

Department of Human Resources 311 West Saratoga Street Baltimore MD 21201

Control Number: #10-07

# Family Investment Administration ACTION TRANSMITTAL

Effective Date: UPON RECEIPT Issuance Date: OCTOBER 19, 2009

- TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS FAMILY INVESTMENT EBT TRAINERS AND SUPERVISORS
- FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR

RE: ELECTRONIC BENEFITS TRANSFER (EBT) SYSTEM VAULT CARD ISSUANCES

#### PROGRAMS AFFECTED: FOOD SUPPLEMENT PROGRAM (FSP), TEMPORARY CASH ASSISTANCE (TCA), REFUGEE CASH ASSISTANCE (RCA) AND TEMPORARY DISABILITY ASSISTANCE PROGRAM (TDAP)

## ORIGINATING OFFICE: OFFICE OF PROGRAMS

### SUMMARY:

Action Transmittal 08-16 provides information about the changes to the electronic benefits transfer (EBT) system. One of the most significant changes is issuing vault cards to customers only when a specific emergency situation exists.

This action transmittal reiterates the types of emergency situations that justify issuing a vault card and provides a new referral form to be completed by the Case Manager when a vault card issuance is needed.

### **ISSUING VAULT CARDS FOR EMERGENCY/HARDSHIP SITUATIONS:**

The local department can choose to issue a vault card (based on the four emergency situations below) on a <u>pending</u> assistance unit (AU) up to the same day the case manager finalizes the case. However, the customer cannot set a PIN or use the card until the AU is finalized and benefits are placed in the account via the overnight batch process. After the case has been finalized, if a vault card has not been issued and the customer does not have an existing card from a prior certification period, the EBT system will automatically mail a card to the customer the next business day.

If a current customer's card is lost, stolen, or damaged, they must call the Customer Service Call Center's toll free number, 1-800-997-2222, to request a replacement card.

Following are situations that <u>may</u> warrant issuing a vault card on an AU:

- Homeless households
- To meet the 7-day expedited processing standard for the Food Supplement Program (FSP)
  - Any expedited case with an issuance date greater than 3 days after the application date.
- To meet the 30-day normal processing standard
  - Any FSP case with an issuance date greater than 26 days after the application date.
- Individual hardships, which include but are not limited to:
  - Household disaster such as fire or flood
  - Expedited households that are in immediate need of assistance
  - Domestic violence situations when the household is going to a shelter for battered women and children
  - Hardship cases at the discretion of the local department

When referring a customer to the EBT Trainer for issuance of a vault card, the Independence Card Referral Form (DHR/FIA EBT 7001) must be completed and given to the customer. The EBT Trainer will not issue a vault card to a customer who does not have a completed DHR/FIA EBT 7001. The referral form should be retained by the EBT Trainer for two years.

The Office of the Inspector General receives a monthly report of multiple vault card issuances. They review the report to identify potential fraud. The report lists the customer's case information, the number of cards issued over a six month time period, and the ID of the EBT Trainer that issued the vault card. During the investigation process, the OIG may request a copy of the Independence Card Referral Forms.

#### **INQUIRIES:**

For CARES questions, please contact Joyce Westbrook at 410-238-1299. For EBT questions call Alice Fidler at 410-238-3565. Direct FSP and RCA questions to Rick McClendon at 410-767-7307 and TCA questions to Marilyn Lorenzo at 410-767-7333.

cc: FIA Management Staff Constituent Services OTHS System Support EBT Project Office

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VAULTI	NDEPENI	DENCE	<u>- CARD REFERRAL</u>	FORM		
HOH/Customer Name	DOB (	)	Customer ID Number			
Representative Payee- Cash	DOB (	)	Representative Payee-FS	DOB (	)	
Referral Reason:   Homeless household   To meet the 7-day ex   To meet the 30-day r	pedited proce					
Individual hardship Household disaster Expedited in need o Domestic violence s		assistance	9			
Other (Explain below and requires supervisor's approval)						
Direct DepositCustomer RequestsCustomer has a Cha			Deposit			
Case Manager:			Date:			
Supervisory Approval:			Date:			
DHR/FIA EBT 7001 (REV 5/09)						
<u>VAULT II</u>	NDEPENI	DENCE	E CARD REFERRAL	FORM		
HOH/Customer Name	DOB (	)	Customer ID Number			
Representative Payee- Cash	DOB (	)	Representative Payee-FS	DOB (	)	
Referral Reason:   Homeless household   To meet the 7-day ex   To meet the 30-day r    Individual hardship   Household disaster   Expedited in need o   Other (Explain below)	pedited proce formal proces f immediate a ituations	assistance	dard			
Direct Depecit						

Direct Deposit	
Customer Requests Direct Deposit Customer has a Change to Existing Direct Deposit	
Case Manager:	Date:
Supervisory Approval:	Date:
DHR/FIA EBT 7001 (REV 5/09)	