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Executive Office of Health and Human Services
Department of Transitional Assistance
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Commissioner

Field Operations Memo 2005-12
March 1, 2005

To: **Transitional Assistance Office Staff**
From: **Cescia Derderian, Assistant Commissioner for Field Operations**
Re: **Enhancement to Policy Online**

Overview A new option entitled *Online Forms* has been added to the Policy Online Menu. The first form added to this new feature is the Interpreter Request Form (Attachment A). Additional forms will be available in the near future.

The Interpreter Request Form was issued in February and referenced in the February 2005 *Transitions-From the Forms File*. TAO staff were instructed to fax the completed document to Central Office. The form is being reissued with the instruction to e-mail the completed form to Central Office. The name and e-mail address of the person in Central Office are identified at the bottom of the form.

Using the Online Forms Feature The Online Forms option allows TAO staff to complete the form online and save the form to their group or home directory or to save the form to their group or home directory and complete it at a later time. The request would be e-mailed to Central Office as an attachment.

**Using the
Online Forms
Feature
(continued)**

To access the Online Forms option:

- Access Policy Online;
- Select Online Forms;
- Select the Interpreter Request Form; and
- Select Open on the pop-up window.

To complete the form either online or as a saved document:

- Highlight the various fields and enter the appropriate information; and
- Save the document.

Create an e-mail message, attach the form and send to the name and address listed at the bottom of the form.

Questions

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



Massachusetts Department of Transitional Assistance

2005-12

ATTACHMENT A

INTERPRETER REQUEST FORM

TAO:

TAO Address:

TAO Telephone Number:

AU Manager Telephone Number:

Date of Request:

Request Approved By: _____ Number of Hours: _____
(Supervisor)

PLEASE COMPLETE THE FOLLOWING:

- ❖ Language:
 - ❖ Date of Appointment:
 - ❖ Time of Appointment:
 - ❖ Location of Appointment:
 - ❖ Type of Case: TAFDC EAEDC Food Stamp Other
 - ❖ Estimated Length of Appointment:

❖ Name of A

Complete and e-mail to Dennis C. Johnson, DTA HR Administrator, Central Office at: