

Department of Social and Health Services
Olympia, Washington
EAZ Manual

Revision	# XXXX 1070
Category	Applications for Assistance -Filing an Application
Issued	March XX 10, 2020
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Summary

Updating EAZ Manual Filing an Application Chapter to include telephonic signature information to clarifying information and worker responsibilities.

Filing an Application

Created on:

Oct 02 2014

Revised March 10, 2020

Purpose:

This section includes rules and procedures on who can apply for benefits, how to apply for benefits and the minimum amount of information that must be provided to start the application process.

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WAC 388-406-0005 Can I apply for cash or Basic Food?

- Clarifying Information and Worker Responsibilities

WAC 388-406-0010 How do I apply for cash assistance or Basic Food benefits?

- Clarifying Information and Worker Responsibilities

WAC 388-406-0012 What is the date of my application and how does it affect my benefits?

- Clarifying Information and Worker Responsibilities

Clarifying Information - WAC 388-406-0005

1. Applications by others:

- 1) For cash, medical assistance, and Basic Food, third parties (i.e., persons not applying for themselves or their legal dependents) may apply for other persons. To apply on someone's behalf, third parties must:
- 2) ~~1-~~ Be familiar enough with the applicant's circumstances to complete the application accurately; and
- 3) ~~2-~~ Tell us why they are applying on behalf of the applicant to help us identify if the applicant should get Equal Access (EA) services under chapter 388-472 WAC. Examples of when someone might apply for another person include when the applicant is:

a)

- ~~i. Has a cognitive challenge~~ Physically or impairment;

~~b-a) Has a physical/mentally ill or mental health incapacity~~ otherwise incapacitated;

~~e-b) Is a~~ A minor child;

~~e-c) Has a cognitive challenge or impairment;~~

- ~~v. Is deceased;~~

~~d) Is subjected~~ Deceased;

~~e-e) Is subjected~~ -to domestic violence;

~~f-f) For Basic Food, is living in a qualified DDD group home or qualified substance use~~ substance use treatment -facility; or

~~f-g) For ABD cash and medical programs is temporarily residing outside the state~~

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~~g. For ABD cash and medical programs, is temporarily residing outside the state.~~

~~NOTE:NOTE:~~ -HIPAA restrictions prevent us from discussing the applicant's personal health information with ~~a~~ third party making the application unless the third party has power of attorney for the applicant or the applicant has signed a DSHS 14-012-(x), Consent form.

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2. Authorized representative:

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An authorized representative can be any adult who ~~is not is n't~~ a member of the Assistance Unit (AU) and has sufficient knowledge of the applicant's circumstances to act on their behalf. In general, the applicant chooses who will be their authorized representative. For more information, see PAYEES ON BENEFIT ISSUANCES – Authorized Representatives PAYEES ON BENEFIT ISSUANCES - Authorized Representative – Food Assistance.

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3. Applications while in a public institution:

1) Prior to release from a public institution, ~~people~~ residents may apply for public assistance. ~~The Community Services Office (CSO) needs to accept these applications.~~ Expedited eligibility determinations and timely access to medical assistance is available for applicants with mental disorders before release from confinement. A Medical ID card is sent to the facility so that the client can leave the institution with the ID card in hand. The goal is to provide eligible people with a medical assistance identification card on the date they are released, whenever possible.

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1. Expedited Medical Assistance

2) The department is required to make expedited eligibility determinations and provide timely access to medical assistance for applicants with mental disorders being released from confinement. The goal is to provide eligible people with a medical assistance identification card on the date they are released, whenever possible.

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3) Track Transitional Offender Assistance Program (TOAP) applications in ACES online. See ACES manual chapter Confinement and Release for detailed instructions.

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Commented [PL(2R1): Yes.

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2. 4. Program Options for Justice Involved Individuals

1) DOC and county and city jails have a variety of programs that may be used in placing offenders outside public institutions. ~~The Program Options for Inmates Matrix~~ The Program Options for Inmates Matrix is intended to clarify how placement in a correctional options program affects a person's eligibility for public assistance benefits. A justice involved individual is eligible to receive Classic Medicaid in a suspended state. On the date of their release from the institution, the recipient will receive full Medicaid coverage.

Commented [SN(3): This was last updated in 2013. I assume updates may need to be made? It still notes ADATSA.

Commented [PL(4): This link is outdated, correct link is <https://csd.esa.dshs.wa.lcl/csdtraining/jobcoaches/CSD%20Desk%20Aids/Program%20Options%20for%20Inmates.pdf> There is a separate one for medical, see <https://csd.esa.dshs.wa.lcl/csdtraining/jobcoaches/CSD%20Desk%20Aids/Classic%20Medicaid%20for%20Justice%20Involved%20Individuals.pdf>

Medicaid coverage. In compliance with SSB 6430 (passed in 2017), Medicaid Suspension, the CSO will accept medical applications from justice involved individuals in a correctional setting. These applications should be processed like any other Classic Medicaid application. A medical ID card is sent to the facility so that the applicant can leave the institution with the ID card in hand.

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Worker Responsibilities - [WAC 388-406-0005](#)

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FOR NON-COMPLIANCE SANCTION (NCS) APPLICATIONS:

~~See WORKER RESPONSIBILITIES Non-Compliance Sanctions (NCS) Re-Applicants in [WAC 388-310-1600](#)~~

~~See [WorkFirst Sanctions-Participation](#)~~

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Clarifying Information - [WAC 388-406-0010](#)

The following topics related to the above WAC are discussed below:

- [Application Forms](#)
- [Name, Address, and Signature Requirements](#)
- [Informational Handouts and Supplemental Forms](#)
- [Review Alerts](#)
- [Interview](#)
- [Changes Made to Correct an Application](#)
- [Special Situations](#)

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NOTE: For the purposes of the following section, the term "**local office**" refers to CSO, Social Security Administration, and HCS offices.

~~**NOTE:** We cannot require or ask that a TANF applicant participate in a WorkFirst activity before we give them an application form.~~

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Application Forms

~~1.1~~ Opportunity to apply:

1. Local offices must make application forms readily available and provide a form to anyone requesting one. Applying for benefits is separate from any other program requirements. We cannot refuse to give an application form to a client because they are not meeting other program requirements or for any other reason.

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2.2) Application filing:

1. An applicant ~~has filed an application when we receive a Request for Benefits (RFB). This means the applicant~~ can get benefits from ~~this~~the date ~~they request benefits~~ if all other eligibility requirements are met ~~AND they complete an Application, Eligibility Review, or Interactive Interview Declaration (IID) form.~~ We can't require applicants to use a specific form to request benefits. Examples of typical requests for benefits include:

a. ~~2.~~ The ACES Request for Benefits (RFB);

~~2.~~ ACES 3G Interactive Interview Declaration (IID);

3.) with telephonic signatures. Telephonic signatures are captured when an applicant contacts the customer service contact center and requests benefits but has not submitted a paper application. Staff complete an ACES 3G IID while on the phone with the applicant. Two telephonic signatures are needed to complete the application.

1. The first telephonic signature is captured after interactively screening an application into ACES 3G.

2. A second telephonic signature is captured after the IID is reviewed and the applicant confirms the information is correct.

3. Telephonic signatures are captured for incoming calls only.

e. ~~4.~~ The name, address, and signature on the [DSHS 14-001\(X\) Application for Benefits](#) form;

d. ~~5.~~ The name, address, and signature on the [DSHS 14-078\(X\) Eligibility Review](#) form; or

e. ~~6.~~ Part 1 of the online application.

f. ~~7.~~ Another form of written request that includes a name, address, and signature.

EXAMPLE: Bob sends a letter requesting Basic Food benefits and we receive it on October 1st. We send Bob an interview letter and he calls for an interview on October 7th. We pend his Basic Food for a completed IID which he returns on October 15th. Bob meets all eligibility requirements. His Basic Food starts October 1st.

NOTE: We can't require the use of a specific form to request benefits, ~~but~~. But we do require that clients complete an Application for Benefits, Eligibility Review, or IID form to complete their application. These forms require physical signatures or telephonic signatures. These forms contain information we must provide to our clients according to federal and state law.

3.3) Adding a request for assistance to a pending application or eligibility review for another program:

- a. ~~1.) An applicant~~ Applicant or recipient can add a request for any benefits to a pending application or an unprocessed eligibility review verbally without submitting a new 14-001 or 14-078.

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~~b.2)~~ The ~~application~~ applicant or recipient may make the request in writing by checking the appropriate boxes on the 14-001 or 14-078 form and, dating and initialing the form. ~~For cash and food, the request can also be made verbally.~~

~~e.3)~~ Use the date the applicant or recipient added the new request as the date of application for the new program. See WAC 388-406-0012.

~~d.4)~~ If the application or eligibility review for the other program has already been processed, the applicant or recipient must submit a new ~~application~~ request for benefits.

EXAMPLE: Jenny has a pending application for Basic Food. At her intake interview she requests TANF. Add the TANF application to the Basic Food and note the date of request prominently in the ACES narrative.

EXAMPLE: Sam has a pending application for ABD cash. At his intake interview the worker makes him aware that he may be eligible for Basic Food. He decides to pursue Basic Food. Add the Basic Food application to the ABD cash and note the date of request in the ACES narrative.

EXAMPLE: Maria has a pending application for Basic Food. At her telephone intake interview, the worker makes her aware that she may be eligible for medical benefits. She decides to add a ~~medical~~ TANF request. If this is an incoming call, the worker can follow telephonic signature rules to process ~~medical~~ TANF. If not an ~~incoming~~ call, the worker ~~can~~ must complete an interactive interview, print the application and mail to Maria for signature.

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Commented [PL(6R5)]: Agreed, remove.

~~4.4)~~ Handling multiple applications from the same household:

~~a.1)~~ This applies to additional applications received **before** we determine eligibility on the first application:

~~1.1)~~ Do not deny the additional application(s).

~~2.2)~~ Review the application(s) for impact on eligibility or benefit level and whether the household is applying for any additional programs that were not selected on the first application.

~~3.3)~~ If the household ~~is not~~ isn't applying for additional programs, document the case that additional application(s) were received and that the department is still considering eligibility under the original application date.

~~4.4)~~ Treat the application as a new application for the additional programs only and continue to consider any requests for programs which are still pending under the original application date.

~~5.5)~~ Document in ACES and explain any additional information used to determine eligibility and/or benefit level.

~~6.6)~~ Do not extend the Standards of Promptness period for the original application.

NOTE: If the additional application is received before we determine eligibility on the first application but ~~is not~~ isn't acted on until **after** the first application has been denied, follow procedures under (b~~7.~~) below.

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~~b.5.)~~ **This applies** **applied** to additional applications received after we determine eligibility on the first application:

~~1.~~ If we denied the first application, treat this as an initial application according to [WAC 388-406-0010](#) with the following exceptions:

~~a.1.)~~ ~~For~~ **except**, for Basic Food, if we denied the first application due to lack of information, treat this as a reapplication and follow procedures under [WAC 388-406-0040](#) (6-)

~~2.~~ ~~For medical assistance, if we are still within the original 30 day reconsideration period under WAC 388-406-0065, send the applicant a letter requesting the information required to complete the original denied application as well as any new information needed for the current application. Determine the appropriate medical coverage start date based on the date the client provides the missing information.~~

~~2.2)~~ If we approved the first application, review the additional application(s) to determine if household circumstances have changed. Take appropriate actions on any changes reported ~~and deny additional applications for the same program and same persons to avoid duplicate participation.~~

~~1.~~ Use reason code 587;

~~2.~~ ~~Send out~~ **Deny additional applications for the** ~~required denial letter (if not system generated);~~ **same program** and

~~e.3.)~~ ~~Add text~~ **same persons to explain that the application is being denied because the applicant(s) on the application is already receiving the requested benefits** **avoid duplicate participation.**

NOTE: Please Recycle! When denying additional applications as described **in (c.)** above, avoid creating a new AU if an old AU is available.

Name, Address, and Signature Requirements

1. Name & address:

~~If an~~ **An** application is received without a name or address ~~we, make any~~ **reasonable effort we can** to contact the ~~client~~ **applicant**. If the ~~client~~ **applicant** is in the office, we ask ~~the client~~ for an address where they can be ~~reached~~ **contacted**.

Applications Marked "Homeless":

If we receive an application that includes a name and signature, but is marked "homeless" and/or ~~does not~~ **doesn't** indicate a mailing address, it is still considered a valid application and must be

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Commented [PL(8R7)]: Yes, still needed for Classic Medicaid. The WAC for medical would be 182-503-0080.

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screened. Make a reasonable attempt to locate an address or phone number for the applicant. ~~This~~Do this can be done by searching the electronic case record, case narrative or remarks, online directories, etc. Even if contact information ~~is not~~isn't available, an appointment letter must be sent to the applicant. Address the letter in the applicant's name to General Delivery for the municipalitytown indicated on the application. If no municipalitytown is indicated, send the appointment letter to the applicant by General Delivery for the nearest municipalitytown. The application must be processed in accordance with the Standards of Promptness guidelines in WAC 388-406-0035.

2.1. Signatures:

1. For cash, medical, or Basic Food, a representative may sign an application if the applicant is unable to apply on their own behalf or is unable to sign the application.
 - ~~2.1.~~For medical assistance, the applicant or representative must sign the application.
 - ~~3.2.~~For cash programs, a responsible adult AU member must sign the application ~~and if~~.
If both parents of the minor children are living in the home with the minor children, both parents must sign unless one is incapacitated and unable to sign the application.
 - ~~4.3.~~For Basic Food, the signature of one responsible AU member is required.
 - ~~5.4.~~A minor child may sign the application if there is no adult in the AU.
 - ~~6.5.~~A mark is an acceptable signature if another person witnesses it.
 - ~~7.6.~~Online applications for cash, medical, or Basic Food are electronically signed when transmitted. The password used to complete the online application is an electronic signature.

~~8.1. Telephonic Signatures are captured when an applicant contacts the Customer Service Contact Center and requests benefits. Staff complete an ACES 3G IID while on the phone with the applicant. Two telephonic signatures are needed to complete the application.~~

- ~~1. The first telephonic signature is captured after screening an application into ACES 3G.~~
- ~~2. A second telephonic signature is captured after the IID is reviewed and the applicant confirms the information is correct.~~
- ~~3. Telephonic signatures are captured for incoming calls only.~~
- ~~4. Telephonic signatures are not an option to approve TANF applications.~~

- ~~9.7.~~Applications received without a signature must be signed either at the time of the interview or by mail. See matrix below for signature requirements and date of application for various programs.

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Application Received	Online - for cash or Basic Food	Online - for medical assistance only or long-term care	In-person, mailed, emailed, faxed, dropped off, or scanned
Application Signed?	Yes. Always electronically signed when transmitted. If applying for cash and a 2-parent household with minor children, need additional signature of other parent.	Yes. Always electronically signed when transmitted.	May or may not be signed. Does not <u>Doesn't</u> need to be signed in order to be accepted. <u>If not signed, see "Action to Take."</u>
Date of Application	Date received or next business day if received after business hours	Date received or next business day if received after business hours	<p>If signed, date received or next business day if received after business hours.</p> <p>-</p> <p>If not signed, see "Action to Take".</p> <p>-</p> <p>For cash and food assistance, the signature on the front page of the application after the applicant's name counts as a signature for the purpose of establishing a date of application.</p> <p>-</p> <p>If two-parent household applying for cash, at least one parent's signature is required to establish the date of application.</p>

Application Received	Online - for cash or Basic Food	Online - for medical assistance only or long-term care	In-person, mailed, emailed, faxed, dropped off, or scanned
Action to Take	Interview if required or desk review. If applying for cash and a 2-parent household with minor children, get other parent's signature at interview or mail back for signature.	Desk review only. Only applicant needs to sign in 2-parent households.	If not signed, have client sign at interview (if the client is in the office) or mail back for signature. The date we receive the signature is the date of application for food assistance. If applying for cash and a 2-parent household, get the other parent's signatures.

NOTE: If we receive an application without a name, address, or a signature to file, we accept the application and take whatever action we can to contact the client to get the information needed to officially file the application. We must take action on all applications, even if there is information missing that is needed to file the application such as a name, address, or a signature.

Informational Handouts and Supplemental Forms:

- For all applicants:
 - Your Hearing Rights in a DSHS Case, DSHS 22-092
 - [DSHS 14-113\(X\), Client Rights and Responsibilities](#)
- For cash or family medical assistance:
 - ~~Application for Benefits, DSHS 14 001, if needed;~~
 - [How You Must Help with Child Support Collection, DSHS 18-334](#) - one per non-custodial parent; and
- ~~For cash assistance~~ Assistance for applicants with children:
 - [EPSDT Information Brochure, DSHS 22-019\(X\)](#);
 - Women, Infants and Children (WIC) pamphlet to applicants who are pregnant, postpartum, or who have children under age five. Pamphlets are available to local WIC offices.
- ~~Additional Requirements for Emergent Needs (AREN)~~ or the Consolidated Emergency Assistance Program (~~CEAP~~);
 - See [EMERGENCY ASSISTANCE - Additional Requirements for Emergent Needs \(AREN\)](#) or [EMERGENCY ASSISTANCE - Consolidated Emergency Assistance Program - CEAP](#) for forms needed when the applicant applies for benefits from these programs.

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Review Alerts/ Ticklers

Check the AU's alerts for possible computer matches made after screening. Compare match information with information provided by the client. Discuss and clarify any discrepancies during the interview.

Interview

See [INTERVIEW REQUIREMENTS](#) and Documentation.

Changes Made to Correct an Application

1. If possible, have the applicant or applicant's representative make the changes by:
 1. Drawing a line through the incorrect entry;
 2. Writing the correct entry; and
 3. Initialing and dating the change on the application.
2. If the applicant or applicant's representative ~~is not~~^{isn't} available to make the changes, follow the above procedures and document on the ACES remarks screen related to the change being made.

Special Situations

See [APPLICATIONS FOR ASSISTANCE – Special Situations](#) for the following situations:

- Applicant temporarily out of state;
- Medical applications by inmates of city or county jails;
- Trial visit program;
- Persons paroled and released from state correctional institutions; ~~and~~
- Applications for MSP from Social Security Administration Interface (LIS file); ~~and~~

~~NOTE: See [APPLICATIONS FOR ASSISTANCE – Expedited Service for Basic Food](#) to determine if the applicant can get Basic Food within seven calendar days.~~

Worker Responsibilities

Forms that must be reviewed with the household at the time of interview:

1. Rights and Responsibilities

Review form [DSHS 14-113\(X\), Client Rights and Responsibilities](#) with the household:

1. Face to Face Interviews

When conducting a face-to-face interview, explain the rights and responsibilities to the applicant and ask them to sign form [DSHS 14-113](#) to acknowledge that they understand them. Send the document as file only to be scanned into the client's Electronic Case Record (ECR).

2. Phone Interviews:

When conducting phone interviews, explain the rights and responsibilities to the applicant, send them a copy of form [DSHS 14-113](#), and request them to sign and return the document.

2. Your DSHS Cash or Food Assistance Benefits

For cash or food assistance benefits, review form [DSHS 14-520, Your DSHS Cash or Food Assistance Benefits](#) with the household:

1. Face to Face Interviews:

When conducting a face-to-face interview, explain the allowable use of benefits to the applicant and ask them to sign [DSHS 14-520](#) to acknowledge that they understand the restrictions and penalties for illegal use. Send the document as file only to be scanned into the client's ~~ECR~~ Electronic Case Record (ECR).

2. Phone Interviews:

- When conducting phone interviews, explain the allowable use of benefits to the applicant, send them a copy of form [DSHS 14-520](#), and request them to sign and return the document.
- The applicant is informed of the option to have a [telephonic](#) signature collected ~~while~~ on the ~~phone via an incoming phone~~ call.
- Telephonic signatures are not an option on an outgoing call.
- The first telephonic signature is captured once screening is completed to preserve the date of application.
- The screening process ~~is not~~ isn't complete and not considered an application until the first telephonic signature is captured.
- ~~The first telephonic signature is captured once screening is completed.~~
- The second telephonic signature is captured once the IID is reviewed and the applicant confirms the information is correct.
- The IID is printed and mailed to the applicant for a physical signature ~~when~~ if the call is disconnected prior to capturing the second telephonic signature.

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Clarifying Information - [WAC 388-406-0012](#)

Processing Basic Food Applications for Applicants Receiving Benefits from Another State during Month of Application

When applicants apply for Basic Food and they received benefits from another state during the application month, this ~~does not~~doesn't change the date of application:

- Deny the application for the initial month (and second month if necessary) if they have already received or will receive SNAP benefits from the other state for that month(s).
- If Basic Food benefits can be approved for the ongoing months and the benefit start date ~~is not~~isn't more than sixty days from the initial application date, a new application ~~is not~~isn't needed..

Worker Responsibilities - [WAC 388-406-0012](#)

1. Date stamping the application:

1. Date stamp the application, the same day we get the application, even if the application is sent to the wrong office; or
2. The next business day if we received the application outside of normal business hours.

NOTE: If you received an application without a signature and the client has now signed the application, **do not** date stamp the form a second time.

2. Adding a request for Basic Food to a *pending* application:

If the applicant has a pending application for one of our programs and requests Basic Food, use the application the applicant provided for the other program. The date the applicant requested food benefits is the date of application for Basic Food.

1. **Do not** require the applicant to complete another application. If you need additional information to determine eligibility for Basic Food, request the necessary information;
2. Document the request for Basic Food and the date the applicant requested the benefits; and
3. Add a program for Basic Food.

NOTE: If you have already processed the application for the other program(s), the client will need to apply for Basic Food separately. See Clarifying Information #4 under [WAC 388-406-0010](#) for details about handling multiple applications from the same household.

