

INCOME SUPPORT The Online Mailback System (TOMS) User Guide

Department of Children, Seniors and Social Development September 2021

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1. User Responsibilities

To ensure that you are able to properly complete your mail-back form online and that we are able to process your information, it is important that you read carefully and understand the requirements listed below. If after reading this you are unclear of any of the noted requirements, please contact our office.

You are required to contact us at 1-888-632-4555 as soon as possible if:

- Your EMAIL Address has changed and is different from the one supplied to us on your registration form
- You believe your security information (User ID and Password) has been shared with another person other than an someone on your file
- You cannot gain access to our system after correctly entering your User ID and Password
- The system indicates that you contact our office. For example, if your rental amount, address or family size has changed or if you begin to receive a new source of income.

You are required to **send us** the following:

- Copies of all pay stubs over a three (3) month period; this is required after every third month. For example, if you are submitting income information online for the months of April, May and June, after your submission in June, you are required to send in all of your pay stubs for the past three months.
- Receipts that may be required in order for us to process your request, such as child care receipts. Receipts must also be submitted over a three (3) month period along with your pay stubs.
- Any other information that may be requested by us from time to time.

2. About this System

Overview

The Online Mailback System (TOMS) will allow an online user to enter earnings and expenses for a specific covering period.

Information entered will be transferred to Children, Seniors and Social Development (CSSD) and then reviewed and approved by your worker.

Users will not be able to change any personal information in TOMS.

Password Assignment Process

Eligible clients are sent (through Canada Post), a registration form to complete and return to CSSD registering their TOMS agreement. Clients will be required to submit a valid E-Mail address. When the request is approved, a User Id and Password will be provided to the user via E-Mail.

Password Change/Reset Process

On the first Log In to the system, a user will be required to change their password to a new password. Remember to select a password easily remembered but would not be obvious for someone to guess.

If a user forgets their password, they will be required to provide their Access Code.

If the code is correct, a new temporary Password will be E-Mailed to the user.

If a user's response is incorrect, (after five (5) attempts), they will be directed to call CSSD.

3. Accessing TOMS

To gain access to TOMS, go to: <u>https://www.gov.nl.ca/cssd/income-support/toms/</u> and on the bottom, you can click on the Login link.

Step 1: Initial Login

Security Information to access the TOMS will be provided by E-Mail.

Newfoundland		
Labrador		
emporary		
If you forget your password in the future, the security question and response below will be used to verify your identity.		
Step 1: Enter a correct response to your security question. Your Response:		
(Please ensure that your response is correct. Hit Continue when complete).		

** your temporary password was <u>e-mailed</u> to you ** ** your access code was <u>mailed</u> to you**

Step 2: Initial Login

Children, Seniors and S Government of Newfoundland and Labra	ocial Development dor - Canada	Newfoundland Labrador	
Income Support Onlin	e Mailback System	Bubrutot	
	Logout		
New passwords must be at le include at least one letter and	east eight (8) characters in length. F d one number .	Passwords must	
 Passwords cannot be a Passwords are not case Passwords cannot mate 	ll numeric (e.g. 12345678 or 99999 e-sensitive. ch your logon id (e.g. 1234567DD).	999).	
User ID:	010000JD		
Change Password			
Step 2: Please change your temporary Password			
New Password:			
Step 3: Please confirm your chosen Password.			
Confirm New Password: Continue			

you have now created your new password

Step 3: Initial Login

Children, Seniors and Social Development Government of Newfoundland and Labrador - Canada



Income Support Online Mailback System

Your password has been successfully changed. You can now log in to our system using your User ID and new Password. You can return to the login page using the link below.

Return to Login Page

On the Login Page (see below), please enter the User ID and Password as provided.

If you have forgotten your password go to page 8. If not, please go to page 10.

Children, Seniors and Social Development Government of Newfoundland and Labrador - Canada		ent	Newfoundland Labrador
Income Support Online Mailback System			
User Guide	Please enter you	ır User ID and I	Password.
System Availability	User ID:		
Forgot Password?	Password:		
Contact Us		LogIn	
		-	

If you need to know when the system is available, click on System Availability (screen displayed below).



Have you forgotten your password? Click on Forgot your Password and follow the directions. (See Screens below)

Children, Seniors and Government of Newfoundland and La	abrador - Canada	Newfoundland	
Income Support On	line Mailback System	Labrator	
	Return to Login Page		
	Forgot your Password?		
If you have forgotten your password, we require your User ID and your response to a security question so we are able to identify you. After this information is entered correctly, a new temporary password will be sent to your email account.			
Please enter your User ID	below.		
User ID:			
	Continue		
Children, Seniors and Social Development Government of Newfoundland and Labrador - Canada			
Income Support On	line Mailback System		
	Return to Login Page		
	Forgot your Password?		
User ID:	010000jd		
Security Question:	What is your Access Code?		
Please enter your correct response below:			
Your Response:			
	Continue		

Enter your access code, click continue and you will see the following screen.

Children, Senio Government of Newfound	ors and Social Development and and Labrador - Canada	Newfoundland Labrador	
Income Suppo	ort Online Mailback System		
	Return to Login Page		
Forgot your Password?			
A new temporary password has been sent to the following e-mail address:			
Johndoe@sesamesdeeccom			
	Return		

If you need assistance, click on Contact us, and the screen shown below will be displayed containing up to date contact information.



4. Processing a Mailback Online

Welcome to the Online Mailback System

This system is designed exclusively for you, the busy working client, as a fast and easy way to report monthly earnings and employment expenses.

Online reporting is a new way of conducting business and is only made available to a select number of working clients. As one of those clients, you will have a more active role in your own assessment process.

If you have any difficulties with online reporting, have any changes in your circumstances or have any suggestions for improvements in this process, feel free to contact your worker for assistance.

When you gain access to the system, you will see the following screen.

Children, Seniors and Social Development Government of Newfoundland and Labrador - Canada		Newfoundland	
		Labrador	
Income Support Onlin	ne Mailback System		
	Logout		
Welcome to the Online Mailback System			
Case No:	0357301		
Client Name(s):	John Doe		
Number of Adults:	1		
Number of Children:	1		
Residential Address:	Residential Address: 123 Sesame St, St. John's, N1N 1N1		
 ☐ I declare the above information is correct. ☐ I declare the above information has changed and I will contact the CSSD Office. (Telephone #: 1-888-632-4555 ([®])) 			
View Payment History Submit Income Information			

A. Declaration of Information

Based on our Records, please review the information (Case #, Name, Number of Family Members and Address) and if **correct** place a \checkmark in the appropriate checkbox.

Based on our Records, please review the information (Case #, Name, Number of Family Members and Address) and if **any** or **all** is **incorrect** place a \checkmark in the appropriate checkbox. If you have made this choice, please contact your worker by e-mail or phone to inform them.

B. View Payment History

Based on our Records, you will be able to view a history of payments on your case for the past 12 months.

To view this information, click on the "View Payment History" button at the bottom of the TOMS Welcome page after logging into the system

You will see the following:

- A history of your case payments for the past 12 months, starting with the most recent payment
- Each payment record will provide a cheque covering period indicating a 'From' and 'To'
- The date of the last payment issued (if processed); and
- If applicable, under the history of payments section, there will be a statement showing the balance of any overpayment on the case.

C. Submit Income Information

Before you can Submit Income Information, you must select one of the declaration options listed in section "A" above.

To proceed with completing an Online Mailback application, click on the "Submit Income Information" at the bottom of the TOMS Welcome page after logging into the system

Covering Period will provide a 'From' and 'To' covering period for income

Client Name will provide the name of the 'owner' of the income

Children, Seniors and Social Development Government of Newfoundland and Labrador - Canada		Newfoundland
		Labrador
Income Support Onlin	ne Mailback System	
	Logout	
Covering Period: Case Client Name(s):	<u>From</u> 09-AUG-21 <u>To</u> 07-SEP-21 John Doe	
Based on our records, you las Earnings	st reported the following INCOME:	
For this covering period comp income source(s).	plete the information below for your	
Income Source - Earnings Do you still have Earnings?	Yes No	

Based on our Records, you will know the type of income that you previously reported on your last mailback, for example, Earnings.

Respond to Question regarding Income Source

You will be asked if you are still receiving this income. Please respond by selecting YES or NO If you respond YES:

Respond to Question regarding Pay Stubs

You will be asked how many pay stubs you are reporting on this mailback. Select the number of Pay Stubs from the drop down menu (bottom left). To proceed, click the Continue button

If you selected 2 pay stubs, the following screen (next page) would be displayed and you must provide the following:

Pay Stub Information

Covering Period will provide a 'From' and 'To' date of covering period Client Name will provide name of the client declaring the income Income Source will identify type of income declared

Important

Please enter all your pay stubs for the present covering period.

For example: If you get paid every two weeks, you must enter two stubs. If you do not work for a two week period, you do not need to enter an amount. The system enters \$0 for you.

Please remember that, your assistance may be delayed, if information is reported incorrectly.

If you have any questions or concerns please call or e-mail your worker for assistance.

Children, Seniors and S Government of Newfoundland and Labra	Newfoundland Labrador		
Income Support Onlin	ne Mailback System		
	Logout		
Covering Period: Client Name: Income Source:	<u>From</u> 09-AUG-21 <u>To</u> 07-SEP-21 John Doe Eamings		
Pay stub information for:	Pay Stub #1		
Pay Start Date: Pay End Date: Net Amount from pay stub: Enter 0 if you do not have Non-Allowable Deductions: What are Non-Allowable Deductions? Pay stub information for: A Pay Start Date:	Year: ✓ Month: ✓ D Year: ✓ Month: ✓ D \$	ay: - V ay: - V Clear	
Pay End Date: Net Amount from pay stub: Enter 0 if you <u>do not</u> have Non-Allowable Deductions:	Year: V Month: V Day \$ any Non-Allowable Deductions. \$	y: V Clear	
Please select <i>Return</i> if you wish to change the number of paystubs. Return Only click <i>Continue</i> after you have filled in your pay stub information. Continue			

Completing Pay Stub Information

Enter Pay Stub Information for Pay Stub #1 Enter Pay Stub Information for Pay Stub #2 If you have no income for this mailback period please contact the CSSD Office at 1-888-632-4555

Non-Allowable Deductions:

For Income Support purposes, your take home pay is calculated after allowable deductions from your gross earnings. Some deductions made from gross earnings <u>are not</u> allowed. **These deductions must be added back to net earnings when you enter your pay stub information**.

The only deductions that are permitted from your gross earnings are Employment Insurance Contribution (EI) Canada Pension Plan Contributions (CPP) Union Dues Mandatory deductions for Pensions and/or Medical Insurance Income Tax (Federal/Provincial deductions) Garnishments (only) for a child and/or spousal support payments

All other deductions made from your gross earnings such as social club fees, bonds, RRSP's, lotto, accounts receivable, etc. are considered non-allowable and must be entered on the pay stub information as non-allowable deductions. If you are not sure about a deduction, please call your worker at 1-888-632-4555

If you have entered information incorrectly, click on the Clear button and start the process again.

After you have filled in your pay stub information and you wish to proceed, click the Continue button.

Entering Expenses Information (Screen displayed below) Covering Period- will provide a covering period with 'From' and 'To' Client Name- will provide the name of client declaring the expense Income Source- will identify type of income declared

Children, Seniors and Social Development Government of Newfoundland and Labrador - Canada		Newfoundland Labrador	
Income Support Or	nline Mailback System		
	Logout		
Covering Period: Client Name: Income Source:	<u>From</u> 09-AUG-21 <u>To</u> 07-SEP-2 John Doe Earnings	1	
EXPENSES Based on our records, you last reported the following EXPENSES: Expense Type: Transportation - Bus pass			
Your approved amount of \$70 will be used over this covering period in determining your income support. Do you still have this expense? OYes ONo			
If you have other expenses for this period please contact the CSSD Office. (Telephone #: 1-888-632-4555()			
	Continue		

Based on our Records, you will know the type of expenses that you previously reported.

Respond to Question regarding Expenses You will be asked if this is still a valid expense. Please respond by selecting YES or NO

After you have responded to expenses question and you wish to proceed, click the Continue button.

D. Respond to Questions regarding Income since Last Declaration (Sample Screen on next page)

You will be asked if you have received a Pension. Please respond by selecting YES or NO

You will be asked if you have received EI Benefits. Please respond by selecting YES or NO

You will be asked if you have Applied for/or expect to receive income other than Child Tax Benefits. Please respond by selecting YES or NO

You will be asked if you have Applied for Student Aid. Please respond by selecting YES or NO

You will be asked if you have received any other money. Please respond by selecting YES or NO

If you have responded YES to any of the above questions since your last declaration, please contact the CSSD Office by calling 1-888-632-4555.

After you have filled in your pay stub information and you wish to proceed, click the Continue button.

Children, Seniors and Social Development Government of Newfoundland and Labrador - Canada			Newfoundland Labrador
Income Support Online M	ailback Sys	tem	
	Logout		
Covering Period: From Client Name: John	<u>n</u> 09-AUG-21 <u>To</u> Doe	07-SEP-21	
Since your last declaration have	e you (John Do	e):	
Received a Pension?	⊖Yes	○No	
Received El Benefits?	⊖Yes	ONo	
Received a Support Payment	? OYes	ONo	
Received any other money?	⊖Yes	ONo	
 Applied for/or expect to receiv income other than Child Tax B 	re ⊖Yes enefits?	⊖No	
Applied for Student Aid?	⊖Yes	ONo	
	Continue		

E. Respond to Questions related to Changes Since your Last Declaration (Sample Screen)

Children, Seniors an Government of Newfoundland and	Id Social Development Labrador - Canada	Newfoundland Labrador		
Income Support O	nline Mailback System			
	Logout			
CASE #: Covering Period:	0357301 <u>From</u> 09-AUG-21 <u>To</u> 07-SEP-2	1		
Since your last declara	Since your last declaration have you or your spouse/partner (if applicable):			
 Changed Family Size 	ze and/or Living Arrangements?	⊖Yes ⊖No		
 Had other persons I 	iving in your home?	⊖Yes ⊖No		
 Had other Income S listed above? 	ources over this covering period not	⊖Yes ⊖No		
 Had Child Care over 	r this covering period?	⊖Yes ⊖No		
 Amount (Over this 3 	0 day covering period):	\$		
 Number of Hours fo period): 	r Child Care (Over this 30 day coverin	ng		
	Continue			

You will be asked since your last declaration if you or your spouse/partner (if applicable) have:

Changed Family Size and/or Living Arrangements Please respond by selecting YES or NO

Had other persons living in your home Please respond by selecting YES or NO

Had other Income Sources over this covering period not listed Please respond by selecting YES or NO

After you have responded to the questions, click the Continue button

If you have responded YES to any of the above questions (except childcare) since your last declaration please contact the CSSD Office by calling 1-888-632-4555

5. Review Application

Review of Information

- Please review all of the information on this mailback pertaining to the Case Number, Covering Period, Client Name and Income Source
- Please review the Pay Stub Information you have entered including the Start date, End date and Net Amount from pay stub (with Non Allowable Deductions added back, if applicable)
- Please review the Expenses you have entered: Expense Type and Amount Claimed
- Please review your response to questions regarding Income Since Last Declaration. This includes whether you have Received a Pension, EI Benefits or any other money. It also includes whether you have Applied for Student Aid or expect to receive income other than Child Tax Benefits.
- Please review your response to the section regarding changes Since your Last Declaration including changes in Family Size and/or Living Arrangements, whether there are other persons living in your home or whether there have been other Income Sources over this covering period not listed.

Once you have reviewed your information, you have two options:

- 1. Go back and make changes if necessary
- Read and sign the Declaration of Information (see description on next page)

Declaration of Information

Please read the declaration before placing a \checkmark in the appropriate checkbox. Once you submit your Online Mailback information you will not be able to:

- 1. Retrieve your Mailback
- 2. Make any changes
- 3. Add a new mailback for the same covering period

After you have submitted your mailback and think you may have made an error or forgot to include something, you will have to contact the CSSD Office at 1-888-632-4555.



6. Submit & Print a Copy of Your Application

To submit information to our system, you will be given two options to choose from:

- 1. Submit your information with no printed copy
- 2. Submit your information with a printed copy (a copy of the mailback you are submitting will be sent to the default printer of the computer you are using to submit the mailback)

7. Contact Information

Please contact your worker at 1-888-632-4555 or by e-mail if you have any questions or concerns.

Thank you for using TOMS (The Online Mailback System).