
N-FOCUS Major Release

Economic Assistance

April 15, 2018

A Major Release of the N-FOCUS system is being implemented April 15, 2018. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into four main sections:

General Interest and Mainframe Topics: All N-FOCUS users should read this section.

Electronic Application: N-FOCUS users responsible for case activity received through the Web based Electronic Application should read this section.

Developmental Disabilities Programs: N-FOCUS users who work directly with DD programs and those who work with the related Medicaid cases should read this section.

Note: This section will only appear when there are tips, enhancements or fixes specific to Development Disabilities Programs.

Expert System: All N-FOCUS users with responsibility for case entry for AABD, ADC Payment, SNAP, CC, FW, IL, MED, and Retro MED should read this section.

Note: When new functionality is added to N-FOCUS that crosses multiple topics (ie General Interest and Mainframe, Alerts, Correspondence, Expert System etc) the functionality will be described in one primary location. This location will usually be the General Interest and Mainframe section or the Expert System section. Alerts, Work Tasks and Correspondence that are part of the new functionality will be documented in both the primary location that describes the entire process and in the Alerts, Work Tasks and Correspondence sections.

Table of Contents

General Interest and Mainframe	2
Master Client Index MCI – New	2
Person Search Window	3
Person Detail Window (Change)	3
Confirm Discontinue Duplicate Person (Change)	4
SAVE is Going Paperless in May, 2018 (Change)	5
Updating Pregnancy (Change)	8
ACCESSNebraska Electronic Application	8
Change Report (Change)	8
Correspondence.....	9

ADC Correspondence for Eligibility Period End Date (Fix)	9
LIHEAP Recalculate Budget Notice (Change).....	9
Document Imaging	9
Barcoding Documents (Change)	9
EA Review/Recertification Application (Change).....	9
Use of the IBML Large Scanner.....	18
Additional Scanning Update for IBML Return Mail Process	19
Win Client Desktop Scanning Process (Change).....	22
Expert System	22
LIHEAP Functionality (Change)	22
Intentional Program Violations in LIHEAP Budgets (Change)	22
LIHEAP Overpayment for Household Error and IPV (Change)	23
Reopen Client in Closed LIHEAP Case (Change).....	25
SNAP TBR Budgeting (Change)	25
DDAC Waiver Program Closure (Change).....	25
Medical Impairment Type ADC Incapacity (Change).....	25
Child Care Pending a Review Application (Change)	25
Review Tab (Change).....	25
End Dating a Budget (Change).....	25
ADC.....	26
SSI and Excluded Income (Fix):.....	26
Reopening after Denial (Fix):	26

General Interest and Mainframe

Master Client Index MCI – New

Medicaid eligibility is in the process of being moved from NFOCUS to NTRAC. As part of this change, the Master Client Index (MCI) will maintain person data from both systems. The Master Client Index (MCI) data will be synchronized between NFOCUS and NTRAC to streamline the data management (search, create, update, merge & discontinue) processes between Medicaid and non-Medicaid Programs. To create the MCI, the data synchronization process uses certain attributes of client information (person demographic data) such as first and last names, date of birth, gender, SSN, etc. Since MCI stores information from both systems, it will act as a lookup for a person search for other systems, such as CHARTS & MMIS. It reduces the potential to create duplicate records, makes it easier to manage a person's information, and allows DHHS to integrate programs on an enterprise level.

Having the people linked in both systems allows for the daily interface between N-FOCUS and NTRAC to pass eligibility information back and forth for an individual.

The MCI Implementation will be handled in two phases. The first phase is the integration of NFOCUS with MCI. The second phase of the MCI implementation will be the integration of NTRAC with the MCI.

Person Search Window

With this release, Search Discontinued Persons is now an available option from the Person Search window. Only discontinued ARPs will display.

N-FOCUS - Person Search

Person

SSN SSN Last Four Digits Search on SSN History

- OR -

Person

Last First Birth Date City State

Sex

All Female Male

Last Name Search Method

Exact Spelling Partial Name Sounds Like

Search on Central Register/Registry Search on Name History Search Discontinued Persons

- OR -

Person

Number

- OR -

MMIS Cross Reference

Number

- OR -

CFS Docket Number

Court Docket Number Page Number

Search by Address

Search by Phone

Search by Account

Search Clear Cancel Help

Person Detail Window (Change)

The MCI icon will now be on the Person Detail window. This icon will provide a view of person data contained on the Master Client Index (MCI). The view is informational/read only.

N-FOCUS - Person Detail

File Actions Detail Goto Help

YLS [Person Icon] [Plus Icon] [Minus Icon] [Dollar Icon] [Document Icon] [Bar Chart Icon] [Question Mark Icon] [Menu Icon] [Red Cross Icon]

MCI

CR CR

LAB

N-FOCUS - Master Client Index Information

NFOCUS ID 50090 NTRAC ID Medicaid ID Restricted Person Indicator N

Discontinued Person Ind

Name BROTHER GEAR IV

SSN Last Four Digits 1152 SSN Verification VERIFIED Interim SSN

Date Of Birth 11-16-2003 Date Of Death Gender M

NFOCUS Marital Status NTRAC Marital Status

Notification Preference Cell Phone

Verified Person E-Mail

Primary Written Language Primary Oral Language

- Physical Address Mailing Address

NFOCUS 632 N BEAR COUNTRY TRL NFOCUS

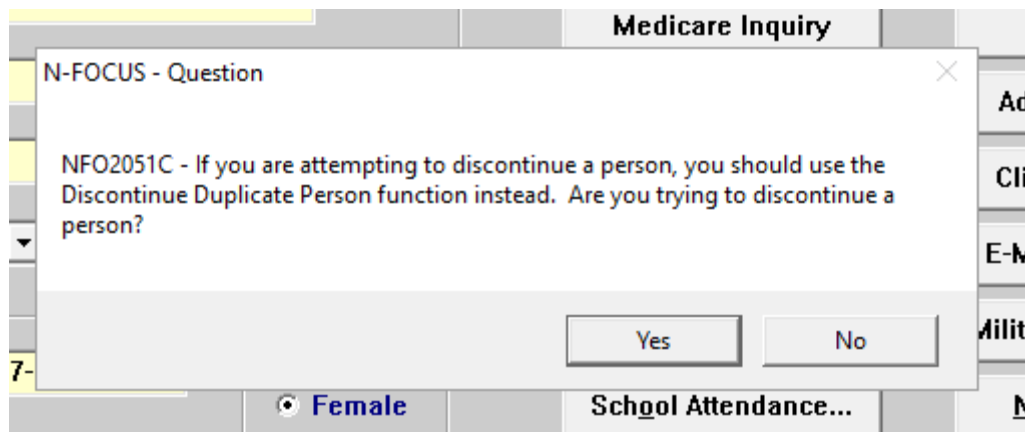
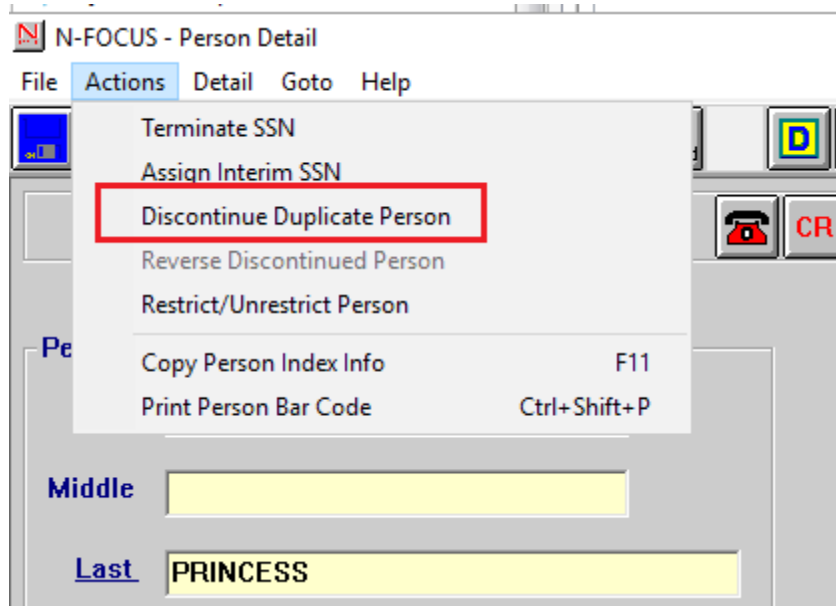
LINWOOD NE 68036

NTRAC NTRAC

OK

Confirm Discontinue Duplicate Person (Change)

With this release, a new consolidation process will be available for merging duplicate ARPs. When discontinuing an ARP you will be able to update the existing ARP with the new data. You no longer have to unverify the SSN or terminate the SSN. If you attempt to use the Terminate SSN action you will receive this message.



Answer yes and select the Discontinue Duplicate Person function on the drop down menu instead. If you really only need to terminate an SSN, because it doesn't belong to the person and there isn't a correct SSN to enter, answer No to continue.

Screen print on following page.

N-FOCUS - Confirm Discontinue Duplicate Person

You have chosen to discontinue SUSAN PRINT

Discontinued Person Data		Correct Person Data	
ID	140216	ID	140097
SSN	- -	SSN	<input type="text" value="514-00-3377"/>
First Name	SUSAN	First Name	<input type="text" value="IVY"/>
Middle Name		Middle Name	<input type="text" value="T"/>
Last Name	PRINT	Last Name	<input type="text" value="PLANTER"/>
Ext		Ext	<input type="text" value="NONE"/>
Birth Date	06-01-2003	Birth Date	<input type="text" value="09-30-1942"/>
Sex	F	Sex	<input type="text" value="Female"/>

You can make corrections to the correct person data if you need to. Do you want to Continue?

SAVE is Going Paperless in May, 2018 (Change)

The SAVE system for verification of Citizenship/Immigration status has been changed to go 'paperless' effective May, 2018. This means that the paper G845 and attachments will no longer be accepted by the Department of Homeland Security (DHS) beginning May, 2018.

Quick first steps are below for those new to SAVE.

For users new to uploading documents go to Step 7.

1. **YOU WILL NEED A SAVE ID and PASSWORD** to access the Online SAVE system.
 - a. **Contact NFOCUS Production Support to obtain the SAVE ID and Password.**
 - b. Use the internet address jump from the Production Support email with your SAVE ID and Password to get to the SAVE page.
2. If you already have a SAVE ID and Password to find the SAVE Database:
 - a. Go to the DHHS Home Page select 'RESOURCES'.
 - b. On the Resources page select 'NFOCUS SPECIFIC' in the last column,
 - c. On the NFOCUS Specific Useful Links page select 'HOMELAND SECURITY SAVE DATABASE'.
3. **Sign in to SAVE.**
4. Select '**Initiate Case**', **add client information** and **Submit**.

U.S. Citizenship and Immigration Services

SAVE
Welcome, Denise Manton

Initiate Case Search Cases Profile Reports Help Sign Out

SEARCH CASES

SUMMARY LIST

Click on a column title to sort this list.

Case Type	Response	Verification Number	ID Number	Name Provided	Initiated By
REFUGEE - EMPLOYMENT AUTHORIZED		2017270151742TK	A # 212436899	HAYDER, ELIAS K	SBIG9672
UNITED STATES CITIZEN		2017270144226QD	A # 093391160	MENDOZA, NICOLASA	JBUC1251
LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED		2017270124625DH	A # 200747787	ESPINOZA BRICENO, FABIOLA C	DMAN7663
NON IMMIGRANT - TEMPORARY EMPLOYMENT AUTHORIZED		2017270123607UW	A # 087401010	ACOSTA FERNANDEZ, EMILIO	NFRA1185
REFUGEE - EMPLOYMENT AUTHORIZED		2017269171748TP	A # 212495161	ABDULKARIM, ADAM A	KBUR2317
LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED		2017269162417LB	A # 087978746	MARTINEZ SANCHEZ, ADELAIDA	ACAR4564

5. The SAVE System searches the DHS databases for records that match the applicant's information. Within seconds, the system will provide an electronic response with the applicant's current immigration status or a message prompting the user to "Institute Additional Verification" will appear on the window.
6. If the applicant's immigration status is confirmed the verification process is complete.
7. If the status is not confirmed and the SAVE system requests additional information you will see the response below.

U.S. Citizenship and Immigration Services

SAVE
Welcome, Denise Manton

Initiate Case Search Cases Profile Reports Help Sign Out

SEARCH CASES

SUMMARY LIST

Click on a column title to sort this list.

Case Type	Response	Verification Number	ID Number	Name Provided	Initiated By
REFUGEE - EMPLOYMENT AUTHORIZED		2017270151742TK	A # 212436899	HAYDER, ELIAS K	SBIG9672
UNITED STATES CITIZEN		2017270144226QD	A # 093391160	MENDOZA, NICOLASA	JBUC1251
LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED		2017270124625DH	A # 200747787	ESPINOZA BRICENO, FABIOLA C	DMAN7663
NON IMMIGRANT - TEMPORARY EMPLOYMENT AUTHORIZED		2017270123607UW	A # 087401010	ACOSTA FERNANDEZ, EMILIO	NFRA1185
REFUGEE - EMPLOYMENT AUTHORIZED		2017269171748TP	A # 212495161	ABOULKARIM, ADAM A	KBUR2317
LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED		2017269162417LB	A # 087978746	MARTINEZ SANCHEZ, ADELAIDA	ACAR4564
!	INSTITUTE ADDITIONAL VERIFICATION	2017269142823LB	A # 208495589		ABIG1071

ADDITIONAL VERIFICATION Case Verification Number: 2017269142823LB | Oo Kyi

You may enter additional information about your applicant.

SAVE Tip: Save time by attaching a copy of the applicant's document now - if you do not, you may receive a request for a Third Level Verification.

Name
A.K.A.

Document Information
I-94 Number ?
Card Number ? Passport Number ?
Country of Issuance ?
Special Comments

Additional Request(s)
 Request Affidavit of Support Data ? Request Grant Date ?

Agency Information
POC Name Denise Manton * ?
POC Phone Number (402) (471) - 6667 ext. * User Case Number ?

Attach Document ?

i Electronically attach a copy of the applicant's document (front and back) to immediately submit a Third Level Verification and save time. If you do not electronically attach a copy, this case will go to Additional Verification and you may also need to submit the case to Third Level Verification at a later time.

8. Take the following steps for uploading documents to SAVE:
 - a. **Add the requested information** to the window above, or
 - b. As suggested on the window, **upload documents** to the SAVE System.
 - a. From NFOCUS Document Imaging find the desired document and use the Snipping Tool to copy and **save as a JPEG, PDF or GIF** to your desk top or H Drive.
 - i. FYI, for uploading to the SAVE system, the filesize cannot exceed 5mb and the acceptable file types are jpg, jpeg, pdf, gif, png.
 - c. On the SAVE Additional Verification window select the **Browse** button to find your document.
 - d. Select **Attach** and
 - e. Select the **Submit** button to upload the document.
9. After submitting the additional information a status verifier searches the appropriate immigration databases for the applicant's records.
 - a. Within 3 to 5 federal working days the system should return the applicant's status.
 - b. When the applicant's immigration status is confirmed the verification process is complete and the case is closed.
10. If the status is not confirmed, the system will provide additional information or guidance concerning how to proceed, e.g., "Unable to Verify, Advise Applicant to visit local USCIS office to inquire" or "Unable to Verify, Advise Applicant to visit local CBP office to inquire about incorrect data on I-94". Additionally, if the user has concerns about any information provided by SAVE on third level response, the user may contact SAVE Customer Service at

877-469-2563 or save.help@uscis.dhs.gov. This information can be found under **HELP** on the task bar in Contact Us.

11. When closing out of the SAVE system use the **Sign Out** on the top right of the page. Do not just X out of the window, it will leave other windows open.

U.S. Citizenship and Immigration Services

SAVE
Welcome, Denise Manton

Initiate Case Search Cases Profile Reports Help Sign Out

SEARCH CASES

SUMMARY LIST

Click on a column title to sort this list.

Case Type	Response	Verification Number	ID Number	Name Provided	Initiated By
REFUGEE - EMPLOYMENT AUTHORIZED		2017270151742TK	A # 212436899	HAYDER, ELIAS K	SBIG8672
UNITED STATES CITIZEN		2017270144226QD	A # 093391160	MENDOZA, NICOLASA	JBUC1251
LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED		2017270124625DH	A # 200747787	ESPINOZA BRICENO, FABIOLA C	DMAN7663
NON IMMIGRANT - TEMPORARY EMPLOYMENT AUTHORIZED		2017270123607UW	A # 087401010	ACOSTA FERNANDEZ, EMILIO	NFRA1185
REFUGEE - EMPLOYMENT AUTHORIZED		2017269171748TP	A # 212495161	ABDULKARIM, ADAM A	KBUR2317
LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED		2017269162417LB	A # 087978746	MARTINEZ SANCHEZ, ADELAIDA	ACAR4564
INSTITUTE ADDITIONAL VERIFICATION		2017269142823LB	A # 208495589		ABIG1071

Updating Pregnancy (Change)

With this release, when an Unborn child is born the worker will be able to change the baby's last name if the child is not given the same last name as the mother.

There is no window change with this change in functionality.

ACCESSNebraska Electronic Application

Change Report (Change)

The following have been added to the ACCESSNebraska Change Report with this release:

- Text has been added to the Comments box with a countdown "1000 Characters Remaining"
- An error message has been added if the user times out on the session.
 - "Session Timeout". You must close this window and reopen the application.

Correspondence

ADC Correspondence for Eligibility Period End Date (Fix)

Prior to the April Release, when the eligibility period End Date for ADC was changed in a month subsequent to the approval month (initial or review), the informational correspondence was not included on the Notice of Action. This has been fixed.

LIHEAP Recalculate Budget Notice (Change)

With this release, when a LIHEAP budget is recalculated, the LIHEAP Recalculate notice (COR NE) will indicate to whom the payment is being made and whether payment is going to the energy provider or the client.

Document Imaging

Barcoding Documents (Change)

EA Review/Recertification Application (Change)

Full page Bar Code sheets mailed with certain documents are changing to smaller bar codes found on the bottom of each sent document. The Economic Assistance Review/Recertification Application (EA-RA Form) is the first document to change to the placement of the barcode. Others are anticipated to follow with future NFOCUS releases.

There will no longer be a separate sheet of the barcode for any EA-RA with a creation date after May 1, 2018. The barcode will now appear at the bottom right corner, of the front-and-back side of each sheet (not including the client rights and responsibilities pages). The Economic Assistance Review/Recertification Application is the only correspondence piece to have the new barcode with this release. The barcode will only occur on recertification created in batch runs.

Note: With the April release, EA-RA forms created and printed starting in May, 2018 will have the new bar code. This applies to the new stored copies. The old stored copies, created prior to May, 2018, will continue to have the old bar code sheet.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 2992
OMAHA NE 68103-2992

GERRI DUCKY SMITH
123 SOUTHERN ST
GERING NE 69341

Economic Assistance Review/ Recertification Application

Master Case Number - 000000023
Program Case Name - GERRI DUCKY SMITH
CONTACT - Economic Assistance
Toll Free Number - (800)383-4278
Fax Number - (402)595-1901
Date of Notice - AUGUST 01, 2018
Mail Date - 08-01-2018

ECONOMIC ASSISTANCE REVIEW/RECERTIFICATION DUE

Eligibility for the following programs will end on AUGUST 31, 2018. A recertification/review is due before this date.
Child Care

This will be the only REVIEW/RECERTIFICATION Notification that will be sent for the program(s) noted above.
In order for your benefits to continue without interruption you must submit an application by the 15th of AUGUST.
If your application is not received by this date your benefits may be interrupted or terminated. If your current benefits are terminated, you may apply at a later date and, if eligible, benefits may be prorated from the date of application.

Step 1: Application Submission

To insure timely processing of application please submit an application as soon as possible.

- Applications can be submitted online at www.ACCESSNebraska.ne.gov using our **pre-filled online application**. You can also complete and send the attached application (see additional pages) and mail to the address above, deliver the application to a local DHHS Office, fax to (402)742-2351, or email to DHHS.ANDICenterOmaha@Nebraska.gov. If the only household income is Social Security Income (SSI), you may apply for SNAP benefits through the Social Security Administration office.
- **Providing as much information as possible on the application will assist us in completing your eligibility timely.** Your application must contain at a minimum your name and address, and must be signed by you or your representative.
- For SNAP, if you are age 60 or older or you are determined disabled, you may qualify for a deduction from your household income for allowable non-reimbursable medical expenses. If you have questions about allowable expenses, contact us at the number on the top of this form. Include all of your medical expenses you pay out of your pocket on your SNAP application form. Be sure to include verification of your expenses.

Step 2: Interview may be required

- If you are required to complete an interview, an interview letter will be sent to you, or you will be contacted by phone. You are responsible for completing the interview if you are contacted by us. Failure to complete a scheduled interview may result in delay or denial of benefits.
- For SNAP, if all adult household members are over the age of 60, or determined disabled, and no one has earned income, your SNAP interview may be waived if you meet all other requirements and have provided required verification. We will conduct an interview with your household if you request one, or if there is earned income, if it appears your household may be denied, or if we need to address issues or questions about your application.

Step 3: Submit Proof to support your answers on the application

- Verification documents, such as proof of income, resources (assets), and expenses, may be required. Notification of requested documents will be given to you in writing.
- Submit documents online at www.ACCESSNebraska.ne.gov, fax or mail to the address above, or deliver to a DHHS local office. You can also email this information to DHHS.ANDICenterOmaha@Nebraska.gov.



Online application steps to utilize information already on file at DHHS.

1. Log on to web site **www.ACCESSNebraska.ne.gov**.
2. Select **Apply**.
3. If you have an ACCESSNebraska account established for Benefit Inquiry, the same account can be used for the Application. Select **Login with my existing account**, enter the **User ID** and **Password**, and **Login**. Go to Step 11.
4. If you do not have an account already, select **Create a new account**.
5. On the New Account Registration page, enter **first name; last name; User ID**: This is an ID you will use every time you log into this site. Do not use your SSN or PIN number. Email addresses may be a good choice. Example: youremailaddress. (JDoe123).
Password: This is a word with numbers that you will use every time you log on to this site. Passwords must be changed every 180 days. There are some password rules that apply. To view, click on **Password Rules**. Example of a password: Raspberry#1. **Reenter password**.
6. **Login as a Returning User**. Enter your **User ID** and **Password**.
7. **Answer Three (3) Security Questions**. Remember your answers because a question may appear in future logons.
8. Select **Continue**.
9. In order to Validate the account, you will need a PIN number. If you have your PIN number, select **yes**. Enter **PIN number, date of birth and last 4 numbers of the Social Security Number**.
10. Select **Continue**.
11. **Your login was successful message** will appear. Select **Continue** to start the application.
Personal Identification Number (PIN) Information for ACCESSNebraska.
 - Do not share this PIN with anyone unless you want them to have access to your application and/or benefit information.
This PIN is your personal information and will allow you to access case information for yourself, or any other person for whom you are a Case Representative or Payee.
 - If you lose your PIN number, contact DHHS at a number listed below.

For free legal services, contact Nebraska Legal Services. In Douglas, Sarpy and Dodge counties, call 402-348-1060. All other counties, call 1-877-250-2016. If you are 60 years of age or older, call (in Omaha) 402-827-5656 or (statewide) 1-800-527-7249.

Economic Assistance
Toll Free: (800)383-4278
Lincoln: (402)323-3900
Omaha: (402)595-1258

Go online:
ACCESSNebraska.ne.gov



**Economic Assistance Review/
 Recertification Application**

Master Case Number - 00000023

If you fail to complete and return this application or complete an online application your benefits will end.
 Eligibility for the following programs will end on AUGUST 31, 2018. A recertification/ review is due before this date.

Child Care

Please answer all questions that are blank.

SECTION 1 - Applicant/Head of Household

Client Name: GERRI DUCKY SMITH		Social Security Number: XXX-XX-0142	
Address: 123 SOUTHERN ST		Home Phone: (402)569-7811	
City, State, Zip: GERING NE 69341		Cell Phone: (402)422-1299	
<input type="checkbox"/> By checking 'this box', I agree to receive text messages on the above cell phone number from DHHS regarding my benefits. These benefits include: Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I agree to contact DHHS if my cell phone number changes or if this number is no longer in my possession. I understand that I can opt out of this in the future by contacting DHHS. NOTE: Text messaging is currently under development and is targeted to be available in the near future.			
Email Address:			
<input type="checkbox"/> By checking 'this box', I elect to receive notification of my written notices and other correspondence regarding my benefits from DHHS through the above email address. These benefits include: Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I will no longer receive information through the mail. I understand I will receive an email notification of the correspondence, which will provide a link to the DHHS ACCESSNebraska website where I can access the correspondence. I understand that I must create an authenticated account on the ACCESSNebraska website in order to view my correspondence in Benefit Inquiry.			
I state under penalty of perjury that I have completed the application to the best of my knowledge and my answers are true and correct, including information regarding citizenship and alien status of all household members. I authorize the release of information to DHHS. The requested information will be used solely in the administration of economic assistance programs and will not be released to any other person or agency outside of DHHS except I understand DHHS may release information to another agency when services of that agency have been requested or when the objective in obtaining the information is to provide services to me or to my household. I have read, understand, and agree to "What I Should Know".			
Your Signature	Date	Spouse's/Co-Applicant Signature, if Applying	Date
Authorized Representative, Conservator, Guardian Printed Name	Authorized Representative, Conservator, Guardian Signature		Date
Person who Helped Complete Application if not listed above			Date

SECTION 2 - Household Information - please include any unborn children.

Family Member Name	Relation to you	Does this person want benefits? yes/no	US Citizen yes/no	If not a citizen, is this person a qualified alien? * yes/no	Marital Status	Buys and Eats Food w/You Yes/no	Date of Birth	Social Security Number
GERRI DUCKY SMITH	SELF						05-10-1975	XXX-XX-0142
JANIE DUCKY SMITH	Child (Bio)						06-15-2010	XXX-XX-0444
JUSTICE PLAIN DUCKY	Child (Bio)						06-20-2014	XXX-XX-9874

*Qualified alien under the federal Immigration and Nationality Act. If the non-citizen has a sponsor their sponsor information is required.

SECTION 3 - Household Situation

When there has been a break in benefits, households eligible for expedited service may receive SNAP benefits within 7 days from the application received date. Those not eligible for expedited may receive their benefits within 30 days from the application received date.



1. Has anyone in the home received food or cash assistance from another state or source in the last 30 days? [] No [] Yes	5. Is anyone in your household a migrant or seasonal farm worker whose cash and savings are \$100 or less AND whose income has recently stopped? [] No [] Yes
2. Is your household gross income for this month less than \$150 before deductions? [] No [] Yes	6. Has anyone in the household been determined disabled by the Social Security Administration? [] No [] Yes
3. Are your total household cash/savings for this month less than \$100? [] No [] Yes	7. Is anyone in the home on strike? [] No [] Yes
4. Is your household monthly gross income plus your resources less than your monthly rent or mortgage and utilities? [] No [] Yes	

Please mark your living arrangement:

[] rent/own a house [] rent apartment, duplex, triplex [] assisted living/nursing home [] room and board [] battered spouse shelter
 [] drug abuse/alcohol treatment center [] adult family home, group home, center for developmental disabled

SECTION 4 - Earned Income

If you, or anyone in your home, have no Earned Income please check here - []

FAMILY MEMBER NAME	EMPLOYER	MONTHLY GROSS	HOURS PER WEEK	HOW OFTEN PAID
GERRI DUCKY SMITH	cc fail?			Monthly

- Please provide proof of wages through 30 days of paystubs or letter from your employer showing the information noted above.
- If you are self-employed (have a home based business - selling items online, providing childcare, donating plasma, or selling goods), please provide ledgers or your most recent income tax statement for your business.

Has anyone in your home quit or ended a job in the past 30 days? [] No [] Yes Please list who, what job ended, why the job ended, and date and amount of last paycheck.

FAMILY MEMBER NAME	EMPLOYER	DATE OF LAST CHECK	GROSS AMOUNT OF LAST CHECK
REASON JOB ENDED:			

SECTION 5 - Unearned Income

If you, or anyone in your home, have no Unearned Income please check here - []

FAMILY MEMBER NAME	SOURCE OF INCOME (Child Support, Social Security, Unemployment, Workers Comp, etc.) Please include any lump sum payments or income from selling anything of value since your last application.	AMOUNT OF INCOME	HOW OFTEN
GERRI DUCKY SMITH	Contribution-Money		Monthly

SECTION 6 - Expenses

Failure to note an expense below will be seen as a statement by your household that you do not want us to count this expense, or that this expense has not changed since your last application. Failure to note any expense may result in you getting a lower amount of SNAP benefits.

TYPE OF EXPENSE (Rent/Mortgage, Utilities, Child Care, Child Support, Medical, etc.)	WHO IS RESPONSIBLE FOR THIS EXPENSE	AMOUNT BILLED	HOW OFTEN BILLED

Have you received help paying for the expenses above in the past 12 months? [] No [] Yes - If yes, complete below.

WHICH EXPENSE(S)	WHO PAID	AMOUNT PAID	Paid to you or directly to provider (landlord, energy provider)

SECTION 7 - Resources

If you have no Resources, please check here - []

Resources include bank accounts, vehicles, land, property, homes, rental property, or timeshare in Nebraska or any other state. All resources must be noted below.

TYPE OF RESOURCE (Cash, Bank	WHO HAS IT	WHAT DO THEY HAVE	AMOUNT/VALUE



Account, Vehicles, Retirement Account, etc.)			

Please provide proof of resources through recent bank statements, printouts from bank, or statements showing current value of stocks, bonds, life insurance, burial policies, etc.

SECTION 8 - Student Status
List anyone in the home attending High School, Vocational, Trade School or College

NAME	SCHOOL ATTENDING	LAST GRADE COMPLETED	GRADUATION DATE	FULL TIME
				[] No [] Yes
				[] No [] Yes

SECTION 9 - Disqualifications
Has anyone in the Home been:

<p>1. Hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition of parole or probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>2. Charged and convicted of a felony (after 8/22/1996) for possession, sale, use, or distribution of a controlled substance? A "controlled substance" is an illegal drug or certain drugs that require a doctor's prescription. <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>3. Found to have misrepresented identity or residence, or attempted to misrepresent identity or residence in order to obtain multiple benefits at the same time after 9/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>4. Found to have misrepresented identity or residence, or attempted to misrepresent identity or residence in order to obtain multiple ADC benefits at the same time after 8/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p>	<p>5. Convicted of fraudulently receiving, or attempting to fraudulently receive duplicate SNAP benefits in any state after September 22, 1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>6. Found guilty of buying or selling or attempting to buy or sell SNAP benefits of \$500 or more after 9/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>7. Convicted of using and/or receiving, or attempting to use and/or receive SNAP benefits in exchange for firearms, ammunition, or explosives after 9/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>8. Convicted of a misdemeanor or felony for trading or attempting to trade SNAP benefits for drugs after 9/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>9. Disqualified in one of the following programs: ADC/SNAP/CC (Example of disqualified: intentionally provide false information, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes, who and when?</p>
--	---

SECTION 10 - Absent Parent Information - Is anyone in the home pregnant, or have any children joined your household since your previous application? (This question is not required for SNAP)

WHO IS PREGNANT?	DUE DATE	NAME AND ADDRESS OF FATHER
WHO ENTERED THE HOUSEHOLD?	DATE ENTERED	NAME AND ADDRESS OF ABSENT PARENT

SECTION 11 - Benefit Cards

Do you have a Nebraska Electronic Benefits Transfer (EBT) card for SNAP Benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had one? If question is not answered DHHS will take as declaration that you have a card. <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you want to choose a person to use your SNAP benefits with your EBT card?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please add their name/address and phone number
Do you have a Nebraska US Bank ReliaCard for LIHEAP, ADC, AABD or RRP grant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had one? If question is not answered DHHS will take as declaration that you have a card. <input type="checkbox"/> No <input type="checkbox"/> Yes, who?

SECTION 12 - Additional Questions

Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes, what language?
Do you want to choose a person to apply for SNAP on your behalf? <input type="checkbox"/> No <input type="checkbox"/> Yes, please add their name/address and phone number
<p>Voter Registration: Any citizen in the State of Nebraska who has met the voter registration requirements and applies for economic assistance benefits must be provided the opportunity to register to vote. If you would like help in filling out a voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application in private. If you are not registered to vote where you now live, would you like to register to vote today? If you do not check either answer, you will be considered to have decided not to register to vote at this time, or are already registered. <input type="checkbox"/> No <input type="checkbox"/> Yes</p>





WHAT SHOULD I KNOW - NEW VERSION
PLEASE KEEP THIS FOR YOUR INFORMATION

By completing and signing the Nebraska Economic Assistance Review/Recertification Application (EA-RA), and other documents required to determine whether I am eligible for economic assistance benefits, AND by accepting benefits that I am eligible to receive, I understand the following information and agree to the following requirements.

I must tell the truth; it is a crime to lie on this application.
I may have to give papers that show what I have told you is true.
I may have to tell you of any changes to the information I gave you on my application.
If I think DHHS made a mistake, I can ask for an appeal or fair hearing.

DHHS will not discriminate.
DHHS will confirm citizenship and immigration status for everyone applying for benefits.
DHHS will take back any benefits you should not have received.
DHHS will tell you when your benefits will decrease or be terminated.

YOU HAVE THE RIGHT TO

- Apply, and discuss any action taken on your application or case with a worker or a supervisor.
- Be assisted in the application process by the person of your choice.
- Referral to other private or public agencies.
- See a copy of the program regulations.
- Have an interview in your home, at a mutually agreed upon location, or by telephone.
- Reasonably prompt action on your application for benefits.
- Adequate notice of any action affecting your application or case.
- Have program requirements and benefits fully explained.
- Have your application for SNAP processed in accordance with SNAP procedures. This includes timeliness, notice and SNAP requirements regardless of whether your application is for SNAP and other programs. Your household may not be denied SNAP benefits solely because it has been denied benefits from other programs.

YOU HAVE THE RESPONSIBILITY TO

- Provide complete and accurate information. You may be subject to criminal penalties under applicable state or federal laws if you do not provide complete and accurate information. You are primarily responsible for providing proof of your household situation, but a worker will assist you in obtaining verification if you cooperate with the application process.
- Apply for and accept any potential benefits or income you may be eligible for, if requested to do so by a worker.
- Pay a fee to your child care provider, if required to do so based on your income.
- Cooperate with state and federal personnel in a Quality Control review.
- Cooperate with Nebraska Child Support Enforcement.

Reporting changes for the Supplemental Nutrition Assistance Program (SNAP) benefits

There are two reporting categories in SNAP: Simplified Reporting (SR), and Transitional Benefits Reporting (TBR). The reporting category to which you will be assigned is determined by your household situation. You will be informed of the reporting category, certification period, and reporting requirements on your Notice of Eligibility. You will receive the Notice of Eligibility by mail. If your SNAP benefit reporting category changes during the certification period, you will receive another notice with the new reporting requirements for the new category.

Restrictions on the use of Electronic Benefits

NOTICE: If you receive your TANF (Temporary Assistance for Needy Families - ADC), AABD, SDP, RRP, or LIHEAP benefits via an electronic benefit transfer/debit card (ReliaCard), please know that it is a violation of Federal law, and/or State Regulation, to access these funds from an ATM located at, or via a point-of-sale purchase at the following types of businesses:

1. Liquor stores;
2. Casino, Gambling Casino or Gaming Establishment; or
3. Any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

Designation of Head of Household and Work Registration

If your household has more than one parent, you must tell ACCESSNebraska which parent should be designated as "Head of Household". In households without children, the "Head of Household" must be the person who has the greatest amount of earned income in the previous two months. The signature of the "Head of Household", other adult in the household, or an authorized representative on this application, constitutes registering for work of all non-exempt household members.

Supplemental Nutrition Assistance Program (SNAP) Penalty Warning

The information provided on this application is subject to verification by federal, state, and local officials. If any is found inaccurate, participation in SNAP may be reduced, terminated or denied. Individuals who have knowingly provided false information may be subject to criminal prosecution. Any member of a household who breaks any of these rules on purpose may be barred from SNAP for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation. Additionally, individuals may be fined up to \$250,000, imprisoned for up to 20 years, and subject to prosecution under other applicable federal laws. A court can also bar an individual from the program for an additional 18 months. Individuals charged with trafficking benefits for an aggregate amount of \$500 or more will be permanently ineligible to participate in SNAP upon the first occasion of such violation. Individuals found guilty of using, and/or receiving, and/or attempting to use, and/or receive SNAP benefits in exchange for firearms, ammunition or explosives, will be permanently ineligible for SNAP upon the first occasion of such violation. Individuals found guilty in federal, state, or local court of offenses listed in section 9 of this application, will be disqualified from participating in the Supplemental Nutrition Assistance Program (SNAP). An individual convicted under Federal or State law of any felony offense, hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition of parole or probation, is subject to the penalties described above.

DO NOT:

- Give false, incorrect, or incomplete information to attempt to obtain, or continue to obtain SNAP benefits.
- Trade or sell, or attempt to trade or sell SNAP benefits or Electronic Benefits Transfer (EBT) cards.
- Use other people's SNAP benefits or EBT cards unless designated.
- Use SNAP benefits to buy nonfood items, such as alcohol, or cigarettes, or to pay on credit accounts.
- Use SNAP benefits to buy illegal drugs, firearms, ammunition, or explosives.

An individual charged and convicted of a felony for possession, sale, use, or distribution of a controlled substance will be permanently disqualified if that individual has 3 or more convictions involving possession or use of a controlled substance, the individual has any convictions involving sale or distribution of a controlled substance (including intent to sell or distribute), or the individual has fewer than 3 convictions for the possession or use of a controlled substance but does not participate in, or has not completed an approved substance abuse treatment program since the date of the last conviction. A "controlled substance" is an illegal drug or certain drugs that require a doctor's prescription.

Individuals convicted of a misdemeanor or felony for trading or attempting to trade SNAP benefits for drugs will be ineligible for SNAP for 24 months for the first violation, and permanently ineligible for the second violation.

FAIR HEARINGS

If you disagree with any action taken by the Nebraska Department of Health and Human Services (DHHS) which affects your benefits, you may request a fair hearing in writing. Fair hearing for SNAP can be requested verbally by contacting DHHS. You may continue to receive your current level of assistance until a hearing decision is made IF (1) you request a hearing within ten days from the date of the agency notice, and (2) for SNAP benefits only, your certification period has not expired. A fair hearing request must be made within 90 days of the action or inaction. You or your representative have the right to examine your case record. At the hearing you may represent yourself, or be represented by another person. If you fail to appear for your scheduled hearing without good cause, your case will be dismissed.

CIVIL RIGHTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1)mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2)fax: (202) 690-7442; or

(3)email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Individuals who are deaf, hard of hearing, or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, or call the State Information/Hotline Numbers found at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

SOCIAL SECURITY NUMBER

The DHHS asks for Social Security Numbers (SSNs) of all individuals for whom assistance/benefits is requested. Individuals who are not applying for assistance for themselves are not required to have or provide a SSN. If the individual is financially responsible for others in the assistance unit, the SSN will be used only to verify income and/or resources through computer matches as listed below or other contacts so that eligibility can be determined for those requesting assistance. If the SSN is not provided, the assistance unit must assume responsibility for providing the information needed to determine eligibility for the individuals requesting assistance. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible participants. For SNAP benefits, SSNs may be disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a household has a SNAP benefit overpayment, the information on this application, including the SSNs, may be referred to federal and state agencies as well as private collection agencies for overpayment collection action. Only those people who provide information regarding their immigration status and SSNs can receive SNAP benefits. If some family or household members do not wish to apply for SNAP benefits, they do not need to provide this information. If people in your household choose not to give us information about their immigration status or SSN, they must still provide us the information needed to determine the eligibility of the other persons in your household. You may withdraw your request for benefits for these persons or you may withdraw your entire application.

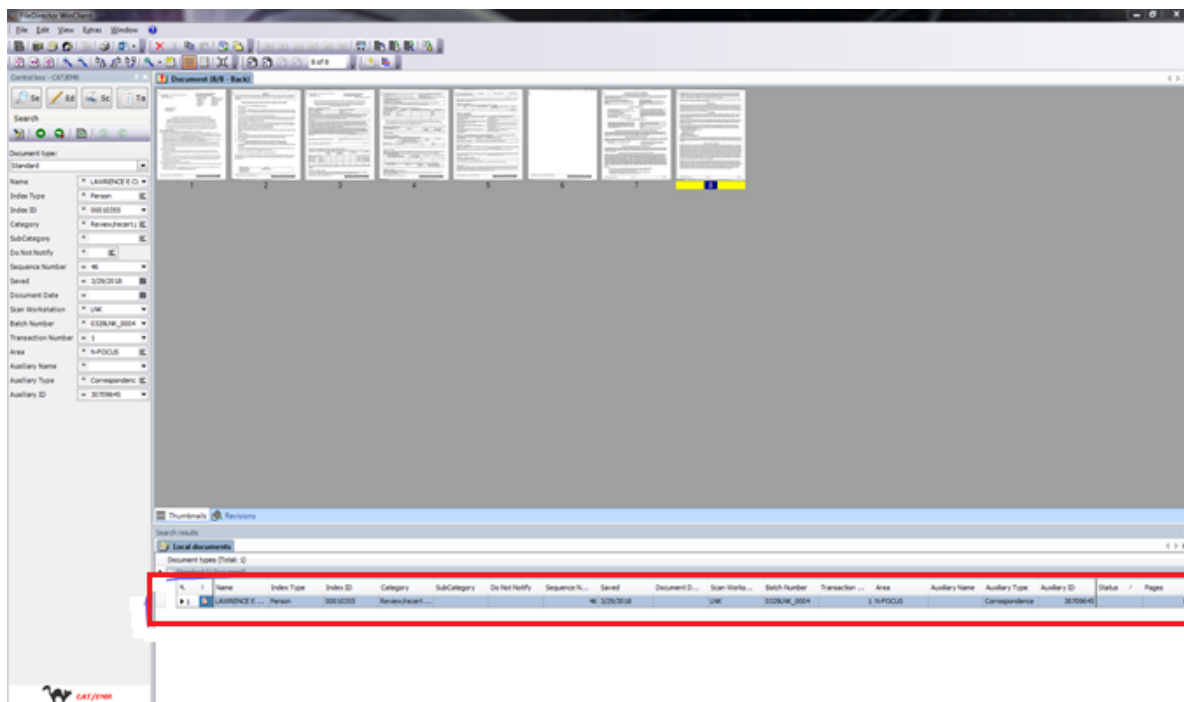
The SSN of each person in the assistance unit who is applying for assistance and provides his/her SSN will be computer matched with the following agencies to assist in the determination of eligibility: Income and Eligibility Verification System, Nebraska Department of Health and Human Services, Nebraska Department of Labor, Social Security Administration, Clerk of the District Court, Child Support Payment Center, Internal Revenue Service, and Veterans' Administration. The information received from these agencies is used and verified when discrepancies are found by DHHS. This information may affect the household's eligibility and level of benefits. SSNs are also used in computer matching and program reviews or audits to make sure each household gets the correct amount of benefits. This may result in criminal or civil action or administrative claims against persons fraudulently participating. This information will also be used to monitor compliance with program requirements and for program management.

Use of the IBML Large Scanner

When using the IBML Scanner, the new and old barcode style on the EA-RA Form will continue to be read by the machine. If the EA-RA form has been returned to the agency as “return to sender mail” regardless of barcode style, Document Imaging staff will still need to open all returned mail and prepare it as usual as a “returned mail” batch job. However, the process flow of the IBML image server will automatically index all EA-RA Forms to the client case as return mail. This means Document Imaging staff will no longer see the EA-RA pulled in to the Win Client worker queue. But, Document Imaging staff still have the ability to search for and edit the EA-RA forms if needed.

If the completed EA-RA form has been successfully received by the agency on behalf of the client, Document Imaging staff will still open and prepare it as usual as an “application” batch job along with any supporting documentation that was included, such as paystubs or bank statements, and continue to manually index and check-in to the client case using WinClient.

The IBML scanner will read the EA-RA new barcode style as one transaction with one document line (additional document lines will be present if supporting documentation has been included). In the Win Client screenshots below, the sample EA-RA is four double sided sheets (8 pages). It created 1 document line when scanned on the IBML.



However, if additional documents are submitted with the EA-RA Form, such as paystubs or bank statements, then those items will create additional document lines and will need to be categorized, edited, and checked-in manually by document imaging staff.

Once indexed, the EA-RA form with the new barcode will: automatically update the review/recertification tracking date, automatically tie the application to the master case, and automatically place SNAP program into pending status if it has not been closed for over 30 days.

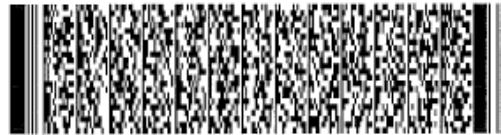
Additional Scanning Update for IBML Return Mail Process

An additional update has been made to the return mail process when scanning on the IBML. For any piece of agency correspondence with the old barcode style (barcodes prior to April 15th release as seen below) that is prepped and scanned as return to sender mail batch- will also automatically index to the client case as return mail.

See examples on the following pages.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

N-FOCUS Bar Code Sheet



**Return this sheet with requested information
Devuelva esta hoja con la información solicitada**

Name: JESSICA SELIA COE

Index Type: Person

Index ID: 00010207

Category: Review/recert pre-populated application - EA

Do Not Notify:

Auxiliary Name:

Auxiliary Type: Correspondence

Auxiliary ID: 73417450

Area: N-FOCUS

Index 2 Type: Corr ID

Index 2 ID: 73417450

Index 3 Type: Create Date

Index 3 ID: 04-04-2018

NFOBC417-0001

IDXV-0001

DEPARTMENT OF HEALTH AND HUMAN SERVICES

N-FOCUS Bar Code Sheet



**Return this sheet with requested information
Devuelva esta hoja con la información solicitada**

Name: JESSICA SELIA COE

Index Type: Person

Index ID: 00010207

Category: Review/recert pre-populated application - EA

Do Not Notify:

Auxiliary Name:

Auxiliary Type: Correspondence

Auxiliary ID: 73417450

Area: N-FOCUS

Index 2 Type: Corr ID

Index 2 ID: 73417450

Index 3 Type: Create Date

Index 3 ID: 04-04-2018

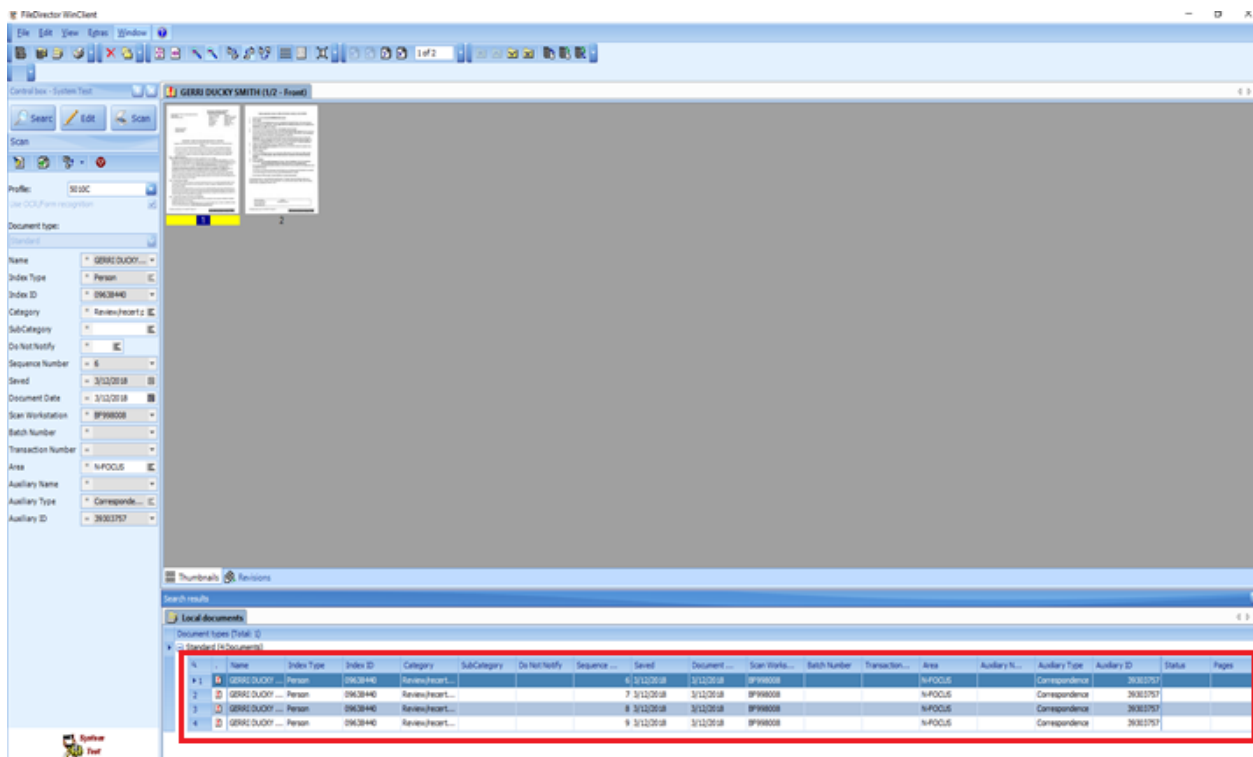
NFOBC417-0001

IDXV-0001

Win Client Desktop Scanning Process (Change)

When scanning the Economic Assistance Review/Recertification Application (EA-RA) with the new barcode on a desktop scanner using Win Client, the barcode will be read as one transaction with one document line per sheet (additional document lines will be present if supporting documentation has been included). In the Win Client screenshots below, the sample EA-RA is four double sided sheets (8 pages). It created four document lines when scanned. The EA-RA could contain more pages depending on the size of the household and therefore, could create more document lines in Win Client than shown in the screenshot below.

Document imaging staff will still need to manually merge all four document lines into one document line to have the EA-RA form appear in the NFOCUS list image window as one entry with all pages together. Also, if additional documents are submitted with the EA-RA Form, such as paystubs or bank statements, then those items will still need to be split, categorized, edited, and checked-in manually by document imaging staff



Expert System

LIHEAP Functionality (Change)

Intentional Program Violations in LIHEAP Budgets (Change)

With this release, ineligible aliens and clients with Intentional Program Violations in LIHEAP budgets will be treated the same as they are treated in SNAP budgets. LIHEAP budgets will no longer pro-rate allotment amounts but will base allotment on pro-rated income.

LIHEAP Overpayment for Household Error and IPV (Change)

Because LIHEAP overpayments for HH error (LIHEAP) and Intentional Program Violation - IPV (LIHEAP) are stored on the sanctions table they are, incorrectly, being displayed in the Mainframe sanction window.

With this release, this information will no longer display in the Mainframe sanction window, but will only display in LIHEAP Overpayment window in Expert System. All other sanctions will display in the Mainframe sanction window as before.

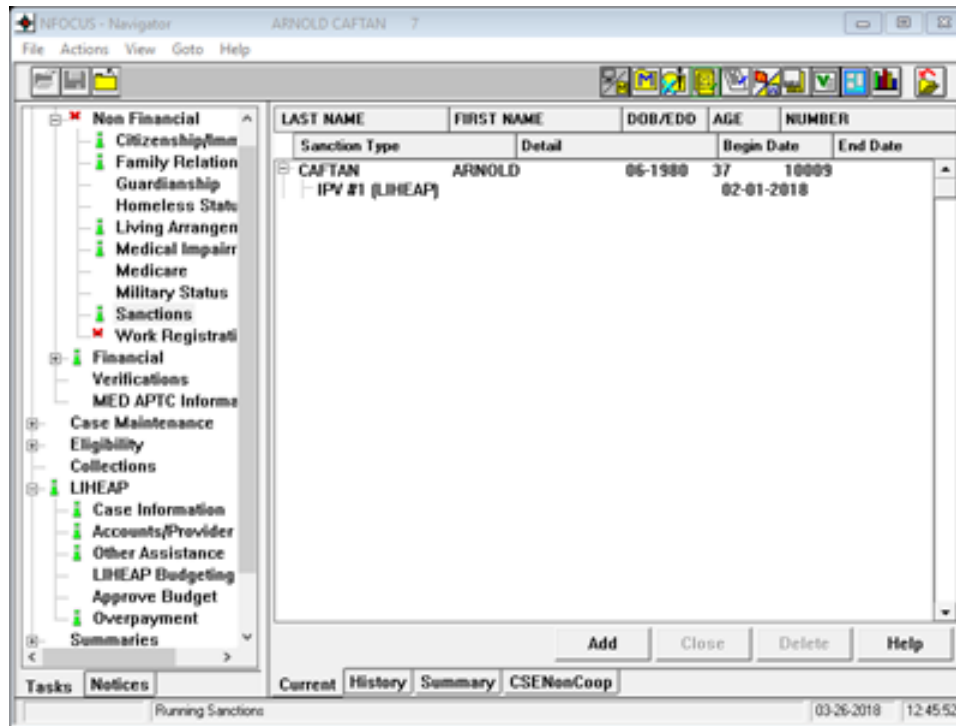
Example: Mainframe sanction window displaying IPV #1 for LIHEAP (client closed out of program case using Participant Action task in Expert System):



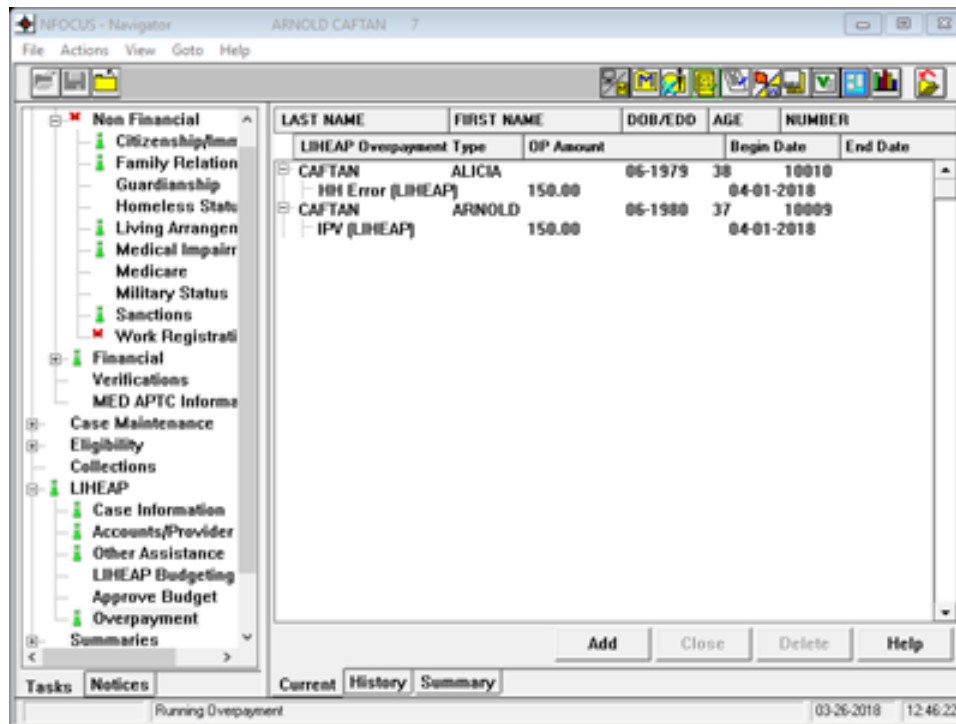
The screenshot shows a window titled "N-FOCUS - Sanctions". It displays personal information for a client: Last Name: CAFTAN, First Name: ARNOLD, Birthdate: 06-20-1980, and Person Number: 10009. Below this is a table with columns for Type, Detail, Begin Date, and End Date. A single row is highlighted in yellow, showing the sanction type "IPV #1 (LIHEAP)" and a begin date of "02-01-2018". An "OK" button is located at the bottom center of the window.

Type	Detail	Begin Date	End Date
IPV #1 (LIHEAP)		02-01-2018	

The following page displays how the sanction appears in the Sanction task in Expert System:



HH Error (LIHEAP) and IPV (LIHEAP) are now only displayed on the LIHEAP Overpayment window:



Reopen Client in Closed LIHEAP Case (Change)

Previously, a client in Closed status in LIHEAP could not be reopened in a current case. With this release, a client can be reopened to Pending status at any point in Energy Year unless found to be eligible in another LIHEAP case.

SNAP TBR Budgeting (Change)

In SNAP cases with ineligible alien FR household members with earned income, that income is prorated based on # of ineligible aliens compared to total unit size.

An issue was identified when these cases were then moved to TBR eligibility. It was found that in these situations the earned income was no longer being pro-rated, which was incorrectly resulting in decreased benefits for these households.

A logic change has been implemented so that SNAP TBR budgeting will now correctly prorate the income of ineligible alien FR household members in such cases.

DDAC Waiver Program Closure (Change)

The DDAC Waiver program has been decommissioned and is no longer available to be added or re-opened in NFOCUS.

Medical Impairment Type ADC Incapacity (Change)

Medical Impairment Type ADC Incapacity is invalid and will no longer appear in the Expert System Med Impairment window.

Child Care Pending a Review Application (Change)

Review Tab (Change)

The Review tab will now allow applications to be pended up to 30 days after the eligibility period ends. Previously a message indicated the user should take the action in Case Actions.

End Dating a Budget (Change)

When a Review application is pended before the end of the eligibility period, the budget will have an end date that matches the review date. This will prevent budgets from staying active while the case is pending. The case will need to be reactivated before new authorizations can be created.

Master Case						
Name	WILLIAM M OTROTTER					View All
Number	6					
Last Name	First Name	Program	Assistance	PC Status	PC Number	
Auth Amt	Elig	Type	Iss	Begin Date	End Date	Creation Date
- OTROTTER	WILLIAM	CC	CURRENT FA	PENDNG	48829518	
	PASS	REGU	Y	12-01-2016	10-31-2017	11-15-2016
	PASS	REGU	Y	11-01-2016	11-30-2016	11-15-2016

ADC

SSI and Excluded Income (Fix):

Self-employment is now excluded when the Financially Responsible Person also has SSI.

Reopening after Denial (Fix):

In situations where eligibility is denied for the 1st month and pended for the 2nd month, the worker can now use the same application date.