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

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
    FIA 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: ____________________________

PROGRAM: ____________________________

BENEFIT MONTH: ____________________________

REQUEST TYPE: _______ REGULAR

_______ INITIAL MONTH

AMOUNT: ____________________________

ISSUANCE METHOD: FS ATIP______ PA CHECK______

FS EBT _______ PA EBT______

VENDOR CHECK______

LDSS DO#: ______________

CIS WORKER'S NAME: ____________________________

PLEASE PRINT

WORKER#: ____________________________

SUPERVISOR'S NAME/AUTHORIZATION: ____________________________

PLEASE PRINT

SUPERVISOR'S SIGNATURE: ____________________________

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: ____________________________