TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
HEALTH OFFICERS, LOCAL HEALTH DEPARTMENTS
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR
CHERYL A. CAMILLO, EXECUTIVE DIRECTOR, DHMH/OES

RE: SERVICE ACCESS AND INFORMATION LINK (SAIL) APPLICATION PROCESSING

PROGRAM AFFECTED: ALL PROGRAMS

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY

SAIL, a web-based screening, application, interim change, and redetermination system was implemented on December 4, 2006 to increase access to benefits. A signature page was developed for the customer to sign, fax and/or mail into the local department. The process of matching the SAIL application to the signature page is cumbersome for local departments and creates a backlog in processing applications. In an effort to assist local departments and customers, we have developed an electronic signature functionality that meets the approval of the State’s Office of the Attorney General.

Effective April 9, 2008, we will implement the functionality of the electronic signature in the SAIL on-line application. The customer will have the option to sign electronically or print out the signature page to sign and fax or mail to the local department. For electronic signature, the head of household will be required to provide their social security number and date of birth. They must also acknowledge and agree to the electronic process.
Specifically, an applicant must agree to the following statements:

- I have read or someone has read and explained the entire application to me. I swear or affirm under penalty of perjury, that all the information I gave is true, correct, and complete to the best of my ability, belief, and knowledge. I certify under penalty of perjury, that all persons for whom I am applying are U.S. citizens, lawfully admitted immigrants or individuals in a satisfactory immigration status.

- I understand that any information I provide in electronic form shall be admissible in judicial or administrative proceedings, the same as information I provide in printed form. I am voluntarily choosing to apply for benefits through SAIL instead of filing a paper application. By sending my information via the Internet, I agree to these terms.

The customer will then be instructed to enter the following information:

- Name of Head of Household (enter exactly as it appears on first page of the application)
- Social Security Number
- Date of Birth
- Name of Spouse (if any)
- Name of Authorized Representative (if any)

The customer must agree to the following statement:

- I certify that the information listed above is correct and complete to the best of my ability.

NOTE: If the applicant does not agree to all of these statements and complete the information, the customer will not be able to submit the SAIL application with an electronic signature. The customer will need to print the signature page, sign, and fax or mail it to the local department.

For local departments, the acceptance of electronic signature means that the date of application will be:

1. The date the SAIL application was submitted by the customer, if submitted during regular business hours (Monday – Friday, 8:30 AM – 5:00 PM, excluding holidays), or

2. The next business day, if submitted outside of regular business hours.

NOTE: If the customer signs and faxes or mails in the signature page (in lieu of electronic signature), the date of application will be the date the signature page is received in the local department.
ACTION REQUIRED:

When the Local Department receives the SAIL application:

- Screen the application on CARES, and
- Schedule an appointment for the interview.

Reminder: For Food Stamp applications the local department staff can also conduct telephone interviews for customers who are unable to come into the office and should always offer a telephone interview for hardship reasons.

Note: Telephone Interview Training is available to all local departments through the University of Maryland School of Social Work Policy and Skills Training Team. For more information or to request a course outline, contact Jill Hlaston at 410-706-4388 or jhlaston@ssw.umaryland.edu.

CUSTOMER SERVICE:

If staff resources are available, we recommend calling applicants to schedule an interview when it appears that they may be eligible for expedited service.

INQUIRIES:

Please contact the following individual(s) for questions pertaining to:

SAIL - Gina Roberts at 410-238-1297
Food Stamp Program - Kay Finegan at 410-767-7939 or Rick McClendon at 410-767-7307
TCA - Marilyn Lorenzo at 410-767-7333 or Gretchen Simpson at 410-767-7937
Medical Assistance - Debbie Simon at 410-238-1363 or MA Policy at 410-767-1463
PAA - Deborah Weathers at 410-767-7994
TDAP - Cynthia Carpenter at 410-767-7495

cc: DHR System Support Center
    FIA Management Staff
    DHMH Management Staff
    Constituent Services