



Massachusetts Department of Transitional Assistance

Assignment of Support

Cooperation with Child Support Enforcement Division of the Massachusetts

Department of Revenue (DOR)

Good Cause Claim

There are two child support conditions for eligibility for both state and federally funded Transitional Aid to Families with Dependent Children (TAFDC) and for MassHealth. These conditions are:

1. You are required to assign your rights to financial support, including support rights that accrued before this assignment, and your rights to medical support to the Massachusetts Department of Transitional Assistance (DTA). In addition to this assignment, if you receive state-funded TAFDC, you are also required to direct DOR to send any support payments that DOR collects to the Commonwealth.
2. You are required to cooperate with DTA and the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR) in obtaining support for yourself and/or your child(ren).

Assignment of Financial and Medical Support Rights

If you are an applicant or recipient of state or federally funded TAFDC:

- The assignment of financial support rights means that the Commonwealth has the right to any money you receive for yourself and/or your child(ren) for current support and/or arrears, including arrears under a *court order* when you applied for TAFDC.
- DOR has the right to collect the support money directly from the noncustodial parent or payor. If you receive the support and you do not give it to DTA or DOR you may be ineligible for state or federally funded TAFDC, investigated for fraud and criminally prosecuted. All support that DOR collects, including any arrears prior to assigning your rights to DTA, will go toward repaying assistance issued to you and your child(ren) by DTA. The amount kept by the Commonwealth will not be more than the amount of assistance issued to you and your child(ren).
- When you assign your rights to medical support to the Commonwealth, you are assigning the rights only to third-party payments for medical insurance. Assigning your rights to third-party medical payments means that you give DTA the right to ensure that any insurance company covering you, a member of your assistance unit or a child born after the family cap date will pay for its share of your medical bills.

Cooperation with the Child Support Enforcement Division of DOR

If you are an applicant or recipient of state or federally funded TAFDC cooperation with the Child Support Enforcement Division (DOR) means you must cooperate in establishing paternity and obtaining financial support from a noncustodial parent(s)/spouse(s) for yourself and/or the child(ren) for whom you want TAFDC. If you are applying for MassHealth, this means you must cooperate in obtaining medical support and third-party payments for medical care.

If you believe that you have Good Cause not to cooperate because cooperation with DOR would be against the best interests of you or your child, then you should read Section III on the reverse of this page.

Your cooperation with DOR is of value to you and your child(ren) because it might:

- help locate the noncustodial parent
- enable the child(ren) to know the identity of his or her parent
- help you obtain future social security, veterans, or other pension benefits for your child(ren)
- enable you to become self-sufficient
- provide an additional source for payment of your family's medical expenses
- enable you to receive up to the first \$50 per month of support money collected in addition to TAFDC
- help you receive more money from support payments than from TAFDC. If this happens, your TAFDC case will close.

This cooperation means that you must help DOR in:

- establishing paternity
- identifying the noncustodial parent(s)
- providing information about the noncustodial parent(s)
- appearing as a witness at court hearings or other proceedings
- performing other activities necessary to receive this support.

Cooperation with DTA means that you must cooperate in obtaining payments and report to DTA any claim to a third-party insurance company responsible for paying medical bills for you, members of the assistance unit, or a child born after the family cap date.

The information on the reverse of this page tells you how to fill out the attached form (T-A34/36).

Section I

As a condition of eligibility for state and federally funded TAFDC and MassHealth, you must assign your rights to financial support, including rights which have accrued prior to this assignment and/or medical support to the Commonwealth of Massachusetts. By signing the first section of the attached form (T-A34/36), you are assigning your rights to financial and/or medical support to the Commonwealth, and if you receive state-funded TAFDC, you are also directing DOR to send any support payment collected to the Commonwealth.

If the money collected by DOR is more than the benefits DTA provides or provided to you, the excess will be paid to you and DTA may close your case.

If you are the custodial parent and you do not sign this section, you and your child(ren) will not be eligible for state or federally funded TAFDC.

Section II

By signing this section of the attached form (T-A34/36), you are stating that you agree to cooperate with DTA and the Child Support Enforcement Division (DOR) in obtaining financial and/or medical support for yourself and/or your child(ren).

If you do not sign this section and you do not have Good Cause, you will not be eligible for state or federally funded TAFDC. Your child(ren), if eligible, will receive assistance by DTA's paying vendors directly. Your child(ren) also will receive MassHealth.

Section III

Good Cause is a legal term which means that your cooperation with the child support efforts would be against the best interests of you or your child(ren) for any of the following reasons: your cooperation might result in physical or emotional harm to you or your child(ren); your child(ren) was conceived as a result of incest or rape; or you are in the process of putting your child(ren) up for adoption. If you believe that you have Good Cause not to cooperate with DTA or DOR, you may make a claim of Good Cause.

Please look at the back of the attached form (T-A34/36) for the documents you may need to prove your claim and for the steps you may take whether or not DTA approves your claim.

Before you complete the Good Cause section of the attached form (T-A34/36), discuss with your worker any document you may have that proves your claim that cooperation would be against the best interests of you or your child(ren).

You can ask your Transitional Assistance Worker to help you obtain the necessary evidence to prove your Good Cause claim.

If you are unable to prove your Good Cause claim and you do not cooperate with DTA and DOR in obtaining support for yourself and/or your child(ren), you will not be eligible for state or federally funded TAFDC or MassHealth. Your child(ren), if eligible, will receive assistance by DTA's paying vendors directly. Your child(ren) also will receive MassHealth.

If you wish to make a Good Cause claim, fill in Section III of the attached form (T-A34/36) by writing in the number of the reason which best identifies your claim.



Massachusetts Department of Transitional Assistance

Assignment of Support Rights, Cooperation with Child Support, or Good Cause Claim

Case Name

Case SSN

Custodial Parent Name

Custodial Parent SSN

Transitional Assistance Office

Page of

Section I: Assignment of Support Rights for state or federally funded TAFDC and MassHealth

I understand that by signing below I am assigning the rights to support for myself and any other persons for whom I can legally make an assignment to the Commonwealth of Massachusetts, including support rights which have accrued prior to this date. If I receive state-funded TAFDC, I understand that by signing below I am also directing the Massachusetts Department of Revenue (DOR) to send any support payments that DOR collects to the Commonwealth.

Name of Noncustodial Parent

Name of Noncustodial Parent

Name of Noncustodial Parent

Signature of Custodial Parent

Signature of Worker

Date

Section II: Cooperation with Child Support

ALERT: DV History

I understand that I must cooperate with efforts to establish and collect child support and medical support, including the establishment of paternity if necessary.

Signature of Custodial Parent

Signature of Worker

Date

Section III: Good Cause Claim

I believe I have good reason for not cooperating with the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR); therefore, I wish to claim Good Cause for refusing to cooperate.

I believe number (from the reverse side) best describes my situation.

I need help in getting the required proof of my claim.

Name of Child(ren)

Name of Noncustodial Parent

I believe number (from the reverse side) best describes my situation.

I need help in getting the required proof of my claim.

Name of Child(ren)

Name of Noncustodial Parent

I believe number (from the reverse side) best describes my situation.

I need help in getting the required proof of my claim.

Name of Child(ren)

Name of Noncustodial Parent

Signature of Custodial Parent

Signature of Worker

Date

Good Cause Claim

Reason for Claiming Good Cause

To prove this, bring in

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none">1. The child was conceived as a result of incest or rape.2. Legal proceedings for your child's adoption are pending before a court.3. You are being helped by a public or licensed private social agency to decide the issue of adoption.4. Cooperation would place you or your child at risk of physical or emotional harm or domestic violence. | <ol style="list-style-type: none">1. Birth certificate, or medical or police reports substantiating your claim.2. Court documents substantiating your claim.3. Written statement from officials of the social agency which indicates that their assistance has not lasted longer than three months.4. Court, medical, social service, psychological, or police records substantiating your claim.5. If none of the above is available, or is inconclusive, a sworn statement from the custodial parent and one other person with knowledge of the circumstances is acceptable. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the Department of Transitional Assistance decides that you do have Good Cause, you do not have to cooperate with the Child Support Enforcement Division (DOR) to receive assistance and no efforts will be made to obtain child support.

The Department of Transitional Assistance may decide that, although you do have Good Cause, efforts to obtain support may proceed without your cooperation and without risk of harm to you or your children. If you disagree with the decision, you may withdraw your request for assistance or terminate your case within 14 days from receiving notice of the decision.

The Department of Transitional Assistance may decide that you do not have Good Cause for not cooperating. You must cooperate or you will not receive assistance. Your children will receive assistance by vendor payments, and your children will get MassHealth. If you disagree with the decision, you may withdraw your request for assistance or terminate your case within 14 days after receiving notice of the decision.