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Field Operations Memo 2005-1A
April 15, 2005

To: Transitional Assistance Office Staff
From:  Cescia Derderian, Assistant Commissioner for Field Operations
Re: Child Care Referral Notice

Overview

This memo is issuing changes to Field Operations Memo 2005-1. Some instructions contained in that memo have been changed and the *Child Care Referral* notice (system-generated and paper version) will be modified. BEACON Increment 2.1.14 will have the modified *Child Care Referral* notice (Attachment A).

The entire Field Operations Memo 2005-1 is being reissued because the following sections have been revised:

- The CCR&R tells the recipient how many hours of child care will be authorized;
- The CCR&R will not return the *Child Care Referral* form when the recipient accepts the child care placement;
- Clarifications to the *Refusing Child Care Referrals* section; and
- Both the system-generated and paper version of the *Child Care Referral* notice have been slightly changed.

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 contained the revised *Child Care Referral* notice.

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 entered 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;

IMPORTANT: Do not estimate for recipients how many child care hours they will receive. Only the CCR&R should provide this information to recipients.

- 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 officer if there is a disagreement with an action taken by the CCR&R or the child care provider; and

**Revisions to
Child Care
Referral Form**

- adding a section to the bottom of the notice, *Response from CCR&R to DTA*, for the CCR&R to use only to notify the AU Manager when child care is not appropriate, available or if the recipient refused all child care referrals. 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 refused all child care referrals; or
 - child care was not appropriate or available.
-

**Refusing
Child Care
Referrals**

The CCR&R provides 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 generally considered an appropriate resource for recipients who need child care. The CCR&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&R makes referrals only to appropriate, licensed child care providers and discuss licensed-exempt options, such as in-home and relative care. If the recipient refuses all referrals made by the CCR&R, the recipient shall be deemed to have been offered appropriate and available child care, unless the recipient can provide a reasonable explanation to OCCS why the child care should be considered unavailable to or inappropriate for the particular family.

**Obsolete
Forms**

The paper *Child Care Authorization*, BEA/CCA Rev. 1/2005 is obsolete. See the revised two-page paper *Child Care Authorization*, BEA/CCA Rev. 4/2005 (Attachment B) that is used when the system-generated document is unavailable or inappropriate, such as child care for EA homeless families.

**Obsolete
Material**

Field Operations Memo 2005-1 is obsolete.

**Reminder
106 CMR
207.210(A)(2)**

The referral for child care services may be issued two weeks prior to the start of an activity. The CCR&R, however, will determine when it is appropriate to authorize such services. Child care services may continue for a period of up to one month if the child care arrangements would be lost and a subsequent component activity or the resumption of the current activity is scheduled to begin within the month.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

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}
Total Hours*			{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:

All 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.
Total Hours*									

* 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:

All CC Referrals Refused by Recipient

CC Not Available

Signature of CCR&R Counselor

Date