

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

DATE APPLICATION FILED	MONTH	DAY	YEAR
DATE OF SCREENING	MONTH	DAY	YEAR

CASE NAME	CASE NUMBER	SCREENED BY
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### INSTRUCTIONS FOR COMPLETING THIS FORM

1. Screen all applicants for expedited application processing on the day of application.
2. State results of screening in Part Four; and if qualified for expedited application processing, conduct a Full Eligibility Interview and complete Part Five within seven calendar days of application.
3. If Full Eligibility Interview determines Household eligible for SNAP benefits:
  - Make benefits available to client within seven calendar days after the date of application.
  - Send/Provide client with the CNS "Approval Notice" or manual "Action Taken Notice" within seven calendar days after the application date.
  - Follow-up on all pended verification before issuance of on-going benefits beyond the initial expedited issuance period.

### PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING SNAP BENEFITS THIS MONTH?  **YES** - IF YES, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING  **NO** - IF NO, CONTINUE WITH PART TWO

**NOTE:** IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO.

COMPLETE PART FOUR

### PART TWO – CHECK YES OR NO

**\*\* In determining GROSS INCOME, exclude non-countable income such as child support payments made to a person outside the household.**

<b>SECTION A</b>	<p>CHECK YES OR NO</p> <p>DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, <b>AND</b></p> <p>HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN \$150 GROSS INCOME ** DURING THE MONTH OF APPLICATION?</p>	<input type="checkbox"/> <b>YES</b> – IF YES, HOUSEHOLD <b>QUALIFIES</b> FOR EXPEDITED PROCESSING.	<input type="checkbox"/> <b>NO</b> – IF NO, CONTINUE WITH SECTION B.	<p><u>COMPLETE PART FOUR</u></p>
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<b>SECTION B</b>	<p>ARE HOUSEHOLD'S TOTAL GROSS INCOME ** DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES?</p> <p>Rent/Mortgage: \$ _____ Income: \$ _____</p> <p>*Heat/AC: _____ Resources: _____</p> <p>*Utilities: _____</p> <p>*Telephone: _____</p> <p>*Homeless Shelter Deduction _____</p> <p><b>Total Expenses: \$ _____ Totals: _____</b></p> <p><small>* Use HT/AC Standard Utility Allowance (SUA) only if household incurs costs or received HEAP greater than \$20 during the month of application or within the previous 12 months of application.</small></p> <p><small>** Use the Homeless Shelter Deduction for "undomiciled" households who do no reside in a homeless shelter.</small></p>	<input type="checkbox"/> <b>YES</b> IF YES, HOUSEHOLD <b>QUALIFIES</b> FOR EXPEDITED PROCESSING.	<input type="checkbox"/> <b>NO</b> IF NO, HOUSEHOLD DOES <b>NOT QUALIFY</b> FOR EXPEDITED PROCESSING <u>UNLESS</u> QUALIFIED UNDER PART THREE.	<p><u>COMPLETE PART FOUR</u></p> <p><u>GO TO PART THREE IF A MIGRANT/SEASONAL FARMWORKER OTHERWISE, COMPLETE PART FOUR</u></p>
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### PART THREE – MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO

<p>A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID RESOURCES?</p> <p style="text-align: center;">AND</p> <p>B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:</p> <p>(1) WAS TERMINATED BEFORE APPLICATION?</p> <p style="text-align: center;">OR</p> <p>(2) IS NEW, AND NO MORE THAN \$25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION</p>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b> – IF NO, HOUSEHOLD DOES <b>NOT QUALIFY</b> FOR EXPEDITED PROCESSING.	<p><u>COMPLETE PART FOUR</u></p> <p><b>CONTINUE WITH B2</b></p> <p><b>NO</b></p>
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IF YES TO QUESTION A, AND YES TO EITHER QUESTION B1 OR QUESTION B2, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING, IF NO TO BOTH B1 & B2 HH DOES **NOT QUALIFY**, COMPLETE PART FOUR IN EITHER SITUATION

**PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE**

<input type="checkbox"/> QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.	<input type="checkbox"/> NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING STOP HERE	<input type="checkbox"/> NOT ENOUGH INFORMATION IS PROVIDED ON THE APPLICATION TO DETERMINE IF ELIGIBLE FOR EXPEDITED PROCESSING.
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**NOTES:**

**PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A, B AND C**

**VERIFICATION - CHECK YES OR NO**

<b>SECTION A</b>	1. CAN APPLICANT'S IDENTITY BE VERIFIED?  IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.	<input type="checkbox"/> <b>YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET</b>  GO TO QUESTION 2	<input type="checkbox"/> <b>NO</b> IF APPLICANT IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED  GO TO QUESTION 2
	2. WAS THE HOUSEHOLD'S LAST ISSUANCE AN EXPEDITED ISSUANCE?	<input type="checkbox"/> <b>YES</b>  GO TO QUESTION 3	<input type="checkbox"/> <b>NO</b> IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,  CONTINUE TO SECTION B
	3. IF YES TO QUESTION 2, HAS ALL RELEVANT VERIFICATION BEEN SUBMITTED?	<input type="checkbox"/> <b>YES</b>  IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,  CONTINUE TO SECTION B	<input type="checkbox"/> <b>NO</b> IF HH IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED.  DATE REQUESTED: _____  DATE SUBMITTED: _____

<b>SECTION B</b>	DATE OF ELIGIBILITY INTERVIEW:	WORKER NAME:

**AGENCY DISPOSITION OF SNAP BENEFIT ELIGIBILITY - CHECK APPROPRIATE BOXES**

<b>SECTION C</b>	COMPLETION OF THIS SECTION IS OPTIONAL – DISTRICT DISCRETION <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> ELIGIBLE (Applied on or before 15 <sup>th</sup> of month; zero benefit due to proration) <input type="checkbox"/> ELIGIBLE (Applied after 15 <sup>th</sup> of month; zero first month's benefit due to proration; full second month's benefit) <input type="checkbox"/> ELIGIBLE (Applied after 15 <sup>th</sup> of month; prorated first month's benefit plus second month's benefit) <input type="checkbox"/> INELIGIBLE: Indicate reason: <input type="checkbox"/> HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (provide explanation in comments.) <input type="checkbox"/> VERIFICATION OF IDENTITY NOT PROVIDED (SEE A1 ABOVE) <input type="checkbox"/> HH DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION (SEE A3 ABOVE)
	Other Denial Reason/Comments _____

DATE OF FINAL DISPOSITION ON SNAP BENEFIT ELIGIBILITY:	WORKER NAME:
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