

Case Name: _____

Case Number: _____

CANO FORMAT WITH PROMPTS (OPTIONAL)

Checklist - Before Processing Application/Review:

- Check CLPM for other Programs
- Change CARC
- Check Alerts
- Review CANOs
- Review CASS Screen
- Check Direct Deposit on EBDD (for previous cases)

SUBJECT	CANO FORMAT	PROMPTS	ET NOTES
RECORD TITLE	<ul style="list-style-type: none">• This field is mandatory. Ensure the title matches the action and purpose of the CANO.• For application and reapplication, include the name of the program(s), date of application, and action taken (pend, approved or denied).• Refer to MS 109-9A for additional guidance on CANO Titles.• Example: FS/ME App – 07/05/11 – Approved	For TA: <ul style="list-style-type: none">• Tribal TANF? Ensure copy of application is forwarded to Native entity as required.	
APP DATE & BSD:	<ul style="list-style-type: none">• This section is for documenting application and benefit start dates, and offering other programs that the applicant did not check on the application.• Omit documenting the application and benefit start dates if the dates are the same. If the dates are different, explain based on specific program rules and requirements why the application date and benefit start date are different.• Exception: CAMA and Medicaid application, recertification and reviews – the difference with the app date and BSD do not need to be documented for these situations.• Example: BSD – 11/25/11 (reason why it is different); informed PI about other DPA programs available for the household, but PI declined to apply.		

<p>R&R:</p>	<ul style="list-style-type: none"> • Document if rights and responsibilities were discussed and understood. If no interview is required, omit documenting R&R. • If the interview was conducted by a fee agent, document that fee agent has discussed rights and responsibilities to the client and given the client a copy of the Rights and Responsibilities form (GEN 51) as indicated in the fee agent checklist. 	<ul style="list-style-type: none"> ○ Release of Information ○ Change Reporting Requirements ○ Fraud Penalty Warnings <p>For TA:</p> <ul style="list-style-type: none"> • Explain Child Support Assignment • Work First Expectations & Referral to ESS/CM. • Refer to Addendum B and C of the Statewide PMG. 	
<p>HHC:</p>	<ul style="list-style-type: none"> • Document relationship as it pertains to specific program(s) - name, relationship, and age of persons in the household. • Document non-MFU persons in the household. If there are people in the home who are not on EIS or the application, list who and why they are not included. A reviewer should be able to look at the CANO and EIS and tell exactly who lives in the home and their relationship to the members of the participating household. • If there is alien in the household, check ASVS. Document Alien entry date. Document student status if it affects eligibility. • Document individuals in household who are considered responsible for the care of the applicant (GA/CAMA). • Document if there is someone in the household who is disqualified, the reason for the disqualification and the dates of disqualification. Reference the appropriate IPV CANO. • Address drug or fleeing felon issues, felony conviction dates and how it was verified. <ul style="list-style-type: none"> ▪ If there is an absent parent, shared custody and the child moves between the homes on a regular basis, document if applicant/PI has custody of the child more than 50% of the time. Whenever possible, verification from the other parent of where the child is expected to be living should also be documented (TA MS 711-6B). 	<p>For TA:</p> <ul style="list-style-type: none"> • Confirm relationship to child(ren) - BC or confirmed through CSSD? • AK Vital Stats when applicable. • Absent parent (1603), step parent (obtain info), • Minor Parent (obtain info both adults), 3rd trimester. Father in the home (obtain info). • Statement of relationship when an NR male is HH and father's name not on child(ren)'s BC • Custody? • Fleeing Felon? <p>For APA:</p> <ul style="list-style-type: none"> • Age >65yrs? • Wall between APA 452-10A & TA 758-6 • Wall between APA & FM 5162-7A 	

INTERVIEW DATE:	<ul style="list-style-type: none"> • Enter the interview date and next interview date (month and year) on the ADDR screen. • If applicant has a second language, enter this information on ADDR. • If interview is conducted by phone, document if the client verified their identity using their date of birth <u>and</u> last four digits of the SSN. • Document if interpreter service was offered and used. • If interpreter service was offered but the client refused, document this action. • If interpreter service was used, document the type of interpretation provided such as telephonic with DPA contracted service, or in-person. • If the service was in-person, document the name of the interpreter and relation to the applicant (e.g., family member, third party, state employee, etc.). 		
ADDRESS AND TELEPHONE	<ul style="list-style-type: none"> • Document address (physical and mailing address) or telephone (home, cell, work or message number) only if the information on the ADDR screen is different from what is written on the application or recertification, or if an explanation is needed. • Document if applicant stated that they are currently residing and intends to stay in Alaska. 	For TA, APA/IA, FS and SB: <ul style="list-style-type: none"> • Payee? (APA14) • Authorized Rep? 	
ROPD:	<ul style="list-style-type: none"> • Document what permanent documents were used to prove identity and relationship/kinship to PI or specified relatives, how the documents were obtained and verified. • For new ATAP, FS, APA and ME application, create a separate CANO entry for Citizenship, identity and relationship/kinship. If there are no changes from the previous CANO, reference the previous CANO with date of entry and title. • Create a separate CANO when POA and guardians are assigned. 	<ul style="list-style-type: none"> • SVES match can be used for ID & Citizenship 	

<p>PRIOR SUPPORT:</p>	<ul style="list-style-type: none"> • What are the household’s means of family support before applying for assistance and what has changed (job, income, resources, etc.)? • Did the household receive TANF in Alaska or from other states (include Tribal TANF)? Was the household living in a exempt village • If the HH is new to the state: What brought them to AK? Were they receiving benefits in the prior state? If yes, contact the state and verify. Did a job end? If yes, when did it end, why did it end? Is the member eligible for UIB from that state? How did they pay for their travel to Alaska? 	<p>For TA:</p> <ul style="list-style-type: none"> • Hand count TABH screen months for TLIP • Hand count earned income “y” indicator on TAIH screen. • Obtain reason & need for TA for potential diversion candidate? 	
<p>WORK REQUIREMENTS /DISABILITY</p>	<ul style="list-style-type: none"> • Document penalty information. Document intent to cure penalty date and referred to partner agency for resolution. Also, document if anything else such a penalty, job-quit, barrier, good cause, or exemption needs further explanation or clarification. • Document TA-10 and disability date if necessary. • Med11, AD-2, date of SSI application, DDS referrals or decisions, SSI or SS-DS • Determination of incapacity status • IA explanation and IAR 	<p>For TA:</p> <ul style="list-style-type: none"> • Connect EIS & CMS • SEPA “IN”, WORK screen, JOMO – for each adult (for ex: if “IC” temporarily use Y in volunteer code to connect EIS to CMS). JOMO in “JB”- “OP” current month. • Explain work activities/meet w/ ESS. • Explain penalties for non-coop. • Use most accurate coding on WORK screen (“C” vs. “E”) • Explain 2P seasonal reduction timeframes and 60 month time limit. 	

<p>RESOURCES</p>	<ul style="list-style-type: none"> • Document information that is not clearly identified on EIS. If information reported on the application differs from what is entered on EIS, provide further explanation or clarification in CANO • Was there any transfer of assets • Review liquid and non-liquid resources • Are there any individuals in the HH who are considered responsible for the care of the applicant (GA/CAMA) • Examples of information to document: <ol style="list-style-type: none"> 1) If someone in the household owns Native dividends, document the owner's name, number of shares, and the name of the corporation issuing the dividends. 2) If someone in the household has a bank account, it is not necessary to document changes in bank account balance because this information is reflected on the FIAC screen. However, if the account closed or a new account is opened, this information must be documented. 3) If someone in the household owns a vehicle, the value of the vehicle does not need to be documented because this information is reflected on the VEHI screen. However, if the vehicle was sold and the household obtained a new vehicle, this information must be documented. 	<p>For TA/FS/ME:</p> <ul style="list-style-type: none"> • Resources at time of interview? <p>For APA:</p> <ul style="list-style-type: none"> • First moment of the month? APA11? <p>For APA/ME</p> <ul style="list-style-type: none"> • List resources as no EIS screen sequence exists for them. • SLMB? 	
<p>STUDENT STATUS</p>	<ul style="list-style-type: none"> • Household members receiving school loans, scholarships, and grants • Document if there is a post-secondary education – name, date of graduation, and if they are eligible student or not, and an explanation. • Document if the household includes an 18 or 19 yr old high school student – name and date of graduation. • Document if there are children under 18 who are working and not attending school (income is countable). 	<p>For TA:</p> <ul style="list-style-type: none"> • Confirm school enrollment for minor parent(s) in the home. 	

<p>INCOME</p>	<ul style="list-style-type: none"> • This is a critical portion of the CANO and documentation must be complete and detailed. Document the type of income, how it was verified, and the calculation (actuals, averages, and conversion factors) used to determine eligibility and benefit amount. • Types of income to document: <ul style="list-style-type: none"> ➤ Unearned income - source and amount ➤ Earned income - employer name and phone number; calculation of prospective income; regular/temporary; part-time/full time; seasonal ➤ Self employment income - seasonal or annual; income and expenses as allowed (50% or actual) • Document any development of Income such as pursuit of other income such as UIB, SSI, retirement, etc. • Document any relevant information found in DOL, NSTAR, and SOLQ • Make sure to also document the following: <ul style="list-style-type: none"> ➤ Fluctuating income ➤ Changes in pay rates ➤ Changes in hours ➤ Excluded income • Include the following items in the documentation: <ul style="list-style-type: none"> ➤ Client's Name ➤ Pay period ends ➤ Pay date ➤ Gross Pay/Tips ➤ Hours ➤ Gross Y-T-D ➤ How income was verified • Document collateral contacts made and attempted. 	<p>For IA:</p> <ul style="list-style-type: none"> • Disability determination • SSI or DDS? If SSI income standard, sign and route the IAR agreement to SSI. <p>For APA:</p> <ul style="list-style-type: none"> • Over income/medical needs • Trust handouts <p>For APA/ME</p> <ul style="list-style-type: none"> • SLMB? 	
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<p>DEMH:</p>	<ul style="list-style-type: none"> • Document information that is not clearly identified in EIS or on the applications. If information reported on application differs from what is entered on EIS or hard copy verification, provide further explanation or clarification on CANO. • Household expenses (rent, mortgage, child care, child support paid, medical expenses for SPECAT members, utilities, taxes, insurance) • Are expenses shared? Be sure to reduce allowable shelter deductions by GA or in-kind income amounts. • Emergent need for GA • Heating Assistance (allow as SUD deduction) • Homeless shelter deduction (code DEMH screen with OE AT) • Document collateral contacts made and attempted. 		
<p>MED:</p>	<ul style="list-style-type: none"> • Document only if there is TPL/TPR, private insurance. Refer to MS 109-9H for additional guidance on documenting TPL/TPR • Document request for retroactive Medicaid coverage. • Check previous medical insurance coverage. Provide further explanation or clarification if there is an issue. • If pregnant, indicate estimated due date • SLMB, QMB • Medicare Buy-In • CAMA criteria met/MED 11 	<ul style="list-style-type: none"> • Update: MERE & MERI • When ending insurance segment document e-mail sent to TPL-DMA • CANO diary dates when state only determination. • Continuous Med for individuals under 19 years of age. 	
<p>CC:</p>	<ul style="list-style-type: none"> • Document collaterals made and attempted in the specific subject area. For example, employers that were contacted to verify income must be documented in the income section. Collateral contacts made to landlords must be documented in the DEMH section. • For this section, only document collaterals that are not included elsewhere. For example, if you called a neighbor or relative to verify general household information and it doesn't fit in any of the specific sections, document it here. 		

ACTION:	<ul style="list-style-type: none"> • Document what type of action was taken (i.e., authorize, deny, pend). • If the case is pended, you have the option of documenting the information needed. • Document cert-thru dates. Explain if the cert-thru date is out of the ordinary. • Document the benefit month(s) authorized. • Documenting issuance code is optional. • It is highly recommended and preferred to document notices that were sent, but it is not required. 		
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Checklist – Before Passing the Case Out of Caseload

- Check CASS
- Check/delete Alerts
- Check benefit history or authorization through current month
- Review notices on NOHS
- Clear NORE
- CARC to appropriate caseload