
N-FOCUS Major Release

Economic Assistance

June 7, 2020

An Interim Release of the N-FOCUS system is being implemented June 7, 2020. This document provides information explaining new functionality related to the redesign of the Economic Assistance Electronic Application – ACCESSNebraska.

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New and Draft Applications

Public Users and Workers will now be able to either start a new application or work with an existing draft.

- **New Application Button** – select to start a new application.
- **Continue Button** – select an existing draft from the list box and select this button to continue working with the selected draft.

Official Nebraska Government Website

ACCESS Nebraska

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User Account: NFSTGSSSeven Test Date: 05/26/2020 03:55 PM Test DB: DSSADSG Options

Draft Applications

You can either start a new application or continue a draft application from the list below:

Applicant			Contact			
First Name	Last Name	DOB	First Name	Last Name	DOB	Phone Number
SNAP	SEVEN	12-12-1980	SNAP	SEVEN	12-12-1980	

Note: Public Users can choose a draft application and may have more than one draft application from which to choose. To create a new Draft Application, click the New Application button. To continue an existing Draft Application, click the radial button for that application and click Continue.

Searching for Draft Applications – Worker Instructions

Workers can search draft applications they started by searching with the following criteria:

- Applicant First Name
- Last Name
- ARP ID
- Contact First Name
- Contact Last Name
- Contact ARP ID
- Worker's Logon ID

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User Account: DSSZ901 Test Date: 05/26/2020 03:45 PM Test DB: DSSADSG Options

Draft Applications

Applicant

 Contact

 Worker Logon ID

You can either start a new application or continue a draft application from the list below:

To view a list of all draft applications created by the indicated User Account, leave the fields bland and click the Search button. A of list of all of the current draft applications will display.

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User Account: DSSZ901 Test Date: 05/26/2020 03:45 PM Test DB: DSSADSG Options

Draft Applications

Applicant

 Contact

 Worker Logon ID

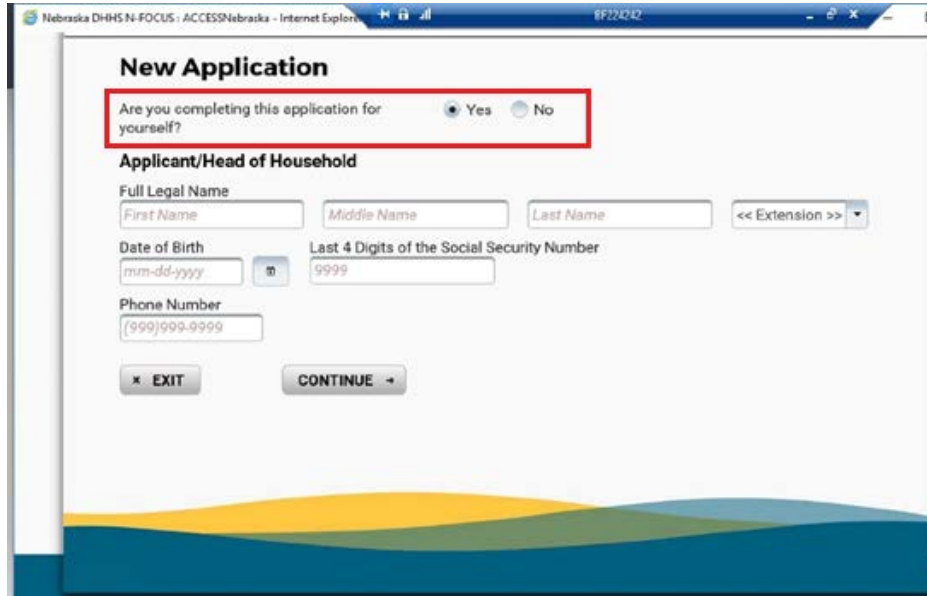
You can either start a new application or continue a draft application from the list below:

OB	Contact ARP ID	Contact First Name	Last Name	DOB	Phone Number	Worker ID	Start Date	Submit By Date
-12-1980		Bruce	Wayne	12-12-1980		DSSZ901	05-26-2020	06-06-2020
-12-1980		Billie	Bob	12-12-1980		DSSZ901	05-21-2020	06-06-2020
-12-1980		Brian	Bob	12-12-1980	(402)555-5555	DSSZ901	05-21-2020	06-06-2020
-15-2020		Amber	Lee	01-15-2020		DSSZ914	05-19-2020	06-06-2020
-01-1984	57275105	CAYLA	DAY	01-01-1984		DSSZ914	05-14-2020	06-06-2020
-06-2020		Andy	Smith	05-06-2020		DSSZ914	05-14-2020	06-06-2020
		tammy	luu			DSSZ914	05-14-2020	06-06-2020

Creating New Application – Client

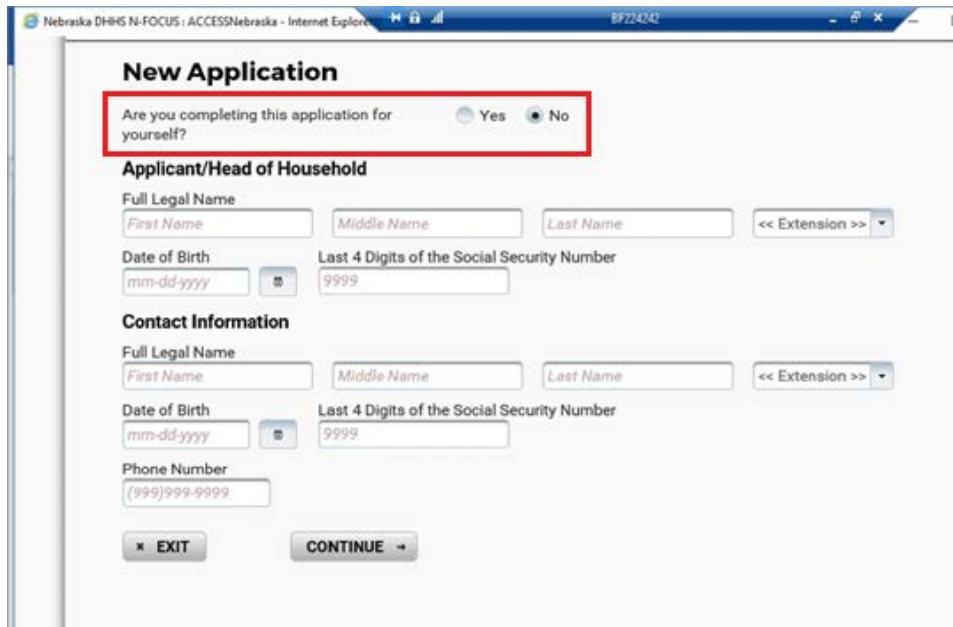
When creating a new application, the client must answer the questions “Are you completing this application for yourself?”

Note: If the client is completing the application for themselves, there are fewer questions.



The screenshot shows a web browser window titled "Nebraska DHHS N-FOCUS: ACCESSNebraska - Internet Explorer" with the address bar showing "BF224242". The main content area is titled "New Application". A red box highlights the question "Are you completing this application for yourself?" with radio buttons for "Yes" (selected) and "No". Below this is the "Applicant/Head of Household" section, which includes fields for "Full Legal Name" (First Name, Middle Name, Last Name, and an Extension dropdown), "Date of Birth" (mm-dd-yyyy), "Last 4 Digits of the Social Security Number" (9999), and "Phone Number" ((999)999-9999). At the bottom are "EXIT" and "CONTINUE" buttons.

Note: If the application is being created by someone else, other than the client, additional questions are needed to be answered. Please review the following screens to see the additional information that is requested.



The screenshot shows a web browser window titled "Nebraska DHHS N-FOCUS: ACCESSNebraska - Internet Explorer" with the address bar showing "BF224242". The main content area is titled "New Application". A red box highlights the question "Are you completing this application for yourself?" with radio buttons for "Yes" and "No" (selected). Below this is the "Applicant/Head of Household" section, which includes fields for "Full Legal Name" (First Name, Middle Name, Last Name, and an Extension dropdown), "Date of Birth" (mm-dd-yyyy), "Last 4 Digits of the Social Security Number" (9999), and "Phone Number" ((999)999-9999). Below this is the "Contact Information" section, which includes fields for "Full Legal Name" (First Name, Middle Name, Last Name, and an Extension dropdown), "Date of Birth" (mm-dd-yyyy), "Last 4 Digits of the Social Security Number" (9999), and "Phone Number" ((999)999-9999). At the bottom are "EXIT" and "CONTINUE" buttons.

Applicant/Head of Household Information

The Applicant Head of Household is defined and all information including address and contact information is carried forward to the other household members.

The screenshot shows a web browser window with the URL "Nebraska DHHS N-FOCUS : ACCESSNebraska - Internet Explorer". The page title is "Applicant/Head of Household". The form is titled "Person Information" and contains the following fields and options:

- Full Legal Name: FRANKLIN (First Name), Middle Name, TEMPLETON (Last Name)
- Extension: << Extension >> (dropdown)
- Sex: Male, Female
- Social Security Number: 999-99-9999
- Date of Birth: 01-01-1969
- Marital Status: << select >> (dropdown)
- Are you applying for benefits for this person? Yes, No
- Are you requesting medical assistance for this person? Yes, No
- OPTIONAL - Indicate race and ethnic category. Title VI of the Civil Rights Act of 1964 allow us to ask for this information. This information will not be used in determining eligibility for assistance. If you do not provide this information, it will not affect your eligibility. We ask for the information to assure that benefits are distributed without regard to race, color, ethnicity or national origin.
- Ethnicity: << select >> (dropdown)
- Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander

Household Members

Household members are easily defined by simply clicking the Add Household member link.

The screenshot shows the "Household Members" section of the application. The user account is "NFtttTempleton" and the test date is "05/11/2020 09:08 AM". The test database is "DSSADSS". The page title is "Household Members". The form contains the following information:

- Program Selection: Household Members
- Household: Law Violations/Program Disqualifications, Income, Resources, Expenses, Application Submission
- Household Members: Provide information on all people who live at your address. Include anyone who lives with you even if they are not applying for benefits. Failure to provide an SSN will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.
- Table of Household Members:

Name	Date of Birth	Role	Change	Remove
FRANKLIN TEMPLETON	01-01-1969	Applicant/Head of Household	Change	
MARTHA TEMPLETON	01-01-1969	Household Member	Change	Remove
GRANT TEMPLETON	01-01-2014	Household Member	Change	Remove

- Add Household Member
- Comments: [Text Area]
- Buttons: EXIT, CONTINUE

Adding a household member now consists of adding demographic information for each person.

Household Member

Full Legal Name << Extension >>

Sex Male Female Social Security Number Date of Birth

Marital Status << select >>

Relationship to Applicant << select >>

Are you applying for benefits for this person? Yes No

Are you requesting medical assistance for this person? Yes No

Does this person buy and/or share food with the Applicant? Yes No

OPTIONAL - Indicate race and ethnic category. Title VI of the Civil Rights Act of 1964 allow us to ask for this information. This information will not be used in determining eligibility for assistance. If you do not provide this information, it will not affect your eligibility. We ask for the information to assure that benefits are distributed without regard to race, color, ethnicity or national origin.

Ethnicity << select >> Race American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Unknown Declined

Is this person a US citizen? Yes No

Household Information

Yes or No questions are used to determine if clients need to add more detailed information instead of asking questions for individuals.

Nebraska DHHS N-FOCUS : ACCESSNebraska - Internet Explorer BF224242

Household

Program Selection

Household Members

Household

Law Violations/Program Disqualifications

Income

Resources

Expenses

Application Submission

[View Draft Application](#)

[Submit Application](#)

Has anyone in the household changed their name or used an alias? Yes No

Is anyone in the household pregnant? Yes No

Do any children in the household have a parent living outside of the home? Yes No

Which children are in child care or are in need of child care? Yes No

Is anyone in the household a boarder? Yes No

Has anyone in the household ever been or is anyone currently in foster care? Yes No

Does anyone in the household have a disability? Yes No

Is anyone in the household a member of a Native American tribe? Yes No

Has anyone in the household received commodities through the Tribal Food Distribution Program on Indian Reservations (FDFIR) Program? Yes No

Has anyone in the household received assistance from another state? Yes No

Is anyone in the household currently attending school? Yes No

Household questions have been moved from individual household member pages where they had to be answered individually to a new page titled Household. Before each of these questions were asked when creating the Household member.

Selecting Yes to these question will display an option to add information for members of the household. Some questions will ask for additional information on a Detail page, others will only require selecting a check box next to the person's name.

Household

Has anyone in the household changed their name or used an alias? Yes No
[Add Previous Names or Aliases](#)

Is anyone in the household pregnant? Yes No
[Add Pregnancies](#)

Do any children in the household have a parent living outside of the home? Yes No
[Add Parent\(s\) Outside of the Home](#)

Which children are in child care or are in need of child care? Yes No
[Add Child Care](#)

Is anyone in the household a boarder? Yes No
 Boarders
 BILLIE BOB - 12/12/1980 DSFAFSD FDSAFD - 12/12/2000
 FDSAFSD FDSAFSAD - 12/12/2015

Has anyone in the household ever been or is anyone currently in foster care? Yes No
 Household Member(s) in Foster Care
 BILLIE BOB - 12/12/1980 DSFAFSD FDSAFD - 12/12/2000
 FDSAFSD FDSAFSAD - 12/12/2015

Does anyone in the household have a disability? Yes No
[Add Person\(s\) with Disabilities](#)

Is anyone in the household a member of a Native American tribe? Yes No

Has anyone in the household received commodities through the Tribal Food Distribution Program on Indian Reservations (FDPIR) Program? Yes No
[Add FDPIR Program](#)

Has anyone in the household received assistance from another state? Yes No
[Add Assistance from Another State](#)

Is anyone in the household currently attending school? Yes No
[Add School Attendance](#)

Is anyone in the household currently in active or reserve status in any branch of the United States Military? Yes No
 Active/Reserve Military
 BILLIE BOB - 12/12/1980
 DSFAFSD FDSAFD - 12/12/2000

Is anyone in the household a veteran, spouse of a veteran or the minor child of a veteran? Yes No
 Veterans Relationship to Veterans
 BILLIE BOB - 12/12/1980
 DSFAFSD FDSAFD - 12/12/2000
 FDSAFSD FDSAFSAD - 12/12/2015

Does anyone in the household have a guardian, conservator, power of attorney or emergency contact? Yes No
[Add Legal Contact](#)

Do you want to designate anyone to use your EBT card on your behalf? Yes No
[Add EBT Card Designee](#)

Detailed Pages

Each section of the application Household, Income, Resources and Expenses are now all answered as Yes or No questions. When Yes is selected, an additional Detail window will display providing the opportunity to enter additional information for the category.

Example: Adding a Wages or Salary is as simple as selecting yes to that Income questions, and then adding information specific to that income.

Nebraska DHHS N-FOCUS - ACCESSNebraska - Internet Explorer BF224242

User Account: NFtttTempleton Test Date: 05/11/2020 09:24 AM Test DB: DSSADSS

Wages or Salaries

Who is employed?
 FRANKLIN TEMPLETON - 01/01/1969
 MARTHA TEMPLETON - 01/01/1969
 GRANT TEMPLETON - 01/01/2014

Name on Paystubs (if different)
 First Name Middle Name Last Name << Extension >>

Employer Name Employer Phone Number
 (999)999-9999

Monthly Gross Amount Frequency of Pay Rate of Pay per
 \$0.00 << select >> \$0.00 << select >>

Average Hours per Week Average Days per Week
 999.99 9

Does this person receive tips, bonuses, incentive pay or commission from this job? Yes No

Has the number of hours this person works changed in the last 30 days? Yes No

Example: Adding a Vehicle Resource is as simple as selecting yes to that Resource question, and then indicating whose name is on the Vehicle Title.

The screenshot shows a form titled "Vehicle". It contains the following fields and options:

- Question: "Whose name is on the title?" with three radio button options:
 - FRANKLIN TEMPLETON - 01/01/1969
 - MARTHA TEMPLETON - 01/01/1969
 - GRANT TEMPLETON - 01/01/2014
- Field: "Type of Vehicle" with a dropdown menu showing "<< select >>".
- Fields: "Make/Model", "Year", and "Value" (pre-filled with "\$0.00").
- Field: "Amount Owed" (pre-filled with "\$0.00").
- Buttons: "CANCEL", "ADD ANOTHER +", and "CONTINUE ->".

Example: A Utility Expense is added by selecting yes to that Expense question of does anyone in the household have a Utility Expense.

The screenshot shows a form titled "Utility". It contains the following fields and options:

- Question: "Who is responsible for this utility expense?" with three radio button options:
 - FRANKLIN TEMPLETON - 01/01/1969
 - MARTHA TEMPLETON - 01/01/1969
 - GRANT TEMPLETON - 01/01/2014
- Field: "Type of Utility Expense" with a dropdown menu showing "<< select >>".
- Fields: "Provider Name" and "Account Number".
- Buttons: "CANCEL", "ADD ANOTHER +", and "CONTINUE ->".

Application Submission/Priority Reason

The new Web Application now brings an automated process of assigning a priority status for the application including

- Expediting for SNAP
- Shut-Off Notice for LIHEAP
- Eviction Notice for Emergency Assistance

These priority setting questions are found on the Submission page of the application.

In the case of Expediting for SNAP, if the client enters detailed information into the Income, Resources and Expenses sections of the application, that information will be used to determine the expedited status. If the client does not enter detailed information for Income, Resources, or

Expenses, these questions on the submit page will be used to determine if the application is Expedited.

Application Submission

If the programs you are applying for require an interview, the interview will be held over the telephone. Do you need a face-to-face interview? Yes No

What is your total household income before deductions for this month?
\$0.00

What is your total cash/savings for this month?
\$0.00

Is your household's gross monthly income plus your resources less than your monthly rent or mortgage and utilities? Yes No

What is your monthly rent or mortgage you are responsible to pay?
\$0.00

Do you have an eviction notice? Yes No

Is anyone in your household a migrant or seasonal farm worker whose cash and savings are \$100 or less, and whose income has recently stopped? Yes No

Do you have a shut off notice from your heating or cooling provider? Yes No

Do you have a utility disconnect or past due notice? Yes No

Are you nearly out of heating fuel (20% or less)? Yes No

Are you out of heating fuel? Yes No

Do you have a Nebraska Electronic Benefits Transfer (EBT) card for Supplemental Nutrition Assistance Program (SNAP)? Yes No

Do you have a US Bank ReliaCard for LIHEAP, RRP, ADC, and/or AABD? Yes No

What county does the applicant live in?
Antelope

For statistical purposes tell us where you are completing this application.
Computer at home, at a family member or friend's house, or at work

These are the programs you have selected, or may qualify for, based on the information you entered:

- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Refugee Resettlement Program (RRP)
- Aid to Dependent Children (ADC/PMT)
- Child Care (CC)
- Social Services for Families, Children, and Youth (SSCF)
- Assistance to the Aged, Blind, or Disabled Payment (AABD)
- State Disability Program (SDP)
- Social Services for Aged and Disabled Adults (SSAD)
- Personal Assistance Services (PAS)
- Emergency Assistance (EA)

If you want to add any additional programs before submitting this application go to the Program Selection page. Adding a new program may take you through some additional questions that hadn't previously been asked. Review the summary in each section to change the answer to any question. If you would like to apply for an additional program after the application is submitted, you will need to complete a new application.

You must review your application and the Rights and Responsibilities to continue.

[Application Summary](#)
 Yes, I have reviewed my application summary.

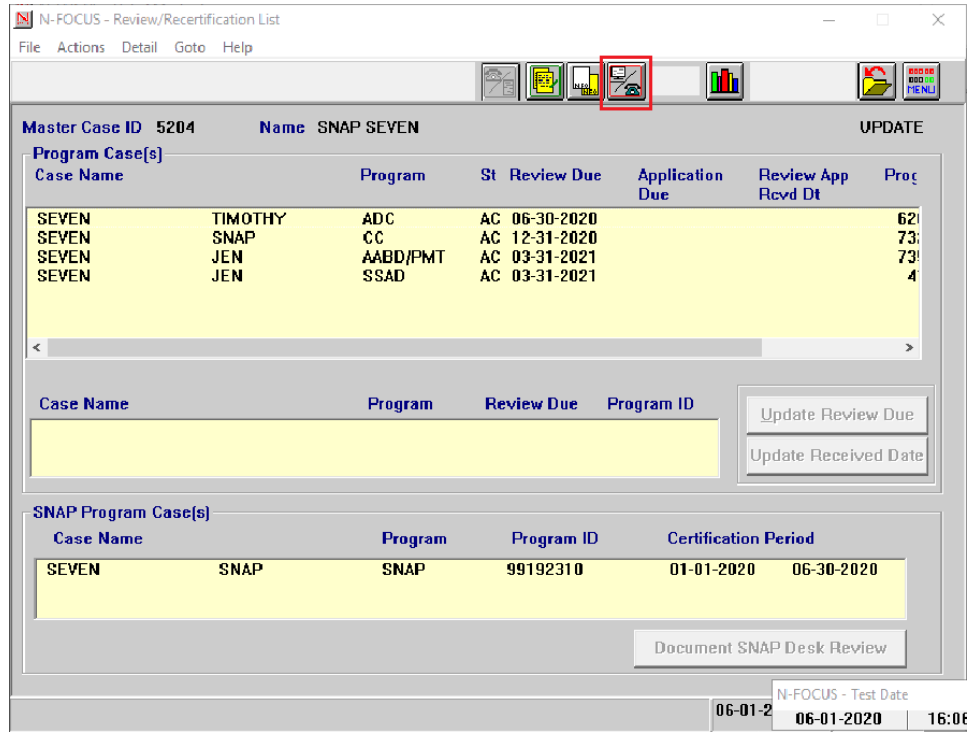
[Rights and Responsibilities](#)
 Yes, I have reviewed the Rights and Responsibilities.

N-FOCUS - Test Date
05-27-2020 15:46

Review/Recert Applications

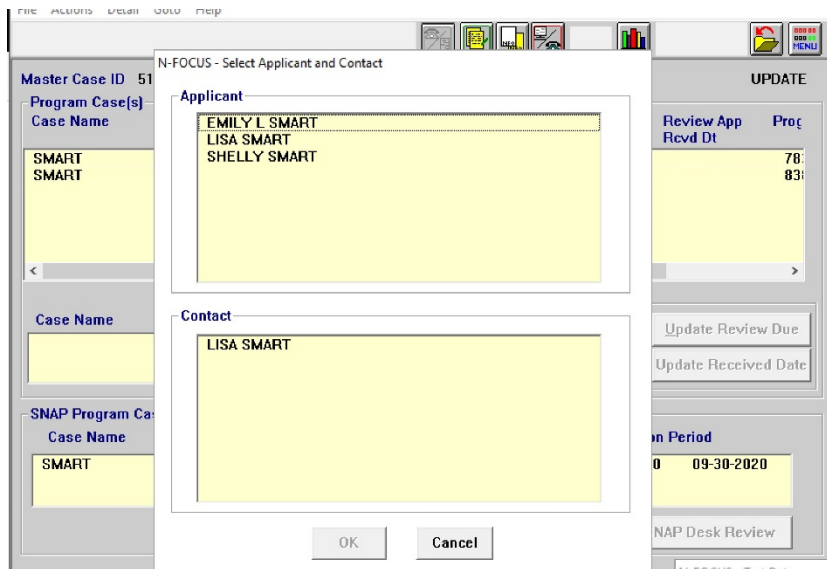
The EA Review/Recert Application has also been updated to provide a more streamlined experience. Questions are only going to be displayed if they are needed for review/recert applications.

When accessing the review/recert application from the 'Review/Recertification List' window, and selecting the EA Phone Application Icon, the Select Applicant and Contact pop up window will display.



Select both the Applicant and the Contact to start the application. Both the contact and applicant will have information populated into the application.

Note: The Applicant and the Contact may be the same person. Prior to this release, only the contact person was able to be selected and workers needed to enter the applicant information.



Applicant and Contact Prefill Screen

Pictured here is the capturing of the Applicant and Contact of the phone interview prefilled.

Applicant/Head of Household

Full Legal Name
LISA Middle Name SMART << Extension >>

Date of Birth 01-01-1971 m Last 4 Digits of the Social Security Number 2342

Contact Information

Full Legal Name
LISA Middle Name SMART << Extension >>

Date of Birth 01-01-1971 m Last 4 Digits of the Social Security Number 2342

Phone Number
(999)999-9999

Current Household Members

Information in a review/recert application will need to be confirmed as well as identifying if any current household members are no longer in the household.

Selecting Yes or No will remove or keep the member in the renewal application.

Note: If No is selected, a date the person is no longer in the household will be required.

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User Account: DSSZ910 Test Date: 09/15/2020 08:41 AM Test DB: DSSADSG

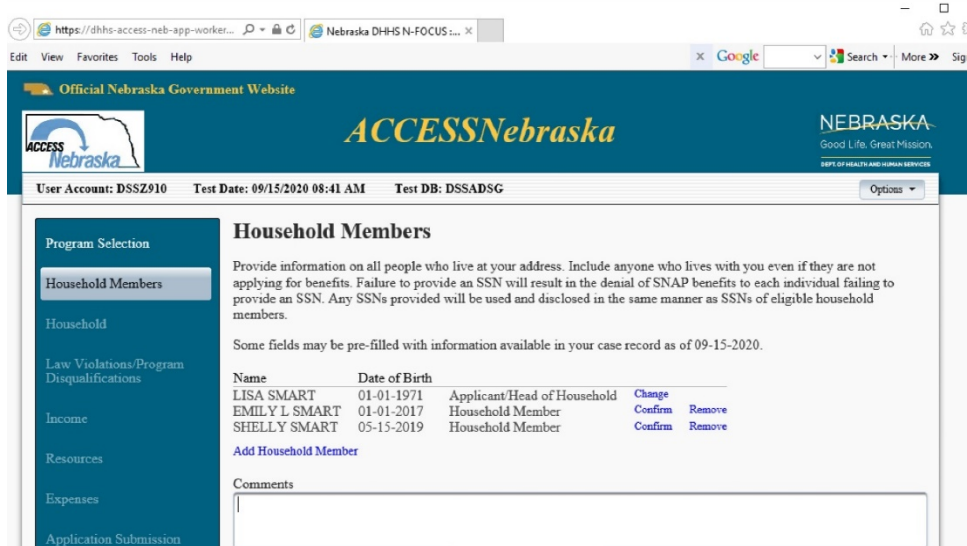
Current Household Members

For each person listed below, please indicate whether or not that person is still living with . If other people are now living in the household, those people can be added later in the Household Members section of the application.

Name	Still living in household?	Date no longer in household
EMILY L SMART	<input type="radio"/> Yes <input type="radio"/> No	
SHELLY SMART	<input type="radio"/> Yes <input type="radio"/> No	

The Household Members page lists each remaining person within the household.

Note: Each remaining person in the household will need their information confirmed.



Each Household member will need to be confirmed. The detail page is listed below, but with the new version, only one page of questions is needed to be confirmed/answered.

The screenshot shows the detail page for a household member. The form includes the following fields and options:

- Full Legal Name:** SHELLY (First Name), Middle Name (empty), SMART (Last Name), << Extension >> (dropdown)
- Sex:** Male, Female
- Social Security Number:** XXX-XX-2645
- Date of Birth:** 05-15-2019
- Marital Status:** Never Married/Annulled (dropdown)
- Relationship to Applicant:** child/step child (dropdown)
- Are you applying for benefits for this person?** Yes, No
- Are you requesting medical assistance for this person?** Yes, No
- Does this person buy and/or share food with the Applicant?** Yes, No
- OPTIONAL - Indicate race and ethnic category.** This information will not be used in determining eligibility for assistance. If you do not provide this information, it will not affect your eligibility. We ask for the information to assure that benefits are distributed without regard to race, color, ethnicity or national origin.
- Ethnicity:** Not Hispanic or Latino (dropdown)
- Race:**
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

Program Selection

During the review recert process the programs due to reviewed will be automatically selected. Additional programs can be selected at this time.

Program Selection

These programs are due for Review or Recertification:

- Supplemental Nutrition Assistance Program (SNAP)** helps low-income households buy food. Formerly known as Food Stamps.

Select Low Income Home Energy Assistance Program (LIHEAP) if you want to continue receiving energy (LIHEAP) assistance.

- Low Income Home Energy Assistance Program (LIHEAP)** helps households pay for heating, cooling, deposits, repairs and eligible crisis/disconnect situations. If applying for LIHEAP, everyone who lives at your address is required to apply.

Select any additional programs you want to apply for. If you are currently receiving benefits from a program listed in this section, these benefits may not have a review or recertification due at this time and do not need to be selected.

- Refugee Resettlement Program (RRP)** helps individuals with refugee status who have moved to the United States within the past eight (8) months with cash, medical and non-cash benefits.
- Aid to Dependent Children (ADC/PMT)** provides financial assistance (or cash payment) to help support children 18 and younger who live in the household. Participation in Employment First, a work readiness program, may be required.

Information pulled from NFOCUS for the application will need to be confirmed or removed during the application process.

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User Account: DSSZ910 Test Date: 09/15/2020 08:41 AM Test DB: DSSADSG Options

Income

Is anyone in the household employed (other than self-employment)? Yes No
[Add Wages or Salaries](#)
LISA SMART Subway [Confirm](#) [Remove](#)

Has anyone in the household left a job in the last 30 days? Yes No

Is anyone in the household self-employed? Yes No

Does anyone in the household receive retirement or disability income? Yes No

Does anyone in the household have any other income? Yes No

Comments

Confirming Pre-Populated Data

When confirming information, the detailed page displays. From this detail page, updates can be made to the existing employment or the user can click continue and it will be confirmed.

Any changes will be reflected in the completed application.

Example: Confirming Wages or Salary opens the detail window with pre-populated information and the worker or client can update certain pieces of information and click continue to confirm.

The screenshot shows a web browser window with the URL `https://dhrs-access-neb-app-worker...`. The page title is "Wages or Salaries". The form contains the following elements:

- Who is employed?** Three radio buttons for: LISA SMART - 01/01/1971 (selected), EMILY L SMART - 01/01/2017, and SHELLY SMART - 05/15/2019.
- Name on Paystubs (if different)** Three text input fields for First Name, Middle Name, and Last Name, and a dropdown menu for Extension.
- Employer Name** and **Employer Phone Number** text input fields.
- Monthly Gross Amount** text input field with value "\$0.00".
- Frequency of Pay** dropdown menu with value "Every Two Weeks".
- Rate of Pay** text input field with value "\$0.00" and a **per** dropdown menu with value "<< select >>".
- Average Hours per Week** text input field with value "999.99".
- Average Days per Week** text input field with value "9".
- Two questions with radio buttons: "Does this person receive tips, bonuses, incentive pay or commission from this job?" and "Has the number of hours this person works changed in the last 30 days?".
- Buttons for "CANCEL" and "CONTINUE".