

ACCESSNebraska Economic Assistance Guide for Client Appeals

The purpose of this guide is to provide generalized guidance to Economic Assistance Eligibility Staff when handling an appeal. As always, situations arise where the information contained herein, may not provide a clear direction. In instances such as these, please consult your supervisor and if necessary, contact Program Staff via the Policy Question’s mailbox for guidance.

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Standard Definitions, Processes, and Terminology

The information found in this section is to be universally considered and applied when following the steps of the Economic Assistance Fair Hearing Guide.

- Never attempt to discourage a client from exercising their right to fair hearing.
- Fair Hearing Process – *The process that is initiated when a client's request for Fair Hearing is received.*
- 10-day timeframe for making benefits whole – *For purposes of calculating the deadline, the mail date is not counted. If the last day of the 10-day period falls on a Saturday, Sunday, or state holiday, the deadline is extended to the next business day.*
- Requesting a fair hearing in writing – A [DA-6](#) is not required to be used when a fair hearing request is required to be in writing. Any form of written correspondence must be accepted.
- Communication with the Appeal Coordinator – *The Appeals Coordinator e-mail address is: DHHS.CFSAppeals@nebraska.gov.*
When communicating with the Appeal Coordinator, the Appeal Coordinator mailbox must be used. Staff must not use the Appeal Coordinators personal e-mail address.
- Communication with the Hearing Office – *The Hearing Office e-mail address is: DHHS.HearingOffice@nebraska.gov. When communicating with the Hearing Office, the Hearing Office mailbox must be used.*
- Alerts received for Mail – *If an alert is received for mail and the mail is a Fair Hearing request, the case file must be reviewed to ensure the request has been sent to the Appeals Coordinator.*
- Verbal request for Fair Hearing – *SNAP is the single program with the ability to accept a verbal request for Fair Hearing. When accepting a verbal request for fair hearing, the [SNAP Verbal Appeal Request](#) template must be used/completed and scanned.*
- Never use a Speed note to correspond with a client when the subject is related to their eligibility, it does not contain the rights and responsibilities.
- Making Benefits Whole – *A Notice of Action must be issued and sent to the client. If;*
 - *Withdrawing the action that is being appealed, copy and paste the [Withdrawn Notice Language](#) into the new notice.*
 - *Making benefits whole pending the decision of the hearing, issue only the system generated notice. Do not use the Withdrawn Notice language.*
- Department representatives cannot and must not ask for a continuance.
- Dismissal Requests are completed by filling out those applicable sections of the [Appeals Cover Sheet](#). Sections of the Appeals Coversheet to be completed differ depending on whether a Hearing has been scheduled. See the [Appeals Cover Sheet](#) for additional information.
- If at any time you become aware that the appellant has legal representation and you feel it would be best to have representation, please contact Program Staff via DHHS.EconomicAssistancePolicyQuestions@nebraska.gov. Program Staff will provide further instruction. Do not contact Legal Services for direction or to request their assistance.

- If a conflict of interest is identified, advise your supervisor of such. The Supervisor is responsible for facilitating the change of assignment.

Fair Hearing Process

Request for Fair Hearing	
All Eligibility Staff	<p>Contact received from client requesting a fair hearing:</p> <ol style="list-style-type: none"> 1. Offer to review the case while on the phone with the client. <ol style="list-style-type: none"> a. Eligibility Staff will review the case regardless of client’s decision to remain on phone. 2. Accept the client’s appeal request (SNAP Verbal) or provide the client with a DA-6. <ol style="list-style-type: none"> a. Advise the client of 10-day timeframe for having benefits made whole. b. Advise client that DA-6 is not required and that they need to submit their request for fair hearing in writing.
Receipt of Fair Hearing Request	
All Eligibility Staff	<p>Upon receipt of Fair Hearing request:</p> <ol style="list-style-type: none"> 1. Scan and Index the request to the appropriate Master Case. <ol style="list-style-type: none"> a. Must be scanned under category: “Hearing”, do not generate an alert. 2. E-mail the request to the Appeals Coordinator, scan the sent e-mail, and narrate the actions taken.
Initial assignment of Fair Hearing Request	
Appeals Coordinator	<p>Upon receipt of Fair Hearing request:</p> <p>ASSIGNMENT</p> <ol style="list-style-type: none"> 1) Within 48 hours, assign an appropriately specialized [Family or Adult] Lead Worker as the primary worker on the case, using the rotation spreadsheet. <ol style="list-style-type: none"> a. If a Lead Worker is/was assigned to the Master Case and the client files another appeal while awaiting decision on a previous appeal assign the new appeal to the current Lead Worker. b. If there is already a primary worker assigned to the case, the Lead Worker will be assigned as an additional worker until the primary worker’s assignment ends. 2) If the appeal is regarding an overpayment, send the appeal request to Supervisor of OP team and LW of OP team, they will determine who is assigned to the OP and email that information to Appeals Coordinator. 3) Fill in the rotation spreadsheet. 4) E-mail the Assigned Lead Worker and Supervisor requesting a case review upon receipt of appeal request. The e-mail will include the MC#, appeal request, and the following statement:

*“Please review the appeal assigned upon receipt and provide an email response indicating the **Appeal Reason**. Use the information included below to select the appropriate Program and reason for appeal.*

*If you determine the action was not proper & the appeal request can be dismissed upon benefits being made whole or meets other reasons for dismissal, please notify me. The **Appeal Reason** is still required. A cover sheet has been sent to DHHS Hearings for this appeal request. [Click Here for Appeal Reason list](#).*

COMMUNICATION:

1. Fully complete the [Appeal Cover Sheet](#),
2. Forward the appeal request, with an Appeal Cover Sheet, to the Hearing Office via e-mail copy the Lead Worker and Supervisor.

Note: Each hearing request must be sent in a separate e-mail.

SPECIAL ACCOMMODATIONS

IF THE APPELLANT NEEDS A TELEPHONE, MAKE ARRANGEMENTS WITH THE LOCAL OFFICE INVOLVED.

INTERPRETER

APPEAL COORDINATOR:

Notify Hearing Office of the language/dialect appellant uses.

Face to Face Hearing: If an Appeal Hearing is being held in a local office and the client requests an interpreter, the local office is required to provide an interpreter. The LW will notify the Hearings office regarding arrangements for interpreter.

Case Review

Lead Worker

REVIEW THE CASE:

Upon receipt of assignment and notification e-mail from the Appeals Coordinator, the Lead Worker must conduct a thorough review to ensure the action taken was correct.

1. Errors: If any action is being reversed, benefits must be made whole.
2. If an EF sanction has been imposed and information is discovered during review of case that could result in the reversal of the sanction;
 - a. Lead Worker will send a Policy Question detailing the circumstances of the action being considered. (CC the Supervisor that approved the EF sanction on the Policy Question)

	<p>b. TANF Program Staff retain the sole authority with regard to Employment First sanction reversals.</p> <ol style="list-style-type: none"> 3. Obvious dismissal (i.e. not filing within 90 days). 4. Ensure there has been an adverse action. If there has not been adverse action taken, inform the client they will need to request a fair hearing after a Notice of Action has been <i>created</i>. 5. Search document imaging and narratives to verify that the request is not a duplicate request. 6. Send the Program(s) and Appeal Reason to Appeals Coordinator at DHHS.CFSAppeals@nebraska.gov. <p>COMMUNICATION</p> <p>The Lead Worker and Assigned SSW must communicate to ensure proper benefits are delivered.</p> <p>Status of Appeal through Final Order must be communicated via email.</p> <p>Changes made to programs to comply with Final Order must be communicated via email.</p> <p>DISMISSAL REQUEST</p> <p>If the Lead Worker reconciles the issue which prompted the request for fair hearing and benefits have been made whole, the Lead Worker will:</p> <ol style="list-style-type: none"> 1. Complete an Appeal Cover Sheet requesting a dismissal. 2. E-mail the Appeals Cover Sheet, and any additional documentation as required to the Appeals Coordinator. Ensure the Appeal Reason is submitted to the Appeals Coordinator. 3. Appeals Coordinator submits Cover Sheet with Dismissal information to DHHS Hearing Office. 4. LW Drag and drop a copy of the Appeal Cover Sheet into Document Imaging. 5. LW Mail a copy of the Appeals Cover Sheet to the client in order to avoid any ex-parte communication. 6. Send a Notice of Action to the client using the Withdrawn Notice Language.
Hearing Office	<p>DISMISSAL REQUEST</p> <p>Review the dismissal request. Upon approval of the dismissal request, open and close the case for dismissal. Notify the Appeals Coordinator and the Lead Worker of the dismissal.</p>
Appeals Coordinator	<p>DISMISSAL REQUEST</p>

	Track the case appropriately on the spreadsheet. Drag and drop the order and any attached documentation from the Hearing Office into Document Imaging.
Lead Worker	APPROVED DISMISSAL REQUEST Complete any case work and close assignment.
Lead Worker/ Appeals Coordinator/ Hearing Office	DENIED DISMISSAL REQUEST Continue with the hearing request as outlined below.
Assignment	
Lead Worker	INTERPRETER – FACE-TO-FACE Notify Appeals Coordinator of the language/dialect appellant uses.
Hearing Office	INTERPRETER – CONFERENCE CALL HEARING The Hearing Office will schedule a call with the Language Line for anyone requiring the services of an interpreter.

Lead Worker	<p>MAKING BENEFITS WHOLE</p> <p>If the client makes the request for a fair hearing within the ten (10) days, the client has the right to benefits being made whole.</p> <ul style="list-style-type: none"> • If the client makes a request for fair hearing within the ten (10) days and does not refuse continued assistance pending the decision of the hearing, make benefits whole. • If the client makes a request for fair hearing and refuses continued benefits, do not make benefits whole. • If the client makes a request for fair hearing and did not indicate a preference for continued assistance, contact the client via phone asking for a decision. • If unable to reach via phone, send a VR to the client requesting contact within 10 days. • If the client indicates that they want benefits to continue, take all necessary action to make benefits whole. • If contact is not made, no further action to make benefits whole will be taken. <p>CASE MAINTENANCE</p> <p><u>Universal Cases</u>: Lead Workers are responsible for maintaining the case until an appeal decision is made or the appeal is dismissed. Send a speed</p>
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	<p>note using the appropriate copy and paste Universal Case Assignment Language notifying the client that you have been assigned to their case.</p> <p><u>Assigned ADC caseloads</u>: The Lead Worker and Assigned SSW must communicate to ensure proper benefits are delivered.</p>
Assigned ADC SSW	<p>COMMUNICATION</p> <p>The Lead Worker and Assigned SSW must communicate to ensure proper benefits are delivered.</p> <p>Status of Appeal through Final Order must be communicated via email.</p> <p>Changes made to programs to comply with Final Order must be communicated via email.</p> <p>CASE MAINTENANCE</p> <p>Complete all case maintenance on the Master Case, except information regarding the appeal.</p> <p>Direct any questions the client has regarding their appeal to the assigned Lead Worker.</p> <p>Notify the Lead Worker of any mail received regarding the appeal as the client may turn in exhibits for the hearing.</p>

Schedule a Hearing	
<p>Hearings are held at the DHHS Hearing Office in Lincoln, Nebraska. Hearings can be attended in person or by telephone at a scheduled date and time. All parties are provided with a Notice of Hearing (NOH) containing the hearing location, date, and time.</p> <p>The Notice of Hearing also contains a telephone number and access code for any party that prefers to appear at the hearing by telephone. If a Customer is unable to attend the hearing in person, and has no access to a telephone, DHHS will allow the Customer to use a telephone at a DHHS Local Office upon request.</p>	
Hearing Office	<p>SCHEDULING</p> <ol style="list-style-type: none"> 1. Schedule the hearing and notify via an Outlook meeting invitation including the Notice of Hearing. 2. Send a Notice of Hearing to the client.
Lead Worker	<p>SCHEDULING</p> <p>Upon receipt/acceptance of the calendar invite from the Hearing, add the Notice of Hearing to Document Imaging.</p> <ul style="list-style-type: none"> • If EF is involved, set an alert for the EF Case Manager who is/was assigned to the case advising of the scheduled appeal. <p>COVERAGE</p>

	If the Lead Worker has a conflict with the Hearing Date or time due to planned leave, they must immediately find coverage. Forward the calendar invite to the coverage Lead Worker, thus notifying the Hearing Office. Copy the Appeals Coordinator at DHHS.CFSAppeals@nebraska.gov .
Supervisor	<p>SCHEDULING</p> <p>Accept the calendar invitation from the Hearing Office.</p> <p>COVERAGE</p> <p>The Supervisor must find coverage should the Lead Worker be absent the day of the hearing.</p>
Lead Worker	If a request for continuance is received, direct the individual to contact Legal Services as indicated on the Notice of Hearing. The Notice of Hearing is available in document imaging if the contact information is needed. Contact Unit Manager of LW/Supervisor if DHHS fails to appear for scheduled hearing.
Hearing Office	<p>REQUEST FOR CONTINUANCE</p> <p>Approve or deny the request to reschedule. If a continuance is granted, send a new Notice of Hearing to all interested parties. CC Appeals Coordinator.</p>

Preparing an Appeal	
Lead Worker	<p>PROPOSED EXHIBITS</p> <p>The Notice of Hearing will advise the lead worker when the exhibits should be submitted to the Hearing Office.</p> <p>Gather necessary exhibits for hearing and prepare an Exhibit List. Use the Exhibit List Template, adding additional exhibits, if necessary. Indicate the number of pages each exhibit contains. Do not change the numbered items presented on the template as they are listed at the preference of the Hearing Office.</p> <p>HEARING PREPARATION</p> <p>If additional witnesses are necessary, forward the calendar invitation requesting their presence and informing them of the date and time of the hearing, thus notifying the Hearing Office.</p> <p>The Lead Worker must be fully prepared for the hearing and be thoroughly familiar with the case, actions taken, and regulation implemented. If there are questions during preparation, consult your supervisor and if necessary, send a Policy Question.</p> <p>DISMISSAL REQUEST</p> <p>If during preparation for the hearing, the Lead Worker determines that the appeal should be dismissed, they will:</p> <ol style="list-style-type: none"> 1. Complete an Appeal Cover Sheet.

	<ol style="list-style-type: none"> 2. E-mail the Appeals Cover Sheet, and any additional documentation as required by the form, to the Hearing Office, CC: the Appeals Coordinator. 3. Add the Appeal Cover Sheet to Document Imaging. 4. Mail a copy of the Appeals Cover Sheet to the client in order to avoid any ex-parte communication.
Appeals Coordinator/ Hearing Office/ Lead Worker	<p>DISMISSAL REQUEST</p> <p>If a request for dismissal is received, follow the previously outlined process regarding dismissal requests.</p>
EF Contractor	<p>When an appeal is regarding an EF decision, the EF contractor must participate in the hearing.</p> <p>EF Contractors will:</p> <ol style="list-style-type: none"> 1. Have a person to coordinate hearings in each Service Area. 2. EF Contractors will prepare hearing exhibits and submit them to the assigned DHHS Lead Worker no later than ten (10) workdays prior to the hearing. 3. The EF contractor will participate in the hearing.
Lead Worker	<p>EF APPEALS</p> <p>If the exhibits include exhibits submitted by the EF worker, review the exhibits provided by EF and add them to the exhibit list.</p> <p>SUBMITTING PROPOSED EXHIBITS</p> <p>Once all of the proposed exhibits have been gathered, the information must be sent to the client and Hearing Office, a copy is loaded to the Master Case via Document Imaging in N-FOCUS.</p> <p>The Lead Worker is responsible for making sure this task is completed properly and at least five business days prior to the hearing date.</p> <p>The Lead Worker must ensure that a narrative was created in the case file that this task was completed.</p> <p>If other exhibits need to be added after the proposed exhibits have been submitted, a new Exhibit List Template must be completed. This needs to be attached to the original exhibits plus any newly added exhibit(s), scanned in Document Imaging, and resubmitted to the Hearing Office, mailed to the appellant, and sent to any other parties as needed.</p>
The Hearing	
Lead Worker	<p>Represent DHHS in the Hearing. Summarize the case activity for the Hearing Officer. Document in the case narrative the date and time of the hearing, and who was present.</p>

Hearing Office	Conduct the Hearing. If the Lead Worker does not call in at the scheduled time, the Hearing Officer will attempt to locate the Lead Worker and/or the Supervisor via communicator or telephone.
EF Contractor	Represent the contractor in the Hearing.
Supervisor	Find coverage should the Lead Worker be absent the day of the hearing.

The Final Order

The Final Order	
Hearing Office	Submit the Final Order to the Appeals Coordinator, customer, and all parties listed on the cover sheet.
Appeals Coordinator	<ol style="list-style-type: none"> 1. Receive Final Order and document on spreadsheet. 2. Upload the Final Order and any additional documentation to Document Imaging in the Master Case. 3. E-mail the order to the Policy Questions mailbox.
Appeals Coordinator	Forward the Final Order or Dismissal to any additional interested parties such as EF Contractor, Program Manager, IRT, SDP, or ICC.
Lead Worker	<p>Receive the Final Order and take appropriate case actions timely. The Lead Worker must wait three business days after receiving the findings on a dismissed appeal in case the hearing is rescheduled. Do not send a new Notice of Action.</p> <p>If benefits continued while the appeal was pending, send a Generic Notice with the Affirmed Decision Notice Language.</p> <p>If the client is requesting an update, advise the client they will be notified when a decision is issued.</p> <p>UNDERPAYMENTS</p> <p>If Department decisions are reversed, process any underpayments that have occurred and close your assignment.</p> <p>OVERPAYMENTS</p> <p>Unless overpayments need to be processed, return the case to the Universal Caseload. Before processing overpayments, wait until the month of ineligibility is over. (Example: June overpayments cannot</p>

	be processed until July 1 st .) Issue a demand letter and close your assignment.
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Specialized Information

State Disability Program Appeals	
SDP Worker	Fulfill all of the duties outlined above in the role of Lead Worker. CC Deb Flowers on all emails regarding appeals that are PAS related.
Overpayments Appeals	
Overpayment Team	When a demand letter is created by the Overpayment Staff, the staff will send a copy of the NOA regarding the Overpayment with the Demand Letter. Upon receipt of an appeal request regarding an overpayment, the OP staff will fulfill all of the duties outlined above in the role of Lead Worker.
Multiple Overpayments	
Lead Worker	When benefits have been restored pending the decision of an appeal, the Department's actions have been upheld, and there are additional overpayments discovered which occurred during the time benefits were restored; the overpayments must be referred to the OP Team. Document the reason for the referral.
ADC/EF Hardship and IRT Appeals	
Lead Worker	Notify TANF Program Staff via a policy question of the request for a fair hearing.
Emergency Assistance Appeals	
All Staff	Upon receipt of the request for hearing, immediately send email to Appeals Coordinator. Emergency Assistance appeals must be scheduled within 10 days of receipt of the request for hearing.

Copy and Paste:

Affirmed Notice Language

Effective MM/DD/YYYY, the Department of Health and Human Services (DHHS) will take the following action:

(Restating Initial Action)

This action was the subject of an administrative appeal before the Department of Health and Human Services (DHHS) in Hearing Number _____. An order affirming the proposed action was entered on (Date decision is signed by the Department). A copy of that order was previously provided to you.

At your request, the proposed action was delayed until the administrative appeal process was completed. Because the administrative appeal process has been completed, the action will now be taken.

Or for Spanish speaking clients

Efectivo, _____ el Departamento de Salud y Servicios Humanos (DHHS) tomará la siguiente acción:

(Describe Action)

Esta acción fue sujeto de una apelación administrativa ante el Departamento de Salud y Servicios Humanos (DHHS) sobre Número de caso _____. Una orden afirmando la acción propuesta se ha introducido el _____. Una copia de esa orden previamente ha sido proporcionada a usted.

A petición suya, la acción propuesta se retrasó hasta que se completó el proceso de apelación administrativa. Debido a que el proceso de apelación administrativa se ha completado, ahora se tomará la acción.

Narrative for Appeal Hearing

Appeal hearing held this date, (date) at (time) for Appeal Number: (Enter number). DHHS LEAD Worker (Your name), (other parties), Hearing Officer (name), and client (name) were the parties present.

No further action taken at this time as the Hearing Office will submit a Final Order.

Narrative for Submission of Proposed Exhibits

Proposed Exhibits mailed to Client Name (first and last) on this date, (date), at his/her current address of (address) for Appeal Number: (number as provided by Hearing Office)

Proposed Exhibits loaded to Document Imaging this date under Hearing category. E-mailed Proposed Exhibits to Hearing Office, cc: Appeals Coordinator this date.

Template for SNAP Verbal Appeal Request

Subject: SNAP Verbal Appeal Request

Attachments:

Body: MC#

Client Name:

Date of Request:

Reason for Appeal Request:

Request for Restored Benefits: Yes/No

(Copy and Paste into the case narrative)

Universal Case Assignment Language

I have been assigned to your appeal request and will be the Lead Worker for your Master Case throughout this process. If you have any questions, you may reach me at (XXX) XXX-XXXX. Upon the decision from the Hearing Office for the Appeal, I will no longer be assigned to your case.

Withdrawn Notice Language

The previous notice dated MM/DD/YYYY has been withdrawn.

APPEAL INFORMATION	
Program	Appeal Reason
AABD	Denial
AABD	Special Requirements
AABD	Overpayment
AABD	IPV
AABD	SIU Hearing
AABD	Eligibility Determination
AABD	Drug Felony
SSAD	Denial
SSAD	Services
SSAD	Overpayment
SSAD	IPV
SSAD	SIU Hearing
SSAD	Eligibility Determination
SNAP	Household Composition
SNAP	Identification
SNAP	Citizenship/Immigration
SNAP	Sanction/Disqual/FTC
SNAP	Resources
SNAP	Earned Income
SNAP	Self-Employment
SNAP	Unearned Income
SNAP	Student Status
SNAP	Shelter Expenses
SNAP	Utilities
SNAP	SNAP Work Requirements
SNAP	Child Support Non-coop
SNAP	Expedited
SNAP	Child Support deductions
SNAP	Medical Deductions
SNAP	Child Care Deductions
SNAP	Homeless Shelter Deduction
SNAP	Living Arrangement
SNAP	Overpayment
SNAP	IPV
SNAP	SIU Hearing
SNAP	Eligibility Determination
SNAP	Allotment Amount
SNAP	Drug Felony
Child Care	Earned Income
Child Care	Services
Child Care	Household Composition
Child Care	Self-Employment

Child Care	Child Support Enforcement
Child Care	Student Status
Child Care	Verifications
Child Care	Unearned Income
Child Care	Closed
Child Care	Overpayment
Child Care	IPV
Child Care	SIU Hearing
Child Care	Eligibility Determination
LIHEAP	Household Composition
LIHEAP	Earned Income
LIHEAP	Self-Employment
LIHEAP	Unearned Income
LIHEAP	Living Arrangement
LIHEAP	Crisis
LIHEAP	Citizenship/Immigration
LIHEAP	Sanction/Disqual/FTC
LIHEAP	Medical Impairment/Cooling
LIHEAP	Repair/Replacement/Air Conditioner
LIHEAP	Payment Issuance
LIHEAP	Overpayment
LIHEAP	IPV
LIHEAP	SIU Hearing
LIHEAP	Eligibility Determination
ADC	Household Composition
ADC	Social Security Number
ADC	Citizenship/Immigration
ADC	EF Sanction
ADC	Resources
ADC	Earned Income
ADC	Self-Employment
ADC	Unearned Income
ADC	Student Status
ADC	Child Support Non-coop
ADC	Child Care Deductions
ADC	Other Assistance
ADC	EF Exemption
ADC	Hardship
ADC	Supportive Services (EF)
ADC	Time Limit
ADC	Overpayment
ADC	IPV
ADC	SIU Hearing
ADC	Eligibility Determination

ADC	Drug Felony
EA	Household Composition
EA	Social Security Number
EA	Citizenship/immigration
EA	EF Sanction
EA	Resources
EA	Earned Income
EA	Self-Employment
EA	Unearned Income
EA	Student Status
EA	Child Support Non-Coop
EA	Child Care Deductions
EA	Other Assistance
EA	EF Exemption
EA	Hardship
EA	Supportive Services (EF)
EA	Time Limit
EA	Overpayment
EA	IPV
EA	SIU Hearing
EA	Eligibility Determination