



Massachusetts Department of Transitional Assistance  
**Family Cap Exception/Waiver Request**

You have a child living with you who is not included in your grant because of the Family Cap rule. **You may be eligible to have this child included in your grant if certain circumstances described below apply to you.** Please read the information below carefully. If you think any of these situations apply to you, you may request that the child be added to your grant by completing Section **I, II** or **III**. If none of these circumstances apply to you, and/or you are **not** asking for the child to be included in your grant, please complete Section **IV**.

\_\_\_\_\_  
 Recipient Name

\_\_\_\_\_  
 Social Security Number

Please list the name(s) of any child born after your family cap date who you are asking to have added to your grant. Also, list the father of each child.

Child's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

**I.** If a child is born to you after your family cap date, that child may not be added to your grant. There are certain exceptions or waivers of this rule. If you **ARE** the parent of the child born after your family cap date, please read Sections A and B below. If you **ARE NOT** the parent of the child, please go to Section **II**.

**A.** The child born after the family cap date was conceived as a result of rape, sexual assault, or incest and I am asking to have the child added to my grant.

Yes  No

If your child was conceived due to one of the reasons listed above, your worker **must** refer you to a Domestic Violence Specialist (DVS) for services. It is your choice whether to accept the referral or not.

**B.** As the parent of the child born after your family cap date, you may also qualify for an exception to the Family Cap rule if **all** of the following apply to you.

If you think all three statements apply to you, talk to your worker.

- 1) your child was born at least 20 months after your TAFDC case closed;
- 2) your TAFDC case was closed for at least 12 months in a row; **AND**
- 3) you received TAFDC for no more than 10 months immediately before your child's birth.

All of the above circumstances in **B** apply to me and I am asking to have the child added to the grant.  
 If you are unsure if your child meets the exception, ask your worker for help.

Yes  No

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**II.** If you **ARE NOT** the parent of the child born after the family cap date, but you are caring for that child, you may qualify to receive TAFDC for the child in certain cases. You may qualify if the child who is ineligible for TAFDC due to the Family Cap rule is no longer able to live with his or her parent(s) for one or more of the following reasons (in a two-parent family both parents must meet one of the reasons; circle all that apply):

- 1) the death of the child's custodial parent(s);
- 2) the child's custodial parent(s) is disabled and cannot care for the child, and this has been verified by a physician;
- 3) the custody or guardianship of the child has been legally transferred to another parent, relative or custodian;
- 4) the custodial parent(s) is in jail or prison; or
- 5) the custodial parent(s) is in a mental health facility or hospital, and is expected to be there for more than 30 days.

One or more of these circumstances in II apply to me and I am asking to have the child added to my grant.  Yes  No

**III.** If none of the above reasons apply, a written request may be made to the Commissioner explaining the extraordinary circumstances for which you believe a waiver should be granted. Please describe your extraordinary circumstances in detail below. (If you need more space for your answer, you may attach another page.)

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There are extraordinary circumstances and I am requesting a waiver.  Yes  No

\_\_\_\_\_  
Recipient Signature Date

\_\_\_\_\_  
AU Manager Signature Date

\_\_\_\_\_  
AU Supervisor Signature Date

\_\_\_\_\_  
DV Specialist Signature Date

<b>Exception/Waiver Decision</b>	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	_____
Commissioner/Designee Signature	Date

## **IV.** Declination of Exception/Waiver Request

**All of the family cap rules have been explained to me. I do not request an exception or a waiver at this time.**

\_\_\_\_\_  
Recipient Signature Date

\_\_\_\_\_  
AU Manager Signature Date

\_\_\_\_\_  
Name of Child(ren)

## Exceptions to the Family Cap Rule

### I. Biological Parents

When the <u>situation</u> is...	Then the acceptable <u>verification</u> needed is...
<ul style="list-style-type: none"> <li>• child conceived as a result of rape, sexual assault or incest</li> </ul>	<ul style="list-style-type: none"> <li>• medical or law enforcement records or birth certificate indicating that conception was a result of rape, sexual assault or incest;</li> <li>• a statement from the recipient/applicant and one other person who the recipient/applicant told of the rape, sexual assault, incest; or</li> <li>• other relevant documents such as a restraining order, verification of the incidents from other professionals or agencies (for example: counselor, shelter, DSS, housing, medical, court, police report, etc.)*</li> </ul>
<ul style="list-style-type: none"> <li>• child born at least 20 months after the TAFDC case has been closed, provided the case remained closed for at least 12 consecutive months and TAFDC was provided for no more than 10 consecutive months immediately before the child's birth</li> </ul>	<ul style="list-style-type: none"> <li>• birth certificate or expected due date verified by a competent medical authority</li> </ul>

\*The Domestic Violence Specialist assigned to the office can assist with obtaining documentation.

## Waivers of the Family Cap Rule

### II. Other Caretakers

When the <u>situation</u> is...	Then the <u>verification</u> needed is...
<ul style="list-style-type: none"> <li>• death of the child's custodial parent(s)</li> </ul>	<ul style="list-style-type: none"> <li>• death certificate or other acceptable verification of death</li> </ul>
<ul style="list-style-type: none"> <li>• incapacity of the child's custodial parent(s) to the extent that the parent cannot care for the child</li> </ul>	<ul style="list-style-type: none"> <li>• a written report from a physician</li> </ul>
<ul style="list-style-type: none"> <li>• child whose parental custody or legal guardianship has been legally transferred</li> </ul>	<ul style="list-style-type: none"> <li>• copies of the appropriate court documents</li> </ul>
<ul style="list-style-type: none"> <li>• incarceration of the custodial parent(s)</li> </ul>	<ul style="list-style-type: none"> <li>• written documentation from the appropriate penal institution</li> </ul>
<ul style="list-style-type: none"> <li>• custodial parent(s) is institutionalized in a mental health facility or hospital and is expected to remain there for more than 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• written documentation from the institution where the custodial parent is institutionalized including date of admission and expected date of discharge, if any</li> </ul>

### III. All Caretakers

**If none of the exceptions or the waiver reasons apply, a written waiver request may be made to the Commissioner explaining the extraordinary circumstances for which a waiver should be granted.**