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
To compassionately serve Hoosiers of all ages and connect them with social services, health care and their communities.

WWW.FSSA.IN.GOV

https://youtu.be/VHA4bky4j2g
| **Division of Aging** | • Supports the development of alternatives to nursing home care and coordinates services through a network of Area Agencies on Aging  
• Coordinates services through the Inconnect Alliance statewide network  
• Information and referrals to various services for persons who are aging or developmentally disabled |
| **DDRS** | • Two overarching responsibilities: to facilitate partnerships that enhance the quality of life for children and adults with physical and cognitive disabilities; and to provide them with continuous, life-long support  
• Manages the delivery of services to children and adults with intellectual and developmental disabilities |
| **OECOSL** | • Provides Early Care and Education (ECE) and Out-of-School Time (OST) programs that support the child, the family, and local schools  
• Professionals teaching and caring for children will have the resources, including training and education, needed to operate and maintain high quality programs |
| **DMHA** | • Collaborates with a network of mental health care providers to provide services and support mental health and addiction needs  
• Operates 6 psychiatric hospitals & funds addiction prevention/treatment programs |
| **OMPP** | • Administers health coverage programs, including the Healthy Indiana Plan and other Indiana Health Coverage programs  
• Serves a variety of populations, including some of the most vulnerable, such as children and people with disabilities |
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 focus on creating a better tomorrow.
Timeframe: 7-30 days for SNAP; 30 days for TANF; 45-90 days for Health Coverage.
General Eligibility Factors and Requirements

- Citizenship/Immigration Status
- Social Security Number (SSN)
- Indiana Residency
- Age
- Each program has specific income and resource guidelines
- Information about other insurance coverages
- Tax Information for health coverage applicants

Each program has specific income and resource guidelines.
## SNAP & TANF Resource and Income Standard Charts

**Resource Limits - Effective 1/1/18**

<table>
<thead>
<tr>
<th>TANF Applicants</th>
<th>TANF Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1000</td>
<td>$1500</td>
</tr>
<tr>
<td>SNAP - Non-BBCE</td>
<td>$2250</td>
</tr>
<tr>
<td>SNAP Elderly/Disabled</td>
<td>$3500</td>
</tr>
<tr>
<td>SNAP - BBCE</td>
<td>$5000</td>
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</table>

### Income Limits

<table>
<thead>
<tr>
<th>AG Size</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maximum Gross</td>
</tr>
<tr>
<td></td>
<td>130% FPL</td>
</tr>
<tr>
<td>1</td>
<td>$1054</td>
</tr>
<tr>
<td>2</td>
<td>$1032</td>
</tr>
<tr>
<td>3</td>
<td>$2311</td>
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<tr>
<td>4</td>
<td>$2700</td>
</tr>
<tr>
<td>5</td>
<td>$3259</td>
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<tr>
<td>6</td>
<td>$3748</td>
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<td>7</td>
<td>$4227</td>
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<td>8</td>
<td>$4705</td>
</tr>
<tr>
<td>9</td>
<td>$5184</td>
</tr>
<tr>
<td>10</td>
<td>$5663</td>
</tr>
</tbody>
</table>

**Each additional member:**
- SNAP: $479
- TANF: $808
- $389
- $146

---

### TANF

<table>
<thead>
<tr>
<th>AG Size</th>
<th>Total Need Standard</th>
<th>Gross Income Applicant</th>
<th>Adjusted Needs (rounded down for payment)</th>
<th>Total Need Standard</th>
<th>Gross Income Applicant</th>
<th>Adjusted Needs (rounded down for payment)</th>
<th>Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100% NS</td>
<td>$230.75</td>
<td>$139.50</td>
<td>100% NS</td>
<td>$230.75</td>
<td>$139.50</td>
<td>$1041</td>
</tr>
<tr>
<td>2</td>
<td>165% NS</td>
<td>$471.75</td>
<td>$229.50</td>
<td>100% NS</td>
<td>$280.75</td>
<td>$139.50</td>
<td>$1410</td>
</tr>
<tr>
<td>3</td>
<td>90% NS</td>
<td>$320.00</td>
<td>$228.00</td>
<td>100% NS</td>
<td>$280.75</td>
<td>$139.50</td>
<td>$1778</td>
</tr>
<tr>
<td>4</td>
<td>130% FPL</td>
<td>$385.75</td>
<td>$346.50</td>
<td>100% FPL</td>
<td>$385.75</td>
<td>$346.50</td>
<td>$2446</td>
</tr>
<tr>
<td>5</td>
<td>165% FPL</td>
<td>$450.00</td>
<td>$405.00</td>
<td>100% FPL</td>
<td>$450.00</td>
<td>$405.00</td>
<td>$2150</td>
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<tr>
<td>6</td>
<td>90% NS</td>
<td>$516.25</td>
<td>$436.50</td>
<td>100% NS</td>
<td>$516.25</td>
<td>$436.50</td>
<td>$2263</td>
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<tr>
<td>7</td>
<td>130% FPL</td>
<td>$582.00</td>
<td>$490.00</td>
<td>100% FPL</td>
<td>$582.00</td>
<td>$490.00</td>
<td>$2823</td>
</tr>
<tr>
<td>8</td>
<td>165% FPL</td>
<td>$646.75</td>
<td>$527.50</td>
<td>100% FPL</td>
<td>$646.75</td>
<td>$527.50</td>
<td>$3627</td>
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<tr>
<td>9</td>
<td>90% NS</td>
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<td>$710.00</td>
<td>$639.00</td>
<td>$3968</td>
</tr>
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<td>10</td>
<td>130% FPL</td>
<td>$775.00</td>
<td>$747.00</td>
<td>100% FPL</td>
<td>$775.00</td>
<td>$747.00</td>
<td>$4356</td>
</tr>
</tbody>
</table>

**Each additional member:**
- TASS: $120.25
- $85.00
- $65.00
- $56.50

**Legend:**
- FPL = Federal Poverty Level
- NS = Need Standard
Preference to keep current benefits and coverage; automatic renewals

Job Search or Work Requirements relaxed for TANF and SNAP-ABAWD, Able-bodied Adults Without Dependents

**ONLINE applications**

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**COVID-19 & Extra Emergency SNAP Benefits: What You Need to Know**

The Indiana Family and Social Services Administration is issuing emergency SNAP (food stamp) supplements to many SNAP households to help buy food during the pandemic crisis. Congress approved special SNAP supplement benefits in response to the COVID-19 pandemic.

**Will I get extra SNAP benefits?**

If your monthly SNAP benefit *is less than* the maximum SNAP for your household, you will get a supplemental benefit up to the maximum SNAP grant. If you get the maximum SNAP benefit, you will *not* get extra SNAP. This is because of a decision made by USDA (the federal government), not FSSA.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Max. SNAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$194</td>
</tr>
<tr>
<td>2</td>
<td>$355</td>
</tr>
<tr>
<td>3</td>
<td>$509</td>
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<tr>
<td>4</td>
<td>$646</td>
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<tr>
<td>5</td>
<td>$768</td>
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<tr>
<td>6</td>
<td>$921</td>
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<tr>
<td>7</td>
<td>$1,018</td>
</tr>
<tr>
<td>8</td>
<td>$1,164</td>
</tr>
<tr>
<td>Each add'l member</td>
<td>+$146</td>
</tr>
</tbody>
</table>

**Examples**

<table>
<thead>
<tr>
<th>Supplement</th>
<th>No Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family A gets $200/mo in SNAP for one adult and 2 kids. This family will <strong>get a SNAP supplement of $309</strong> – boosting SNAP to $509 (max for 3).</td>
<td>Family B gets $509/mo in SNAP for one adult and 2 kids. This family will <strong>NOT get any extra SNAP</strong>, because they already get the max for 3.</td>
</tr>
<tr>
<td>Individual A gets $16/mo in SNAP. This individual will <strong>get a supplement of $178</strong> – boosting SNAP to $194 (max for 1).</td>
<td>Individual B gets $194/mo in SNAP. This individual will <strong>NOT get any extra SNAP</strong>, because they already get the max for 1.</td>
</tr>
</tbody>
</table>

**If I qualify for extra SNAP, when will I get it?**

⇒ Eligible households will get 2 emergency SNAP payments on their EBT card.
⇒ April and May emergency SNAP payments will be loaded onto EBT cards of current SNAP households on the same day as regular benefits but will occur in a separate deposit.
### Non-MAGI Health Coverage Resource and Income Standard Charts

#### Resource Limits - Effective 1/1/19

<table>
<thead>
<tr>
<th>Resource Limit</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED 1</td>
<td>single $2000 - couple $3000</td>
</tr>
<tr>
<td>MED 2</td>
<td>$1000</td>
</tr>
<tr>
<td>MED 4</td>
<td>single $7730 - couple $11600</td>
</tr>
<tr>
<td>MED 3</td>
<td>none</td>
</tr>
<tr>
<td>M.E.D. Works</td>
<td>single $2000 - couple $3000</td>
</tr>
</tbody>
</table>

#### Income Limits

<table>
<thead>
<tr>
<th>AG Size</th>
<th>MA L QMB</th>
<th>MA J SLMB</th>
<th>MA I Q1-175% FPL</th>
<th>MA G Q2 200% FPL</th>
<th>CSHCS</th>
<th>MA F (TMA) 250% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1562</td>
<td>$1770</td>
<td>$1928</td>
<td>$2082</td>
<td>$2233</td>
<td>$2503</td>
</tr>
<tr>
<td>2</td>
<td>$2114</td>
<td>$2396</td>
<td>$2607</td>
<td>$2819</td>
<td>$3253</td>
<td>$3267</td>
</tr>
<tr>
<td>3</td>
<td>$2667</td>
<td>$3022</td>
<td>$3289</td>
<td>$3555</td>
<td>$4434</td>
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<td>4</td>
<td>$3221</td>
<td>$3648</td>
<td>$3970</td>
<td>$4252</td>
<td>$5365</td>
<td>$3970</td>
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<td>5</td>
<td>$3775</td>
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<td>$4652</td>
<td>$5129</td>
<td>$5626</td>
<td>$4652</td>
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<td>6</td>
<td>$4329</td>
<td>$4901</td>
<td>$5333</td>
<td>$5765</td>
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<td>$4887</td>
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<tr>
<td>8</td>
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<td>$6650</td>
<td>$7239</td>
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<td>10</td>
<td>$6544</td>
<td>$7403</td>
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</table>

**Table:**

<table>
<thead>
<tr>
<th>Table</th>
<th>TQIS</th>
<th>TQIS</th>
<th>TQIS</th>
<th>TQIS</th>
<th>TQIS</th>
</tr>
</thead>
</table>

#### Additional Information

**Eligibility Guidelines**

- M.E.D. Works (WADW) Income Limit = $3643
- SGA For MADW = $1220
- MED 1 SL for LTC/Weir = $2313
- Medicare Part D Benchmark = $31.75
- BPHC Income Limit (individual) = $3123

**Standard Utility Allowance**

<table>
<thead>
<tr>
<th>Effective Date: 5/1/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUA 1 - Heating/Cooling (including telephone) = $419</td>
</tr>
<tr>
<td>SUA 2 - Non-Heating/Cooling (including telephone) = $251</td>
</tr>
<tr>
<td>Single = $55</td>
</tr>
<tr>
<td>Telephone = $30</td>
</tr>
</tbody>
</table>

**Medicare Part B Premium**

- Standard Medicare Premium in 2018 = $134.00
- Standard Medicare Premium in 2019 = $135.50
# MAGI Health Coverage Resource and Income Standard Charts

## Income Limits

### MAGI (Modified Adjusted Gross Income)

<table>
<thead>
<tr>
<th>AG Size</th>
<th>MA 0*</th>
<th>MA 1*</th>
<th>MA 2*</th>
<th>MA E / MA Z*</th>
<th>MA 9*</th>
<th>MA G / MA Y*</th>
<th>MA 14*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent / Caretaker with Medicare</td>
<td>&lt;21 yrs Pay</td>
<td>6-19 yrs</td>
<td>1-9 yrs</td>
<td>1-9 yrs</td>
<td>0-1 yrs</td>
<td>0-1 yrs</td>
<td>0-1 yrs</td>
</tr>
<tr>
<td>1</td>
<td>$152</td>
<td>$152</td>
<td>$1004</td>
<td>$1456</td>
<td>$1845</td>
<td>$2165</td>
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<td>$341</td>
<td>$1669</td>
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<td>$2839</td>
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<td>$2275</td>
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<td>$529</td>
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<td>$623</td>
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<td>$717</td>
<td>$717</td>
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<td>$6762</td>
<td>$6927</td>
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<td>8</td>
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<td>$810</td>
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<td>$7528</td>
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<td>$8374</td>
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<td>$934</td>
<td>$4681</td>
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<td>$9061</td>
<td>$9145</td>
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### Table

<table>
<thead>
<tr>
<th>AG Size</th>
<th>MA 10*</th>
<th>MA 11*</th>
<th>MA 12*</th>
<th>MA 13*</th>
<th>MA 14*</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP 0-19 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$220</td>
<td>$139</td>
<td>$104</td>
<td>$138</td>
<td>$138</td>
</tr>
<tr>
<td>2</td>
<td>$359</td>
<td>$228</td>
<td>$141</td>
<td>$137</td>
<td>$187</td>
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<td>$444</td>
<td>$288</td>
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<td>$235</td>
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</tr>
<tr>
<td>4</td>
<td>$535</td>
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<td>$265</td>
<td>$265</td>
</tr>
<tr>
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<td>$626</td>
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<td>$334</td>
<td>$334</td>
</tr>
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<td>$383</td>
<td>$383</td>
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<td>$452</td>
<td>$452</td>
</tr>
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<td>8</td>
<td>$865</td>
<td>$585</td>
<td>$520</td>
<td>$481</td>
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<td>$944</td>
<td>$645</td>
<td>$580</td>
<td>$504</td>
<td>$504</td>
</tr>
<tr>
<td>10</td>
<td>$1023</td>
<td>$685</td>
<td>$639</td>
<td>$579</td>
<td>$579</td>
</tr>
</tbody>
</table>

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*No age limit for parent/caretakers and no age limit if parent/caretaker exceeds age 65 and does not receive Medicare Part A or B.*

*MA 15 has no income or resource requirement limits.*

*Note: A 5% MAGI disregard applies to all marked Medicaid categories. The difference between the two income limits is a 5% income disregard, if needed to allow the client to become eligible. If the income for the assistance group falls within the 5% difference, then eligibility would be granted. If the amounts appear to be over the limits listed, the HIP website (https://www.indiana.gov/hfs/hs/3450.htm) reflects the HIP income limits with the 5% MAGI disregard already applied, and this is why they appear higher than the limits in this chart. The 5% MAGI disregard is currently calculated as 5% of the highest income limit for the specific MAGI category being explored.*

Page 3

Updated 8/22/19
Pending Verifications

- Income
- Resources
- Citizenship
- Indiana Residency
- Tax Relationships
- Household Composition
Notice of Eligibility

- Income and/or resources are below or at the Federal Poverty Level
- Verifications were submitted timely

- Income and/or resources were above the Federal Poverty Level
- Verifications requested were not received
Application Lifecycle

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

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

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.

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

A notice is mailed that contains the eligibility results (approved/denied), the benefit amount if approved, and the certification period.

Changes/Recertification

Appeal rights and instructions are also included in the notice.
Program Overview

Indiana Health Coverage
Health Coverage Overview

• The Office of Medicaid Policy and Planning (OMPP) administers the Medicaid programs for the State, which include traditional Medicaid (fee for service) and health insurance programs to low income individuals

• DFR determines eligibility for the medical coverage programs in alignment with the policies and procedures established by Centers for Medicare and Medicaid Services (CMS)
Main categories of health coverage

- Hoosier HealthWise
- Healthy Indiana Plan (HIP)
- Medicaid for Aged, Blind, and Disabled

Anthem*, Managed Health Services (MHS)*, Medwise (MDwise) or CareSource

*Hoosier Care Connect MCE providers

Please refer https://www.in.gov/medicaid/members/26.htm for additional information on Hoosier Care Connect
Modified Adjust Gross Income (MAGI)

MAGI includes taxable income for the year in which eligibility is determined for all members of the household.

The “household” is determined based on tax relationships.

MAGI uses most of the same rules used by the Internal Revenue Code to determine adjusted gross income (AGI).

AGI is then modified by adding foreign income, tax exempt interest, and Social Security (SSI is exempt).

Additional information can be found in the Indiana Health Coverage policy manual.
• Hoosier Healthwise

Indiana's health coverage program for children and pregnant women with low income

Based on family income, children up to age 19 may be eligible for coverage

HHW covers medical care such as doctor visits, prescription medicine, mental healthcare, dental care, hospitalizations, surgeries and family planning at little or no cost to the member or the member's family
HIP Overview

- Covers uninsured adults age 19-64 and not eligible for other medical coverage
- Individual may contribute to a Personal Wellness and Responsibility (POWER) Account
- Applicant must select a Managed Care Entity (MCE)
- Special rules for treatment of unique populations
**HIP Plan Options**

### HIP Plus
- Initial plan selection for all members
- **Benefits**: Comprehensive, including vision, dental and chiropractic
- **Cost sharing**: Must pay affordable monthly POWER account contribution: Contributions are determined by tiers based on income
- No copayment for services*

### HIP Basic
- Fall-back option for members with household income less than or equal to 100% FPL only
- **Benefits**: Meets minimum coverage standards, no vision, dental or chiropractic coverage
- **Cost sharing**: Members are not required to pay a monthly POWER account contribution
- Must pay copayment for doctor visits, hospital stays, and prescriptions

*EXCEPTION: Using Emergency Room for routine medical care*

More information on Plan Comparison can be found at: [http://www.in.gov/fssa/hip/files/IN%20HIP-PlanChartSmmry_48rc_012517.pdf](http://www.in.gov/fssa/hip/files/IN%20HIP-PlanChartSmmry_48rc_012517.pdf)
Presumptive Eligibility

- Two types: Pregnant women (PEPW) and Hospital (HPE) patients
- Qualified providers have the ability to enroll individuals with basic information including estimated income
- A full Health Coverage application must be filed as soon as possible to continue PE coverage
- PE will remain open until eligibility is determined
- One PE determination within a 12 month period
- PE will remain open up to 60 days, if a full health coverage application is not completed, PE will close
Fast Track Eligibility

- Pre-POWER Account Contribution of $10
- Payment can be submitted with an online application
- Client must select an Managed Care Entity at the time of payment
- Payments are fully refundable if client is ineligible
- Pre-payment allows coverage to be effective the month in which the payment is received
- Client may also wait until a Pre-POWER account invoice is sent to their address
## Unique Populations

<table>
<thead>
<tr>
<th>Unique Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medically Frail</strong></td>
</tr>
<tr>
<td>Individuals (Ryan White) with a disability determination, certain conditions impacting their physical or mental health or their ability to perform activities of daily living such as dressing or bathing will receive enhanced benefits</td>
</tr>
<tr>
<td>• HIP Basic or HIP Plus cost sharing will apply but access to vision, dental, chiropractic care and non-emergency transportation benefits is ensured regardless of cost sharing option</td>
</tr>
<tr>
<td>• Will not be locked out due to non payment of POWER account contribution</td>
</tr>
<tr>
<td><strong>Native Americans</strong></td>
</tr>
<tr>
<td>By federal rule, Native Americans are exempt from cost sharing. Can receive HIP benefits without required contributions or emergency room copayments. May opt out of HIP in favor of fee-for-service benefits as of April 1, 2015</td>
</tr>
</tbody>
</table>
Medicaid for the Aged, Blind, and Disabled

**MA A**
- Covers aged individuals 65 or older

**MA B**
- Covers blind individuals according to the SSA definition

**MA D**
- Covers disabled individuals based on criteria defined by the State and SSA

**MADW**
- Covers disabled individuals who are able to work

**MADI**
- Covers individuals that have medically improved and are no longer eligible for MA D

**MASI**
- Covers SSI recipients

*All categories must meet all other eligibility criteria in addition to meeting income and resource guidelines*
Healthcare Navigators

- Individuals licensed to provide application assistance with
  - federal Health Insurance Marketplace or
  - Indiana Health Coverage programs (Medicaid, Hoosier Healthwise, Healthy Indiana Plan)
- Organizations like Covering Kids and Families of Indiana
- Find a Navigator
  [https://www.in.gov/healthcarereform/2468.htm](https://www.in.gov/healthcarereform/2468.htm)
Authorized Representatives

- An applicant or recipient can appoint or designate an individual or organization to serve as an authorized representative on their behalf.

- An individual or organization may assist with the application, renewal, or recertification of benefits as well as receive copies of notices.
Authorized Representatives

- The individual or organization whom is serving as an AR must be knowledgeable of an individual’s circumstances including, but not limited to, knowledge of income and resources, household composition and tax relationships.

- Assume responsibility for the accuracy of the information provided and must maintain confidentiality of all information provided.
How Libraries, Township Trustees and Other Units Help

- Provide information about FSSA programs
- Provide access to computers and internet
- Provide application assistance, but the APPLICANT MUST SUBMIT THE APPLICATION (Only Authorized Representatives or Licensed Healthcare Navigators may complete and submit applications on behalf of clients.)
- Provide assistance in photocopying and faxing verification documents to the FSSA Document Center, 1-800-403-0864
- Refer to the toll-free FSSA number for questions or to a Healthcare Navigator for health coverage application assistance
- Refer to 2-1-1 or 1-866-211-9966 or www.in211.org
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
Benefits Portal

Apply For Programs

- If you want to apply for SNAP and/or Cash Assistance benefits for yourself or someone else, click the box next to each program you are applying for.
- Who should be included in your SNAP application?

1. Spouses, unmarried couples with a common child, and parents and their children under age 22 who live together within a household MUST be included on the application.
2. Individuals who reside in the household and buy and prepare their food together, regardless of relationship.

An individual who is under age 22 who resides with a parent MUST include the parent(s) on the application.

Any individual who resides in your home and does not meet one of the relationships defined above and does not buy and prepare food with the other members of your household, but wants to apply for SNAP, MUST file a separate application.

- After selecting the program(s), you can apply by completing an application online, click Apply Online.
- If you do not wish to apply, click Exit.
- If you have any questions regarding SNAP and/or Cash Assistance (TANF or Refugee), please call the Indiana Family and Social Services Administration toll free at 1-800-403-0864 between 8 a.m. and 4:30 p.m. Eastern Standard Time Monday through Friday except State holidays.

Please Select the program(s) you would like to apply for

- SNAP (Food Assistance)
- Cash Assistance (TANF or Refugee)

Apply Online
Online Application Process

If you would like to apply online, please enter the following information for the person needing assistance and click Next to continue.

All fields with an (*) are required.

**Applicant**
- First Name: Mary
- Middle Initial: J
- Last Name: Doe
- Date of Birth: 12/19/1985
- Suffix:
- Gender: Female

**Address**
- Number and Street: 123 Any Street
- City: Indianapolis
- State: Indiana
- Zip Code: 46205

Next
Then the client will scroll through, reading the rights and responsibilities that apply to TANF and/or SNAP, as applicable. The client will scroll to the bottom to find the box to check if they agree.
The client will scroll through the rights and responsibilities and mark the check box if they agree.
Health Coverage application process is similar. Notice additional household information.
Reporting Information

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

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

AFTER Stay-at-home order is lifted
State Local Offices
Mon-Fri 8am to 4:30pm
Join us for the series

- Intro to FSSA eligibility programs
- Applying for SNAP, TANF, and Health Coverage
- Q&A with the FSSA DFR Staff Team
- Applying for Unemployment
- How libraries are helping with application assistance
Thank you
Q&A

You have Questions

We have Answers