



Department of Human Resources  
311 West Saratoga Street  
Baltimore MD 21201

## FIA INFORMATION MEMO

Control Number: 12-04

Effective Date: Immediately

Issuance Date: 08/29/2011

**TO:** DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF

**FROM:**   
ROSEMARY MALONE, EXECUTIVE DIRECTOR

**RE:** REPLACEMENT FOOD SUPPLEMENT PROGRAM (FSP) BENEFITS  
FOR PEOPLE AFFECTED BY THE EARTHQUAKE AND/OR  
HURRICANE IRENE

**PROGRAM AFFECTED:** FOOD SUPPLEMENT PROGRAM

**ORIGINATING OFFICE:** OFFICE OF PROGRAMS

### SUMMARY

Food Supplement benefits help individuals and families who may need food right away. It is important to insure that no needy Marylander goes without food. Many Marylanders were affected by one or both of the recent natural disasters and need replacement food supplement benefits.

This information memo contains reminders and suggestions to ensure that all food supplement households who are eligible for replacement food program benefits receive them as soon as possible. Case managers must make every effort to process benefits right away for those who lost food.

Local department staff should reference section 470.8 Replacement of Food Supplement Program Benefits for Food Lost in a Household Misfortune.

- ✓ Local departments can issue replacement FSP benefits to ongoing recipients when the household reports that food purchased with FSP benefits was destroyed in a household misfortune.
- ✓ The replacement FSP benefit is the amount of the household's loss of food, up to the maximum of the household's allotment.
- ✓ As a general rule, the household must report the loss within 10 days of the date of the loss of food.

- ✓ Prior to issuing the replacement, the local department must get a signed statement from a member of the household attesting to the household's loss. **A copy of the Food Replacement Request form is attached.**

The household may mail, fax, email or send in the required statement if the household member is unable to come to the office because of age, disability, and/or distance from the office or some other hardship reason and cannot appoint an authorized representative.

- The only required verification for food supplement benefits is identity. This does not have to be a photo ID. If necessary, the local department may make a collateral contact to verify identity.

### **Currently Active FSP Households**

If the customer is currently receiving food supplement program benefits, use the following procedure to issue the Food Supplement Disaster Relief benefit:

On the **AMEN** screen:

- Enter Option **R** (Interim/Historical Change)
- Enter the FS AU#
- Enter **08 11** in the **Benefit Month (MM YY)** field

Put **"IR"** in the **Special Circumstances** field on the **ADDR** screen. The IR code will be available for use tomorrow morning, August 30, 2011.

To facilitate federal claiming for this population, ensure that the Hurricane Irene information is documented on the CARES narration screen entirely.

Fastpath to **DONE** and commit the changes to the AU

On the **AMEN** screen, press **PF3** to return to the Welcome screen

On the **Welcome** screen, enter Option **R** (Benefit Error)

On the **RMEN**, enter Option **E** (Add Another BEG) and press Enter

On the **BEMG** screen, enter:

- **08 11** in the **ISSN Month** field
- **U** in the **OP/UP** field
- Disaster Benefit Amount in the **Benefit Error Amount** field
- **SN** in the **Benefit Error Reas** field
- Press **Enter** to commit the BEG

**A supervisor must approve the BEG in order for the benefits to be issued in overnight batch. REMEMBER TO NARRATE.**

## **INQUIRIES**

Please direct questions to Suzanne Diggs at (410) 767-4369 or [sdiggs@dhr.state.md.us](mailto:sdiggs@dhr.state.md.us) or Stephanie Hawkins at (410) 767-8121 or [shawkins@dhr.state.md.us](mailto:shawkins@dhr.state.md.us). Direct CARES questions to Joyce Westbrook on 410 238-1299 or [jwestbro@dhr.state.md.us](mailto:jwestbro@dhr.state.md.us).

cc DHR Executive Staff  
FIA Management Staff  
Constituent Services  
DHR Help Desk

**For Local Department Use:**

FS Case Name		Case Number
Date	Locality	
Address	City, State, Zip	

**Food Replacement Request**

How was food destroyed or damaged?
Value of destroyed food:

I hereby certify, under penalty of perjury, that the household listed above has experienced the destruction of food, in the month of <u>August</u> , 2011.	
Signature	Date

## Instructions for completing Replacement of Lost Food Affidavit

**PURPOSE AND USE OF FORM** – This form allows the local agency to assess the value of food destroyed. Depending on the reason for the loss, the local department may provide additional food supplement benefits to cover the value of food destroyed.

**USE OF FORM** – The agency must provide the form to households that report a household disaster that resulted in the loss of food purchased with food supplement benefits.

**NUMBER OF COPIES** – Two.

**DISPOSITION OF FORM** – The local agency must provide a copy of the completed form to the household and file a copy in the case record.

**INSTRUCTIONS FOR PREPARATION OF FORM** – Local agency staff should complete the identifying case information at the top of the form. A household member or an authorized representative must complete or provide information for the bottom section regarding food destroyed. A household member must sign and date the form.