

## GEORGIA DEPARTMENT OF HUMAN SERVICES EXPEDITED SNAP SCREENING TOOL

Case Name/Client ID: \_\_\_\_\_ / \_\_\_\_\_ Screener's Name/Date: \_\_\_\_\_

Verification of identification provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you made a copy of all verification provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of Interview (Phone _____ Office _____)	Date _____	
Is anyone in the HH attending college or technical school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has anyone been convicted of a drug felony after 8-22-96?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has anyone been convicted of a violent felony after 2-7-14?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If an adult AU member is under age 22, who is he/she living with?	Relationship _____	

1. Has AU received SNAP this month in Georgia or another state? Yes  No
2. Is any AU member currently active in a SNAP case or any case in Georgia or another state? Yes  No
3. Total **gross earned income** that will be received for application month \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Employment Begin Date \_\_\_\_\_ Employment End Date \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_ Hours Worked Weekly \_\_\_\_\_
4. Total **gross unearned income** that will be received for application month \_\_\_\_\_  
 Type of Unearned Income \_\_\_\_\_ Amount \_\_\_\_\_ weekly  biweekly  semi-monthly  monthly   
 Type of Unearned Income \_\_\_\_\_ Amount \_\_\_\_\_ weekly  biweekly  semi-monthly  monthly
5. Total **Gross Income** (add lines 3 & 4) \_\_\_\_\_
6. Total **Liquid Resources** (cash, checking, savings, etc.) \_\_\_\_\_
7. AU's Gross Income (Line 5) is less than \$150 **AND** Liquid Resources (Line 6) are \$100 or less.  No – Continue  Yes – **Expedited**
8. **Total Gross Income and Liquid Resources (Add Lines 5 & 6)** \_\_\_\_\_
9. **Monthly shelter** (Do not include past due amounts or deposits)
  - A. Mortgage \_\_\_\_\_
  - B. Taxes \_\_\_\_\_
  - C. Insurance \_\_\_\_\_
  - D. Rent \_\_\_\_\_
10. **Total Monthly Shelter** (add amounts in A through C or use amount D) \_\_\_\_\_
11. **Monthly Utilities**
  - A. Are you billed or do you pay a heating or cooling expense? Mark all that apply.  
 Electric  Gas  Kerosene Oil  Wood
  - B. Have you received energy assistance (LIHEAP) in the last 12 months? Yes  No   
 If yes, amount received. \_\_\_\_\_
  - C. HC SUA (\$394) – (For A or B) \_\_\_\_\_
  - D. Limited SUA (\$349) \_\_\_\_\_  
 (AU has no heating or cooling cost and has at least 2 utility bills)
  - E. Telephone only – phone standard (\$46) \_\_\_\_\_
12. **Total Monthly Utilities** (Enter amount for C, D, or E) \_\_\_\_\_
13. **Total Monthly Shelter (Add Lines 10 & 12)** \_\_\_\_\_
14. AU's total shelter and utility costs (line 13) exceeds Gross Income and Resources (line 8)  No – Continue  Yes – **Expedited**
15. Is anyone in your HH a migrant farm worker with resources less than \$100 **and** terminated income in the month of application?  No – Continue  Yes – **Expedited**