 3000- Work Requirements has been revised and updated to include several changes:

- General language and updates and description changes to expand the Requirement to Work.
- Students enrolled half-time instead of full-time are exemption from Work Registration.
- Clarified language allowing any medical professional to be allowed to provide a written statement declaring a disability and the length of should be provided if known.
- Correcting the definition for 15% exemption and who to assign the 15% exemption.
- Updating the 3 year period for the 3 month in 3 years to assign a fixed period for the state beginning January 1, 2016 to December 31, 2018.
- Allowing certain able bodied adults the opportunity to establish good cause for non-compliance with RTW
- SNAP E&T Program sections have been updated and renumbered to include general updates and language changes
- Informal Workfare has been added outlining what entities may provide informal workfare as well as how referrals are completed and participation monitored.
- Employment and Training reimbursements amounts have been reduced from \$285.00 maximum each month to \$50.00 maximum each month
- Employment and Training has been expanded to include any SNAP participant who wishes to volunteer in the E&T program
- Updates to the Work Participation Characteristics

Inquiries to:

Jessica Haynes, Supplemental Nutrition Assistance Program Section, 501-682-8286,  
[jessica.haynes@dhs.arkansas.gov](mailto:jessica.haynes@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501 682-8284,  
[yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov)

Donna DuMond, Supplemental Nutrition Assistance Program Section, 501-682-8276  
[donna.dumond@dhs.arkansas.gov](mailto:donna.dumond@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 17-04

SNAP Certification Manual

Issuance Date: 6/02/2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Current Standard Deductions January 2017

---

### Summary of Changes:

Type of Deduction	Amount	Effective Date
<b>1. Earned Income</b>	20%	05-01-86
<b>2. Standard Deduction for household size:</b>	Household size 1 \$157 Household size 2 \$157 Household size 3 \$157 Household size 4 \$168 Household size 5 \$197 Household size 6 and up \$226	10-01-16
<b>3. Utility Standard</b>	\$284	10-01-16
<b>4. Maximum Excess Shelter</b>	\$517	10-01-16
<b>5. Standard Medical Deduction</b>	\$138	11-01-11

### Current SSI Maximum Payments

Type of Payment	Amount	Effective Date
<b>SSI Only – Individual</b>	\$735	<b>01-01-17</b>
<b>SSI Only – Couple</b>	\$1103	<b>01-01-17</b>
<b>SSA/SSI – Individual</b>	\$755	<b>01-01-17</b>
<b>SSA/SSI – Couple</b>	\$1123	<b>01-01-17</b>
<b>SSI Only-Individual Reduced</b>	\$490	<b>01-01-17</b>
<b>SSI Only –Couple Reduced</b>	\$735.33	<b>01-01-17</b>
<b>SSA/SSI-Individual Reduced</b>	\$510	<b>01-01-17</b>
<b>SSA/SSI-Couple Reduced</b>	\$755	<b>01-01-17</b>

CURRENT MEDICARE PREMIUM –\$109.00 (PART B ONLY)

MEDICARE PREMIUM –\$35.63 (PART D ONLY)

Inquiries to:

Koscina Lang, Supplemental Nutritional Assistance Program Section, (501)682-8283

[Koscina.Lang@arkansas.gov](mailto:Koscina.Lang@arkansas.gov)

Jessica Haynes, Supplemental Nutrition Assistance Program Section, (501) 682-8286,

[Jessica.Haynes@arkansas.gov](mailto:Jessica.Haynes@arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, (501) 682-8284,

[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)



---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Manual

Issuance Number: SNAP 17-09

Issuance Date October 01, 2017

From: Mary Franklin, Director

Expiration Date: September 30, 2018

Subj: SNAP 2017 Regular Basis of Issuance and Appendix D

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	October 01, 2016	Appendix D	October 01, 2017
Issuance Chart	November 01, 2016	Issuance Chart	October 01, 2017

### Summary of Changes:

Effective *October 01, 2017* SNAP benefit amounts will increase see attached chart.

Budget deductions will change as listed below:

- Standard deduction will **increase from \$157 to \$ 160** for household sizes 1, 2, and 3.  
Household size 4 will **increase from \$168 to \$170**  
Household size 5 will **increase from \$197 to \$199.**  
Household size 6 and up will **increase from \$226 to 228.**
- Maximum excess shelter deduction will **increase from \$ 517 to \$535.**  
Aged/Disabled households have no excess shelter deduction limit.
- Standard utility allowance will **decrease from \$284 to \$278.**
- The deduction for telephone only will remain \$25.**
- Medical standard deduction will **remain \$138** per household.

### Inquiries to:

Koscina Lang, [koscina.lang@dhs.arkansas.gov](mailto:koscina.lang@dhs.arkansas.gov), 501-682-8283

Jessica Haynes, [jessica.haynes@dhs.arkansas.gov](mailto:jessica.haynes@dhs.arkansas.gov), 501-682-8286

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Form

Issuance Number: SNAP 17-13

SNAP Certification Manual

Issuance Date: 10-01-2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Change Report Addendum (DCO-234A)

Form to be Deleted:	Date:	Form to be Added:	Date:
Change Report Addendum	10/16	Change Report Addendum	09/17

### Summary of Changes:

Change Report Addendum (DCO-234A) has been updated to show the new income standards due to the SNAP Basis of Issuance annual update.

### Inquiries to:

Koscina Lang Supplemental Nutrition Assistance Program Section, 501-682-8283,

[koscina.lang@dhs.arkansas.gov](mailto:koscina.lang@dhs.arkansas.gov)

Jessica Haynes Supplemental Nutrition Assistance Program Section, 501-682-8286,

[jessica.haynes@dhs.arkansas.gov](mailto:jessica.haynes@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, (501) 682-8284,

[Yolanda.Geary@dhs.arkansas.gov](mailto:Yolanda.Geary@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 18-01

SNAP Certification Manual

Issuance Date: 02-01-18

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: SNAP Aged/Disabled Resource Limit Increase, Returned Mail, and SNAP Requirement To Work

---

Policy to be Deleted:	Date:	Policy to be Added:	Date:
SNAP 1621.7.4	11/01/14	SNAP 1621.7.4	02/01/18
SNAP 1623.2	07/01/13	SNAP 1623.2	02/01/18
SNAP 4300	10/01/11	SNAP 4300	02/01/18
SNAP 7430	11/01/14	SNAP 7430	02/01/18
SNAP 9445	11/01/14	SNAP 9445	02/01/18
SNAP 12232	11/01/17	SNAP 12232	02/01/18
SNAP 12233	11/01/14	SNAP 12233	02/01/18
SNAP 11450	09/01/99	SNAP 11450	02/01/18
SNAP 11571	10/10/03	SNAP 11571	02/01/18
		SNAP 11570.1	02/01/18
		SNAP 12451	02/01/18
SNAP 3500	01/01/17	SNAP 3500	02/01/18

Summary of Changes:

***Aged/Disabled Resource Limit Increase:*** The resource limit for households with at least one person aged 60 or older and/or is disabled will increase from \$3,250 to \$3,500.

***Returned Mail:*** SNAP Policies 11570 and 12400 have been updated to include new sections regarding the updated procedures for processing returned mail. The new sections are SNAP Policy 11570.1 and SNAP Policy 12451.

***Requirement to Work:*** Able Bodied Adults now have an additional opportunity to meet the Requirement to Work (RTW) if otherwise eligible.

Inquiries to:

Koscina Lang, Supplemental Nutrition Assistance Program Section, 501-682-8283,  
[koscina.lang@dhs.arkansas.gov](mailto:koscina.lang@dhs.arkansas.gov)

Jessica Haynes, Supplemental Nutrition Assistance Program Section, 501-682-8286,  
[jessica.haynes@dhs.arkansas.gov](mailto:jessica.haynes@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8284,  
[yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov)

Stephen Giese, Supplemental Nutrition Assistance Program Section, 501-682-8276,  
[stephen.Giese@dhs.arkansas.gov](mailto:stephen.Giese@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Form

Issuance Number: SNAP 18-02

[OPPD Forms Manual](#)

Issuance Date: 02-16-2018

From: Mary Franklin, Deputy Director

Expiration Date: Until Superseded

Subj: DCO Complaint Report, DCO-110

---

Form to be Deleted:	Date:	Form to be Added:	Date:
DCO Complaint Report	04/10/2010	DCO Complaint Report	02/2018

### Summary of Changes:

The DCO Complaint Report was revised to correct the address for the Office of Employee Relations. The Social Security Number field has been shortened to only require the last 4 digits of the SSN. The form has also been translated into Spanish.

### Inquiries to:

Koscina Lang Supplemental Nutrition Assistance Program Section, 501-682-8283,

[koscina.lang@dhs.arkansas.gov](mailto:koscina.lang@dhs.arkansas.gov)

Jessica Haynes Supplemental Nutrition Assistance Program Section, 501-682-8286,

[jessica.haynes@dhs.arkansas.gov](mailto:jessica.haynes@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, (501) 682-8284,

[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

Stephen Giese, Supplemental Nutrition Assistance Program Section, 501-682-8276,

[stephen.giese@dhs.arkansas.gov](mailto:stephen.giese@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 18-03

SNAP Certification Manual

Issuance Date: 03-01-2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: SNAP 16816 Action on eDRS Data

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 16816	12/01/00	SNAP 16816	03/01/2018

### Summary of Changes:

SNAP 16816 has been revised to show disqualifications that have been deemed Intentional Program Violations will be entered into the Electronic Disqualification Recipient System (eDRS) by the Office of Security and Compliance (OSC). The Disqualified Recipient Report (DCO-19) will be scanned into the electronic case record by the county office once received from (OSC).

### Inquiries to:

Koscina Lang, Supplemental Nutrition Assistance Program Section, 501-682-8283

[koscina.lang@dhs.arkansas.gov](mailto:koscina.lang@dhs.arkansas.gov)

Jessica Haynes, Supplemental Nutrition Assistance Program Section, 501-682-8286

[jessica.haynes@dhs.arkansas.gov](mailto:jessica.haynes@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8284

[yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov)

Stephen Giese, Supplemental Nutrition Assistance Program Section, 501-682-8276

[stephen.Giese@dhs.arkansas.gov](mailto:stephen.Giese@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Form

Issuance Number: SNAP 18-04

SNAP Certification Manual

Issuance Date: 03-16-2018

From: Mary Franklin, Deputy Director

Expiration Date: Until Superseded

Subj: SNAP Notification of Work Registration and Requirement to Work-AR Works

---

Form to be Deleted:	Date:	Form to be Added:	Date:
DCO-260	12/2015	DCO-260	3/2018

### Summary of Changes:

The SNAP Notification of Work Registration and Requirement to Work (DCO-260) was updated to include compliance with AR Works work requirements as a method of meeting the SNAP Requirement to Work.

### Inquiries to:

Koscina Lang, Supplemental Nutrition Assistance Program Section, 501-682-8283,

[koscina.lang@dhs.arkansas.gov](mailto:koscina.lang@dhs.arkansas.gov)

Jessica Haynes, Supplemental Nutrition Assistance Program Section, 501-682-8286,

[jessica.haynes@dhs.arkansas.gov](mailto:jessica.haynes@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8284,

[yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov)

Stephen Giese, Supplemental Nutrition Assistance Program Section, 501-682-8276,

[stephen.Giese@dhs.arkansas.gov](mailto:stephen.Giese@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy	Issuance Number:	TEA 18-04 SNAP 18-05
--------	------------------	-------------------------

<u>Transitional Employment Assistance Manual</u> <u>SNAP Certification Manual</u>	Issuance Date:	04/06/18
--	----------------	----------

From: Mary Franklin, Director	Expiration Date: Until Superseded
-------------------------------	-----------------------------------

Subj: SAVE Alien Verification
-------------------------------

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
TEA 2220 – 2222	08/01/99	TEA 2220-2222	08/01/99
	09/10/03		05/01/18
	02/15/05		02/15/05
SNAP 1621.5	06/15/98	SNAP 1621.5	05/01/18
SNAP 1621.5.2	06/15/98	SNAP 1621.5.2	05/01/18

### Summary of Changes

Systematic Alien Verification for Entitlements Program (SAVE) information has been added to the TEA manual.

The TEA and SNAP Manuals have been updated to include the new website to access the SAVE system (the link is still available in ANSWER). The updates include the process for secondary verification and the third-step verification process when eligibility cannot be determined based on the code received.

### Inquiries to:

Cindy Williams, TEA Policy Unit, 501-682-8182, [Cindy.Williams@dhs.arkansas.gov](mailto:Cindy.Williams@dhs.arkansas.gov)  
Koscina Lang, SNAP Policy Unit, 501-682-8283, [Koscina.Lang@dhs.arkansas.gov](mailto:Koscina.Lang@dhs.arkansas.gov)  
Yolanda Geary, SNAP Policy Unit, 501-682-8284, [Yolanda.Geary@dhs.arkansas.gov](mailto:Yolanda.Geary@dhs.arkansas.gov)  
Stephen Giese, SNAP Policy Unit, 501-682-8273, [Stephen.Giese@dhs.arkansas.gov](mailto:Stephen.Giese@dhs.arkansas.gov)



---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: TEA 18-06  
SNAP 18-06

Transitional Employment Assistance Manual  
SNAP Certification Manual

Issuance Date: 08/01/18

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: TEA and SNAP Drug-Related Convictions Disqualification Opt Out

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
TEA 2150.3 – 2201	07/01/97 12/06/11 12/01/97	TEA 2150.3 – 2201	07/01/97 12/01/11 12/01/97 08/01/18
TEA 2222 – 2277.6	02/15/09 12/15/09 07/01/97	TEA 2222 – 2277.6	02/15/05 07/01/97 08/01/18
SNAP 1620	12/01/00	SNAP 1620	08/01/18
SNAP 1622.20	07/20/09	SNAP 1622.20	08/01/18
SNAP 1920	06/01/05	SNAP 1920	08/01/18
SNAP 3621	01/01/17	SNAP 3621	08/01/18
SNAP 17351	09/01/06	SNAP 17351	08/01/18

### Summary of Changes

In response to the Helping Our People Excel (H.O.P.E.) Act of 2017, Arkansas has elected to opt out of section 115 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, which disqualifies SNAP and TEA applicants and recipients from participation in SNAP, TEA, and other TANF-funded programs due to certain drug-related felonies.

The references to the TEA drug-related policy at TEA 2201 and TEA 2230, Drug-Related Convictions, have been removed from the TEA Policy Manual.

This policy revision release supersedes the SNAP Policy Directive SNAP 2017-01 Act 566 Helping Our People Excel issued June 30, 2017.

Inquiries to:

Cindy Williams, Transitional Employment Assistance Policy Unit, 501-682-8182,  
[Cindy.Williams@dhs.arkansas.gov](mailto:Cindy.Williams@dhs.arkansas.gov)

Koscina Lang, Supplemental Nutrition Assistance Program Section, 501-682-8283,  
[koscina.lang@dhs.arkansas.gov](mailto:koscina.lang@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8284,  
[yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov)

Stephen Giese, Supplemental Nutrition Assistance Program Section, 501-682-8276,  
[stephen.Giese@dhs.arkansas.gov](mailto:stephen.Giese@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Manual

Issuance Number: SNAP 18-07

Issuance Date October 01, 2018

From: Mary Franklin, Director

Expiration Date: September 30, 2019

Subj: SNAP 2018 Regular Basis of Issuance and Appendix D

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	October 01, 2017	Appendix D	October 01, 2018
Issuance Chart	October 01, 2017	Issuance Chart	October 01, 2018

### Summary of Changes:

Effective *October 01, 2017* SNAP benefit amounts will increase see attached chart.

Budget deductions will change as listed below:

- Standard deduction will **increase from \$160 to \$ 164** for household sizes 1, 2, and 3.  
Household size 4 will **increase to \$174**  
Household size 5 will **increase to \$204.**  
Household size 6 will **increase to \$234.**
- Maximum excess shelter deduction will **increase from \$ 535 to \$552.**  
Aged/Disabled households have no excess shelter deduction limit.
- Standard utility allowance will **increase from \$278 to \$284.**
- The deduction for telephone only will remain \$25.**
- Medical standard deduction will **remain \$138** per household.

### Inquiries to:

Koscina Lang, [koscina.lang@dhs.arkansas.gov](mailto:koscina.lang@dhs.arkansas.gov), 501-682-8283

Yolanda Geary, [yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov), 501-682-8284

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 19-01

SNAP Certification Manual

Issuance Date: 12-31-2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: SNAP 3000 Work Requirement

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 3100	01/01/17	SNAP 3100	01/01/19
SNAP 3320	01/01/17	SNAP 3320	01/01/19
SNAP 3410	11/01/02	SNAP 3410	01/01/19
SNAP 3413	10/01/03	SNAP 3413	01/01/19
SNAP 3414	06/01/05	SNAP 3414	01/01/19
SNAP 3430	11/01/02	SNAP 3430	01/01/19
SNAP 3440	11/01/02	SNAP 3440	01/01/19
SNAP 3442	01/01/99	SNAP 3442	01/01/19
SNAP 3500	02/01/18	SNAP 3500	01/01/19
SNAP 3540	01/01/17	SNAP 3540	01/01/19
SNAP 3630	01/01/17	SNAP 3630	01/01/19
SNAP 3700-3710	01/01/17	SNAP 3700-3710	01/01/19
SNAP 3730	01/01/17	SNAP 3730	01/01/19
SNAP 3740.2	01/01/16	SNAP 3740.2	01/01/19
SNAP 3751.2	01/01/17	SNAP 3751.2	01/01/19
SNAP 3752.2	01/01/17	SNAP 3752.2	01/01/19
SNAP 3762	11/01/02	SNAP 3762	01/01/19

SNAP 3763	11/01/02	SNAP 3763	01/01/19
SNAP 3765	01/01/17	SNAP 3765	01/01/19
SNAP 3800	01/01/99	SNAP 3800	01/01/19

### Summary of Changes:

SNAP 3100- Correct language to clarify which SNAP recipients must work register and which must comply with the Requirement to Work.

SNAP 3320- Change student exemption to clarify definition of student.

SNAP 3410- Increase the sanction periods for work registration violations such and voluntary quits and intentional reduction of work hours.

SNAP 3413- Removed the ability to cure a sanction through new employment or increased work hours.

SNAP 3414- Change terminology from disqualification to sanction to accurately describe the penalty applied to the individual.

SNAP 3430- Change terminology from disqualification to sanction to accurately describe the penalty applied to the individual.

SNAP 3440- Change terminology from disqualification to sanction and remove ability to cure a sanction unless the individual becomes exempt.

SNAP 3442- Describing how a sanctioned individual may regain eligibility once the sanction period has ended.

SNAP 3500- Providing a clear definition of work.

SNAP 3540-Clarifying how recipients may regain eligibility after receiving their 3 countable months.

SNAP 3630- Provided a list of potential reimbursements for transportation and other reimbursable expenses.

SNAP 3700-3800- Renaming Informal Workfare program, Comparable Workfare to better comply with federal regulations. This was done throughout the document.

SNAP 3730-Changed section title to show Comparable Workfare and include verification requirements for the program.

SNAP 3740.2-Changing program name to show Comparable Workfare and clarify the steps for referring individuals to Comparable Workfare.

SNAP 3751.2-Adding the requirement for writing an overpayment when an individual who has received his countable months fails to comply with RTW without good cause.

SNAP 3752.2-Adding the stipulation that Comparable Workfare must be verified on a monthly basis.

Inquiries to:

Beverly Alexander Supplemental Nutrition Assistance Program Section, 501-682-8286,  
[beverly.alexander@dhs.arkansas.gov](mailto:beverly.alexander@dhs.arkansas.gov)

Pammy Graves Supplemental Nutrition Assistance Program Section, 501-682-8283,  
[pammy.graves@dhs.arkansas.gov](mailto:pammy.graves@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, (501) 682-8284,  
[Yolanda.Geary@arkansas.gov](mailto:Yolanda.Geary@arkansas.gov)

Stephen Giese, Supplemental Nutrition Assistance Program Section, 501-682-8276,  
[stephen.giese@dhs.arkansas.gov](mailto:stephen.giese@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 19-02

SNAP Certification Manual

Issuance Date: 01-11-2019

From: Mary Franklin , Director

Expiration Date: Until Superseded

Subj: Appendix D

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	10/01/18	Appendix D	01/11/19

### Summary of Changes:

The Appendix D has been updated to provide the maximum SSI payments and Medicare premium effective 01/01/19

#### **Current SSI Maximum Payments**

- SSI Only-Individual will increase to \$771
- SSA/SSI-will increase to \$791
- SSI Only-Individual Reduced will increase to \$514
- SSA/SSI Individual Reduced will increase to \$534

Current Medicare Premium- \$135.50

### Inquiries to:

Beverly Alexander Supplemental Nutrition Assistance Program Section, 501-682-8286,  
[beverly.alexander@dhs.arkansas.gov](mailto:beverly.alexander@dhs.arkansas.gov)

Pammy Graves Supplemental Nutrition Assistance Program Section, 501-682-8283,  
[pammy.graves@dhs.arkansas.gov](mailto:pammy.graves@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 20-01

SNAP Certification Manual

Issuance Date: 02-01-2020

From: Mary Franklin, Deputy Director

Expiration Date: Until Superseded

Subj: SNAP 1000 Household Information-Cooperation with Child Support Requirement

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
1300-1300	10/01/97	1300-1300	02/01/20
1301-1302	12/01/00	1301-1302	02/01/20
1303-1303	10/01/03	1303-1303	02/01/20
1304-1304	10/01/97	1304-1304	02/01/20
1310-1320	10/01/03	1310-1320	02/01/20
1330-1330	10/01/97	1330-1330	02/01/20
1400-1400	05/01/93	1400-1400	02/01/20
1500-1500	12/01/00	1500-1500	02/01/20
1600-1600	10/01/86	1600-1600	02/01/20
1621-1621	06/01/05	1621-1621	02/01/20
1621.1.1-1621.1.1	04/01/03	1621.1.1-1621.1.1	02/01/20
1621.2-1621.2	03/01/03	1621.2-1621.2	02/01/20
1621.3.1-1621.3.1	04/01/03	1621.3.1-1621.3.1	02/01/20
1621.3.2-1621.3.2	01/01/02	1621.3.2-1621.3.2	02/01/20
1621.3.3-1621.3.4	04/01/03	1621.3.3-1621.3.4	02/01/20
1621.6-1621.6	01/01/14	1621.6-1621.6	02/01/20
1621.7-1621.7	04/01/03	1621.7-1621.7	02/01/20



1621.7.2-16217.2	06/01/01	1621.7.2-16217.2	02/01/20
1621.7.4-1621.7.4	10/01/11	1621.7.4-1621.7.4	02/01/20
1621.7.5-1621.7.5	06/15/98	1621.7.5-1621.7.5	02/01/20
1621.7.7-1621.7.8	06/15/98	1621.7.7-1621.7.8	02/01/20
1621.7.10-1621.7.10	06/15/98	1621.7.10-1621.7.10	02/01/20
1622-1622	08/01/94	1622-1622	02/01/20
1622.9-1622.9	07/01/13	1622.9-1622.9	02/01/20
1623.1-1623.2	07/01/13	1623.1-1623.2	02/01/20
1821.2-1821.2	06/01/01	1821.2-1821.2	02/01/20
1910-1910	08/01/04	1910-1910	02/01/20

### Summary of Changes:

Twenty-one changes have been made to SNAP 1000 as part of the SNAP Manual refinement. The changes also include the new sections explaining child support cooperation requirement.

The child support cooperation requirement is an element of eligibility due to Act 1043 that requires custodial and non-custodial parents provide the information necessary to send a referral to the Office of Child Support Enforcement.

Business processes have been removed from the policy. The goal is to allow process changes to be made quickly and avoiding the long period of promulgation. Business processes have not changed.

- Business process removal cleanup:
  - All charts have been removed as part of the business process cleanup. Please refer to the Charts book on the policy site.
  - All examples that provide clarification of business processes have been removed from the entire section.
  - Notes that are relevant to business process have been removed. Policy related notes have been incorporated into the section.
  - *Eligibility worker* has replaced *case worker* in the entire section.
  - Replaced aged/disabled with require disability language, “individual living with a disability or at least 60 years old.” Eligible individual is used after the disability language has been established.
  - Grammar changes have been made to clarify policy and correct errors that were previously missed.
  - Language that is specific to the currently eligibility system has been removed and replaced with non-system specific terminology.

- All form numbers have been removed as part of the total effort of removing business process from the manual.

#### Implementation Progression

As of February 1, 2020, the child support requirement will be partially implemented using the Medicaid and TEA child support files to apply sanctions to the corresponding SNAP cases. Eligibility workers processing Medicaid and TEA child support related case actions must also act on the SNAP case.

#### **This process will continue for February and March 2020 only.**

Beginning April 1, 2020, a new Application for SNAP and TEA will be available and ready for full implementation of the Child Support Cooperation policy. System changes will also go into effect allowing eligibility workers to enter the necessary non-custodial, custodial, and child(ren) information needed to send a referral to OCSE for the SNAP case.

#### Inquiries to:

Beverly Alexander, Supplemental Nutrition Assistance Program Section, (501)-682-8286,  
[Beverly.Alexander@dhs.arkansas.gov](mailto:Beverly.Alexander@dhs.arkansas.gov)

Pammy Graves, Supplemental Nutrition Assistance Program Section, (501)-682-8283,  
[Pammy.Graves@dhs.arkansas.gov](mailto:Pammy.Graves@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, (501) 682-8284,  
[Yolanda.Geary@dhs.arkansas.gov](mailto:Yolanda.Geary@dhs.arkansas.gov)

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Manual

Issuance Number: SNAP 20-02

Issuance Date: October 01, 2020

From: Mary Franklin, Deputy Director

Expiration Date: September 30, 2021

Subj: SNAP 2020 Regular Basis of Issuance and Appendix D

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Issuance Chart	October 01, 2019	Issuance Chart	October 01, 2020
Appendix D	October 01, 2019	Appendix D	October 01, 2020

### Summary of Changes:

Effective *October 01, 2020* SNAP benefit amounts will increase see attached chart.

Budget deductions will change as listed below:

- Standard deduction will **remain \$ 167** for household sizes 1, 2, and 3.  
Household size 4 will **increase from \$178 to \$181**  
Household size 5 will **increase from \$209 to \$212.**  
Household size 6 will **increase from \$240 to \$243.**
- Maximum excess shelter deduction will **increase from \$569 to \$586.**  
Aged/Disabled households have no excess shelter deduction limit.
- Standard utility allowance will **decrease from \$286 to \$283.**
- The deduction for telephone only will remain \$25.**
- Medical standard deduction will **remain \$138** per household.

### Inquiries to:

Beverly Alexander, [beverly.alexander@dhs.arkansas.gov](mailto:beverly.alexander@dhs.arkansas.gov), 501-682-8286

Pammy Graves, [pammy.graves@dhs.arkansas.gov](mailto:pammy.graves@dhs.arkansas.gov), 501-682-8283

Yolanda Geary, [yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov), 501-682-8284

Kelley Jackson, [kelly.jackson@dhs.arkansas.gov](mailto:kelly.jackson@dhs.arkansas.gov) ,501-682-8276

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Manual

Issuance Number: SNAP 21-01

Issuance Date: January 01, 2021

From: Mary Franklin, Deputy Director

Expiration Date: June 30, 2021

Subj: SNAP COVID Basis of Issuance: January 1, 2021 – June 30, 2021 and Appendix D

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Issuance Chart	October 01, 2020	Issuance Chart	January 01, 2021
Appendix D	October 01, 2020	Appendix D	January 01, 2021

### Summary of Changes:

Effective *January 01, 2021* SNAP benefit amounts will increase see attached chart.

Budget deductions will remain as listed below:

- Standard deduction will **remain \$ 167** for household sizes 1, 2, and 3.  
Household size 4 will **remain \$181**.  
Household size 5 will **remain \$212**.  
Household size 6 will **remain \$243**.
- Maximum excess shelter deduction will **remain \$586**.  
Aged/Disabled households have no excess shelter deduction limit.
- Standard utility allowance will **remain \$283**.
- Basic utility allowance will **remain \$226**.
- Homeless Living Allowance will **remain \$156**.
- The deduction for telephone only will remain \$50.**
- Medical standard deduction will **remain \$138** per household.

Inquiries to:

Beverly Alexander, [beverly.alexander@dhs.arkansas.gov](mailto:beverly.alexander@dhs.arkansas.gov), 501-682-8286

Pammy Graves, [pammy.graves@dhs.arkansas.gov](mailto:pammy.graves@dhs.arkansas.gov), 501-682-8283

Yolanda Geary, [yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov), 501-682-8284

Kelley Jackson, [kelley.jackson@dhs.arkansas.gov](mailto:kelley.jackson@dhs.arkansas.gov), 501-682-8276

---

MANUAL TRANSMITTAL

---

**Arkansas Department of Human Services**  
**Division of County Operations**

---

Policy

Issuance Number: SNAP 21-02

SNAP Certification Manual

Issuance Date: January 1, 2021

From: Mary Franklin, Director

Expiration Date: Until

Subj: SNAP 6000 Deductions-Introducing Two New Shelter Allowances

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 6400	01/01/2011	SNAP 6400	01/01/2021
SNAP 6410	06/01/2001	SNAP 6410	01/01/2021
SNAP 6500	11/01/2011	SNAP 6500	01/01/2021
SNAP 6520	11/01/2011	SNAP 6520	01/01/2021
SNAP 6610	07/01/2003	SNAP 6610	01/01/2021
SNAP 6620	12/01/1999	SNAP 6620	01/01/2021
SNAP 6622	11/01/2011	SNAP 6622	01/01/2021
SNAP 6623	10/01/1997	SNAP 6623	01/01/2021
SNAP 6624	10/01/1997	SNAP 6624	01/01/2021
SNAP 6625	10/01/1997	SNAP 6625	01/01/2021
SNAP 6626	12/01/2015	SNAP 6626	01/01/2021
SNAP 6627	11/01/2011	SNAP 6627	01/01/2021
SNAP 6628	11/01/2011	SNAP 6628	01/01/2021
SNAP 6700	06/01/1996	SNAP 6700	01/01/2021
SNAP 6710	06/01/1996	SNAP 6710	01/01/2021
SNAP 6720	04/01/1990	SNAP 6720	01/01/2021
SNAP 6721	06/01/1996	SNAP 6721	01/01/2021

SNAP 6722	06/01/1996	SNAP 6722	01/01/2021
SNAP 6723	06/01/1996	SNAP 6723	01/01/2021
SNAP 6730	06/01/1996	SNAP 6730	01/01/2021

Changes were made to the SNAP 6000 Deduction section by adding the Homeless Shelter Allowance (HLA) and Basic Utility Allowance (BUA). The Farm Bill of 2018 mandates the addition of a shelter allowance for homeless SNAP households. Procedures for executing the policy in this section was removed.

#### Summary of Changes:

- **SNAP 6620 Explanation of Utility Standard:** Renamed Utility Expenses to introduce new utility standards and shelter allowance. Basic Utility Allowance and Homeless Living Allowance are new shelter costs that will be assigned to the household if ineligible for Standard Utility Allowance.
- **SNAP 6620.1 Standard Utility Allowance (SUA):** New section explaining eligibility for the SUA based on costs incurred for heating and cooling.
- **SNAP 6620.2 Utility Expenses of Expedited Households:** New section describing how eligibility for each utility allowance will be applied based on selection and verification of the expense. If the household chooses SUA but fails to verify, the household will be certified using the Basic Utility Allowance (BUA).
- **SNAP 6622 Choosing Between Utility Standard and Actual Utilities:** Section renamed Basic Utility Allowance (BUA). This section explains that the BUA includes utility charges that a household incurs that do not include heating and cooling. These are households that are not eligible for SUA or failed to verify eligibility for SUA.
- **SNAP 6624 Allowable Utility Expenses for Households Who Share Costs:** Section renamed Homeless Living Allowance (HFA). The HFA is a predetermined amount (\$156.74) similar to the SUA that is annually updated. Homeless households must verify their costs and meet the definition homeless in order to receive this deduction.
- **SNAP 6625 Telephone Standard:** This clarifies how the telephone standard (\$50) should be applied. This deduction is standalone and should not be included with any other utility allowance.
- **SNAP 6800 Chart:** This chart has been relocated to the Business Process Manual (BPM).

If there are any questions, please contact your Program Eligibility Analyst or SNAP Policy Unit.

Send Inquiries to: [DCO.SNAP.Policy.Unit@dhs.arkansas.gov](mailto:DCO.SNAP.Policy.Unit@dhs.arkansas.gov)

Beverly Alexander, [beverly.alexander@dhs.arkansas.gov](mailto:beverly.alexander@dhs.arkansas.gov), 501-682-8286

Pammy Graves, [pammy.graves@dhs.arkansas.gov](mailto:pammy.graves@dhs.arkansas.gov), 501-682-8283



Yolanda Geary, [yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov), 501-682-8284

Kelley Jackson, [kelley.jackson@dhs.arkansas.gov](mailto:kelley.jackson@dhs.arkansas.gov), 501-682-8276

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 21-03

SNAP Certification Manual

Issuance Date: January 1, 2021

From: Mary Franklin, Deputy Director

Expiration Date: Until Superseded

Subj: Elderly Simplified Application Project (ESAP): SNAP 8000 Initial Applications, SNAP 10000 Recertifications, SNAP 11000 Reporting Requirements

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 8000	Various Dates	SNAP 8000	01/01/2021
SNAP 10000	Various Dates	SNAP 10000	01/01/2021
SNAP 11000	Various Dates	SNAP 11000	01/01/2021

The Elderly Simplified Application Project (ESAP) is a demonstration project that seeks to increase participation among the elderly low-income population by streamlining the application and certification process. Generally, this is a continuation of the 36 Month Demonstration Project that the state currently operates under and is the only way that states can continue operating under these rules. The current Arkansas 36-month project will not be renewed by FNS because they are moving all 36-month states to the ESAP.

ESAP emphasizes assisting elderly and disabled households with preventing losses in benefits. State agencies have always been directed to assist SNAP applicants and recipients with gathering verification. ESAP takes that one step further and requires eligibility workers with gathering all required verifications on the household's behalf.

### Summary of Changes:

- **ESAP Basics**
  - Extended certification periods for this group-36 instead of regulation 24.-**Also in the current demo project**
  - No Recertification interview required-**Also in the current demo project**

- But must touch base before the agency denies without an interview-**Also in the current demo project**
- Annual Review reports with closure impact if not returned will be replaced by an annual touch base letter generated from the eligibility system that reminds clients of reporting requirements-**New with ESAP**
- DHS attempts to verify assets without putting client under notice-**Also in the current demo project**
- System changes have been made. Reconfigured ANSWER to send reminder letters instead of Annual Report Forms.
- **SNAP 8000 Initial Application:**
  - Introduces the purpose of the Elderly Simplified Application Project.
  - The Initial Application section explains Eligibility workers must collect any necessary verifications on the household's behalf as part of the waiver requirement and to aid the households in determining eligibility for their SNAP benefits.
- **SNAP 10000 Recertifications:**
  - Defines the SNAP recertification process as it applies to ESAP households. The process mirrors the provisions for the 36 Month Demonstration Project.
  - Provisions have been added to the rule that remind eligibility workers that the Agency is responsible for obtaining all needed verifications on behalf of the elderly and disabled households.
- **SNAP 11000 Reporting Requirements:**
  - ESAP households will be reminded annually of their 10-day reporting requirements until it is time to recertify. When ESAP households are determined to be ineligible for the 36-month certification period at reported change of circumstances, the certification period will be shortened.
- **Business processes process removal:**
  - To simplify the certification manual and clarify the rule, business processes not controlled by regulation have been removed.
  - This cleanup also includes correcting grammar, removing jargon, and system specific language.
  - These changes will allow the division to react faster to error trends, new system processes, and other issues that require a quick response

If there are any questions, please contact your Program Eligibility Analyst or SNAP Policy Unit.

Send Inquiries to: [DCO.SNAP.Policy.Unit@dhs.arkansas.gov](mailto:DCO.SNAP.Policy.Unit@dhs.arkansas.gov)

Beverly Alexander, [beverly.alexander@dhs.arkansas.gov](mailto:beverly.alexander@dhs.arkansas.gov), 501-682-8286

Pammy Graves, [pammy.graves@dhs.arkansas.gov](mailto:pammy.graves@dhs.arkansas.gov), 501-682-8283

Yolanda Geary, [yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov), 501-682-8284

Kelley Jackson, [kelley.jackson@dhs.arkansas.gov](mailto:kelley.jackson@dhs.arkansas.gov), 501-682-8276

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy Manual

Issuance Number: SNAP 21-04

Issuance Date: October 01, 2021

From: Mary Franklin, Deputy Director

Expiration Date: September 30, 2022

Subj: SNAP New Basis of Issuance: October 01, 2021 – September 30, 2022 and Appendix D

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Issuance Chart	October 01, 2021	Issuance Chart	September 30, 2022
Appendix D	October 01, 2021	Appendix D	September 30, 2022

### Summary of Changes:

Effective *October 01, 2021* SNAP benefit amounts will increase see attached chart.

Budget deductions will remain as listed below:

- Standard deduction will **increase from \$167 to \$177** for household sizes 1, 2, and 3.  
Household size 4 will **increase from \$181 to \$184**.  
Household size 5 will **increase from \$212 to 215**.  
Household size 6 will **increase from \$243 to \$246**.
- Maximum excess shelter deduction will **increase from \$586 to \$597**.  
Aged/Disabled households have no excess shelter deduction limit.
- Standard utility allowance will **decrease from \$283 to \$281**.
- Basic utility allowance will **decrease from \$226 to \$225**.
- Homeless Living Allowance will **increase from \$156 to \$160**.
- The deduction for telephone only will remain \$50**.
- Medical standard deduction will **remain \$138** per household.

Inquiries to:

Beverly Alexander, [beverly.alexander@dhs.arkansas.gov](mailto:beverly.alexander@dhs.arkansas.gov), 501-682-8286

Yolanda Geary, [yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov), 501-682-8284

Kelley Jackson, [kelley.jackson@dhs.arkansas.gov](mailto:kelley.jackson@dhs.arkansas.gov), 501-682-8276

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 22-01

[SNAP Certification Manual](#)

Issuance Date: April 4, 2022

From: Mary Franklin, Deputy Director

Expiration Date: Until Superseded

Subj: SNAP 9000 Expedited Services

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 9000	Various Dates	SNAP 9000	04/01/2022

Households granted Expedited Services will receive the most appropriate certification period for their household if all eligibility requirements are met at initial interview.

All other households will be certified for 1 or 2 months determined by their application date and verification will be postponed. Postponed verification must be returned by the end of the certification period or within 30 days of the end of the certification period to be recertified for additional benefits.

The proposed rule requires all efforts reasonable efforts to be made to verify all eligibility requirements during the expedited interview.

There are no limits for the number of times Expedited Services is requested. If verification was postponed but not returned, the household must return the verification before receiving Expedited Services again. However, if it has been 12 months or more since the household last received Expedited Services, the household may receive expedited services.

If there are any questions, please contact your Program Eligibility Analyst or SNAP Policy Unit.

Send Inquiries to: [DCO.SNAP.Policy.Unit@dhs.arkansas.gov](mailto:DCO.SNAP.Policy.Unit@dhs.arkansas.gov)

Beverly Alexander, [beverly.alexander@dhs.arkansas.gov](mailto:beverly.alexander@dhs.arkansas.gov), 501-682-8286

Yolanda Geary, [yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov), 501-682-8284

Kelley Jackson, [kelley.jackson@dhs.arkansas.gov](mailto:kelley.jackson@dhs.arkansas.gov), 501-682-8276

---

## MANUAL TRANSMITTAL

---

# Arkansas Department of Human Services

## Division of County Operations

---

Policy

Issuance Number: SNAP 22-02

[SNAP Certification Manual](#)

Issuance Date: 05-01-2022

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: SNAP 3502.2 Discretionary Exemptions

---

Pages to be Deleted:	Date:	Pages to be Added:	Date:
SNAP 3502.2	01/01/2017	SNAP 3502.2	05/01/2022
SNAP 3502.3	01/01/2017	SNAP 3502.3	05/01/2022

Changes were made to the SNAP 3502.2 and SNAP 3502.3 sections by updating the verbiage to Discretionary Exemptions and removing Percent Exemptions and changing the percent from 15 percent to 12 percent of the State's SNAP participation caseload.

### Summary of Changes:

- **SNAP 3502.2:** FNS allotted number of discretionary exemptions equal to twelve percent of the State's SNAP participation caseload.
- **SNAP 3502.3:** Removed the fifteen percent for assignment of discretionary exemptions as well as individuals who are exiting a Drug and/or Alcohol Rehabilitation Center and individuals who are exiting halfway houses or prison.

If there are any questions, please contact your Program Eligibility Analyst or SNAP Policy Unit.

Send Inquiries to: [DCO.SNAP.Policy.Unit@dhs.arkansas.gov](mailto:DCO.SNAP.Policy.Unit@dhs.arkansas.gov)

Beverly Alexander, [beverly.alexander@dhs.arkansas.gov](mailto:beverly.alexander@dhs.arkansas.gov), 501-682-8286

Yolanda Geary, [yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov), 501-682-8284

Kelley Jackson, [kelley.jackson@dhs.arkansas.gov](mailto:kelley.jackson@dhs.arkansas.gov), 501-682-8276