

**DSS ADMINISTRATIVE LETTER NO. EFS\_FNS\_AL-19-2016**  
**ECONOMIC AND FAMILY SERVICES**  
**Hurricane Matthew 2016 Disaster Food and Nutrition Services**  
**(Disaster FNS)**  
**(November 7, 2016)**

**(Food and Nutrition Services)**

**TO:** County Directors of Social Services

**ATTENTION:** Food and Nutrition Services Managers and Supervisors

**DATE:** November 7, 2016

**SUBJECT:** Hurricane Matthew 2016 Disaster Food and Nutrition Services for additional eight (8) counties

**EFFECTIVE:** November 9, 2016

The United States Department of Agriculture (USDA) has approved a Disaster Food and Nutrition Services (DFNS) Program for an additional eight (8) North Carolina counties. Individuals and families may be eligible for Disaster FNS benefits if they lived in areas that were directly impacted by Hurricane Matthew and meet the eligibility criteria. Households not affected by the hurricane are not eligible for Disaster FNS benefits.

This letter provides instructions and procedures the eight (8) approved counties must follow while implementing and participating in DFNS. The counties are as follows: **Anson, Carteret, Chatham, Hertford, Northampton, Perquimans, Richmond and Scotland County**. This letter contains instructions for both policy and automation procedures.

The above counties will take applications for **five (5) non-consecutive** days. Begin taking DFNS applications on **Wednesday, November 9, 2016 through Thursday, November 10, 2016 and Monday, November 14, 2016 through Wednesday, November 16, 2016**. **We recommend that your county department extend hours beyond normal business hours to accommodate the households in your county.** Counties must designate a separate area for the disaster clients as the implementation of DSNAP must not negatively impact the operation of their regular FNS program during normal business hours. Per USDA, it is important the county makes special accommodations for elderly and disabled individuals waiting in line.

The only allowable application for disaster benefits is the DSS-1432 (Rev.10/16), Application for Disaster Food and Nutrition Services. The DFNS rules only apply to disaster applications taken during the five-day time period. Process and enter in NC FAST all approved and withdrawn applications within three (3) days from the date of application. Process and enter all denied applications as soon as possible but no later than one (1) day, this will assist in identifying households that are denied and return to complete another application.

All employees who are assisting with the application taking process must review the following instructions carefully before the application process begins.

## I. POLICY INSTRUCTIONS

### A. General Procedures

1. Eligibility must be determined by merit based DSS staff. Staff from other DSS agencies can take or enter applications. Volunteers cannot take applications, enter into NCFAST nor determine eligibility.
2. Only county DSS management/supervisors can interview and determine eligibility for county department of social services employees. Applicants must be informed that 100% of these cases will be reviewed. The County Director of Social Services must designate who will take these applications.
3. Dual participation is not allowed. An individual can only be included on one application. Each individual household member should be searched thoroughly in NCFAST to determine if that individual has an existing Individual ID number and if the household has an existing FNS PDC or already approved DFNS.

**Note: Ineligible or disqualified household members of FNS cases that were active at the time of the disaster, including individuals that were active in another state, are not eligible for separate disaster benefits as these individuals will be included when the household receives a supplement for the month of October.**

4. If an individual is discovered to be included on more than one application or is included in an active FNS household take the following actions:
  - a. If an individual was a household member, **this includes ineligible or disqualified household members**, in an active FNS household **in the month of October**, they will show as ineligible on the DFNS application because they are included in another FNS household.
  - b. If an individual has already been approved on one DFNS application, they will show as ineligible on the second DFNS case as having concurrent benefits.
  - c. If an individual is discovered on more than one application prior to approval of either application, resolve the discrepancy before approving either application.
5. If a household is temporarily residing in a county that is not operating a Disaster FNS Program, take the following action:
  - a. Households should be encouraged to apply in the disaster county that they consider their permanent residence and resided in prior to the disaster. However, if one of the six (6) DFNS counties

determines the household has good cause (as determined by the county) to apply in their county, instead of the household's county of residence, they should take and process a DFNS application. It is highly recommended that the individuals working crowd and line control include this as part of the information shared with individuals waiting in line.

**NOTE: Applicants cannot apply for DFNS in one of the previous 37 DSNAP counties as their disaster period has ended. Applicants must apply in one of the eight (8) counties designated to operate the DSNAP program between Wednesday, November 9, 2016 through Thursday, November 10, 2016 and Monday, November 14, 2016 through Wednesday, November 16, 2016.**

- b. If the household has no intent to return to the disaster county and considers the non-disaster county their permanent residence, take a regular FNS application.
6. Enter **all** denials in NCFAST immediately. This will assist in tracking households who may attempt to apply after one application has been denied.
7. **Verification of identity is mandatory for the head of household and authorized representative.** This can be in the form of a picture I.D. or any other form of identification. This proof may include, but is not limited to, Social Security card, mail, or collateral statement. Identity is the only eligibility factor that must be verified.

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

**NOTE:** "When possible" means that the household has the verification available at the time of application, otherwise accept the client's statement.

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

8. Applications may only be pended for the household to provide the following: verification of identity, when the applicant is unable to provide a statement of information necessary to complete the application, when applicant's statement is questionable, or when a written request from the head of household is needed for an authorized representative to use benefits. It is not necessary to complete the DSS-1688 that is used in the regular FNS program.

Examples could include the amount of income, date of birth or resources of a household member. Use the DSS-8650, FNS Notice of Information Needed, to request verification, **allow three calendar** days for the client to provide verification. Deny the application for failure to provide verification on the fourth calendar day.

- a. **ALL** other verifications are waived.
  - b. Do not complete OVS matches as this has been waived.
9. When distributing the disaster EBT card, it is **vital that the sticker on the card is removed and placed on the application**. Applicants will take their application to a designated site to pick up their EBT card. A sticker located on the EBT card that contains the SUI and PAN numbers must be attached to the applicants' application when the EBT card is issued. This will assist staff with entering the SUI and PAN numbers in NC FAST correctly. The PIN for the EBT card is the last four digits of the card.

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

Example:

Applicants should be notified of how they can change their PIN and encouraged to do so. Replacement, balance inquiries, and merchant disputes for DSNAP cards are handled through the EBT Call Center, 1-888-622-7328.

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

10. Penalty Warnings and Fraud posters must be **clearly displayed** at the entrances and various locations throughout the application sites.

## **B. Eligibility Criteria**

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

- d. Inaccessible liquid resources; or
- e. A disaster related expense that will be paid or anticipated to be paid during the benefit period, which **will not** be reimbursed.

**Note:** The reimbursement does not have to be received during the benefit period.

- 4. In order to be eligible for DFNS the total net (take-home) income received during the benefit period, plus accessible liquid resources, minus eligible disaster-related expenses shall not exceed the disaster gross income limit.

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

### C. Completing the DFNS Application

- 1. Use the DSS-1432 Rev. (10/16) to determine eligibility. This form may be partially completed by applicants. If the applicant completes the application, the interviewer must review answers for accuracy and completeness. All handwritten information must be legible. Only the interviewer or other designated staff must complete the shaded portions, Part F, of the application form.
- 2. Complete all information on the front page of the application including county name, application date and case/PDC number, Name of Head of household, permanent address, phone number and authorized representative information. Enter the disaster authorization period beginning date 10/07/2016 and ending date 11/6/2016.
  - a. Identity – The head of household and authorized representative must provide proof of identity. This can be in the form of a picture I.D. or any other form of identification. This proof may include, but is not limited to, Social Security card, mail, or collateral statement. **Identity is the only eligibility factor that must be verified.**
  - b. Authorized Representative - In order for an authorized representative to complete the application process and/or use the benefits, there must be a written or verbal request from the head of household. **It is not necessary to complete the DSS-1688 that is used in the regular FNS program.**
  - c. Residence – Verification should be attempted. If verification is not possible accept client statement that the client and his/her household lived in the disaster area at the time of the disaster.
  - d. Temporary Residence – The applicant should list the address and telephone number of their temporary residence, if applicable.

3. Part A, Household Situation, provides information to assist the agency in determining eligibility. Question 1 asks if the head of household is currently receiving FNS benefits. If **no**, proceed with the application. If **yes**, and the household lived in the disaster area and received October 2016 FNS benefits prior to the disaster, the household is not eligible for Disaster FNS benefits. Deny the application. These households are potentially eligible for replacement of benefits.
4. Part B, Household Members, include information for members of the FNS household. The applicant must include all household members who lived together and purchased, prepared, and ate together prior to the disaster, this includes household members who may be temporarily living apart. If the applicant's household is temporarily staying with another household because of the disaster, do not include the other household members on the application.

To avoid duplication the application should include the following information.

- a. Name – Complete “proper” name of each household member
  - b. Social Security Number – Applicant should provide a SSN for every household member, if available.
  - c. Birth Date – Applicant should provide birth dates for all household members.
  - d. Race – Complete for each household member
  - e. Sex – Complete for each household member
5. Part C, Income – includes information regarding sources, types and total net (take-home) amount of income received or expected to be received during the period October 7, 2016 through November 6, 2016 by each household member. **Use actual income, do not round or convert.**

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

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

6. Part D, Resources, include all cash that is currently available to the household. This is also referred to as “liquid resources.” The household should identify available resources and the amounts.

**Note: Remember to deduct deposited income that is counted in Part C and outstanding checks from liquid resources.**

7. Part E, Expenses, include disaster-related expenses. The household should provide accurate amounts for all disaster-related expenses.

For disaster-related expenses, **include expenses that the household paid or will pay from October 7, 2016 through November 6, 2016.** Do not include expenses that were paid, will be paid or will be reimbursed by someone outside the household, such as costs covered or reimbursed by insurance or landlords. **Incurred regular expenses are not allowable.**

**EXAMPLE:** A household claims a \$50,000 loss because their home was destroyed. The household incurred the expense but it is very doubtful that the household will pay for a new home by November 6, 2016. It is acceptable to allow a deductible amount as an expense if the deductible amount will be paid by November 6, 2016.

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

- a. Food destroyed in the disaster - List total dollar amount of food lost or destroyed in the disaster that the household has replaced or will replace from October 8, 2016 through November 6, 2016.
- b. Dependent care and related mileage due to disaster – List amount paid or amount that will be paid by the household from October 7, 2016 through November 6, 2016. This does not include regular dependent care expenses. The cost must be as a result of the disaster.
- c. Funeral/medical expenses due to disaster - List actual expenses that are a result of the disaster and the amount paid or that will be paid by the household from October 7, 2016 through November 6, 2016.
- d. Moving and storage costs - List amount paid or amount that will be paid by the household between October 7, 2016 through November 6, 2016.
- e. Temporary shelter costs - List amount paid or amount that will be paid by the household from October 7, 2016 through November 6, 2016. This can include lodging costs.
- f. Cost to protect property during disaster - List amount paid or amount that will be paid by the household from October 7, 2016 through November 6, 2016. This can include, but is not limited to plywood, tape, batteries, and generators.
- g. Cost to repair or replace items for home or self-employment property  
List amount paid or amount that will be paid by the household from October 7, 2016 through November 6, 2016

h. Other disaster-related expenses - The household must identify and describe other disaster-related expenses paid or amount that will be paid by the household from October 7, 2016 through November 6, 2016.

i. Total expenses – add the total expenses.

8. Part F, Eligibility Computation –

- a. Add the total income for the household from Part C and enter in #1
- b. Add the total accessible cash resources for the household from Part D and enter in #2
- c. Add #1 and #2 and enter total in #3
- d. Add the total expenses from Part E and enter in #4
- e. Subtract #4 from #3 and enter total in #5
- f. Enter the Maximum Gross Income Limit from the Disaster Table.

Household Size	Disaster Gross Income Limit	Maximum Allotment
1	\$1664	\$194
2	\$2009	\$357
3	\$2354	\$511
4	\$2710	\$649
5	\$3084	\$771
6	\$3458	\$925
7	\$3804	\$1022
8	\$4151	\$1169
Each Additional Member	+\$347	+\$146

- g. If the amount in #5 is equal to or less than #6 indicate that the household is eligible in #7
- h. If the amount in #5 is greater than #6 indicate that the household is ineligible in #8

9. Part G, **Penalty Warning** - includes penalty warnings that must be explained to the applicant. Review these warnings carefully with every applicant, preferably prior to completing the application process. The applicant's signature on the application is also certification that they understand the penalty warning information.

10. Part H, Certification and Signature - includes a statement of understanding that the applicant must read before signing the application.



- a. If the applicant signed the application prior to the interview, review the statement during the interview. The application must be signed and dated to be valid.
- b. The interviewer and the processor must print his or her name, and sign the application. The processor must also date the approval/denial and complete the certification period information, if applicable. The processor must also complete the denial reason section when applicable.
- c. The individual entering the application into NCFAST must sign and date the application. If the application is entered in a county other than the household's county of residence, the interviewer must include his name, county, and phone number.

## II. ACTIVE RECIPIENTS

### A. Automated Supplemental Benefits

Automated supplements will be issued to allow active October recipients of four (4) of the eight (8) counties to receive the maximum allotment for their household size. The automated supplement will be issued for **Anson, Carteret, Richmond and Scotland counties**. The supplement is the difference between the household's October 2016 benefits and the maximum allotment for their household size. **The household size will include all ineligible and disqualified members.** Households that received the maximum allotment for their household size will not receive a supplement.

**Note:** Replacement benefits are not considered in the supplement determination.

#### **EXAMPLES:**

1. A household of 3 received an October allotment of \$200. The household received replacement benefits of \$100. The maximum allotment for a household of 3 is \$511. The household will be issued a supplement of \$311.
2. A household of 3 that received the maximum allotment of \$511 would not be eligible for a supplement.
3. A household of 3, including one ineligible member, received October allotment of \$100. The household received replacement benefits of \$50. The maximum allotment for a household of 3 is \$511. The household would be issued a supplement of \$411.

Households that lived in the disaster county at the time of the disaster that had replacement benefits manually issued by a non-disaster county are also eligible for this supplement.

### B. Manual Supplemental Benefits Requested

USDA **did not** approve automated supplements for four (4) of the eight (8) counties requested. Households that experienced a disaster loss in **Chatham, Hertford, Northampton and Perquimans County** must make a request for a supplement by signing an affidavit attesting to food or other losses due to the disaster. To reduce the burden on the household and County, any active FNS household that requested a replacement of September or October benefits between 10/7/2016 and 10/31/2016 will be considered as making a request for a supplement for the month of October.

NC FAST will automatically issue a supplement for those households that a manual replacement is issued with an affidavit date between 10/7/2016 and 10/31/2016.

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

- \$120 replacement **and**
- \$237 supplement.

### **III. AUTOMATION INSTRUCTIONS**

#### **A. General Automation Procedures**

NCFAST will be available for keying from 5:00 AM until 7:00 PM, **except for Sunday which will be from 8:00 AM until 7:00 PM.**

**Instructions for keying are in FAST HELP.**

1. These instructions are to be used in conjunction with the DSS-1432 (Rev. 10/16), Application for Disaster Food and Nutrition Services.
2. NCFAST is prepared to handle a Disaster FNS Program with a few modifications from regular on-going FNS procedures.
3. Conduct a thorough Person Search on each household member. Register applicant(s) if not already registered in NC FAST. For more information, refer to the Registering Persons Job Aid.
4. If an individual being researched appears in another FNS household for the month of application, do not include this individual in the disaster FNS household.

#### **B. Application Approval**

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

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

2. When approving the application in NCFAST enter all required fields.
  - a. All applications will have a **one month certification period** of 10/7/2016 through 11/6/2016.
  - b. Benefits will not be prorated. The system will default to the maximum allotment for the household size.
  - c. Do not enter a Work Registration Code for any individual.
  
2. After case activation, return to the PDC and add Disaster EBT card. This must be completed in order to link the PDC to the EBT card.

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

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

1. If a pending regular FNS application is discovered when NCFAST is researched for an existing case, a Disaster FNS Application can be entered after the pending FNS application in the system is denied. Deny the pending FNS application, no denial notice will be sent as long as the actions occur the same day.

Reopen the denied application using the original date of application; determine eligibility for regular FNS benefits effective after the disaster FNS program has ended. Do not issue duplicate benefits for the disaster certification month. A report will be run to identify all denied applications.

3. Disaster FNS cases cannot be converted to an ongoing case. If the applicant wishes to receive ongoing benefits, they must apply for regular FNS benefits.

#### **IV. REPORTING REQUIREMENTS**

Counties administering a DSNAP program (beginning 11/9/2016) must complete and return the attached report to [DSS.DSNAPreports@dhhs.nc.gov](mailto:DSS.DSNAPreports@dhhs.nc.gov). This report must be submitted daily by 9 AM. Your county information is needed for federal reporting to USDA each day.

Attached are the instructions and the template. If you have reporting requirement questions, please contact [Robin.Register@dhhs.nc.gov](mailto:Robin.Register@dhhs.nc.gov) or at 919-527-6268.

Submit all other questions to the DHHS Operational Support Team (OST) at [ost.policy.questions@dhhs.nc.gov](mailto:ost.policy.questions@dhhs.nc.gov). To ensure these questions receive priority response, please include "Disaster" as the subject line when submitting.

**A conference call will be held on Wednesday, November 9, 2016 at 7:00 PM:**

Call in Number: 1-888-278-0296

Access code: 8410903#

**A webinar/conference call will be held at 9:00 AM on Tuesday, November 8, 2016 through Thursday, November 10, 2016 and Monday, November 14, 2016 through Wednesday, November 16, 2016. See registration information below.**

**FNS Disaster Program Webinar Nov 7-10**

Join us for a webinar beginning on Nov 07, 2016 at 8:00 AM EST.

**Register now!**

<https://attendee.gotowebinar.com/register/4798078906540163844>

FNS Disaster Program Webinar Nov 7-11

After registering, you will receive a confirmation email containing information about joining the webinar.

[View System Requirements](#)

The registration link for next week Monday-Friday November 14-18:

**FNS Disaster Program Webinar Nov 14-18**

Join us for a webinar beginning on Nov 14, 2016 at 8:00 AM EST.

**Register now!**

<https://attendee.gotowebinar.com/register/8316398467745386497>

FNS Disaster Program Webinar Nov14-18

After registering, you will receive a confirmation email containing information about joining the webinar.

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Sincerely,



David Locklear, Chief  
Economic and Family Services

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Attachments (9)

[EFS FNS AL-19-2016a1](#) (Application Information)

[EFS FNS AL-19-2016a2](#) (Application Information\_sp)

[EFS FNS AL-19-2016a3](#) (Income Limits)

[EFS FNS AL-19-2016a4](#) (Fraud Poster/Fraud Poster\_sp)

[EFS FNS AL-19-2016a5](#) (Penalty Warning Poster/Penalty Warning Poster\_sp)  
[EFS FNS AL-19-2016a6](#) (DSS-1432\_Rev. 10/16)  
[EFS FNS AL-19-2016a7](#) (DSS-1432sp\_Rev. 10/16)  
[EFS FNS AL-19-2016a8](#) (DSNAP Report W4)  
[EFS FNS AL-19-2016a9](#) (DSNAP Daily Reporting Instructions)