

**DEPARTMENT OF HUMAN SERVICES
POLICY OUTLINE RESTRUCTURE**

CHAPTER 5 – BENEFIT ISSUANCE AND ADMINISTRATIVE FUNCTIONS

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Chapter 5 - BENEFIT ISSUANCE AND ADMINISTRATIVE FUNCTIONS

ARTICLE I. - Waiver of an Administrative Disqualification Hearing.

A. **Purpose and Introduction.** The Waiver of an Administrative Disqualification Hearing (waiver) Policy is to provide clear expectations to investigators regarding how and when an investigator may offer a waiver to an individual suspected of having committed an intentional program violation regarding their application for and/or receipt of public assistance benefits. The waiver process will be applicable to any Weld County Department of Human Services (WCDHS) public assistance program that allows for the imposition of a disqualification penalty for having committed an intentional program violation for the sake of consistency and uniformity. The WCDHS investigators in the Organizational Integrity and Assistance Payments Divisions will review and adhere to the provisions contained within this policy.

1. Programs involved:
 - a) Food Assistance
 - b) Colorado Works
 - c) Child Care Assistance Program
2. Forms referenced:
 - a) Statement.
 - b) Request for Waiver of Administrative Disqualification Hearing (state form FA-31A).
 - c) Waiver of Administrative Disqualification Hearing (state form FA-31B).
 - d) Rights of Individuals (state form FA-31C).
 - e) Transmittal memo for incomplete investigation with a signed waiver.
 - f) Request for completion of public assistance claim(s).

B. **Background Research and Investigative Interviews.** The background research and investigative interviews are used for fact-finding and developing information. During this stage, the investigator compiles a more accurate depiction of the household's actual circumstances for the time frames at issue.

1. Research-development and fact-finding may be achieved through a home visit, interviewing relevant collateral contacts or an in-person interview at the office.
 - a. The investigator completes this process to more fully address the steps that are required to occur prior to offering a waiver of an administrative disqualification hearing.
2. Casefile Review and Determination of Potential Disposition. Prior to a waiver being offered to an individual under investigation for misreporting the household's true and actual circumstances (hereinafter referred to as the "suspected individual," unless context requires otherwise), the investigator is required to coordinate a case review with any of the following circumstances:
 - a) For cases being worked by an Early Intervention Investigation Unit ("EIIU") investigator, to the Assistance Payments Operations Manager; or
 - b) For cases being worked by an Ongoing Investigation Unit ("OINV") investigator, to the Investigations Supervisor.
 - c) The Assistance Payments Operations Manager and the Ongoing Investigations Unit Supervisor are hereinafter collectively referred to as "Supervisor," unless context requires otherwise.

- i. If either unit's Supervisor is unavailable, the opposite unit's Supervisor will provide back-up. Multiple scheduling conflicts or excessive use of the back-up plan will be addressed on an ongoing basis.
- d) The Supervisor will provide the investigator with a case review response within five (5) business days from the date the investigator submits the request to the Supervisor.
- e) At the case review, the Supervisor will review the evidence the investigator has already compiled during the course and scope of their investigation. The Supervisor will review the information and will decide whether the compiled evidence meets the threshold of "clear and convincing" evidence and whether WCDHS will proceed with an administrative disqualification hearing, if the suspected individual chooses not to waive their right to the hearing.
 - i. Clear and convincing evidence means the evidence is stronger than a preponderance of the evidence and is unmistakable and free from serious or substantial doubt.
- f) At the time of the case review, the Supervisor will also review the casefile to determine if the case either preliminarily or could ultimately meet the threshold for referral to the District Attorney for potential filing of criminal felony charges.
- g) The Supervisor is to detail the various burdens of proof for the administrative proceeding (clear and convincing evidence) vs. criminal actions (beyond a reasonable doubt).
 - i. The facts of the case may require the creation of a \$30,000 claim. However, the facts may not warrant referral to the District Attorney for the potential filing of criminal felony theft charges, for a variety of reasons, including, but not limited to: whether the individual knew right from wrong, and potential extenuating circumstances, such as: mental capacity, language barriers, and/or situational/domestic violence.
 - ii. Refer to the policy titled, "Referral to District Attorney" for more detailed information.
- h) If the case is appropriate for referral to the District Attorney, the investigator may still conduct their investigative interview with the suspected individual; however, the investigator will not discuss or offer the waiver to the suspected individual at the investigative interview.
 - i. The request for a waiver letter is not relevant or applicable for cases identified to be potentially appropriate for referral to the District Attorney.
 - i) If the waiver is discussed or offered to the suspected individual at any point during the investigation, then the case is no longer appropriate for referral to the District Attorney for potential filing of criminal charges, regardless of the ultimate claim amount or time period of the misrepresentations.
 - i. This is to prevent any hint of purported duress or coercion in making the suspected individual sign the waiver (i.e., "if you do not sign this waiver right now, then I will be referring it for criminal felony charges").

C. Creation of Request for Waiver Form (FA-31A).

1. If the Supervisor determines the evidence already contained in the investigation casefile does not warrant the potential filing of criminal charges, but does meet the clear and convincing evidence standard, and WCDHS could proceed with initiating an administrative disqualification hearing for the alleged intentional program violation, the Supervisor will generate and sign the request for waiver.
 - a) The Supervisor will route the signed request for waiver to the investigator.
 - b) The investigator will date the request for waiver form with the date the investigator meets with the suspected individual.
2. If the interview with the suspected individual does not occur, or the investigator chooses not to offer the waiver to the suspected individual based upon the information discovered during the

investigative interview, then the request for waiver will not trigger any related deadlines or subsequent processes. If the waiver is not offered, the investigator will:

- a) Clearly indicate on the request for waiver that the document was not provided to the suspected individual at the investigative interview; however, the investigator will retain the copy of the request for waiver in the investigative casefile to document the case review had already occurred prior to the potential offering of the waiver.
- b) Continue the investigation through completion and if the investigator still feels the suspected individual committed an intentional program violation and has sufficient evidence to clearly and convincingly prove the intentional program violation was committed, the casefile information will be forwarded to the Program Integrity Unit.
- c) The Program Integrity Unit will initiate the noticing required for an administrative disqualification in compliance with that unit's policies.
- d) Initiate contact with the suspected individual within two (2) business days from the date the Supervisor provides the casefile review response.

D. Interview with Suspected Individual and Development of Statement. The suspected individual will be contacted through an in-office or home visit interview and the investigator will obtain facts and information relevant to the investigation. Depending upon the location of the interview, it will either be video or audio-recorded (or both).

1. Developing a Statement of Facts. During the investigative interview, the investigator will develop a statement to summarize the facts and information discussed at the interview.
 - a) The investigator will review the statement and will request the suspected individual make any revisions to the document regarding wording or content of the statement, with which they don't agree.
 - b) Once finalized, the investigator will request that the suspected individual sign the statement.
 - c) If the suspected individual refuses or declines to sign the statement at the interview, the investigator will indicate "declined to sign" on the statement.
 - d) The investigator will retain the statement within the investigative casefile and will provide a photocopy of the statement to the suspected individual.
 - e) If the statement was created because of a home visit and the investigator does not have the ability to provide a photocopy of the statement, the investigator will offer to either email, mail or fax a copy of the signed statement to the suspected individual.
 - i. The investigator will attempt to confirm the suspected individual's preferred manner of communication, as well as the telephone number, mailing address, email address and/or fax number.

E. Decision to Offer Waiver.

1. Review of Request for Waiver (FA-31A) and Client Rights (FA-31C). If, during the investigative interview and after developing the statement, the investigator decides that the timing of the offering of the waiver of the administrative disqualification hearing is appropriate, the request for waiver (FA-31A) and the rights of individuals (FA-31C) will be reviewed with the suspected individual.
 - a) The rights of individuals contain the contact information for the Colorado Legal Services.
 - b) The investigator may choose to request that the suspected individual initial each section or sign either of the documents. However, no less credence or weight of validity will be assessed against any request for waiver or rights of individuals, if the individual does not sign or initial the documents.

- c) The investigator will place a copy of the request for waiver and rights of individuals into the investigative casefile.
- 2. Review of Waiver of Administrative Disqualification Hearing (FA-31B). After reviewing the request for waiver and the rights of individuals, the investigator will review the waiver (FA-31B) with the suspected individual.
 - a) When reviewing the waiver, the investigator will reiterate that signing the form is voluntary.
 - b) If, in the opinion of the investigator, the suspected individual expresses any reluctance or hesitation to sign the waiver, they will be encouraged to take the waiver with them for further reflection and determine whether they want to sign it or not.
 - c) The investigator will also explain how the suspected individual may return the signed document (e.g., the secured drop box in the lobby) and will also provide a postage-paid envelope.
 - d) If a suspected individual subsequently claims they were "coerced" or "bullied" into signing the waiver, the Department Integrity & Appeals Group Manager will retain the final determination as to whether there was any hesitation or reluctance by the individual.
 - e) The determination of reluctance or hesitation will be accomplished through the review of the video and/or audio recording.
 - f) If either the video or audio recording is not available or it is of poor quality, that does not allow a thorough review of the interview, then the waiver will be withdrawn and the disqualification (if already entered into the appropriate benefits management system) will be reversed.
 - g) If the waiver is withdrawn and the disqualification is reversed, WCDHS may choose to reinstate the administrative disqualification hearing process.

F. Processing Signed Waiver and Completion of the Investigation. If the suspected individual chooses to sign the waiver, the investigator will retain the original document and will provide a photocopy of the signed waiver to the suspected individual.

- 1. If the waiver was signed during a home visit and the investigator does not have the ability to provide a photocopy of the waiver, the investigator will offer to email, mail or fax a copy of the signed waiver, for the suspected individual to retain.
 - a) The investigator will attempt to confirm the suspected individual's preferred manner of communication, as well as the telephone number, mailing address, email address and/or fax number.
- 2. After concluding the investigative interview with the suspected individual who chose to sign the waiver, the investigator will route the original signed request for waiver, a copy of the rights of individuals and a copy of the statement (if applicable), to the Program Integrity Unit within one (1) business day of the date the waiver was signed.
 - a) If the investigation is not yet officially complete, the investigator will utilize the transmittal memo provided by the Program Integrity Unit.
 - b) The transmittal memo provides the demographic and case-specific information required to finalize the disqualification process.
- 3. Once the investigator provides the waiver documents to the Program Integrity Unit, the Program Integrity Unit will process the disqualification paperwork in compliance with its policies and procedures.
- 4. If the investigation is not officially complete, due to new information obtained during the investigative interview that does not substantively affect the evidence already contained in the investigative casefile, the investigator will continue their investigation.

- a) The investigation will be complete when sufficient information and evidence to administratively conclude the matter is obtained.
- G. **Request for Claim for Over-issuance of Benefits.** If the results of the investigation indicate the suspected individual's household received an over-issuance of benefits due to the misreporting of information, the investigator will compile the necessary documentation and will submit a request to the Claims Unit.
1. A Fraud and Claims Specialist will review the information and determine the amount(s) of any claims for all public assistance programs, as applicable.
 2. The Claims Unit will complete its processes for creating any claims and will provide a copy of the completed claims information to the investigator, which will be retained in the investigative casefile.
 3. The investigator will formalize the progression and results of the investigation into an investigation report.
- H. **Proceeding with an Administrative Disqualification Hearing.** If the suspected individual does not choose to sign the waiver, the investigator will explain that the Program Integrity Unit will continue with the administrative disqualification hearing process, as follows:
1. A notice of administrative disqualification hearing will be sent from the Program Integrity Officer.
 2. The investigator will explain that the Program Integrity Officer controls the scheduling of the administrative disqualification hearing and will attempt to obtain the suspected individual's most current mailing address for the Program Integrity Unit.
 3. The investigator will notify the Program Integrity Unit of the need to schedule a local-level administrative disqualification hearing.
 4. The Program Integrity Unit will follow its policies and procedures for noticing the suspected individual of the administrative disqualification hearing.

(Policy of 4-11-2018)

ARTICLE II - Compromising Food Assistance Claims.

- A. **Purpose.** The Compromising Food Assistance Claims policy is written in conformance with, and as a supplement to, 7 CFR 273.18(e)(7) and State rule 4.801.3 (10 CCR 2506-1): Compromising Claims. Pursuant to these rules, a county must consider compromising an administrative error or inadvertent household error claim. Intentional Program Violation/Fraud (IPV) claims are not eligible for compromise. Weld County Department of Human Services (WCDHS) will only consider a compromise on those claims coded as administrative or inadvertent household error.
- B. **Process.** At the time the Food Assistance claim(s) are created, a Colorado Benefits Management System (CBMS) system-generated Notice of Overpayment is sent to each liable party notifying them of the amount, timeframe and type of claim created; the Notice of Overpayment also contains language stating that a claim may be compromised if the household is not financially able to repay the full claim within a three year period.
1. WCDHS considers the Notice of Overpayment as sufficient notification of a possible compromise; therefore, additional notifications will not be sent to the liable parties.
 2. Liable parties requesting a compromise will be referred to the Recovery Specialist.
 3. Prior to compromising a Food Assistance claim, the Recovery Specialist will confirm whether the claim is being (or is going to be) pursued as either (a) an IPV claim through the administrative disqualification process or (b) criminal fraud, to be included within an order of restitution by communicating with the Investigations Supervisor.

4. In order to determine whether a Food Assistance claim may be compromised, an assessment of each liable individual's current circumstances will be evaluated.
 - a) The inability to locate remaining liable individuals will not negatively impact or delay the process for the liable individual requesting the compromise, and a decision of whether the Food Assistance claim can be compromised will be based upon the information available to the Compromise Committee.
 5. Appropriate information will be collected for each liable individual by the Recovery Specialist and will include the following:
 - a) Current status of Food Assistance participation;
 - b) Current income and household circumstances; and
 - c) Other factors that could constitute hardship, including, but not limited to, medical costs, shelter costs, unemployment, and other extenuating circumstances.
 - i. The liable individual's current income and expenses (and potential hardship) will be documented using the Verification of Expense and Income Form (Exhibit A).
 - ii. The Compromise Committee should give consideration to the future earning potential of the liable individual(s) over the next three (3) years (or 36 months) to repay the Food Assistance claim, including an assessment of the liable individual's age, disability and other household factors
 6. There is no deadline for when the verification of the liable individual's income and expenses must be submitted; however, the Food Assistance claim will not be suspended while verification is pending; automatic recoupment will continue and any existing payment plan will be enforced.
- C. **Compromise Committee.** The Compromise Committee, consisting of the Claims Specialist Supervisor, the Claims Specialist(s), the Recovery Specialist(s) and the Recovery Manager, shall meet on a case- by-case basis to determine appropriate compromise based on need and hardship.
1. An active Food Assistance case will be reviewed for the following:
 - a) The liable individual has submitted verification of income and expenses; and
 - b) The claim will not be repaid based on current recoupments in three (3) years (36 months); and
 - c) Repaying the claim will result in financial hardship on the household.
 2. A closed Food Assistance case will be reviewed for the following:
 - a) The liable individual has submitted verification of income and expenses; and
 - b) The claim will not be repaid in three (3) years (36 months) based a determination of the household's disposable income as documented by the income and expense verification provided; and
 - c) Repaying the claim will result in financial hardship on the household.
- D. **Determining the Claim Balance.** The Calculations for Compromise Food Assistance Claim form (Exhibit B) will be used to determine the potential claim reduction and ultimate claim balance.
1. In the event a majority decision is made in favor of the compromise, the following steps will be taken:
 - a) If the household is actively receiving Food Assistance benefits: Determine the compromised balance of the claim based on the following formula: Monthly recoupment amount x 36 months = total recoupment amount
Total claim amount - total recoupment amount = total amount of compromise
Total claim amount - total amount of compromise = claim balance to be repaid

- b) If the household is no longer actively receiving Food Assistance benefits: Determine the compromised balance of the claim based on the following formula: Monthly disposable income x 36 months = total repayment amount
Total claim amount - total repayment amount = total amount of compromise
Total claim amount - total amount of compromise = claim balance to be repaid
 - c) The Recovery Specialist will notify the liable individual(s) by both mail and phone of the compromise amount and the current balance of the claim.
 - d) The Recovery Specialist will secure a Recovery Agreement from the liable individual(s) for the amount to be repaid, if applicable
 - e) The Recovery Specialist will enter the decision into CBMS Case Comments. Detailed comments will include the following information:
 - i. The rule applying to Compromise of Claims;
 - ii. The documentation reviewed;
 - iii. The conclusion based on the documentation and formula used (see attached formula calculation); and
 - iv. The decision of the Compromise Committee and the basis for that decision
 - f) The Recovery Specialist will revise the claim downward to reflect the claim balance to be repaid and the Recovery Agreement, if applicable, into CBMS
2. In the event a majority decision is made against the compromise, the following steps will be taken:
- a. The Recovery Specialist will contact the liable individual(s) by both mail and phone and will explain the Committee's decision
 - b. The Recovery Specialist will secure a Recovery Agreement from the liable individual(s), if applicable
 - c. The Recovery Specialist will enter decision into CBMS Case comments. Detailed comments will include the following information
 - i. The rule applying to Compromise of Claims;
 - ii. The documentation reviewed;
 - iii. The conclusion based on the documentation and formula used (see attached Exhibit B); and
 - iv. The decision of the compromise committee and the basis for that decision
 - d. The Recovery Specialist will enter the Recovery Agreement into CBMS, if applicable.
3. On a case-by-case basis and in extreme hardship situations, a Food Assistance claim may be compromised to zero with the approval of the WCDHS Director or his or her designee pursuant to 10 CCR 2506-01, Rule 4.801.3. In the event a claim is compromised to \$0, the following steps will be taken:
- a) The Recovery Specialist will contact the liable individual(s) by both mail and phone and will explain the Committee's decision
 - b) The Recovery Specialist will enter decision into CBMS Case comments. Detailed comments will include the following information:
 - i. The rule applying to Compromise of Claims;
 - ii. The documentation reviewed;

- iii. The conclusion based on the documentation and formula used (see attached formula calculation); and
 - iv. The decision of the compromise committee and the basis for that decision
- c) The Recovery Specialist will revise the claim downward to reflect a zero balance in CBMS

Exhibit A Verification of Expenses and Income Form:



DEPARTMENT OF HUMAN SERVICES

PO Box 1069 Fort Lupton, CO 80621

Website: www.co.weld.co.us

Administration and Public Assistance (303) 857-4052

Child Support (970) 352-6933

Fax Number (303) 637-2442

Request date: _____ Case No.: _____

Requested By: _____ Extension: _____

Return by: _____ SSN: _____

Verification of Expense and Income Form

Are you receiving any income or assistance (other than Public Assistance or LEAP) to help with household expenses or in paying your bills? Yes No

Please list the amounts for the following for the last 30 days:

(If you mark an amount in a box, verification of that income or expense must be provided for the last 60 days.)

Income

Employment	\$ _____
TANF Grant Amount	\$ _____
Social Security / SSI	\$ _____
Social Security / SSA	\$ _____
AND	\$ _____
LEAP	\$ _____
Child Support	\$ _____
Unemployment	\$ _____
Workmen's Comp	\$ _____
Self Employment	\$ _____
(i.e.: babysitting, lawn service)	\$ _____
Short Term Income / Jobs	\$ _____
(i.e.: blood donation, resale of car)	\$ _____
Retirement Accounts	\$ _____
(i.e.: dividends, interest)	\$ _____
Other Income	\$ _____

Expenses

Rent/Shelter	\$ _____
Utilities	\$ _____
Telephone	\$ _____
Child Care	\$ _____
Child Support	\$ _____
Medical bills	\$ _____

Total Income \$ _____

Total Expenses \$ _____

If your expenses are more than your income, please explain how you are meeting your expenses:

I am aware of my reporting responsibilities and I certify that the answers contained above are true and correct.

Signature _____

Date _____

Witness _____

Date _____



DEPARTMENT OF HUMAN SERVICES
PO Box 1069 Fort Lupton, CO 80621
Website: www.co.weld.co.us
Administration and Public Assistance (303) 857-4052
Child Support (970) 352-6933
Fax Number (303) 637-2442

In order for us to process your request for a lower payment arrangement, we need the following verification for the last **60 days** to be submitted by [redacted]. Failure to report or verify any expenses such as **rent, mortgage, insurance, utilities, taxes, day care, or medical costs** will be seen as a statement by your household that you DO NOT WANT to receive a deduction for that expense.

Verification(s) That Might Be Provided for approval of lower payment arrangements.

Housing verification: which needs to include the address, the landlord's name, address and phone number (current lease and/or rent receipt), house payment, taxes, homeowners insurance policy, landlord questionnaire form, or shared shelter form. This information **must** be provided by your landlord.

Utility bills: from the last 30 days (if the bills are not in your name bring a note signed and dated from the person whose name they are in saying you are responsible for the bill, also provide the bill) for gas, electric, propane, water, sewer, trash, and phone.

Work income: for all employed persons for the last two (2) months. **If you have lost your job in the last two (2) months**, bring a letter of termination that includes the last day you worked, date of last paycheck and pay stubs for the last month or employment verification form. **If you have started a new job**, bring a letter from your employer giving a start date, rate of pay, number of hours per week, date first check will be received, and how often paid or employment verification form.

Self employed: bring verification of income and expenses for the last (2) months, last year's taxes if possible or self-employment reporting form.

Unearned income: verification is needed, such as, Student Financial Aid form, child support, unemployment, workman's compensation, insurance settlements, all Social Security benefits (SSA) including widows, disability, survivors benefit, SSI, Veteran's benefits, PERA, Railroad, annuities, etc.

Disabled and unable to work: but not receiving SSI or SSA, bring a doctor statement including the period of time you are unable to work. **Med 9 form.**

Day care expense: bring verification of this paid expense. Please include name, address, and phone number of provider.

Current paid medical expenses: if you receive Social Security Disability and/or SSI, or if you are over 60 (bills, receipts, or a printout from the pharmacy for the last year of charges) and/or verification of payment of other medical expenses.

Paying child support: we need two (2) documents showing the amount you are paying (court order, pay stubs showing deduction, cancelled check). Verification of child support paid out **must** be submitted.

Resources: vehicle registration, bank statements for all bank accounts, stocks, bonds, 401 K, IRA's, annuity, life insurance (face & cash value), cemetery plot, burial insurance, and property valuation. Statement from the bank concerning the balance owed or lease agreement on your vehicle(s).

Exhibit B - Calculations for Compromise of Food Assistance Claim



DEPARTMENT OF HUMAN SERVICES
PO Box A Greeley, CO 80632
Website: www.co.weld.co.us
Greeley Area (970) 352-1551
Ft. Lupton Area (303)857-5052

Case # 1B

Liabile Parties:

Calculation for Compromise for Food Assistance Claim (Household Not Active Food Assistance)

- Household is under 200% FPL
 - Household's current income per the Department of Labor and Employment:
 - Total income from employment received in _____ quarter of _____ was \$ _____
 - Household's total average monthly gross income is \$ _____
 - Current household expenses declared by client:
 - Total average monthly expenses are \$ _____
- On a 3 year (36 month) repayment Schedule which is based on the disposable income available to the household (Income – allowable expenses), household would not repay claim within 3 years (36 months).
- Financial hardship will result from repayment of claim.
 - Total monthly average gross income \$ _____
 - Total monthly average household expenses \$ _____
 - Total monthly average household income not allotted to household expenses is \$ _____
- Proposed Claim Compromise
 - \$ _____ (disposable income) x 36 months = \$ _____ claim balance to be repaid.
 - \$ _____ (current claim balance) - \$ _____ (total claim balance to be repaid) = \$ _____ (total amount of compromise).

(Policy of [3-23-2020\(2\)](#).)

ARTICLE III - EBT Mail Card Issuance (MCI).

- A. **Purpose.** To ensure the case payee is given the option on how they want to obtain an Electronic Benefits Transfer (EBT) card and should not be required to come into the local office. In Colorado, the case payee can obtain an EBT card over-the-counter or through the mail card issuance (MCI) process at any local county office.
- B. **Eligibility Technician- Client Interview.** During the interview, the Eligibility Technician discusses how the case payee would like to receive their EBT card (if client is eligible for EXP FA this will be taken into consideration). The case payee can obtain an EBT card over-the-counter (OTC) or through the mail card issuance (MCI) process at any local county office.
 1. If the client has an existing EBT card they do not need a new one. Initial cards must be issued from the County office and can be received at the EBT window or mailed through the auto issue function in ebtEdge taking 7—10 business days to arrive.

2. A replacement EBT card can be issued at the county office or MCI procedure or by the cardholder contacting the EBT vendor (1-888-328-2656).
 3. The county ensures that the household has access to their benefits within the designated program timeframes (7 days for expedited, 30 for regular SNAP, and 45 days for cash assistance). The local county office must issue the first, initial EBT card.
- C. **MCI Requests Procedure.** When the Eligibility Technician determines the need for MCI, the Eligibility Technician completes the EBT Card Issuance Referral form and attaches verification of the case payee's address.
1. The Eligibility Technician will send an email to the AP Quarterback/Supervisor with the subject line "MAIL OUT".
 - a) All Eligibility staff need to provide an address for the client in the body of the email and verify it matches to the records within Compass Appointments.
 - b) The EBT card must only be issued OTC or mailed to the head of household; or authorized representative.
 2. The request shall include the Electronic Benefit Transfer (EBT) Card Issuance Referral (EBTCard-1) form, known as the "authorization", with the "Eligibility Staff" section completed and the "Eligibility Staff Signature" filled in with the current date.
- D. **Designated Supervisor.** The Designated Supervisor is responsible for approving the request.
1. The EBT Clerk will issue a new or replacement EBT card through the OTC process in the ebtEDGE system following the EBT Issuance procedure. The PIN option of "No PIN" will be selected under the observation of the EBT Supervisor.
 2. The EBT Clerk will then upload the completed Electronic Benefit Transfer (EBT) Card Issuance Referral (EBTCard-1) form with the EBT Card Ownership and Personal Responsibility Statement, into the Document Management System- OnBase.
 3. The EBT Supervisor will gather the card, the "How to use your EBT Card" brochure, the State Approved MCI letter, and a copy of the EBT Card Ownership and Personal Responsibility Statement together.
 - a) The EBT Supervisor will place the items in a first-class sturdy envelope with the return envelope listing the address below and seal it, prior to taking it to the mailroom:
MSC 2036
WELD COUNTY DEPARTMENT OF HUMAN SERVICES
PO BOX A
GREELEY CO 80632
 4. The EBT Clerk will then end the appointment by updating the outcome to "Mailout Processed" or "Mailout Processed - FTL" as appropriate.
 5. The EBT Clerk will move the email of the mailout request to the ".MCI Completed" folder in the HS-EBT inbox.
- E. **Returned Mail Card Issuance Procedure.** If any returned mail is received with "Building C - Window 1" or "MSC 2036" in the return address, these are left unopened by mailroom staff and they will call the EBT Supervisor to pick-up the envelope.
1. The EBT Supervisor will then take the envelope to the EBT Office and observe while the EBT Clerk opens the envelope.
 2. The EBT Clerk will follow the appropriate Destruction procedure.
 3. After the EBT Clerk destroys the card, they will locate the Electronic Benefit Transfer (EBT) Card Issuance Referral (EBTCard-1) form in OnBase, then scan the returned envelope with the MCI letter and attach it to this authorization

F. Supplemental Documentation.

1. County EBT Mail Out Letter - English
2. County Mail Out Letter - Spanish

(Policy of [3-18-2020\(2\)](#))

ARTICLE IV – Approval and Distribution of All Monetary Funds Issued to Clients.

A. Purpose. To provide Weld County Department of Human Services (WCDHS) employees with a formal process for requesting funds to assist individuals and families of Weld County. The approval and distribution of monetary funds may help resolve issues that threaten basic health, welfare, and/or safety needs (such as food, clothing, shelter, utilities, and other necessities) and/or connect the people of Weld County with resources needed to feel safe, empowered, and to thrive in the community. The distribution of funds is dependent on availability of funds and must be cost effective and temporary.

B. Process.

1. Funds are approved and distributed only if the issue(s) cannot be resolved by using alternative income, supports, and/or resources for ALL household members.
2. Transportation needs (calculated at \$5.00 a day) are excluded from the application and distribution process, UNLESS the request exceeds \$130.00 a month.
3. An application/request form must be completed for each service/vendor and reviewed with the employee's manager/supervisor.
 - a) The signed form and any/all supporting documentation (i.e. notices, lease agreements, bills, estimates) will be forwarded to the Human Services Funds Distribution group (HSFD) HS-HumanServicesFundsDistribution@co.weld.co.us for review.
 - b) The review may include follow up communication with the employee and/or the immediate supervisor.
4. Customer/client information contained in applications and requests for funding is restricted to the specific purpose of the review for approval and distribution of monetary funds.
 - a) Customer/client information shared for this purpose cannot be used for any other eligibility determination, and inter-department confidentiality must also be maintained regarding an applicant's status, which includes communication between program areas and employees.
5. The HSFD group is bound by the same confidentiality rules as Child Welfare staff (refer to WCDHS Confidential Information Sharing Policy).

C. Funding Sources and Requirements.

1. The Adult Protective Services (APS) Emergency Fund is State funded and County administered to help older adults and adults with disabilities maintain safety, health, and independence.
 - a) Individuals receiving funding must have an open case with Area Agency on Aging (AAA). Funding can be used to address health/safety issues or concerns that interrupt essential services.
2. Community Service Block Grant (CSBG) is a federally funded program intended to keep families economically stable.
 - a) Lease/rental deposits cannot be paid through CSBG, and the funding is not available for undocumented families.
 - b) Individuals/families must adhere to federally established poverty guidelines.

3. Temporary Assistance for Needy Families (TANF), supportive services and Diversions provide temporary financial assistance for pregnant women and families with one or more dependent children.
 - a) TANF funding can be used to help pay for food, shelter, utilities, and expenses other than medical.
 - b) Applicants must be United States citizens or meet immigration requirements.
 - c) Eligible TANF recipients, per County policy, will receive incentive payments for successfully meeting work participation rates, obtaining employment, and maintaining unsubsidized employment for one (1) month, two (2) months, three (3) months, six (6) months, nine (9) months, and receive the final incentive at twelve (12) months.
 4. Temporary Assistance for Needy Families (TANF) provides kinship caregivers with a monthly cash benefit.
 - a) Kinship families receiving kinship TANF may be eligible to receive additional supportive services up to \$750.00 per child in a calendar year.
 - b) These funds can be used to stabilize a family, assist with a one-time emergency, or provide additional child-specific support (i.e. clothing, school supplies, activity fees, etc.).
 5. Title IV-E waiver funds are available for kinship support (including non-child welfare kin).
 6. Special Economic Assistance (SEA) can be used to provide assistance to undocumented families and may be available to child welfare cases (CORE).
 7. Recommendations for referrals to community-based services, supports, and programs (i.e. United Way/Weld 2-1-1 and Catholic Charities) can also be made after reviewing requests for funding.
- D. **Requests.** Employees will follow established program area rules/standards and staff the need for funding with their supervisor/manager. The appropriate application/request form will be completed, as established by their program area, and will include the following supporting information and documents, IF APPLICABLE AND PER PROGRAM RULES:
1. The appropriate application/request form for funding completed in full;
 2. Citizenship/immigration status and proof of Weld County residence/jurisdiction;
 3. Proof of eligibility (i.e. diversion, supportive services, or incentive dollars) as required by specific Divisions and/or program areas;
 4. Proof of income;
 5. Copies of any/all bills, invoices, notices, estimates;
 6. Documentation of ALL efforts to explore alternative means to address the issue (i.e. <https://www.unitedway-weld.org/211>). Information must include the individual's and/or family's ability to cover any costs associated with the request;
 7. A plan/budget developed with the individual/family for becoming self-sufficient;
 8. The individual's and/or family's program compliance documentation including, but not limited to: treatment plans, Individual Employment Plans (IEPs), Individual Service Strategies (ISSs), learning lab; and
 9. Any/all agreements or communication with the individual/family regarding the request, including, but not limited to: recommendations from Family Team meetings (FTMs), Team Decision Meetings (TDMs), agency/program staffing, and court hearings.
 10. The approved application/request form and supporting information documents will be emailed to the HSFD email group (HS-HumanServicesFundsDistribution@co.weld.co.us) with the family name in the subject line.

11. If a request for funds requires immediate attention to prevent harm or injury, "EMERGENCY" will also be included in the subject line.
 - a) ONLY the supervisor/manager will submit an emergency request following a review for funding with the employee.
- E. **Review of Requests.** Representatives from ALL divisions and program areas within WCDHS will participate in the HSFD group and will review monetary requests. Reviews for funding will be documented and a record of all requests maintained, which will be available to all representatives. A reminder, including the requests to be reviewed, will be sent to the representatives prior to the formal review.
 1. Completed requests (including supporting documentation as needed), received through HS-HumanServicesFundsDistribution@co.weld.co.us, are reviewed within five (5) business days. Emails with "EMERGENCY" included in the subject line will be reviewed within two (2) business days.
 2. Responses to a request will be returned within one (1) day after being reviewed.
 3. A records search will be completed to determine if the individual/family is receiving any public assistance (CORE, TANF, Food Stamps) and/or to determine if child support has been or should be assessed.
 4. Program eligibility will be verified, as well as, the family's/individual's cooperation and compliance.
 5. The individual's/family's budget will be reviewed to determine if their plan is sustainable and whether they could become self-sufficient (per program area rules).
 6. Approval/distribution of funds is dependent on availability; limits (caps) on funds distribution are established by state/federal guidelines and WCDHS divisions/program areas.
 7. Approved funds are distributed by the business office to qualified vendors and added to electronic benefit transfer (EBT) cards, passes, or gift cards.
 8. The Division Head, Deputy Director, and/or Director may authorize exceptions/adjustments on a case-by-case basis, when necessary, to support the safety, welfare and or permanency of the individual and/or family.
- F. **Communication and Documentation.** The employee submitting the funds request is responsible for notifying the individual/family of the status of the request (recommendations, agreements, limitations of service) and documenting the communication.
- G. **Appeal Process.** Recommendations can be appealed to the Division Head and Deputy Director, in writing, and should include a summary of the circumstances, application and information submitted, and any situations/events not addressed during the review. Changes to the initial request require a new application.
- H. **Disaster/Emergency.** In the event the WCDHS Director declares an event occurring that is emergent in nature, requests for emergency funding to assist individuals and families impacted by the event may be approved by designated staff in lieu of the standard process of approval through the Human Services Funds Distribution Committee. The designated staff will continue to follow all county, state and federal policies pertaining to eligibility requirements for available funding sources in order to pay approved expenses not to exceed \$3,000 per county policy.

(Policy of 4-11-2018; [Policy of 3-18-2020\(4\)](#))