

Argeo Paul Cellucci Governor

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

> William D. O'Leary Secretary

Claire McIntire Commissioner

Field Operations Memo 97-51 October 31, 1997

Local Office Staff

FROM: RE:

TO:

Joyce Sampson, Assistant Commissioner for Field Operations

Warrant Match - Category 2 and Category 4

Introduction

The Department has started a match of the DTA Recipient Masterfile with the Warrant Management System database. The purpose of this match is to identify active TAFDC and EAEDC recipients who may have an outstanding default warrant(s). The Warrant Match Unit, a unit in Centralized Eligibility Operations, will be responsible for handling this match and doing follow-up and review of the match results. Workers will not be aware of the match unless as a result of the match action needs to be taken on the case. No worker action is required for reviewing match data or notifying recipients that a match has occurred. Worker action is limited to the following situations:

- **Recipient Submits Verification to Office;**
- Closed Case or Dependent Reopening Required; and
- Case Closed or Reduced Appeal Filed.

Centralized Eligibility Operations Unit Responsibilities	The Warrant Match Unit in Central Office will first review the match information and PACES to determine if the matched recipient is still receiving assistance. If so, the Notice of Warrant Match notification letter (Attachment A), Warrant Resolution Form (Attachment B) and an outstanding warrant(s)
	list (Attachment C) will be sent to the recipient.

Centralized Eligibility Operations Unit Responsibilities (cont.) Note:

Because of the extremely confidential nature of the Warrant Match data and this match, only the matched recipient will receive this letter. The case head will not receive a copy of this letter unless the matched recipient is a minor or the case head is the matched recipient. All inquiries and submissions should be referred to the Warrant Match Unit.

The Notice of Warrant Match notification letter informs the recipient that:

- the match information has been received, showing that the recipient has an outstanding default warrant(s);
- the matched recipient is being given an opportunity to resolve the outstanding default warrant(s); and
- the matched recipient has 30 days to verify resolution of the default warrant(s) and if no verification is received the case will be reduced or closed.

Acceptable verification(s) that a warrant has been resolved includes the Warrant Resolution Form or any other similar document issued by the court. The Warrant Resolution Form or other acceptable verification must verify that the recipient has:

- resolved the outstanding default warrant(s) to the satisfaction of the court; and
- obtained a document verifying this fact with the validating stamp or seal of the court along with the accompanying signature of the authorized individual of the court.

If any clarification of match information is required, or the recipient disputes the match information, then the recipient is responsible for obtaining verification from the designated court using the Warrant Resolution Form or other acceptable verification. The matched recipient has 30 days from the date of the letter to obtain verification that the default warrant(s) has been resolved.

Centralized Eligibility Operations Unit Responsibilities (cont.)	provides If the m or provi will be c and new	atched recipient resolves the default warrant(s) and s verification within 30 days, no action will be taken. atched recipient fails to return the required verification de other verification within 30 days, the case or recipient closed by the Warrant Match Unit using action reason 96 v SAVE Code W. If the case receives food stamp benefits, will be coded with a T6 transaction. SAVE Code W is limited to Warrant Match Unit use only.			
Local Office Worker	Worker	action is limited to the following situations:			
Responsibilities	Recipient Submits Verification to Office				
	If the matched recipient submits the verification(s) to the local office worker, then the worker must provide an addressed envelope to the recipient to mail the verification(s) to the:				
	Warrant Match Unit Department of Transitional Assistance P.O. Box 9115 Boston, MA 02112-9115				
	Note:	The worker must refer the recipient to the Warrant Match Unit at 1-800-322-9279 to follow up on any questions and concerns regarding verification(s).			
	Reopening a Closed Case or Closed Dependent				
	If the verification(s) has been received by the Warrant Match Unit after a case has been closed or reduced, <b>the Warrant</b> <b>Match Unit will notify the worker by fax whether the</b> <b>verification(s) is acceptable.</b>				
	•	If the verification(s) is acceptable then the local office worker will reopen the case or the closed recipient if otherwise eligible.			

Local Office Worker Responsibilities (cont.) If the verification(s) is not acceptable, workers should not reopen the case and should refer <u>all</u> inquiries to the Warrant Match Unit at 1-800-322-9279.

Case Closed or Reduced - Appeal Filed

If a recipient appeals the adverse action, the Division of Hearings will notify the Warrant Match Unit. The Warrant Match Unit will forward all relevant information to the local office for presentation at the hearing at least 10 days before the scheduled appeal date. This will include a copy of all documentation sent to the recipient including an explanation as to why the action was taken by the Warrant Match Unit.

The worker will represent the Department at the appeal hearing. The worker should review all documentation associated with the case and resolve any questions or concerns with the Warrant Match Unit prior to the hearing.

A representative from the Warrant Match Unit will be available for the hearing via telephone.

Questions

Recipient questions or concerns about the computer match printout or the Notice of Warrant Match notification letter should be referred to the Warrant Match Unit at 1-800-322-9279.



Commonwealth of Massachusetts Department of Transitional Assistance

> Warrant Match Unit Department of Transitional Assistance PO Box 9115 Boston, MA 02112-9115

## Notice of Warrant Match

Date / /

Recipient Name (matched Individual)

Street Address

City/Town

ZIP

The Department of Transitional Assistance has received information from the Warrant Management System stating that we have an outstanding default warrant(s). Attached to this letter is a printout of the outstanding default warrant(s).

You must provide verification for each outstanding warrant(s) from the court(s) that issued the outstanding default warrant(s) within 30 days of the date of this letter. The verification must show that you have resolved the outstanding default warrant(s).

Your cash assistance benefits may stop or be reduced if you do not return the Warrant Resolution Form or other verification (such as the issuing courts' warrant recall notice) signed by the issuing court(s), within 30 days of the date of this letter. Send the verification to: Warrant Match Unit

Department of Transitional Assistance PO Box 9115 Boston, MA 02112-9115

If your cash assistance benefits are going to be stopped or reduced, a separate notice will be sent to the head of your household. You have the right to appeal any such action taken by the Department. The appeal form will be on the reverse side of the closing or reduction notice.

Verification for each outstanding default warrant must be provided.

If you have any questions, please call the Application Information Unit at 1-800-249-2007. Do not call your local office.



Commonwealth of Massachusetts Department of Transitional Assistance

## **Warrant Resolution Form**

To: Department of Transitional Assistance

From: \_

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**Court Name** 

You are hereby notified that the outstanding default warrant arising from this case has been resolved in accordance with the law.

Name of Violator	Date	NOT VALID WITHOUT THE SEAL OR STAMP OF THE COURT IN THIS SPACE, AND AN AUTHORIZED SIGNATURE BELOW. Court Seal/Stamp
Docket Number	Social Security Number	
Authorized Signature	Title	

Attachment C 97-51

## COMMONWEALTH OF MASSACHUSETTS NOTICE FROM DEPARTMENT OF TRANSITIONAL ASSISTANCE OUTSTANDING WARRANTS

 PROGRAM TYPE: CASE NAME: ADDRESS:	TAFDC or EAEDC case name x(30) x(30)		
MATCHED NAME: SOC SEC NO: DATE OF BIRTH:	person name XXX-XX-XXXX XX/XX/XX	· · · · · · · · · · · · · · · · · · ·	
 WARRANT # WARRANT DATE	COURT COURT PHONE #	OFFENSE PLACE OFFENSE	
 xxxxxxxxx mm/dd/ccyy	xxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxx-xxx-x	xxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxx	PREVIOUSLY NOTIFIED
xxxxxxxxxx mm/dd/ccyy	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxx-xxx-xxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxx	PREVIOUSLY NOTIFIED
xxxxxxxxx mm/dd/ccyy	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxx-xxx-xxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxx	xxxxxxx
xxxxxxxxx mm/dd/ccyy	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxx-xxx-xxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxx	PREVIOUSLY NOTIFIED

\*\*\* PLEASE NOTE: DTA ONLY HAS KNOWLEDGE OF THE ABOVE OUTSTANDING DEFAULT WARRANTS. \*\*\* \*\*\* YOU MAY HAVE OTHER OUTSTANDING WARRANTS. \*\*\*

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1/26/97

Page 1