2.   DFA-2 Shelf Document

When circumstances do not permit completion of the application process in RAPIDS, the DFA-2 shelf document is used to make an application for most DFA Programs.

B.   DFA-RR-1

The DFA-RR-1 is required each time a DFA-2 or DFA-5 is completed. The client must read, or have read to him, all the statements preceding his signature before signing the form. He must also indicate his understanding of, or agreement with, each statement by checking the appropriate block beside the statement.

The Worker must provide any explanation and information the client needs to understand the statements. After completing all applicable sections, the client signs the form in the presence of the Worker. Failure to sign the form results in ineligibility.

NOTE: When a client checks "no" to an item, it does not result in immediate ineligibility. The client has to actually fail to comply with the requirement in order to result in ineligibility.

EXAMPLE: The client applying for SNAP benefits checks "no" to the statement concerning the requirement to cooperate with Quality **Control**. The AG is eligible and benefits are approved. Q**C** selects the case for review in the second month. The client refuses to cooperate and, only then, is notice of closure sent.

NOTE: In all situations where case information is released to another organization or agency, the information must have form **DFA**-CI-1 attached to it.

NOTE: The rights and responsibilities are included with the inROADS application.

C.   DFA-QSQ-1

The DFA-QSQ-1 is used for QMB, SLIMB and QI-1 applications only. The form is self-explanatory. No DFA-RR-1 is required. When Low Income Subsidy (LIS) files are received from SSA, applicants who are not current Medicare Premium Assistance (MPA) recipients are issued a DFA-QSQ-1 through RAPIDS. The inROADS application is also used for these coverage groups.

D.   WV-KIDS-1

The WV-KIDS-1 is used for Poverty-Level Pregnant Women, Poverty-Level Children, **Qualified Child** and WV CHIP. No DFA-RR-1 is required. The inROADS application is also used for these coverage groups and programs.

- The reapplication occurs no later than the end of the second month following the month of the most recent AG closure.

- The AG was closed for reasons other than failure to complete a redetermination, and a redetermination was not due the effective month of closure.

- The AG, Needs Group and Income Group composition, income and other eligibility factors have not changed significantly.

- The deprivation factor (AFDC or AFDC-Related Medicaid) or category of relatedness (Medicaid) has not changed.

- The information provided by the client is not questionable.

- The latest application form contains the appropriate signatures.

NOTE: AFDC and SSI-Related Medicaid AG's which do not have a spenddown, but are closed due to a change in the AG's circumstances which results in a spenddown, are not required to reapply or complete an DFA-2 for the new POC which follows AG closure. See Section 2.16.

NOTE: When the latest application form is a WV-KIDS-1 or DFA-QSQ-1 the AG may only be reopened for a Medicaid coverage group for which such forms are appropriate.

2.   SNAP Benefits

A new application form may not be required when benefits are approved or reopened after the denial of an application and/or redetermination. See Section 1.4 for details and time limits.

When the client requests benefits following the denial of an application or redetermination beyond these time limits, a new application form and interview is required.

When benefits are closed due to a change in circumstance, other than a missed redetermination, and the client requests his benefit be reopened within the certification period, no new application form is required when the client has not missed an issuance. When no issuance has been missed, the AG remains in the original certification period.

If the AG has missed an issuance, a new application form and interview is required. If the application is approved, the AG will be assigned a new certification period.

G.   ADDITION OF ANOTHER BENEFIT TO AN ACTIVE CASE WHEN NEW APPLICATION FORM IS NOT REQUIRED

When a member of the SNAP AG applies for WV WORKS or Medicaid, or when an active WV WORKS or Medicaid AG member applies for SNAP benefits, a new application form is not required when all of the following conditions are met:

-        The latest application or redetermination for the existing Program or coverage group was completed using a DFA-2 **or inROADS application.**

-         Sufficient information about eligibility requirements for the new Program or coverage group is on the latest DFA-2 **or inROADS application.**

-        Verification required for the new Program or coverage group is contained in or recorded in RAPIDS or the case record.

-        The DFA-2 **or inROADS application** contains the signatures required for the new Program or coverage group.

-        Program sections on the DFA-RR-1 were previously completed.

         NOTE: A recording must justify the lack of a DFA-2 **or inROADS application.**

         EXAMPLE: A WV WORKS recipient does not receive SNAP benefits at the time of approval in November. In January, she decides to apply for SNAP benefits. In checking the case record, the Worker finds that the DFA-2 mentions that there are two of her adult nephews in the home, but that information about them was not collected, since it was not needed for the WV WORKS application. Since the food is purchased and prepared for everybody together, the nephews are required to be included in the same SNAP AG. Since the latest DFA-2 does not reflect any information about the nephews, a new DFA-2 is required for the SNAP application.

         EXAMPLE: An AFDC-Related Medicaid client applies for SNAP benefits after receiving Medicaid only for several months. The DFA-RR-1 section dealing exclusively with the SNAP Program was not previously completed. A new DFA-2 and DFA-RR-1 are required.

         NOTE: At redetermination for one Program or coverage group, the client may want to apply for an additional benefit. If so, the same DFA-2 **or inROADS application** is used as an application for the new benefit and a redetermination for the active AG, regardless of the Program or coverage group.