



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

MITT ROMNEY
 Governor


RONALD PRESTON
 Secretary

KERRY HEALEY
 Lieutenant Governor

JOHN A. WAGNER
 Commissioner

Field Operations Memo 2004-39A
September 30, 2004

To: Transitional Assistance Office Staff

From:  Cescia Derderian, Assistant Commissioner for Field Operations

Re: EA Shelter Continues for Six Months When Income Exceeds EA Eligibility Standard

**Overview:
 New EA
 Provisions**

EA regulations have been revised to allow an EA AU who becomes financially ineligible because the family's income exceeds the EA Eligibility Standard to continue receiving shelter benefits for a period of six months from the date the EA Eligibility Standard was exceeded. During the six months the EA AU may become ineligible for another reason.

The extended six-month period provides the EA AU with time to find permanent housing and save money before the EA AU's shelter benefits stop.

An EA applicant whose income exceeds the EA Eligibility Standard is ineligible and the application must be denied.

State Letter 1285 issued the new and revised EA policy.

Since July, TAO workers have been following the instructions issued through an e-mail that stated not to send an NFL-9 terminating shelter benefits to an EA AU that is determined ineligible based on excess income and to track these EA AUs. Field Operations Memo 2004-39B describes the procedures for these AUs.

**EA AU
Responsibilities**

The EA AU will receive a system-generated appealable notice when it is first determined that the EA AU's income exceeds the EA Eligibility Standard (Attachment A). This notice advises the EA AU that its income exceeds the eligibility standard but shelter benefits will continue for six months unless the EA AU becomes ineligible for another reason. The notice also includes the EA AU's rights and responsibilities during the next six months. If the EA AU disagrees with the financial findings or the determination of the six-month period, the EA AU has the right to appeal the action.

As a condition of receiving shelter benefits for the next six months, the EA AU:

- Must report its income monthly;
- Must escrow (save) each month that portion of their **gross** monthly income that exceeds the EA Eligibility Standard;
- May not withdraw any of the escrowed money until the EA AU moves into permanent housing. As the escrowed money is considered inaccessible to the EA AU, it is also noncountable for EA, TAFDC and Food Stamp purposes;
- Must meet the activities in the EA AU's Self-Sufficiency Plan, with an increased emphasis on housing search activities. The HAP provider will offer concentrated housing search assistance to the EA AU. Savings activities must be met in addition to the escrow requirements. If the savings activity requires \$100 monthly and the escrow requirement is \$40 monthly, the total amount to be saved is \$140; and
- Must continue to follow the rules of the shelter.

The EA AU also remains subject to other EA regulations, such as:

- The EA AU will be ineligible for EA if the AU reduces or terminates employment without good cause, refer to 106 CMR 309.020(D); and
- The EA AU may be terminated for other reasons, such as, but not limited to, shelter placement refusal, criminal activity, two noncompliances, feasible alternative housing or finding other housing.

A change to the EA AU's income, whether an increase or decrease, will not change the EA AU's six-month extended period. Once the EA AU is in the six-month period, it will not revert to a regular EA AU **unless** the AU's financial eligibility was incorrectly calculated or a hearing decision requires a change. For both of these situations, the TAO Director must authorize the change.

BEACON: Additions and Changes

Several changes were included in the BEACON increment on September 20, 2004.

- EA AUs are described by two SubTypes:
 - A regular EA AU (active or pending) will be set with the SubType of “EA Regular”; or
 - An active EA AU whose income exceeds the EA Eligibility Standard will continue receiving shelter benefits and will remain an active EA AU but will be set with a SubType of “EA Six Months.” This will be set by EBC (Electronic Benefit Calculation).

The EA SubTypes are displayed on the following Views:

- ✓ Active by Grantee Name
- ✓ Active by Program
- ✓ EA AUs in Shelter within Last Two Months
- ✓ Closed/Denied within the Last Two Months
- ✓ Reevaluations Due

Clicking on any field title on the View will arrange the data alphabetically. Click on “Programs” to arrange the programs alphabetical: CC, EA-Regular, EA-Six Months, EAEDC, ESP Basic, etc.

The EA SubTypes are displayed on the following windows:

- ✓ Eligibility Explorer Summary Tab – People tab and Program tab
- ✓ Eligibility Explorer Results Tab
- ✓ Eligibility Explorer AU Inquiry Tab
- ✓ Interview Wrap-up EBC Results window
- ✓ Reinstatement window

Workers should look for the SubType **EA Six Months** to identify and monitor the EA AUs who are in their final six months of shelter benefits.

- BEACON calculates financial eligibility for EA benefits. When the EA AU’s income exceeds the EA Eligibility Standard and the transaction is authorized, BEACON will:
 - change the EA AU’s SubType from “EA Regular” to “EA Six Months”;
 - send a notification letter (Attachment A) informing the EA AU that the AU’s monthly income exceeds the standard, the EA AU will continue to receive shelter benefits for a six-month period, the six-month end date, and the EA AU’s rights and responsibilities during the six-month period;

**BEACON:
Additions and
Changes
(continued)**

-
- calculate and store the six-month period in the Reevaluation Start and End Date fields on the Interview Wrap-up EBC Results window;
 - ✓ the Reevaluation Start Date is the date the EBC Request is authorized to pending release plus one business day;
 - ✓ the Reevaluation End Date is six months from the Reevaluation Start Date; and
 - ✓ the Reevaluation type is “EA Six Months Escrow Period”
 - send a 10-day nonappealable advance notice to the EA AU (Attachment B) that the six-month period is ending;
 - close an EA AU SubType “EA Six Months” at the end of the six months and display the termination reason “End of EA Six-Month Escrow Period” on the AU Composition Results window and the Results tab; and
 - enter the exit date on the Residential window with the reason “six month period expired”.
- A new exit reason “six month period expired” is on the Residential window. This reason is system-generated at the end of the six-month period.
 - A new nonfinancial closing reason “Failure to Meet Escrow Requirements” is on the AU Composition Results window. This reason is selected when the EA AU fails to start or maintain an escrow account with the appropriate amount.
 - Subsequent income entered on the Income and Expense Statement will be used in the calculation of TAFDC, EAEDC and Food Stamp benefits. Subsequent income, whether an increase or decrease from the original income amounts, will not be used to recalculate the EA AU’s eligibility after the EA AU’s subtype becomes EA Six Month.
-

EA AU Reports Income

As of September 20, 2004 when the EA AU reports income, the income is entered on the income windows and the BEACON calculation will determine if the AU should be an EA-Regular AU or an EA Six Month AU. The AUM or Homeless Coordinator must:

- Enter the earned and/or unearned income on the appropriate Assessed Person Income and Expenses Statement windows;
- Click save or update; and
- Proceed to Interview Wrap-up, click on the selection, click on EBC Results and calculate. Alert the supervisor who authorizes the transaction of the pending authorization to ensure same day authorization.

Note: A message will be displayed on the Updates tab on the Interview Wrap-up EBC Results window when the request has been created and authorized on different dates. The message reads, “This request was not authorized on the same day that the request was created. You must select EBC Results and calculate again before you can authorize this request.”

EBC Results show that either the EA AU remains eligible or is ineligible due to income in excess of the EA standard. If the EA AU is ineligible because of its income, the data display fields on the Interview Wrap-up EBC Results window will list EA Program, active status, and EA Six Month SubType. The Updates tab on the Interview Wrap-up EBC Results window shows the Benefit Effective Date, the Reevaluation Start Date, the Reevaluation End Date (six months from the Reevaluation Start Date), and the Reevaluation Type (EA Six Month Escrow Period).

A system-generated EBC notice (Attachment A) will be sent advising the EA AU that the family’s monthly income is above the EA Eligibility Standard but the family will continue to receive shelter benefits for the next six-consecutive months, **unless** the EA AU becomes ineligible for another reason.

When the EBC Results shows the EA AU is ineligible because of excess income, the AUM or Homeless Coordinator must schedule an appointment within five working days to discuss the EA AU’s responsibilities during the next six months. When the recipient is working full-time during the hours of DTA office operations, it may be difficult for the recipient to keep the appointment at the TAO. Other methods of meeting with the recipient, such as meeting at the shelter location, may be arranged with the consent of the TAO Director/designee.

**AUM or
Homeless
Coordinator
Responsibilities**

At the interview with the EA AU, the AUM or Homeless Coordinator will:

- Instruct the EA AU that during the six-month period verification of the AU's income from the prior month will be needed at each monthly appointment. Providing this verification is an eligibility requirement for the continuation of shelter benefits. The prior month's income is compared to the EA Eligibility Standard to determine the escrow amount;
- Advise the EA AU that the AU is responsible for saving the amount of gross income that is above the EA Eligibility Standard and must show proof of the escrowed monies (such as a bankbook, a bank statement or a money order in the EA AU's name but kept in a secured place in the shelter's office), along with any accumulated escrowed monies, at each monthly interview.

Emphasize with the EA AU that the escrowed funds are noncountable for EA, TAFDC and FS. On the Liquid Assets window, the amount of escrowed assets is deducted from the total amount of all liquid assets when entering the Countable Amounts for TAFDC, FS and EA
Example: The total amount of assets is \$2600 of which \$700 is the EA escrow amount. Enter \$1900 in the Countable Amounts fields.

- Enter the EA Eligibility Standard for the AU on the *EA Six-Month Transition Plan (EA-6 Mos)* form (Attachment C) and obtain the adult members' signatures. The *EA-6 Mos* form is used only for AUs with income above the EA Eligibility Standard. If an adult member refuses to sign the *EA-6 Mos* form the EA AU will be terminated;
- Explain how the worksheet section on the reverse side of the *EA-6 Mos* form can be used to record the family's gross income for each week and to calculate the amount to be saved. Be sure the EA AU understands:
 - the sources of unearned income,
 - gross earned income is used not net income,
 - monthly income includes both earned and unearned income, and
 - how to calculate the amount to be saved.

To calculate the amount to be saved:

- add the gross earned income received in the past calendar month.
Example: week ending 9/4 earnings = \$0; week ending 9/11 = \$0;
week ending 9/18 = \$730; and week ending 9/25 = \$730.
Total gross earned income for past month = \$1460.
 - add together the earned and unearned income received in the past calendar month for the total gross income.
Example: gross earned income \$1460 plus SSI of \$526 = \$1986.
-

**AUM or
Homeless
Coordinator
Responsibilities
(continued)**

- subtract the EA Eligibility Standard from the total gross income amount to calculate the amount that must be saved.
Example: \$1986 minus \$1836 (AU of 5) = **\$150** is the amount above the standard which **should be escrowed by next month** but no later than the meeting in the following month.
- Advise the EA AU that the EA AU is expected to save the amount above the standard (\$150 in the example above) during the next four weeks.

At the next interview, if the EA AU saved an amount less than the required amount, the EA AU will be allowed another month to make up the difference. If the outstanding amount is not saved by the next month's interview the EA AU's continued shelter benefits will be terminated. See *Monthly Escrow Amount* later in this memo for detailed procedures.

- Enter the next appointment date on the *EA-6 Mos* form as a reminder to the EA AU;
- Give the original of the *EA-6 Mos* form to the EA AU, file a copy in the EA AU record and record the scheduled appointment on the Scheduled Appointment tab;
- Attach the completed *EA-6 Mos* form to the *EA Self-Sufficiency Plan*;
- Remind the EA AU that during this six-month period the EA AU is subject to the EA shelter requirements such as completing the activities on the *Self-Sufficiency Plan* (Part 1, Part 2 and Part 3), including housing search activities, following the rules of the shelter and savings activities on the EA Self-Sufficiency Plan. The amount to be escrowed does not reduce the regular amount that must be saved monthly. **During the six months, the EA AU's focus with the help from the HAP provider must be on finding housing;**
- **Advise the HAP provider and the shelter that the EA AU is in the last six months of shelter and stress the importance of the EA AU to secure housing before the six months expire. Send a blank EA Self-Sufficiency Plan, Phase II, Part 2 to the HAP provider and Part 3 to the shelter so the providers will complete a new plan with new activities specifically related to the AU's shelter ending in six months. Annotate the box in the upper right corner with the end date for shelter for the EA AU.** See Attachment D and E;
- Enter a statement on the Narrative Tab that the income exceeds the EA Eligibility Standard and the end date of the six-month continuation period; and

**AUM or
Homeless
Coordinator
Responsibilities
(continued)**

-
- Advise the EA AU that during this 6-month period, the family becomes ineligible for shelter benefits if the EA AU:
 - Quits the job (without having another job to go to) or reduces the wages without good cause;
 - Refuses to sign the *EA-6 Mos* form;
 - Fails to provide verification of the family's income;
 - Fails to start an escrow account or fails to continue to escrow the amount that exceeds the EA Eligibility Standard;
 - Withdraws funds from the escrowed portion; or
 - Meets one of the shelter termination conditions as specified in 106 CMR 309.040(F)(1)(a) through (e).

To terminate the EA AU for one of the above reasons or to terminate an EA AU that failed to keep the appointment to review the *EA-6 Mos* form (also failed to verify income and the escrowed monies) complete the *NFL-9 (rev.)* (Attachment F), checking the appropriate box for a family whose income is above the EA standard. Go to the AU Composition Results window to terminate the EA AU with the Noncooperation reason.

If the EA AU fails to comply with the activities on the *EA Self-Sufficiency Plan, Phase II, Part 1, 2 or 3*, the documentation is submitted to the Non-Compliance Committee.

**Monthly Escrow
Amount**

Once the income has been entered and the calculation shows the income to be above the EA Eligibility Standard, the following is a month-by-month example of the process of determining the monthly escrow amount. For the determination of the escrow amount, all calculations will be made on a calendar month basis and the calculations will use the actual income received (similar to monthly reporting): the income from one calendar month will be used in the next calendar month to determine how much must be escrowed by the following calendar month.

For this example, the initial interview following the calculation determining the EA AU to be ineligible will be the month of November.

- At November's interview, review the actual income received in the month of October to determine how much should be escrowed. Using the example described on pages 6 and 7 of this memo the amount to be escrowed for October is \$150.

Note: If the size of the EA AU increases or decreases during the six-month period, the EA Eligibility Standard for a family of the **current size** is used in the calculation of the escrow amount. A change in AU size will not allow the AU to become an EA-Regular AU. Example: the EA AU size changed from three to four, therefore use the EA Eligibility Standard for four (\$1571) in the escrow calculation.

Some EA AUs may come prepared to this meeting with the income calculated and the correct amount escrowed. Encourage such behavior.

If the total amount was not saved, the EA AU will have until next month's meeting to make up the difference.

Example: Based on the calculation, the EA AU was expected to save \$150 during October but only saved \$50 therefore \$100 is remaining. By next month (December), the remaining amount plus a new escrow amount must be saved.

Monthly Escrow Amount (continued)

-
- At December's interview, review the amount in the escrow account. Was the outstanding \$100 saved from last month?
 - If the outstanding amount (\$100) was not saved, the EA AU is no longer eligible for the 6-month continuation of shelter benefits.
 - If the outstanding amount (\$100) was saved, shelter benefits continue as the full \$150 was escrowed for the month of October.
 - A new calculation using the actual income received in the month of November is completed to determine how much the EA AU was expected to save during November. November's escrow amount is \$60 because of a decrease in income. Determine how much of the new \$60 was saved. (During November the EA AU should have saved a total of \$160: \$100 plus \$60). The actual amount in the escrow account is \$175, which means only \$25 of the \$60 has been saved. By next month's meeting, the \$35 remaining portion must be saved, in addition to December's new escrow amount.

 - At January's interview, review the amount in the escrow account. Was the outstanding \$35 saved? Recalculate a new escrow amount based on December's income. The cycle starts again

When the full escrow amount was not saved after being given an extra month to save the money, go to the AU Composition Results window to terminate the EA AU for Failure to Meet Escrow Requirements. Complete and send the NFL-9 to the EA AU.

If the EA AU withdraws funds from the escrowed money, go to the AU Composition Results window to terminate the EA AU for Failure to Meet Escrow Requirements. Complete and send the NFL-9 to the EA AU.

If the total gross income in a month is below the Eligibility Standard, there is no excess amount and the escrow amount to be saved for that month will be zero. The EA AU remains a SubType EA Six Months AU.

Each month complete this review until the EA AU secures housing or the end of the six-month period occurs.

**End of Six-
Month Period**

The EA AU will be sent a system-generated reminder notice (Attachment B) that the shelter benefits will be ending because the six-month period has expired. A system-generated exit date and reason (six month period expired) will be entered on the Residential window.

If the EA AU requests a continuation of shelter benefits beyond the six months, the AUM or Homeless Coordinator must immediately notify the TAO Director.

The Department will consider continuing shelter benefits beyond the six months if the EA AU is experiencing extraordinary circumstances that are preventing the EA AU from moving into housing. **The request for continuation of benefits must be made within the 10-day period before the end of the six-month period.** A request for the continuation of benefits made after the six-month period has ended will be denied. Extraordinary circumstances are determined on a case-by-case basis. The TAO Director must discuss the family situation with the Regional Director immediately and together a decision will be made regarding the continuation of shelter benefits. This decision must be made before the end of the six-month period. If needed, the Regional Director may approve the temporary extension of shelter pending a final decision with the TAO Director.

Request made before six-month period expires

Only the TAO Director or Assistant Director has the security clearance to authorize extending the shelter benefits beyond the six-month period for extraordinary circumstances. If the TAO Director and Regional Director determine the EA AU has extraordinary circumstances, the Director extends the shelter by entering in a new Reevaluation End Date on the Interview Wrap-up EBC Results window. The new end date may not exceed 60 days beyond the original end date. Make sure the Reevaluation type is set to EA Six Month Escrow Period. No change is made to the Reevaluation Start Date to keep an accurate record of the length of time the EA AU received shelter benefits after being determined over income.

The TAO Director should keep a record of the EA AUs that receive extended shelter benefits beyond the six-month period.

Based on the joint decision of the Regional Director and TAO Director, the AUM or Homeless Coordinator completes and sends the *Approval or Denial for Request for Continued Shelter After Six-Month Period* (NFL-9CON) (Attachment G) to the EA AU. The EA AU may appeal a denial decision but the EA AU will not receive shelter pending the hearing decision.

If the EA AU becomes ineligible for a reason other than income during the extended time period, the EA AU must be terminated.

Change Subtype Back to EA Regular **Only the TAO Director or Assistant Director has the security clearance to authorize changing an AU from EA Six-Months back to an EA Regular AU.** If it is determined that the EA AU with the SubType of EA Six Months should be changed back to SubType EA Regular because the EA AU's financial eligibility was incorrectly calculated or a hearing decision requires a change, the AUM or Homeless Coordinator must enter the corrected data on the Assessed Person Income and Expenses Statement windows, complete Interview Wrap-up and calculate the new results.

The TAO Director or Assistant Director must authorize the transaction. On the Updates tab on the Interview Wrap-up EBC Results window, be sure to click on the dropdown box by the Reevaluation Type to select Reevaluation. This changes the EA AU back to SubType EA Regular.

Since the EA AU received the notice that shelter benefits would continue only for six months, the AUM or Homeless Coordinator must send an NFL-9 notifying the EA AU the EA shelter benefits are approved.

12-Month Period The 12-month period of EA ineligibility begins on **the last day shelter benefits are paid by the Department**, refer to 106 CMR 309.020(A)(3). If the EA AU's six months shelter benefits extend until April 2005, the 12-month ineligibility period begins as of April 2005.

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

EA SIX-MONTH EXTENSION

Attachment A

SAMPLE NOTICE

90 Washington ST.
Dorchester, MA 02121

Important Notice – Read Carefully EN: 00000
Este Mensaje Es Importante – Lea Cuidadosamente

Massachusetts Department of Transitional Assistance

Mary Jones
1 Main St.
Dorchester, MA 02125-1918

SSN: 999-99-9999
Dorchester TAO - DTA

09/20/2004

Dear Mary Jones:

This notice is to inform you that a recent review of your family's income shows that your monthly gross income of \$1,250.00 exceeds the EA Eligibility Standard of \$1,040.00 for a family of your size. Your shelter benefits are scheduled to end in six months on 02/21/2005 because your income is above the EA Eligibility Standard. At the end of the six month period, your shelter benefits will stop. Your shelter benefits may stop before this date if you become ineligible for other EA rules. If you disagree that your income is above the EA Eligibility Standard, you must appeal within 21 days from the date of this notice. Your appeal rights are described below.

The regulation(s) used in reaching these decisions are 106 CMR: 309.040.

During these six months you must save all of your family's income that is above the EA Eligibility Standard of \$1,041.00. This six-month period gives you time to save money and find permanent housing before your shelter benefits stop.

If you disagree with this decision, you have a right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice. The Department must get your hearing request **no later than 21 days** from the date of this notice.

Before your shelter benefits are stopped, the Department will send you another notice to remind you when you must leave EA shelter.

During the next six months, while your shelter benefits continue, you must to do the following:

- You must save the amount of your family's income that is above the EA Eligibility Standard each month;
- You must bring in proof of all of your family's income each month;
- You may not withdraw any money that is saved;
- You must complete the activities on your *Self-Sufficiency Plan*;
- You must continue to meet all EA eligibility program requirements;
- You must complete your housing search activities; and
- You must follow all of the rules of the shelter.

Please call your worker Mary Smith at 617-999-9999 if you have any questions about your case.

EA SIX-MONTH EXTENSION NOTICE OF FAIR HEARING REQUEST

YOUR RIGHT TO APPEAL: If you disagree with any action or inaction taken by the Department of Transitional Assistance (DTA), you have the right to appeal and receive a fair hearing before an independent referee. DTA must receive your request for a fair hearing no later than 90 days from the date on this notice. Exceptions to the 90-day time limit are: (1) you have 10 days to request a hearing on Emergency Assistance (EA) shelter benefits, (2) you have 30 days from the date of mailing of the notice by the Department of Revenue to request a hearing regarding the intercept of your state tax refund, (3) you may appeal the amount of your Food Stamp (FS) benefits at any time during your FS certification period, if you think you are not receiving the correct amount, (4) you have up to 120 days if DTA fails to act on your request for services, and (5) you have up to 120 days to appeal alleged coercive action or otherwise improper conduct or up to one year under certain specified circumstances.

HOW TO APPEAL: If you wish to request a fair hearing, send this page with the bottom section completed to: **DTA, Division of Hearings (DOH), P.O. Box 167, Boston, Massachusetts 02112-0167 or fax to (617) 348-5311.** Please keep the copy for your own records.

IF YOU ARE CURRENTLY RECEIVING ASSISTANCE, READ THIS BLOCK: Your benefits will be continued until a decision is made on your appeal if DOH receives your appeal request within 10 days from the date on this notice. If you are appealing a FS issue, and your FS certification period ends before your appeal is decided, you will continue to receive the same FS benefits only until the end of your certification period. If you receive assistance during your appeal, but lose your appeal, DTA can recover from you the assistance to which you were not entitled. If you receive TAFDC time-limited benefits during an appeal, which you then lose, the months for which you have received assistance will count toward your time-limited benefits. If you do not wish to continue to receive assistance during your appeal, check Box A below. If you do not receive benefits during your appeal, and you win your appeal, DTA will promptly correct any underpayment.

WHEN THE HEARING WILL BE HELD: You will be given at least 10 days notice prior to the fair hearing of the date, time and place of the hearing to permit you time to prepare your case. Fair hearings on EA shelter benefits are expedited; you will be given at least two days notice prior to the fair hearing of its date, time and place. If you wish to have a fair hearing scheduled sooner, check Box B below. If you have good cause for not being able to attend the fair hearing, please contact DOH at (617) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 or 1-800-532-6238 for the hearing impaired), before the hearing date, so that your hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for the first scheduled hearing involving any aspect of the FS Program where good cause for rescheduling need not be demonstrated.

YOUR RIGHT TO BE ASSISTED AT THE HEARING: If you cannot speak English or understand it well or if you are hearing impaired and wish to have DOH provide an interpreter, please write that on this appeal request or call DOH at (617) 348-5321 or 1-800-882-2017, (TTY (617) 348-5337 or 1-800-532-6238) at least a week before the hearing. At the hearing, you may be accompanied by an interpreter, attorney, or other representative at your expense. You may wish to contact a local legal services office or community agency for assistance. Information about local legal services offices and other services provided by community agencies in your area can be obtained by contacting your local office. These agencies may provide advice or representation at no cost.

You or your representative may subpoena witnesses, present evidence and cross-examine witnesses. The referee must make a decision on all evidence presented at the fair hearing. You or your representative will be permitted to see your case file before the hearing. If you want to review your case file, schedule an appointment with your worker before the hearing.

NONDISCRIMINATION NOTICE FOR CLIENTS: Under federal and state law the Massachusetts DTA does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. If you have any questions or concerns, we encourage you to contact the Director of Equal Opportunity, DTA, 600 Washington Street, Boston MA 02111, Tel. (617) 348-8490 (TTY (617) 348-5599 for the hearing impaired).

I, _____, hereby request a fair hearing before a referee of DOH.

- A. I do not wish to continue receiving the disputed amount of assistance during the appeal process.
- B. I request an expedited hearing.

The reason I wish to request a fair hearing is _____

Your Name (Print) _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Your Signature _____

My authorized representative is: Name _____ Title _____

Address _____ City/ZIP _____

Telephone () _____

**BEACON NOTICE
ENGLISH SAMPLE**

One Davis Square
Somerville, MA 02144

Important Notice - Read Carefully
Este Mensaje Es Importante - Lea Cuidadosamente

Massachusetts Department of Transitional Assistance

Mary Jones
101 Main Street
Somerville, MA 02145 }

999-99-9999
Davis Square TAO

01/17/2005

Emergency Assistance Shelter Benefits Six-Month Reminder Notice

Dear Mary Jones:

This notice is to remind you that the additional six-month shelter period that was provided after your family's income exceeded the EA Eligibility Standard (106 CMR 309.020(E)) will expire on 01/31/2005. The Department will no longer provide you with shelter after this date.

If you have any questions, you should call 617-999-9999 and ask for Mary Smith.



EA Six-Month Transition Plan
Massachusetts Department of Transitional Assistance

TAO _____

Date _____

Recipient Name _____ SSN _____

Other Adult Name _____ SSN _____

Your family's gross income was found to be above the EA Eligibility Standard of \$ _____.

As a condition of receiving continued shelter benefits, each month:

- You must save the portion of your family's income that is above the EA Eligibility Standard amount of \$ _____.
- You should keep a record of how much your family's gross income for the month will be above the EA Eligibility Standard.
- You must bring in proof of the income your family gets between today and your next appointment. The actual gross income received will be used to determine how much you should have saved.
- You may not withdraw any of the money saved until you move from shelter into permanent housing.
- You must continue to do all of the activities in your Self-Sufficiency Plan.
- You must keep your next month's appointment or call your worker before the appointment date to reschedule.

**** If you do not comply with the conditions stated above, your shelter benefits may be stopped.**

**** If you terminate your job or reduce your wages, without good cause, your shelter benefits will stop.**

**** If you do not complete the activities in your Self-Sufficiency Plan you may be found to be in noncompliance and you may become ineligible for shelter benefits.**

Recipient Signature

Date

Other Adult Signature

Date

AU Manager or Homeless Coordinator

Date

CALCULATION WORKSHEET. You should use this calculation worksheet to track your family's income to be sure you are saving the right amount. Add together the gross earned income (wages) and unearned income (TAFDC, EAEDC, SSI, Social Security, pensions or retirement payments) of all family members.

Your next appointment is scheduled for _____. Remember to bring in proof of your family's income and proof of the saved amount. If you have any questions about this form or the calculation, please call your worker.

	<u>GROSS WAGES</u>	<u>OTHER INCOME</u>
Week of _____	\$ _____	\$ _____
Week of _____		
Week of _____		
Week of _____	_____	_____
Gross Income	\$ _____	\$ _____

Total Gross Wages and Other Income \$ _____

EA Eligibility Standard - \$ _____

Income above Standard \$ _____ this amount is to be saved

Was this amount saved? YES _____ NO _____



Massachusetts Department of Transitional Assistance
EA Self-Sufficiency Plan - Phase II - Part 2

EA 6 Month AU
Shelter Stops _____

EA Family Name _____

Part 2: to be completed by the HAP Provider and the adult members of the EA AU.

The following housing search activities will be part of your family's Self-Sufficiency Plan. You and the adult members of your family must do housing search for _____ hours each week. **If you do not do the activities written in this Self-Sufficiency Plan, you will be in noncompliance with the rules for receiving shelter benefits and you may lose your EA shelter benefits.**

Important: If a member of your EA family has a mental or physical condition that may prevent you from doing an activity, please complete the following. We may be able to modify the activities to help you participate successfully.

Health Issue Yes or No (circle one) Explain _____

Family Size _____ # of Adults _____ # of Boys _____ # of Girls _____

Subsidy Status Y - N; Expires ___/___/___ Applied ___/___/___

Extension Y - N Expires ___/___/___

ACTIVITIES

Was Activity Completed/Date

_____ Meet weekly and cooperate with the HAP provider to discuss your housing search progress. Y - N _____

_____ Actions to correct a CORI report, credit issues or legal issues:

_____ Y - N _____
Y - N _____
Y - N _____

_____ Attend group housing meetings on _____ Y - N _____

_____ Attend mandatory workshops on _____ Y - N _____

_____ Special activities or meetings, such as group trips, special housing meetings, etc.

_____ Y - N _____
Y - N _____
Y - N _____

You must bring with you the following:

- check for \$ _____ landlord's reference CORI Other

SUBSIDIZED HOUSING ACTIVITIES

_____ Complete the applications for subsidized housing listed on the SUBSIDIZED HOUSING CHART by _____ and keep records. Y - N _____

UNSUBSIDIZED HOUSING ACTIVITIES

_____ Contact the landlord or management agencies listed on the UNSUBSIDIZED HOUSING CHART by _____ and keep records. Y - N _____

_____ Look for rental vacancies in newspapers, keep the rental ad as proof and add the information on the UNSUBSIDIZED HOUSING CHART. Y - N _____

Fax the completed Part 2 to the AU Manager or Homeless Coordinator as soon as all signatures are obtained. Attach any separate housing plan.

EA Self-Sufficiency Plan - Phase II - Part 2

EA Family Name _____

ADDITIONAL ACTIVITIES

_____	Y - N	_____
_____	Y - N	_____
_____	Y - N	_____
_____	Y - N	_____
_____	Y - N	_____
_____	Y - N	_____

HAP RESOURCES

I (we) understand that the activities listed on these pages must be completed by me (us) for our temporary emergency shelter benefits to continue.

Recipient Signature Date

Other Adult Signature Date

HAP Provider - HAP Contact Person Signature Telephone Number Date

EA Self-Sufficiency Plan - Phase II - Part 2 (cont)

EA Family Name _____

Week ending _____

SUBSIDIZED HOUSING SEARCH

Landlord/Realtor Name/ Telephone Number	Today's Date	Unit Address/ Rent Amount	Reason not taken	Verifications needed	Outcome

Application Follow-up Activities

Verification Submitted and Date	Call Landlord and Date	Contact Person	Outcome	HAP Intervention

Comments

EA Self-Sufficiency Plan - Phase II - Part 2 (cont)

EA Family Name _____

Week ending _____

UNSUBSIDIZED HOUSING SEARCH

Landlord/Realtor Name/ Telephone Number	Today's Date	Unit Address/ Rent Amount	Reason not taken	Verifications needed	Outcome

Application Follow-up Activities

Verification Submitted and Date	Call Landlord and Date	Contact Person	Outcome	HAP Intervention

Comments



EA Self-Sufficiency Plan - Phase II - Part 3

EA 6 Month AU Shelter Stops _____

EA Family Name _____

Part 3: to be completed by the shelter case manager and the adult members of the EA AU.

During the month of _____, the following activities will be part of your Self-Sufficiency Plan. If you do not do the activities written in this Self-Sufficiency Plan, or do not follow the rules of the shelter, you will be in noncompliance with the rules for receiving shelter benefits and you may lose your EA shelter benefits.

Important: If a member of your EA family has a mental or physical condition that may prevent you from doing an activity, please complete the following. We may be able to modify the activities to help you participate successfully.

Health Issue Yes or No (circle one) Explain _____

ACTIVITIES

Was Activity Completed/Date

Register your child(ren) for school. Y - N _____

Make an appointment with the doctor, social worker or other agency specific _____ Y - N _____

_____ Y - N _____

_____ Y - N _____

Keep your appointment with doctor, social worker or other agency specific _____ Y - N _____

_____ Y - N _____

_____ Y - N _____

Start a savings plan at a local financial institution agreeing to save \$ _____ by ____/____/____. This savings plan is to meet future housing expenses or past housing debts that need to be cleared up so you can get permanent housing. Past debts include _____

Other _____ Y - N _____

Other _____ Y - N _____

I (we) understand that the activities listed above must be completed by me (us) for our temporary emergency shelter benefits to continue.

Recipient Signature _____ Date _____

Other Adult Signature _____ Date _____

Shelter Case Manager Signature _____ Telephone Number _____ Date _____

Amendments _____ Date _____

_____ Intials _____



**Notice of Approval, Denial or Termination for
Emergency Assistance or Other Financial Services**
Massachusetts Department of Transitional Assistance

Date _____

TAO _____

Name _____

SSN _____

Address, City & Zip _____

This notice is to inform you that:

Your request for: Emergency Assistance Temporary Emergency Shelter Other
 is approved

Service(s) \$ Amount Service(s) \$ Amount

_____ _____ _____ _____
 is denied

Service(s) Reason and Manual Citation

Your: Emergency Assistance Temporary Emergency Shelter Other

is terminated effective _____ because:

- You did not appear at a designated shelter placement without good cause. 106 CMR 309.040(F)(1)(c)
- You abandoned the shelter placement. 106 CMR 309.040(F)(1)(d)
- You have feasible alternative housing. 106 CMR 309.040(F)(1)(e)
- You refused an available placement. 106 CMR 309.040(F)(1)(c)
- As a family whose income exceeded the EA Eligibility Standard, you did not provide proof of your family's income which is needed to determine how much you must save each month; or you did not save that portion of your family's income that exceeds the EA Eligibility Standard; or you withdrew some or all of the saved money during the six months. 106 CMR 309.020(E)
- Other Reason and Manual Citation

If you disagree with this decision, you have a right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice.

TAO Worker's Signature

Supervisor's Signature

Appeal Rights

Your Right To Appeal

You have the right to a hearing with a Hearing Officer to challenge an action or decision by the Department of Transitional Assistance about your case.

How To Appeal

If you want a hearing, fill in the blanks at the bottom of this page and mail or fax it to us at: Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Boston, MA 02112-0167 or fax to (617) 348-5311.

If we get your hearing request within 10 days from the date of this notice, you can keep your shelter benefits while you are waiting for your hearing and the decision. If you appeal within 10 days and are appealing a transfer because you have been asked to leave your current family shelter placement, you can stay in your current family shelter placement until the decision, only if the family shelter approves.

We must get your hearing request **no later than 21 days** from the date of this notice or you will not get a hearing.

When the Hearing Will Be Held

Your hearing will be held as soon as possible. You will get notice at least two days in advance of the date, time and place for the hearing. You can only change the hearing date if you have a good reason (good cause). To ask for a change in the hearing date for good cause, call the Division of Hearings at (617) 348-5321 or 1-800-882-2017. If you miss the hearing without good cause, you may lose your rights to a hearing.

Your Right To Get Help for the Hearing

You have the right to bring an attorney or anyone else as your representative to the hearing. To try to get free legal help for your hearing, contact legal services or other community agencies. Your local DTA office can give you information about these services.

You or your representative have the right to see your case file before the hearing, to bring witnesses and present evidence at the hearing, and to question (cross-examine) witnesses against you. The Hearing Officer must make a decision based on all the evidence presented.

If you do not speak English well and want an interpreter, please write this on your hearing request or call the Division of Hearings at (617) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 or 1-800-532-6238) for the hearing impaired, as soon as possible before the hearing.

Nondiscrimination Notice for Clients

Under federal and state law the Massachusetts Department of Transitional Assistance does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. For help with these matters, we encourage you to contact the Director of Equal Opportunity, Department of Transitional Assistance, 600 Washington Street, Boston MA 02111, Tel. (617) 348-8490, TTY (617) 348-5599 for the hearing impaired.

I, _____, hereby request a fair hearing before a Hearing Officer of the Division of Hearings. I wish to request a hearing for the following reasons:

Name _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Signature _____

My authorized representative is:

Name _____ Title _____

Address _____

Telephone () _____



Notice of Approval or Denial for Request for Continued Shelter After Six-Month Period
Massachusetts Department of Transitional Assistance

Date _____

TAO _____

Name _____

SSN _____

Address, City & Zip _____

This notice is to inform you that your request for continued shelter benefits beyond the six-month period because of extraordinary circumstances

is approved.

is denied because you have not shown extraordinary circumstances.

The regulation used to reach this decision is 106 CMR 309.020(E)

If you disagree with this decision, you have a right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice.

TAO Worker's Signature

Supervisor's Signature

NFL-9 CON (9/2004)
13-250-0904-05

Appeal Rights

Your Right To Appeal

You have the right to a hearing with a Hearing Officer to challenge an action or decision by the Department of Transitional Assistance about your case.

How To Appeal

If you want a hearing, fill in the blanks at the bottom of this page and mail or fax it to us at: Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Boston, MA 02112-0167 or fax to (617) 348-5311.

We must get your hearing request **no later than 21 days** from the date of this notice or you will not get a hearing.

When the Hearing Will Be Held

Your hearing will be held as soon as possible. You will get notice at least two days in advance of the date, time and place for the hearing. You can only change the hearing date if you have a good reason (good cause). To ask for a change in the hearing date for good cause, call the Division of Hearings at (617) 348-5321 or 1-800-882-2017. If you miss the hearing without good cause, you may lose your rights to a hearing.

Your Right To Get Help for the Hearing

You have the right to bring an attorney or anyone else as your representative to the hearing. To try to get free legal help for your hearing, contact legal services or other community agencies. Your local DTA office can give you information about these services.

You or your representative have the right to see your case file before the hearing, to bring witnesses and present evidence at the hearing, and to question (cross-examine) witnesses against you. The Hearing Officer must make a decision based on all the evidence presented.

If you do not speak English well and want an interpreter, please write this on your hearing request or call the Division of Hearings at (617) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 or 1-800-532-6238) for the hearing impaired, as soon as possible before the hearing.

Nondiscrimination Notice for Clients

Under federal and state law the Massachusetts Department of Transitional Assistance does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. For help with these matters, we encourage you to contact the Director of Equal Opportunity, Department of Transitional Assistance, 600 Washington Street, Boston MA 02111, Tel. (617) 348-8490, TTY (617) 348-5599 for the hearing impaired.

I, _____, hereby request a fair hearing before a Hearing Officer of the Division of Hearings. I wish to request a hearing for the following reasons:

Name _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Signature _____

My authorized representative is:

Name _____ Title _____

Address _____

Telephone () _____