



311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: # 20-02

Effective Date: Immediately

Issuance Date: July 3, 2019

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

FROM: NETSANET KIBRET, EXECUTIVE DIRECTOR 

RE: HOMELESS SHELTER DEDUCTION INCREASE

**PROGRAM AFFECTED: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
(SNAP)**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

Background

With the recent passage of the 2018 Farm Bill, the amount of the homeless shelter deduction increased. Effective immediately, the value of the deduction is now **\$148** (an increase of \$5) per month.

Policy Review

Definition of Homeless

A household is considered homeless if the individual or family does not have a fixed and adequate nighttime residence. Examples of such living arrangements include:

- the street,
- a temporary shelter,
- a different friend or relative's house each night,
- a bus station,
- a lobby,
- a car, or
- an abandoned building or any similar place.

Special Eligibility for Persons who live in Homeless Shelters

The policy which states residents of institutions cannot receive SNAP benefits does **NOT** apply to people who live in public or private non-profit homeless shelters. If otherwise eligible, residents of homeless shelters may receive SNAP benefits, even if the shelter provides meals.

Action Required

Case managers should not give the household the \$148 homeless shelter deduction unless the household meets the definition of homeless.

- When all members of the household are homeless and they are paying any amount for shelter, the household is still entitled to the \$148 standard homeless shelter deduction.
- Case managers should allow actual shelter expenses, instead of the homeless shelter deduction, **if** the actual shelter costs would result in a higher deduction under the excess shelter calculation.

CARES Procedures

To ensure the household receives the homeless shelter deduction:

- The residential address field of the ADDR screen should indicate homeless. A valid mailing address is required in the mailing address fields; a local department's mailing address can be used if the customer does not have a mailing address. The Special Circumstances field located at the bottom of the ADDR screen must be coded homeless (**HO**) to indicate homelessness.

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CHANGE                               HOUSEHOLD ADDRESSES - ADDR          ADDR 01
Month 06 16                          RAD21Q   04 25 16

DO 210  EW ID REM21B  Client ID      Prev DO      PPI Group
HOH F Name           M Name          L Name SMITH          Sfx

Authorized Rep Y  Prim Lang E  Visually Impaired N  Hearing Impaired N
                    Interpreter Needed N

Residential Address      Addr Chng      DJJ Ind
Address Line 1           Line 2
Street Number Dir      Name          Type          Apt
City HAGERSTOWN        HOMELESS      ST MD        Zip 21742     Phone 301
                    Message Phone 301

Mailing Address Del
Address Line 1           Line 2
Street Number Dir      Name          Type          Apt
                    13324      HIGH          ST
City HAGERSTOWN        ST MD        Zip 21742

Previous Addresses in last 2 years N  Special Circumstances HO
Message

15-lett                               20-awg 21-narr 23-ala 24-Del

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- The DEM1 screen should also indicate homeless (HL) in the Living Arrangement field.

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CHANGE                               CLIENT DEMOGRAPHIC 1 - DEM1          DEM1 01
Month 03 06                          RTAH67   12 27 05

Client Name BROOKE                               SHIELDS          CL ID 491022496
Statewide FIP Group T  TREATMENT

CSB Notification Date:
Client Ethnicity N  CIS Primary Race B Race(s) B          V S
Alt SSN            SSN APPL          More          DOB
Name Referral     Date          SSN1          V          SSNs (MM DD YYYY) V Sex
                    217 76 8406 CA          Y          04 29 1975 BC F

----- Place of Birth ----- MD Mar Living V Dest Boarder Amt Paid
City Res Stat Arrgm CC Migrant Num Meals for Meals
Hospital St Y N HL

Concurrent Parental V ----- Pregnant ----- Prenatal V
Out of State Status Due Date V Unborn Num V Care
CA FS MA Eligible Expect
N N N

Message

14-EDRS 15-lett                               20-CRS          23-ala
4B :00.1                                     10/03

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- To ensure the customer receives the homeless shelter deduction, case managers MUST enter the \$148 in the rent field of the SHEL screen. If the household is paying actual shelter expenses which exceed the \$148 homeless shelter allowance, actual expenses should be used instead of the \$148.

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CHANGE                SHELTER EXPENSES - SHEL                SHEL 01
Month 03 06          RTAH01  02 09 06
Client Name SALLY    MAF                                Client ID 442023414

CUSTOMER PAYS:      AMT    V    UTILITY METHOD: (Select One) SEL V
Rent                = 148.00  0T    No Utilities
Mortgage
Ground/Lot Rent    SUA
Condo Fee          LUA
Taxes              Actual Expenses Claimed
Insurance

Subsidized Housing  V

Rent Vendor: Begin      End

ACTUAL EXPENSES:    AMT    V                AMT    V
Gas                  Sewage
Electric            Garbage
Water               Other Util
Oil                 Phone

Message

15-lett

MA+ >> 06/020

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- The homeless shelter deduction will appear on the CARES FSFI screen.

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CHANGE                SHELTER EXPENSES - SHEL                SHEL 01
CHANGE              FOOD STAMP FINANCIAL ELIGIBILITY - FSFI    FSFI  A
Month 03 06          RTAH01  02 09 06
AU ID 120043525     Prog FS   Prog Type S  HH Size 01
                   Cat Elig N   Child Support Deductn      .00
Assets
Asset Limit         2000.00  Shelter Cost                148.00  Uncapped
Total Assets        .00       Shelter Deductn            148.00  Shelter N
Income Test
Gross Income Standard 1127.00  Dep Care Deductn          .00    TFS N
Gross Earned Income  .00     Adjusted Net Income       .00    CAP N
Earned Income Deductn .00     Net Income Standard       867.00 SM
Net Earned Income    .00     30% Adj Net Income        .00
Gross Unearned Income .00     Thrifty Food Plan         200.00
Cash Benefit Amount  .00     Grant Amount              200.00
IV-D Passthru Amount .00     Recoupment Amount         .00
Standard Deductn    144.00  Benefit Amount            200.00
                   Previous Benefit           200.00

Bnft Eff Date 020806  Bnft Confirm   Reasons 237          Budgeting Method P
Notice Type      Waive Advr Act Period   Notice Override   Simplified Rpt N
Redet Begin Date 02 06  Redet End Date 07 06  MR Stat N  MR Class 7  Strat Y

Message

13-note

MA+ >> 01/071

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Attachment

SNAP Manual Section 600

Inquiries

For policy-related questions, please complete the [FIA Policy Information Request Form](#) found on Knowledge Base as shown in the screenshot below.

The screenshot displays the DHS Knowledge Base website. The left sidebar contains a navigation menu with several items, two of which are circled in red: "Family Investment Administration" and "Contact us with your FIA Program Eligibility Policy Question". The main content area features a heading "Contact us with your FIA Program Eligibility Policy Question" and a form titled "FIA Policy Information Request". The form includes instructions and a field for "Email address *". On the right side, there are contact cards for Carrie A. Durham, JD (Director, Office of Policy and Training) and Candice A. Roberts (FIA Enquirer Assistant). A "Tools" button is located at the bottom right of the page.

For CARES/systems questions, please contact fia.bsdm@maryland.gov.

cc: DHS Executive Staff
FIA Management Staff
Constituent Services
DHS Help Desk
Office of Administrative Hearings