

MICHIGAN FAMILY INDEPENDENCE AGENCY		Item 801	Page 1 of 6
Community Services Policy Manual	SUBJECT State Emergency Funds: INCOME ELIGIBILITY GUIDELINES and Allowable Emergency Services		EFFECTIVE DATE 04/01/02 END DATE ISSUE DATE 03/11/02

ISSUANCES AFFECTED:

REFERENCES Federal Register, Volume 67, No. 31, Pages 6931-6933, February 14, 2002 – Department of Health and Human Services Annual Update of the HHS Poverty Guidelines

BACKGROUND:

The State Emergency Funds (SEF) Section II.C.1. states an applicant will be considered eligible whose family income is at or below 125 percent of the poverty line as established by U.S. Department of Health and Human Services and published in the Community Services Policy Manual.

POLICY:

Automatic Income Eligibility

If the local FIA office has determined the household to be income-eligible for the State Emergency Relief (SER) program in the last 30 days, the household is automatically income eligible for the SEF program. The agency must include file documentation from FIA that verifies SER income eligibility.

Income Eligibility Determination

The SEF income maximum is 125 percent of poverty. See chart on page 2 of this item.

Income eligibility is based on the total amount of household income expected to be received in the next 30 days. The 30-day period includes the date of application.

Income refers to total cash receipts before taxes from all sources and for all household members. Exceptions are listed in the “Income Excludes” section that follows.

MICHIGAN FAMILY INDEPENDENCE AGENCY		Item 801	Page 2 of 6
Community Services Policy Manual	SUBJECT State Emergency Funds: INCOME ELIGIBILITY GUIDELINES and Allowable Emergency Services		EFFECTIVE DATE 04/01/02 END DATE ISSUE DATE 03/11/02

INCOME GUIDELINES

The following 125 percent of poverty income guidelines are effective as of April 1, 2002.

<u>Members in Household</u>	<u>30-Day Maximum</u>
1	\$ 923
2	1,244
3	1,565
4	1,885
5	2,206
6	2,527
7	2,848
8	3,169

For each additional member, add: \$ 321

The income guidelines are applicable to both farm and non-farm families.

Income Includes:

1. Money, wages and salaries before any deductions.
2. Net receipts from non-farm or farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses).
3. Regular payments from the Social Security Administration (gross benefits), railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, public assistance (including Family Independence Program-FIP, Supplemental Security Income-SSI, and State Disability Assistance-SDA), training stipends, alimony, child support, and military family allotments.
4. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.
5. College or university scholarships, grants, fellowships and assistantships.
6. Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.
7. Any lump sum payments received by Native Americans, such as from Casino income or tribal income.

MICHIGAN FAMILY INDEPENDENCE AGENCY		Item 801	Page 3 of 6
Community Services Policy Manual	SUBJECT State Emergency Funds: INCOME ELIGIBILITY GUIDELINES and Allowable Emergency Services		EFFECTIVE DATE 04/01/02 END DATE ISSUE DATE 03/11/02

Income Excludes:

Income does not include:

1. Capital gains.
2. Any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car.
3. Tax refunds, gifts, loans, lump sum inheritances, one time insurance payments, or compensation for injury.
4. Non-cash benefits such as the employer paid or union paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and federal non-cash benefit programs such as Medicare, Medicaid, food stamps (as well as cash received in lieu of food stamps), school lunches, and housing assistance.
5. Any portion of Social Security benefits deducted to pay Medicare premiums that will not be reimbursed.
6. Income earned through employment by a child who is age 18 and under, **and** attends school. **NOTE:** "Earnings" do not include program benefits such as Social Security, Supplemental Security Income, etc.; these **are** included in the total household income.

INCOME COMPUTATIONS

Establish the SEF income computation period and determine the household's countable income for the period.

Computation Period: The SEF income computation period is 30 days in the future. The 30 day period begins the date the agency receives a signed application for SEF.

EXAMPLE 1: On November 16 the client signs an application at the agency requesting SEF services. The income computation period is November 16 through December 15.

EXAMPLE 2: On September 15 the outreach worker interviews the client in the client's home and receives a signed SEF application. The income computation period is September 15 through October 14.

Countable Income: Verify and determine all non-excluded income the household expects to receive during the income computation period.

MICHIGAN FAMILY INDEPENDENCE AGENCY		Item 801	Page 4 of 6
Community Services Policy Manual	SUBJECT State Emergency Funds: INCOME ELIGIBILITY GUIDELINES and Allowable Emergency Services		EFFECTIVE DATE 04/01/02 END DATE ISSUE DATE 03/11/02

Documentation of Income

Projected income must be thoroughly documented. The following items are acceptable documentation:

- Copies of paychecks or pay stubs;
- Written statements from employers;
- Letters or other documents from income sources (e.g. FIA, Social Security, VA), if dated within the last 60 days;
- Unemployment Compensation Benefit check stubs;
- If self-employed, accounting and other business records showing net income;
- Self-declaration of applicant, but only as a last resort;
- Other documents the program operator has reason to believe will verify the projected income of the household member(s).

Client File

Agencies must maintain a client file for all recipients of SEF services. At a minimum, the file must include:

- **For Automatically Income Eligible Households:**

It is the intent that SEF payments made will resolve the client emergency. The client file must include an explanation of how this is accomplished. Refer to the following examples for the types of explanations required:

Example #1:

The client has a shut off notice showing an amount owed of \$500. The CAA has a shut off payment limit of \$250. The client can pay \$100. Another local agency can pay the additional \$150.

The client file should include a note that explains how the \$500 amount was paid.

Example #2:

The client has had his electric shut off. The CAA is working with the local utility provider to reinstate service. The client has a bill totaling \$1250. The utility company agrees to reinstate service if \$500 is paid immediately and the client

MICHIGAN FAMILY INDEPENDENCE AGENCY		Item 801	Page 5 of 6
Community Services Policy Manual	SUBJECT State Emergency Funds: INCOME ELIGIBILITY GUIDELINES and Allowable Emergency Services		EFFECTIVE DATE 04/01/02 END DATE ISSUE DATE 03/11/02

agrees to a payment plan for the additional \$750 owed. The \$750 is to be paid at \$50 each month over the next 15 months.

The client file must include the amount the CAA paid toward the shut off, the amount the utility company agreed to accept on a payment plan, the specifics of the plan, e.g. the client will pay \$50 per month for the next 15 months. The file must also include confirmation from the client that he/she has the ability to meet these payments.

Example #3:

The situation is the same as #2 above except that the client indicates he/she cannot make the \$50 monthly payments.

Do not make a payment because this emergency will not be resolved.

- **For Automatically Income-Eligible Households:**

1. A copy of the agency's client services application. The application must identify each member of the household as well as income sources and amounts for each member of the household being served. The client and the intake worker must sign the application.
2. A copy of the FIA-1419, Decision Notice, State Emergency Relief (SER) and Energy Programs that indicates the household was determined SER income eligible within the last 30 days. This notice may indicate that the client was approved or denied SER services. If denied, the notice must indicate that the household was determined SER income eligible and denied due to other program eligibility factors; e.g. excess assets, did not meet required payments, non-affordability, etc. **OR** in lieu of the copy of the FIA-1419, agency staff may document phone confirmation with FIA staff that verifies the household was determined SER income eligible within the last 30 days.
3. The type, and dollar value, of the benefits provided.
4. Demonstration of Need (See below).

- **For all other households:**

1. A copy of the agency's client services application. The application must identify each member of the household as well as income sources and amounts for each member of the household being served. The client and the intake worker must sign the application.
2. A copy of all documents used to determine income eligibility; including self-declarations and documented phone conversations with case workers.
3. **All** calculations for each income source for the next 30 days.

MICHIGAN FAMILY INDEPENDENCE AGENCY		Item 801	Page 6 of 6
Community Services Policy Manual	SUBJECT State Emergency Funds: INCOME ELIGIBILITY GUIDELINES and Allowable Emergency Services		EFFECTIVE DATE 04/01/02 END DATE ISSUE DATE 03/11/02

4. The type and dollar value, of the benefits provided.
5. Demonstration of Need (see below).

EMERGENCY SERVICES ACTIVITIES AND DEMONSTRATION OF NEED

Following is a chart of allowable emergency services and the required demonstration of need for each. Anything not included in this listing requires an exception request be submitted to the grant manager for approval prior to providing the service.

NOTE: Demonstration of Need must be documented in the client file for each time and each type of service provided.

ALLOWABLE EMERGENCY SERVICES & DEMONSTRATION OF NEED

Following is the list of **allowable** emergency services and the **required** demonstration of need for each. Anything not included in this listing requires an exception request be submitted to the grant manager. **NOTE:** Demonstration of Need **must** be documented in the client file for each time and each type of service provided.

ALLOWABLE SERVICES	DEMONSTRATION OF NEED
Relocation Services:	
<ul style="list-style-type: none"> • Temporary Shelter Expenses* • First Month's Rent • Rent Arrearage • Security Deposit (if required) • Moving Expenses (to relocate household effects) 	<p><u>Homeless:</u> living in an emergency shelter, transitional facility, sleeping in car, has no home to return to, domestic violence situation.</p> <p style="padding-left: 40px;">Recommend that these services be pursued through The Salvation Army's emergency shelter program first; contact them at: 1-800-A SHELTER</p> <p><u>Eviction:</u> a court summons, order, or judgment**, or legal notice from a local public agency to vacate condemned housing.</p> <p>**Note: If agency wants to change policy and accept notice to quit for evictions, FIA must be notified first.</p> <p><u>Reestablish dwelling after disaster;</u> fire, flood, etc.- circumstances must be noted in client file.</p>
Home Ownership Services: HOME OWNERS ONLY	You must obtain proof of home ownership AND document proof in case file PRIOR to providing home ownership services.
<ul style="list-style-type: none"> • House/Land Contract Payments • Property Taxes & Fees • Mobile Home Lot Rent • House Insurance • Emergency Home repairs-includes, but is not limited to, well & septic system repairs required for Health & Safety reasons. 	<p><u>Foreclosure/Forfeiture:</u> court order or any written statement from a contract holder; a court order summons, order of judgement. NOTE: A notice of pre-foreclosure does not suffice.</p> <p><u>Property Tax Sale:</u> notice of judicial hearing with foreclosure and seizure of the property to take place 21 days after the hearing.</p> <p><u>Well and/or Septic repair:</u> need must be documented by local public health agency or in situations where local FIA has agreed to pay partial costs.</p>
Heat & Utility Services:	
<ul style="list-style-type: none"> • Heat • Electric • Water or Cooking Gas • Deposits • Fees for Connection, Reconnection or Hookups 	<p><u>Actual or threatened shutoff:</u> by written notice or telephone call to utility company with worker notes in client file</p> <p><u>Cooking gas & deliverable fuel:</u> client statement <u>Fees for Connection, Reconnection or Hookups:</u> Fee schedule or phone contact with utility provider</p>
Household Contents:	
<ul style="list-style-type: none"> • Food • Stoves & Refrigerators • Beds, Tables, & Chairs • Household Items- these are housekeeping items; examples include: dishes, silverware, pots & pans, brooms & mops, bed sheets, pillows or towels. • Air conditioner 	<p><u>Household contents:</u> the worker should document circumstances in case file; client statement is sufficient for all listed EXCEPT air conditioner purchase (See below)</p> <p><u>Air conditioner purchase:</u> client must be: 55 years of age or older, OR provide a physician's statement indicating that the air conditioner is medically required.</p>
Medication	Prescription

MICHIGAN FAMILY INDEPENDENCE AGENCY		Item 802	Page 1
Community Services Policy Manual	SUBJECT State Emergency Funds PROGRAMMATIC REPORTING		EFFECTIVE DATE 01-01-97 END DATE

ISSUANCES AFFECTED: A. REFERENCES State Emergency Funds Agreement
B. RESCISSIONS Michigan Community Action Agency
Instructions Letter SEF97-01

BACKGROUND:

The State Emergency Funds Agreement, Section II.G., requires the submission of a programmatic report.

POLICY:

The Grantee is required to submit the SEF Program Activity Report, Form FIA-1932, to the Agency within 30 days from the end of the Agreement period. See Item 202 for any forms.

Submit one FIA-1932 with an original signature and two copies of the report to:

Family Independence Agency
Grant Tower, Suite 1314
P.O. Box 30037
235 South Grand Ave
Lansing, MI 48909