



MITT ROMNEY  
Governor

KERRY HEALEY  
Lieutenant Governor


**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
600 Washington Street • Boston, MA 02111

RONALD PRESTON  
Secretary

JOHN A. WAGNER  
Commissioner

**Field Operations Memo 2005-1**  
**January 14, 2005**

**To:** Transitional Assistance Office Staff

**From:**  Cescia Derderian, Assistant Commissioner for Field Operations

**Re:** Child Care Referral Notice

**Overview**

---

The *Child Care Referral* notice (formerly called a *Child Care Authorization*) is a system-generated document used by a recipient to secure child care services through the Child Care Resource and Referral Agency (CCR&R). There is also a paper version (BEA/CCA) for use when the system-generated document is unavailable or inappropriate, such as child care for EA homeless families. BEACON Increment 2.1.13 will have a revised *Child Care Referral* notice (Attachment A).

**Background**

---

Refer to Field Operations Memo 2004-28 for procedures related to creating or modifying a *Child Care Referral* notice. Before proceeding to the Child Care Authorization window, the AU Manager must:

- Ensure the activity(ies) shows on the ESP Activity Disposition window as accepted; and
- Ensure the scheduled hours for the activity are entered on the ESP Activity Attendance Plan window.

The data from these windows are used to populate the Activity Weekly Plan section on the Authorization window. When inaccurate data is on the ESP Activity Disposition and/or ESP Activity Attendance Plan windows, inaccurate data will be prepopulated in the Activity Weekly Plan on the Authorization window.

---

**Revisions to  
Child Care  
Referral Form**

This Field Operations Memo addresses the changes to the referral notice. The changes include:

- Increasing the system-generated child-care referral notice from a one-page document to a three-page document (Attachment A). Certain identifying information will be repeated on each page. The fax number for the TAO has also been added to ensure easy replies from the CCR&R;
- Describing the form as a referral to the CCR&R and not an authorization;
- Stating the recipient has 10 days to report changes in income or component activity;
- Restating that the Total Hours appearing on the notice does not include travel time to and from the activity. Many child-care vendors provide van service for the child. Only when the child-care vendor does not provide the transportation for the child will the CCR&R add extra hours to the Total Hours for the recipient;
- Stating the recipient's rights to a hearing:
  - with a DTA hearing officer if there is a disagreement with the information on the child-care referral; or
  - with an Office of Child Care Services (OCCS) hearing office if there is a disagreement with an action taken by the CCR&R or the child-care provider; and
- Adding a section to the bottom of the notice, *Response from CCR&R to DTA*, for the CCR&R to use when notifying the AU Manager of the outcome of the child-care referral. The CCR&R must fax either this response page or the entire notice to the AU Manager. The CCR&R will sign and check-off the appropriate box with the outcome of the referral, whether:
  - the recipient accepted the child care placement;
  - the recipient refused all three child care referrals; or
  - child care was not available.

<b>Refusing Three Child Care Referrals</b>	<p>The CCR&amp;R provides up to three names of child-care providers for the recipient to consider and observe before accepting the child-care provider. Each child-care provider, licensed by OCCS, is considered an appropriate resource for recipients who need child care. The CCR&amp;R counselors assist recipients in making informed decisions regarding the child-care search by assessing the families' needs and reviewing available child-care options. The CCR&amp;R makes referrals only to appropriate, licensed child-care providers. If the recipient refused referrals to three child-care providers, no other referrals will be made by the CCR&amp;R and the recipient would be unable to prove good cause for not participating in an activity based on a lack of child care.</p>
<b>Obsolete Forms</b>	<p>The paper <i>Child Care Authorization</i>, BEA/CCA Rev. 5/2004 is obsolete. See the revised two-page paper <i>Child Care Authorization</i>, BEA/CCA Rev. 1/2005 (Attachment B) that is used when the system-generated document is unavailable or inappropriate, such as child care for EA homeless families.</p>
<b>Reminder 106 CMR 207.210(A)(2)</b>	<p>The referral for child-care services may be issued for a period of up to two weeks prior to the start of an activity. Child-care services may continue for a period of up to one month if <u>the child care arrangements would be lost</u> and a subsequent component activity or the resumption of the current activity is scheduled to begin within the month.</p>
<b>Questions</b>	<p>If you have any questions, please have your Hotline designee call the Policy Hotline.</p>

---

**Attachment A**

**ChildCareRefNotice**

{BEACON USER STREET\_ADDRESS}  
{BEACON USER CITY, STATE, ZIP}

**Massachusetts Department of Transitional Assistance**

{RECIPIENT NAME}  
{RECIPIENT MAILING ADDRESS}  
{RECIPIENT CITY/TOWN, STATE, ZIP}

{RECIPIENT SSN}  
{BEACON USER OFFICE NAME}  
{MM/DD/YYYY}  
Referral Number {#}

Dear **{RECIPIENT NAME}**:

This is a referral for you to take to the Child Care Resource and Referral Agency (CCR&R) listed below to obtain a voucher for child care services. A child-care voucher cannot be backdated.

A child care provider will not receive payment until a voucher has been issued by the CCR&R.

You must report changes in your income or component activity to your AU Manager within 10 days.

If your TAFDC case is closed and you receive Transitional Child Care benefits, you must report changes in your income to the CCR&R counselor within 10 days.

CCR&R Name and Address: **{Resource Name & Address}**

**BEACON user name**  
**BEACON telephone number**  
**TAO FAX number**

{BEACON USER STREET\_ADDRESS}  
 {BEACON USER CITY, STATE, ZIP}

**Massachusetts Department of Transitional Assistance**

{RECIPIENT NAME}  
 {RECIPIENT MAILING ADDRESS}  
 {RECIPIENT CITY/TOWN, STATE, ZIP}

{RECIPIENT SSN}  
 {BEACON USER OFFICE NAME}  
 {MM/DD/YYYY}  
 Referral Number {#}

**RECIPIENT INFORMATION**

Program: **{Program}**  
 Telephone Number: **{Tel #}**  
 Date of Birth: **{Recipient DOB}**  
 Primary Language: **{Language}**  
 Ethnic Origin: **{Ethnic Origin}**

Current Monthly Grant: **{Monthly Grant}**  
 Other Income Received: **{Other Income}**  
 TAFDC Case Closing Date: **{MM/DD/YYYY}**  
 Child Care Service Reason: **{Reason}**

Component Activity	Start Date	End Date	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat
{activity}	MM/DD/YYYY	MM/DD/YYYY	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}
{activity}	MM/DD/YYYY	MM/DD/YYYY	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}
{activity}	MM/DD/YYYY	MM/DD/YYYY	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}
{activity}	MM/DD/YYYY	MM/DD/YYYY	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}	{TIME}
<b>Total Hours*</b>			{HRS}	{HRS}	{HRS}	{HRS}	{HRS}	{HRS}	{HRS}

\* Total Hours shown above do not include the recipient’s travel time to and from the activity when van services are not provided by the child care vendor, therefore, additional hours must be added to the Total Hours.

The Total Hours may, on rare occasions, fluctuate based on an unanticipated change in the component activity. Accommodations should be made to the extent possible.

**BEACON user name**  
**BEACON telephone number**  
**TAO FAX number**

BEACON USER STREET\_ADDRESS}  
{BEACON USER CITY, STATE, ZIP}

**Massachusetts Department of Transitional Assistance**

{RECIPIENT NAME}  
{RECIPIENT MAILING ADDRESS}  
{RECIPIENT CITY/TOWN, STATE, ZIP}

{RECIPIENT SSN}  
{BEACON USER OFFICE NAME}  
{MM/DD/YYYY}  
Referral Number {#}

If you have any questions or you disagree with the information on this child care referral, call your worker at the phone number listed below. If you disagree with the referral, you have the right to request a hearing before a Department of Transitional Assistance hearing officer. If you disagree with the action or inaction taken by the CCR&R or the child care provider, you have the right to request a hearing before an Office of Child Care Services hearing officer.

Child(ren) Name(s)      Child(ren) Date(s) of Birth  
{Name}                      {DOB}

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of AU Manager

\_\_\_\_\_  
Date

**Response from CCR&R to DTA upon final disposition of this referral:**

CC Referral Accepted by Recipient     Three CC Referrals Refused by Recipient     CC Not Available

\_\_\_\_\_  
Signature of CCR&R Counselor

\_\_\_\_\_  
Date

**BEACON user name**  
**BEACON telephone number**  
**TAO FAX number**



Massachusetts Department of Transitional Assistance  
Child Care Referral Notice

Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_ TAO \_\_\_\_\_  
 City/Town, ZIP \_\_\_\_\_ Date \_\_\_\_\_

Dear

This is a referral for you to take to the Child Care Resource and Referral Agency (CCR&R) listed below to obtain a voucher for child care services. A child-care voucher cannot be backdated.

A child care provider will not receive payment until a voucher has been issued by the CCR&R.

You must report changes in your income or component activity to your AU Manager within 10 days of the change.

If your TAFDC case is closed and you receive Transitional Child Care benefits, you must report changes in your income to the CCR&R counselor within 10 days of the change.

CCR&R Name and Address: \_\_\_\_\_  
 \_\_\_\_\_

**RECIPIENT INFORMATION**

Program: \_\_\_\_\_ Current Monthly Grant: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Other Income Received: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ TAFDC Case Closing Date: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Child Care Service Reason: \_\_\_\_\_  
 Ethnic Origin: \_\_\_\_\_

**Enter the activity(ies), the start and end dates of the activity(ies), and the start and end times per day for each activity.**

Component Activity	Start Date	End Date	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
<b>Total Hours*</b>									

\* Total Hours shown above do not include the recipient's travel time to and from the activity when van services are not provided by the child care vendor, therefore, additional hours must be added to the Total Hours.

The Total Hours may, on rare occasions, fluctuate based on an unanticipated change in the component activity. Accommodations should be made to the extent possible.

(see reverse side)

Massachusetts Department of Transitional Assistance  
Child Care Referral Notice

Name \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_

TAO \_\_\_\_\_

City/Town, ZIP \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions or you disagree with the information on this child care referral, call your worker at the phone number listed below. If you disagree with the referral, you have the right to request a hearing before a Department of Transitional Assistance hearing officer. If you disagree with the action or inaction taken by the CCR&R or the child care provider, you have the right to request a hearing before an Office of Child Care Services hearing officer.

Child(ren) Name(s)

Child(ren) Date(s) of Birth

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of AU Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
TAO Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
TAO Fax Number

---

**Response from CCR&R to DTA** upon final disposition of this referral:

CC Referral Accepted by Recipient    Three CC Referrals Refused by Recipient    CC Not Available

\_\_\_\_\_  
Signature of CCR&R Counselor

\_\_\_\_\_  
Date