How to Apply for Health Coverage, SNAP and TANF

WWW.FSSA.IN.GOV
Mission - To compassionately provide all Hoosiers accurate, timely and consistent services with dignity.

Vision - To concentrate our efforts and resources on meeting Hoosiers needs today so they may focus on a creating a better tomorrow.
The Division of Family Resources (DFR) determines eligibility for:

- Supplemental Nutrition Assistance Program (SNAP)
- Health Coverage
- Temporary Assistance for Needy Families (TANF)
Applying

For Benefits
WELCOME TO THE FSSA BENEFITS PORTAL

Apply for SNAP, Cash Assistance, Health Coverage, or check the status of your case

APPLY FOR SNAP AND/OR CASH ASSISTANCE ONLINE

APPLY FOR HEALTH COVERAGE ONLINE

GO TO GATEWAY TO WORK

CASE INFORMATION

https://fssabenefits.in.gov/##/
Ready to Apply, Check Eligibility for Benefits or Check Case Information?

**Ready to Apply?**
Apply online for SNAP (Food Assistance), Cash Assistance, and/or Health Coverage. To print an application or have one mailed to you, click on the appropriate link below.

- Apply Online for SNAP or Cash Assistance
- Apply Online for Health Coverage
- Mail me an Application
- Print an Application

**Am I Eligible to Receive Benefits?**
Answer the questions in the screening tool to see if you might be eligible for SNAP (Food Assistance), Cash Assistance, and/or Health Coverage benefits.

- Screen for Benefits

**Case Information**
Check the status of an online application you submitted, review benefits you are receiving, print proof of eligibility, print an authorized representative form or Report Changes.

- Access/Print Online Application
- Case Information
Applications

- Applicants must sign application either electronically or a paper application - a client must be present at electronic application completion, and sign the application.

- Paper applications should only be printed upon request as the application contents may change over time.

- Client Rights and Responsibilities are included with both online and paper applications.
Submitting an Application

<table>
<thead>
<tr>
<th>Type</th>
<th>Online</th>
<th>Phone</th>
<th>English</th>
<th>Spanish</th>
<th>Burmese</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH COVERAGE</td>
<td>45 min</td>
<td>45 – 60 min</td>
<td>YES</td>
<td>PAPER ONLY</td>
<td>PAPER ONLY</td>
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<tr>
<td>SNAP</td>
<td>15-30 min</td>
<td>NO</td>
<td>YES</td>
<td>PAPER ONLY</td>
<td>PAPER ONLY</td>
</tr>
<tr>
<td>TANF</td>
<td>15-30 min</td>
<td>NO</td>
<td>YES</td>
<td>PAPER ONLY</td>
<td>PAPER ONLY</td>
</tr>
</tbody>
</table>

Applications may be submitted on 24 hours a day (unless under scheduled maintenance), or in person at any local office through a self-service kiosk. Each local office has staff available to assist with application processing and questions.

Send paper applications to:

FSSA Document Center
P.O. Box 1810
Marion, In 46952
Fax 1-800-403-0864

Valid Application:
- Name
- Address
- Signature of applicant

Health Coverage applications can be completed via phone 1-800-403-0864
SNAP Application

**Expedited Applications**

- 7 day processing time
- *Must meet certain specific guidelines for income and resources (determined by DFR based on specific case information per the Federal Regulations)*
- Expedited cases approved with pending verifications is only approved for the expedited month(s).

**Standard Applications**

- 30 day processing time if client does not meet expedited requirements
TANF Application

Applicant Job Search (AJS) Requirements

• AJS requirements have been waived until further notice.

Time Frames

Standard Applications

• 30 days
Health Coverage Application

Aged/Blind/Disabled

• 45 days
• 90 days if DFR must make Disability Determination

Times Frames

Hoosier Healthwise / HIP

• 45 days
Interviews

• Required for SNAP, TANF, and Medicaid for the Aged/Blind/Disabled
• Interviews will be conducted via telephone.
• Language interpretation including assistance for deaf/hard of hearing individuals are available upon request.

• Applicants receive a list of required verifications in writing after the interview with a clearly marked due date.

• Applicants receive a notice in the mail regarding approval or denial of benefits, including information regarding appeal rights.
After the Interview

- Encourage client to open all mail in a timely manner.
- Respond to all DFR request for information by due date.
- Call customer service at 1-800-403-0864 if client needs assistance with obtaining required verifications.

Approximately 70% of closures/denials each month are due to clients not returning verifications required to determine eligibility!
Application Lifecycle

**Application**

The application date is the date DFR received the application. DFR has 30/45/90 days to process the application per federal regulations.

**Interview**

Interviews (if required) are scheduled at least six days out to allow an appointment notice to be received via mail.

**Required Verifications**

A list of verifications is developed during the interview/application processing. This list is mailed to the applicant with a 13 day due date to meet the 30/45/90 day processing requirement. Verifications may include income, resources, shelter expenses, etc.

**Verifications Received**

Verification received: eligibility determined. If the assistance group is eligible, benefits are approved. Verification not received: application is denied.

**Notice Mailed**

A notice is mailed that contains the eligibility results (approved/denied), the benefit amount if approved, and the certification period. Appeal rights and instructions are also included in the notice.

**Changes/Recertification**

The application date is the date DFR received the application. DFR has 30/45/90 days to process the application per federal regulations.
Redeterminations/Auto Renewals

• A Health Coverage redetermination is a required annual review of Medicaid assistance groups to determine continuing eligibility
  • Timeframes for the review varies dependent upon when eligibility initially began
  • Some eligibility redeterminations are automatically determined by specific systematic criteria and others require the return of a mailer which must be signed by the client or the authorized representative
  • If changes are reported verification must be returned with the signed mailer

• SNAP and TANF redeterminations are completed annually and require an interview (SNAP must also be reviewed at the six month mark via a mailed SNAP Interim Reporting form)
DFR Contact info

And resources
Indiana 2-1-1

https://in211.communityos.org/

Dial 2-1-1 or 1-866-211-9966

Try Our Guided Search

Click on a category you need, then select the question that best fits what you’re searching for. Once you click on the subcategory a new window will open with available resources.

- Food & Clothing
- Mental Health & Addiction
- Health Care
- Housing & Utility Assistance
- Education & Employment
- Children & Family
- Holiday Services
- Advanced Search
Online Policy Manuals

SNAP & TANF
https://www.in.gov/fssa/dfr/3301.htm

Health Coverage
https://www.in.gov/fssa/ompp/4904.htm
Reporting Information

Statewide DFR Telephone/FAX:
1-800-403-0864

FSSA Document Center
P.O. Box 1630
Marion, IN 46952