

Department of Social and Health Services

Olympia, Washington

EAZ Manual

Revision # 726
Category Applications for Assistance – Filing an Application
Issued July 19, 2010
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Summary

WAC 388-406-0010 – “How do I apply for benefits?”

The Community Services Division, Basic Food (BF) program policy unit has updated information in the EA-Z Manual under **Applications for Assistance – Filing and Application**, WAC 388-406-0010, *How do I apply for benefits?* Sub-paragraph (4.) under “Clarifying Information” **Application Forms** topic was revised to include special instructions for handling applications for medical assistance within the 30-day reconsideration period.

The addition of the text to the EA-Z Manual in this section did not change any rule or policy.
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WAC 388-406-0010 How do I apply for benefits?

*** Placeholder only – no proposed changes to WAC 388-406-0010 ***

CLARIFYING INFORMATION

THE FOLLOWING TOPICS RELATED TO THE ABOVE WAC ARE DISCUSSED BELOW:

- [Application Forms](#)
- [Name, Address, and Signature Requirements](#)
- [Informational Handouts and Supplemental Forms](#)
- [Review Alerts](#)
- [Interview](#)
- [Changes Made to Correct an Application](#)
- [Special Situations](#)

NOTE: For the purposes of the following section, the term "**local office**" refers to CSO, Social Security Administration, and HCS offices.

Application Forms

1. Opportunity to apply:

Local offices must make application forms readily available and provide a form to anyone requesting one. Applying for benefits is separate from any other program requirements. We cannot refuse to give an application form to a client because they are not meeting other program requirements or for any other reason.

NOTE: We cannot require or ask that a TANF applicant participate in a WorkFirst activity before we give them an application form.

2. Application filing:

A client has filed an application when we receive a request for benefits in the local office. We can't require clients to use a specific form to request benefits. Examples of typical requests for benefits include:

- a. The ACES Request for Benefits (RFB);
- b. The name, address, and signature on the [DSHS 14-001\(X\) Application for Benefits](#) form;
- c. The name, address, and signature on the [DSHS 14-078\(X\) Eligibility Review](#) form; or
- d. **Part 1** of the online application.

3. Adding a request for assistance to a pending application for another program:

- a. Clients can add a request for any benefits to a pending application without submitting a new 14-001. A person may make the request in writing by checking the appropriate boxes on the 14-001 form, dating and initialing the form, or they may make it verbally. A person may also add a request to an unprocessed eligibility review. Use the date the client added the new request as the date of application for the new program. See [WAC 388-406-0012](#).

EXAMPLE

Jenny has a pending application for Basic Food. At her intake interview she requests TANF. Add the TANF application to the Basic Food and note the date of request prominently in the ACES narrative.

EXAMPLE

Sam has a pending application for GA-U. At his intake interview the worker makes him aware that he may be eligible for Basic Food. He decides to pursue Basic Food. Add the Basic Food application to the GA-U and note the date of request prominently in the ACES narrative.

EXAMPLE

Maria has a pending application for Basic Food. At her telephone intake interview the worker makes her aware that she may be eligible for medical benefits. She decides to add a medical request. Add the medical application to the Basic Food and note the date of request prominently in the ACES narrative.

- b. If the application for the other program has already been processed, clients must submit a new application for Basic Food.

4. Handling multiple applications from the same household:

- a. Additional applications received **before** we determine eligibility on the first application:
 - i. Do not deny the additional application(s);
 - ii. Review the application(s) for impact on eligibility or benefit level and whether the household is applying for any additional programs that were not selected on the first application;
 - iii. If the household is **not** applying for additional programs, document the case that additional application(s) were received and that the department is still considering eligibility under the original application date;
 - iv. If the household is applying for additional programs, treat the application as a

new application for the additional programs only and continue to consider any requests for programs which are still pending under the original application date;

v. Document in ACES to explain any additional information used to determine eligibility and/or benefit level; and

vi. Do not extend the [Standards of Promptness](#) period for the original application.

b. Additional applications received **after** we determine eligibility on the first application:

i. If we denied the first application, treat this as an initial application according to [WAC 388-406-0010](#) with the following exceptions:

1. For Basic Food, if we denied the first application due to lack of information, treat this as a reapplication and follow procedures under [WAC 388-406-0040 \(6\)](#).
2. For medical assistance, if we are still within the original 30 day reconsideration period under [WAC 388-406-0065](#), send the client a pend letter for the information missing from the original denied application and any new information needed for the current application. Determine the appropriate medical coverage start date based on the date the client provides the missing information.

ii. If we approved the first application, review the additional application(s) to determine if household circumstances have changed. Take appropriate actions on any changes reported; and

iii. Deny additional applications for the same program and same persons to avoid duplicate participation:

1. Use reason code 587;
2. Send out the required denial letter (if not system generated); and
3. Add text to explain that the application is being denied because the person(s) on the application is already receiving the requested benefits.

NOTE: When denying additional applications as described in (b)(iii) above, avoid creating a new AU if an old AU is available.
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Name, Address, and Signature Requirements

*** Placeholder only – no proposed changes to remainder of this section ***

