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RHODE ISLAND DEPARTMENT OF HUMAN SERVICES MANUAL

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FOOD STAMPS

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CERTIFICATION PROCEDURES

SECTION 1012

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ISSUING IDENTIFICATION (ID) CARDS

1012.15

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REV:01/1984

An ID card is issued to each certified household as proof of program eligibility. The card is issued either manually (see Section 1036.45) or is computer-generated. The ID card which is serially numbered is issued in the name of the household member to whom the ATP is issued. That household member and any authorized representative must sign the ID card prior to using it. If the household does not name an authorized representative, it is indicated on the ID card that no designation was made. An expiration date is placed on those IDs issued to households that have been certified for delivered meals for a temporary period.

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FOOD STAMPS

SECTION 1012

CERTIFICATION PROCEDURES

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**1012.15.05**

**Frequency of Issuance**

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REV:12/1990

ID cards are issued at the time of initial certification with replacement made only in instance of loss, mutilation, destruction, or changes in persons authorized to obtain or use coupons.

ID cards delivered to households by mail should not be mailed in the same envelope with an ATP card.

OBSOLETE

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FOOD STAMPS

CERTIFICATION PROCEDURES

SECTION 1012

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**Special ID Cards-Delivered Meals Services**

**1012.15.10**

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REV:01/1984

Households in which one or more persons are determined to be eligible to use food stamps in payment for delivered meals, and express an intent to do so are issued an ID card which is marked with the letter "M". Item 18 of the AP-3T is coded to identify these households. (Participants should be requested to advise the delivered meal service that they plan to use food stamps to purchase delivered meals. Persons who meet the eligibility requirements for delivered meals for only a temporary period, such as while convalescing, will have an expiration date on their ID cards.)

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FOOD STAMPS

SECTION 1014

SPECIAL SITUATION HOUSEHOLDS

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**1014.10.25**

**Treatment Center Liability**

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REV:07/1986

The organization or institution is responsible for any misrepresentation or fraud which it knowingly commits in the certification of center residents. As an authorized representative, the organization or institution must be knowledgeable about household's circumstances and should carefully review those circumstances with residents prior to applying on their behalf. The organization or institution is strictly liable for all losses or misuse of food coupons held on behalf of resident households and for any overissuance which occur while the households are residents of the treatment center.

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FOOD STAMPS

SPECIAL SITUATION HOUSEHOLDS

SECTION 1014

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**Penalties and Disqualifications**

**1014.10.25.05**

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REV:07/1986

The organization or institution authorized by FNS as a retail food store may be penalized or disqualified by FNS if it is administratively or judicially determined that coupons were misappropriated or used for purchases which did not contribute to a certified household's meals. The agency must promptly notify FNS when it has reason to believe that an organization or institution is misusing coupons in its possession. However, the agency does not take any action against the organization or institution prior to FNS action.

OBSOLETE

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FOOD STAMPS

SECTION 1014

SPECIAL SITUATION HOUSEHOLDS

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1014.65.10

Use of Coupons by Homeless Households

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REV:04/1987

Homeless households may use food stamp coupons to purchase prepared meals from authorized providers. However, neither cash change nor credit slips can be returned for coupons used for the purchase of prepared meals from these providers. Such meal providers may use uncanceled and unmarked \$1.00 coupons which were previously accepted for meals served to homeless food stamp recipients when change is required for \$5.00 and \$10.00 coupons.

OBSOLETE

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FOOD STAMPS

SPECIAL SITUATION HOUSEHOLDS

SECTION 1014

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Equal Treatment for Coupon Customers

1014.65.15

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REV:04/1987

Homeless meal providers may only request voluntary use of food stamp coupons from homeless food stamp recipients and may not request such households to pay more than the average cost of the food purchased by the meal provider contained in a meal served to the patrons of the service. Voluntary payments by food stamp recipients may be accepted by the meal providers.

"Average cost" is determined by averaging food costs over a period of up to one calendar month. The value of donated food from any source cannot be considered in determining the amount to be requested from food stamp recipients. All indirect costs, such as those incurred in the acquisition, storage or preparation of the foods used in meals must also be excluded.

In addition, if others have the option of eating free or making a monetary donation, homeless food stamp recipients must be provided the same option of eating free or making a donation in money or food stamps.

Note: It is the responsibility of the meal providers to establish a food stamp patron's right to purchase meals with coupons.

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**FOOD STAMPS**

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**SECTION 1024**

**COLLECTION OF CLAIMS**

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**1024.45**

**RETURNED FOOD STAMP COUPONS**

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REV:06/1986

If food stamp coupon books are collected from a household as a payment for claims, they must be voided and destroyed, in accordance with the procedures outlined in this section.

The agency must require claims collection points to either send the food stamp coupons, which are not returned to inventory, to the agency for destruction or hold the subject coupons in secure storage pending examination and destruction by the agency at the claims collection point. After verification of the reports from the claims collection point, the agency must destroy the coupons or coupon books received from the claims collection points if the value of the coupons does not exceed \$500 per claims collection point per month. The agency must request FNS approval prior to any destruction of the coupons.

The agency must destroy the coupons and coupon books by burning, shredding, tearing, or cutting so that they are not negotiable. Officials from the CCR Unit must witness and certify the destruction and forward Form FNS-471, Coupon Account and Destruction Report, with Form FNS-209.



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FOOD STAMPS

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AUTHORIZATION TO PARTICIPATE (ATP) CARD SECTION 1036

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**ELECTRONIC BENEFIT TRANSFER (EBT)**

**1036.05**

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REV:07/1999

Electronic Benefit Transfer (EBT) is an electronic system which allows recipients to authorize transfer of their food stamp benefits from an EBT account to a retailer account to pay for food products. Monthly food stamp benefits are issued on the first of each month and are accessible beginning at 5:00 a.m. on that date with no weekend or holiday delays. Other benefits are credited and available upon authorization. Expedited Food Stamp benefits are processed within the normal time frames.

Recipients access their food stamp benefits by using a plastic Rhode Island EBT card and their personal identification number (PIN) at point of sale (POS) terminals which display the QUEST logo. Electronically, the processor verifies the PIN and the account balance and sends an authorization or denial back to the retailer. If approved, the recipient's account is then debited for the amount of the purchase. No fee is charged when Food Stamp benefits are accessed at POS terminals and no limit is placed on the number of POS transactions in a month.

The amount of Food Stamp benefits for which a household is eligible is calculated pursuant to policies set forth in Food Stamp Manual Sections 1000 through 1083. Disputes regarding the amount of Food Stamp benefits for which a household is eligible are handled pursuant to policies in DHS Manual Section 0110.

Disputes regarding recipients' EBT Food Stamp account balances are handled by the Deluxe Customer Service Help Line at 1-888-979-9939. The Help Line is open 24 hours a day, 7 days a week.

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FOOD STAMPS

SECTION 1036

AUTHORIZATION TO PURCHASE (ATP) CARD

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1036.05.05

FOOD STAMP ISSUANCE OFFICES

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REV:04/1993

Food stamps are issued throughout the state at any branch of the following banks during their regular banking hours:

Centreville National Bank

Citizens Trust Company

First Bank & Trust Company

Fleet National Bank

New Bedford Institute for Savings

Old Stone Federal Bank

Peoples Credit Union

Savings Bank of Newport

Shawmut Bank of R.I. National Association

Rhode Island Hospital Trust National Bank

Washington Trust Company

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AUTHORIZATION TO PURCHASE (ATP) CARD

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SECTION 1036

MANUAL ISSUANCE OF ATP CARDS

1036.10

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REV:12/1990

ATP cards (and ID cards) are manually prepared at the local office if necessary to provide households, certified on an expedited basis (destitute and zero income households), an opportunity to participate in order to comply with the processing standards for initial determinations and recertifications.

A Non-Public Assistance Food Stamp household who is eligible for expedited services are allowed to pick up the ATP card at the nearest welfare office. The agency representative at the Food Stamp office approves the issuance through INRHODES and authorizes a local issuance. S/He then contacts the supervisor at the welfare office and requests that an ATP card be completed for the eligible recipient. The necessary information is copied from the INRHODES file and an ATP card is completed. The serial number of the ATP card is given to the Food Stamp Office representative for entry into INRHODES.

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SECTION 1036

AUTHORIZATION TO PURCHASE (ATP) CARD

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**1036.10.05**

**Manual Issuance Procedures**

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REV:12/1990

The agency representative authorizes the manual issuance during the INRHODES approval process. INRHODES prompts the agency representative to indicate if the initial ATP card is to be issued at the local office, i.e., manually issued. The designated clerk types the ATP card from the information provided on the screen printout. The clerk records the ATP card serial number in INRHODES using the SPECIAL PROCESSING function.

In addition to the required information printed on the ATP card, the clerk must also enter:

- \* THE MONTH OF AUTHORIZATION  
After the printed words - FOOD STAMP AUTHORIZATION,  
type: Month \_\_\_\_\_. (Enter 01 through 12  
for the appropriate month, January through December.)
- \* THE NUMBER OF PARTICIPANTS  
Under the typed entry for month of authorization, type:  
Number of Participants \_\_\_\_\_. (Enter  
the appropriate number.)

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AUTHORIZATION TO PURCHASE (ATP) CARD

SECTION 1036

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COUPONS DESTROYED AFTER RECEIPT

1036.15

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REV:11/1987

A household may request a replacement for that portion of its allotment, not to exceed one month's food stamp allotment, which it had received but which was subsequently destroyed in a household disaster such as a fire or flood.

To qualify for a replacement, the household must meet the following conditions:

- \* Report the destruction to the agency representative within ten (10) days of the incident or within the period of intended use, whichever is earlier; and,
- \* Sign an RIFS-55 - Affidavit to Authorize Replacement:
  - 1) attesting to the destruction of the household's food stamps;
  - 2) stating that the original coupons will be returned to the agency, if recovered by the household; and,
  - 3) stating that the household is aware of the penalties for intentional misrepresentation of the facts. The statement must be retained in the case record.

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FOOD STAMPS

SECTION 1036

AUTHORIZATION TO PURCHASE (ATP) CARD

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**1036.15.05**

**Responsibilities of the Agency**

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REV:12/1981

Upon receiving a request for replacement of coupons reported as destroyed in an individual household disaster, the agency representative:

- \* Verifies the disaster through either a collateral contact with a community agency, such as a fire department or the Red Cross, or a home visit;
- \* Examines the case record for notation of previous requests by the household for replacement of coupons or ATPs reported destroyed subsequent to receipt. Replacement of coupons reported as destroyed subsequent to receipt is made only once in a six-month period. If, in the previous five months, the household has been issued a replacement for either coupons or an ATP reported as destroyed subsequent to receipt, then replacement must be denied;
- \* Issues replacement coupons, if warranted, within ten (10) days of receipt of the request for replacement; and,
- \* Indicates in the Case Activity Chronology (DHS-8) that a replacement has been provided.

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AUTHORIZATION TO PURCHASE (ATP) CARD

SECTION 1036

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ATP CARD STOLEN/DESTROYED AFTER RECEIPT

1036.20

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REV:12/1981

A household may request replacement for an ATP which it had received, but which was subsequently stolen or destroyed in a household disaster such as a fire or flood.

To qualify for a replacement, the household must meet the following conditions:

- \* Report the theft or destruction to the agency representative within ten (10) days of the incident or within the period of the ATPs intended use, whichever is earlier; and,
- \* Sign an RIFS-55 - Affidavit to Authorize Replacement:
  - 1) attesting to the theft or destruction of the household's ATP;
  - 2) stating that the original ATP will be returned to the agency if recovered by the household; and,
  - 3) stating that the household is aware of the penalties for intentional misrepresentation of the facts.

This statement is retained in the case record.

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FOOD STAMPS

SECTION 1036

AUTHORIZATION TO PURCHASE (ATP) CARD

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**1036.20.05**

**Responsibilities of the Agency**

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REV:08/1990

Upon receiving a request for replacement of an ATP reported as stolen or destroyed in an individual household disaster, the agency representative:

- \* Determines, to the maximum extent practicable, the legitimacy of the request for replacement of the stolen or destroyed ATP (through such means as determining whether the original ATP has been transacted, and, if so, whether the signature on the original ATP matches that on the request for a replacement);
- \* Verifies the disaster through either a collateral contact with a community agency, such as a fire department or the Red Cross, or a home visit;
- \* Determines if the ATP was valid when issued and if it has been reported stolen or destroyed in the period of its intended use (for ATPs issued after the 15th of the month, the period of intended use is the last day of the month following the issuance month);
- \* Examines the case record for notation of previous requests by the household for replacement of coupons reported destroyed or an ATP reported stolen or destroyed subsequent to receipt. Replacement of an ATP reported as stolen subsequent to receipt or an ATP or coupons reported as destroyed subsequent to receipt is made only once in a six-month period. If, in the previous five months, the household has been issued a replacement for an ATP reported as stolen subsequent to receipt, or an ATP or coupons reported as destroyed, then a request for a replacement of a stolen or destroyed ATP must be denied.
- \* Issues a replacement ATP, if warranted, within ten (10) days of receipt of the request; and,
- \* Indicates in the Case Log that a replacement has been provided.



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AUTHORIZATION TO PURCHASE (ATP) CARD

SECTION 1036

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ATP LOST/STOLEN IN THE MAIL PRIOR TO RECEIPT 1036.30

REV:08/1990

The agency must issue a replacement ATP for an ATP lost or stolen in the mail prior to receipt only if the ATP is reported lost or stolen in the mail in the period of its intended use and if the household requesting the replacement has not already been issued two (2) replacements in the previous five (5) months. For an ATP issued after the 15th of the month, the period intended for its use is the last day of the month following issuance.

OBSOLETE

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FOOD STAMPS

SECTION 1036

AUTHORIZATION TO PURCHASE (ATP) CARD

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**1036.30.05**

**Responsibilities of the Agency**

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REV:08/1990

When a household reports the non-delivery of an ATP, the agency representative:

- \* Determines if the ATP was valid when issued, actually mailed, and if sufficient time has elapsed for delivery;
- \* Determines, to the maximum extent practicable, the legitimacy of the request for replacement of the lost or stolen ATP. Through use of the Distribution File in the Case function in INRHODES determines if the original ATP has been returned to the agency. If the original ATP has been returned, and has not been transacted, there is no need to complete the RIFS-55 Affidavit prior to authorization of a replacement ATP card. (An ATP card that has been returned to the agency and replaced in this way does not count as an ATP lost or stolen in the mail.) Indicates in the Case Log that the ATP was returned to the agency.
- \* If the original ATP card has not been returned to the agency, prepares and has the participant sign an RIFS-55 (Affidavit to Authorize Replacement) stating that the original ATP will be returned to the agency if recovered by the household and that the household is aware of the penalties for intentional misrepresentation of the facts. The statement may be mailed in if the participant is unable to come into the office because of age, handicap or distance from the office and is unable to appoint an authorized representative. The statement must be retained in the case record;
- \* Provides a replacement no more than ten (10) days after report of nondelivery has been received;
- \* Denies or delays replacement of the ATP in cases in which documentation indicates that the request for replacement is fraudulent. However, the household must be informed of its right to a fair hearing to contest the denial or delay of the ATP. The denial or delay of the replacement ATP remains in effect pending the hearing decision. The agency may combine the fair hearing with a fraud hearing. To deny or delay a replacement, the agency must have documentation indicating the likelihood of fraud, such as a match between the signature on the original ATP that has been transacted and the signature on the replacement request, or the notation (by the issuing

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SECTION 1036

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agent) of the participant's correct food stamp identification number (unless the household reports that its ID was stolen) on an original ATP that has been transacted; and

- \* Takes other action warranted by the reported non-delivery.

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SECTION 1036

AUTHORIZATION TO PURCHASE (ATP) CARD

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1036.35

ATP/COUPONS LOST OR MISPLACED AFTER RECEIPT

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REV:04/1986

The agency must not issue a replacement ATP card or allotment to a household which reports that its ATP card or coupons were lost or misplaced after being received.

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AUTHORIZATION TO PURCHASE (ATP) CARD

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SECTION 1036

WHEN REQUEST FOR REPLACEMENT IS FRAUDULENT

1036.40

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REV:04/1986

In cases in which an ATP replacement is requested, but documentation exists to substantiate that the request for replacement is fraudulent, replacement of the ATP is denied or delayed. However, in that event, the household must be informed of its right to a fair hearing to contest the denial or delay of the replacement of the ATP. The denial or delay of the replacement ATP remains in effect pending the hearing decision. The fair hearing may be combined with a fraud hearing. To deny or delay a replacement, the agency must have documentation substantiating fraud, such as a match between the signature on the original ATP that had been transacted and the signature on the replacement request (RIFS-55). Fraud could also be indicated where the issuing agent has noted the participant's correct food stamp identification number (unless the household reports that its ID was stolen) on an original ATP that has been transacted.

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SECTION 1036

AUTHORIZATION TO PURCHASE (ATP) CARD

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1036.40.05

Report to Postal Inspection Service

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REV:04/1986

On at least a monthly basis, the Providence Food Stamp Office must report all ATP cards reported as lost or stolen in the mail to the appropriate office of the Postal Inspection Service. The agency assists the Postal Service during any subsequent investigation and, upon request, supplies the Postal Service with facsimiles of the original ATP, if transacted, the replacement ATP card, and a copy of the non-receipt statement (RIFS-55). The agency must advise the Postal Service if the original ATP was not transacted.

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AUTHORIZATION TO PURCHASE (ATP) CARDS

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SECTION 1036

Use of an Alternate Issuance System

1036.40.10

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REV:04/1986

The agency may place a household in an alternate issuance system when circumstances exist which indicate that the household may not receive their benefits through the normal issuance system. For example, when a household has a history of reported non-receipts of ATP cards.

After two (2) requests for replacement of original or replacement ATPs reported as not delivered in a six (6) month period, the agency must issue benefits to that household under an alternate issuance system. The two requests may be for either an original or a replacement ATP. The agency keeps the household on the alternate issuance system for the length of time the agency determines to be necessary. The agency may return the household to the regular issuance system if the agency finds that the circumstances leading to the loss have changed and that the risk of loss has lessened.

The placement of a household on an alternate issuance system and the length of time the household is on this system are not subject to the fair hearing process.

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FOOD STAMPS

SECTION 1036

AUTHORIZATION TO PURCHASE (ATP) CARDS

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1036.45

IDENTIFICATION CARD (ID)

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REV:12/1990

An ID card is issued in the local office whenever a household is determined eligible for expedited service or whenever a lost ID card cannot be replaced through INRHODES.

OBSOLETE

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ENUMERATION

SECTION 1080

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INSTRUCTIONS FOR COMPLETION OF THE SS-5

1080.10

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REV:08/1986

Only two (2) inks can be used, black or blue, for completion of the full application. The application should be typewritten or neatly printed. Illegible forms or forms completed in another ink or pencil cannot be accepted. (Pencil scripts and other inks do not produce the sharp images required for microfilming.)

Do not enter anything in an item other than the correct information or "unknown". All items should have the correct information where possible. The form can be processed if information is unknown; however, the form cannot be processed and a number cannot be issued if Item 3 - Place of Birth is incomplete.

The applicant's mailing address must be entered on the form. If the address is abbreviated or would be understandable only in the local area, it should be expanded to an acceptable format for postal delivery. The correct zip code must also be included for assignment of the area portion of the number (the first three digits of the SSN).

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FOOD STAMPS

SECTION 1080

ENUMERATION

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**1080.10.05**

**Procedures for Filing an SS-5**

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REV:08/1986

The following are procedures to be observed for SSN filing:

- \* Instruct the applicant to inform the Postal Service of the new address in the event s/he moves, so that the social security card may be forwarded.
- \* If a parent is completing the application for a child and the surnames differ, a "c/o" address should be used to insure proper postal delivery.
- \* An SS-5 should not be completed for a refugee who has already filed for an SSN. Such person will have an SSA-5028 (Receipt for an Application for a Social Security Number) verifying the filing. The agency representative should advise such person to provide the number to the agency upon receipt of the card.
- \* Any corrections in the Citizenship item are to be made by the applicant and initialed by the applicant. Under no circumstances is the agency representative to make any corrections to this entry.
- \* A reasonable effort should be made to obtain an answer to the item, Race/Ethnic Description (Voluntary), but controversy should be avoided if the individual expresses reservations about completing the item. It should be explained to the applicant that the information is confidential and that the statistical data made available by this information is essential in evaluating program effectiveness for minorities, as well as for other groups within the population. In addition, these statistics are valuable to Government and private research agencies interested in studying the social and economic conditions of minority groups. Always verify that the applicant intentionally left Item 5 unanswered. If the person decides not to answer, leave the item blank. No explanation need be recorded. (This is the only item which may be left blank.)
- \* Unknown is not an acceptable entry for Place of Birth. At a minimum, the U.S. State or the foreign country must be entered. Do not use abbreviations.
- \* The mother's maiden name is a vital entry. While some

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SECTION 1080

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persons may have a degree of similarity in name, age and place of birth, the similarity usually ends when the mothers' maiden names are compared.

- \* If a previous application for an SSN was filed, accept an incomplete SSN as well as the date and State where the SSN was first acquired. Such information is important for SSA's screening process.
- \* All SSN applications must be signed. Normally, the signature should be handwritten, but if it is hand printed, it is acceptable. If the application is signed by a mark "X", "signed by mark" should be entered after the mark and it should be witnessed by two (2) persons. If the signing takes place in the presence of the agency representative, the latter may be the sole witness. If the application is mailed in with only one witness, it may be accepted as valid.  
  
If a signature is not fully legible, the signer's name should be printed in the signature block or next to the relationship explanation. Acceptable signatures are obvious first name nicknames or a husband's first name or initial prefixed by "Mrs". For any other discrepancies, an explanation must be obtained.  
  
If the last name of the applicant's signature does not agree with the last name on either line 1 or the name shown at birth, an explanation must be obtained. If the explanation is reasonable, an "o.k." is entered after the signature.
- \* When the applicant is age 18 or older and the application is for an original SSN, such applicant or the person applying on his/her behalf must appear for an in-person interview to assure that the applicant has not already been assigned an SSN. The person signing the application should present an ID for himself/herself. Such person should explain why the applicant is unable to apply. The only acceptable reason is physical or mental incapability of filing an application.
- \* Accept all applications when completed by a parent for a child under 18. Such parent or caretaker relative should sign his/her own name, check the Other block in Item 14 and indicate relationship or title.
- \* If a Spanish-speaking person chooses to complete the SS-5 using a double surname (Spanish custom), such person should

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SECTION 1080

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show the name s/he expects to use in employment. Such person must be advised to file a new SS-5 if s/he subsequently adopts the American custom.

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ENUMERATION

SECTION 1080

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**SS-5 Item-by-Item Review**

**1080.10.10**

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REV:08/1986

Specific instructions for completion of Items can be found in the Welfare Enumeration Manual. The minimum desired information for effective processing of an SSN application is:

- \* Full name of applicant, RM 00305.025.
- \* Complete address, RM 00305.040.
- \* Citizenship, RM 00305.045.
- \* Date of Birth, as complete as possible, RM 00305.060.
- \* Place of birth, RM 00305.075.
- \* Full name of one parent, preferably the mother's maiden name, RM 00305.080 - 00305.085.
- \* Evidence ID codes, RM 00310.025.

All unanswered questions must be marked "unknown". If the SSA is unable to locate an SSN with this limited information and efforts to obtain further information have been exhausted, a number will be assigned on the basis of the incomplete SS-5.

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SECTION 1080

ENUMERATION

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**1080.10.15**

**Supporting Evidence - General Rule**

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REV:08/1986

An applicant for a social security number must provide evidence to support the date of birth entered on the SS-5. An applicant must also provide evidence of identity and establish United States citizenship or lawful alien status.

The documents presented as evidence must be either the originals or copies certified by the issuing agency or custodian of the original records. Uncertified photocopies or notarized copies are not acceptable. (On photocopies, alterations, overprinting, additions or deletions cannot be readily detected. In the case of notarizations, the notary is not attesting to the validity of the document or existence of the actual record; the notary is simply verifying that this is a copy of the document s/he saw.) Certification by the issuing agency or custodian of the original record serves to validate the document and make it legally acceptable. No documents or certification of documents should be attached to the SS-5.

Staff should be aware that various documents issued by an organization called the World Council of Washington, D.C. are considered bogus and unacceptable as evidence of identity, citizenship, age, etc., for enumeration or other official purposes. These documents include: World Birth Certificates, World Citizen Cards, World Identity Cards, and World Marriage Certificates.

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Evidence of Age and Citizenship

1080.10.20

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REV:08/1986

The public or hospital birth certificate or the religious record of birth or baptism, if established before age five (5), is the primary source of evidence of age. (If the U.S. birth certificate does not show a recording date or filing date, it should be regarded as having been recorded shortly after birth.) See Welfare Enumeration Manual, Sec. 00310.165. A. for other documents of satisfactory evidence. To qualify as alternate evidence of age, a document must show the applicant's name and date of birth or age and should be at least one (1) year old, unless the applicant is less than one (1) year old.

If a U.S. place of birth is alleged, request a U.S. public birth record established before age five (5) issued by a U.S., State, or local government bureau of vital statistics. Also, show the issuing agency, the type of evidence submitted, and the file, register, or volume/page number of the evidence (for example, CAL. BC 999-123456) in the TYPE(S) OF EVIDENCE SUBMITTED Block.

If a U.S. birth record (as described above) does not exist or it is not readily available or the applicant is foreign-born, request other evidence of age established before age five (5); for example, a foreign birth certificate, a U.S. consular report of birth, or a hospital or religious record of birth. When the evidence of age submitted does not establish a U.S. place of birth, continue to secure evidence of the applicant's U.S. citizenship or legal alien status.

Also, continue to request sufficient evidence to establish the applicant's identity. Record all evidence information in the TYPE(S) OF EVIDENCE SUBMITTED block. The name and location of the hospital or religious institution issuing the certificate must be recorded (example: B.C., St. Joseph Hospital, Providence, R.I.).

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**1080.10.25**

**Evidence of Identity**

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REV:08/1986

SSA must be reasonably certain that the applicant for an original SSN is who s/he claims to be and has never had a prior number. Sec. 00310.165, B. of the Welfare Enumeration Manual contains a list of possible identity documents most applicants will have. Other possible documentation should be assessed for appropriateness as evidence. If the information on a document is limited, it may be desirable to examine more than one document. A birth or baptismal certificate is evidence of age, but not evidence of identity. A second document is required to establish identity.

If there is no documentary evidence to establish the identity of a child under the age of seven (7), the birth certificate alone is acceptable as long as there is no reason to doubt the child's existence. Enter "no other documentation is available" in the TYPE(S) OF EVIDENCE SUBMITTED block.

For a person age seven (7) or over, a birth certificate alone is never acceptable evidence of identity.



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Evidence of Citizenship or Alien Status

1080.10.30

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REV:08/1986

Acceptable documentary evidence is listed in RM, Sec. 00310.165, B., 1. and 2.

U.S. Born

Every applicant for an SSN is required to establish his/her U.S. citizenship or alien status. An applicant who alleges U.S. birth must submit at least one (1) document showing his/her U.S. birthplace or in some way indicating U.S. citizenship (for example, a U.S. passport). U.S. born refers to an individual born in one of the 50 States, District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands and American Samoa.

Foreign Born (U.S. Citizen)

All foreign-born applicants alleging U.S. citizenship should be asked to present acceptable evidence to support the allegation. (See RM, Sec. 00310.165, B.1. for documents of acceptable evidence.)

Alien Admitted for Permanent Residence

All aliens admitted to the U.S. for permanent residence are issued INS Form I-151 or I-551, Alien Registration Receipt Card. Such applicants must show an I-151 or an I-551 which bears the applicants' photograph and identifying information agreeing with that on the SS-5. Newly arrived immigrants who have not yet received their I-551 may have a stamped notation in their passports or on a form I-94 or I-181 reading: "Processed for I-551. Temporary evidence of lawful admission for permanent residence. Employment authorized."

Political Refugees and Aliens

Political refugees and aliens paroled into the U.S. on a conditional basis carry special versions of the I-94 which do not show an alien classification code. In the lower right-hand corner of the refugee's I-94 is a notation of Refugee-Conditional Entry. The parole version of the I-94 bears the legend "Paroled".

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**1080.10.35**

**DHS Responsibilities in Completing SS-5**

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REV:08/1986

In the block, SSA Receipt Date, enter the date the SS-5 is first received in the food stamp office from the applicant, showing month/day/year, even though the application may be incomplete or certain documentation may be lacking.

Before accepting the form, all items must be reviewed carefully to ensure that information is accurate, legible, complete and properly entered. Any errors or doubtful symbols or letters could cause a chain of errors which might lead to the assignment of another SSN to the applicant; or, the applicant might be mistaken for someone to whom a number has already been assigned.

If it is necessary to add or correct any information when the applicant is not available, such entries or corrections must be noted as "DHS-write in". If the applicant is present, have him/her initial the change. If the entry is not legible or understandable, type or print in the information next to the questionable item.

Using a black or blue pen, the agency representative must code the SS-5 as follows:

- \* In the space labeled IDN in the lower margin, adjacent to the box labeled Type(s) of Evidence Submitted, enter one of the codes below in the block above the printed letters IDN.

N - This indicates the applicant is an alien, not authorized to work in this country and the necessary evidence has been presented.

C - This indicates that the applicant provided the necessary evidence and is a U.S. citizen or lawfully admitted alien authorized to work in this country.

- \* In the DOC block in the lower left-hand corner, enter the appropriate social security district office code number.

Newport	-	A 89
Pawtucket	-	074
Providence	-	072
Warwick	-	075
Woonsocket	-	073

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- \* In the NPN block in the lower right-hand corner, enter the state code number 410, followed by the program category and case number, followed by the individual recipient ID code, as identified in Item 1 of the AP-3T. The case number must comprise the category designation and eight (8) digits. Accordingly, the actual case number is preceded by the requisite number of zeros entered after the "F". Separate with a dash (-), the state code number from the case number and the case number from the ID code.

EXAMPLE: Child #03 in NPA food stamp case #12345  
Enter: 410-F00012345-03

Note:

A zero (0) number must always be shown as zero with a slash through it, "0", so as to distinguish it from the letter "O".

The agency representative who reviews the evidentiary documents and conducts the interview, where required, notes each document seen in the block "Type(s) of Evidence Submitted" on the SS-5. Abbreviations may be used as long as they are generally recognized; e.g., B.C. for birth certificate. Form numbers may be used for immigration documents; e.g., I-94. Do not use DHS form numbers. The signature and the title of the agency representative, and the date of verification must be entered. An actual signature at a minimum of one (1) initial and a surname is required. Rubber-stamp signatures are not acceptable.

An SS-5 must be completed for each recipient without an SSN. After discarding pages 1 and 2, the agency representative attaches the completed form(s) to an FSP-100 and forwards the packet to the MIS Unit, Operations Management, Central Office for processing to Wilkes-Barre, Pennsylvania, Data Operations Center. The MIS Unit reviews the forms for accuracy, legibility and completeness and returns to the food stamp office any SS-5 needing correction. Also, any SS-5 which is incomplete, illegible or inaccurate is returned by SSA to the MIS Unit for relay to the food stamp office for correction.

When the number is issued or confirmed, Baltimore transmits the number back to the MIS Unit, which inputs this number into the recipient's case record in the computer file. The recipient receives a social security card mailed directly from Baltimore.

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1080.10.40

Procedure for Requesting a Duplicate Card

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REV:08/1986

An SS-5 must be completed, as above, including notation of each evidentiary document seen. It is imperative that the Item 10 is completed. The SS-5 is forwarded to the MIS Unit at Central Office in the same manner as above.

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**Procedure for Cancelling Multiple Numbers**

**1080.10.45**

REV:08/1986

If an applicant/recipient has more than one social security number, the agency representative assists such person in notifying the Providence SSA office. The most recent social security card issued is enclosed with an AP-75. The Providence SSA office forwards the information to Baltimore for cancellation of the number(s) enclosed.

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SECTION 1081

SOCIAL SECURITY THIRD PARTY QUERY SYSTEM

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1081.05

DEFINITION OF THIRD PARTY QUERY SYSTEM

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REV:04/1985

The Social Security Administration (SSA) is an agency of the U. S. Department of Health and Human Services. SSA administers a variety of programs, including Retirement, Survivors, and Disability Insurance (RSDI) and Supplemental Security Income (SSI) and assists in the Health Insurance program, generally called "Medicare."

SSA has instituted a procedure whereby State, county and other agencies administering health and income maintenance programs may request from SSA's benefit files information needed to implement the agency's programs. This procedure is called the "Automated Third Party Query Process," abbreviated "TPQY," which is the system used to obtain the information.

The Rhode Island Department of Human Services (DHS) has negotiated with SSA an agreement under which SSA is to furnish information from its file as well as provide necessary materials and assistance. For its part, the Department of DHS has agreed to request the information according to set procedures and to insure that the information received is used only in connection with its programs.

Much of the contents of this Appendix is taken from the TPQY User Guide, published by the Social Security Administration, Boston Region, December, 1984. If further information is needed, at least one copy of the Guide is available in each Food Stamp office for use by staff.

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**Confidentiality of TPQY Information**

**1081.05.05**

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REV:04/1985

The Information furnished through the TPQY process must be kept confidential and secure and must not be used or disclosed without the written consent of the individual who is THE SUBJECT OF THE QUERY.

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SECTION 1081

SOCIAL SECURITY THIRD PARTY QUERY SYSTEM

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**1081.10**

**GENERAL PROCEDURES**

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REV:04/1985

The TPQY procedures involve the use of mark sense cards to request benefit and health information. The representative of the requesting or user agency prepares the mark sense card instead of the lengthy SSA-1610-U2 form or other written request. A mark sense card is a card on which holes are punched and/or on which pencil marks are made to represent essential data, for example, the Social Security number (SSN) and name of the individual about whom information is sought, the identifying symbol or code of the TPQY user, etc.

The mark sense card prepared by the agency representative is run through a mechanical card reader that can sense or read the blacked-out blocks of information entered on it. The card reader at the Providence District Office of SSA is connected to the central SSA computer in Baltimore, Md., to which the query or request for information is relayed. Generally, the computer responds rapidly, and by the next day the requested information has been typed out by the printer in the SSA district office. However, the computer will not respond with the requested information if the input document (mark sense card) is not readable, if the SSN that is input is not in the benefit file (NIF), or if the first five letters of the surname and the first-name initial do not match SSA records. These situations will generate a card reader edit, NIF or a NO MATCH response, respectively.

Accurate preparation of the mark sense card is essential to obtain the desired data. Properly marked, the card will generally elicit sufficient, detailed information on an individual entitled to SSA, SSI, or both.



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**General TPQY Instructions**

**1081.10.05**

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REV:04/1985

Entries are made on the mark sense card by filling in each appropriate alpha or numeric block. Running along the bottom of the card are numbers from 1 through 80 indicating the mark columns of the card. Different shades of color and single or double lines are used to group certain related columns of the card together, such as the Social Security number, name, etc. These groups of columns are called fields and are referred to as the SSN field, the name field, etc. For ease of marking and reading, the SSN field is divided into three sub-fields, in the familiar SSN configuration, indicating area, group, and serial.

Because the mark sense card is designed for processing through a card reader capable of reading blocks blackened with soft pencil lead, only No. 1 or No. 2 soft lead pencils may be used. Unless the card is marked properly with a soft lead pencil, the markings will not be correctly discerned by the card reader. Ballpoint and felt-tip pens cannot be used, and extraneous marks on the card must be avoided or erased as they will often cause rejection of the card. Neither liquid paper nor correction fluid can be used, but clean erasures will not ordinarily cause rejection of the card.

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**1081.10.10**

**Specific TPQY Instructions**

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REV:04/1985

Only one mark sense card need be coded and submitted for each individual about whom information is sought because the one card is routed to both the Master Beneficiary Record (MBR) and Supplemental Security Record (SSR) Systems. A combined response, pertaining only to the individual and not the household, is generated from the MBR and the SSR. The individual fields are completed as follows:

Prefix - Type of Action Field

Agency staff need not complete this field as it will already be punched out on the cards received from the SSA district or branch field office.

HIR - Health Information Request Field

If this field is coded (by filling in the H-block), Medicare and disability information will be included on the response. If left blank, only financial information will be returned. DHS staff must always code this field.

Social Security Number Field

This field is divided into three sub-fields for the 3 - 2 - 4 configuration of the nine-digit SSN. Nine (9) blocks must be marked, one for each printed block column, to reflect accurately the SSN of the person who is the subject of the query.

If the SSN is unknown, this field may be completed with the Claim Account Number (CAN). The CAN is a nine-digit number followed by the Beneficiary Identification Code (BIC). The nine-digit CAN is the number under which the subject individual may be receiving Social Security benefits. Whenever this field is completed with the CAN, the BIC field must also be completed.

BIC Field

This field is left blank unless a query is submitted on the basis of a Claim Account Number. (See 3., above.) Appendix 1 of the TPQY User Guide contains a list of Beneficiary Identification Codes.

Identification (ID) Field

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Up to the first five (5) letters of the surname of the SSN or CAN holder must be entered in columns 30 through 48. The initial of his/her first name must be entered in columns 50 through 52.

User Code Field

This field is divided into five (5) sub-fields and identifies, by means of a code, the third-party office originating the query. SSA has assigned a two-character user code prefix to each Food Stamp office and to the Department's Quality Control Unit. Staff must consult the User Code Prefix list in Section 1081.10.45, select the appropriate alpha or alpha/numeric prefix, and enter it in the first two sub-fields (columns 54-64) of the User Code Field.

The remaining three (3) sub-fields (Columns 66-80) of the User Code Field may be utilized at the discretion of the Assistant Administrator of the Food Stamp Program to further identify the office or unit initiating the query. Since this is an alpha/numeric field, either letters or numbers or a combination of the two may be used to make up the codes.

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1081.10.15 Code Prefixes for Entry

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REV:04/1985

USER CODE PREFIX	REQUESTING OFFICE (RO)	RO ADDRESS	RO TELEPHONE NUMBER	SSA SERVICING OFFICE
R9	Pawtucket Food Stamp Office	225 Main Street Pawtucket, RI 02860	724-9361	Pawtucket
RH	Providence Food Stamp Office	326 Westminster Mall Providence RI 02903	277-2624	Providence
RG	Warwick Food Stamp Office	59 West Shore Road Warwick, RI 02889	738-8900	West Warwick
RE	Woonsocket Stamp Office	162 Main Street Woonsocket, RI 02895	762-0361	Woonsocket
RF	Quality Control Unit	46 Aborn Street Providence, RI 02903	277-6740	Providence

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**SUBMISSION OF TPQY CARD**

**1081.15**

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REV:04/1985

Once the TPQY mark sense card is completed and reviewed for accuracy, it is sent, along with a TPQY Cover Form Letter (DHS-16) to the SSA Card Reader Office:

District Office  
Social Security Administration  
380 Westminster Mall  
Providence, RI 02903

Attention: SSADARS Operator

The TPQY Cover Form Letter (DHS-16) must be completed with the originating agency's address, telephone number, user code prefix, and the name and district office code of the appropriate SSA Servicing Office. The DHS-16 must be signed by an agency representative. A batch of TPQY mark sense cards may be sent with a single Cover Form Letter.

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1081.15.05

Social Security Administration Offices

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REV:04/1985

SSA_SERVICING OFFICE	ADDRESS	TELEPHONE NUMBER	CODE
Providence	Social Security Administration 380 Westminster Mall Providence, RI 02903	528-4501	072
Pawtucket	Social Security Administration 55 Broad Street Pawtucket, RI 02860	724-9610	074
West Warwick	Social Security Administration 90 Quaker Lane West Warwick, RI 02893	822-1456	075
Newport	Social Security Administration 366 Thames Street Newport, RI 02840	849-3487	A89
Woonsocket	Social Security Administration Room 156, PO Building Woonsocket, RI 02895	767-2100	073
New London	Social Security Administration 24 Eugene O'Neill Drive South New London, CT 06320	(203)443 -8454	084

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**The TPQY Process**

1081.15.10

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REV:04/1985

The Providence District SSA Office, which is the destination for all TPQY cards, processes the mark sense cards through the card reader. The TPQY System routes the printed replies to the appropriate SSA Servicing Office, whence they are relayed to the requesting agency office. Mark sense cards are returned to the requesting agency and retained in the case record for possible future use if updated SSA information is needed.

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**1081.20**

**THE TPQY RESPONSE**

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REV:04/1985

The printed TPQY response does not require deciphering or decoding. If guidance is needed in interpreting the data, however, staff should consult the TPQY User Guide. In the event further assistance is necessary, staff may contact the appropriate SSA Servicing Office and identify the inquiry as a TPQY question.

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**Card Reader Edit**

1081.20.05

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REV:04/1985

A card reader edit response may be received in lieu of a normal query reply. It indicates that the card reader could not read the card for some reason. If the reason is that some part of the SSN, ID, or BIC field could not be read, the reply will so indicate by a question mark or blank space in the column. For example, 41? 33 2222 indicates that the third digit of the SSN could not be read. In such cases, the worker who completed the card should endeavor to identify the individual about whom information was requested and submit a corrected card for re-input.

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**1081.20.10**

**A No Match TPQY Response**

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REV:04/1985

A NO MATCH reply means that, even though either the Master Beneficiary Record (MBR) or Supplemental Security Record (SSR) contains a beneficiary record for the input SSN, the first five (5) letters of the surname and the first-name initial as input by the requester do not exactly match the surname and initial on record for that beneficiary. An exact match is required because privacy considerations dictate that SSA may only give information about the individual for whom information is requested. It is possible to receive a full reply from the MBR and a NO MATCH or NIF response from the SSR, or vice versa. When a NO MATCH response is received, staff must check the SSN and name against the information in the case record or with the beneficiary. A corrected TPQY card should then be submitted.

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**Not in File (NIF) Response**

**1081.20.15**

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REV:04/1985

A NIF reply means that the TPQY System did not find a corresponding record in the on-line benefit file for either the MBR or the SSR. It is possible to receive a full reply from the MBR and a NIF or NO MATCH response from the SSR, or vice versa. In cases where a worker suspects that a record exists, s/he should ascertain if the input card was correctly marked. If so, the worker must contact the client, verify the correctness of the SSN number in the case record, and learn the approximate date of filing an SSA/SSI claim. If the claim was filed recently and an eligibility decision is pending, a computer record may not be established. If the SSN is verified as correct and two weeks have elapsed since the request, the worker should submit the TPQY card again.

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SECTION 1081

SOCIAL SECURITY THIRD PARTY QUERY SYSTEM

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1081.25

OBTAINING SUPPLIES OF THE TPQY CARDS

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REV:04/1985

Supplies of the TPQY mark sense card (SSA-491TC) are furnished through the SSA Servicing Offices to DHS Central Mailing from which they can be ordered in the usual manner. Alternatively, a Food Stamp office may obtain the cards directly from SSA by calling the appropriate Servicing Office in advance and arranging to pick up a supply of the cards as needed.

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