- **Enhancements for Food Benefits Replacement** Requests **IMAC** Presentation August 2024

Overview

Beginning October 19, 2024, members who lose food purchased using FoodShare benefits because of a household misfortune or natural disaster will have two new ways to submit a request to replace food benefits: 1.) Online via ACCESS; and 2.) Calling the IM agency. Members will still be able to complete the paper form F-00330.

ACCESS will be updated to include a new module to complete the form.

CWW will be updated with a new Food Benefits Replacement Request page, and additional functionality to process the requests including an enhanced FoodShare Supplement Management page.

Changes in ACCESS

ACCESS – New Module

On the ACCESS Account Home page, members can select Food Benefits Replacement in the navigation menu.

In the new module, members complete required questions that match the F-00330 and electronically sign the form.

After successfully submitting the request, members can note the tracking number for reference.

They can see the pending request under "My Applications" on the Account Home page.

(Nor Food Denefits Replacement Request	
If food you purchased with FoodShare or Summer (3)? be complete this page and citch submit.	rafts was lost due to a minforture like a disaster or weather avent,
Passe Tel Us Now Your Food was Lost	
Food Denefits Replacement Request	
*Ord you get Summer (ET benefits this year?	⊖%m ⊖%e
* What caused the food loss?	< dide here to choose > w
*Describe what happened to your feed	
	Current Size + 8 characters (268 characters max.)
*Extimated value of lost fixed	
*Outs of food loss	Ex. mm/dd/yssy
Electronic Signature Acknowledgement	
I understand the questions and statements on this page breaking the rules for petiting food benefits replaced 1:	p. I understand there are penalties for giving false information or certify under penalty of periors and false scenarios, that all my
anevers are correct and complete. Funderstand that th	he agency may contact people to get any information needed to
antiprined in the same way as a written signature. By the signing my request.	ne that an exections repreters has the same logar attoch and can be tocking this box and typing my name below, I am electronically
*Fire Name: Mode Initial	*Last Name

IM workers can search for requests for replacement FoodShare, including those submitted through ACCESS.

In the "My Tasks" section on the CWW Home page, IM workers can see a count of pending requests submitted by members that are a part of the worker's caseload.

They can select the magnifying glass icon to navigate to a list of the pending requests.

* Recent Cases/RFAs/	ACCESS Applications/Chang	a Reports/PiNs							
Туре	Number	Primary Pers	on/individual	_		Ac	cessed		
Case	0000230201	ASH ABOL SE	PM PP			05	01/2024	G	
Case	1003288218	FNS DAD 44	M PP		05	15			
Case	9135344595	COURTNEY	MSK MARTINEZ-MS	01/2024	- 63				
Case	2000241620	ROHNA SMIT	TH 51F PP	51F PP 05/01/202					
Case	5100432541	REGAN-MSH	FRITZ-MSK 65F PR			05	01/2024	6	
Case	2000288626	ANADA PIAZ	OIF PP			04	26/2024	6	
Case	1004460813	FBJBQ QMU	RN 36M PP			04	22/2024	- 6	
ACCESS .	4609045540	ERIC CLAPT	ON			04	09/2024	6	
Case	9003770590	KYLE FIPPS	TOFDES 40M PP			05	19/2023		
PIN	9009579573	KYLE FIPPS	TOFOES			05	19/2023	0	
				_	_			_	
My Deshboard						Ster	w Westload D	*****	
	Work items				Days Left 1	o Complete	-		
	Category		Total	1	1.1	8-14	15-30		
Applications				-	-		-	-	
Renewals / Reviews			1	1		1		-	
Determini France							-	-	
Discrephonias				-	-	-		-	
Decuments				-	-	-	-	-	
Becaul De june				-	-			-	
							_	_	
* the Tanks									
* My Taska Type	1	Counts	r.						
* My Taska Type Econolitiana 5. co	ements	Counts	0						
* My Tasks Type FoodState Score Food Reglacem	emente Int Request	Counts	0						
* My Taska Type FoodShare Succ Food Replacem Append Rasyrie	ements ent Request 10 Me	Counts	8						
* My Tasks Type Food Registerer Appears Assigner Cases with Unor	iements ent Request 10 Me icessed Documents	Counts	000						
* My Taska Type Food Replacem Appears Assigned Cases with Unput Having Outsta Approaching	emente ent Request rito Me icessed Documents roing Verification	Counts	8						
* My Taska Type FoodReplacem Appears Assigned Cases with Unpor Having Outsta Approaching Having Outsta	Intranta ent Request sto We scessed Documents voing Verification voing Verification Past Due	Counts	0000						

Workers can search on the FoodShare Issuance/Supplement/Replacement Request Search page to identify any pending food benefits replacement requests submitted within their agency/consortia.

They can search for requests submitted online or over the phone.

And they can search by case number or other criteria.

Criteria									
Assigned Su	pervisor ID:				Supervisor Unit:				
Requested B	y:				Assigned Worke	r.			
Agency:			CH	Consortium:		(TI)			
Case Numbe	r.				Status				1
Request Date	6. [°]	All			Request Type:		Food R	Replacement	
Records	100000000				11. 		1.115.55		
Cose.#	Benefit Month	Benefit Amount	Replacement?	Supplement Reason(s)	Last Undated	Worker	Approve	Hold	Cancel
0000230201	N/A	\$23.00	Yes	N/A	02/17/2024	XCTW72	0	0	0
4169250443	N/A	\$293.00	Yes	N/A	01/31/2024	XDAC43			
0000230201	N/A	\$23.00	Yes	N/A	02/17/2024	XCTW72			
4169250443	N/A	\$293.00	Yes	N/A	01/31/2024	XDAC43			
0000230201	N/A	\$23.00	Yes	N/A	02/17/2024	XCTW72			
4169250443	N/A	\$293.00	Yes	N/A	01/31/2024	XDAC43			
1645190186	N/A	\$115.00	Yes	N/A	02/22/2024	XCTW72			
4169250443	N/A	\$293.00	Yes	N/A	01/31/2024	XDAC43			
1119016118	N/A	\$53.00	Yes	N/A	04/17/2024	XCTW72			
4169250443	N/A	\$103.00	Yes	N/A	01/31/2024	XCTD9B			
1119016118	N/A	\$23.00	Yes.	N/A	04/02/2024	XCTC8U			

Once workers click on the magnifying glass icon from My Tasks or initiates a search the FoodShare Supplement Approvals / Replacement Requests page will show requests to process.

Note: The Approve, Hold, and Cancel columns will always be disabled as they are not a part of this process.

Criteria									
Assigned Supe	rvisor ID:				Supervisor Unit:				
Requested By:					Assigned Worke	r.			
Agency:					Consortium:				
Case Number:					Status				-
Request Date:		All			Request Type:		Food F	Replacement	:
Becords									-
Case #	Benefit Month	Benefit Amount	Replacement?	Supplement Reason(s)	Last Updated	Worker	Approve	Hold	Cancel
0000230201	N/A	\$23.00	Yes	N/A	02/17/2024	XCTW72	0	0	0
4169250443	N/A	\$293.00	Yes	N/A	01/31/2024	XDAC43			
0000230201	N/A	\$23.00	Yes	N/A	02/17/2024	XCTW72			
4169250443	N/A	\$293.00	Yes	N/A	01/31/2024	XDAC43			
0000230201	N/A	\$23.00	Yes	N/A	02/17/2024	XCTW72			
4169250443	N/A	\$293.00	Yes	N/A	01/31/2024	XDAC43			
1645190186	N/A	\$115.00	Yes	N/A	02/22/2024	XCTW72			
4169250443	N/A	\$293.00	Yes	N/A	01/31/2024	XDAC43			
1119016118	N/A	\$53.00	Yes	N/A	04/17/2024	XCTW72			
4169250443	N/A	\$103.00	Yes	N/A	01/31/2024	XCTD9B			
1119016118	N/A	\$23.00	Yes	N/A	04/02/2024	XCTC8U			

On the Case Summary page for the case related to the request, workers can select **Food Replacement Request** in the Navigation Menu to go to the request.

The full	unnary						Res
Summary Infor	mation						
Primary Per	son:	NATE WORTH 5	2M PP	W-2 Pla	aced Participant:		
al / Contact Inform	ation						
County of R	esidence:	13 - DANE COU	NTY				
Household A	ddress:	534 E WASHING	STON AVE	Alterna	te Address:		
Phone:		MADISON WIS.	1052515	Phone:			
Case in Prot	ective Placem	ent:		Safe at	Home Program: No		
				Safe at	Home Program		
Office / Worker	Information			PIN:			
Eligibility Off	ice:	MILWAUKEE EI	ROLLMENT SERVICES (56	605) W-2 W	ork Program		
					-		
County / Trit	e:	40 - MILWAUKE	E COUNTY				
IM Consortiu	im:	STATE CONSO	RTIUM 🔳	W-2 Ge	W-2 Geographical Area:		
Assigned W	orker:	GRACE ROZEN	BAJGIER (XCTO60)	FEP:			
Caseload:		6328		KBM W	/orker:		
Case Informati	on						
Language:		E - ENGLISH		W-2 Pla	acement:		
Last Renew	Last Renewal / Review Date:			Next R	enewal / Review		
Diary Date:				Date.			
Case Close	I Date:	07/31/2024		Case V	Veb Status: WEB	3	
Case Archiv	al Status:	Case does not	nave any archived informat	ion			
BRITS:		Create BRITS R	eferral				
Associated RF	A Information	ACCESS Application Inf	ormation				
Number	Agency	Contact Method	RFA Status	Con	tact Date ACCESS A	pp ACP Status	Summa
0004729005	40	Walk-in	INDIVIDUALS PROCES	SED 07/1	2/2024		٩
What would yo	u like to do?						
Workflow	Options			Case Maint	tenance		
Contin	ue with Driver	/ Navigate Through Com	pleted Pages	Reactive	ate Case		
O Add Pe	erson			Transiti	on Mainframe Case to	Web Case	
Proces	is Renewal / F	leview		 Initiate, 	Resume, or Terminate	Simulation	
Record	I New Group I	evel Program Request		Change	Primary Person		
Proces	s Group Leve	I Program Request		Make C	ase Confidential		
O Proces	s Six-Month F	Report Form		O Transfe	r Case		
O Proces	s linked ACCI	ESS application		🔵 Begin Ir	ntake Interview for Asse	et Assessment Ca	se
			Enter Begin Mon	th for New Da	ta:		

CWW – Requests Submitted Through ACCESS

CWW – Requests Submitted Through ACCESS

On the new Food Benefits Replacement Request page, information from the request submitted in ACCESS is displayed.

All the required fields marked with an * will be pre-populated because a request cannot be submitted without this information.

Replacement Request Deta	ils			
inhey Item Number	0702613004	Last Updated:		
Initial Desugat Date:	9702013094 View			
initial Request Date:	05 /02 / 2024 🛯 🗐	Sequence:	0	
Date Food Was Destroyed:	05 /01 /2024 🕲	Request Amount:	\$ 125	
Type of Misfortune:	Flood V			
Description of How Food Was Destroyed:	Flood due to storm			
	Current Size = 0 characters (250	characters max.)		
Request Type:	Electronic VI	Status:	Submitted	~ I
Issuance Month:	MM / YYYY	Denial Reason Code:		~ 🔳
Benefit Number:	9	Date Signed:	05/02/2024	
Comment:	Current Size = 0 characters (240	characters max.)		
Comment:	Current Size = 0 characters (240	characters max.)		0 0

After reviewing or entering information in the required fields, workers can select the following statuses:

- Denied
- Pending
- Submitted
- Submitted for approval
- Withdrawn

Replacement Request Deta	ils			
Inbox Item Number:	9702613094 View	Last Updated:		
Initial Request Date:	05 02 2024	Sequence:	0	
Date Food Was Destroyed:	05 01 2024	Request Amount:	\$ 125	
*Type of Misfortune:	Flood V			
 Description of How Food Was Destroyed: 	Flood due to storm			
	Current Size = 0 characters	(250 characters max.)		
Request Type:	Electronic V	* Status:	Donied	
Issuance Month:	MM / YYYY	Denial Reason Code:	Pending Submitted for Approval	~ 🔳
Benefit Number:	9	Date Signed:	Submitted	
Comment:			vvitndrawn	
	Current Size = 0 characters	(240 characters max.)		
	Seque	nce Updated on or before	Go 🦪 💽	

When workers select **Pending** as a status, because the loss seems questionable, they must also manually send a VCL.

				and the second	
Food Replaceme	ent Request				Cancel 🗌 📕
Replacement Request Deta	ails				
Inbox Item Number:	9702613094 View	Last Updated:			
Initial Request Date:	05 /02 / 2024	Sequence:	0		
Date Food Was Destroyed:	05 /01 / 2024 (Request Amount:	\$ 125]	
Type of Misfortune:	Flood V				
Description of How Food Was Destroyed:	Flood due to storm				
Request Type:	Current Size = 0 characters	(250 characters max.) Status:	Pendina	~ T	
Issuance Month:	MM (YYYY	Denial Reason Code:			~ =
Benefit Number:		Date Signed:	05/02/2024		
Comment:					
	Current Size = 0 characters	(240 characters max.)			
	Seque	Ince Updated on or before	Go 💷	5	
Add Case Comment			Can	cel 🗆 🖌 Previo	ous Next

When workers select **Denied** as a status, they must also select a Denial Reason Code:

- 976 Initial Date Ineligibility
- 977 Form Submission Date Ineligibility
- 978 Misfortune Not Verified
- 979 Not Getting Benefits

2613094 View	Last Updated:			
/02 / 2024 🕲	Sequence:	0		
/01 / 2024 🕲	*Request Amount:	\$ 125		
E V bc				
d due to storm				
ent Size = 0 characters (250 cha	racters max.)			
tronic 🗸 📜	* Status:	Denied	~ 🔳	
/ YYYY	Denial Reason Code:			I
9	Date Signed:	976 - Initial Date 977 - Form Subm	Ineligibility ission Date Ineligibility	
		978 - Misfortune 979 - Not Getting	Unproven Benefits	
ant Cine – O sharastara (040 sha				
ent Size = 0 characters (240 cha	autors max.)		0	0
	d v v v v v v v v v v v v v v v v v v v	CO24 CO24	01 2024 Request Amount: \$ 125 d Image: status in the status	01 2024 Request Amount: \$ 125 d Image: Constraint of the storm Image: Constraint of the store ent Size = 0 characters (250 characters max.) Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constraint of the status: Image: Constatus: Image: Constraint of the status:

Workers with a security level of 50 can select **Approved** as a status for a request up to \$999. Workers with a security level at 75 or above can select **Approved** for any request.

			and the second s	
Food Replaceme	ent Request			Cancel 🗌 🗌
Replacement Request Deta	ils			
Inbox Item Number:	9702613094 View	Last Updated:		
Initial Request Date:	05 / 02 / 2024	Sequence:	0	
Date Food Was Destroyed:	05 / 01 / 2024	Request Amount:	\$ 125	
Type of Misfortune:	Flood V			
Description of How Food	Flood due to storm			
Was Destroyed:				
	Current Size = 0 characte	rs (250 characters max.)		
Request Type:	Electronic 🗸 🔳	Status:		
Issuance Month:	MM / YYYY	Denial Reason Code:	Denied	~ 1
Benefit Number:	9	Date Signed:	Pending Submitted for Approval	
Comment:			Submitted Withdrawn	
	Current Size = 0 characte	rs (240 characters max.)		
		. ,		
		inner Lindoted on or hefere		
	I Sequ	MM /DD / YYYY	Go 🧐 🗺	
Add Case Comment				New
	-			Next

When workers select a status, they must enter the Issuance Month (month and year), and Benefit Number in the enabled fields.

Note: Workers can use the magnifying glass icon to search for the benefit number.

They select **Next** to go to the FoodShare Supplement Management page.

Replacement Request Deta	ils			
Inbox Item Number:	9702613094 View	Last Updated:		
Initial Request Date:	05 /02 / 2024 🗐	Sequence:	0	
Date Food Was Destroyed:	05 /01 / 2024 🕲	Request Amount:	\$ 125	
Type of Misfortune:	Flood V			
Description of How Food Was Destroyed:	Flood due to storm			
Request Type-	Current Size = 0 characters (250	characters max.)	Approved)=
Request Type.		- Status.	Approved	
Issuance Month:	/	Denial Reason Code:		~ 🔳
Benefit Number:	9	Date Signed:	05/02/2024	
Comment:				
	Current Size = 0 characters (240	characters may)		
		sinal assister fillently		

On the FoodShare Supplement Management page, workers enter information in the "Issuance Information" section and select **Add**.

Workers with a security level below 50 must select **Pending** as the status.

After confirming the request, workers select **Save**.

Supervisors/workers with the appropriate security level can approve the request added by the worker.

BB FoodS	hare \$	Supple	ment Mana	agemer	nt						Cancel		Reset
Issuance Info	ormation												
Begin Month	h:		MM / YY	ΥY			Benefit Am	ount:	\$				
Is this a ben	nefit repla	cement?	No	~			Benefit Nu	mber:		9			
 Supplement 	t Reason	1:			~		Benefit Da	te:	MM /	DD / YYY	Ŷ		
Supplement	t Reason	2:			~		Offset Indi	cator:	N/A	~			
Supplement	t Reason	3:			~		Status:		Approved	i			
Sequence:			1 🗸										
6											Reset		Add
	Benefit Month	Benefit Amount	Supplement Reason(s)	Benefit Number	Benefit Date	Offset Indicator	Status	Seq	Issuance Type	Last Updated	Worker		
	04/2024	\$25.00	905	68953	04/24/2024	NO	Pending	1	DAILY	05/02/2024	XCTE3V	Ø	
	04/2024	\$100.00	905	68954	04/24/2024	YES	Pending	1	DAILY	05/02/2024	XCTT42	Ø	
											_		
Add Cas	e Comme	nt							Cance	a U 💶	revious	Sa	ve

After approving the request on the FoodShare Supplement Management page, supervisors/workers with the appropriate security level must go back to the Food Benefits Replacement Request page to change the status to **Approved**.

Food Replaceme	ent Request			Cancel 🗌 Rese
Replacement Request Deta	ils			
Inbox Item Number:	View	Last Updated:		
Initial Request Date:	05 /02 / 2024 🛯	Sequence:	0	
Date Food Was Destroyed:	05 /01 / 2024 🛯	Request Amount:	\$ 125	
Type of Misfortune:	Flood V			
Description of How Food Was Destroyed:	Flood due to storm			
	Current Size = 0 characters (250 characters max.)		_
Request Type:	Telephonic 🗸 📜	Status:	Approved V	
Issuance Month:	/	Denial Reason Code:		~ 🔳
Benefit Number:	9	Date Signed:	05/02/2024	
Comment:				
	Current Size = 0 characters (240 characters max.)		
	Sequen	ce Updated on or before	aa 🔄 💽	
Add Case Comment			Cancel 🗆 🔺 Pr	evious Next 🕨

CWW – Requests Submitted Telephonically

CWW – Requests Submitted Telephonically

When a member calls their local agency to request food benefits replacement, workers will identify their case in CWW.

On the Case Summary page, workers select **Food Replacement Request** in the Navigation Menu.

Workers must complete the required fields marked with an * - Including selecting Telephonic for Request Type.

Then, they select **Next**.

BB Food Replacem	ent Request		Cancel 🗌 Reset
Replacement Reques	at Details		
Inbox Item Number:	View	Last Updated:	
Initial Request Date:	MM (DD) YYYY 1	Sequence:	0
Date Food Was Destroyed	MM (00) (YYYY (10)	Request Amount:	0
Type of Misfortune:	Flood		
Description of How Food Was Destroyed:			
· Descuert Tures	Current Size = 0 characters (250 c	characters max.)	
 Request Type: 	rerepriorite +	• Status:	Submitted V
Issuance Month:	MM / YYYY	Denial Reason Code:	× 11
Benefit Number:	2	Date Signed:	MM (DD) YYYY
Comment:			
	Current Size = 0 characters (240 c	characters max.)	
		,	00

CWW – Requests Submitted Telephonically

A new telephonic script specifically for the food benefits replacement request will be displayed with food benefits replacement request-specific language. Workers must do the following:

- 1. Enter the Telephonic Signature ID and view the summary PDF.
- 2. Read the script to the member.
- 3. Record the date the signature was taken.
- Select Next to return to the Food Benefits Replacement Request page and update the status.



CWW – Requests Submitted in Written Form

CWW – Requests Submitted in Written Form

If the request was submitted by completing the form and either mailed or faxed or dropped off at the IM agency, workers can use the form to complete all the required information (marked with an *). That includes the request type: Written.

Note: If there are any discrepancies in the paper form, such as a missing signature, workers must contact the member to process the request telephonically.

Food Replaceme	Cancel Cancel			
Replacement Request Detai	ls			
Inbox Item Number:	View	Last Updated:		
Initial Request Date:	05 /02 / 2024 🕲	Sequence:	0	
Date Food Was Destroyed:	05 /01 / 2024 🕲	Request Amount:	\$ 125	
Type of Misfortune:	Flood V			
Description of How Food Was Destroyed:	Flood due to storm			
	Current Size = 0 characters (250) characters max.)		
Request Type:	Written	Status:	Submitted	~ T
Issuance Month:	MM / YYYY	Denial Reason Code:		~ 🔳
Benefit Number:	9	Date Signed:	05/02/2024	
Comment:				
	Current Size = 0 characters (240	0 characters max.)		
	Sequence	Updated on or before	so 🔄 🔄	5

Changes in Correspondence

Changes in Correspondence

Correspondence will be updated for food benefits replacement requests:

- Telephonic Summary Notice (sent after workers approve or deny the telephonic request on the Food Benefits Replacement Request page)
- Notice of Denial (sent when "Denied" was selected as the status and a Denial Reason Code provided)
- Supplement Approval (sent when "Approved" was selected as a status).



You Were Denied One-Time Benefits

This letter is to let you know that your request for one-time benefits was denied. The reason why you were denied is explained below.

Month	Amount	Reason	
June 2024	\$11.00	 We denied your request to replace your food benefits because we did not get your request form within 10 days of the reported loss of your food. 	

If you do not agree with this decision, you can request a fair hearing. Fair hearing information is included with this letter.

Case: 1003290311

Questions?