STATE OF CONNECTICUT

DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (D-SNAP)

FFY 2023

Connecticut Department of Social Services
Submitted August 2022

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APPENDIX

Executive Summary

Warning is rarely given when a disaster strikes. Since reaction to a disaster must be made quickly, it is necessary to have a plan in place to address disaster situations when they arise. In response to the need for planning, the Department of Social Services SNAP Unit has developed this D-SNAP plan.

In the event of a disaster, the Department of Social Services (DSS) will operate in concert with the Governor's Office, the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS), local utility companies, Federal Emergency Management Agency (FEMA) and Connecticut's Department of Emergency Management & Homeland Security, as well as other state and federal agencies and non-profit agencies to provide vital services to those in need.

The state agency is responsible for effectively implementing the program, ensuring program integrity, and complying with Civil Rights laws. FNS' approval of the D-SNAP is not a legal determination of the state's compliance with Civil Rights laws.

This document outlines the major issues and objectives of the Disaster SNAP as it would be operated in the State of Connecticut in the event of a major disaster.

The D-SNAP Plan is designed to address the consequences of a disaster or emergency, which affects access to food in the State of Connecticut. The Plan represents an ordered approach to providing the assistance needed to the public in this type of situation.

The first section of the plan addresses the actual disaster response including:

- topics relating to the development of the disaster response which include the application to run a disaster program, requests for extension of the program, media, program integrity and fraud issues
- the practical and operational guidelines for setting up and running an application/issuance site
- the eligibility determination process including a fair hearing process
- benefit issuance
- post operation follow-up procedures

The appendix section is comprised of support materials including:

- a listing of other agencies and respective contact information that have roles in assisting in the disaster response process
- various documents and system screenshots that will be used during the disaster response

This document is fluid, and as such, allows for updates and changes as necessary. The Department will update the plan based on FNS guidance and departmental or environmental changes to keep this a timely guide for the operation of emergency food programs.

The State Agency is exploring the feasibility of adding virtual D-SNAP functionality into our current eligibility management system. Discussions regarding the ability to house and implement a virtual based D-SNAP in the event of a disaster are forthcoming. This D-SNAP plan is an integral part of the Department of Social Services' Business Continuity and Pandemic Flu / COVID-19 Response Plans.

The Disaster Response

Developing the Appropriate Response

The first step is always to determine whether it is necessary to run a D-SNAP. There are three parts to the determination of need: assessment of damage, evaluation of response options and strategies, and determination of appropriate program.

1.   Assessment of Damage

The CT DSS damage assessment team is identified as the Incident Command Team in the DSS Business Continuity Plan. The team will gather facts regarding the types and extent of damage as well as location(s) affected and report these to the Commissioner, in this situation known as the Incident Commander. The Incident Command Team will also be responsible for finding ways to limit the project area to the smallest size necessary to serve the population in need of disaster assistance. Finally, they will be responsible for determining the extent to which commercial channels of food distribution are available. The Incident Command Team will interface as necessary with other state, local and federal agency representatives to achieve the objectives noted in this paragraph.

NOTE: Depending upon the nature of the disaster, the decision to operate a D-SNAP may need to be made prior to a determination regarding the exact extent of the damage. Therefore, some provisions of the D-SNAP may have to be modified to reflect the nature and extent of damage. This would be especially true in a flood situation.

THE DAMAGE ASSESSMENT MUST BE COMPLETED BEFORE THE D-SNAP APPLICATION IS SUBMITTED TO FNS.

2.   Evaluate response options and strategies

Once the initial damage assessment has been completed, the Incident Command Team makes the decision regarding which of the disaster programs to utilize.

There are three disaster programs operated by Food and Nutrition Service (FNS):

a.   Mass Feeding:

This program is used when commercial channels of food distribution are not yet available. The Red Cross sets up communal sites where food is prepared and distributed. The Red Cross determines whether to operate a Mass Feeding program, but FNS must decide if such a program is sufficient to meet the food needs of the affected population.

b.   The USDA Food Distribution Program:

FNS can provide USDA donated food assistance. If requested, FNS would be responsible for the procurement and transportation of food to designated staging area(s). Local agencies would then be responsible for distribution and preparation of food for mass care facilities. Additionally, if a Presidential disaster has been declared and commercial channels of trade are disrupted, or there is a fairly small, isolated population affected and the food needs of this population are not being met through mass feeding, the State Distributing Agency may also authorize direct distribution of food for household consumption.

c.   D-SNAP:

When a Presidential disaster with individual assistance has been declared and commercial channels of trade have not been affected or have been restored, FNS may provide food assistance under the D-SNAP.

The Department of Social Services must request authorization and receive approval to operate the program from FNS.

The operation of this program differs significantly from the regular SNAP program in the areas of:

- Eligibility and verification criteria:
    - The only mandatory verification required is identity;
    - Maximum deductions are used;
    - Only accessible liquid resources are counted; and
    - A deduction for disaster-related expenses is allowed

- Applicant population:
    - Expanded to include those not usually eligible for assistance such as students, strikers, non-citizens, work program participants and disqualified individuals.

- Amount of benefits:
    - An eligible household always receives the maximum allotment for the appropriate family size

- Receipt of benefits:
    - May be received at the time of certification, or
    - Must be received within three days of application, or
    - Must be received within seven days if there are questionable circumstances

Plans may be modified, and different programs used depending upon the nature of the area affected. For example, if the disaster affects both an urban and a rural area, the D-SNAP may be operated in urban areas and the distribution program may be operated in rural areas. Additional project areas and assessments can be added to the application as necessary in evolving situations such as flooding.

When the affected population is fairly small, is mostly the same population that is already eligible for SNAP, the disaster appears to be fairly short term and only a few modifications are needed to meet the victims' needs, the regular SNAP program, including appropriate waivers, may be sufficient. Replacement benefits will be issued to SNAP households whose food was spoiled due to the disaster under the regular SNAP program.

3. **Determining What Type of Program to Run**

Disaster Conditions	Program to be Run
• commercial channels of food distribution are not yet available, and • mass feeding alone cannot meet the food needs of affected populations	DSS through agreements with Foodshare and the Connecticut Food Bank could utilize the Commodity Supplemental Food Program (CSFP) as an interim measure until commercial channels of food distribution are available and the D-SNAP is operational.
• there is a small, isolated affected population, and • that population's food needs are not being met by mass feeding	The household distribution program could be operated in the isolated area.
• channels of food distribution are	Run D-SNAP or SNAP with waivers.

available, and • mass feeding cannot meet the food needs of the affected population	
• the disaster has affected both densely and sparsely populated areas, and • commercial channels of food distribution are available, and • mass feeding cannot meet the food needs of the affected populations	Operate D-SNAP in densely populated areas and a household food distribution program in the more rural areas. Need to ensure that duplicate participation in D-SNAP and household food distribution does not occur.

See flow chart on the next page for identifying which program should be run in the event a disaster occurs:

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                                    │   DISASTER STRIKES   │
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                                    └─────────────────────┘
                                              │
                                             No
                                              │
┌─────────────────┐        Yes         ◇ ARE STORES ◇
│                 │────────────────────   OPEN?
│     D-SNAP      │
│                 │
└─────────────────┘
                                             No
                                              │
┌──────────────────────┐    Yes    ◇ CAN HOUSEHOLDS ◇
│ HOUSEHOLD DISTRIBUTION│──────────  PREPARE FOOD IN
│     OF USDA FOODS     │            THEIR HOMES?
└──────────────────────┘
                                             No
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                                    │ CONGREGATE FEEDING  │
                                    │                     │
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DISASTER STRIKES

No

D-SNAP

Yes

ARE STORES OPEN?

No

HOUSEHOLD DISTRIBUTION OF USDA FOODS

Yes

CAN HOUSEHOLDS PREPARE FOOD IN THEIR HOMES?

No

CONGREGATE FEEDING
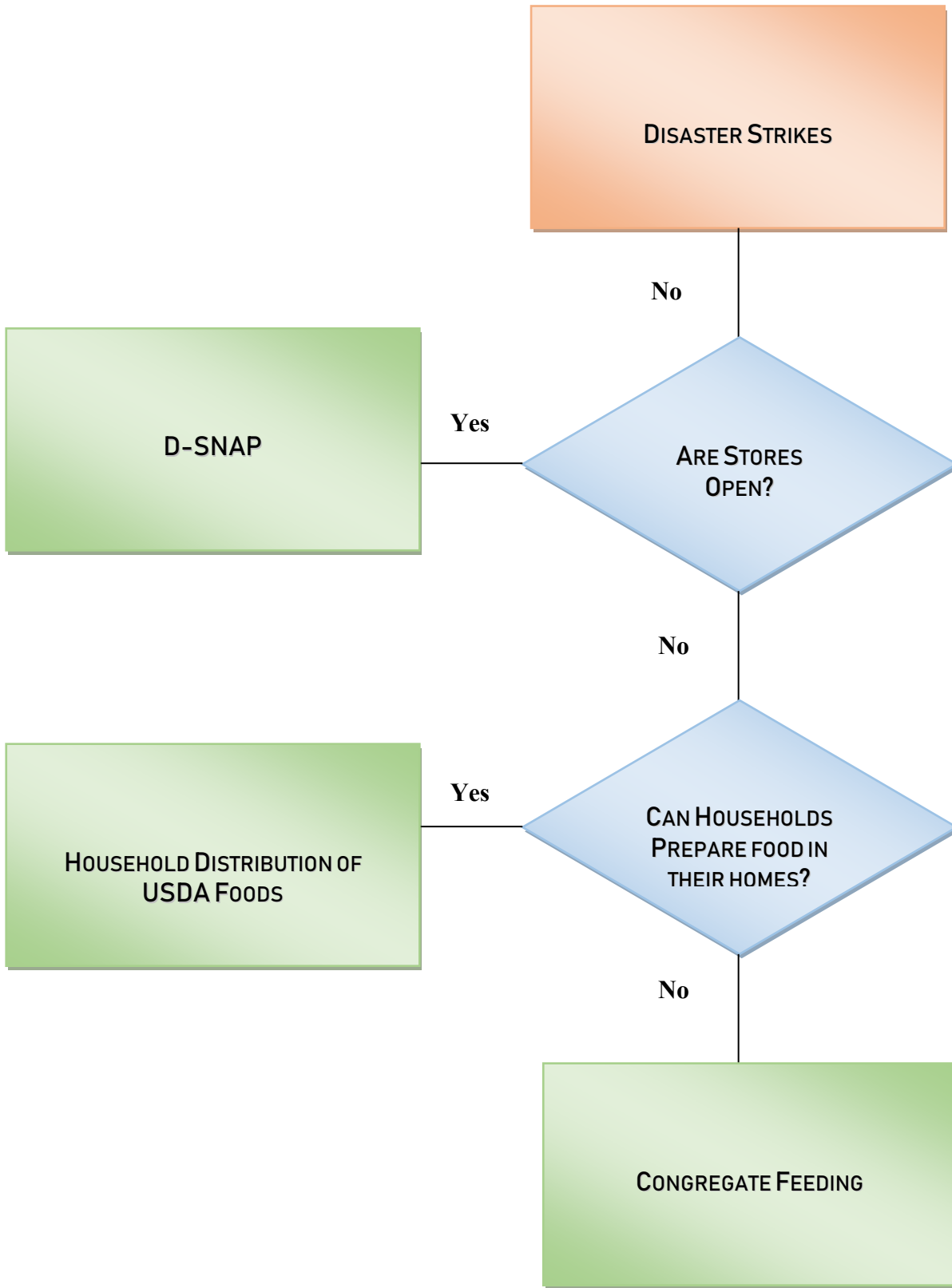
Negotiate and solidify the details of the D-SNAP through the D-SNAP application process

Once the decision has been made to operate a D-SNAP several elements of how the program will be run must be decided. The Commissioner, Deputy Commissioners, SNAP Program Administration Manager and Director of Field Operations or their designees are responsible for this process. The chart below includes the major elements to be decided, program options, and some determining factors.

ELEMENT TO BE DECIDED	PROGRAM OPTIONS	RELEVANT FACTORS
Time for accepting applications	Suggested length: up to 7 days Note: it is better to start with fewer days and extend D-SNAP if necessary	• Number of potential applicants • Potential for fraud • Staff to accept applications • Increase hours to minimize the number of clients in a facility
Treatment of Active SNAP Recipients	• Automatic issuance to active SNAP recipients within disaster area • Treat active SNAP recipients and disaster SNAP applicants the same • Serve active SNAP recipient at different locations • Assess the practicality of issuing replacement benefits for active SNAP recipients	• Number of active SNAP recipients • Total number of potential recipients • Security at application/issuance sites
Issuance Issues	• Immediate on-site issuance • EBT issuance	• Number of potential applicants • Estimated value of benefits • Site security • Reliability of mail system • Whether mass feeding or other food is available for the next few days
Replacement Benefits	• All households must make a formal application for benefits • Affidavits for current recipients could be handled through the mail • Automatic replacement for current participants living in the disaster area • Distribute disaster benefits with next regular issuance (if disaster occurs at a time near the next regular issuance date. i.e. end of month)	• Availability of sufficient staff to process volume of applications • Reliability of mail system • Size of disaster area (population and geographic) • Time of disaster relative to benefit issuance schedule
Definition of Disaster Area	• City/town • County • Neighborhood or subdivision • Power grid location • Zip code	• Must be large enough to serve those in need • Limited enough to reduce applications by those not seriously affected by the disaster

Applying to Operate D-SNAP

The first step is an informal application made to FNS via phone or email with as much supporting documentation as is available. The informal application will be made no later than two weeks after the disaster strikes. The Department will negotiate with FNS and agree on the terms of the program.

The second step is the formal written application submitted to FNS within twenty-four hours of the informal application. Since the terms of the program have all been worked out at the time of informal application, the formal application is expected to be approved immediately.

DSS will utilize the latest FNS Waiver Request Templates located in the D-SNAP Toolkit to submit a formal application to operate a D-SNAP program. Those templates include Timely Household Reporting of Food Loss, Automated Mass Replacement of SNAP Benefits, and Hot Foods. There is also "***A SNAP EBT and Retailer Disaster Waivers"*** PowerPoint that provides additional information on each waiver and explains the calculation for the automatic mass replacements waiver.

The formal application will include the following information:
- **Disaster:** Description of the event – what, when and where.
- **Area:** Geographic area included in the Presidential Disaster Declaration for Individual Assistance (IA) and explanation of any differences between the area included in the declaration and the requested area in which D-SNAP operation is planned.
- **Application period:** The start and end dates of the application period, not to exceed seven days. If it will be staggered, dates for each county/area will be given. Notation will be included if the application sites will be open over the weekend or for extended hours.
- **Benefit Period:** Start and End dates of the 30-day period. The start of the benefit period will generally match the first day of the "incident period" on the disaster declaration. If not, an explanation of the reason for the difference will be given.
- **Eligibility:** Information on any options the State has chosen, including whether or not food loss only will be a qualifying expense and if households that worked, but did not live in the disaster area will be eligible.
- **Expenses:** Specify if the standard expense deduction (DSED) is being used. If so, income limits will be included.
- **Active SNAP Households:** Explain if supplements will be automatically issued or by individual affidavit. If automatic, we will describe who is eligible and will include supporting data including the calculation that will be used to determine the replacement amount. Estimates of the value of issuances for automatic supplements will be given. If individual, information on the process for requesting supplements i.e., by phone/mail affidavit or in person at a local office or D-SNAP application site will be provided.
- **Affected Population/Anticipated number of applicants:** Total number of people, homes, businesses, etc. that were impacted by the disaster, estimates of anticipated D-SNAP applicants, number of active SNAP households to be served and an explanation of how both estimates were derived.
- **EBT:** Issuance procedures, number of cards on hand and plans for requesting, receiving and distribution additional cards as needed.
- **Logistics:** Application site(s), plans for publicity and security/crowd control, social distancing, and partitions.
- **Staffing:** Plans for utilization of staff from other program areas, counties, or states as appropriate as well as the number of staff available and how staff will be distributed amongst application sites.
- **Data:** Identify general demographic data that can help the agency tailor its response to a disaster. Identify available data and information from sources such as Social Security, Supplemental Security Income, Medicaid, or community organizations that can be used to locate vulnerable populations.
- **Public Information/Outreach:** Description of how program information will be disseminated to the public. List all partner organizations involved and description of the responsibilities of each, including the role of volunteers, if applicable. Include potential community partner activities focused on identifying and promoting access for vulnerable populations, such as persons with disabilities and the elderly. Provide examples of partner activities including spreading D-SNAP information on behalf of the State or providing onsite application assistance.

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- **Duplicate participation:** How/when checks will be conducted and information on any special circumstances, such as border state issues.
- **Program Integrity:** Fraud prevention strategies and security measures in place.
- **Employee applications:** Description of procedure for identifying and handling applications by State employees. Will use required measures in the Prevent Employee Fraud section of D-SNAP Guidance.
- **Additional information:** Will include draft press releases, application sample, preliminary damage assessments, IA declaration, map of the disaster area and any additional supporting documentation.

Requesting an Expansion

If after the initial approval, the State wants to expand operations because an additional area/county has been added to the IA declaration or because the State determines that a previously declared county is now in need of the program, the State will submit to FNS a request for expansion, detailing the impact of the disaster in the new area, the application period and the anticipated number of applications and active SNAP recipients that will be serviced. The benefit period should remain the same, however if it will change, for example due to flooding caused by the same storm, the new benefit period dates and justification will be included.

Requesting an Extension

If the State finds that their initial application period is not sufficient to serve all eligible households, a request for an extension will be submitted to FNS with sufficient time for FNS to review and approve the request prior to the end of the initial application period. The request will include strong justification of the need for additional time taking into consideration program integrity concerns. The State understands that once the application period has ended and operations have closed, no further extensions are permitted. In limited circumstances, if demand for D-SNAP benefits among the general community or specific groups/areas remain significant, FNS may consider State requests to extend the application period beyond 7 days.

Requesting a Modification

If the State determines a modification is needed regarding application eligibility, a modification request will be made prior to the start of the application period to ensure that the eligibility criteria are applied equitably to all applicants. Occasionally, modifications may be made after the program has begun, such as, when the State was originally approved for individual supplements decides to issue automatic supplements in a certain area. The State will carefully consider the desired program option prior to submitting the initial request.

Media Issues

The DSS Communications Director will be responsible, with the concurrence of the Commissioner, for the following:

- Arranging with FEMA to have initial press releases given priority use in official FEMA statements.

- Issuing press releases related to the D-SNAP operation either from DSS or through the Office of the Governor. These press releases will include items such as if and when a D-SNAP operation will be run, what the eligibility requirements are, fraud control measures and food safety issues.

- Contacting retailers with information on how the program will be administered including what ID's will be available or required and an estimated number of recipients.

- Contacting advocate community groups to enlist their support with outreach efforts and address their concerns.

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- Scheduling news conferences to make major announcements.

- Consider the feasibility of utilizing social media such as Facebook, Twitter, and YouTube to disseminate accurate information to the public regarding D-SNAP.

- Ensure all staff understand that press communications may only go through the Office of the Commissioner.

- Coordinating public relations efforts, as appropriate, with the command center(s), state or local agencies, FNS & FEMA

- Serving as point of contact for information on the D-SNAP from the disaster area:

  • Arrange news conferences to make major announcements
  • Prepare press releases and/or public service announcements addressed to project area (hours of operation, location etc.)
  • Coordinate with FNS to post and distribute copies of food safety fliers
  • Issue information on the use of D-SNAP benefits and other disaster assistance efforts
  • Coordinate/organize tours by government officials and the media
  • Contact local advocate and community groups
  • Respond to questions/concerns from the public, Congress, other interested parties

- Issue press releases or public service announcements that address specific issues/problems that have developed at the site:

  • Ask for more volunteers to help with human comfort efforts, etc.
  • Request that elderly and disabled send authorized representatives to apply for them
  • Identify special provisions/locations for elderly and disabled
  • Reiterate any verification or eligibility requirements that appear to be causing problems at the site
  • Notify public of extended hours/days of operation

Program Integrity and Fraud Issues

The Director of Quality Assurance will work with the FNS Office of the Inspector General (OIG) and utilize lessons learned from previous D-SNAP events to ensure that program integrity issues are addressed proactively from the start of the disaster response. A comprehensive fraud prevention strategy includes controls within the program, at the application site and through public relations efforts. The Department will implement special application procedures for employees. Decisions regarding how the Department will deal with IDs, issuance scheduling, application site techniques for fraud prevention, and media approaches to fraud reduction and reporting will all need input from Quality Assurance.

Command Center Operation

The DSS Emergency Command Center is located at 55 Farmington Avenue, Hartford, CT. The Commissioner's Chief of Staff or their designee is the clearly designated person in charge. The command center and appropriate representative(s) will coordinate the D-SNAP operation including ensuring that there are clearly defined lines of communication. Those involved in command center activities must be readily available to staff in the disaster area. The command center staff will be responsible for coordinating fraud prevention, public relations, staffing and reporting issues.

Application/Issuance Sites

Choosing a Site

DSS will first determine if alternative means to in-person DSNAP, such as online pre-registration/registration or drive-up sites, are unavailable and able to be used. If they are not, the Department will decide the exact number and location of application and issuance centers.

The Department has outreach equipment that may be used at the application/issuance sites. The computers will enable staff to activate our emergency EBT cards on site, which means the cards will be ready to use immediately. The other equipment enables staff to cope with many types of personal needs of disaster victims.

If the Department wishes to co-locate with a FEMA Field Operations Center (FOC), it must be coordinated early with FNS and FEMA.

The Department will use the FNS Application Site Selection Guide located on page 49 in the D-SNAP Toolkit as well as recently released guidance regarding operating in a COVID environment and will consider the following when choosing a facility:

- Possible co-location with FEMA's FOC
- Accessibility of the site to trucks or other large vehicles for deliveries, emergency medical services, sanitation services and the like
- Availability of transportation and/or adequate parking
- Necessity of shuttle services
- Provisions for handicapped vehicles
- Adequacy of space and/or facilities to address human comfort concerns as well as social distancing
- Size of facility as it relates to the expected number of applicant's
- Adequacy of space, protected from the elements, for applicants to complete application forms
- Ease with which the site can be appropriately secured. (Consult with local law enforcement agency on site location)
- Accessibility of the facility to the elderly and disabled
- Accessibility of the location to all affected segments of the community
- Availability of adequate power

The Department will consider seeking advice regarding choosing a site from other states that have run the D-SNAP, federal government agencies, particularly FNS and FEMA, the Incident Command team, the Disaster Assistance Response Team and local or state police or other security personnel. See Appendix B for a list of potential application site venues. States may also consider collaborating with their local public transportation authority and community partners to provide transport to and from application sites for remote populations, the elderly, and persons with disability.

Layout and Traffic Flow

Layout is the key to minimizing bottlenecks, keeping the traffic moving and reducing security risks. We may consult with local law enforcement officials regarding safety issues. The following must be considered when determining the layout of various application site options:

Command Center – If Central Office is unavailable due to the disaster one of our field offices may be used as the DSS Command Center.

Benefit Cards – The EBT card issuance areas will be kept as separate as possible from the main eligibility determination area. Layout and traffic flow will be developed to minimize the movement of EBT cards. Cards will be kept out of the sight of applicants and employees not involved with the distribution of the cards as much

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as possible.

Security – Lines will be arranged to minimize crowd density. Private break area and restrooms will be provided for staff and discreet accommodations made for elderly/disabled applicants. It may also be necessary and appropriate to provide meals for staff.

Crowd control – Lines will be arranged so that they keep traffic moving. Where possible, notices will be posted to estimate waiting time for steps in the application process. Use of ropes and barriers will be used to help direct the flow of traffic. Arrows or other markers will be placed to ensure clients move in one direction and to avoid using single doors for entry and exit. Use of checkpoints will also control flow and allow opportunity to implement fraud reduction/prevention techniques. Numbers will be issued to applicants to reduce risk of arguments over someone's place in line.

At the time of the disaster, depending on the size of the affected area, consideration will be given to minimizing daily crowds by using an alpha-based application date schedule. For example, last names beginning with A, B, C and D will be interviewed on day one of the application period, E, F, G and H on day two, etc. Clients will also be discouraged from bringing accompanying persons (family members) unless necessary for assistance or accomodations.

Interview area(s) – Whenever possible, interview areas will be arranged in a manner that protects client confidentiality.

Human comforts – Adequate protection from the elements needs to be provided, water/food needs to be available at points of long wait. Ensure privacy of rest room facilities and arrange adequate room for awaiting shuttles and rides.

Identify Staff

The Director of Field Operations, in conjunction with the SNAP Program Administration Manager and Human Resource Division as well as with the approval of the Commissioner, will determine the amount of staff necessary to operate the project. Part of the decision process will be to ensure regular SNAP operations will be minimally impacted by the operation of D-SNAP. Staffing levels will be adjusted and shifted, if necessary, to make sure there is not an increased burden on any one area. To ensure proper staffing levels for regular SNAP, we will seek assistance from other states, retired workers, and temporary employment agencies to assist the department in regular SNAP operations or running D-SNAP. The application/issuance site will need:

Support staff – Will direct clients to appropriate stations, screen for duplicate participation, create files for clients, process paperwork, etc.

Eligibility staff/Disaster Service Workers – Will screen, interview, and determine eligibility, review applications taken by other eligibility staff for completeness and verification, issue the EBT cards, and instruct the applicant on the use of SNAP.

Note: Staff with eligibility rights are not involved with the distribution or pinning of these EBT cards.

Supervisors – Will conduct on-site reviews of all denials and appeals if necessary (one or two supervisors per site depending upon the number of applicants and workers)

Note: An onsite review of a case action by a supervisor does not affect the client's right to a fair hearing (See section on Fair Hearings).

Fraud Investigators – Will review applications and interview clients when information provided is questionable.

Interpreters – Will assist staff in interviewing non-English speaking applicants.

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Medical volunteers – When available, will provide first aid and minor medical care to applicants.

DSS Outreach contractor – End Hunger CT!, the Community Action Agencies, and other volunteers will assist applicants with prescreening, completing applications, reviewing applications for completeness and other tasks as appropriate.

Law enforcement officials – Will assist with crowd control, escort unruly people off site, protect against theft, and other related duties.

Staff Training

The Organizational and Skill Development (OSD) Division will be responsible for providing training for all those involved in the D-SNAP application and issuance process. OSD has completed development of a web-based training to be completed annually by staff. (**DSNAP-DSS ELFS 288.5) At** the time of a disaster, instructor-led refresher training will be provided to staff. FNS may be available to assist in preparing training materials and to attend instructor-led training to answer questions.

Training will include:

- Program regulations
- Eligibility criteria
- Verification & documentation requirements
- Allotment levels for different household sizes
- Fraud prevention/reduction techniques
- EBT processes
- Public relations issues
- Civil rights laws compliance

Equipping the Application/Issuance Site

The types and amount of equipment necessary will be determined by the number of applicants to be seen, the number of DSS and other staff available and the layout of the facility. The specific needs of a particular site will be determined by the Director of Field Operations in cooperation with the Administrative Services Division.

- All supply and equipment requests should be directed to DSS Incident Command Team
- All requests from disaster site(s) shall be identified as emergency and processed immediately.
- Requests should be made on standard request forms.
- A special account should be maintained to track disaster expenses.
- Requests for emergency supplies should be made to the Incident Command Team:
  o The Incident Command Team will process the emergency order and dispatch available supplies to the site in the most expeditious manner possible.
  o The Incident Command Team will identify requested items that are not available and evaluate, with Director of Field Operations and/or DSS Finance Section, for possible substitution or immediate purchase.
  o The Incident Command Team may need to borrow or transfer equipment from other offices.
  o Supplies will be inventoried to provide controls. Inventories are to be completed at the opening and closing of the application/issuance site(s).
  o The Incident Command Team shall provide mail service as expeditiously as possible. Special courier services may be necessary.
  o The Incident Command Team will:
    ▪ Provide and procure any necessary vehicles for transportation of staff to designated disaster areas
    ▪ Obtain law enforcement assistance as necessary

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- ▪ Other pertinent operational functions
- Minimally the site should have:
  - o Appropriate forms
  - o Computers
  - o Copy machine
  - o Fax machine
  - o Hand sanitizer
  - o Human comfort items if available
  - o Pens, pencils, tape, staplers and staples, file folders, and other office supplies
  - o Personal Protective Equipment (PPE) (for staff and clients)
  - o Portable radios/walkie-talkies
  - o Restroom facilities or portable units
  - o Signs (for various directives and identification of processing areas)
  - o Tables and chairs
  - o Telephones (cellular if regular service is not available)

Human Comforts

All applicants should have access to water, protection from the elements, restroom facilities. Special provisions to ensure comfort for elderly/disabled clients including easier access to the site and reduced wait times should be provided.

Human Comforts Checklist

(X)	NEED	SUGGESTIONS
	Water/Food	• Portable water dispensers • Large water storage containers or several smaller water stations • Small snacks available in case of illness • Red Cross canteen or other volunteer-run canteen • Support staff for water station(s) • Locate application site(s) near mass feeding site(s)
	Protection from the Elements	• Tents for protection from elements • Fans/heaters as appropriate • Run lines through hallways/breezeways • Develop severe weather alternatives
	Restrooms	• Portable toilets (including handicapped-assessable) • Toilets serviced at least once a day
	Medical Care	• Ambulance or rescue squad on-site • volunteer doctors, nurses, other health care workers • First Aid kits
	Provisions for Elderly and Disabled	• Service at special location within application site • Elderly and disabled moved to front of regular line • Handicapped parking • Access to handicapped restrooms • Appropriate areas of building easily accessible for clients • Small snacks available • Water available • Extra measures to heat/cool waiting area • Extra staff to assist with completing applications for those with a disability as well as those that are blind or deaf. • Nurse/other health care professionals available

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Eligibility Determination

To be eligible for D-SNAP, an applicant household must first meet basic criteria, including:

- Residing in the disaster area
- Purchasing or planning to purchase food during the benefit period
- Having experienced at least one of the following adverse effects to be eligible:
  - Loss of income
  - Inaccessible liquid resources
  - Deductible disaster related expenses

Verification is three-tiered

- Identity of the head of household or authorized representative must be verified in the following tier requirements.

    1. A government issue ID; if unable to produce a government issued ID *then*;
    2. Identity verified through an electronic verification process; if unable to verify through the electronic verification process *then*;
    3. A signed affidavit from a collateral contact attesting to the identity of the applicant. The collateral contact must provide a government issued photo ID.

- Residency and household composition should be verified where possible.
- Loss/inaccessibility of income or liquid resources and food loss can be verified if questionable.

Disaster-Related Expenses

DSS may choose to utilize a Disaster Standard Expense Deduction (DSED) in lieu of actual disaster-related expenses incurred by a household. Only households with actual unreimbursed disaster-related expenses equal to or greater than $100 qualify for the DSED. Households with deductible disaster-related expenses that fall below the $100 threshold will have their eligibility determined using their actual disaster-related expenses. All applicants must list the type and value of their disaster-related expenses on their D-SNAP applications.

Households meeting the basic criteria will have their adjusted income measured against the D-SNAP gross income limits in order to determine eligibility.

In order to be eligible for the D-SNAP, the total household income received (or expected to be received) during the benefit period plus all accessible liquid assets minus a deduction for disaster related expenses (either the DSED or actual if expenses are below $100) shall not exceed the disaster gross income limit in Appendix E.

Process Issues

1. The household must have lived in the disaster area in order to receive D-SNAP benefits. (A household temporarily residing outside the designated area, because of the disaster, may be eligible for assistance.)
2. Applications must be made in the authorized area.
3. The household must purchase food and prepare meals during the disaster benefit period.
4. Households residing in temporary shelter that provides all daily meals are ineligible for the D-SNAP unless the household will not remain in the shelter for the entire benefit period.
5. All rules regarding who may apply for and/or act on behalf of the household are the same as those for regular SNAP.
6. Benefits will not be issued to a household that refuses to sign the benefit receipt form.
7. Applicants who received a disaster distribution of TEFAP food during the benefit period are not

eligible for D-SNAP. However, they may participate in regular TEFAP and D-SNAP in the same month. If the TEFAP site offers an FNS approved disaster distribution of USDA Foods, a household may not simultaneously receive D-SNAP benefits and a disaster household food package..

The Interview Process

D-SNAP Interview

The D-SNAP interview, though brief, is an important element in the certification process as it allows the eligibility worker time to review potentially confusing concepts (such as the benefit period and deductible disaster-related expenses) and verify information presented on the application. The State agency must conduct an interview with all new D-SNAP applicants prior to certifying the household for benefits. As in the regular program, households unable to apply in person may designate an authorized representative to apply on their behalf.

Alternative Procedures to Ensure Access to the Interview

All interviews must be conducted at the D-SNAP site, except when the State agency determines special alternative procedures are required to facilitate the interview for applicants otherwise unable to appear physically at the D-SNAP application site. Best practices for the State agency to consider in providing reasonable accommodations and interview access to the elderly, persons with disabilities, and other vulnerable populations include:
- Satellite application sites strategically located to serve vulnerable populations (i.e. community or senior centers)
- Special public transport to and from application sites
- Home visits to conduct the interview for applicants with disabilities that make them otherwise unable to visit the application site
- Skype or similar technology to facilitate off-site interviews

Issuance System

D-SNAP EBT

The Department of Social Services has contracted with our EBT vendor, Conduent, to issue D-SNAP benefits. Disaster Setup & Benefit Issuance functionality is available on the existing EBT Web Admin system provided to the State by Conduent.

Recipients who are eligible to receive D-SNAP benefits will receive a D-SNAP EBT Card at the disaster site, at the time eligibility is determined. When the D-SNAP EBT card is given to the recipient, they sign the W-847A form acknowledging receipt. The recipient's name is written on the card manifest, and the D-SNAP EBT card number is written on the D-SNAP application.

D-SNAP EBT accounts will be set up using the Conduent EBT Web Admin functionality. The recipient's name, DOB and SSN (if available) are entered along with the D-SNAP EBT card number and benefit amount. This process activates the D-SNAP EBT card. D-SNAP EBT accounts will look like any other account on Conduent EBT system, except they will have limited recipient demographic information.

The EBT Web Admin functionality for account setup can be done from anywhere internet communications is available. This can happen at the application site, or the applications and card manifest can be batched and shipped to an offsite location (any DSS office, or other locations using laptop computers).

The D-SNAP benefit becomes available as soon as the D-SNAP EBT card and client information is entered into the Web Admin system, which should take place within the 3-day application-processing standard or within the 7-

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day application-processing standard if the household circumstances are questionable.

Benefit amounts are determined by family size. In the EBT Web Admin Disaster Benefit & Setup Issuance system, there is a limit of $999 that can be loaded onto a D-SNAP EBT card. Households eligible for more than $999 will receive two cards, and total benefits will be split between the two D-SNAP EBT cards.

The PIN for D-SNAP EBT cards is the last four digits of the 18-digit card number.

To ensure that D-SNAP benefits are properly separated from conventional SNAP benefits for administration and tracking purposes, a unique SNAP benefit type has been created in the Conduent system. This will allow the State to track separately disaster benefit issuance and redemption from regular benefit issuance and redemption.

The State either will expunge unused D-SNAP benefits 12 months from the date of issuance or will request a waiver for a shorter timeframe.

The DSS Security Administrator can add the Disaster Services Worker role (that allows for account Setup & Benefit Issuance functionality) to existing EBT Web Admin users or authorize new users. The DSS Disaster Services Manager must set up the Disaster Event in the Web Admin System, and then select the users with Disaster Services Worker role to the event. New users will have access to standard inquiry functions in Web Admin, as well as the Disaster Setup & Benefit Issuance screens. Access will be removed when the disaster is over.

Conduent will send a daily file to the State. The file will contain data from the start of a disaster through the current date. It will provide the State with all the data elements from the EBT Web Admin Disaster Setup & Benefit Issuance screens and other data, including the Administrative Terminal User ID that completed the setup process. Transmission of this file will begin upon declaration of a disaster and will continue until the state notifies Conduent to terminate the production and transmission of the file.

Connecticut currently has 23,400 D-SNAP cards available in the State at a secure location. These cards can be delivered anywhere in the state within a few hours. These cards do not have an expiration date.

Additional cards can be requested from our EBT card vendor, Idemia Identity & Security N.A. LLC (formerly known as L1). In urgent situations, they can provide us with 10,000+ (un-laminated) cards within 24 hours of the request. DSS will also be working with Conduent for another option of ordering D-SNAP EBT card stock in the future. D-SNAP EBT card stock will be monitored by management at the application site. Log sheets and regular phone calls and/or emails will report the number of cards received, handed out and on hand at the end of each day. Management at the application site will monitor the traffic, evaluate the needs, and request additional cards are needed.

DSS will arrange for security of the D-SNAP EBT cards and for staff at the D-SNAP site.

D-SNAP EBT card boxes and trays will be kept closed and in a secured area prior to actual need. D-SNAP EBT cards will be secured on site or will be removed each night depending upon site security. DSS remains responsible, accountable, and liable for D-SNAP EBT card controls, including security and storage of cards even if any of these functions are contracted out to private agencies.

The EBT card issuance areas will be kept as separate as possible from the main eligibility determination area. Layout and traffic flow will be developed to minimize the movement of EBT cards. Cards will be kept out of the sight of applicants and employees not involved with the distribution of the cards as much as possible.

The D-SNAP EBT card graphic includes:

- A flat graphic PAN (18-digit card number)

- The toll-free client customer service number
- Magnetic Stripe
- One signature panel
- Quest Logo
- All cards will state "CT Disaster Benefit Card"
- The last four digits of the 18-digit card number will be the PIN. There is no chance of the PIN being separated from the card, and there will be no PIN mailers created.
- DSS's disaster cards will have a "99" in the seventh and eight position of the card number to differentiate disaster-SNAP EBT cards from regular EBT benefit cards.

The card meets all ANSI card standards.

EBT Card Issuance for On-going SNAP Recipients:
On-going SNAP recipients needing to cancel and replace their EBT card will utilize the existing process. They will contact the EBT vendor via the toll-free customer service number to cancel their lost, stolen, or damaged EBT card. The EBT cards are mailed out via the USPS. If there are widespread mail delivery problems, consideration will be given to delivering the cards to the local DSS regional offices to be picked up by the recipient.

Cardholder Training

D-SNAP recipients will receive a training brochure (provided by DSS) with their D-SNAP EBT cards. This brochure will provide the necessary program information regarding D-SNAP benefits, SNAP eligible items and expungement information. Since debit cards are so ubiquitous, the need for training people how to use them will be minimal.

Customer Services

EBT customer service (account balance, PIN changes, claim reporting, etc.) is available through our existing toll-free customer service number. Conduent provides its own disaster recovery redundancy for these services. During a disaster, the State may opt to change the script of the toll-free customer service number.

Retailer Communication

D-SNAP benefits can be used at all FNS authorized SNAP retailers. Retailers will process D-SNAP benefit transactions as they do regular SNAP transactions. The use of manual vouchers can be used if a retailer is unable to process transactions electronically.

Retailers can use the emergency voucher ($40 maximum) stand in process if the Conduent Host system is not operating. Retailers can access Conduent website at https://www.connectebt.com/retail/ to obtain information regarding processing of manual or emergency vouchers.

Procedures for Disaster Set up & Benefit Issuance

1. Log into the EBT Web Admin System.
2. Select "Disaster Account Setup" function under Client Account
3. Select the "Disaster Event" from the drop-down menu.
4. Enter the Disaster Card number and click "continue".
5. A pop-up message should read, "Proceed with account setup with a new recipient?" Click ok to continue.
6. Enter first name, middle initial & last name of the DSNAP recipient cardholder.
7. At the time of the disaster, staff will be instructed by the disaster response leader whether to enter a

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specific "Town Code".

8. Enter Social Security Number of the head of household if available.
9. Enter date of birth of head of household
10. At the time of the disaster, staff will be instructed by the disaster response leader whether to enter the phone number/alternate phone number if available.
11. Click "continue"
12. A pop-up message should read "Continue with card issuance portion of account setup?" click ok to continue.
13. A pop-up message should read "Recipient has been successfully created. Card has been successfully issued. Case has been successfully opened." Click ok to continue.
14. Under "Benefit Issue" Select the appropriate Sub Program from the drop-down menu. (Staff will be instructed by the disaster response leader, which sub program to select).
15. Leave the available date set to the current date.
16. Enter the benefit amount using whole dollar amounts. The benefit amount by family size table will be provided by the Program Division and distributed to staff at the point the disaster is declared. The benefit amount cannot exceed $999. If total benefit allotment is more than $999, two EBT cards will be issued to the household, and the total benefit amount will be divided between the cards.
17. Leave the auth number as is.
18. Click "Issue"
19. A pop-up message should read, "Proceed with issuance of the Benefit? With details listed. If the information is correct, then click ok to continue. Once you select "ok", the benefits will be loaded onto the DSNAP card and cannot be changed.
20. A pop message should read, "Benefit has been successfully issued". Click ok to continue.
21. To enter additional cards & benefits, start at Client Account, Disaster Account Setup.

Records

Records of issuance through the D-SNAP must be kept separately from records of regular SNAP issuance. Information contained in the disaster program files must be adequate to complete the FNS-292b, Report of Disaster Issuance.

Fraud Prevention

DSS will utilize its current eligibility management system, ImpaCT to issue DSNAP benefits. The full name, date of birth and social security numbers of every household member will be entered and then checked in the eligibility management system to avoid duplicate participation. DSS will produce a nightly report from the SNAP database.

DSS will post signage in highly visible locations and distribute fliers translated appropriately, with:
- Program requirements, including D-SNAP-eligible food lists.
- Criminal and civil penalties for fraud; and
- A notice that anti-fraud measures are in place.

Tables will be set up labeled fraud investigator, staffed with investigators.

Clients without verification or with inconsistent information will be referred to the fraud investigator for a review.

DSS will alphabetize applicant files as an additional check for duplicate participation.

Public service announcements and press releases will be issued that outline program requirements, criminal and civil fraud penalties, and fraud control measure.

DSS will publicize investigations and/or arrests for fraud.

To check household size, workers will ask applicants at the start of the interview for names and dates of births for all household members and will ask the applicant to repeat the information later.

Reporting

A daily D-SNAP report will be developed to capture the following information at the application/issuance site:

- Number of households approved
- Number of persons approved
- Value of d-snap benefits approved
- Average benefit per household
- Number of households denied

We will use the FNS excel spreadsheet template (**D-SNAP Daily Reporting Sheet)** to report this information. Since Connecticut is not county-administered, we will report by regional office. Daily reports may be consolidated at the command center and submitted to FNS.

After the program has ended, DSS will run the file of D-SNAP supplement recipients against our Eligibility Management System to determine which D-SNAP recipients also received SNAP that month, the amount of the D-SNAP benefit, the amount of the SNAP benefit, the difference between the two benefits. A report will be generated listing the total number of households who received D-SNAP only, the amount of D-SNAP benefits issued and for households who received both D-SNAP and SNAP, the amount of SNAP replacement benefits and the amount of D-SNAP supplement benefits.

DSS will also submit the FNS-292b, Report of Disaster Issuance, FNS-388, Monthly Issuance Report, FNS 46 Issuance Reconciliation Report and other regularly submitted issuance and redemption reports, In accordance with 7 CFR 274.4 – Reconciliation and Reporting.

After-Action Report

We will evaluate the D-SNAP program and write an evaluation report that will include lessons learned from the experience. Based on that report we will recommend changes to operational policies and revise our State D-SNAP disaster response plan accordingly.

Implementation Plan

Once a disaster has been officially declared and the geographic area impacted identified, the DSS Incident Command Team will identify resources available, including staff, and identify a disaster benefit distribution site. This may be a site already established by FEMA, state, or local officials, or may be an operational DSS office that is convenient to potential applicants. Experienced supervisors, eligibility staff and clerical staff will be needed to service the prospective applicants. The DSS managers assigned to the disaster site will deploy the staff as needed. This will be coordinated by the Incident Command Team described in this proposal.

Application Process

All applicants will be given form W-799 Application for Disaster Supplemental Nutrition Assistance Program (D-SNAP). When available, clerical staff or other appropriate personnel can function as screener/greeters. All household members will be entered into the D-SNAP Database and checked for duplicate participation. Fraud staff will be involved in this process.

If an applicant has already been granted D-SNAP benefits, the worker will complete and sign a W-847D denial form (also available in Spanish by way of the W-847DSp form). The original will go to the applicant; a copy will be batched and routed with all other denials at day's end. These denials will be shipped to the SNAP Unit in Central Office.

Applicants who have not previously been issued benefits can be routed to eligibility staff for completion of the interview process.

Processing the Application

1. All applications should be entered on a batch control sheet.
2. The batch control sheet and the applications would then be shipped to the SNAP Unit located in Central Office for data entry into the EBT Administrative Terminal.
3. Once data entry has been completed for that batch, the control sheet should be updated to show that all applications in that batch have been completed.
4. If the Central Office location is without power or destroyed in the disaster, the batch control sheets, and the applications will be shipped to an alternate DSS site for data entry. The same process would be followed as enumerated above.
5. It is important to note that the benefits will not be available to the applicant until the card and accounts are linked by entering this data into the Administrative Terminal. Benefits will be made available within three days or seven days if there was questionable information.

If an applicant is found eligible

6. Complete the D-SNAP disposition form (W-847A)
7. Direct the applicant to the card distribution line.
8. Card distribution worker will get a disaster card from the disaster card box. The cards are in numerical order and should only be taken from the box in numerical order.
9. The Disaster Card Manifest is kept with the box. The worker should carefully print the applicant's name on the Disaster Card Manifest.
10. The Card Distribution Worker will then write the card PAN number on the application. The card PAN is the string of numbers on the face of the card (18 digits total).
11. Next, the client will sign form W-847A acknowledging receipt of the disaster card.
12. Have the applicant sign the reverse side of the disaster card.
13. Training materials can then be given to the applicant. Any questions they have about the use of the card should be addressed at this time.
14. The applicant should be advised that the card will be activated, and benefits will be available within three days.

If an applicant is not found eligible

1. Issue a W-847D denial form and retain a copy to be routed to the SNAP Unit in Central Office.
2. Hand the completed W-847D to a supervisor to review the denied application while the applicant is still present.
3. If the applicant is subsequently found eligible after the supervisory review, the applicant will be directed to the card distribution line with their original application. The copy of the W-847D denial will be destroyed at this point.
4. If the applicant is not found eligible after the supervisory review, the original W-847D denial form will be given to the applicant.
5. The applicant is to be informed of their right to a fair hearing.
6. The copy of the W-847D denial form will be routed to a SNAP Unit in Central Office.

Fair Hearings

Any household for whom benefits have been denied may request a fair hearing. If a hearing is requested the normal SNAP fair hearing procedures will be followed. Any withdrawal of a hearing request must be made in writing.

Reports

The application sites will complete the daily report and provide it to Central Office for completion of the FNS-292b, FNS-388 and any other issuance reports specified in the approval of the D-SNAP request.

Post Disaster Wrap-Up at Issuance Site

The following checklist will assist in closing out an application/issuance site:

SUBJECT	SUGGESTIONS	(X)
D-SNAP EBT Cards	• Take inventory of EBT cards • Send unused D-SNAP EBT cards to Central Office Quality Assurance Division.	
Equipment	• Take inventory of all equipment and other supplies, and compare with initial inventory • Return equipment to lender, as appropriate	
Staff	• Complete time sheets for all personnel, including temporary personnel	
Building	• Clean as much as possible • Maintain security until site is emptied	

Transitioning to the Regular SNAP

In many instances, the D-SNAP should adequately serve the disaster population. If a D-SNAP recipient household becomes eligible for ongoing SNAP benefits, any D-SNAP benefits must be applied against the regular SNAP benefit for the appropriate period.

Under certain circumstances, it may not be advisable to return to the regular program. For example, if a large part of the population affected by the disaster would not qualify for regular SNAP and is still in need of assistance, or if the State needs administrative relief in order to serve the disaster population, the Department may wish to consider operating SNAP with waivers to provide for any unique situations.

Claims and Restored Benefits

The Department shall establish claims and issue repayment demand letters for over-issuances that are the result of the following:

- Intentional Program Violations (IPV's)
- Inadvertent Household Errors (IHE's)
- Administrative Errors (AE's)

Claims shall be established no later than six months after the close of the disaster operation.

The Department shall issue to households the amount of SNAP benefits that were not issued:
- Due to an agency error
- When a denial of benefits is subsequently reversed

Post Disaster Review

The Department will conduct a comprehensive post-disaster review of the entire disaster response process to identify areas that need improvement in the future**.** The review will include assessing whether the application site was accessible to the target audience, was secure and safe for both applicants and staff, and had adequate staff, supplies, parking, and a waiting room, comfort amenities, etc. The post-disaster review shall also include an assessment of the effectiveness of the Department's outreach and publicity campaigns to determine if they reached the intended audience.

The Department's Quality Assurance Division will conduct a post-disaster review of certification, issuance, and fraud prevention. The Department will select and review a .05% sample of cases certified for disaster issuance, up to a maximum sample size of 1,200 households. The Department will review 100% of all approved cases that include State employees as recipients**.** Post review actions will include a check for duplicate participation, an interview with the head of household of every household selected for review, either in person or by telephone, and a review of all case files to determine whether eligibility was correctly determined and to ensure that all information in the file is verified, including wage matches when possible.

After reviewing the case files, DSS will conduct an error analysis including error rates, dollar issuance issued in error, and the number of cases in error. Case review results will be broken down by geography and by type of household (state employee versus regular cases). A determination will be made whether to file a claim. Based on the results of the reviews, DSS will determine what corrective actions must be taken to prevent future occurrences.

The Department will review its fraud prevention procedures, especially those meant to curtail duplicate issuance. If weaknesses are apparent, the Department shall make changes and amend its D-SNAP Plan to reflect these changes.

A report on this review is due, to FNS, within six months after the end of the disaster application period. The report will include a brief description of the D-SNAP design, including waivers employed, a description of major problems encountered, and interventions used to solve the problems, the results of the error analysis, and information on any claims established.

Plan Dissemination

This plan represents collaboration between many parts of DSS as well as DSS partners. The planning process per se has informed many of the plan participants.

Recognizing that no plan is "final," this version of the plan will be presented to the DSS Executive Team and later to all DSS field operations managers.

The plan itself is posted on the DSS Intranet and copies of the plan and materials will be stored with our EBT card vendor in Rocky Hill, CT.

APPENDIX A

Principal Contact People

Brenda Bergeron,
Chief of Staff, Principal Attorney
Emergency Management and Homeland Security55 Farmington Avenue, Hartford, CT 06105
Phone: (860) 256-0816
Email: Brenda.Bergeron@ct.gov

Robyn Letourneau
State Contact for USDA TEFAP Food Distribution Program
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Phone: (860) 424-5118
Email: Robyn.Letourneau@ct.gov

John Frassinelli
Division Director
Department of Education
School Health, Nutrition, Family Services and Adult Education
450 Columbus Ave. Hartford, CT 06105
(860) 807-2050
John.Frassinelli@ct.gov

Shannon Yearwood
Education Manager
Department of Education
School Health, Nutrition, Family Services and Adult Education
450 Columbus Ave. Hartford, CT 06105
(860) 713-6796
Shannon.Yearwood@ct.gov

INTRA AGENCY

Office	Administrator	Office Phone #
Central Office	Deidre Gifford, Commissioner	(860) 424-5001
Central Office	Kathleen Brennan, Deputy Commissioner	(860) 424-5693
Central Office	Michael Gilbert, Deputy Commissioner	(860) 424-5841
Central Office	Peter Hadler, POGA Division Director	(860) 424-5385
Central Office	Daniel Giacomi, SNAP Program Admin. Manager	(860) 424-5080
Regional Offices	Elizabeth Thomas, Director of Field Operations	(860) 424-5026
Regional Offices	Yecenia Acosta, Deputy Director of Field Operations	(860) 424-4391
Regional Offices	Phil Ober, Director of Benefits Center	(860) 424-5882

Name	Phone	E-Mail
Lizbeth Silberman (RA)	617-565-7177	Lizbeth.silbermann@usda.gov
Christine Ruggieri (DRA)	617-565-5925	Christine.ruggieri@usda.gov

Disaster Coordinators

Name	Phone	E-Mail
Jan Kallio	617-565-6299	Jan.kallio@usda.gov
Matt Henschel	617-565-1610	Matthew.henschel@usda.gov

SNAP

Name	Phone	E-Mail
Matt Henschel	617-565-1610	Matthew.henschel@usda.gov
Zach Roth	617-565-4211	Zachary.roth2@usda.gov

SNPD

Name	Phone	E-Mail
Patti Connolly (CNPD-FD)	617-565-5986	Patti.connolly@usda.gov
Matt Chotkowski (CNPB-CACFP/SFSP)	617-565-6423	Matthew.chotkowski@usda.gov
Jheanell West (SFPB)	617-565-6173	Jheanell.west@usda.gov
Susan Gentile (SNPD)	617-565-6432	Susan.gentile@usda.gov

Public Affairs

Name	Phone	E-Mail
Eddie Ortega	617-565-6413	Heriberto.ortega@usda.gov

GMAS

Name	Phone	E-mail
Rachel Eisenberg	617-565-1604	Rachel.eisenberg@usda.gov

In the event that Regional Office officials cannot be reached due to a disaster, the following official should be contacted:
Steve Hortin – Steve.Hortin@usda.gov
FNS Director for the Office of Emergency Management in Regional Operations and Support (703) 305-437

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Utility Company Contacts

Eversource
Theresa Hopkins-Staten
Director, Connecticut Regulatory Affairs and
President, Eversource Foundation
107 Selden Street, Berlin, CT 06037
O: 860-665-2015
M: 860-989-0066
E: theresa.hopkins-staten@eversource.com

United Illuminating
Patrick McDonnell
V.P. Regulatory Affairs-CT
UIL Holdings Corporation
180 Marsh Hill Road
Orange, CT 06477
203.499.2923
pat.mcdonnell@uinet.com

Private Disaster Relief Agencies

Red Cross
Greater Hartford Chapter
209 Farmington Avenue
Farmington, Connecticut 06032
Phone: (877) 287-3327
Fax: (860) 678-2832

Salvation Army
Executive Offices
855 Asylum Avenue
Hartford, Connecticut
Phone: (860) 543-8400

Advocacy Agencies
Deb Polun
Executive Director,
Connecticut Association for Community
Action, Inc. (CAFCA)
144 Clinton Street
New Britain, CT 06053.
Phone: (860) 832-9438 Ext. 1
deb@cafca.org

Julieth Callejas
Interim Executive Director
End Hunger CT!
102 Hungerford Street
Hartford, CT 06106
Phone: (860) 560-2100 Ext. 309
Mobile: (860) 878-4971
jcallejas@endhungerct.org

Jason Jakubowski
President & CEO
CT Foodshare Inc.

LOCAL:

The Director of Field Operations will coordinate with the regional offices to develop a list of potential local community supports to be utilized at the time of the disaster.

Eversource
Theresa Hopkins-Staten
Director, Connecticut Regulatory Affairs and
President, Eversource Foundation
107 Selden Street, Berlin, CT 06037
O: 860-665-2015
M: 860-989-0066
E: theresa.hopkins-staten@eversource.com

United Illuminating
Patrick McDonnell
V.P. Regulatory Affairs-CT
UIL Holdings Corporation
180 Marsh Hill Road
Orange, CT 06477
203.499.2923
pat.mcdonnell@uinet.com

Private Disaster Relief Agencies

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LOCAL:

The Director of Field Operations will coordinate with the regional offices to develop a list of potential local community supports to be utilized at the time of the disaster.

APPENDIX B
Pre-Disaster Planning

Pre-Disaster Planning

Language Issues Plan

Since disasters often result in applications from individuals not normally accessing the program, we have both English and Spanish applications. All documents to be used in the disaster program have been translated into Spanish and will be available for use at the time of a disaster. (Please see Appendix H)

The Department will also provide access to interpreters for disaster program applicants speaking languages not normally encountered in the usual SNAP population. The Department will use one of our contracted translation services. Field offices will also develop contacts at community agencies, churches, and social societies to assist with translation if necessary.

Demographic Information

Each field office should be aware of any special considerations necessary for its populations. If a localized disaster were to occur, the Department would then be able to estimate the numbers and types of populations that would probably be applying for assistance, the primary languages of potential applicants to determine if additional translators are needed. Some of the areas that might be of concern include:

- Income levels
- Percentage of SNAP households
- Percent of elderly population
- Percent of infant population
- Primary language spoken

DSS will use census data and municipal demographic information that is available to estimate the numbers and types of populations that would potentially be applying for D-SNAP and the proper languages for forms and translators.

Staffing Plan

Responsibilities

The Incident Command Team will coordinate the disaster response. This response includes assignment of field office staff to work in disaster relief programs the agency is assigned to administer.

Field Offices in unaffected areas may be required to assign employees temporarily to assist disaster affected field offices that exhaust their employee resources in disaster operations. The Director of Field Operations and the Director of Human Resources will coordinate these temporary assignments. Sufficient staffing will be maintained in the field offices to ensure there is not an increased burden on regular SNAP operations.

Staffing Criteria

Temporary assignments to assist in disaster-affected areas will be made from the following sources:

- Surrounding unaffected areas within commuting distance
- Unaffected areas around the state

- Central Office

The decision to halt nonessential functions temporarily in order to release staff for temporary assignments in affected areas will be jointly made by the Director of Human Resources and the Executive Staff, with the Commissioners' approval.

Hiring of Temporary Employees

The Commissioner may direct that temporary staff be employed to assist in meeting extraordinary demands for staffing in a disaster situation. All requests for temporary staff are to be directed to the Office of Policy Management for approval. If staffing needs cannot be met through the temporary hiring of retired employees or individuals on the agency re-hire list, the Department will attempt to secure temporary staff through an employment agency. If none of these options provide enough additional staff, the Department will seek assistance from individuals certified by the federal agency as eligible for employment.

Security Plan

The Incident Command Team and the Director of Administrative Services will be responsible for coordinating the security plan. Depending upon the nature of the disaster, the Department will require security for transportation and storage of the D-SNAP EBT cards. The local police department and the National Guard may be available to provide these services to the Department.

In addition, general security at the issuance site is required. Highly visible security has proven to be a deterrent to fraud. Use of local security firms might prove to be effective for this purpose. The floor plan design at the issuance site can also assist in controlling the flow of traffic in such a way that both security is maintained, and fraud reduced.

DSS will also ensure that employee applications are handled separately from other applications. Audits will be done on all employee applications and this policy will be made public.

Potential Venues for Use as Application Sites

NORTHERN REGION	SOUTHERN REGION	WESTERN REGION
BRIDGEPORT OFFICE Housatonic Community College 900 Lafayette Boulevard Bridgeport, CT 06604 Facilities Director: (203) 332-5079	**DANBURY OFFICE** Western CT State University 181 White Street Danbury, CT 06810 Facilities Director: (203) 837-8395	**GREATER HARTFORD OFFICE** Hartford Armory 360 Broad Street Hartford, CT 06105 Facilities Mgmt. Office: (860) 524-4936
MANCHESTER OFFICE Manchester Community College 60 Bidwell Street Manchester, CT 06040 Facilities Director: (860) 512-3662	**MIDDLETOWN OFFICE** Connecticut Valley Hospital 100 Silver Street Middletown, CT 06457 Plant Operations Dept: (860) 262-5890 Middlesex Community College 100 Training Hill Road Middletown, CT 06457 (860) 343-5716	**NEW BRITAIN OFFICE** Central CT State University 1615 Stanley Street New Britain, CT 06053 Facilities Mgmt. Office: (860) 832-2313
NEW HAVEN OFFICE Southern CT State University 501 Crescent Street New Haven, CT 06515 Facilities Operation: (203) 392-6050	**NORWICH OFFICE** Three Rivers Community College 574 New London Turnpike Norwich, CT 06360 Facilities Director: (860) 215-9236	**STAMFORD OFFICE** Norwalk Community College 188 Richards Avenue Norwalk, CT 06854 (203) 857-7000
TORRINGTON OFFICE Northwestern Community College 2 Park Place Winsted, CT 06098 (860) 738-6300	**WATERBURY OFFICE** Naugatuck Valley Comm. College 75 Chase Parkway Waterbury, CT 06708 Facilities Manager: (203) 575-8000	**WILLIMANTIC OFFICE** Eastern CT State University 83 Windham Street Willimantic, CT 06226 Facilities Building: (860) 465-4596

APPENDIX C
Supply List

Suggestions for Supplies for the Certification System
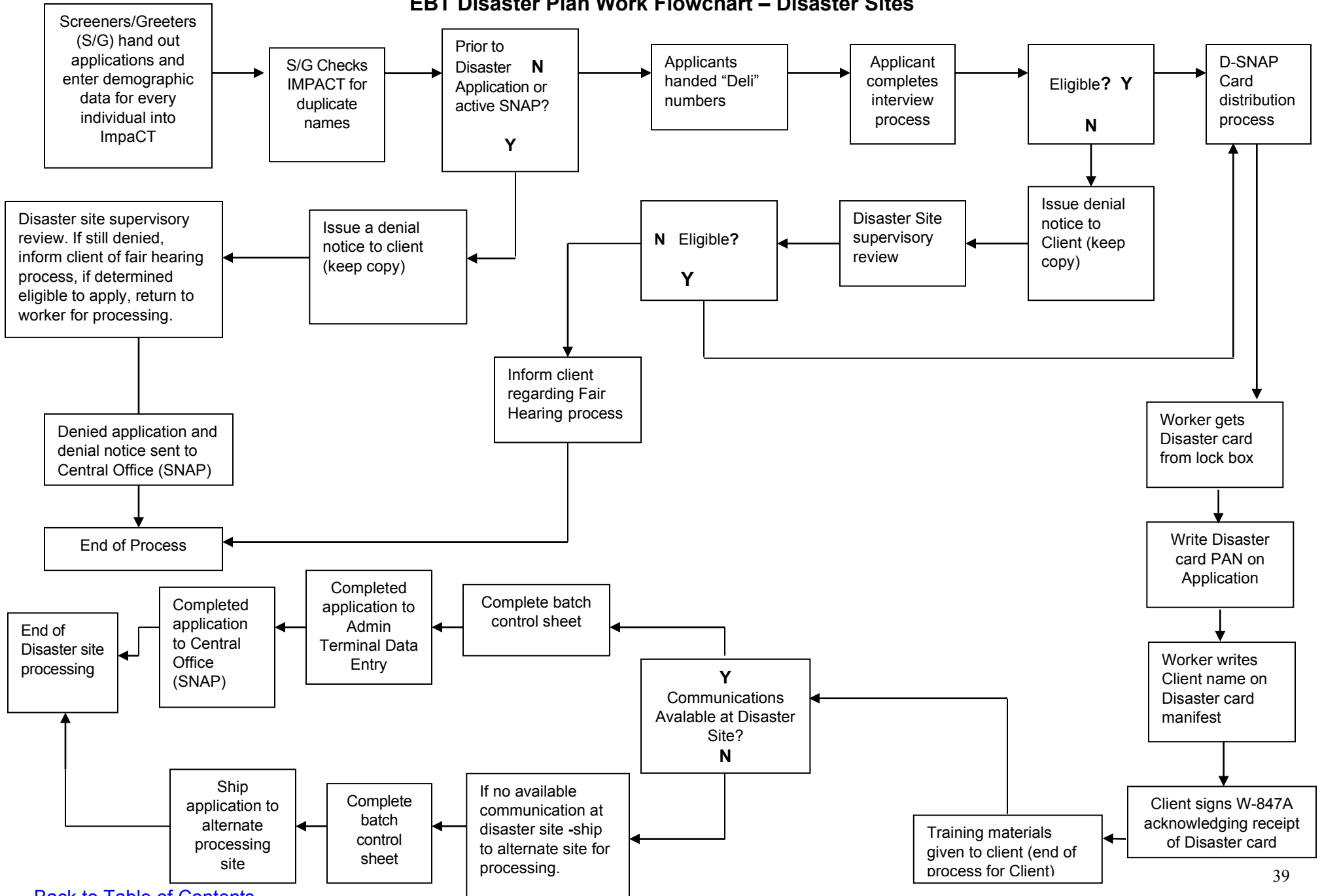
For	Item	Number	Sources	Notes	(✓)
Physical Plant	Tables				
	Chairs				
	Generators				
	Fuel				
	Fans or heaters				
	Tents				
	Copy machines				
	Computers				
	Printers				
	Surge protectors				
	Extension Cords				
	Garbage bags				
	Garbage cans				
	Barricades (flexible preferred)				
	Caution tape				
	Message board				
	Erasable markers				
	Dollies				
	Portable toilets with service				
	Hand washing stations				
	Dumpsters				
	Cones				
	Tower lighting				
	Fire extinguishers				
	Numbers/tickets				
	Masks				
	Gloves				
Communication	Bull horns				
	Radios				
	Walkie-talkies				
	Cell Phones				
	Fraud flyers				
	Eligibility flyers				
	EBT-card user guides				
	Shopping tips flyers				
	Signage				
Issuance	EBT cards				
	Issuance documents/manifests				
	Allotment tables				
	Secure onsite EBT card storage				
Certification	Applications, Worksheets & other forms				
	Calculators				

For	Item	Number	Sources	Notes	(✓)
	Batteries for calculators, radios, etc.				
	Staplers				
	Staples				
	File folders				
	Clip boards (to match form size)				
	Pens				
	Eligibility and verification checklists				
	Rubber bands				
	Storage bins				
	Scissors				
	Box cutters				
	Trays				
	Packing tape				
	Phone books				
	Map of affected area				
Human Comforts	Coolers				
	Ice				
	Water				
	Water containers				
	Cups				
	Toilet paper				
	Paper towels				
	Sun block				
	Insect repellant				
	First aid kits				
	Rain ponchos				
	Meals ready to eat (MRE)				
	Snack foods for the ill/elderly (cookies/crackers/ juice)				
	Golf carts				
	Wheelchairs				

APPENDIX D
Facility Traffic Flow Diagrams

EBT Disaster Plan Work Flowchart – Disaster Sites

Screeners/Greeters (S/G) hand out applications and enter demographic data for every individual into ImpaCT → S/G Checks IMPACT for duplicate names → Prior to Disaster Application or active SNAP? **N** → Applicants handed "Deli" numbers → Applicant completes interview process → Eligible? **Y** → D-SNAP Card distribution process

Prior to Disaster Application or active SNAP? **Y** ↓

Eligible? **N** → Issue denial notice to Client (keep copy) → Disaster Site supervisory review → **N** Eligible? **Y**

Disaster site supervisory review. If still denied, inform client of fair hearing process, if determined eligible to apply, return to worker for processing. ← Issue a denial notice to client (keep copy) ←

N Eligible? **Y** → Inform client regarding Fair Hearing process → End of Process

Disaster site supervisory review. → Denied application and denial notice sent to Central Office (SNAP) → End of Process

Completed application to Central Office (SNAP) ← Completed application to Admin Terminal Data Entry ← Complete batch control sheet ← **Y** Communications Avalable at Disaster Site? **N**

End of Disaster site processing ← Completed application to Central Office (SNAP)

Ship application to alternate processing site ← Complete batch control sheet ← If no available communication at disaster site -ship to alternate site for processing. ← Communications Avalable at Disaster Site? **N**

Ship application to alternate processing site → End of Disaster site processing

D-SNAP Card distribution process ↓

Worker gets Disaster card from lock box → Write Disaster card PAN on Application → Worker writes Client name on Disaster card manifest → Client signs W-847A acknowledging receipt of Disaster card → Training materials given to client (end of process for Client)

Same Day Processing at Alternate Site

```
Applications received from disaster site(s) → Check applications against disaster batch control sheet → Coordinate with fraud Unit → Application form data entered into Admin terminal → Link accounts to card via Admin terminal → Send completed applications to Central Office (SNAP) → End of process
```

```
MIS receives Conduent activity file for prior day → File is placed on network → MIS import disaster records into Access application → Access application generates cumulative alpha → Alpha lists faxed or couriered to disaster sites → Central Office (SNAP) enters application data into Access application → Daily reports issued as required → Completed applications to Central Office (SNAP) → End of Process
```

APPENDIX E
D-SNAP Eligibility Income Limits

Disaster Supplemental Nutrition Assistance Program
Income Eligibility Standards and Allotments
October 1, 2021 – September 30, 2022

48 States and the District of Columbia

Household Size	Disaster Gross Income Limit[1]	Maximum Allotment
1	$1848	$250
2	$2226	$459
3	$2604	$658
4	$2990	$835
5	$3399	$992
6	$3808	$1190
7	$4187	$1316
8	$4565	$1504
Each Additional Member	+$379	+$188

APPENDIX F
CT DSS -- Incident Command Team

CT DSS INCIDENT COMMAND TEAM 2022

Incident Commander
Deidre S. Gifford, Chief
Mike Gilbert, Deputy
Astread Ferron-Poole, Deputy

Public Information Officer
Vacant, Chief
Alvin Wilson, Deputy
David Seifel, Deputy

Safety Officer
Dr. Bradley Richards, MD, Chief
Gui Woolston, Deputy
Bill Halsey, Deputy

ECC Liaison Officer
Vacant, Chief
Lynn Reeves, Deputy
Effie Morris-Ferguson, Deputy

WEB EOC Liaison
Robin Waddell, Chief
Tony Judkins, Deputy

Operations Section
Astread Ferron-Poole, Chief
Peter Hadler, Deputy
Sharon Condel, Deputy

Planning Section
Darleen Klase, Chief
Vacant, Deputy
Dan Giacomi, Deputy
Peter Hadler
Kristin Dowdy
Sharon Condel

Legal Counsel
Matthew Antonetti, Chief
Vacant, Deputy
Corinne Seibert, Deputy

Logistics Section

Finance/Admin Section
Nicholas Venditto, Chief
Vacant, Deputy

DAS IT
Joe Stanford, Chief
Saul Mora, Deputy
Krithika Deepa, Deputy

Facilities
Billy Lovejoy, Chief
Joseph Joseph, Deputy
Nick Barnett, Deputy

Human Resources
Lisa Owens, Chief
Lateisha Rainey, Deputy
Labor Relations
Mike Vasile, Chief
Kelly Geary, Deputy
Meiko Chandler, Deputy

Field Office Branch Leader
Vacant, Chief
Elizabeth Thomas, Deputy
Phil Ober, Deputy
Yecenia Acosta, Deputy

Benefits Center Staffing Resources Subcommittee

SSOMS

ESF #6 MassCare
Dorian Long

ESF #8 Public Health & Medical Services
Fatmata Williams

ESF #14 Long-Term Care and Mitigation
Jennifer Cavallaro
Dawn Lambert

ESF #12 Energy and Utilities
Billy Lovejoy
Cassandra Norfleet-Johnson

APPENDIX G

Lessons Learned from Hurricane Irene D-SNAP

Lessons Learned from Hurricane Irene D-SNAP

In September 2011, in response to Hurricane Irene, DSS ran its first ever D-SNAP. There were many lessons learned. The highlights are as follows:

- Running a D-SNAP in our regional offices created a significant increased burden on the regular SNAP program. Due to extremely long lines and wait times, it was difficult serve our regular SNAP, Medicaid and Cash applicants and recipients timely while running a D-SNAP. Our D-SNAP plan now states CT will ask the Governor's office for assistance in securing off-site venues to be used as D-SNAP application sites. **(See Potential Venues for Use as Application Sites)**
- Prior to deciding to run the D-SNAP in 2011, staff had not received any training regarding the D-SNAP application process. They did receive instructor-led training the day before the D-SNAP was run. A new web-based training has been developed that staff will be required to take yearly. Instructor-led training will be offered prior to running a D-SNAP.
- The application form did not require as much information to be collected as we have determined is necessary. The application form has been redesigned with more yes or no questions, including a question specifically asking if anyone in the household is a State of Connecticut employee. If the answer is yes, the name and department must be provided.
- Management of the crowds at the application site needs to be more organized. There were issues with people in line getting upset about others jumping the line. When application sites are determined, a system needs to be put in place, so this is not an issue.
- More resources, such as greeters should be devoted to managing and triaging the line of applicants waiting to be interviewed. The main responsibility of managing the line of applicants during the 2011 D-SNAP fell to the police.

The D-SNAP Application is now functional in our eligibility management system, ImpaCT. Posters have been updated with fraud prevention language that will be visible to applicants to help deter fraud.

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**APPENDIX H
D-SNAP Forms**

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES

APPLICATION FOR THE DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (D-SNAP)

W-799 (Rev 7/22)

For Office Use Only		IMPACT checked? ☐ Yes
Card #: _____	Application Date: _____	Benefit Amount: $_____
Disaster Benefit Period: Begin: _____	End: _____	Household Size: _____
All Household members entered in the ImpaCT database? ☐ Yes		

Complete this application truthfully and to the best of your knowledge. If your household refuses to give any requested information, D-SNAP will not be granted. You must provide proof of your identity when you are interviewed and may be required to verify your residency. You may have to prove any questionable expenses. You can give permission for someone else to apply for help or help you get and use your D-SNAP.

Head of Household	Authorized Representative name and address (if any)
Permanent Home Address and phone number	Temporary Address and phone number

List the people in your household, including yourself. **If you are temporarily staying with another household because of the disaster, do not list members of that household.** List each household member's Social Security number and date of birth. **List the source and amount of take-home pay (net pay after deductions) as well as any other income that is or will be received by your household during the disaster benefit period.** The Social Security number is not required by law but is helpful to identify your household members and to make sure they are eligible for D-SNAP. It may be used for computer matching program reviews or audits.

HOUSEHOLD MEMBERS					INCOME	
Household Member Name	Social Security Number	Birth Date	Are you Hispanic or Latino?	Racial Origin Code(s)*	Source/Type: Employment, Social Security Benefits, Pension, Unemployment, etc.	Total amount received/will receive during disaster benefit period
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	

*Racial Origin Code(s):   A = Asian   B = Black or African Descent   C = White
(Enter a letter for all that apply.)   N = Native American or Alaska Native   P = Native Hawaiian or Other Pacific Islander

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Are you or anyone in your household a current state of Connecticut employee?   ☐Yes   ☐ No
If yes, who and what agency or department? _____

Are you or anyone in your household already receiving The Emergency Food Assistance Program (TEFAP) or
Food Distribution Program on Indian Reservations (FDPIR)?   ☐ Yes   ☐ No
If yes, list who in your household_____

Are you or anyone in your household a current SNAP (formerly Food Stamps) recipient?   ☐ Yes   ☐ No
If yes, list who in your household_____

HOUSEHOLD SITUATION	Yes	No
Was your household living in the disaster area at the time of the disaster?		
Did your household buy food during the disaster benefit period?		
Did the disaster delay, reduce or stop your household's income?		
Does your household have money in the bank that you cannot access during the disaster period?		
Did your household have food destroyed in the disaster?		

List all cash your household will be able to get to during the disaster period. List the disaster-caused expenses that your household paid or expects to pay during this disaster. Do not include expenses that were paid or will be paid by someone outside your household.

HOUSEHOLD DISASTER RELATED EXPENSES	Yes	No	AMOUNT	HOUSEHOLD ASSETS	Yes	NO	AMOUNT
Dependent care due to disaster				Cash on Hand			
Funeral/medical expenses due to disaster				Checking Accounts			
Moving and storage costs due to disaster				Savings Accounts			
Temporary shelter expenses							
Cost to protect property during disaster							
Cost to repair or replace items for home or self-employment property							
Other disaster-related expenses Please list:							
Total disaster related expenses				Total household assets			

PENALTY WARNING

If your household gets D-SNAP, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your D-SNAP benefits to make sure you were eligible for disaster aid.

DO NOT give false information or hide information to get or to continue to get D-SNAP.
DO NOT give or sell D-SNAP benefits or authorization documents to anyone not authorized to use them.
DO NOT alter any D-SNAP benefits or authorization document to get D-SNAP when you are not eligible.
DO NOT use D-SNAP benefits to buy unauthorized items such as alcohol or tobacco.
DO NOT use another household's D-SNAP benefits or authorization document for your household.

2

CERTIFICATION AND SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a hearing.

_____   _____

Applicant, Authorized Representative or Witness (if signed with an x)   Date

_____   _____

Worker Name   Signature   Date

FOR ELIGIBILITY WORKERS USE ONLY	
1. Total Income received or anticipated during the disaster period	$
2. Total Accessible Cash Assets	$
3. Add #1 and #2	$
4. Total Disaster Expenses or DSED	$
5. Subtract #4 from #3	$
6. Maximum Gross Income Limit	$
Eligible: #5 is less than or equal to #6	
Ineligible: #5 is greater than #6	
Worker Notes:	

This information is available in alternate formats. Phone (800) 842-1508 or TDD/TTY (800) 842-4524.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:
   Food and Nutrition Service, USDA
   1320 Braddock Place, Room 334
   Alexandria, VA 22314; or
2. fax:
   (833) 256-1665 or (202) 690-7442; or
3. email:
   FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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DEPARTAMENTO DE SERVICIOS SOCIALES DEL ESTADO DE CONNECTICUT

SOLICITUD PARA EL PROGRAMA SUPLEMENTARIO DE ASISTENCIA NUTRICIONAL POR DESASTRES (D-SNAP)

W-799S (Rev. 7/22)

For Office Use Only		IMPACT checked?	☐ Yes
Card #: _____	Application Date: _____	Benefit Amount: $_____	
Disaster Benefit Period: Begin: _____	End: _____	Household Size: _____	
All Household members entered in the ImpaCT database? ☐ Yes			

Complete esta solicitud con veracidad y hasta donde alcance su mejor conocimiento. Si su hogar se niega a dar alguna información solicitada no se concederá el D-SNAP. Deberá presentar prueba de su identidad cuando lo entrevisten y podría tener que verificar su residencia. Podría tener que probar gastos que sean cuestionables. Usted puede dar permiso para que otra persona solicite ayuda, o que le ayuden a obtener y utilizar su D-SNAP.

Cabeza de Familia	Nombre y dirección del Representante Autorizado (si lo hubiera)
Dirección permanente y número de teléfono	Dirección temporal y número de teléfono

Enumere las personas que viven en su hogar, con usted incluido. **Si usted está alojado temporalmente en otro hogar a causa del desastre, no enumere a los miembros de ese otro hogar.** Incluya el número de Seguro Social de cada miembro de su hogar y la fecha de nacimiento. **Indique la fuente y el monto del pago que lleva para la casa (el pago neto después de las deducciones), así como cualquier otro ingreso que esté recibiendo, o que su familia vaya a recibir durante el período de beneficios por desastre.** El número de Seguro Social no es requerido por la ley, pero es útil para identificar a los miembros de su familia y asegurarse de que son elegibles para el D-SNAP. Puede utilizarse para la revisión de programas por computadora o auditorías.

MIEMBROS DEL HOGAR					INGRESOS	
Nombre del miembro del hogar	Número de Seguro Social	Fecha de Nacimiento	¿Es usted Hispano o Latino?	Código(s) de Origen Racial*	Fuente/Tipo: Empleo, Beneficios de Seguro Social, Pensión, Desempleo, etc.	Cantidad total recibida / o que recibirá durante el período de beneficio por desastre
					☐ Sí ☐ No Fuente_____	
					☐ Sí ☐ No Fuente_____	
					☐ Sí ☐ No Fuente_____	
					☐ Sí ☐ No Fuente_____	
					☐ Sí ☐ No Fuente_____	
					☐ Sí ☐ No Fuente_____	

*Código(s) de Origen Racial: **A** = Asiático   **B** = Negro o de Descendencia Africana   **C** = Blanco
(Ponga la letra que aplique.) **N** = Nativo Americano o Nativo de Alaska   **P** = Nativo de Hawaii o de Otra Isla del Pacífico

1

CERTIFICACIÓN Y FIRMA

Yo entiendo las preguntas en esta solicitud y las sanciones por ocultar o dar información falsa. Mi hogar está en necesidad de asistencia alimenticia inmediata como resultado del desastre. Certifico, bajo pena de perjurio, que la información que he dado está correcta y completa hasta donde alcanza mi mejor conocimiento. También autorizo la divulgación de cualquier información necesaria para determinar la exactitud de mi certificación. Entiendo que si estoy en desacuerdo con cualquier acción tomada en mi caso, tengo el derecho a solicitar una audiencia.

_____   _____
Solicitante, Representante Autorizado O Testigo (si firma con una X)   Fecha

_____   _____   _____
Nombre Del Trabajador   Firma   Fecha

FOR ELIGIBILITY WORKERS USE ONLY	
1. Total Income received or anticipated during the disaster period	$
2. Total Accessible Cash Assets	$
3. Add #1 and #2	$
4. Total Disaster Expenses or DSED	$
5. Subtract #4 from #3	$
6. Maximum Gross Income Limit	$
Eligible: #5 is less than or equal to #6 ---- Ineligible: #5 is greater than #6	
Worker Notes:	

Esta informacion esta disponible en formatos alternativos. Teléfono (800) 842-1508 o TDD / TTY (800) 842-4524.

USDA Nondiscrimination Statement

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, credo religioso, discapacidad, edad, creencias políticas, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o con discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] llamando al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) correo:
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; o

(3) correo electrónico:
program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

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Additional Household Members Sheet

Head of Household: _____

HOUSEHOLD MEMBERS					INCOME	
Household Member Name	**Social Security Number**	**Birth Date**	**Are you Hispanic or Latino?**	**Racial Origin Code(s)***	**Source/Type:** Employment, Social Security, Pension, Unemployment, etc.	**Total amount received/will receive during disaster benefit period**
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	
					☐ Yes ☐ No Source_____	

*Racial Origin Code(s): **A** = Asian **B** = Black or African Descent **C** = White
(Enter a letter for all that apply.) **N** = Native American or Alaska Native **P** = Native Hawaiian or Other Pacific Islander

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

W-847A
(Rev. 07/22)

Disaster Supplemental Nutrition Assistance Program (D-SNAP)
Program Approval

NAME: _____   DATE OF BIRTH: _____

You have been approved D-SNAP assistance because your reported net income plus resources is less than the income limit for your household size. You are being issued a D-SNAP EBT card today. Your benefit will be placed on the card within 3 days.

☐ APPROVED	
Disaster Benefit Period:	
FROM: _____ *TO:* _____	
Household Size:	Allotment $

CARD NUMBER: _____

By signing below, you are agreeing that you have received your card.

SIGNATURE: _____
Signature of Recipient

THIS INFORMATION IS AVAILABLE IN ALTERNATE FORMATS.
PHONE (800) 842-1508 OR TDD/TTY (800) 842-4524

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

W-847ASp
(Rev. 7/22)

Programa Suplementario De Asistencia Nutricional Por Desastres (D-SNAP)
Aprobación del Programa

NOMBRE: _____ FECHA DE NACIMIENTO: _____

Se le ha aprobado la asistencia de D-SNAP porque usted informó que su ingreso neto más recursos es menos que el límite de ingresos para el tamaño de su hogar. Se le ha expedido una tarjeta EBT D-SNAP hoy. Su beneficio será colocado en la tarjeta dentro de 3 días.

☐ **APROBADO**	
Desastres Periodo de Benefició: *DESDE:_____ A:_____*	
Tamaño del Hogar:	*Asignacion $*

Número de Tarjeta: _____

Al firmar este documento, usted acepta que ha recibido su tarjeta

FIRMA: _____
Firma del Receptor

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

W-847D
(Rev. 7/22)

|

| **Disaster Supplemental Nutrition Assistance Program (D-SNAP)** |
| **Program Denial** |

NAME: _____   DATE OF BIRTH: _____

You are **not** eligible to receive D-SNAP assistance for this disaster for the reason listed below.

☐ DENIED
Reason for Denial:
Signature of Eligibility Worker: *Date:*

If you think we have made a mistake in this decision, you have the option to request an immediate supervisory review while on site. Please let your eligibility worker know if you are choosing to have a supervisory review.

You have the right to request a hearing if you think we are wrong. You have been given a letter that tells you how to request a hearing.

THIS INFORMATION IS AVAILABLE IN ALTERNATE FORMATS.
PHONE (800) 842-1508 OR TDD/TTY (800) 842-4524

W-847DSp
(Rev. 7/22)

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

Programa Suplementario De Asistencia Nutricional Por Desastres (D-SNAP)
Negación del Programa

NOMBRE: _____ FECHA DE NACIMIENTO: _____

Usted **no** es elegible para recibir asistencia D-SNAP para este desastre por la razón indicada a continuación.

☐ DENEGADO
Razón:
Firma del Trabajador de Elegibilidad: *Fecha:*

Si cree que hemos cometido un error en esta decisión, tiene la opción de solicitar una revisión de supervisión inmediata mientras está en el sitio. Por favor, informe a su trabajador de elegibilidad si está eligiendo tener una revisión de supervisión.

Usted tiene derecho a solicitar una audiencia si usted piensa que estamos equivocados. Se le ha entregado una carta que dice cómo solicitar una audiencia

ESTA INFORMACION ESTA DISPONIBLE EN DIFERENTES FORMAS.
TELEFONO (800) 842-1508 O TDD/TTY (800) 842-4524.

State of Connecticut
Department of Social Services

W-0534FH
(Rev. 03/16)

Date: _____
Case ID: _____
Client ID: _____

DSS HEARING REQUEST FORM

Use this form ONLY if you want a hearing. Remember: Before you ask for a hearing, you may call the Benefit Center for help at 1-855-626-6632, Monday-Friday, 7:30 am to 4:00 pm.

1. I do not agree with DSS's decision about my :   **DSNAP**

   I am asking for a hearing because:

   _____

   _____

   (Please do not leave blank and use the back of this form if you need more room to write.)

2. The best telephone number to reach me, including area code, is: (   ) _____

3. If you were getting **medical benefits** from DSS and you ask for a hearing about DSS's decision about your medical benefits **any time before the date DSS's decision becomes effective**, your medical benefits will stay as they were until the Hearing Officer decides your case. If the hearing decision is not in your favor, you may need to pay DSS back for these benefits.

   If you were getting **SNAP, cash or other benefits** from DSS and you ask for a hearing about DSS's decision about those benefits **within 10 days of the date on the notice**, it may be possible for your benefits to stay as they were until the Hearing Officer decides your case.

   Please check one of the following:

   ☐ I want DSS to keep my benefits the way they were before DSS's decision and until the Hearing Officer decides my case, if that is possible. If the hearing decision is not in my favor, I may need to pay DSS back for these benefits.

   ☐ I want DSS to make the change to my benefits now. If the hearing decision is in my favor, DSS will give me any benefits that are due to me.

   If you do not check a box, your benefits will stay the way they were.

4. _____   _____
   Signature (Required)   Date

5. Mail or fax this completed request to: Department of Social Services, Office of Legal Counsel, Regulations and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105-3725
   Fax Number: (860) 424-5729. For questions about hearings, call 1-800-462-0134.

   If you need an interpreter for the hearing, please state which language: _____

   If you are deaf or hearing impaired and have a TDD/TTY, call our TDD/TTY hotline at 1-800-842-4524. DSS also has auxiliary aids for the visually impaired. Call 1-855-626-6632 for information.

55 Farmington Avenue
Hartford, CT 06105-3725
1-800-462-0134

Appendix I

Conduent/EPPIC Terminal Screen Shots

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Adding D-SNAP cards and Benefits

Xerox/EPPIC System

Log into system with your assigned user ID:
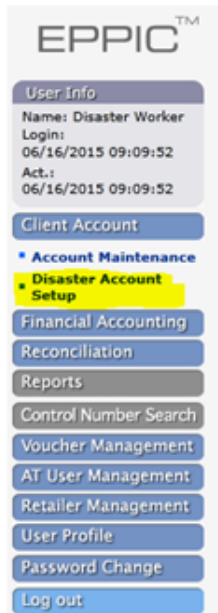
Forgot Password ?

Select "Disaster Account Setup" under Client Account:
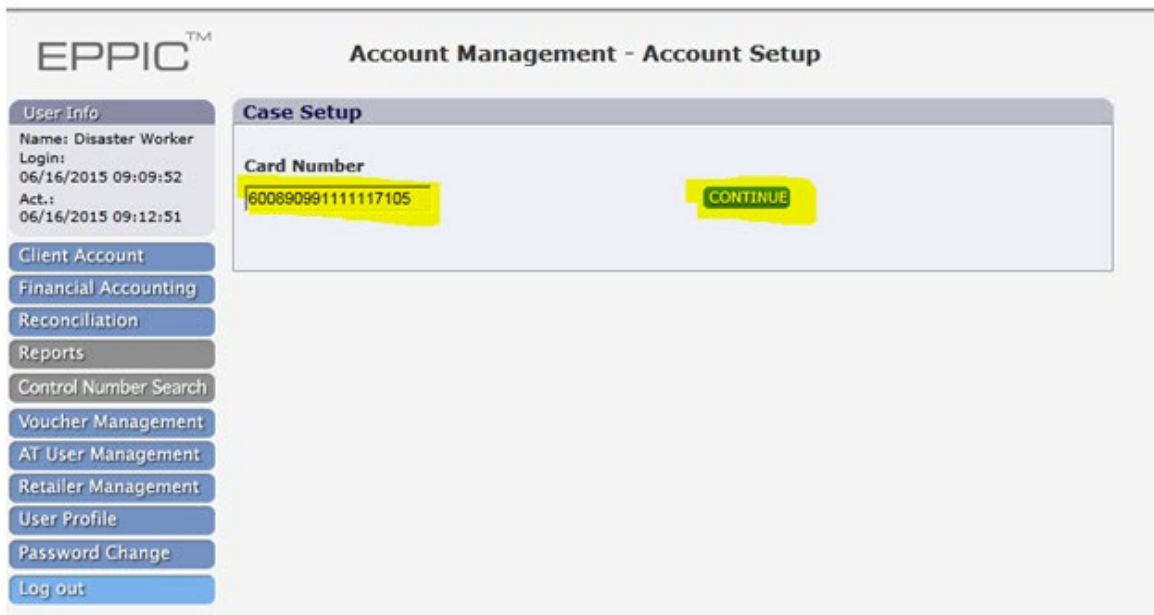
Select the DSNAP event and click continue:

Enter the DSNAP card number and click continue:

You should receive the following message. Click ok to continue:
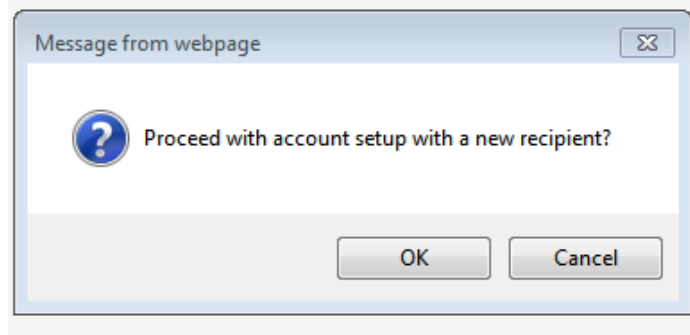
Enter information for the HOH/cardholder and click continue:

(Note – the town code field is not required, and can be used to track D-SNAP application site if captured)

You should receive the following message. Click OK to continue:

You should receive the following message. Click OK to continue:

Select the "Sub Program" (will depend on how many times we operated the D-SNAP program as to which code we are using) and enter the benefit amount to be loaded onto the card. The Available Date and Authorization number are pre-filled and should not be changed. Select Issue to continue:

You should receive the following message. Click OK to continue if information is correct. Once you select OK, the benefits will be loaded onto the DSNAP card, and cannot be changed:

You should receive the following message. Click OK to continue:

To enter additional cards/benefits, start at Client Account, Disaster Account Setup.

Appendix J
USDA Reporting Forms
(D-SNAP Daily Report, FNS-388, FNS-46)

D-SNAP Daily Report Example

D-SNAP DAILY REPORT

Note: Only add data to white cells. Grey and blue cells contain formulas and/or are left blank purposefully. Please do not edit the formulas.

		Pre-registrations Taken	New Apps Taken	Application Method		New Approved			Avg Benefit per New HH	Households Denied	Supplements Approved			Avg Benefit per Ongoing HH	Total New + Ongoing Benefits
				On-Site	Telephonic	Households	Persons	Total Benefits			Households	Persons	Total Benefits		
Program TOTAL:		0	0	0	0	0	0	$0.00		0	0	0	$0.00		$0.00
Disaster Location:	Date	Pre-registrations Taken	New Apps Taken	Application Method		New Approved			Avg Benefit per New HH	Households Denied	Supplements Approved			Avg Benefit per Ongoing HH	Total New + Ongoing Benefits
				On-Site	Telephonic	Households	Persons	Total Benefits			Households	Persons	Total Benefits		
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
Location TOTAL:		0	0	0	0	0	0	$0.00		0	0	0	$0.00		$0.00
Disaster Location:	Date	Pre-registrations Taken	New Apps Taken	Application Method		New Approved			Avg Benefit per New HH	Households Denied	Supplements Approved			Avg Benefit per Ongoing HH	Total New + Ongoing Benefits
				On-Site	Telephonic	Households	Persons	Total Benefits			Households	Persons	Total Benefits		
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
															$0.00
Location TOTAL:		0	0	0	0	0	0	$0.00		0	0	0	$0.00		$0.00

U.S. DEPARTMENT OF AGRICULTURE
Food and Nutrition Service

STATE ISSUANCE AND PARTICIPATION ESTIMATES

According to the Paperwork Reduction Act 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0081. The time required to complete this information collection is estimated to average 7.1 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information.

DUE DATE: By the 19th of each month, phone data to the appropriate FNS Regional Office and mail the original to the FNS Regional Office.

	CURRENT MONTH	PREVIOUS MONTH	SECOND PRECEDING MONTH
1. STATE AND CODE _____	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
2. ISSUANCE (DOLLARS) _____	ORIGINAL ESTIMATE	REVISED ESTIMATE	REVISED ESTIMATE
3. NUMBER OF PARTICIPATING PEOPLE _____	ORIGINAL ESTIMATE	REVISED ESTIMATE	ACTUAL/FINAL
(a) NON ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			
(b) PUBLIC ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			
4. NUMBER OF PARTICIPATING HOUSEHOLDS _____	ORIGINAL ESTIMATE	REVISED ESTIMATE	ACTUAL/FINAL
(a) NON ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			
(b) PUBLIC ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			

5. REMARKS

DATE	NAME OF AUTHORIZED OFFICIAL	TITLE OF AUTHORIZED OFFICIAL

FORM FNS-388 (03-04) Previous editions are obsolete
Electronic Version Designed in JetForm 5.01 version

ORIGINAL - FNS REGIONAL OFFICE

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U.S. DEPARTMENT OF AGRICULTURE
Food and Nutrition Service

STATE ISSUANCE AND PARTICIPATION ESTIMATES

According to the Paperwork Reduction Act 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0081. The time required to complete this information collection is estimated to average 7.1 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information.

DUE DATE: By the 19th of each month, phone data to the appropriate FNS Regional Office and mail the original to the FNS Regional Office.

	CURRENT MONTH	PREVIOUS MONTH	SECOND PRECEDING MONTH
1. STATE AND CODE _____	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
2. ISSUANCE (DOLLARS) _____	ORIGINAL ESTIMATE	REVISED ESTIMATE	REVISED ESTIMATE
3. NUMBER OF PARTICIPATING PEOPLE _____	ORIGINAL ESTIMATE	REVISED ESTIMATE	ACTUAL/FINAL
(a) NON ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			
(b) PUBLIC ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			
4. NUMBER OF PARTICIPATING HOUSEHOLDS _____	ORIGINAL ESTIMATE	REVISED ESTIMATE	ACTUAL/FINAL
(a) NON ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			
(b) PUBLIC ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			

5. REMARKS

DATE	NAME OF AUTHORIZED OFFICIAL	TITLE OF AUTHORIZED OFFICIAL

FORM FNS-388 (03-04) Previous editions are obsolete
Electronic Version Designed in JetForm 5.01 version

COPY - STATE AGENCY

INSTRUCTIONS

GENERAL: Form FNS-388 is a state agency report of issuance and participation in the Food Stamp Program. Each State agency shall submit the Form FNS-388 data to the FNS regional office no later than the 19th day of each month. When the 19th falls on a weekend or holiday, the data shall be submitted the first workday after the 19th. The data reported on the Form FNS-388 shall provide Statewide estimates for issuance and participation for the current and previous month; the second preceding month shall reflect actual or final participation data and revised estimates for issuance. A separate Form FNS-388 must be submitted for each alternative issuance (noncoupon) demonstration project such as Supplemental Security Income (SSI) cash-out, Welfare Reform Cash-out (WRC), Pure Cash-out (PCO), Electronic Benefit Transfer (EBT), etc., and, for any other type of demonstration project under the Food Stamp Program, when specified by FNS. Do not include such separate data in the Statewide Form FNS-388 for the regular (coupon) program. For estimated data only, dollar issuance values and participation numbers may be provided to the nearest hundred.

ENTERING DATA: Each block of the Form FNS-388 should be completed in accordance with the following instructions:

1. Enter the State name; State 7-digit code; and, if applicable, the demonstration project name (e.g., EBT, WRC, SSI, PCO) for which the report is completed. Show the appropriate month and year in each column.

2. Enter the original best estimate of the net issuance value for the State or demonstration project for the current month. The original estimate is calculated from the master issuance file before households are issued their allotments and then should be adjusted based on historical experience for factors such as replacements, returns, etc. Enter the revised estimate of the net issuance value for the State or demonstration project for the preceding month. This figure may be a revised estimate or actual issuance. This figure is based on the latest available issuance records for the previous month including replacements. Benefits issued and returned in the same month are not included in the issuance figure. If records are not complete, use the latest data available and adjust the figure based on historical experience. Enter the revised estimate of the net issuance value for the State or demonstration project for the second preceding month. This figure may be a revised estimate or actual issuance. It shall include initial, combined, supplemental, restored and replacement benefits regardless of whether or not any portion of this total was improperly issued. The issuance figure shall not include benefits issued and returned in the same month. For authorization document systems include benefits issued for altered, counterfeit, duplicate, expired, or stolen documents. In an EBT system, estimated or actual issuance is the value of the allotment credited to the household' s account.

3. Enter the original estimate of the total number of people that participated for the State or demonstration project for the current month. Enter the revised estimate of the total number of people that participated for the State or demonstration project for the preceding month. Enter the actual/final total number of people that participated for the second preceding month based on documented issuance.

4. Enter the original estimate of the total number of households that participated for the State or demonstration project for the current month. Enter the revised estimate of the total number of households that participated for the State or demonstration project for the preceding month. Enter the actual/final total number of households that participated for the State or demonstration project for the second preceding month based on documented issuance. Each household should be included in the count only once, regardless of the number of allotments received.

5. The FNS accuracy standards for the issuance and participation information are that the current month (original) estimate be with (+) or (-) 4 percent (+) or (-) 2 percent of the actual levels. Provide an explanation of any unusual circumstances that have caused issuance and participation data to not meet these accuracy standards, such as disasters, industry shutdowns, etc. The FNS-388 issuance data will be compared to net issuance reported on line 8 of the FNS-46, Issuance Reconciliation Report. The FNS-388 report should be signed and dated by the designated State agency official, preferably that individual responsible for its completion. Also, provide the title of the person who signed the form.

SPECIAL INSTRUCTIONS - Items 3(a), 4(a), and 4(b) Provide non-assistance (NA) and public assistance (PA) data only for the report months of January and July. The NA and PA totals for the actual second preceding month (January and July) shall be reported on the March and September FNS-388 reports. In addition, as an attachment to these two reports, provide a Project Area Data should be submitted with the FNS-388 State wide report, provided that the Statewide report will not be delayed. Otherwise, the January and July Project Area data shall be submitted to FNS by April 19 and October 19, respectively or within 30 days from the due date of the FNS-388 Statewide report. NOTE: PA households are those food stamp households in which all members are receiving income or benefits from TANF, SSI, or means-tested GA program. All other food stamp households are considered NA.

Print

U.S. DEPARTMENT OF AGRICULTURE - Food and Nutrition Service

ISSUANCE RECONCILIATION REPORT

NOTE: Report is due 90 days after end of report month.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0080. The time required to complete this collection is estimated to average 8 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.

1. NAME AND ADDRESS OF RECONCILIATION POINT

2. TYPE OF REPORT

☐ Initial Report   ☐ Final   ☐ Revision

MO   YEAR

FOR

3. PROJECT CODE FOR RECONCILIATION POINT

4. CONSOLIDATED RECONCILIATION REPORT

NUMBER OF PROJECT AREAS

NUMBER OF ISSUANCE POINTS

5. Issuance Systems Used	☐ AUTH. DOC.	☐ DIR. ACCESS	☐ DIR. MAIL	☐ OTHER *
FEDERAL OBLIGATIONS				
6. Total Issuance this month				
7. Returns during current month				
8. Net Issuance (Line 6 minus Line 7)				
9. Value of authorized replacement(s) transacted				
MASTER FILE RECONCILIATION				
10. Issuance record not found on Master Iss. File				
11. Value of unauth. duplicate/replace. transacted				
12. All other Issuances not documented and reconciled by final report				
TRANSACTION RECONCILIATION (Record-for-issuance)				
13. Altered/counterfeit auth. docs. transacted				
14. Expired authorization documents transacted				
15. Lost/stolen blank auth. docs. transacted				
16. Out-of-State auth. doc. or card transacted				
17. Auth. doc. with no photo-ID no. transacted				
18. Unsigned/unstamped auth. doc. transacted				
19. Other invalid issuance				
OTHER ISSUANCE LIABILITIES				
20. Unauthorized Issuance after FNS directive				
21. Unauthorized Issuance in court order/settlement				
TOTALS				
22. Total overissuance (Add lines 10 through 21)				
23. Total valid issuance (Line 8 minus Line 22)				

24. REMARKS (* Specify and/or describe)

I CERTIFY that this report was compiled in accordance with the procedures set forth in the food Stamp Program Regulations. I further certify that this report is true and correct and I understand that I make these certifications under penalty of law.

25. DATE

26. SIGNATURE

27. TITLE

Form FNS-46 (12-97) Previous Editions Are Obsolete

SBU

Electronic Form Version Designed in Adobe 7.1 Version

INSTRUCTIONS
(Form FNS-46)

General: Form FNS-46, Issuance Reconciliation Report is used to account for benefits issued during a report month. This report shall be completed at each issuance reconciliation point. For each type of issuance system, there should be 1) a Master Issuance File having a composite of all certified households; 2) a Record-for-issuance File (generated from the Master issuance File) containing all authorized issuances to be made for the report month; and 3) a procedure for posting issuances made to a Record -for-issuance File to the Master Issuance File. For lines 10-21 below, the phase, "Enter total value of all..." applies. The number of occurrences may be added in parentheses after the description on each line, if so desired.

1. Show the complete name and address of the reconciliation point where this report is prepared.

2. Indicate the month and year for which the report is being prepared, and whether the report being submitted is the initial, final, or a revision.

3. Enter the project code for the reconciliation point.

4. Indicate the number of project areas and issuance points involved.

5. Check the column(s) which describes your issuance system(s) and in which you will report your losses. If this is a consolidated report, losses may be reported under more than one type of issuance system. Do not enter amounts in shaded blocks.

AUTHORIZATION DOCUMENT - Any system using an authorization document which has to be signed by the household, and which has to be reconciled.

DIRECT ACCESS - Any system in which an issuance agent is able to access the Master Issuance File (or the Record-for-issuance File) directly, either through a terminal, or manually, as in a Household Issuance Record (HIR) system.

DIRECT MAIL - A system in which benefits are mailed directly to participating households.

OTHER - For reporting reconciliation in SSI cash-out areas; on-line and off-line electronic benefits transfer (EBT) systems (Federally-approved demonstrations, state-operated pilots, and permanent); any new issuance system developed under a welfare reform initiative; and, any system in use and not described above, including systems which may use a form of benefits other than coupons. Specify and/or describe any other issuance systems used. More than one "other" system should be reported on a separate FNS-46.

6. Coupons (benefits) issued this month, to include all new Federal obligations from initial, supplemental, restored and replacement benefits and obligations resulting from exchanges of coupons for any reason, regardless of whether or not any portion of this total was improperly issued.

7. Coupons (benefits) returned for any reason, to include coupons for which an exchange was made, coupons which; were unclaimed or undeliverable, and mutilated or improperly manufactured coupons. This total includes coupons officially destroyed, as well as those returned to inventory, and represents coupons which are no longer Federal obligations.

8. Net issuance, determined by subtracting benefits returned from total issuance.

9. When both an original and an authorized replacement issuance have been issued/transacted, show **only** the value of the replacement(s).

10. Benefits issued with no documentation (household record) on the Master File.

11. When both an original and an unauthorized replacement or duplicate issuance have been issued/transacted, show **only** the value of the replacements.

12. All issuances which have not been documented and reconciled by submission of the month's final report.

13. Altered and counterfeit authorization documents which are transacted, to include ATPs, electronic benefit transfer cards, authorization register, which are reconciled, etc.

14. Benefits issued through authorization documents after the expiration dates shown on the documents.

15. Benefits issued through transacted authorization documents which have been lost or accidentally destroyed before reconciliation, and the value of all stolen blank authorization documents which are transacted.

16. Benefits issued from authorization documents or electronic cards not issued in this State.

17. Benefits issued from authorization documents in photo-ID required area, for which there were no photo-ID serial number annotations, and for which the authorization documents were found to be not valid.

18. Benefits issued from authorization documents which were not signed by the household, or date-stamped by the issuance agent, and which were found to be not valid.

19. The value of all other invalid issuances.

20. Benefits erroneously issued during the effective period of an order to reduce, suspend or cancel allotments (7 CFR 271.7)

21. Coupons issued as the result of a court order or settlement agreement **not** reported to FNS.

22. Benefits, if any, which were overissued (total Lines 10-21).

23. Enter the amount representing net issuance minus over-issuance (Line 8 minus line 22).

24. If any entries above require an explanation please enter the information here.

25. Enter the date this form is signed.

26. Signature of individual authorized to account for the issuance of benefits.

27. Show the full title of the individual signing in Line 26.

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