

# 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 98-33 September 1, 1998

To:

Transitional Assistance Office Staff

From:

Joyce Sampson, Assistant Commissioner for Field

**Operations** 

Re:

Child Care/Transportation Form

#### Introduction

The lack of available child care and/or transportation may be a barrier to employment for many recipients preparing to transition from welfare to work. The Child Care/Transportation Form (CC/TRANS) has been developed to help identify and document problems that recipients may have in acquiring child care and/or transportation services as soon as the Transitional Assistance Office becomes aware of them (see Attachment A). The purpose of this form is to identify these problems so that the Department can help recipients to resolve them.

This Field Operations Memo introduces the Child Care/Transportation Form to be used when efforts to secure child care and/or transportation have been unsuccessful. All Child Care/Transportation Forms must be submitted to Central Office for review. Central Office Staff will consult with appropriate agencies and service providers and then contact the designated Transitional Assistance Office Manager to resolve child care and/or transportation problems, where possible.

#### Child Care/ Transportation Form

The Child Care/Transportation Form must be completed by the Transitional Assistance Worker when all efforts to secure child care and/or transportation have been made and the problem still exists. On the form the Transitional Assistance Worker must explain the problem and the steps taken to help the recipient resolve it. The information on the form must be very specific. Information on all referrals, contacts and any other efforts that have been made to resolve the problem should be listed.

## Child Care/ Transportation Form (continued)

This form must be completed to ensure that child care and/or transportation problems are immediately identified so that Central Office Staff can begin working on a solution.

Note: A recipient may not be aware that child care and/or transportation may present problems in obtaining employment until he or she seeks and finds a job. The Transitional Assistance Worker should help the recipient to explore these potential problems and plan ahead to resolve them.

## Transitional Assistance Office Responsibilities

Once the Child Care/Transportation Form is complete, Transitional Assistance Office Staff should follow the following procedures.

The Transitional Assistance Worker must:

- complete and sign the Child Care/Transportation Form;
- submit the original form to the supervisor for his or her signature; and
- file a completed signed copy of the form in the case record.

The supervisor must:

- review and sign the Child Care/Transportation Form; and
- submit the form to the Transitional Assistance Office Director or designee for review.

The Transitional Assistance Office Director or designee must:

- review and sign the Child Care/Transportation Form;
   and
- fax the form to the Regional Director at (617) 348-5111.

Important: All forms identifying a problem should be faxed to Central Office daily.

#### Questions

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

Û	Massachusetts Department of Transitional Assistance Child Care/Transportation Form

	TA	.0	
Date .			
Name	ocial Security Number	-	
Address	City/Town	ZIP	
A. Child Care			
Explain the child care problem	ı. (Be specific)		
Describe the steps taken to he	elp the recipient resolve th	e child care problem.	
B. Transportation			
Explain the transportation pro	blem. (Be specific)		
Describe the steps taken to he	elp the recipient resolve th	ne transportation problem.	
			<del></del>
Worker Signature	Telephone Number	Date	
Supervisor Signature		Date	
Director/Designee Signature		Date sent to Central Office	

CC/TRANS (9/98) 18-700-0998-05

Original to Central Office - Copy to Case Record