

cc: Olt, RB, Kasir's, Proj Bd, Keay's



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

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Field Operations Memo 2000-16
April 24, 2000

To: Transitional Assistance Office Staff
From: *Joyce Sampson*, Assistant Commissioner for Field Operations
Re: **Expansion of Categorical Eligibility Rules for Food Stamp Benefits (FS/SSFSP)**

Background

USDA has mandated that the Department expand food stamp categorical eligibility rules to recipients of certain Temporary Assistance for Needy Families (TANF) benefits or services.

This food stamp policy change is transmitted by State Letter 1190. The new regulations grant categorical eligibility to any food stamp assistance unit (AU) in which at least **one** member:

- was included in a TAFDC AU which closed within the previous twelve months;
- is receiving or authorized to receive Emergency Assistance; or
- is receiving or authorized to receive Income Eligible Child Care through the Office of Child Care Services or a Child Care Resource and Referral Agency.

These emergency regulations are effective April 24, 2000.

Purpose of Memo This Field Operations Memo:

- Identifies the new categorically eligible groups.
 - Describes the verification procedures for each group.
 - Explains system coding requirements for categorically eligible AUs.
 - Provides certification period guidelines.
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AU Manager
Responsibilities

A MEMBER OF THE FOOD STAMP AU WAS INCLUDED IN A TAFDC CASE WHICH CLOSED WITHIN THE PREVIOUS TWELVE MONTHS

These food stamp AUs are *automatically* authorized to receive Transitional Child Care (TCC), transportation, Employment Services Program (ESP), or Post Employment Services (PES) benefits *whether or not they are actually receiving them.*

The AU Manager must:

- ♦ access PACES or BEACON to verify that at least one member of the food stamp AU was part of a TAFDC AU which closed in the previous twelve months.
- ♦ enter a Y in Block 59 of the PACES Input Document (PID) to identify the AU as categorically eligible for food stamp benefits. Entering Y in this block tells the system that:
 - the AU does not have to meet either the gross or net income eligibility standards; ***and***
 - the AU automatically satisfies the asset eligibility limit.

Note: Any categorically eligible one-person and two-person AU is entitled to a minimum food stamp allotment of \$10.00 per month.

- ♦ explain to the applicant/recipient that dependent care payments can be deducted from income as part of the food stamp benefit calculation. It is the responsibility of the applicant/recipient to verify dependent care payment amounts for each child so that the proper deduction can be allowed. *See* 106 CMR 364.400 (D) for dependent care deduction limits.
- ♦ certify the AU for up to twelve months after the TAFDC AU closing. However, be sure to consider case characteristics and Quality Control error implications in assigning the certification period. *See* Field Operations Memo 96-40 for certification period guidelines.

Note: If any AU members are employed the case should be included as part of the Food Stamp Program Waiver Process. *See* Field Operations Memo 99-12 for instructions.

AU Manager
Responsibilities
(Continued)

A MEMBER OF THE FOOD STAMP AU IS RECEIVING EMERGENCY ASSISTANCE (EA) BENEFITS

The AU Manager must:

- ♦ verify on PACES that at least **one** member of the food stamp AU is currently receiving or authorized to receive EA benefits.
- ♦ enter a Y in Block 59 (CAT ELG) to indicate that the case is categorically eligible for food stamp benefits. Entering Y in this block tells the system that:
 - the AU does have to meet either the gross or net income eligibility standards; and
 - the AU automatically satisfies the asset eligibility limit.

Note: Any categorically eligible one-person and two-person AU is entitled to a minimum food stamp allotment of \$10.00 per month.

- ♦ certify the case for up to the length of EA eligibility (a maximum of twelve months). However, be sure to consider case characteristics and Quality Control error implications in assigning the certification period. See Field Operations Memo 96-40 for certification period guidelines.

A MEMBER OF THE FOOD STAMP AU IS RECEIVING INCOME ELIGIBLE CHILD CARE SERVICES (IECC)

The AU Manager must:

- ♦ *If no one in the food stamp AU was part of a TAFDC AU which closed in the previous twelve months, verify that one member is receiving or authorized to receive IECC through the Office of Child Care Services or a Child Care Resource and Referral Agency.*
 - It is the responsibility of the applicant/recipient to provide information regarding IECC eligibility.
 - Once informed of IECC eligibility, the applicant/recipient may verify IECC eligibility by providing a copy of one of the following forms:
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**AU Manager
Responsibilities
(continued)**

* ***Child Care Application and Fee Agreement.*** There are two versions of this form. See Attachment A-1 and A-2 for sample copies of this form.

* ***Informal Child Care Voucher (Form MJ-35, 2/94).*** See Attachment A-3 for a sample copy of this form.

If the applicant/recipient is unable to provide the above verification, the AU Manager must give the applicant/recipient a copy of the Verification of Receipt of Income Eligible Child Care (CCA-1, 4/2000) form. The CCA-1 form must be completed and signed by the Child Care Resource and Referral Agency or contracted day care provider. See Attachment B for a copy of this form.

- ♦ Once verification is received, enter a Y in Block 59 (CAT ELG) to identify that the case is categorically eligible for food stamp benefits. Entering Y in this block tells the system that:
 - the AU does not have to meet either the gross or net income eligibility standards: ***and***
 - the AU automatically satisfies the asset eligibility limit.

Note: Any categorically eligible one-person and two-person AU is entitled to a minimum food stamp allotment of \$10.00 per month.

- ♦ explain to the applicant/recipient that dependent care payments can be deducted from income as part of the food stamp benefit calculation. It is the responsibility of the applicant/recipient to verify dependent care payment amounts for each child so that the proper deduction can be allowed. See 106 CMR 364.400 (D) for dependent care deduction limits.
- ♦ certify the case for up to the length of IECC eligibility (a maximum of six months). However, be sure to consider case characteristics and Quality Control error implications in assigning the certification period. See Field Operations Memo 96-40 for certification period guidelines.

Note: If any AU members are employed the case should be included as part of the Food Stamp Program Waiver Process. See Field Operations Memo 99-12 for instructions.

Questions

Policy-related questions should be referred by your Hotline Designee to the Policy Hotline at (617) 348-8478. Systems-related questions should be referred to Systems Customer Support Services at (617) 348-5290.

CHILD CARE APPLICATION AND FEE AGREEMENT

WAGE CONVERSION CALCULATION

Gross weekly X 4.33	=	Gross monthly
Gross bimonthly X 2	=	Gross monthly
Gross bimonthly (NonTAFDC) X 2.17	=	Gross monthly
Gross quarterly divided by 3	=	Gross monthly

CONTINUING CODE OF FAMILY (complete only at intake)

C1 = Post Transitional (DTA)	C4 = Sibling of child in subsidized child care
C2 = Supportive/Family Preservation	C5 = Geographic Relocation
C3 = Aging out of contracted program/transfer between programs	C6 = Re-enrollment within 4 mos. temporary termination (contract only)

REQUIRED MONTHLY SOURCE/INCOME CALCULATION

Total Gross Monthly Income Application Or Reassessment	Adjusted Gross Monthly (Only if applicable) Application Or Reassessment
1. TAFDC Grant (+)	1. (+) Total Gross Monthly
2. SSI (+)	2. (-) Child Support or Alimony Paid
3. Child Support or Alimony received (+)	3. (-) Documented Business Expense (self-employment only)
4. Applicant's Gross Monthly Wages/Income from self employment (+)	4. (-) TAFDC rental Allowance (when applicable)
5. Contributing Adult Gross monthly wages (+)	5. (-) Other Federal or State Housing Assistance (Cash Only)
6. Other Cash Assistance (please specify source)	6. (-) "Employer's Benefit S" share (when applicable)
TOTAL GROSS MONTHLY INCOME	TOTAL ADJUSTED GROSS MONTHLY INCOME IF APPLICABLE

CIRCLE TOTAL ALLOWABLE INCOME LEVEL FROM BELOW:

FAMILY SIZE	2	3	4	5	6	7	8	9
A) 50% of Median Gross Monthly Income	1862	1931	2299	2887	3035	3104	3173	3242
B) 85% of Median Gross Monthly Income	3098	3213	3825	4437	5049	5163	5278	5393
C) 100% of Median Gross Monthly Income	3644	3779	4489	5219	5939	6074	6209	6344

WEEKLY FEE COMPUTATION

Application or Reassessment			
child daily fee	X	weekdays	= weekly fee
1st	X		=
2nd	(X .50) X		=
3rd	(X .25) X		=
Total weekly			
X 2 = total 1st payment			

All information on this application and supporting documentation will be used to determine eligibility for child care. Eligibility determination will include computer matches with other government agencies, and/or authorized contracted agency personnel. When waitlisted certain information will be exchanged for needs assessment purposes as mandated by State law. ALL information will be used in confidence as required under MA statutes and regulations.

I certify under penalty of perjury that the information provided is correct and complete to the best of my knowledge. I will report to this agency within five (5) business days any change in income, family size, or service need. I agree to pay all weekly fees to the authorized child care provider. I will also pay an initial deposit equal to one week's fees (initial deposits will be adjusted accordingly when there are changes to the assessed daily/weekly fee amounts). Fees are to be paid regardless of absences or vacations of the children, as well as for approved provider closings. I have reviewed a schedule of the child care provider's holidays/closures and snow day policy. Fees will not be paid for unauthorized provider closings. I understand that I have an Option to Request a Review Process should my child care services be reduced or terminated. I agree to continue to pay assessed fees while awaiting a Review Process and any amount owed as a result of a Review Process decision for purposes directly connected with the administration of the program.

@ Application or Reassessment

Signature (Parent/Guardian) _____ Date _____

Signature (Agency Staff) _____ Date _____



Informal Child Care Program

Section I: Parent/Guardian Information

Name (Last, First, M.I.)	CCRA	SDA	Serv. Code
Address	Home Telephone		
City/Town	State	ZIP	School/Work Telephone

Section II: Child Care Provider Information

Name (Last, First, M.I.)	Telephone
Address	Care to be provided <input type="checkbox"/> In the child's home <input type="checkbox"/> By a relative
City/Town	State ZIP Location of Care

Section III: Authorization Dates

Start Date	End Date
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Section IV: Children to receive care from this Child Care Program

Names	Ser. Code	Date of Birth	S	M	T	W	Th	F	S	Daily Rate	Daily Parent Fee	Daily Amt. Reimbursed
1.		F 1/2								F 1/2	F 1/2	F 1/2
2.		F 1/2								F 1/2	F 1/2	F 1/2
3.		F 1/2								F 1/2	F 1/2	F 1/2
4.		F 1/2								F 1/2	F 1/2	F 1/2

Section V: Parent/Guardian Signature and Agreement

The CCRA staff has explained Office for Children (OFC) requirements to me. I understand that the provider I have selected is not required to be licensed with OFC. I am responsible for renewing this voucher at least two weeks prior to the end date specified in Section III and if my income, family size or service need changes, I agree to inform the CCRA within five days of the change. I agree to give the CCRA and the child care provider a minimum of 14 calendar days written notice of my intent to change providers or to terminate services. I understand that failure to pay the parent daily fee to the provider may mean a loss of child care services. I understand that payment of this voucher and the availability of child care services are contingent upon continued appropriations of funds for informal child care. I have chosen this child care provider although the provider is not required to be registered/licensed with OFC. If child care is provided in my home, I am aware that I am the employer of the provider. I understand it is my responsibility to make sure that the child care provided to my child(ren) and the place where care is provided are safe. I also understand that _____ (CCRA) and the Massachusetts Department of Public Welfare did not investigate the provider or place where the care is to be provided. I take full responsibility for selecting the child care provider and the place of care. I have read or have had this form read to me and I understand it.

Parent/Guardian Signature _____ Date _____

Section VI: CCRA Authorization

Authorized by _____	<p>I understand payment of this voucher is contingent upon the following:</p> <ul style="list-style-type: none"> - meeting the requirements of 105 CMR 308.140(D) or (E) or OFC licensing - completion of Health and Safety Checklist - appropriation of funds by the legislature. <p>I agree to accept payments only to the extent that services are provided and authorized. I certify that I am physically and mentally capable of caring for children. I also certify that I will ensure that the child(ren) in my care are current on their immunizations and I will adhere to standards certified on the Health and Safety Checklist. I will refrain from corporal punishment. I also understand that the parent(s) or guardian(s) signing above can have access to their child(ren) at any time while they are in my care. I understand that I am responsible for the payment of any federal or state income taxes as a result of payments received under this voucher. I am not an employee of _____ or the Commonwealth of Massachusetts.</p> <p>(CCRA)</p>
Agency _____	
Telephone _____	
Signature of Informal Provider _____ Doc _____	

Original: Child Care Provider; Yellow: CCRA; Pink: Commissioner



Massachusetts Department
of Transitional Assistance

VERIFICATION OF RECEIPT OF INCOME ELIGIBLE CHILD CARE

Recipient Name

Recipient Social Security Number

Recipient Address

City State ZIP

I _____ of _____ hereby certify
Child Care Resource and Referral
Agency or Contracted Daycare Provider

that the above named recipient is:

- authorized to receive Income Eligible Child Care; or
- currently receiving Income Eligible Child Care

through either a contracted daycare provider with the Office for Child Care Services or a Child Care Resource and Referral Agency.

Provider Name (Print Name)

Date

Provider Name (Signature)

Provider Telephone Number