5/14 9-22-2021

INTERNET SUBMITTED CASE

1/13 #216

ID_NEWCASE #: 5720215

1838886-8 (Y) 202

Case History

From SCI_II (PF11)					
Number	Case #	Check Digit	Member HOH	Termination Code	Cert End Date
1	450183886	8	AMBER J BYARS	5	000000

Application File Data

Case Application Data

Case	Chk	County	Off	Name	App Date	Expedited	Migrant	Signed By
450183886		45	02	Amber Byars	01052022	N		Amber Joneice Byars

MyDHR Applicant Info

Applicant is HOH or member	Applicant Name	Applicant Address	Applicant Phone
Y	Amber Joneice Byars		

Auth/EBT Rep Info

Auth Rep Name	Auth Rep Phone number	EBT Rep Name	EBT Phone number
NONE		NONE	

Mailing Address

Address 1	Address 2	City	State	ZIP	+4	Orginal address
115 chase rd		Huntsville	AL	35811		115 chase rd

Residing Address

Address 1	Address 2	City	State	Zip	+4
115 chase rd		Huntsville	AL	35811	

1/19

Case Contact

Home Phone	Work Phone	Message Phone	Cell Phone	Email	Requested Telephone Interview
			256-361-3508	abyars1@bulldogs.aamu.edu	Y

New Application Member Data

#	HOH	Invalid Mmbr	Eth	US	SSN	First	M.	Last	Sfx	DOB	SEX	Race
1	Y		1	Y	420455030	Amber		Byars		05021996	F	3

New Application Roomer-Boarder Data

Member Name	Amt Paid	Freq	Meals Provided
Amber Byars	2500.00	YEARLY	2

New Application Utility Expense Data

Member Name	Utility Deduction	Heat/AC	LIHEAP	Phone	Elec	Gas	Oil	Water	Garbage	Other	Outside Paid	Outside payer Name
Amber Byars	No utility expense	N	N	N	N	N	N	N	N	N	N	

New Application Shelter Expense Data

Member Name	Shelter Pay Type	Shelter Type	Rent/Mortgage	Lot Rent	Freq	Prop Tax	Yearly Insurance	Freq
Amber Byars	Rent Free	Apartment	0.00	0.00	Monthly	0.00	0.00	Monthly

"IEVS Checked"

State of Alabama
Food Stamp System
OACIS Application Registration

1/5/2022
8:36 am

Case Number: **450183886-8** County/Office: **4502** Trans Date: **01052022** Due Date: **02022022**

Name: **AMBER JONEICE BYARS** Residing County/Office: **4502** Language Ind: **E**

Address: **115 CHASE RD NW**

City/State: **HUNTSVILLE,AL** Zip: **35811-1119**

Application Status: **1**

Application Date: **01052022** Process Standard: **4** Household Type: **1** Homeless: **N**

Worker Number: **202** 216 Tracking Office: **02** Appointment Date: Battered Women: **N**

Number in Household: **1** IEVS App Type: **I** Expedited Date: **00000000** Pass to PSUP: **H**

Authorized Representatives: Deny Case:

Pick Up Stamps: **NONE** File Application: **NONE**

*** APPLICATION IS BEING HELD - MASTER NOT UPDATED ***
Application Type: RECERT

Dep #	*SSN*	*Dependent Name*	*Sex*	*Race*	*DOB*	*PA Case #*	*Elig*
01	420455030	BYARS/AMBER/JONEICE	F	03	05021996	000000000	A

Entered By: Satc145a

XXX-XX-5030

No record was found that matched your search criteria on our instant database.

NOTICE: INFORMATION CONTAINED IN THE WORK NUMBER VERIFICATIONS SECTION OF THIS REPORT IS CONSUMER REPORT INFORMATION OBTAINED FROM THE WORK NUMBER®. IT CAN BE USED FOR THE FCRA PERMISSIBLE PURPOSE FOR WHICH THIS CONSUMER REPORT WAS OBTAINED, AND THE USER MUST ADHERE TO FCRA REQUIREMENTS, INCLUDING BUT NOT LIMITED TO THE RELEVANT REQUIREMENTS CONTAINED IN THE CFPB'S NOTICE TO USERS OF CONSUMER REPORTS. The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data not provided". Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253/TTY).

Employment Question

Does anyone in the household have employment income?* ○ Yes ○ No

Work Number Questions

Was The Work Number checked prior to or during the interview? ● Yes ○ No

Was The Work Number checked after the interview? ○ Yes ● No

Did The Work Number return income information? ○ Yes ● No

Is The Work Number's earned income consistent with household reported earned income? ● Yes ○ No

Is The Work Number's source of earned income consistent with source reported by household? ● Yes ○ No

Modify

Employment Income

Earned Income Information

Interview Date: 1/25/2022
Application Date: 1/5/2022

Select from Above Add a Job

Earned Income Questions

Earned Income Status

Select household members earned income type or status.

- ○ Employed or receiving ongoing earned income
- ○ Changed rate of pay, number of hours for this month or next
- ○ Working or expects to start working a new job
- ○ Has stopped working or had this job terminated
- ○ Received or expects vacation/holiday pay/ bonuses on a regular basis

Add/Modify Members Emp. Syst

Member Name	Employer*	Address*	City*	State*	Zip Code
				Please Select	

Phone (Emp)	Begin Date*	End Date*	Pay Paid	Hr/Wk(Mth 1)	Hr/Wk(Mth 2)		
			Please Select			Next	Add

Emp Synergy Verification

How Verified * Please Select Validate

Add Modify Delete Cancel Done

EVM019A **INCOME ELIGIBILITY VERIFICATION SYSTEM** 01/25/22
DIR UNEMPLOYMENT COMPENSATION INQUIRY 09:03:45

SSN : **420-45-5030** SSN VERIFICATION CODE: DATE OF BIRTH: **05/02/96**
NAME: **BYARS/AMBER J** RACE CODE : **2**
ADDR: **6881 BELLS LANDING CV** SEX CODE :
REX **GA 30273- 0** TELEPHONE : **256-361-3508**
WEEKLY AMT : **149.00** OTHER INCOME: **.00** APPLICATION DATE: **00/00/00**
MAXIMUM AMOUNT **.00** SEPARATION DATE : **02/24/20** DENIAL DATE : **00/00/00**
CURRENT BAL: **52,000.00** ENTITLEMENT DATE: **/ 0/** DENIAL CODE :
SEP EMPL NAME: ADDR:
AMOUNT ELIG FOR: **.00**
RECOUPMENT AMT : **.00**
UCB APP STATUS :
ELIG NOT REC BENEFITS REASON:
LAST UPD: **01/21/22**

AMOUNT	ISSUE DATE	AMOUNT	ISSUE DATE	AMOUNT	ISSUE DATE
419.00	**01/06/21**	**149.00**	**12/29/20**	**149.00**	**12/22/20**
149.00	**12/15/20**	**149.00**	**12/08/20**	**149.00**	**12/01/20**
149.00	**11/24/20**	**149.00**	**11/17/20**	**149.00**	**11/10/20**
36.00	**11/05/20**	**36.00**	**11/05/20**	**36.00**	**11/05/20**
36.00	**11/05/20**	**119.00**	**10/06/20**		

MESSAGE: **NO MORE RECORDS FOR THIS SSN. SELECT ANOTHER OPTION BELOW:**
|PF1-IE MENU|PF2-BROWSE|PF4-OI MENU|PF5-EARN|PF6-SDX|PF7-DIRW|PF9-BEN|PF10-U/I|

FSD-1139 ALABAMA FOOD STAMP PROGRAM PAGE 1
PRINT DATE: 01/25/22 DEPARTMENT OF HUMAN RESOURCES

DMU INT _____ DATE _____
REVIEWED BY DATE _____

IEVS- I / R / ADD
PSAN- CHG__/PASS__
PSUP- TC __/___/__
CHG EFF DATE _____
PSMR _____
LANGUAGE IND E

TRANS DATE 01252022
APP DATE 01052022
PROC STD 4
NBR HH BUD 00
RECD CNGS 002
REISSUE EBT CARD

CASE REVIEW FOR CHANGE
DATE 000000 TYPE
RETROACTIVE/RESTORE
AMOUNT 00000 TYPE 00
CLAIM/RECOUPMENT
AMOUNT 0000 TYPE

CASE # 450183886 8 CO 45 OFF 02 WKR # 216 TEMP # 000 DATE ISS 00000000
RESIDING CO 45 OFF 02

NAME AMBER J BYARS
ADDRESS 115 CHASE RD NW
HUNTSVILLE,AL
35811 1119

AUTHORIZED REPRESENTATIVES
P NONE
C NONE

CASE XREF 0
TELEPHONE 000 000 0000

TRANS CODE	5	REJ/CLO	28					
EXPEDITED	0	NOT TYP/IND	P U	GROSS INCOME	00000	NET INCOME	00000	
CERT FROM	000000	CERT TO	000000					
START ISS	000000	ISSUE TYPE	0	EARN INCOME	00000	- 20/40%	00000	+
ADV GUARD		RESOURCES	00000	UNEARN	00000	- STND DED	0000	=
WORKER NBR	216	TEMP WKR	000	ADJ INC	00000	- DEP CARE	00000	-
DEP CARE	0000	MEDICAL	00000	MED DED	00000	- CS PAID	00000	-
RENT/MORG	0000.00	PROP TAX	0000.00	MISC DED	00000	= NET INC	00000	
PROP INS	0000.00	OTHER EXP	00000.00					
UTIL TYPE		UTILITY AMT	00000.00	TFP	00000	- RATE RED	00000	+
HH TYPE	1	NBR HH	01	RTR/RST	00000	- RECOUP	00000	+
HH RACE	03 SEX F	SR STATUS		COMBND MON	00000	= ALLOTMNT	00000	

THIS BFA1139 IS A **COPY** PRINTED FROM THE FOOD STAMP INQUIRY TASK

CASE # 450183886 8 CO 45 OFF 02 WKR # 216 TEMP # 000

DEPENDENT INFORMATION

NUM	SSN	NAME	DOB	R/S	WR	ELIG
01	420455030	BYARS/AMBER/JONEICE	05021996	03	F	

EARN INC TP	UNERN INC TP	PA TP	SSI VA TP	SSA	MED PREM TP	CS IN TP	CS PD TP
00000	00000	00000	00000	0000	00000	00000	00000

WORKER SIGNATURE _____ DATE_____

Case Number/Check Digit: 450183886.8
Application Date: 1/5/2022
Based on the application date and/or IEVS type, this application appears to be eligible for the following types of allotment:
Full Allotment, Prorated Allotment

Award/Deny Actions

Please select one of the following actions:

Award Actions	Deny Actions	Other Actions
○ Full Allotment	◉ Denial	○ Correct Combined Allotment
○ Prorated Allotment	○ Denial of Recert	○ Delete Combined Allotment
○ Retroactive Allotment		○ Correct Recertification
○ Combined Allotment		
○ Recert		

Award/Deny Data

Residing County: Madison	Residing Office: 02	
Office Code: 02	**Worker Number**: 216	**Temporary Worker Number**: 000
Cert From: 012022	Cert To: 122022	Start Issuance: 012022
Issue Type: 5-EBT	Expedited Code: 0 - Non-expedited initial or recert	Language Indicator: E-English
App Past Due Reason: Please Select...	Retroactive Reason: Please Select	**Denial Reason**: 28-PU-All household members are inel
Adverse Guard: A - Allotment could decrease	**SR Status**: A	
Household Type: 1 - A public assistance housin		

Award | Deny | Correct/Delete CA

SCI-II Messages

1/25/2022 1:54:28 PM

Case Denial/Termination was successful

Full Month Allotment: 0
Prorated Allotment:
Combined Allotment (Month 1): 0.00
Retroactive Allotment: 0.00
Adverse Action:

Case Number/Check Digit: 450183886.8
Application Date: 1/5/2022
Based on the application date and/or IEVS type, this application appears to be eligible for the following types of allotment:
Full Allotment, Prorated Allotment

Award/Deny Actions

Please select one of the following actions:

Award Actions	Deny Actions	Other Actions
○ Full Allotment	○ Denial	○ Correct Combined Allotment
◉ Prorated Allotment	○ Denial of Recert	○ Delete Combined Allotment
○ Retroactive Allotment		○ Correct Recertification
○ Combined Allotment		
○ Recert		

Award/Deny Data

Residing County	Residing Office	
Madison	02	
Office Code	**Worker Number**	**Temporary Worker Number**
02	216	000
Cert From	**Cert To**	**Start Issuance**
012022	122022	012022
Issue Type	**Expedited Code**	**Language Indicator**
5-EBT	0 - Non-expedited initial or rec	E-English
App Past Due Reason	Retroactive Reason	Denial Reason
Please Select...	Please Select	Please Select
Adverse Guard	**SR Status**	
A - Allotment could decrease	A	
Household Type		
1 - A public assistance housho		

Award | Deny | Correct/Delete CA

SCI-II Messages

1/25/2022 1:58:36 PM

ERROR[20]:PSFSM51 NO DEPENDANTS INCLUDED FOR BUDGET CALCULATION. : END Case was not awarded.

Full Month Allotment: 0
Prorated Allotment:
Combined Allotment (Month 1): 0.00
Retroactive Allotment: 0.00
Adverse Action: