



FAMILY
INVESTMENT
ADMINISTRATION

CARES BULLETIN

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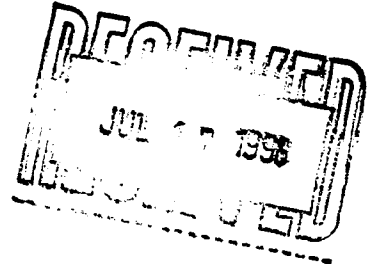
TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ ASSISTANT DIRECTOR FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS

Lynda Fox
FROM: LYNDA FOX, DEPUTY SECRETARY FOR PROGRAMS
AND LOCAL OPERATIONS

RE: ISRQ PROCESS

PROGRAM AFFECTED: EAFC

ORIGINATING OFFICE: OFFICE OF POLICY AND RESEARCH
DIVISION OF PROGRAM AND SYSTEMS SUPPORT



Summary:

Emergency Assistance procedures are very similar to working any other case. Four steps are required: Screening, Interviewing, Processing application months and Finalizing. All cases need an eligibility determination. Because an EA case also requires generating a vendor payment, the Financial Management Issuance component must be addressed. However, when the entire process is not completed thoroughly and/or timely, benefits are not properly issued.

This CARES Bulletin is in response to the request for a set of procedures that give clear directions on how to process an ISRQ when necessary. The ISRQ Issuance Request process has been created as an alternate procedure used to issue benefits. The ISRQ forms are available in the Local Department of Social Services. These procedures will most frequently affect Emergency Assistance cases. However, any district office currently in CARES implementation phases may need to apply these procedures to cases involving Child Specific Benefit Payee Representatives or Rent Vendor payments.

Action Required

➤ EAFC processing:

CARES defaults to placing an N in the Vendor field on the EAFI screen. Change the N to Y and press Enter. The VEND screen will appear. The VEND screen allows you to process benefits as a vendor payment. Remember to enter the Vendor's Identification Number in the Vendor Number field. If you do not know the number, press PF-16-PMEN to access the Vendor

File submenu. Once the Vendor's Identification Number is in the Vendor Number field, press Enter. The vendor's name and vendor type is automatically displayed. Complete the Vendor Amt field. Continue by finalizing your AU as you would for completing a regular application.

After the Emergency Assistance case has been finalized, you need to issue the vendor payment. There are three steps in this procedure:

1. Manual Issuance Request (completed by the case manager)
 - Select option K- Financial Mgmt Issn from the CARES main menu.
 - Select M – Manual Issuance Request, enter assistance unit number and the correct month and year in the Bnft month field.
 - Review the data on the MAIS manual issuance screen; if the information is correct, press Enter to process the manual issuance request.

NOTE: An automatic alert is generated to let supervisors know a manual issuance request is waiting for approval. Since all three of the manual issuance functions need to be done the same day, it would be a good idea to let your supervisor know you are waiting for him/her to approve the request.

2. Manual Issuance Approval (completed by the supervisor)

3. Manual issuance Approval (completed by the finance office)

Remember! ALL THREE STEPS IN THE PROCESS MUST BE COMPLETED ON THE SAME DAY THE CASE IS FINALIZED.

➤ In the event all three steps in the process are not completed on the same day, an ISRQ form must be completed. *Note: Please make sure you are using the most current ISRQ form (attachment A).*

1. Complete form making sure the following items are correct on the AU and ISRQ:
 - Benefit amount:* the net grant amount displayed on the EAFI screen equals the amount listed on ISRQ for the appropriate *effective month*
 - Vendor id number:* vendor ID numbers can be accessed through PF16, PMEN
 - Benefit history:* requested benefit should not show in history
 - ISSN Type:* the correct code series for Emergency is the '300' series available in valid values
2. Ensure case manager signature and supervisor approval has been attained.
3. Forward form to DHR Help Desk via fax to (410) 333-0433.

If you have any questions regarding this memo, please contact the DHR Help Desk at (410) 767-7002 or 1-800-347-1350.

cc: DHR Executive Staff
FLA Management Staff
DHR Help Desk
CTF
RESI

ISRO REQUEST FORM

CUSTOMER'S NAME: _____

IS THIS A VENDOR PAYMENT?

YES _____ NO _____

AU#: _____

IF YES, VENDOR ID#: _____

CLIENT ID#: _____

ISSN TYPE: _____

BENEFIT MONTH: _____

PROGRAM: _____

AMOUNT: _____

REQUEST TYPE: _____ REGULAR
_____ INITIAL MONTH

ISSUANCE METHOD:

FS ATIP _____ PA CHECK _____

FS EBT _____ PA EBT _____

VENDOR CHECK _____

LDSS DO#: _____

CIS WORKER'S NAME: _____ WORKER#: _____
PLEASE PRINT

SUPERVISOR'S NAME/AUTHORIZATION: _____

SUPERVISOR'S SIGNATURE: _____
PLEASE PRINT

SUPERVISOR'S TELEPHONE NUMBER: _____ DATE: _____

DHR CENTRAL/ HELP DESK USE ONLY

DHR CENTRAL/ HELP DESK PERSONNEL: _____
PLEASE PRINT

SIGNATURE: _____

AUTHORIZATION APPROVAL NAME: _____
PLEASE PRINT

SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

CENTRAL FISCAL USE ONLY

DATE RECEIVED BY CENTRAL FISCAL: _____

FISCAL NAME: _____
PLEASE PRINT

FISCAL SIGNATURE/ DATE: _____