

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SOCIAL SERVICES**

**2000 Case Processing Procedures**

**2000 Applications**

An application is a request for assistance made by an individual, agency, institution, guardian, or other individual acting for the applicant with his knowledge and consent. An application must be formalized in writing and applicants must be interviewed by an application worker before an eligibility decision can be made.

Any person interested in applying for benefits will receive a DSS application form. These forms are available at all DSS locations. A daily log to record the names of individuals who request application forms will be maintained at each DSS location. Applications for benefits cannot be processed until applicants submit a completed application and complete the filing procedures as specified in DSSM 2001.1.

The primary responsibility for establishing eligibility resides with the client, however, the Division will take necessary action to assist the applicant to establish his eligibility for assistance.

Each applicant will be informed of the programs for which he may be eligible, of his right to a decision on eligibility within a reasonable period of time, and will be informed of his right to appeal any Division decision on eligibility.

Each applicant will have his need for assistance determined in accordance with Division standards. The income of an applicant will be considered in relation to his needs during the calendar month in which the individual applies for assistance. Only such resources as an applicant has currently available will be used in determining eligibility.

Policies specific to Medical Assistance applications and processing timelines are found in DSSM policy section 14100.

**18 DE Reg. 139 (08/01/14)**

**2000.1 Filing Applications**

To receive assistance benefits, applicants must file an application by submitting a completed application form (Form 100) to DSS. Application forms are available and can be filed at all DSS locations each business day from 8:00 a.m. to 4:30 p.m. Applicants have the right to file an application the same day they contact DSS to request assistance and will be referred to the correct DSS location to apply. If an applicant is hospitalized or is ill, provisions for completing the application process at the hospital or in the client's home will be made by the local intake office.

Upon request for assistance, applicants will:

- Complete a Request for Assistance,
- Complete a DSS application form (Form 100). The completed form is date stamped and must be processed as specified in DSSM 2000.5. An applicant, who will not be interviewed on the same day he/she applies, may file an application by completing page one of the Form 100. These applicants will be instructed to complete the remainder of the form and bring it to the application interview. (online or hard copy Form 100)

Applicants are screened through DCIS for prior case activity and MCI numbers will be assigned as needed.

**2000.2 Interviews**

All applicants for assistance benefits must be interviewed by an application worker before eligibility for benefits can be determined. If a person cannot speak English, state on the signature page of the application whether translation services were offered or a family member or other person was present to translate. Interviews will be arranged as promptly as possible to ensure that applications are processed as specified in DSSM 2000.5.

The unit supervisor in each DSS location is responsible for determining the number of applicants that can be interviewed each day. If an applicant will not be interviewed on the same day that he/she files an application, the supervisor or his designee will screen the application for expedited service eligibility. All applicants who appear to qualify for expedited Food Stamp service must be scheduled for an application interview early enough to assure that benefits can be issued within expedited processing deadlines. (See DSSM 9041 ).

**2000.3 Record of Applications**

Local offices are required to record the date that each application for benefits is filed. The application is recorded by data entering application information into the DCIS system. Applications are pending in the DCIS system.

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#### 2000.4 Disposition of Applications and Notice Requirements

All applications for benefits filed with DSS must be disposed of, and notice of the disposition must be sent promptly to the applicant.

Applications are disposed of as follows:

1. Accepted - benefits can begin because the applicant is found eligible for assistance; or
2. Withdrawn - the applicant chooses to terminate the application process; or
3. Denied - benefits will not begin because the applicant does not meet eligibility requirements.

Note: For cash assistance, benefits begin from the date all required verification is received. For Food Stamps, benefits begin from the application filing date, after all required verification is received.

#### 2000.5 Non-Medical Assistance Filing Dates and Processing Standards

DSS will approve eligible applicants and send notice of acceptance as soon as possible, but no later than thirty (30) days following the application filing date. The filing date is the date the applicant completes, signs, and returns at least the first page of the application form to the correct DSS location.

Applicants who are ineligible will be sent a denial notice as soon as possible, but not later than thirty (30) days following the application filing date. If the applicant has failed to appear for an interview and has made no subsequent contact with the agency, DSS will send a denial notice on the 30th day following the application date. The applicant must file a new application to be reconsidered for benefits.

In cases where verification is incomplete, the applicant must provide missing verification by the 30th day following the application filing date. If verification is not provided by that date, the application is denied unless this deadline does not allow the applicant at least ten (10) days to return information. (This will occur when the application interview is held 21 or more days after the application is filed.) In these situations, the application can pend beyond thirty (30) days to allow at least ten (10) days for return of missing verification.

In all cases, the client must be informed via Form 105 of the verification that is needed and of the last day that it will be accepted. The application may continue to pend for an additional ten (10) days if the client has returned all verification originally requested and is asked to obtain further verification as a result of agency error. In that situation, the application is approved when the additional verification is submitted, but benefits are issued from the date that the original verification was submitted. If verification is not provided by the deadline, a denial notice is sent to the applicant.

In cases where there is a pending claim for cash benefits (e.g., U.C.), the worker must find out if a decision regarding the claim will be made within thirty (30) days from the application filing date. If a decision is anticipated in that timeframe, the application is not approved until the decision is reached. In those cases, income from the approved claim is included when determining financial eligibility and the amount of the grant. If a decision is not anticipated within the thirty (30) day period, the worker must determine eligibility based on the clients current situation and set a control to check the claim when a decision is anticipated.

In situations where an applicant is ineligible in the month of application, but will be eligible in subsequent months because of anticipated changes, the same application is used to deny benefits in the month of application and determine eligibility in the month following the month of application. In such instances the client need not reapply.

**18 DE Reg. 139 (08/01/14)**

#### 2000.6 Supplemental Applications

**For cash assistance** cases in which an individual is being added to an existing open assistance unit, add the person to the unit effective the date that the new member was reported to DSS. A separate face-to-face interview will not be required, but when adding the individual review eligibility factors such as income, resources, and relationship. DSS will verify that the individual resides in the home. DSS will add the individual to the most recent application with a note listing the date of report. A prorated supplemental cash assistance benefit will be issued effective the date the person was added to the assistance unit.

When an individual is being opened in a new assistance unit, the payee will need to add that person to the most recent application. In this case, the signature of the payee on the application will be required. DSS will review the application for eligibility. A prorated cash assistance benefit will be issued from the date the individual was opened.

Adding newborns to the assistance unit is effective the date of the child's birth whether or not the payee needs to resign the most recent application.

Example: Mrs. Jones is open in an A1 case with her two children. On 5/15, she reports that she had a baby born on 5/14. DSS will add the baby to the most recent application and request verification for eligibility. The baby is added to her

A1 case effective 5/14. A TANF supplement is issued from 5/14 - 5/31. The Food Stamp supplement is issued from 5/1 - 5/31.

Example:Mrs. Jones is open in an A1 case with two of her children. On 6/13 she reports that her 14 year old son is no longer living with his father but living with her. DSS will add her son to the most recent application and review for eligibility. Her son is added to the TANF assistance unit and the Food Stamp household effective the date of report which is 6/13. A TANF supplemental benefit is issued from 6/13 - 6/30. The Food Stamp supplement is issued from 6/1 - 6/30.

Example:Mrs. Jones and her children are open in an A1 case. On 3/23 she reports that her niece is now living with her. DSS will set up an A2 case for her niece with Mrs. Jones as payee. DSS will add the niece to the most recent application. DSS will need to review eligibility factors and have Mrs. Jones resign the application. The effective date of the cash assistance benefit is when the eligibility factors have been reviewed, verified, and the application has been signed by Mrs. Jones.

**For Food Stamps**, add the individual to the household effective the first of the month in which the new household member was reported to DSS. A full supplement is issued for the month a new household member is added to the food stamps. Food Stamp supplements cannot be prorated during a certification period. DSS will need to verify eligibility factors even though a new application and signature by the payee is not required.

**9 DE Reg. 1368 (03/01/06)**

## **2001 Redeterminations**

A redetermination is a process by which eligibility factors are periodically reviewed to determine if they assistance group remains eligible for benefits.

### **2001.1 Redetermination: Eligibility Review Periods**

Eligibility periods means the period of time within which a family is eligible to receive benefits. At the expiration of each eligibility period cash assistance benefits end. Further eligibility is established based upon a newly completed application, an interview and verification of information. Under no circumstance will benefits continue beyond the end of an eligibility period without a new determination of eligibility. The first month of the eligibility period is the first month for which the household is eligible to participate.

A redetermination is due when the eligibility period is expiring. The recipient must complete a new DSS application form and an interview. The interview may be in person or over the phone. When the client says he/she cannot get a requested document, the worker will assist him/her in obtaining an acceptable verification. A redetermination is complete when all eligibility factors are examined and a decision regarding eligibility is reached. The worker sets a new review period for eligible families.

The eligibility review periods for cash assistance cases will not exceed 12 months. If there are also Food Stamps to review, the cash assistance eligibility period will be adjusted to come due at the same time as the Food Stamp review. That means, the cash assistance redetermination will be done at the same time as the Food Benefit recertification.

If there is no open Food Benefit case but there is an open cash assistance group, the eligibility period of the new cash assistance group is adjusted to come due at the same time as the existing cash assistance group.

**13 DE Reg. 661 (11/01/09)**

#### **2001.1.1 Interviews**

Delaware's Temporary Assistance for Needy Families Program emphasizes work and work-related activity. Mandating face-to-face interviews might undermine that goal. Therefore, use mail-in applications, with a telephone interview, as an option to encourage recipients to continue employment and training activities or continue working. For Non-Needy Non-Parent Caretakers using mail-in applications with a telephone interview is also permitted since DSS does not count the income and resources of these caretakers. A Contract of Mutual Responsibility is still required to be reviewed and updated.

#### **2001.1.2 Redetermination Notices**

Families that have filed an application by the fifteenth (15th) day of the last month of their eligibility period must be provided with either a notice of eligibility or a notice of denial by the end of the current eligibility period. The end of the eligibility period means that a redetermination interview is due.

A system-generated notice is issued even if the assistance group's benefit level increases or does not change.

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If a family received a notice of expiration of when the eligibility period was ending indicating that a redetermination was due, and timely reapplied for cash assistance, they are to be sent another notice no later than 30 days after the review date. This second notice will indicate whether the family was eligible for benefits or denied benefits based on the information provided for the redetermination.

**8 DE Reg. 1153 (2/1/05)****2002 Changes in Circumstance For Cash Assistance**

Recipients are required to report significant changes that might affect their eligibility for cash assistance as soon as they are aware of such a change. Workers must instruct clients of this responsibility at the application interview and at each subsequent redetermination.

When a change is reported, workers will review eligibility in light of the new circumstance. If the change will result in ineligibility, the worker must take action to close the assistance case and send notice to the client at least ten (10) days prior to the effective date of the closing. (In some situations, ten (10) days advance notice is not required. See DSSM 5302 for a complete list of those situations. In those cases, notice of the change must be sent five (5) days in advance of the change.)

A significant change is defined as any of the following:

- change in household size; or
- new source of employment; or
- loss of unsubsidized employment or a change in employment status from full-time to part-time which was beyond the recipient's control; or
- an increase of forty (40) hours or more in unsubsidized employment per month; or
- receipt of a new source of unearned income; or
- increases or decreases in existing sources of unearned income totaling \$50.00 or more per month.

EXAMPLE: An applicant applies in May. The applicant is employed. The applicant is working 30 hours per week and earned \$6.15 per hour. The best estimate of wages is calculated by multiplying 30 hours times \$6.15 (\$184.50 per week), then multiplying the weekly figure by 4.33 to determine the monthly income of \$789.89.

If the change will not result in ineligibility, workers will proceed by:

Instructing the recipient to provide any necessary verification of the change within ten (10) days. Action is taken to effect the reported change prospectively. (See DSSM 2014). Refer to DSSM 9085 for reporting changes for Food Stamps.

**2002.1.1 Case Closures**

For Cash Assistance and Food Stamps:

The Division can terminate benefits if, based on reliable information, the following is true:

- All members of an assistance group/household have died; or
- All members of an assistance group/household have moved from Delaware; or
- DSS mail has been returned by the post office indicating no known forwarding address.

For Medical Assistance:

The Division can terminate benefits for an individual if, based on reliable information, the following is true:

- The member of the assistance group has died; or
- The member of the assistance group has moved from Delaware; or
- DSS mail has been returned by the post office indicating no known forwarding address.

**2002.1.2 Change of Address Case Processing Instructions**

Outlined below is a method for obtaining information from client and procedures for processing address changes.

A. Method - The method involves answering the questions of WHO, WHERE, WHEN, and WHAT.

1. WHO:

- a. Identify all members of the Assistance Group (AG) or Household (HH) who are moving.
- b. Determine the status of those who are not moving.

2. WHERE:

- a. Establish the new address for the AG/HH. (Be sure to include the correct Postal Zip Code.)

- b. Identify whether the AG/HH has moved into the dwelling/residence of another.
- c. Identify whether another person is moving in with the AG/HH at the new address.
- d. Determine whether the other person identified in (b) of (c) above is related to any member of the AG/HH. If yes, determine the impact on client eligibility for continued benefits.

3. WHEN:

- a. Establish when the move is/was effective.

4. WHAT:

- a. Identify the new shelter expenses, including:
  - 1) Rent/mortgage amount.
  - 2) HUD subsidies.
  - 3) Utilities (heat, cooling, water, etc., none).
  - 4) Taxes.
  - 5) Insurance.
  - 6) Telephone.
- b. Determine whether expenses are shared with another household.

B. Procedures

The following procedures are to be used when a client reports a change of address:

1. Initial Client Contact

- a. Always verify identity of person reporting address change during both telephone and office contacts, as follows:

- 1) Telephone Contact - Request caller to provide essential identifying data (i.e., Social Security Number, Date of Birth, etc.)

- 2) Office Contact - When person is not known to you, request individual to provide essential identifying data or verify identity by checking case record photo ID card.

- b. Once identity is verified and no other verification has been provided, immediately process only the address change by entering information into DCIS; i.e., only the physical change of address.

NOTE: If the change cannot effect the benefit prior to deadline for the next scheduled benefit(s) issuance, offer the client the option of a benefit(s) hold. Document the client's decision on whether the benefit(s) is to be held. If the client elects to have the benefit(s) held, send message to DMS to hold.

REMEMBER: If the move is to a shelter for battered women and children, the household may receive an additional Food Stamp allotment as a separate household only once a month. (See DSS Manual Section 9707.)

- c. Advise client verbally of what verification is necessary to complete the action and the deadline for presenting the verification. Hand-issue or mail the client the Form 105 to identify the required verification and the deadline [minimum of ten (10) days] for the receipt of the verification.

2. Follow-up Activities

- a. When verification is not received prior to the deadline, determine continued eligibility based on known facts.

- b. Review for accuracy and document facts. If any discrepancy is identified, notify the client of what information is needed to resolve and establish a new deadline.

- c. Process the changes prospectively to effect the changes in shelter costs now.

- d. Review DCIS to make sure correct information is in the system:

If the client owned the previous residence, review the disposition of any real property for appropriate eligibility determination of income and resources.

**2002.2 Ineligibility Occurring After the First Day of the Month**

When ineligibility occurs after the first day of the month, the cash assistance case must be closed the following month. Note: If the change is reported too late in the month to allow for advance notice to the recipient, the case is closed the next month. (See DSSM 5202 for exceptions to the advance notice requirement.)

The following action must be taken on the current month's benefits.

- 1. If ineligibility is the result of a strike, the payment must be recovered as outlined in DSSM 3025.

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2. If ineligibility results because the recipient receives lump sum income, the payment must be recovered as an overpayment.
3. If ineligibility results because of an increase in income, the worker will determine if income received in the month it began was enough to render the unit totally ineligible. If so, the payment must be recovered in an overpayment.
4. If ineligibility occurs for another reason, the payment is not recovered.

**2003 Payee and Voluntary Protective Payee**

The payee for an assistance grant is the person in whose name checks are issued. A payee who is not included in the assistance unit is recorded as a "payee only" in the DCIS system. Payments issued to a "payee only" should be so designated. Instructions for issuing payments denoting "payee only" status can be found in the DCIS User Guide.

In TANF or GA, if both parents are in the home, the parents will decide who is designated as the payee.

In TANF or GA, persons may select "voluntary protective payees" if they are ill or hospitalized and unable to transact the check easily. Persons who are mentally retarded may select a "voluntary protective payee" if they are unable to transact financial matters without difficulty. The case record must indicate the reason for the selection. The names of both the voluntary protective payee and the client must appear on each application form.

The designation above is similar to the designation "Representative Payee" as used by the Social Security Administration and "Authorized Representative" as used in the Food Stamp Program.

The request for a "voluntary protective payee" must be in writing from the recipient to whom payment would otherwise be made in an unrestricted manner and must be recorded in the case record. The restriction must be discontinued promptly upon the written request of the recipient who initiated it. (ID card issuance procedure for voluntary protective payee - See DSSM 2022.1)

**2003.1 Power of Attorney**

A person may be severely disabled physically but still able to manage his affairs whether through his own efforts or with the help of another person to whom he may give a valid power of attorney to act for him in certain specified areas, such as endorsement of his assistance check. In such cases, the client shall be the designated payee and not the person granted the power of attorney.

**2004 Payment Dates**

Regular monthly grant payments are mailed to recipients on or around the first day of each month. Initial grant payments are mailed when assistance is authorized, and the payments are prorated from the date the eligibility is established.

**2005 Check Rounding**

All payments are rounded down by dropping the cents.

**2006 Grant Payment of Less Than \$10**

No assistance check, initial, regular, or supplemental is issued in an amount of less than \$10. A recipient who is entitled to a payment under \$10 will not receive a check, but is considered a recipient for other purposes.

**2007 Stop Payments for TANF, GA and RCA Benefits**

The following procedures are used to place a stop-payment on a check that is reported by a client as lost, stolen, or not received by the 5th of the month.

1. The client must sign the Affidavit of Forgery and Request for Replacement of Lost Checks (Form 124) indicating that the check was not received, or was lost or stolen. Form 124 must have the benefit number and the benefit amount to be replaced. Form 124 is to have a notary signature.
2. The worker completes Form 230, Stop Payment or Rescind Payment for each TANF, General Assistance, and RCA check not received.
3. Form 230 and Form 124 are forwarded to DMS.
4. DMS investigates claims of checks that were not received, lost, or stolen. DMS will issue a replacement check to the recipient four working days after the receipt of the affidavit and Form 230, if the original check has not been cashed.

(Note: In rare instances DMS will send a replacement check to the pool when requested. A reason must be given for distribution by the pool.)

**9 DE Reg. 1756 (5/1/06)**

**2008 Replacement Benefits - TANF, GA, RCA**

The client must sign the Affidavit of Forgery and Request for Replacement of Lost Check (Form 124) attesting to the loss and submit the affidavit to DSS within ten days of the report of the loss.

The household will not receive a replacement check if the affidavit is not received by DSS within ten days of the report of the loss. If the tenth day falls on a weekend or holiday, DSS will consider the affidavit as received timely if it is received on the next business day.

The household will not receive a replacement check if the date of request exceeds the stale date on the check. The stale date on checks is sixty (60) days from the date of the check..

DSS will issue replacement benefits within ten days of the reported loss or within four working days of receiving the affidavit, whichever is later.

The procedures listed below are followed in order to replace benefits. They apply to both closed and open cases.

1. The DCIS II screen that reflects the current status of the case (open or closed), Form 124, and Form 230 are sent to the Payment Section, DMS, Third Floor Annex, Administration Building, Herman M. Holloway, Sr. Health and Social Services Campus.

If the replacement is to be issued in an amount different from the original benefit, the pool supervisor must indicate on a separate sheet of paper the amount of the replacement benefit, the reason for the different amount and sign it.

Upon receipt of Form 124 and Form 230, the Payments Section will issue the benefit via the DCIS II system and mail it to the recipient. Note: In order to issue a replacement benefit for a closed case, the Payments Section will have to reopen the case. Once the replacement benefit has been issued, the Payments Section will return the case to a closed status. A DSS supervisor may grant reasonable extensions of the above ten-day limit based on good cause.

**9 DE Reg. 1756 (5/1/06)**

**2009 Holding Checks and Food Stamp Benefits**

1. Checks and/or Food Stamp benefits may be held at DMS after the DCIS processing deadline for the following reasons:

a. A change in circumstance in a cash assistance case is reported or discovered after the 20th of the month that will result in a reduction or termination of benefits.

If DSS has information confirming a circumstance that requires only adequate notice such as when a recipient has been committed to an institution, or when a child has been removed from the home as the result of a court action, the worker will reduce or terminate the benefit and send notice to the client. (See DSSM 5201). In these situations, 10-day advance notice is not required. If any other circumstance is reported that will result in a reduction or termination of benefits, the check may be held and canceled only if the client signs a written statement indicating that he/she understands that benefits will be reduced as a result of the information that was reported. If a statement is not signed by the client, the benefit cannot be reduced. Cash assistance clients must be informed that failure to sign such a statement could result in an overpayment.

NOTE: Changes in Food Stamp cases reported after the 20th of the month that result in a reduction or termination of benefits are always reflected in the Food Stamp budget the month following the next issuance. For example, a change reported on June 28th is reflected in August's issuance. In addition, the July benefit is not recoverable as a Food Stamp claim even if the change results in termination of the benefit. For this reason, benefits are not held when such changes are reported.

b. A change of address is reported after the processing deadline (cash assistance only). The worker will notify DMS to release the benefit to the new address. In addition, the worker will notify the client via Form 145 that the benefit was mailed to the new address and will request that the client provide verification of the address change and the new living arrangements within ten (10) days. In these cases, it is not necessary to hold the check until verification is received. However the case must be closed for the following month if the client does not provide verification as requested.

2. Procedures for holding checks and Food Stamp benefits

a. DMS will inform local offices of the hold deadline date at the beginning of each month.

b. Requests to hold checks or Food Stamp benefits will be sent to DMS via messages on the DCIS system. Messages are sent after 3:00 p.m. every day listing all benefits to be held that day.

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Separate messages are sent for Food Stamp benefits and checks. The messages must include the case name, DCIS ID number, and case suffix of each benefit to be held. In addition, the Zip Code for each check that is held and the complete address for each Food Stamp benefit that is held must be included in the message.

**Sample Message Format**

From: Pool 460

To: DMS

Please hold the following checks:

- 1) John Smith 032121 G1 19901
- 2) Bill Jones 031561 A1 19943

3. DMS will also be notified of the disposition of held benefits via messages on the DCIS system. Messages are sent after 3:00 p.m. every day listing all dispositions made that day. Separate messages are sent for Food Stamp benefits and checks. The case name, DCIS ID number, case suffix, and disposition must be included in the message.

Sample format:

From: Pool 460

To: DMS

Please make the following dispositions on held Food Stamp benefits.

- 1) Bob Jones 234161 F1 cancel
- 2) Sheila Brown 191000 FI mail to current address
- 3) Susan Green 192013 F1 mail to 22 Black St., Dover, DE 19901
- 4) If the printer at DMS is not functioning, a message will be sent to all local offices the next day to request that the list of the previous days' holds and dispositions be sent again.
- 5) DMS will send a list of the checks and Food Stamp benefits still on hold after the first of the month to each local office. Disposition must be made on all benefits by the 15th of the month.

On the 15th of the month DMS will send to the attention of the Operations Administrators a list of benefits still on hold. It is the responsibility of Operations Administrators to ensure that disposition is made on all benefits by the DCIS processing deadline. If disposition is not made, the next month's benefit will also be held.

**2010 Disposition of Benefits Returned in the Mail**

Each month DMS will notify each local office of all benefits that are returned in the mail. Disposition must be made on these benefits by the DCIS processing deadline. DMS will be notified of the dispositions via messages online. Messages are sent each day after 3:00 p.m. listing all dispositions made that day on returned in the mail benefits. Separate messages are sent for checks and food stamps, and will include the disposition, case name, DCIS ID number, case suffix, and address change, if any, of each benefit.

Sample Format:

From: Pool 460

To: DMS

Please make the following dispositions on checks returned in the mail:

1. John Smith 013522 A1 cancel

2. Larry Green 013511 G1   re mail to current address
3. John Jones 015311 A1   re mail to 13 Smith St., Dover, DE 19901

### **2011 Issuing Benefit Restorations**

7 CFR 273.17, 45 CFR 233.20(a)(12)

This policy applies to cash assistance and food benefit applicants and recipients that received less benefits than they were eligible to receive. The need for restoration may be identified by the client or DHSS. Eligibility for restoration may also be determined by a court or administrative hearing decision or a change in law.

#### **1. DSS Must Correct All Under-issuances**

An under-issuance occurs when the amount of benefit that the household received was less than the benefit the household was entitled to receive. In these instances DSS will issue a benefit equal to the difference between what was received and what should have been received. This is called a restoration.

Exception: Restorations are not issued when funding is not available.

#### **2. Restorations Must Be Approved**

Benefit restorations must be approved by a designated authority. The following are authorized to approve restorations as indicated.

- A. Operations Administrator: approves 1 to 3 months of benefits.
- B. Chief Administrator: approves 4 to 12 months of benefits.
- C. Fair hearing or court decision: required for 13 or more months of benefits.

#### **3. DHSS Applies Restorations to Unpaid Overpayments and Claims**

If the client has an unpaid overpayment or claim, the agency will first use the restoration to reduce the overpayment or claim. Any remaining funds are sent to the client. See DSSM 7002.1 and DSSM 9011.1.

#### **4. DHSS Issues Restorations When the Household Composition Changes**

Issue benefit restorations even if a household's membership has changed. In this instance issue the restoration to the household containing a majority of the individuals who were household members at the time the loss occurred. If the agency cannot locate or determine the household which contains a majority of household members, the agency will issue the restoration to the household containing the head of the household at the time the loss occurred.

**15 DE Reg. 1025 (01/01/12)**

### **2012 Deceased Recipients**

Eligible individuals may receive benefits up to and including the date of his/her death.

For Cash Assistance:

If a recipient dies after midnight of the first day of the month, but before he has received his grant or was unable to endorse and cash it, the check may be returned to the Payments Section, DMS. There it will be marked "Payable to the estate of" the recipient. The name of the person handling the estate will be designated as payee. The check will be sent to the person handling the estate.

For Food Stamps:

If the deceased recipient was the only household member, the food stamp benefits are returned to the agency.

If the deceased recipient is the payee of the benefit for a household, the remaining household members are eligible for the benefit at the same level for the current month, and if eligible due to ten day notice, for the next month's benefit.

For Medical Assistance:

Individuals may receive benefits up to and including the date of his/her death.

For Long Term Care:

Institutions may receive vendor payment up to and including the date of death.

**2013 Verification**

7 CFR 272.8(a), 7 CFR 273.2(f)(9)

In general all categorical eligibility factors must be verified before assistance can be authorized unless policy specific to that factor indicates that verification can be delayed.

When a redetermination is due, the recipient must complete a new DSS application form (Form 100). A redetermination is complete when all eligibility factors are examined and a decision regarding continuing eligibility is reached.

Close the assistance case of a recipient who fails, without good cause, to complete the redetermination review. Likewise, close the assistance case of a recipient who fails, without good cause, to provide requested information necessary to establish continued eligibility.

As part of the verification process for continuing eligibility, the person will provide verification that s/he has carried out the elements of the individual Contract of Mutual Responsibility. The penalties for non-cooperation in developing the Contract and/or following through with the required components of the Contract are also detailed.

Refer to DSSM 2001 for specific information regarding timeframes for returning verifications and noticing requirements. Recipients are required to verify changes in circumstance within ten (10) days of the report of the change.

**18 DE Reg. 142 (08/01/14)**

**2013.1 Income and Eligibility Verification Systems (IEVS)**

The purpose of the Income and Eligibility Verification Systems is to obtain and verify income information relevant to determining eligibility and benefit amounts in the TANF, FS, Child Care, and Medicaid programs through a series of computer matches and on-line interfaces. In IEVS, the Division will obtain:

- Unearned income data from the Internal Revenue Service (IRS).

**Exception: The Food Supplement Program will not utilize unearned income data from the IRS.**

- RSDI, SSI, pension, self-employment earnings, wage data and verification of Social Security Numbers from the Social Security Administration (SSA).
- Wage data and UC data from the Delaware Department of Labor (DOL).
- Licensed motor vehicle ownership data from the Delaware Division of Motor Vehicles (DMV). The address reported to DMV of each person holding a Delaware driver's license is also available through this system.

Information obtained through IEVS will enable the Division to:

- Identify unreported or discrepant income information.
- Discourage new applicants from attempting to receive benefits to which they are not entitled.

Except for IRS information, IEVS data is stored in DCIS and can be viewed by accessing the system (see the DCIS User Guide for instructions). IRS information is not stored in DCIS. It is available in hard copy only and is safeguarded according to IRS regulations.

**10 DE Reg. 1007 (12/01/06)**

**18 DE Reg. 142 (08/01/14)**

**2013.2 IEVS Notification to Applicants and Recipients**

Applicants and recipients must be notified that income and eligibility information will be obtained from the IEVS income sources (DOL, SSA, DMV, IRS) and will be used to determine initial and ongoing eligibility for benefits. This notice is part of the DSS application form (Form 100) and is explained to applicants and recipients at the time of application and at each recertification or redetermination of eligibility.

**2013.3 Requesting IEVS Information**

Information will be requested from the IEVS income sources on all Cash Assistance, FS, and Medicaid applicants and recipients and on other individuals whose income is considered in determining eligibility for these programs. Other individuals include step-parents, minor parents' parents, and disqualified and sanctioned individuals.

**Exception: The Food Supplement Program will not request or utilize unearned income data from the IRS.**

Information on persons who apply for benefits is requested from all IEVS income sources each month. For recipients and other individuals, information is requested as indicated below:

- DOL -Wage data is requested quarterly for recipients that were active during the most recent quarter for which DOL has information. For example, in April, DOL has complete wage information for the last quarter of the previous year. In April, DSS will request information on those active in October, November, and December of last year.
- Unemployment Compensation data is requested monthly.
- SSA - Initially, benefit and other income information on all currently active recipients is requested and received. Thereafter, SSA is notified on a monthly basis of additions and deletions to the active DSS file. SSA information is received by DSS when BENDEX (the SSA computer file) is updated with new income information.
- IRS -Income data is requested annually on currently active recipients.
- DMV - Information is screened (on- line) at recertification and redetermination of active recipients.

**18 DE Reg. 142 (08/01/14)**

#### **2013.4 Using IEVS Information**

Applicants - Information obtained through IEVS is used to determine initial eligibility and benefit amounts. However, DSS cannot delay an eligibility determination solely because IEVS data is not available, unless the income information reported by the applicant is questionable. If all other eligibility requirements have been met and IEVS data has not been received, an eligibility decision must be made. When IEVS data becomes available, the information must be acted on in the timeframes allowed for processing IEVS information on recipients.

Recipients - DSS must act on information received through IEVS on active recipients within 30 days of the receipt of that information. This includes:

- Comparing IEVS data to case record information.
- Identifying new or discrepant information.
- Verifying information.
- Making appropriate case changes or documenting the case record if a case change is not necessary.
- Issuing a notice to the recipient that informs him/her of the case change and his/her right to request a fair hearing.

The 30-day IEVS processing period begins when IEVS information is received by the State Office. The deadline may be extended in cases where it is necessary to contact a collateral source to verify IEVS data and the source has not responded. However, this deadline can be extended to no more than 20% of the cases involving collateral verification.

DCIS will track the 30-day IEVS processing period beginning the day information is received from the information source. When information is acted on, the worker will notate the DCIS file with a code indicating that the match information has been resolved. Each month a report will be generated by DCIS that lists the cases for which IEVS information has not been resolved.

Information received on recipients whose benefits have been terminated must also be resolved, but these cases are not subject to the 30-day processing deadline. If an individual reapplies for benefits, any IEVS information that has not been acted on must be resolved before the application is approved.

#### **2013.5 IEVS Case Processing Instructions**

DSS will request information from the IEVS participating information sources by sending a tape listing current DSS applicants and recipients to the sources in the timeframes indicated in DSSM 2013.3. Information available from the sources' files is matched with DSS clients using the clients' Social Security Numbers.

UC data received from DOL and SSI and RSDI information received from SSA is verified. The DCIS file will be automatically updated and benefits will be recalculated using SSI and UC information. In the instance of RSDI data, DSS workers must resolve discrepancies between SSA and State Agency data, as described later in this section.

Wage and other income and resource data obtained through IEVS is not verified. When received, this data will first be processed by DCIS to screen out irrelevant data and data already known to the DCIS system. Any remaining unresolved wage and income data will be forwarded to Audit and Recovery Management Services (ARMS) for resolution.

ARMS resolves the wage and income data affecting the cases and forwards the information to the appropriate DSS supervisor via a transmittal form which informs DSS of what action should take place. If there is no change, the ARMS worker will notate the case record to indicate IEVS data did not necessitate a case change.

If IEVS information received on applicants can be resolved within the 30-day application processing limit, the application cannot be approved until the IEVS information is documented.

Wage and income information can be resolved by contacting the applicant or recipient or by contacting a reliable third party source (i.e., the employer or the source of other income). It is not necessary to secure the client's permission prior to

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contacting the third party source because applicants and recipients are notified at application and at redetermination or recertification of DSS' intention to obtain and use IEVS information to establish eligibility.

NOTE:DCIS will use the appropriate reason codes that notify the recipients that the benefit change resulted from information obtained through IEVS. Use of these codes allows DSS to document eligibility and benefit determinations made on the basis of IEVS information.

Additionally, to process IEVS information the procedures outlined below specific to the income information source are followed.

#### DOL

At application and at recertification or redetermination, DSS screeners will screen each applicant or recipient aged 16 and older through the DOL on- line computer interface. Regardless of whether the individual is found in the DOL system, a minimum of one DOL screen will be printed and included in the case file as evidence that the screening was completed.

Wage information in the DOL system is not verified. If wage information in the previous two quarters is discovered, it must be resolved as part of the application or redetermination/ recertification process. UC information is verified and is used to determine eligibility and benefit amounts.

#### DMV

At application and at redetermination or recertification, DSS screeners will screen applicants and recipients aged 16 and older through the DMV on-line computer interface when the individual does not report motor vehicle ownership, the situation appears questionable, and further investigation is warranted in order to establish eligibility. Examples of questionable situations include, but are not limited to, persons who do not claim MV ownership and are: 1) employed, or 2) were recently employed, or 3) live in remote locations. Routine DMV screening of all applicants and recipients is not required. DMV vehicle information registration discovered in the system is not verified and must be documented independently as part of the application process.

In addition to vehicle registration information, the address reported to DMV of each person holding a Delaware driver's license is also on file in the system. Though there is no requirement to check this information regularly, workers should be aware that it is available. An example of its potential use is to check the address of an absent parent.

NOTE:If information obtained from the DOL or DMV on-line interface was not reported by the applicant or recipient and this information is relevant to the eligibility and benefit determination, DCIS will use an IEVS reason code. Use of these codes will enable DSS to document eligibility and benefit determinations made on the basis of obtaining and using IEVS information.

#### SSA

At application all applicants must furnish a SSN or provide proof that an application for a number has been filed with the Social Security Administration. Applicants who have a number will be asked to provide proof of the number. Acceptable documentation includes a Social Security card, a pay stub, a W- 2 form or a UC claim card. If an applicant is unable to provide proof of his/her number but can furnish one, the application will be processed using the number the applicant furnished. All SSN's will be submitted to the SSA for verification through IEVS.

Numbers not verified by IEVS will be forwarded to Audit and Recovery Management Services (ARMS) for resolution. The procedure for handling unverified SSN's appears in DSSM 9032.5. If it is determined by ARMS that an applicant or recipient provided a false SSN in order to receive benefits for which he/she was not entitled, a claim or overpayment will be processed.

ARMS will notify DSS eligibility workers if it is unable to resolve an unverified Social Security Number. It is the responsibility of the eligibility worker to refer the recipient to the Social Security Administration to reapply for a Social Security Number. When this referral is made, the eligibility worker will note on the referral form (Form 122) the individual's unverified number so it can be investigated. These persons can continue to receive benefits as long as they provide proof that an application for a SSN has been filed at the Social Security Administration within ten (10) days of the referral.

At application, the intake worker will request verification of SSI and RSDI benefits listed on the application. Acceptable verification includes the recipient's award letter that verifies the current benefit or a response from the Third Party Query System (TPQY). If information on benefits has not been verified by the 30th day following the date the application was filed, determine eligibility using the applicant's statement regarding the SSI or RSDI amount. BENDEX information is used on a monthly basis to determine program benefits. DCIS produces a monthly report indicating the RSDI benefit amount shown on the BENDEX report from SSA as well as the RSDI amount currently displayed on the DCIS file for each RSDI recipient.

When both amounts agree, no further action is necessary. Whenever there is a discrepancy between the two RSDI amounts shown, proceed as follows:

1. Investigate the discrepancy and attempt to determine which figure is accurate. SSA's Third Party Query System (TPQY) report and award letters should be useful resources.
2. If the discrepancy is resolved, notify the Information Systems Unit (ISU) DCIS, Biggs Building, Herman M. Holloway, Sr. Health and Social Services Campus, and provide them with copies of any documentation used in your investigation.
3. Make any necessary corrections to DCIS.
4. If the BENDEX data appears discrepant, notify ISU of the circumstances so that technical assistance from SSA can be sought.

#### IRS

DSS matches its active file with IRS files annually. Newly accredited cases are submitted for matching on a monthly basis. Unearned income sources revealed through this match process are considered unverified until independent third party documentation is obtained through either the household or appropriate income, resource or benefit source.

**Exception: The Food Supplement Program will not request or utilize unearned income data from the IRS.**

ARMS has exclusive access to the IRS match reports, which are maintained in accordance with IRS (Dept. of the Treasury) Publication 1075, as well as the DHSS IEVS Security Action Plan developed by ARMS. IRS information is not placed in casefiles. Every effort is made to protect the confidentiality of the information and prevent its unauthorized use.

**18 DE Reg. 142 (08/01/14)**

### **2013.6 Child Support Interface**

Also included in DCIS, but not part of IEVS, is a computer interface with the Division of Child Support Enforcement.

In this system information regarding child support payments collected on behalf of TANF recipients and child support payments dispersed to recipients as bonus checks is entered into DCIS and automatically updates the DCIS data base. This is accomplished via computer interface with DCSE's computer system.

Each month the DCSE/DSS interface lists the amount of child support collected on behalf of children receiving TANF in the previous month. The DCIS data base is automatically updated with this information and the DCIS grant calculator uses the child support amount to determine the TANF unit's continuing financial eligibility. The TANF case is closed if existing income plus the countable child support payment exceed the TANF standard.

A second interface occurs with DCSE each month. The interfaces indicate when child support disregard/pass-through checks were issued and provides the basis for the TANF child support supplemental check computation. This information is matched with the related Food Stamp case to re-calculate Food Stamp benefits for the following month.

### **2014 Budgeting Procedures for TANF, GA, RCA and Food Stamps**

#### **2014.1 Definitions**

The following definitions are applicable to this section:

1. Prospective budgeting means to determine eligibility or to compute the benefit level for a payment/issuance month based on the Division's best estimate of income and circumstances which will exist in that month. The worker will base the estimate on the Division's reasonable expectation and knowledge of current, past, or future circumstances verified through the employer, recent pay stubs, award letters, the applicant or other income source.
2. Budget month means the calendar month for which the Division uses income or circumstances to compute the amount of the benefit.

NOTE: In prospective budgeting, the budget month and the payment/issuance month are the same.

3. Payment/issuance month means the calendar month for which benefits are paid.
4. Beginning/initial month means those months at initial application in which benefits may be calculated differently than on-going months.

A month in which an applicant household is determined eligible and would have received a benefit except for the \$10 restriction will be a benefit considered as an initial month.

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A month in which an applicant household is ineligible for the month of application, but eligible for the following month, will not be counted as an initial month for food stamps or TANF/GA.

**9 DE Reg. 1370 (03/01/06)**

**2014.2 Eligibility Determination**

Eligibility is always determined prospectively.

All cases are determined prospectively for the initial month of application and the subsequent months.

When adding new members to an on-going case, the new members and their income and resources are added prospectively.

**2014.3 Method for Calculating Prospective Best Estimate**

Obtain all available information from the client and possible income sources to estimate the income. Use all income received in the previous thirty (30) days to determine the future income. If the past income is not an indicator of future income, verify the amount of the expected income from the income source.

When income is received on a weekly, bi-weekly, or semi-monthly basis, convert the income to the monthly amount by multiplying by the appropriate income conversion factor as follows:

Weekly - 4.33

Bi-weekly - 2.16

Semi-monthly - 2

Example 1: Client is employed by TANF company and works 15 to 20 hours per week. He earns \$5.00 an hour and is paid bi-weekly. His last four weeks average 17.5 hours per week.

The bi-weekly hours average of 35 hours is multiplied by \$5.00 an hour to get the estimate of \$175.00 per pay. Multiply the \$175.00 bi-weekly pay by 2.16 to get the estimated monthly gross total income of \$378.00.

Example 2: Client is employed 40 hours per week by XYZ Designs. The last four weeks indicated she made \$6.00 an hour. The weekly gross income of \$240.00 is multiplied by 4.33 to get an estimated monthly gross income of \$1039.20.

Client reports that her hours were reduced in half effective the week she applied for benefits. After verifying the reduction with the employer, 20 hours weekly multiplied by \$6.00 is \$120.00. The monthly gross income of \$519.60 is the weekly income of \$120.00 multiplied by the weekly conversion factor of 4.33.

Changes in income are budgeted prospectively after verifying the information. Changes include, but are not limited to, changes in hourly rates, new jobs, changes from part to full time status (or vice versa), or loss of jobs. Do not budget prospectively changes in income due solely to things such as an extra pay cycle, bonus pay, and overtime or holiday pay.

**2014.4 Grant Computation**

[273.21(f)]

Once eligibility has been established, benefits are computed prospectively for the initial month and the following month.

1. Income received by individuals paid on a contractual basis (e.g., school teachers), farmers, and self-employed individuals is averaged. Income covered under a contract must be averaged over the number of months covered by the contract. Intermittent income received quarterly, semi-annually, or yearly such as farm income, will be averaged over the period covered by the income if it is reasonably expected to continue in the future. Income from educational grants, scholarships, or deferred educational loans are pro-rated over the period they are intended to cover. The averaged or pro-rated amount is recalculated when the base used to calculate the monthly amount changes. Recalculation could be occasioned by the signing of a new contract or the beginning of a new school term.

2. When an eligible individual is added to an existing TANF/GA unit, the eligible individual's needs will be reflected in the assistance at the time his/her eligibility is determined and a supplemental grant will be issued.

When a FS household reports that it has gained a new member (including newborns), the member is added effective the month the household reports the gain of the new member. A supplement will be issued for the entire month the new member is reported and added to the household. The additional benefits will not be prorated.

EXAMPLE:Household reports the birth of a baby on March 20. The baby is added to the case effective March 1 and a full supplement is issued.

Household reports the addition of two nephews on May 28. The two individuals are added to the household effective May 1 and a full supplement is issued.

The new member's income is budgeted prospectively. If the new member had been providing income to the household on an ongoing basis prior to becoming a member of the household, the previously provided income will be excluded in determining the household's benefits for the issuance month the new member is added.

EXAMPLE:Father moves back into the household on November 1. He had been sending child support payments to the household. Father is added to the household effective November 1. His income is budgeted prospectively for November on. No child support is budgeted.

Excluded household members whose income has been deemed as available to the household are added prospectively. Individuals previously disqualified for an intentional Program violation or failure to comply with work requirements must be added the month after their disqualification periods ends.

The following household members must be added using prospective budgeting procedures:

- Individuals who were previously disqualified for an intentional Program violation,
- Individuals who were previously disqualified under a work requirement sanction,
- Individuals who were previously ineligible because of failure to comply with the social security number requirement, and
- Individuals who were previously ineligible aliens.

Others (e.g. students) must be added using the budgeting procedures for adding new members who were not previously living with the household.

If an individual has moved out of one participating FS household within the State and moves into another with no break in participation, the individual's income, deductible expenses, and resources from the budget month are used in determining benefits to be provided in the issuance month. The individual, his income and resources, and his deductible expenses, are included in determining the issuance month eligibility and benefit level of either the household from which the individual has moved or the household into which the individual has moved, but not both.

If an individual moves out of a participating FS household and is no longer a Program participant, the individual and his income and resources are excluded when determining the household's FS allotment.

3. Deductions for eligible FS households are allowable as billed or averaged from the corresponding budget month. Included are those shelter costs billed less often than monthly which the household has chosen to average.

For households opting to average expenses, use the average amount determined unless a reported rate increase or first time expense necessitates are- calculation.

4. When a Food Stamp only recipient applies for cash assistance, the cash assistance benefit is determined prospectively.

### **2015 Medical Assistance Eligibility for Cash Assistance Recipients**

Please refer to the following sections of the Division of Social Services Manual:

- 13000 Medical Assistance Program Overview,
- 14000 Common Eligibility,
- 15000 Family and Community Eligibility, and
- 16000 Federal Poverty Level Related programs.

**2016 Reserved**

**2017 Reserved**

**2018 Reserved**

**2019 Reserved**

**2020 Burial Assistance**

A person who is receiving TANF, GA, or Medicaid at the time of death or a minor child of such a person who would have been eligible for TANF, GA, and Medicaid at the time of death is entitled to assistance for burial expenses from the State. The amount paid toward these expenses cannot exceed \$100. The deceased individual's next of kin must request burial assistance from DSS in writing and provide proof of burial expenses. Upon receipt of a request for burial assistance, the DSS worker will complete Form 112 according to the instructions in the Forms Index Manual. The completed Form 112 is to be mailed to:

Division of Management Services  
Business Office  
Herman Holloway Sr. DHSS Campus  
1901 N. DuPont Highway - Main Building  
New Castle, DE 19720

**2021 Coordination With Audit and Recovery Management Services (ARMS)**

Audit and Recovery Management Services (ARMS), in its investigatory role, has authority to close DSS cases. ARMS, however, cannot entertain reapplications which must be handled through the DSS intake structure.

Recipients inquiring regarding termination of assistance generally reach the ARMS investigator whose name appeared on the DCIS-generated notice of advance action announcing the termination. ARMS will refer clients back to their DSS workers in accordance with the following procedure:

- ARMS will explain the action taken and the steps necessary to resolve the problem (i.e., call your worker at Pool xxx to reapply).
- ARMS will then call the Pool worker to alert them that the client will be calling. The ARMS worker will brief the DSS worker on the case status so that the DSS worker can follow through on any controversial information. If appropriate, arrangements to deliver the case record should also be discussed.

**2022 Identification Cards****2022.1 General Information**

Issue a serially numbered photo-ID card to each approved Cash Assistance payee as proof of program eligibility.

Issue the ID card in the name of the household/assistance unit member to whom the check is issued. The participant/recipient and any authorized representative will sign the card in ink and it will be laminated in the DSS office.

For Voluntary Protective payees in TANF, GA, or RCA, issue the protective payee an ID card with his/her picture on the front of the ID card. The DCIS number of the case for whom he/she is the protective payee, will also be on the front of the ID card.

Limit issuance of ID cards to the time of initial certification with replacement made only in instances of loss, mutilation, destruction, changes in authorized representative, or when DSS determines that new ID cards are needed. Whenever possible, collect the ID card that is being replaced, and any other old ID cards that are in the client's possession.

Do not issue cards having typographical errors or other defects. Banks will not honor ID cards with characters whited out or strikeovers, and will confiscate these cards.

Use cameras for official purposes only. Destroy any pictures taken to test a camera.

Store cameras in a location which ensures that no unauthorized person can have access to them.

**At no time** may an ID photo be taken when an individual is wearing sunglasses.

Issue temporary (non-photo, unlaminated) ID cards when camera equipment/supplies are unavailable or inoperable. Using the usual ID card, limit use by indicating:

"valid for \_\_\_\_\_ only."  
(current month/year)

Do not use letters of identification as they are not serially numbered and compromise the bank's mandated record keeping processes.

**16 DE Reg. 874 (02/01/13)**

**2022.2 Internal procedures for ID card issuance**

The following are procedures to be followed uniformly in each DSS office:

1. Supervisors or their designee can obtain ID cards from the Program Implementation Unit as needed. If cards cannot be picked up personally, make arrangements for delivery by way of other responsible DSS staff members. Never transfer ID cards through messenger mail service. The PIU staff member dispensing the ID cards will obtain the signature of the receiving local office representative on the master log attesting that the cards have been inspected and are all present.

2. Supervisors are responsible for securing ID cards at all times. Protect the card supply by a lock. Protect the working inventory while in use.

3. The Pool supervisor will designate one primary person and one backup person to take pictures and issue ID cards to clients. To assure a secure process, limit the responsibility for general handling/issuing of ID cards to as few staff persons as possible.

4. Each supervisor will maintain a record of ID card numbers released to the working inventory.

5. The staff member requesting an ID card for a client must complete an ID card request, in writing, and forward it to the person issuing the ID card.

6. Each location must maintain a log, pre-numbered to correspond with the serial numbers on the ID cards. As cards are issued, the staff member dispensing the card must record on the log the name and DCIS # of the client and the date of issue. The staff member's initials must also appear on the log. Cards voided during the issuance process will be notated by the appropriate number on the log sheet. Punch a hole in any photo(s) and staple the voided card to the log sheet.

7. At the end of the working day, the supervisor (or designee) will assure that the log, and all cards, including voided cards, are returned to the secured storage location. The supervisor (or designee) will review the day's log to assure that every card is accounted for.

8. Any ID cards not accounted for must be reported immediately to Audit and Recovery Management Services (ARMS). Report verbally as soon as the discrepancy is noticed. Submit a Form 714 in writing within two working days.

9. At the end of each month, the supervisor will review the log to assure that every card is accounted for and that all voided cards are attached. The supervisor will reconcile the log by selecting a 10% sample of cards issued during the month. He/she will check the corresponding case records, making sure that the ID card stub has been filed in the front of each record. The supervisor will document the reconciliation by placing his/her initials in the comments section of the log for each card reconciled. Supervisors in offices with more than one unit will share responsibility for this task.

10. On the tenth working day of each month, forward to the Operations Administrator all completed log pages with voided cards attached, for storage. Retain these documents for three years and then discard.

11. The pre-numbered stub attached to the ID card and the written request will be affixed to the front cover of the casefile. Each stub will bear the client's signature and photo, and the photo of any authorized representative.

12. Whenever possible, recover ID cards from clients who are no longer eligible. For example, if a client appears in person to notify you to close a case, request that the client relinquish the card to you. Deface recovered cards by cutting them into at least four pieces, making sure that the photo is cut through. Discard the defaced cards.

**2022.3 Do not delay replacement ID cards to eligible participants.**

Exercise prudence when issuing replacements due to loss by discussing the possibility of recovery. Request any identification from the client that will assure the identity of the person requesting the card. Discuss suspected cases of misuse of ID cards with your supervisor. The supervisor will report any suspicious client or circumstances to ARMS as soon as possible.

Observe the following procedures prior to issuing a duplicate card:

1. Question client regarding circumstances surrounding need for replacement. If a new ID card is required due to a name change, appropriate legal documents (e.g., marriage license) will be required. Client must surrender obsolete card if in his/her possession.

2. Use the following procedures to verify the client's identity and current eligibility status:

A. Request photo ID from the client such as a driver's license, DMV ID, or military ID. Use the photo to identify the client. If the photo is inconclusive, ask for his/her signature and compare this to the ID signature. As for his/her SSN and use this to obtain his/her DCIS number and eligibility status

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B. If the client has no ID, obtain his/her signature, pull the case record and compare the signature and photo in the record to identify the client. Use the case record to obtain the client's DCIS number and eligibility status. Reception staff who are trying to establish identity may request that the worker pull the case record and make the comparisons.

C. If the client has no ID, and the case record cannot be pulled, use the DCIS system to establish identity. Ask the client for his/her SSN. Locate the client in DCIS and ask questions such as birthdate, current/previous address, names and birthdates of children, worker name. Obtain DCIS number and eligibility status. Refer the client to the worker if not satisfied with identification.

3. Have the client sign a dated acknowledgement receipt form (card stub), to be attached to the front cover of the case record.
4. Annotate the ID card log to record the issuance of the duplicate card.
5. Instruct the client to return the original ID card to DSS if located.

#### **2023 Disqualification for Intentional Program Violation for Food Stamps and TANF**

##### **2023.1 Administrative Responsibility**

DSS is responsible for investigating any case of alleged intentional Program violation, and ensuring that appropriate cases are acted upon through administrative disqualification hearings or referral to a court of appropriate jurisdiction.

Administrative disqualification procedures or referral for prosecution actions should be initiated by DSS in cases where DSS has sufficient documentary evidence to substantiate that an individual has intentionally made one or more acts of intentional Program violation as defined in DSSM 2023.3.

Cases to be handled by a DSS administrative hearing:

1. Duplicate Food Stamp benefits and TANF checks.
2. Cases where the claim is less than \$1,500 unless the claim is a combination of both program overpayments and is referred for prosecution.

If DSS does not initiate administrative disqualification procedures or refer for prosecution a case involving an overissuance caused by a suspected act of intentional Program violation, take action to collect the overissuance by establishing an inadvertent household error claim against the household in accordance with the procedures in DSSM 7000. DSS should conduct administrative disqualification hearings in cases in which the Division believes the facts of the individual case do not warrant civil or criminal prosecution through the appropriate court system, in cases previously referred for prosecution that were declined by the appropriate legal authority, and in previously referred cases where no action was taken within a reasonable period of time and the referral was formally withdrawn by DSS. Do not initiate an administrative disqualification hearing against an accused individual whose case is currently being referred for prosecution or subsequent to any action taken against the accused individual by the prosecutor or court of appropriate jurisdiction, if the factual issues of the case arise out of the same, or related, circumstances. Initiate administrative disqualification procedures or refer a case for prosecution regardless of the current eligibility of the individual.

Base administrative disqualifications for intentional Program violations on the determinations of hearing authorities arrived at through administrative disqualification hearings in accordance with this section.

##### **2023.2 Disqualification Penalties**

Individuals found to have committed intentional Program violation either through an administrative disqualification hearing or by a court of appropriate jurisdiction, or who have signed either a waiver of right to an administrative hearing or a disqualification consent agreement in cases referred for prosecution, will be ineligible to participate in the Program for:

1. A period of **one year** (12 months) for the first violation;
2. A period of two years (24 months) for the second violation; or for the first time found guilty of selling and purchasing controlled substances with food stamps;
3. **Permanently** for the third violation; or for the second time found guilty of selling and purchasing controlled substances with food stamps; or for the first time found guilty of selling and purchasing firearms, ammunition or explosives with food stamps, or for the first time convicted of trafficking in Food Stamp benefits valued at \$500 or more.

One or more intentional Program violation disqualifications which occurred prior to the implementation of these penalties will be considered as only one previous disqualification when determining the appropriate penalty to impose in a case under consideration.

If a court fails to impose a disqualification period for the intentional Program violation, impose the disqualification penalties specified in this Section unless it is contrary to the court order. Disqualify only the individual found to have committed intentional Program violation and not the entire household. The remaining household members shall agree to

make restitution within 10 days of the date the written demand letter is mailed or the household's monthly allotment will be reduced. If the remaining household members agree to make restitution, but fail to do so, impose an allotment reduction on the household's monthly allotment. The remaining household members, if any, will begin restitution during the period of disqualification imposed by DSS or a court of law. All restitutions will be made in accordance with established procedures for cash repayment, allotment reduction, or EBT benefits for repayment.

### **2023.3 Definition of Intentional Program Violation**

For purposes of determining through administrative disqualification hearings whether or not a person has committed an intentional Program violation, intentional Program violations will consist of having intentionally:

1. Made a false or misleading statement, or misrepresented, concealed, or withheld facts, or
2. Committed any act that constitutes a violation of the Food Stamp Act, the TANF/Food Stamp Program Regulations, or any State statute relating to the use, presentation, transfer, acquisition, receipt, or possession of food stamp benefits, or checks.

If the condition in items 1 or 2 are met and the claim meets the criteria for referral to the Department of Justice as set forth in DSSM 7003, it will be referred for prosecution in lieu of an administrative disqualification hearing.

### **2023.4 Notification to Applicant Households**

Inform the household in writing of the disqualification penalties for intentional Program violation each time it applies for Program benefits.

### **2023.5 Disqualification Hearings**

Conduct administrative disqualification hearings for individuals accused of intentional Program violation in accordance with the requirements outlined in this Section.

1. Consolidation of administrative disqualification hearing with fair hearing.

DSS may combine a fair hearing and an administrative disqualification hearing into a single hearing if the factual issues arise out of the same, or related, circumstances and the household receives prior notice that hearings will be combined. If the disqualification hearing and the fair hearing are combined, follow the timeframes for conducting disqualification hearings. If the hearings are combined for the purpose of settling the amount of the claim at the same time as determining whether or not intentional Program violation has occurred, the household will lose its right to a subsequent fair hearing on the amount of the claim. However, upon household request, allow the household to waive the 30-day advance notice period required by this Section when the disqualification hearing and fair hearing are combined.

2. Disqualification hearing procedures

At the disqualification hearing, the hearing official will advise the household member or representative that they may refuse to answer questions during the hearing.

Within 90 days of the date the household member is notified in writing that a hearing initiated by DSS has been scheduled, DSS will conduct the hearing, arrive at a decision, and notify the household member of the decision. The household member or representative is entitled to a postponement of the scheduled hearing, provided that the request for postponement is made at least 10 days in advance of the date of the scheduled hearing. However, the hearing will not be postponed for more than a total of 30 days and DSS may limit the number of postponements to one. If the hearing is postponed, the above time limits will be extended for as many days as the hearing is postponed. Written rules of procedure for DSS disqualification hearings are available to interested parties.

3. Advance notice of hearing.

Provide written notice to the household member suspected of intentional Program violation at least 30 days in advance of the date a disqualification hearing initiated by DSS has been scheduled. The notice will be mailed certified mail- return receipt requested and will contain at a minimum:

- a. The date, time, and place of the hearing;
- b. The charge(s) against the household member;
- c. A summary of the evidence, and how and where the evidence can be examined;
- d. A warning that the decision will be based solely on information provided by the DSS office if the household member fails to appear at the hearing;
- e. A statement that the household member or representative will have 10 days from the date of the scheduled hearing to present good cause for failure to appear in order to receive a new hearing;

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f. A warning that a determination of intentional Program violation will result in a 12-month disqualification for the first violation, 24-month disqualification for the second violation, and permanent disqualification for the third violation, and a statement of which penalty the Division believes is applicable to the case scheduled for a hearing;

g. A listing of the household member's rights as contained in DSSM 5000;

h. A statement that the hearing does not preclude the State or Federal Government from prosecuting the household member for intentional Program violation in a civil or criminal court action, or from collecting the overissuances; and

i. If there is an individual or organization available that provides free legal representation, the notice will advise the household member of the availability of the service.

A copy of DSS' published hearing procedures will be attached to the 30-day advance notice or the advance notice will inform the household of its right to obtain a copy of the Division's published hearing procedures upon request.

4. Scheduling of hearing.

The time and place of the hearing will be arranged so that the hearing is accessible to the household member suspected of intentional Program violation. If the household member or its representative cannot be located or fails to appear at a hearing initiated by DSS without good cause, the hearing will be conducted without the household member being represented. Even though the household member is not represented, the hearing official is required to carefully consider the evidence and determine if intentional Program violation was committed based on clear and convincing evidence. If the household member is found to have committed an intentional Program violation, but a hearing official later determines that the household member or representative had good cause for not appearing, the previous decision will no longer remain valid and the Division will conduct a new hearing. The hearing official who originally ruled on the case may conduct the new hearing. The household member has 10 days from the date of the scheduled hearing to present reasons indicating a good cause for failure to appear. A hearing official must enter the good cause decision into the record.

5. Participation while awaiting a hearing.

A pending disqualification hearing will not affect the individual's or the household's right to be certified and participate in the Program. Since the Division cannot disqualify a household member for intentional Program violation until the hearing official finds that the individual has committed an intentional Program violation, determine the eligibility and benefit level of the household in the same manner it would be determined for any other household. For example, if the misstatement or action for which household member is suspected of intentional Program violation does not affect the household's current circumstances, the household would continue to receive its benefits based on the latest certification action or be recertified/redetermined based on a new application and its current circumstance. However, the household's benefits will be terminated if the certification period has expired and the household, after receiving its notice of expiration, fails to reapply. Reduce or terminate the household's benefits if DSS has documentation which substantiates that the household is ineligible or eligible for fewer benefits (even if these facts led to the suspicion of intentional Program violation and the resulting disqualification hearing) and the household fails to request a fair hearing and continuation of benefits pending the hearing. For example, the Division may have facts which substantiate that a household failed to report a change in its circumstances even though DSS has not yet demonstrated that the failure to report involved an intentional act of Program violation.

6. Criteria for determining intentional Program violation.

The hearing authority will base the determination of intentional Program violation on clear and convincing evidence which demonstrates that the household member(s) committed, or intended to commit, intentional Program violation as defined in DSSM 2023.3

7. Decision format.

The hearing authority's decision will specify the reasons for the decision, identify the supporting evidence, identify the pertinent FNS/ACF regulation, and respond to reasoned arguments made by the household member or representative.

8. Imposition of disqualification penalties.

If the hearing authority rules that the household member has committed intentional Program violation, the household member will be disqualified in accordance with the disqualification periods specified in DSSM 2023.2 beginning with the first month which follows the date the household member receives written notification of the hearing decision. When the Chief Administrator is notified of the positive administrative hearing or prosecution actions, the Chief Administrator will notify the appropriate staff.

Effect the disqualification action per DSSM 2023 and 9076.1. Remove the ineligible member(s). Continue to count the member's income and resources to determine eligibility and benefit amount.

Individual members no longer receiving benefits at the time of the intentional program violation decision will be notified of the disqualification and the period of time they are ineligible to receive benefits.

Place the copy of the client notice inside the front cover of the case record to "flag" the disqualified participant for the duration of the sanction.

However, if the act of intentional Program violation which led to the disqualification occurred prior to notification of the disqualification periods specified in DSSM 2024.2, the household member will be disqualified in accordance with the disqualification periods in effect at the time of the offense. The same act of intentional Program violation repeated over a period of time will not be separated so that separate penalties can be imposed. No further administrative appeal procedure exists after an adverse State level hearing. The determination of intentional Program violation made by a disqualification hearing official cannot be reversed by a subsequent fair hearing decision. The household member, however, is entitled to seek relief in a court having appropriate jurisdiction. The period of disqualification may be subject to stay by a court of appropriate jurisdiction or other injunctive remedy.

Once a disqualification penalty has been imposed against an individual the period of disqualification will continue uninterrupted until completed regardless of the eligibility of the disqualified member's household. However, the disqualified member's household will continue to be responsible for repayment of the overissuance which resulted from the disqualified member's intentional Program violation regardless of its eligibility for Program benefits.

9. Notification of hearing decision.

If the hearing official finds that the household member did not commit intentional Program violation, provide a written notice which informs the household member of the decision.

If the hearing official finds that the household member committed intentional Program violation, provide written notice to the household member prior to disqualification. The notice will inform the household member of the decision and the reason for the decision. In addition, the notice will inform the household member of the date disqualification will take effect. Provide written notice to the remaining household members, if any, of either the allotment they will receive during the period of disqualification or that they must reapply because the certification period has expired. The procedures for handling the income and resources of the disqualified member are described in DSSM 9076.1 . A written demand letter for restitution, as described in DSSM 7000 will also be provided.

**10 DE Reg. 1441 (03/01/07)**

**2023.6 Waived Hearings**

Accused individuals have the option to waive their rights to an administrative disqualification hearing (ADH). Household members suspected of intentional Program violations are provided with a written Notice of Waiver of Disqualification hearing for either the Food Stamp Program or appropriate Cash Assistance program. The waiver notice tells the accused individual:

- They are suspected of committing an IPV;
- They will be scheduled for an ADH;
- They have the option of waiving their rights to the ADH;
- The date they have to sign and return the waiver to avoid having a hearing scheduled;
- They can admit or not admit to the evidence presented;
- They must have the head of household sign the form if not the same person;
- The remaining household members, if any, must repay any overissuances;
- They will be disqualified from participating in the program and for how long;
- The disqualified individual's income will be considered in calculating the household's benefits; and
- That failure to repay the amount owed, if any, could result in sending the matter to court for appropriate action.
- Someone other than the eligibility worker, such as a supervisor, will review the evidence against the household member suspected of committing fraud before giving the person the option of signing the waiver.
- If the waiver is signed, the imposition of the disqualification penalties follows the same procedures listed in 2023.5.

No further administrative appeal procedure exists after an individual waives his/her right to an administrative disqualification hearing and a disqualification penalty imposed. A fair hearing cannot change the disqualification penalty. The household member can seek relief in a court having appropriate jurisdiction.

**2023.7 Court Referrals**

Refer for prosecution under State statutes those individuals suspected of committing intentional Program violation. If the amount of food stamps or cash benefits suspected of having been obtained by intentional Program violation exceeds \$1,000 or if the individual is suspected of committing more than one act of intentional Program violation, DSS will

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encourage State prosecutors to recommend to the courts that a disqualification penalty be imposed in addition to any other civil or criminal penalties for such violations.

Disqualify an individual found guilty of intentional Program violation for the length of time specified by the court. If the court fails to impose a disqualification period, impose a disqualification period in accordance with the provisions in DSSM 2023.2 , unless contrary to the court order. If disqualification is ordered but a date for initiating the disqualification period is not specified, initiate the disqualification period for currently eligible individuals within 45 days of the date the disqualification was ordered. Any other court imposed disqualification will begin within 45 days of the date the court found a currently eligible individual guilty of civil or criminal misrepresentation or fraud.

Decision notification requirements set forth in DSSM 2023.5 (9) pertain for administrative as well as court-ordered disqualification.

**2023.8 Disqualification Consent Agreements for Deferred Adjudication**

A determination of guilt is not always obtained from a court because the accused individual either met the terms of a court order or is not prosecuted because the individual met the terms of an agreement with the prosecutor. For these cases of deferred adjudication, the individual is allowed to sign a disqualification consent agreement to avoid further prosecution.

The disqualification consent agreement tells the accused individual:

- The consequences of signing a disqualification consent agreement;
- They must have the head of household sign the form if not the same person;
- They will be disqualified from participating in the program and for how long, even though they were not found guilty of civil or criminal misrepresentation or fraud;
- The remaining household members must repay any overissuances, unless the claim has been repaid as part of the terms of the agreement;
- The disqualified individual's income will be considered in calculating the household's benefits; and
- That failure to repay the amount owed, if any, could result in sending the matter to court for appropriate action.

If the waiver is signed, the imposition of the disqualification penalties follows the same procedures listed in 2023.5.

**2023.9 Reporting Requirements for the Food Stamp Program**

Report to FNS information concerning individuals disqualified for intentional Program violation including those individuals disqualified based on the determination of an administrative disqualification hearing official or a court of appropriate jurisdiction. This information will be submitted to FNS so that it is received no later than 30 days after the date the disqualification took effect.

All data submitted by State agencies will be available for use by any State Welfare Agency. State agencies will, at a minimum, use the data for the following:

1. To determine the eligibility of individual Program applicants prior to certification in cases where the Division has reason to believe a household member is subject to disqualification in another political jurisdiction, and
2. To ascertain the appropriate penalty to impose, based on past disqualification.

State agencies may also use the data in other ways, such as the following:

1. To screen all program applicants prior to certification, and
2. To periodically match the entire list of disqualified individuals against their current caseload.

The disqualification of an individual for intentional Program violation in one political jurisdiction will be valid in another. However, one or more fraud disqualifications which occurred prior to the implementation of the penalties contained in these regulations will be considered as only one previous disqualification when determining the appropriate penalty to impose in a case under consideration, regardless of where the disqualification(s) took place. Revise previous reports as necessary.

**2023.10 Reversed Disqualification**

In cases where the determination of intentional Program violation is reversed by a court of appropriate jurisdiction, reinstate the individual in the program(s) if the household is eligible. Restore benefits that were lost as a result of the disqualification in accordance with DSSM 9011.5 .

**2024 Disqualification for Receipt of Multiple Benefits**

For Cash Benefits:

- Individuals shall be ineligible to receive cash benefits as a member of any assistance unit for a ten (10) year period if they misrepresent their place of residence in order to receive multiple benefits.
- The individual must have been convicted in Federal or State court of having made a fraudulent statement or representation with respect to the place of residence of the individual in order to receive assistance from two or more states at the same time. This provision applies to programs funded under Title IV, Title XIX Medicaid program, the Food Stamp Act of 1977, and Title XVI Supplemental Security Income program. This does not apply to an individual for whom the President of the United States has granted a pardon.
- Determine income, resources, and deductions according to DSSM 4003.2 if the individual is a parent payee. Exclude the income and resources of the individual if the person is a non-parent payee.

For Food Stamps:

- Individuals shall be ineligible to receive food stamp benefits as a member of any household for a 10 year period if they misrepresent their identity and/or place of residence in order to receive multiple food stamp benefits.
- The individual(s) must be found guilty by DSS to have made a fraudulent statement or misrepresentation to the identity and/or place of residence or convicted in a Federal or State court of having made a fraudulent statement or misrepresentation to the identity and/or place of residence in order to receive the multiple benefits at the same time.
- Determine the income, resources and deductions of these disqualified individuals according to DSSM 9076.1 .

#### **2025 Disqualification of Individuals Fleeing to Avoid Prosecution or Custody and Probation**

For Cash Benefits:

- Individuals are ineligible to receive cash assistance during any period in which the individual is:
- Fleeing to avoid prosecution for a crime, or attempt to commit a crime, that is a felony (or in the case of New Jersey a high misdemeanor) under the law of that State; or
- Fleeing to avoid custody or confinement after conviction for a crime, or attempt to commit a crime, that is a felony (or in the case of New Jersey a high misdemeanor) under the law of that State; or
- Violating a condition or probation or parole imposed under a Federal or State law.
- This does not apply to an individual for whom the President of the United States has granted a pardon.
- Determine income, resources, and deductions according to DSSM 4003.2, if the individual is a parent payee. Exclude the income and resources of the individual if the person is a non-parent payee.

For Food Stamps:

- Individuals are ineligible to receive food stamps during any period of time in which the individual is:
- Fleeing to avoid prosecution for a crime, or attempt to commit a crime, that is a felony (or in the case of New Jersey a high misdemeanor) under the law of that State; or
- Fleeing to avoid custody or confinement after conviction for a crime, or attempt to commit a crime, that is a felony (or in the case of New Jersey a high misdemeanor) under the law of that State; or
- Violating a condition of probation or parole imposed under a Federal or State law.
- Determine the income, resources and deductions of these disqualified individuals according to DSSM 9076.1 .

#### **2026 Disqualification of Convicted Individuals for Trafficking**

Individual convicted of trafficking food stamp benefits of \$500 or more shall be permanently disqualified from receiving food stamp benefits.

Determine the income, resources and deductions of these disqualified individuals according to DSSM 9076.1 .

#### **2027 Disqualification of Individuals Convicted of Drug Related Offenses**

For Cash Assistance:

Individuals convicted under Federal or State law of any offense which is classified as a felony that has the element of possession, use or distribution of controlled substances shall not be eligible for cash assistance.

This provision does not apply to individuals convicted of such offenses which occurred prior to August 22, 1996, the date of enactment of The Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Determine income, resources, and deductions according to DSSM 4003.2 if the individual is a parent payee. Exclude the income and resources of the individual if the person is a non-parent payee.

7 DE Reg. 647 (11/01/03)

15 DE Reg. 1616 (05/01/12)