



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration Information Memo

Control Number: # 17-4

Effective Date: Immediately

Issuance Date: August 31, 2016

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

FROM: TRACEY C. PALIATH, EXECUTIVE DIRECTOR

**RE: CUSTOMER INFORMATION FORMS FOR SIX-MONTH
CERTIFICATION PERIODS**

PROGRAM AFFECTED: FOOD SUPPLEMENT PROGRAM

ORIGINATING OFFICE: OFFICE OF PROGRAMS

BACKGROUND

The Food and Nutrition Service (FNS) has cited Maryland for having notices that do not match Maryland's practice of using the Six-Month Benefit Review Form (SMBR) at the mid-point in a 12-month certification period for Simplified Reporters. FNS has also cited Maryland for not having notices that support the policy of declaratory household expenses (such as child care expenses and shelter expenses). DHR is working quickly to change the notices within CARES in order to meet federal requirements. This Information Memo describes the immediate action Maryland is taking to use the correct form for Simplified Reporters.

SUMMARY

In order to comply with federal regulations, the Family Investment Administration (FIA) is immediately discontinuing the use of the one-page Six-Month Benefit Review Form until further notice. FIA will temporarily revert back to the use of six-month certification period and the Customer Information Form (CIF) for all mail-in redeterminations until CARES notices can be updated to support a 12-month certification period.

The CARES functionality to generate the CIF has been restored. CARES is now issuing CIFs to all customers every six months, beginning with the customers whose certification periods end 10/31/2016. Case managers do not need to take any actions in CARES. All local offices must stop issuing the shorter forms (SMBRs) at the front desk or in response to customer requests until further notice.

The reinstatement of the CIF is required because CARES establishes six-month certifications for all customers who are subject to Simplified Reporting rules. As a result, the notices for approval of applications and continuation of redeterminations state that the customer has a six-month certification period.

None of the Simplified Reporting policy has changed for our customers. An interview is required only once every 12 months.

INQUIRIES

Please direct any questions or comments concerning CIF reinstatement to Carrie Durham at 410-767-7328 or carrie.durham@maryland.gov, and questions concerning the CARES CIF to La Sherra Ayala at 410-238-1285 or lasherra.ayala@maryland.gov.

Attachment: Sample Food Supplement Program (FSP) notice

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

Sample Food Supplement Program (FSP) Notice

ALLEGANY COUNTY
DEPARTMENT OF SOCIAL SERVICES
1 FREDERICK ST
CUMBERLAND MD 21502

District: ALLEGANY LDSS
Customer ID: 123456789
Case Manager: M. xxxx
Telephone: (301) 784-xxxx
Date: 08/24/16

Insert in Return Envelope with
the Address Below Showing

MS. LINDA D. xxx
3 xxxx ST
CUMBERLAND MD 21502

ALLEGANY COUNTY
DEPARTMENT OF SOCIAL SERVICES
1 FREDERICK ST
CUMBERLAND MD 21502

Dear MS. xxx:

MAIL-IN REDETERMINATION

It is time for us to review your need for Food Supplement Program. Please answer all of the questions on the enclosed redetermination form and return it to us by 09/15/2016. A return envelope is enclosed. If we do not hear from you or you do not return this information your benefits will stop as of 10/31/2016.

When you return your redetermination form, please return this notice and current proofs of the following information for everyone in your household who receives assistance or for new household members who want benefits:

- * Income: such as current award letters, wage statement from employer or last four weeks of pay stubs, copies of checks, a letter from anyone who gives you money, other proof of self-employment income, child support or alimony.
- * Assets or Resources: such as current bank statements for all bank accounts, proof of any stocks and bonds, proof of any property you own.
- * Address and Shelter costs: such as current bills, receipt or a letter from your landlord if you have moved or the amount you pay for rent or mortgage, or utilities (electric, gas, water, telephone) has changed.
- * Medical expenses for anyone age 60 or over or who receives federal disability benefits.
- * Child or adult care costs.
- * Identification: such as birth certificates, hospital verification, driver's license and Social Security numbers for all new household members.

The case manager may ask for additional proof.

Please remember to report all changes and new information at redetermination. If you are unable to return the completed redetermination form and information by 09/15/2016, please call the case manager listed on this notice.

Please review and complete the enclosed form. Please also make sure that the form is signed before you mail it.

Remember to fold and insert this notice in the envelope with the redetermination form and proofs. Make sure our address shows through the window on the front of the envelope.