

A Discussion of
the Challenges and
Opportunities for
Modernizing the
Food Stamp
Program in
California

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Advocates

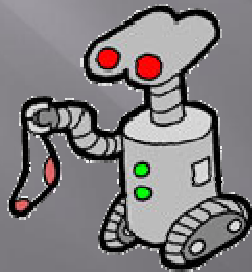
When We Were Kids, Modernization Was Supposed To Bring:



Jetpacks



Flying Cars



Robot Maids



Pills for Food

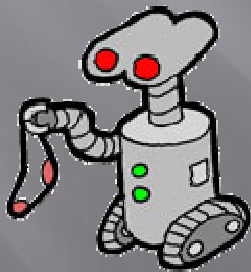
Problem with the Future: Tardy and With Potential Downsides



Exercise?



DUI?



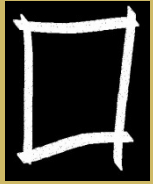
Turn
on
You?



Tasty?

Sometimes Modernization Efforts Do Work
Out Right:





My Plan

- ▣ Offer a “to-do list” of simplification policies to pave the way for future modernization efforts
- ▣ Identify some specific tradeoffs / tensions in modernizing the program.
- ▣ Share some suggestions for using existing technology (i.e., the phone)

Listen To This.....





Simplify To Reduce Automated/Programmed Items

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Statement of Facts

This form is designed to be filled out by the eligibility worker during the face-to-face interview with the applicant. However, it can be completed by the client in special situations, such as recertifying the food stamp household or applying by mail.

A. Are all persons in the household U.S. citizens? Yes No (If yes, skip to E)

Applicants do not have to provide immigration status information or documents for any family members who are not eligible because of immigration status and who are not applying for benefits.

Name of Person:	Spouse?	How many years (in your household) been in the U.S.?	In how many of those years did you, your spouse, and/or your parents (before you were 16) earn money through work in the U.S.?	How many years, if any, did you, your spouse, and/or your parents (before you were 16) work in the U.S. or for a U.S. company while not living in the U.S.?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

B. Is any noncitizen in the home on active duty in the U.S. military, a veteran, or the spouse or dependent child of someone on active duty or a veteran? If yes, explain: Yes No

Name of person:	Branch of service:	Date served:

C. Is anyone in the home a battered noncitizen? Yes No

D. Does anyone have at least 40 quarters or 10 years of work history in the USA? If yes, give their name(s) below: Yes No

Name of person(s) with at least 40 work quarters:

c) Enrolled in a government recognized drug treatment program? Yes No
d) Been placed on a waiting list for a government recognized drug treatment program? Yes No
e) Cessed the use of controlled substances and have evidence that you have ceased? Yes No

If yes, please explain:

F. Does anyone own or is anyone buying real estate anywhere (in or outside of the United States)? If yes, explain below: Yes No

Type	Address or location	Used as:	Owner:	Estimated value:	Amount owed:
		<input type="checkbox"/> Home <input type="checkbox"/> Rental			
		<input type="checkbox"/> Home <input type="checkbox"/> Rental			

G. Are you currently working, looking for work, or looking for training, school, or a job? If yes, explain below: Yes No

Name of person(s) who receives care	Name of person who pays	How much?	How often?
		\$	
		\$	

DEPARTMENT OF SOCIAL SERVICES

COUNTY USE ONLY

Case Name

Case Number

Worker Number Date

TYPE OF APPLICATION

New Recert

Residency verified

Length of time in another's home

FS ID verified

Received food stamps

When?

Where?

Why?

City?

State?

Zip?

Household Information

Name

Eligible? Reasons

1. NO

2. NO

3. NO

4. NO

5. NO

6. NO

7. NO

8. NO

9. NO

10. NO

Honorable Discharge verified YES NO

USCIS Petition Filed? YES NO

40 Quarters verified

Own Quarters

Spouse's Quarters

Spouse/ Combined Quarters

Parent(s) Quarters

CRAP YES NO

Person ID:

page 1 of 6

page 2 of 6

page 3 of 6

page 4 of 6

page 5 of 6

page 6 of 6

Statement of Facts

T. Does anyone else pay all or part of your child care costs? Yes No

If yes, explain below:

Name of person who pays	How much do they pay?
	\$ _____ per _____

U. Does anyone in the home pay child support? Yes No

If yes, explain below:

Name of person who pays	Name of child(ren) getting child support	Amount paid per month	Court ordered?
		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you or anyone living in the home have any housing costs? Yes No

CO. USE ONLY	Name	Total cost	Amount you pay	Amount family or other household members pay	How often billed
<input type="checkbox"/> No					
<input type="checkbox"/> Yes	rent or house payment	\$	\$	\$	
<input type="checkbox"/> Yes	rent (apartment and utilities if separate)	\$	\$	\$	
<input type="checkbox"/> Yes	electric, or other kind of heating or cooling	\$	\$	\$	
<input type="checkbox"/> Yes	water, sewerage, garbage	\$	\$	\$	
<input type="checkbox"/> Yes	phone	\$	\$	\$	
<input type="checkbox"/> Yes	car expense	\$	\$	\$	

Can you authorize someone else in your household or someone outside your household to pick up your food stamps. If you would like to authorize someone, complete below:

NAME of authorized representative Address of authorized representative Phone number

Person ID:

Are you interested in information or a referral for medical coverage Medi-Cal or Healthy Families? Yes No

Self-employed? Actual 40%

DATE

DATE

DATE

DATE

DATE

DATE

DATE





Example: AB 433

Resources

✓ 10. How much money do you have? This includes money in bank accounts, in your home, or any other place. \$ _____

County Use Only:

RESOURCES FORM - NO SUBSTITUTES

P. Does anyone, including children, have a resource below? If yes, please explain below:

Yes No

- Cash or checks
- Retirement funds
- Sales contracts
- Stocks, Bonds, Certificates of Deposit
- Mortgages
- Money market
- Trust funds
- Credit unions

Type of resource	Owner	Name & address of bank/institution	Value

Q. Does anyone, including children, get or expect to get money from any

COUNTY USE ONLY

Total Value = _____

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Office Trips Must Be Removed to Maximize Benefits of Modernization

1.)



2.)

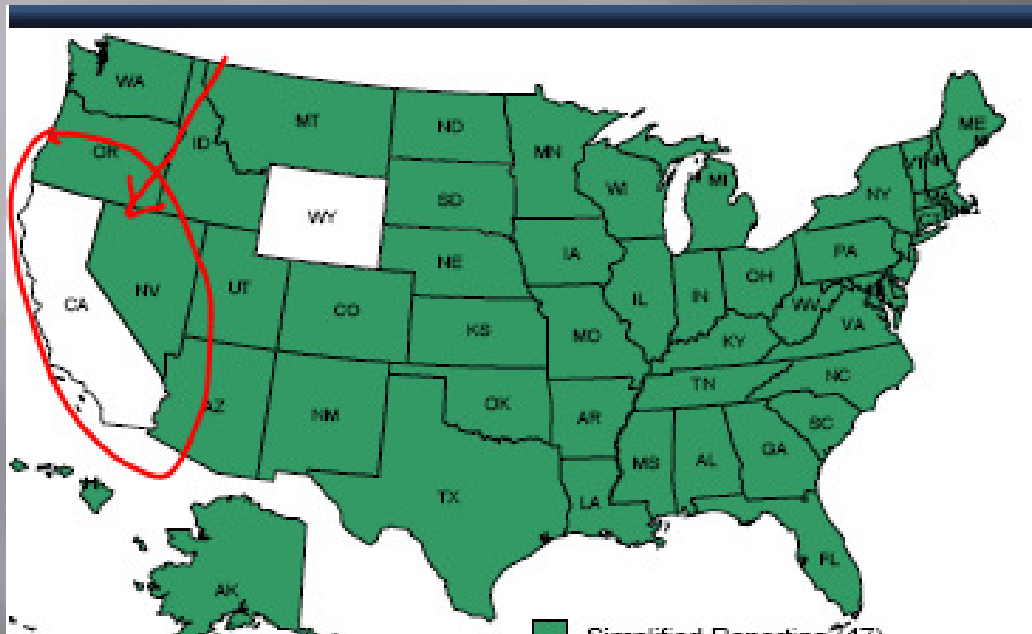
Use full authority offered by USDA to waive up to half of caseload

Control review process;

- For initial waivers of the face-to-face interview at initial application, the waiver of the requirement to document hardship status is limited to no more than 50 percent of the caseload, selected at the discretion of the State agency. Waivers of the face-to-face interview requirement at recertification would continue to be approvable on a Statewide basis;



Reduce Reporting Frequency – Then Use Technology



Report My Changes



Click on the picture to report a change to your local agency.

ACCESS

State of W I S C O N S I N

[Home](#) | [Am I Eligible?](#) | [Apply For Benefits](#) | [Check My Benefits](#) | [Report My Changes](#) | [About ACCESS](#)

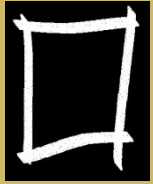




Reduce Verification Burdens – To Complement Scanner Technology

	At Application	Char
Utility expenses	Only if household wishes to claim actual expenses in excess of SUA or if existence of costs is questionable, failure to verify results in disallowance of deduction, not denial of application.	If actual Otherwi inaccura
Resources	Only if questionable	Only if e informa incompl
Medical expenses	Only if deduction sought; failure to verify results in disallowance of deduction, not denial of application.	Only if e than \$25 inaccura
Disability status	Only if status claimed	Only if s
Work hours	Only for ABAWDs	Only if e
Dependent care costs	Only if questionable and deduction sought; failure to verify results in disallowance of deduction, not denial of application.	Only if e
Child support obligations and payments	Only if deduction or exclusion sought and either not available through automated files or if HH claims a discrepancy from automated information	Only if e files or i informa





Explore Standardization Tradeoffs

Henry Ford:

"Any color as long as it's black"





Standardization Vs. Targeting

Simplify,
Standardize

Target Benefits
to Those Most
in Need



One Opinion: Phone Has Great Potential





Make Sure That Paper Works With Technology

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES



Providing Nutritional Assistance to All Ages

Application For

Food Stamp Benefits

Follow these simple steps to apply for food stamp benefits.
Note: If you have a disability or need help completing this application, please let a worker know and someone will help you.

Step 1: Fill out as much of this application as you can, sign on page 1, and return it to the local food stamp office. We need at least your name, address and signature. If you are without money for food, you may be able to get emergency food stamp benefits in three (3) days. You need to answer all checked (✓) questions on all pages.

Step 2: You will be scheduled for an interview with a food stamp worker who will go over this application with you and will ask you more questions to complete the application process.

Step 3: You must bring proof of identification and income to your interview. You should bring other items as well, such as rent receipts, utility bills, or paycheck stubs. If you do not report and provide proof of expenses, no deduction from your income will be allowed for those expenses.

Important Information for Immigrants

- ▶ You can apply for and get food stamp benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits.
- ▶ You do not have to provide immigration status information, social security numbers, or documents for any family members who are not eligible for food stamp benefits because of immigration status and who are not asking for food stamp benefits.
- ▶ Using food stamp benefits will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.

DFA 388-A1 (1/07)

Application for Food Stamp Benefits

Important Information

- ▶ The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, sex, religion, national origin, or political beliefs. You may file a complaint if you think you have been discriminated against. If you disagree with the decision of the county, an appeal process is available to you.
- ▶ The information on this application may be shared with federal, state and local agencies only for the purposes of verifying eligibility for the Food Stamp Program. This process may include confirmation with the U.S. Citizenship and Immigration Services (USCIS) (formerly INS) of the immigration status only of those persons seeking food stamp benefits. Federal law says the USCIS cannot use the information for anything else except cases of fraud.

Signature

I certify under penalty of perjury under the laws of the United States of America and the State of California that the information I have provided on this application is true, correct and complete.

Signature (Adult Household Member or Authorized Representative) _____ Date _____

Signature of Witness or Interpreter _____ Date _____

Signature of Eligibility Worker _____ Date _____

IF able to arrange it, want phone interview?

Good time to call?

Other phone #?



Phone opportunities

- ▣ Interview

▣ Status

- ▣ Renewal – if no changes
- ▣ Stop churning



Plan for “Wrong Door” Issues with Web

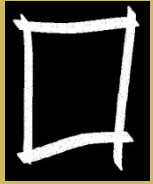


A Little Know Food Stamp Modernization Effort

How This Could Work for the Food Stamp Recipient



Example: The Food Stamp recipient buys \$1 worth of fresh produce, such as broccoli. They are charged the \$1 for the broccoli but then a 40-cent "rebate/bonus/incentive" is placed back on the card for a future food purchase. The recipient receives a receipt that highlights the amount put back on the card as a result of the produce purchases.



Conclusion

- Simplification to assist modernization



- Use old technology (telephone) as well as new
- Innovate locally but plan for statewide success