

## APPLICATION FOR BENEFITS

PURPOSE: To provide a signed application by the claimant for the following:

1. Benefits for all categories of assistance;
2. Approval of the assignment to his/her physician of any payment due as a result of services provided under Title XVIII-B;
3. A written and dated form for the case record and a method of registering an individual application in IAPP when an individual is being added to an active Temporary Assistance or an open GR case;
4. Identifying information to determine if a previous application has been filed or if benefits have been received.

NUMBER OF COPIES AND DISPOSITION: NCR paper. Two copies (see exception); one copy (original) to be signed and the second copy to be used as a teleprocessing control copy. Clip both copies together and send for clearance on the SCLR teleprocessing screens. If the applicant has applied before, the same name should be used, if known.

NOTE: A county office may not refuse to take an application for Food Stamps because a household member other than the head of the household makes the application. The case will remain in the name of the head of the household.

Once the application has had the DCN numbers assigned and is registered by IAPP, the original copy will go to the case folder and the copy will be held for a local record of applications taken or destroyed.

Each applicant must complete an individual application, however, each applicant could apply for several categories of assistance on one IM-1 form provided that the multiple assistance request is made within the same day (if not, a separate IM-1 must be completed for the 2<sup>nd</sup> request).

The IM-1 registered by the IAPP process will generate an IM-5 which the county will use for approvals or rejections.

EXAMPLE: If a claimant requested benefits under the Temporary Assistance and Food Stamp categories on the same day, both these categories would be indicated on the same IM-1 signed by this claimant. Both categories would be registered by IAPP. If on a day following the above request, this claimant also requests benefits under the SAB category, a separate IM-1 would be prepared for the SAB category.

EXCEPTION:

A. When a food stamp application is made in conjunction with application for other categories, an original and two duplicates will be made - with the second duplicate filed in the food stamp section of the case record.

If both an IAPP and an IMU5/FSU5 transaction are entered on the same day for a case in application status, both updates will be made but the turnaround form will reflect the last entry for the case.

- A. Open FS Case: When a person(s) is being added to an open Food Stamp case, an IM-1 is not necessary. Use the Application Update function of the FSU5 system or the IAPP system to register the individual application(s).
- B. Open GR Case: When a person(s) is being added to an open GR case, two forms are necessary. File the original in the case record and use the copy to register the person being added in the Application Update function or the IMU5 system or in IAPP. No other application can be made on the same IM-1. The new person must be cleared through SCLR and assigned a DCN before registering.
- C. When a child or a Temporary Assistance second parent is being added to an open Temporary Assistance case, two forms are necessary. File the original in the case record and use the copy to register the person being added in the Application Update function or the IMU5 system or in IAPP. No other applications can be made on the same IM-1 as these two additions. The new person must be cleared through SCLR and assigned a DCN before registering.

(Example: If a claimant wishes to add a child to a Temporary Assistance grant and also apply for Supplemental Aid to the Blind - 2 separate IM-1's would be completed - as per appropriate instructions).

MANUAL REFERENCES: Chapter I - VI, IX.

INSTRUCTIONS FOR COMPLETION: Form should be completed in ink or typed. All information on the form, except the signature of the applicant, should be filled in by the worker. The lower section of the form is to be completed by the county office before the form is sent to the TP operator for registration. If there is no caseworker or director in the office at the time the applicant wishes to apply, the form must be completed by the receptionist.

NOTE: On NCR paper, print firmly. Review carbon for the TP operator, as it must be legible so they can register the application.

Name - Enter the full last, first and middle legal names of applicant. This should be written as the name should appear on any checks which may be written if the application is approved. Avoid the use of nicknames, aliases, diminutives, or initials for first name, unless said initial(s) are the claimant's actual name.

Legal Guardian - If the applicant has a legal guardian, the name of the claimant (not the guardian) would be entered on this line.

MA Application in Behalf of Deceased Person - In the event an MA application is made in behalf of a deceased person, enter the claimant's name as usual but following the name enter deceased in parenthesis.

County - Enter the name of the county in which application is filed.

Address - Enter the house number and street or rural route number where the claimant resides. A Post Office Box number or General Delivery will not be used unless there can be no delivery to the place of residence. For Food Stamp purposes, include a mailing address if different from resident address.

Legal Guardian - Enter the address of the guardian rather than the claimant's address.

MA Application in Behalf of Deceased Person - Enter the deceased person's last known address.

Post Office - Enter the name of the city, state, and the zip code of the claimant.

Legal Guardian - Enter the city, state, and zip code of the legal guardian.

MA Application in Behalf of Deceased Person - Enter the deceased person's last known city, state, and zip code.

Directions to the Home - Enter directions to the home if difficult to locate.

Phone - Space is provided for both a home phone number and another phone number where the claimant can be reached. Complete both blanks, if applicable.

Category of Assistance - Enter an X in the box beside each type of assistance for which application is made.

If an application for Medical Assistance is made, enter an X in the box beside the claimant's type of Medical Assistance application; non-spenddown, spenddown, vendor, or BCCT.

If an application for MC+ is made, enter an X in the box beside the claimant's type of MC+ application; children or pregnant women.

Signature of Applicant - The applicant should sign in ink as it appears at the top of the form, except that the sequence of names will be reversed, having the first name first, followed by middle and last name.

Witnesses - If the signature is made by mark, the mark should be identified as such and enclosed in parenthesis with the claimant's name typed as shown. The signature and address of two witnesses should be entered in the space provided.

The correct procedure for making the mark is illustrated below:

his  
Signature of applicant: Robert T. ( ) Cummins.  
mark

Witnesses: Jane Harris, 627 N. Euclid, St. Louis, MO 63108

Ralph Owen, 3428 Shenandoah, St. Louis, MO 63104

Legal Guardian for Incompetency - If a claimant has a legal guardian, the signature should be that of the guardian. For example, the signature would be: Ralph Owen, guardian for Ruth Otis.

IM Authorized Representative - If the application is made for the household by an authorized representative (see form IM-6AR), the signature should be that of the authorized representative. For example: The signature would be: Ralph Owen, Authorized Representative for Ruth Otis. (NOTE: Authorized Representatives may make applications for Medicaid programs and General Relief only).

FS Authorized Representative: If the application is made by an authorized representative, give the authorized representative an FS-1 form to be signed/completed by the claimant. The authorized representative can only sign the application and eligibility statement in an unusual circumstance, i.e., client is mentally incompetent.

If the application is made by a resident of a drug addiction and alcoholic treatment and rehabilitation center, or group living arrangement, signature of the authorized representative is necessary. (NOTE: These procedures only apply to Food Stamp applications.)

FS household member other than case name member applies - The application should be signed case name member by applicant. For example: Ruth Otis by Ralph Owens.

MA Application - If the claimant is deceased, unable to make a mark, or unable to sign the form because of infirmity, the form may be signed by a relative or legal guardian. The instruction for signature by a legal guardian is as above. Signature by a relative should be as follows: Ruth Otis by Ralph Owen, nephew.

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Below the Double Lines - Words at the beginning of this section, "Do not write in this space", apply to the applicant. This block is always completed by the County Office. (If guardianship case, information applies to the claimant not to the guardian).

Date Applied - When the application is being taken on the same date as the request for assistance by a worker in the office or in the field, or by a receptionist in the office, enter that date, as for example, "03-08-81".

For IM, when a prospective applicant requests assistance by letter, by telephone, or through a third person, enter date of receipt of the letter by date of discussion by telephone or with third person.

For Food Stamps, if the request is by letter or telephone, the date applied is the date the IM-1 is received. If the request is by a third person, the date applied is the date of request because the third person is the authorized representative.

DCN - Enter the DCN of the applicant. The client may not have two DCN numbers. If two are found, use the lower one.

Soc. Sec. No. - Enter the verified social security number for the applicant. (If a verified social security number cannot be obtained at the time the IM-1 is signed, this space should be left blank and should not delay registering the application. The verified number can be submitted at the time the application is approved or rejected.)

Date of Birth - Enter in a 2 digit figure for the month, day, and year of the birth of the applicant, for example: "06-04-46", "09-12-46", "12-07-47".

Race/Sex - Enter the appropriate numeric Race Code and alpha Sex CodeL

1. White
  2. Black
  3. Spanish (American)
  4. Indian (American)
  5. Oriental
- M - Male
- F - Female

Name of Spouse - For husband, enter first and middle name; for wife, enter first and maiden name. Enclose name in parenthesis if spouse is dead or not living in the home. If none, enter "none".

Soc. Sec. No. of Spouse - Enter the SSN of the spouse, if applicable.

Date of Birth of Spouse - Enter the date of birth of the spouse, if applicable.

No. of Temporary Assistance Children - Enter "N/A" for all categories except Temporary Assistance. For Temporary Assistance enter the number of children for whom application is being made.

No. of GR Persons - Enter "N/A" for all categories except GR. For GR enter the number of persons in the household for whom application is being made.

No. of Food Stamp Persons - Enter the total number in household for whom Food Stamp application is being made.

Received By - Enter the name of the worker accepting the application on this line.

Enter the caseload number. The load number is a five-digit number assigned by the county. Enter the worker number which is a five-digit number assigned in State Office. Enter the supervisor number of the worker taking the application.

These numbers will be used on the pending applications reports.

OPEN CASE - (Adding Persons)

Enter "X" in box if Temporary Assistance is being received by claimant but application is adding an individual to the case. The first and last names of the individual for whom this "Adding Persons" application is being made and the type of assistance will be entered in the lines immediately following this item.

Cross Reference - Enter names and case numbers of other applications and cases in this household; also those of closely related persons. Enter the name of the adult in the Food Stamp household who is the case name.