

## March 24, 2010 Summary of Changes

<b>Chapter</b>	<b>Passage</b>	<b>Summary</b>
<b>0600</b>	<b>0610.0400</b>	Clarified screening and eligibility for expedited services.
<b>0800</b>	<b>0810.0100</b>	Clarified screening and eligibility for expedited services.
<b>1400</b>	<b>1410.2200, 1420.2200</b>	Updated passages to indicate individuals convicted of felony drug trafficking on or after 7/1/97 are ineligible for food stamps and Temporary Cash Assistance if the illegal behavior occurred on or after 8/22/96. If a court expunges the conviction the disqualification does not apply.
<b>1800</b>	<b>1820.0207, 1850.0207, 1860.0207</b>	Updated passages to 12-month transitional Medicaid eligibility period and removed references to first and second six-month periods.
	<b>1810.0208</b>	Deleted verification of no income passage. Refer to the verification chart in the ACCESS guides.
	<b>1820.0209.01, 1850.0209.01, 1860.0209.01</b>	Updated passages to 12-month transitional Medicaid eligibility period and removed references to first and second six-month periods.
	<b>1850.0816.02</b>	Updated passage for the exclusion of Road to Independence Scholarships.
<b>2000</b>	<b>2030.0300 through 2030.0304</b>	Updated passages to 12-month transitional Medicaid eligibility period and removed references to first and second six-month periods.
	<b>2030.0305 through 2030.0312</b>	Deleted passages due to transitional Medicaid policy changes.
	<b>2030.0900</b>	Updated passage to clarify language and change PEN policy due to CHIPRA.
<b>2200</b>	<b>2210.0320.01</b>	Reworded the passage to more closely reflect federal regulations.
	<b>2210.0320.02</b>	Updated the passage to list all federal regulation exemptions.
<b>2400</b>	<b>2410.0203, 2410.0205</b>	Deleted passages due to the removal of the variable basis of issuance process as it does not apply to simplified reporting.
	<b>2410.0204, 2410.0358</b>	Removed the variable basis of issuance process from these passages as it does not apply to simplified reporting.
	<b>2410.0324</b>	Updated the passage for verification of dependent care expenses exceeding \$200 per child.

Technical changes and changes in non-substantive information may be excluded from this summary.

## March 24, 2010 Summary of Changes

<b>Chapter</b>	<b>Passage</b>	<b>Summary</b>
	<b>2410.0405, 2420.0406</b>	Updated passages to indicate individuals convicted of felony drug trafficking on or after 7/1/97 are ineligible for food stamps and Temporary Cash Assistance if the illegal behavior occurred on or after 8/22/96. If a court expunges the conviction the disqualification does not apply.
<b>2600</b>	<b>2610.0101</b>	Deleted the passage to comply with simplified reporting certification periods.
	<b>2610.0402.02, 2610.0402.04</b>	Updated the passages to comply with simplified reporting certification periods.
	<b>2630.0111.04</b>	Deleted passage due to transitional Medicaid policy changes.
	<b>2640.0202.05, 2640.0202.06</b> <b>2610.0203.08, 2630.0202.08,</b> <b>2640.0202.08</b>	Deleted passages and added passages for documentation/verification of sponsor income.
	<b>2620.0203.08, 2650.0203.08</b>	Updated passages for documentation/verification of sponsor income.
	<b>2610.0402.06</b>	Deleted the passage due to the removal of the variable basis of issuance process as it does not apply to simplified reporting.
<b>3200</b>	<b>3210.0111.02</b>	Updated EBT Technical Support Unit address.
<b>3400</b>	<b>3410.0101</b>	Removed the variable basis of issuance process from this passage as it does not apply to simplified reporting.
<b>3600</b>	<b>3610.0902, 3620.0902</b>	Updated passages to indicate individuals convicted of felony drug trafficking on or after 7/1/97 are ineligible for food stamps and Temporary Cash Assistance if the illegal behavior occurred on or after 8/22/96. If a court expunges the conviction the disqualification does not apply.

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## Listing of Amended Passages

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### **0610.0400 APPLICATION TIME STANDARDS (FS)**

The time standard begins upon receipt of a signed application. Begin counting processing days the day following the date of application.

Application time standards apply to initial applications and to untimely reapplications. An untimely reapplication is one received between the 16<sup>th</sup> day of the last month of the certification period and 30 days after the end of the certification period.

If an AG is eligible, the Department must provide assistance no later than 30 days after the date of application receipt.

**Exception:** Provide food stamps no later than 30 days from the release date to residents of public institutions determined eligible prior to their release.

Process applications and make a determination of eligibility or ineligibility within the following time frames:

#### **Non-expedited:**

1. If an individual does not have an Electronic Benefits Transfer (EBT) card, authorize food stamps by the 27th day.
2. If an individual has an EBT card, authorize food stamps by the 29th day.

#### **Expedited:**

1. If an individual does not have an EBT card, authorize food stamps no later than 11:00 AM EST on the 4th day.
2. If an individual has an EBT card, authorize food stamps before the seventh day.

Screen for and if eligible provide expedited services for untimely recertifications for households that apply after the end of the certification period. Households that apply for recertification anytime during the certification period are not eligible for expedited services even if staff process the recertification after the end of the certification period.

If prescreening fails to identify an eligible SFU as eligible for expedited services, provide expedited services upon discovery of the error and calculate the processing standard from the date of discovery.

Evaluate any delay beyond seven or 30 days in the application process to determine applicant or Department delay. Department delay occurs when application processing exceeds seven or 30 days, and the delay cannot be attributed to the applicant.

### **0810.0100 RECERTIFICATION (FS)**

A recertification reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. An acceptable application must have the name, address and signature of the individual or authorized representative and may be submitted in person, by mail or facsimile or on the web.

Do not continue food stamps beyond the end of the certification period without reestablishing eligibility. FLORIDA generates a notice of expiration of certification period (NECP) 45 to 50 days prior to the expiration date to remind the SFU to reapply.

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## Listing of Amended Passages

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**Timely Recertification:** An application received on or before the 15th day of the last month of the certification period is a timely recertification. Process the application by the end of the current certification period. If the AG is eligible, benefits begin the first day of the month following the end of the current certification period.

**Untimely Recertification:** An application received between the 16<sup>th</sup> day of the last month of the certification period and 30 days after the end of the certification period is an untimely recertification. If the AG is eligible, use application time standards. ~~Screen for and provide expedited services to eligible households.~~

Screen for and if eligible provide expedited services for untimely recertifications for households that apply after the end of the certification period. Households that apply for recertification anytime during the certification period are not eligible for expedited services even if staff process the recertification after the end of the certification period.

Allow 10 calendar days for the SFU to resolve any discrepancy or provide verification prior to completing the recertification. Offer the SFU assistance to resolve the discrepancy.

If the Department causes a delay or terminates a case in error, reinstate and/or restore food stamps for the appropriate months as soon as the delay or error becomes known.

Use the same application with a new application date (date all verification provided) if:

1. the timely/untimely recertification is denied due to not providing requested verification following an interview or when no interview is required, and
2. the individual provides the verification within 60 days from the date the Department received the application.

### **1410.2200 INDIVIDUAL CONVICTED OF FELONY DRUG TRAFFICKING (FS)**

~~Temporary Cash Assistance and F~~ food stamp benefits stamps shall be denied to an individual who has been convicted of a felony for drug trafficking who was convicted on or after 7/1/97. This ~~disqualification penalty~~ is a lifetime ~~disqualification penalty~~. Only the individual who was convicted will be penalized. ~~If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement. The individual will be eligible for Medicaid benefits if all factors of eligibility are met.~~

Since felony conviction for drug trafficking is not considered noncompliance with specific program requirements, "Riverside" policy would not be applied.

### **1420.2200 INDIVIDUAL CONVICTED OF FELONY DRUG TRAFFICKING (TCA)**

Temporary Cash Assistance benefits shall be denied to an individual who has been convicted of a felony for drug trafficking who was convicted on or after 7/1/97. This ~~disqualification penalty~~ is a lifetime ~~disqualification penalty~~. Only the individual who was convicted will be penalized. ~~If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.~~

Since felony conviction for drug trafficking is not considered noncompliance with specific program requirements, "Riverside" policy would not be applied.

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## Listing of Amended Passages

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### **1820.0207 Verification of Earned Income (TCA)**

All non-exempt earned income must be verified at application and review unless otherwise specified.

All non-exempt earned income must be verified by the employer. Information that must be verified includes:

1. the first and last dates of employment,
2. the first and last day of pay,
3. gross income including overtime and tips,
4. frequency of payment,
5. the day of the week payment is received, and
6. the number of hours and days employed.

Acceptable forms of verification include, but are not limited to, the following:

1. W-2 forms and income tax returns for self-employed individuals,
2. wage receipts,
3. wage statements,
4. pay stubs,
5. employment verification form or written statements containing the required information,
6. collateral contact with employer, and
7. work calendar (for tips and daily cash payments).

Any document used to verify income must be copied and retained in the case record. All documents must be completed and signed by the appropriate individuals (for example, the employer, the recipient). Exceptions are as follows:

1. The individual's statement that his income exceeds the income standard is sufficient to deny or close FS, TCA, and RAP benefits. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility. Verification of income must be pursued for these situations in which the individual/AG appears to be Medicaid ineligible.
2. When documentation/verification of income that makes the assistance group ineligible cannot be obtained prior to the advance notice deadline, the case manager must redetermine the assistance group's eligibility based on its statement to avoid overpayment. In this situation, the cost of child care can be disregarded without verification.
3. The individual's statement regarding the begin date and amount of earned income is sufficient when authorizing transitional Medicaid ~~for the first or second six-month period.~~

### **1850.0207 Verification of Earned Income (CIC)**

All non-exempt earned income must be verified by at application and review unless otherwise specified.

All non-exempt earned income must be verified by the employer. Information that must be verified includes:

1. the first and last dates of employment,
2. the first and last day of pay,
3. gross income including overtime and tips,
4. frequency of payment,
5. the day of the week payment is received, and

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## Listing of Amended Passages

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6. the number of hours and days employed.

Acceptable forms of verification include, but are not limited to, the following:

1. W-2 forms and income tax returns for self-employed individuals,
2. wage receipts,
3. wage statements,
4. pay stubs,
5. employment verification form or written statements containing the required information,
6. collateral contact with employer, or
7. work calendar (for tips and daily cash payments).

Any document used to verify income must be copied and retained in the case record. All documents must be completed and signed by the appropriate individuals (for example, the employer, the recipient). Exceptions follow:

1. The individual's statement that his income exceeds the income standard is sufficient to deny or close FS, TCA, and RAP benefits. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility. Verification of income must be pursued for these situations in which the individual/AG appears to be Medicaid eligible.
2. When documentation/verification of income that makes the assistance group ineligible cannot be obtained prior to the advance notice deadline, the case manager must redetermine the assistance group's eligibility based on its statement to avoid overpayment. In this situation, the cost of child care can be disregarded without verification.
3. The individual's statement regarding the begin date and amount of earned income is sufficient when authorizing transitional Medicaid ~~for the first or second six-month period.~~

### **1860.0207 Verification of Earned Income (RAP)**

All non-exempt earned income must be verified at application and review unless otherwise specified.

All non-exempt earned income must be verified by the employer. Information that must be verified includes:

1. the first and last dates of employment,
2. the first and last day of pay,
3. gross income including overtime and tips,
4. frequency of payment,
5. the day of the week payment is received, and
6. the number of hours and days employed.

Acceptable forms of verification include, but are not limited to, the following:

1. W-2 forms and income tax returns for self-employed individuals,
2. wage receipts,
3. wage statements,
4. pay stubs,
5. employment verification form or written statements containing the required information,
6. collateral contact with employer, or
7. work calendar (for tips and daily cash payments).

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Any document used to verify income must be copied and retained in the case record. All documents must be completed and signed by the appropriate individuals (for example, the employer, the recipient). Exceptions follow:

1. The individual's statement that his income exceeds the income standard is sufficient to deny or close FS, TCA, and RAP benefits. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility. Verification of income must be pursued for these situations in which the individual/AG appears to be Medicaid eligible.
2. When documentation/verification of income that makes the assistance group ineligible cannot be obtained prior to the advance notice deadline, the case manager must redetermine the assistance group's eligibility based on its statement to avoid overpayment. In this situation, the cost of child care can be disregarded without verification.
3. The individual's statement regarding the begin date and amount of earned income is sufficient when authorizing transitional Medicaid ~~for the first or second six-month period.~~

### **1820.0209.01 Verification of Income (TCA)**

All non-exempt income must be verified at application and review unless otherwise specified.

Income can be verified through a telephone call or collateral contact with the employer or source of income. When verifying by this method the date and source of verbal verification and the date(s) and amount(s) of income received must be recorded.

The individual's statement regarding the amount of earned income is sufficient when authorizing transitional Medicaid ~~for the first or second six-month period.~~

As a part of verifying last date of employment and last day of pay, any loss of or reduction in income which occurred within the preceding 60 days and the reason for the loss or reduction must be verified when possible. Examples of circumstances that might make verification impossible are when a business closes or when a person for whom child care was provided moves and the new address is unknown. The reason for the loss or reduction of income will determine whether or not sanctions are necessary.

If documentation or verbal verification is not provided within specified time limits, the assistance group must be determined ineligible for assistance. However, the eligibility specialist must submit a policy exception request to the Region or Circuit Program Office, or at the Region or Circuit's discretion the unit supervisor, if the individual reports an inability to secure required documentation or verification due to factors beyond recipient control. The Region or Circuit Program Office or the unit supervisor, if authorized by the Region or Circuit Program Office, may grant or deny the exception. Refer to passage 1820.0207 for exception to documentation/verification of income that makes the assistance group ineligible.

### **1850.0209.01 Verification of Income (CIC)**

All income (included or excluded) must be verified or documented unless otherwise specified.

Income can be verified through a telephone call or collateral contact with the employer or source of income. When verifying by this method the date and source of verbal verification and the date(s) and amount(s) of income received must be recorded.

The individual's statement regarding the amount of earned income is sufficient when authorizing transitional Medicaid ~~for the first or second six-month period.~~

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As a part of verifying last date of employment and last day of pay, any loss of or reduction in income which occurred within the preceding 60 days and the reason for the loss or reduction must be verified when possible. Examples of circumstances that might make verification impossible are when a business closes or when a person for whom child care was provided moves and the new address is unknown. The reason for the loss or reduction of income will determine whether or not sanctions are necessary.

If documentation or verbal verification is not provided within specified time limits, the assistance group must be determined ineligible for assistance. However, the eligibility specialist must submit a policy exception request to the Region or Circuit Program Office, or at the Region or Circuit's discretion the unit supervisor, if the individual reports an inability to secure required documentation or verification due to factors beyond recipient control. The Region or Circuit Program Office or the unit supervisor, if authorized by the Region or Circuit Program Office, may grant or deny the exception. Refer to passage 1850.0207 for exception to documentation/verification of income that makes the assistance group ineligible.

### **1860.0209.01 Verification of Income (RAP)**

All non-exempt income must be verified at application and review unless otherwise specified.

Income can be verified through a telephone call or collateral contact with the employer or source of income. When verifying by this method the date and source of verbal verification and the date(s) and amount(s) of income received must be recorded.

The individual's statement regarding the amount of earned income is sufficient when authorizing transitional Medicaid ~~for the first or second six-month period.~~

As a part of verifying last date of employment and last day of pay, any loss of or reduction in income which occurred within the preceding 60 days and the reason for the loss or reduction must be verified when possible. Examples of circumstances that might make verification impossible are when a business closes or when a person for whom child care was provided moves and the new address is unknown. The reason for the loss or reduction of income will determine whether or not sanctions are necessary.

If documentation or verbal verification is not provided within specified time limits, the assistance group must be determined ineligible for assistance. However, the eligibility specialist must submit a policy exception request to the Region or Circuit Program Office, or at the Region or Circuit's discretion the unit supervisor, if the individual reports an inability to secure required documentation or verification due to factors beyond recipient control. The Region or Circuit Program Office or the unit supervisor, if authorized by the Region or Circuit Program Office, may grant or deny the exception. Refer to passage 1860.0207 for exception to documentation/verification of income that makes the assistance group ineligible.

### **1850.0816.02 Foster Care Payments - Independent Living Grant (CIC)**

The independent living grant provided to a youth in the Independent Living Program is excluded in the Medicaid eligibility determination as long as the youth ~~is under 21 years of age and~~ has been awarded [a Road to Independence](#) ~~Road-To-Independence~~ Scholarship. Other income is budgeted according to the appropriate Medicaid policy.

Only youth that are awarded a [Road to Independence](#) ~~Road-To-Independence~~ Scholarship continue to be eligible for Medicaid up to the age of 21 years. Once the youth attains the age of 21, eligibility must be explored under other coverage groups.

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### **2030.0300      EXTENDED/TRANSITIONAL MEDICAID (MFAM)**

Transitional Medicaid is Medicaid that is extended for up to 12 months for earnings related reasons. Extended Medicaid is Medicaid that is extended for **up to** four months due to receipt of or increase in child support or alimony payments.

### **2030.0301      Transitional Medicaid ~~First Six Months~~ (MFAM)**

1931 Medicaid coverage groups must be extended for up to **12** ~~six~~ months, beginning with the month of ineligibility for 1931 Medicaid, when the assistance group becomes ineligible due to the following reasons:

1. initial receipt of earned income of the parent or caretaker relative, or
2. receipt of increased earned income of the parent or caretaker relative.

### **2030.0302      Conditions That Must Be Met (MFAM)**

The following conditions must be met for the family to be eligible for the **12** ~~initial six~~ months of ~~Transitional~~ Medicaid:

1. The 1931 Medicaid assistance group must be ineligible based on initial receipt of earned income by the parent or caretaker relative or receipt of increased earned income by the parent or caretaker relative. If more than one budget change is being acted on at the same time, a test budget(s) will be necessary to determine if the change in earned income is the sole cause of ineligibility. (Refer to Chapter 2630). It does not matter when the 1931 Medicaid actually stops.
2. At least one member of the assistance group was eligible for and received 1931 Medicaid in at least three of the preceding six months. The three months can include one month in which Medicaid was received in another state, or a retroactive month. All SFU members are eligible, even if they were not a part of the original 1931 group. For example: a CSE sanctioned parent or a parent who moves into the home with income.
3. The assistance group must contain an eligible child under age 18.

### **2030.0303      Changes in the **12** ~~Initial Six~~ Months (MFAM)**

Changes during the **12** ~~initial six~~ months of transitional Medicaid, other than the child turning 18 or loss of state residence, do not affect the transitional Medicaid benefit period. Ten-day advance notice is not required; however, notice must be sent prior to the effective date of cancellation and an ex parte determination must be completed.

### **2030.0304      Verification of Initial Earnings (MFAM)**

Information regarding the date of initial receipt of earnings or the increased earnings must be obtained in order to establish the **12** ~~six~~-month period. The recipient's self-declaration of earnings and the begin date is acceptable.

### **2030.0900      PRESUMPTIVELY ELIGIBLE NEWBORNS (MFAM)**

A newborn is eligible for Medicaid through the birth month of the following year when born to a mother eligible for Medicaid on the date of the child's birth, including a mother on **emergency Medicaid benefits** ~~EMA~~. The child remains eligible for Presumptive Eligibility for Newborn (PEN) coverage **as long as the child remains a resident of Florida. If the child was born on the first of the month, the PEN coverage would end when the child turns one** ~~for one year as long as the child resides with the mother and the mother remains eligible or would remain eligible if pregnant.~~ All newborns are considered to be living with the mother the month of birth.

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Eligibility for PEN does not apply to a child born to a parent receiving [Presumptively Eligible Pregnant Woman \(PEPW\)](#) PEPW coverage only. If a PEPW woman is later determined eligible for regular Medicaid for [the](#) month of delivery, the child will be PEN eligible.

If the mother is Medically Needy and meets her share of cost (~~SOC~~) on or before the date of birth, the child is eligible for [presumptive coverage](#) ~~the birth month and two postpartum months only.~~

Notification of birth may be received from the Medicaid provider or from the parent(s). All PENs must be added to Medicaid within five days of notification of their birth. [No application or face-to-face interview is required for PEN coverage.](#)

~~No application or face to face is required for PEN coverage. However, normal procedures apply when adding the newborn to other coverage groups. If the parent/relative does not follow through with adding the newborn and the child is a mandatory member of the SFU or assistance group, the assistance group must be closed. The newborn's presumptive eligibility will not be terminated. **Note:** If the newborn is not added due to technical ineligibility such as welfare enumeration, no adverse action should be taken against the assistance group or the PEN coverage.~~

A Medicaid notice of case action must be sent with the newborn's Medicaid number to the parent stating the following information: "Medicaid is being authorized for up to one year from the date of the child's birth." This will serve as the 10-day advance notice unless the case is canceled prior to the end of one year.

~~If an infant becomes ineligible for regular coverage, the infant may revert to the Presumptively Eligible Newborn Program (PEN) coverage provided PEN requirements are still being met.~~

An ex parte determination must be completed prior to the end of the child's presumptive eligibility. No verification of U.S. citizenship or identity will be needed for these children, even after the presumptive period ends.

### **2210.0320.01 Student Eligibility (FS)**

[Individuals enrolled at least half-time in institutions of higher education are not eligible to participate in the food stamp assistance group or standard filing unit unless they meet at least one student exemption even if they live with parents or siblings. ~~Those students who must be tested to determine if they are eligible to be included in the AG are those who are:~~](#)

- ~~1. at least age 18, but not over age 50;~~
- ~~2. physically and mentally fit; and~~
- ~~3. enrolled at least half-time, as defined by the institution, in an institution of higher education.~~

~~Testing for student eligibility does not apply to individuals age 17 or under, or individuals age 50 or over; individuals mentally or physically disabled; individuals attending high school; individuals participating in on-the-job training programs; individuals not attending school at least half-time; or to individuals enrolled full-time in schools and training programs which are not institutions of higher education.~~

### **2210.0320.02 Student Eligibility Test (FS)**

[Complete the student eligibility test for students in institutions of higher education to determine if they meet a student exemption. Testing for student eligibility does not apply to individuals attending high school, individuals not attending school at least half-time, or individuals enrolled](#)

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full-time in schools and training programs that are not institutions of higher education. Individuals pass the student eligibility test and are eligible to participate in the Food Stamp Program if they are: To determine if a student may be eligible to be included in the SFU, a student eligibility test must be completed. Students who are determined ineligible are not considered to be SFU members even if they are living with parents or siblings. A student, regardless of where the student is living, is ineligible to participate in the Food Stamp Program unless the student meets at least one of the following criteria:

1. ~~age 17 or under or 50 or older. or~~ The student is employed or self-employed for at least 20 hours per week. ~~Substitution of wages equivalent to 20 times the minimum hourly wage is not allowed. The student must actually work 20 hours regardless of the amount of wages. This provision relates to a student actually on the job rather than one who has merely been promised a job. Self-employed students must actually work 20 hours per week and receive weekly earnings at least equivalent to the federal minimum wage multiplied by 20 hours per week. Students paid or subsidized for class hours are not considered employed during that time. A student may still be eligible under one of the other criteria, or under the work criteria if the student is maintaining a job outside the classroom for 20 hours or more per week;~~ or
  2. ~~physically or mentally unfit. Individuals are physically or mentally unfit if they are receiving temporary or permanent disability benefits from government or private sources or are obviously physically or mentally unfit. Individuals meet the obviously unfit criteria if the impairment is so severe that they are not only unable to do their previous work but cannot, considering their education and experience, hold any other kind of job in the national, state, or local economy. If the unfitness is not obvious, get written or verbal verification from a physician, physician's assistant, nurse, nurse practitioner, designated representative of the physician's office, licensed or certified psychologist, social worker, or other medical personnel. Assist the individual in providing the verification. or~~ The student participates in a federally financed work study program during the regular school year. The program must be funded in full or in part under Title IV-C of the Higher Education Act of 1965, as amended. To qualify under the exemption, a student must actually be working at a job for which the student receives earnings or tuition credit for the work performed. Some schools participate in state financed study programs as well as the federal program, but commingle the funds. Such programs, as long as some federal funding is involved, meet the definition of federally financed work study programs; or
- Note:** ~~This provision does not apply to students working in hospitals or student teachers who must obtain actual experience as part of their course work for which they earn credit; or cooperative education (co-op) students who, under normal co-op situations are full-time students during one semester and work full-time at curriculum related jobs during the next semester, would not be entitled to the work study exemption. It is possible that during the school phase these students obtain work study jobs or work 20 hours per week, in which case they would meet the categorical eligibility requirement. They would not qualify solely on the basis of participation in the co-op program.~~
3. ~~The student is~~ responsible for the care of a dependent **standard filing unit (SFU)** SFU member under age six. ; or
  4. ~~The student is~~ **households with two parents or members acting as the parents** responsible for the care of a dependent SFU member age six but under the age of 12, for whom adequate child care is not available **to allow the student to attend class and comply with the requirements of working 20 hours per week or attend class and participate in a state or federally financed work study.** ; or

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5. ~~The student~~ receiving receives Temporary Cash Assistance TCA benefits. ; or
6. ~~The student is assigned to or placed in an institution of higher learning through the Job Training Partnership Act JTPA, the Food Stamp Employment and Training Program (FSET), Regional Workforce Board RWB coalition/contract provider, the Trade Act, or state or local government employment and training program where components are the same as required components in the FSET Program. ; or~~
7. participating in an on-the-job training program. The exemption applies only while the employer is training the individual. ~~Participate in a state or federally financed work study program or the RWB employment and training program during the regular school year; or~~
8. enrolled in the school because of participation in the JOBS Program or its successor programs through the Agency for Workforce Innovation under Title IV of the Social Security Act. ~~Are parents of a child above age five but under age 12 for whom adequate child care is not available; to enable the student to attend class and satisfy the 20-hour work requirement or participate in a state or federally financed work study program during the regular school year; or~~
9. single parents enrolled in school full-time and responsible for care of a dependent child under age 12 when there is only one natural, adoptive, or step-parent in the same food stamp SFU. ~~or Are single parents with the responsibility for a dependent child under age 12 regardless of the availability of adequate childcare.~~
10. working a minimum of 20 hours per week and be paid for the work (with no allowance for substitution of wages equal to 20 times the federal minimum wage), or self-employed a minimum of 20 hours per week and receiving payment for the work at least equal to the federal minimum wage multiplied by 20 hours per week. or
11. participating in a state or federally financed work-study program during the regular school term. The student must have approval for the work-study when they apply for food stamp benefits and anticipate actually participating in work-study during the school term. This exemption does not apply to students working in hospitals or as student teachers who must get actual experience as part of their course work or cooperative education students who attend classes full-time one semester and work at curriculum related jobs full-time the next semester. This work-study exemption does not continue during term breaks of more than a full month unless the student participates in work-study during the break.

### **2410.0204 Determining Monthly Income (FS)**

Several factors are involved in determining a gross amount of monthly income to be budgeted. These are:

1. anticipating and projecting income,
2. averaging income, and
3. converting the income to a monthly amount.

Once an average amount of income is computed, several factors must be considered to arrive at the gross amount of monthly income. These factors are:

1. When income is received more often than monthly, it will be converted to a monthly amount.
2. When averaging income, use the most recent consecutive four weeks or the best available information when it is representative of the individual's future earnings.

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~~For food stamps, when monthly income fluctuates, the individual must be given the option of having his income averaged or using a different amount each month (variable basis of issuance). Once the income has been averaged and converted, the individual no longer has this option and the converted income will remain the same throughout the entitlement period, unless a change is reported.~~

**Note:** The income of a destitute [assistance group](#) AG is not subject to averaging.

### **2410.0358 Fluctuating Medical Expenses (FS)**

~~If normally recurring medical expenses fluctuate monthly but are anticipated for the [certification](#) entitlement period, the assistance group has the option of using actual expenses, in which case a variable basis of issuance will be assigned; or averaging [average](#) expenses (for monthly fluctuating medical expenses, average over the [certification](#) entitlement period. and if billed or otherwise due less often than monthly, average over the period between scheduled billings). There may be instances ~~W~~ when a normally recurring medical expense begins during the [certification](#) entitlement period, - tThe expense, less reimbursements, is allowed beginning with the month the change would be effective.~~

### **2410.0324 Verification of Dependent Care Expenses (FS)**

An assistance group's (AG's) dependent care expenses must be verified any time the monthly expense exceeds \$200 [per child](#). If the individual fails to provide verification of the dependent care expense exceeding \$200, the [AG](#) ~~assistance group~~ is only eligible for a \$200 [per child](#) deduction.

### **2410.0405 Disqualifications and Benefit Recovery (FS)**

The following Food Stamp Program disqualifications apply:

1. Disqualification Penalty for Intentional Program Violation: An individual found guilty of an intentional program violation will be ineligible to participate in the Food Stamp Program for a period of one year for the first offense, two years for the second offense and permanently for a third offense.
2. Permanent Disqualification for Food Stamp Trafficking Conviction of \$500 or More: An individual who is found guilty of trafficking food stamps in the amount of \$500 or more will be permanently disqualified from participation in the Food Stamp Program.
3. Disqualification for Fraudulent Receipt of Multiple Program Benefits: An individual shall be ineligible to participate in the Food Stamp Program as a member of any household for 10 years if the individual is found by a state agency to have made, or is convicted in a Federal or state court of having made, a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously from the Food Stamp Program. An example of this could be individuals who live in border towns between Florida, Alabama and Georgia and receive benefits in two or more states simultaneously.
4. Disqualification for Fleeing Felons: An individual who is otherwise eligible to participate in the Food Stamp Program and is a fleeing felon or probation violator is ineligible for food stamps as long as they are in that status.
5. Disqualification for Purchasing Illegal Drugs with Food Stamp Benefits: An individual found by a Federal, state or local court to have used or received food stamps in a

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- transaction involving the sale of a controlled substance shall be disqualified for two years for the first finding and permanently for a second such finding.
6. Disqualification for Drug Trafficking: An individual who has been determined guilty **on or after 7/1/97**, by a Federal, state or local court of a drug trafficking felony is permanently disqualified from the Food Stamp Program. **If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.**
  7. Disqualification for the Sale of Firearms, Ammunition, or Explosives: An individual found by a Federal, state or local court to have used or received food stamps in a transaction involving the sale of firearms, ammunition, or explosives shall be permanently disqualified from participation in the Food Stamp Program.

### **2420.0406 Disqualification for Felony Drug Trafficking (TCA)**

An individual who has been convicted of felony drug trafficking pursuant to 893.135 F.S. **on or after 7/1/97** shall be permanently disqualified from the Temporary Cash Assistance Program. **If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.**

### **2610.0402.02 Self-Employment Income Received Monthly (FS)**

An assistance group's (AG's) annual self-employment support must normally be averaged over a **12-month** ~~12-month~~ period. ~~If, however,~~ the averaged income does not accurately reflect the **AG's assistance group's** actual monthly circumstances because they had experienced a substantial increase or decrease in business, the eligibility specialist will calculate the self-employment income based on anticipated earnings.

~~**Example:** Mr. Smith is the owner of a restaurant that is located off the interstate. Last year he grossed \$15,000 after excluding the cost of doing business. At the application interview, Mr. Smith presented his 1040 Income Tax Form indicating a previous year income of \$15,000. After discussing the current circumstances with Mr. Smith, the eligibility specialist learned that Mr. Smith's gross earnings for the current year would be drastically reduced because the interstate exit had been closed, and consequently, his business had dropped off by at least 25 percent. The average income reflected this income reduction. Likewise, an eligibility period of less than one year would be assigned. Refer to passage 2610.0402.03 for similar situations.~~

### **2610.0402.04 Enterprise in Existence for Less Than a Year (FS)**

~~If an assistance group's self-employment enterprise has been in existence for less than a year, the income from that enterprise will be averaged over the period of time the business has been in operation, and the monthly amount projected for the coming year. However, if the business has been in operation for such a short time that there is insufficient data to make a reasonable projection, the assistance group may be given an entitlement period for less than a year until the business has been in operation long enough to base a longer projection.~~

~~**Example:** Mr. Reed opened his dry cleaning business on January 3 and applied for food stamps on April 1. During the quarter January through March, Mr. Reed had netted \$1,200 from his business after excluding the cost of doing business. The \$1,200 income for January through March (three months) will be averaged over that time period. \$1,200 divided by 3 = \$400 = average gross monthly income.~~

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### **2610.0203.08 Documentation/Verification of Sponsor Income (FS)**

The individual sponsor's and the sponsor's spouse's statement concerning their income is accepted unless questionable. When questioned, the noncitizen will be required to provide documentation. Eligibility for the noncitizen and other sponsored members of the assistance group cannot be established when required documentation is not provided. Verification is not required of a noncitizen who self-declares non-support from the sponsor.

### **2630.0202.08 Documentation/Verification of Sponsor Income (MFAM)**

The individual sponsor's and the sponsor's spouse's statement concerning their income is accepted unless questionable. When questioned, the noncitizen will be required to provide documentation. Eligibility for the noncitizen and other sponsored members of the assistance group cannot be established when required documentation is not provided. Verification is not required of a noncitizen who self-declares non-support from the sponsor.

### **2640.0202.08 Documentation/Verification of Sponsor Income (MSSI)**

The individual sponsor's and the sponsor's spouse's statement concerning their income is accepted unless questionable. When questioned, the noncitizen will be required to provide documentation. Eligibility for the noncitizen and other sponsored members of the assistance group cannot be established when required documentation is not provided. Verification is not required of a noncitizen who self-declares non-support from the sponsor.

### **2620.0203.08 Documentation/Verification of Sponsor Income (TCA)**

The ~~individual~~ sponsor's and the sponsor's spouse's statement concerning ~~their~~ the income ~~and disregards of the sponsor and the sponsor's spouse~~ is accepted unless questionable. When questioned, the noncitizen will be required to provide documentation ~~of the questionable income item or disregard~~. Eligibility for the noncitizen and other sponsored members of the assistance group cannot be established when required documentation is not provided. ~~Verification is not required of a noncitizen who self-declares non-support from the sponsor.~~

### **2650.0203.08 Documentation/Verification of Sponsor Income (CIC)**

~~For CIC, the~~ following policy governs only the Title IV-E family's initial eligibility determination.

The ~~individual~~ sponsor's and the sponsor's spouse's statement concerning ~~their~~ the income ~~and disregards of the sponsor and the sponsor's spouse~~ is accepted unless questionable. When questioned, the noncitizen will be required to provide documentation ~~of the questionable income item or disregard~~. Eligibility for the noncitizen and other sponsored members of the assistance group cannot be established when required documentation is not provided. ~~Verification is not required of a noncitizen who self-declares non-support from the sponsor.~~

### **3210.0111.02 Return of FS Benefits When Resident Leaves Facility (FS)**

Once the individual leaves the facility, the facility is no longer allowed to act as that individual's authorized representative or secondary cardholder. This applies to both drug and alcohol treatment centers and group homes for the blind/disabled. ~~The facility's authorized representative should be removed on FLORIDA immediately.~~

Electronic Benefits Transfer (EBT) cards being held by the facility must be returned to the individual when they leave the facility. If the resident leaves without obtaining the EBT card, the center is to return the card to JP Morgan [Electronic Financial Services at the address below](#) ~~in Tampa, FL~~. These cards will have their status changed to "62" (card returned - other), which will deactivate the card(s). Should a resident later inquire about accessing their benefits, they should be referred to EBT Customer Service to request a replacement card.

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Mailing address:

EBT Technical Support Unit  
P.O. Box 9044 ~~30220~~  
Coppell, TX 75019 ~~Tampa, FL 33630-3220~~

One-half of the benefit allotment must be returned to the individual regardless of what has been spent when the individual departs prior to the 16th of the month.

The facility must not debit accounts under any circumstances after the individual has left the facility. For example: If there is a delay in the facility receiving the EBT card, and the individual has left the facility when the card arrives, the facility may not swipe the card for payment for meals eaten while the individual was at the facility. The facility must notify the Department when the individual leaves the facility. Benefits are returned to the individual's account by the facility performing a food stamp credit (or refund) transaction.

### **3410.0101 Exceptions to the Written Notice Requirement (FS)**

Written notice of adverse action is not required in the ~~Food Stamp Program~~ when:

1. a mass change affects the entire caseload or a significant part of the caseload;
2. an assistance group (AG) moves out of state or the Department receives information from a reliable source that the ~~AG assistance group~~ has moved out of state;
3. all members of the ~~AG assistance group~~ are deceased;
4. ~~an assistance group was advised of a variable allotment from month to month at application approval based on changes anticipated within the entitlement month;~~
5. an ~~AG assistance group~~ member is disqualified for ~~an intentional program violation~~ IPV, or the benefits of the remaining members are reduced or terminated to reflect the disqualification of the ~~AG assistance group~~ member;
6. an ~~AG assistance group~~ was certified for expedited services with postponed verification and was notified at the time of approval that the receipt of benefits beyond the month of application is contingent upon its providing the postponed verification and that the Department can act on the verified information without further notification;
7. the ~~AG assistance group~~ voluntarily requests in writing or in the presence of the eligibility specialist that participation ~~be~~ is terminated;
8. an ~~AG assistance group~~ is receiving an increased allotment to restore lost benefits, the restoration is now completed and the ~~AG assistance group~~ was previously notified in writing of when the increased allotment would terminate;
9. an ~~AG assistance group~~ that jointly applied for Temporary Cash Assistance (TCA) and food stamp benefits has been receiving food stamp benefits pending approval of TCA and was notified at the time of approval for food stamp benefits that the benefits would be reduced or terminated upon approval of the TCA;
10. an ~~AG assistance group~~ is converted from ~~TCA Temporary Cash Assistance~~ or food stamp benefits repayment to benefit reduction as a result of failure to meet the agreed repayment schedule; or
11. the eligibility of residents of drug or alcohol treatment centers or group living arrangements is terminated as the facility has either lost its certification from the Department or has its authorized representative status suspended due to a ~~Food and Nutrition Service~~ FNS disqualification as a retailer.

### **3610.0902 Disqualification Periods and Implementation (FS)**

The disqualification period for an eligible assistance group member will begin with the first month following the date the agency receives written notification of the hearings decision or within 45 calendar days from the date of receipt of a state attorney/court disposition. There is no

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requirement for notification through certified mail. The agency is not required to give the assistance group notice of adverse action prior to imposing the disqualification.

Disqualification periods, when specified in a court order, must be followed as defined by the court. In the absence of court ordered specifications, use the following program specific policies to determine disqualification periods.

FS disqualification periods:

In the Food Stamp Program there are several program violations, which have very stringent disqualification periods; these include the sale of controlled substances (illegal drugs), firearms, ammunition and/or explosives.

For program violations related to the use or receipt of food stamps in a transaction involving the sale of a controlled substance, the disqualification periods are:

1. 24 months for the first violation, and
2. permanent disqualification for the second violation.

For program violations related to the use or receipt of food stamps in a transaction involving the sale of firearms, ammunition, or explosives, the disqualification period is permanent for the first violation.

For program violations involving trafficking of food stamps in the amount of \$500 or more, the disqualification period is permanent for the first violation.

For program violations involving fraudulent statements or representations regarding identity or residence in order to receive multiple benefits, the disqualification period is 10 years for each violation.

In addition to these specific program violations there are two situations where an individual is automatically disqualified due to their status as a fleeing felon or probation violator or having a felony drug trafficking conviction.

An individual, who is a fleeing felon or probation violator, is disqualified from participation in the Food Stamp Program as long as they are a fleeing felon or probation violator.

An individual who was convicted of a drug trafficking felony on or after ~~7/1/97~~ ~~July 16, 1996~~, is permanently disqualified from participation in the Food Stamp Program. [If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.](#)

For all other Food Stamp Program violations, the disqualification periods are:

1. 12 months for the first violation,
2. 24 months for the second violation, and
3. permanent disqualification for the third violation

**Note:** In instances where the food stamp fraud occurred prior to April 1, 1983, a three month disqualification period is applied, regardless of the type of violation.

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### **3620.0902 Disqualification Periods and Implementation (TCA)**

The disqualification period for an eligible assistance group member must begin no later than the first day of the second month, which follows the date of the decision. There is no requirement for notification through certified mail. The agency is not required to give the assistance group notice of adverse action prior to imposing the disqualification.

Disqualification periods, when specified in a court order, must be followed as defined by the court. In the absence of court ordered specifications, use the following program specific policies to determine disqualification periods:

TCA disqualification periods:

1. 12 months for the first violation,
2. 24 months for the second violation, and
3. permanent disqualification for the third violation.

For program violations involving trafficking of Temporary Cash Assistance benefits in the amount of \$500 or more, the disqualification period is permanent for the first violation.

For program violations involving fraudulent statements or representations regarding identity or residence in order to receive multiple benefits, the disqualification period is 10 years for each violation.

In addition to these specific program violations there are two situations where an individual is automatically disqualified due to their status as a fleeing felon or probation violator or having a felony drug trafficking conviction.

An individual, who is a fleeing felon or probation violator, is disqualified from participation in the Temporary Cash Assistance Program as long as they are a fleeing felon or probation violator.

An individual, who was convicted of a drug trafficking felony on or after ~~7/1/97~~ ~~July 16, 1996~~, is permanently disqualified from participation in the Temporary Cash Assistance. [If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.](#)

For all other Temporary Cash Assistance Program violations the disqualification periods are:

1. 12 months for the first violation,
2. 24 months for the second violation, and
3. permanent disqualification for the third violation.