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

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Secretary

JOHN A. WAGNER
Commissioner

Field Operations Memo 2005-24
June 2, 2005

To: Transitional Assistance Office Staff
From:  Cescia Derderian, Assistant Commissioner for Field Operations
Re: HAP Referrals and the Toolbox

Overview

“Toolbox” money is now available as a Housing Assistance Program (HAP) service resource to Emergency Assistance (EA) eligible families. While a family does **not** have to be eligible for EA **shelter** to receive this or any other HAP service, they must be eligible for EA under 106 CMR 309.020. TAO staff will make a preliminary determination of financial eligibility before referring a family for HAP services. If the HAP determines that the family could benefit from access to the toolbox, the family will be referred to the TAO to complete an EA application on BEACON.

Toolbox money will continue to be available to families in shelter without any additional steps being taken by TAO staff.

Purpose of Memo

This memo:

- describes Homeless Coordinator/AU Manager responsibilities related to referrals for HAP services, including use of the toolbox; and,
 - makes obsolete Field Operations Memo 2005-5.
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**Homeless
Coordinator/
AU Manager
Responsibilities:
Referral for HAP
Services and EA
Application for
Toolbox**

When a family is seeking HAP services, the Homeless Coordinator/AU Manager must:

- complete the *EA HAP Application* (EA-3, Attachment A) to determine the family's eligibility for HAP services (no verifications are required);
- if the family is determined eligible for HAP services using the EA-3:
 - complete the *Referral to Housing Assistance Program Services* (RHAPS, Attachment B);
 - fax the completed RHAPS form to the HAP provider;
 - file the original RHAPS form in the AU case record.
- if the family is determined **not** to be eligible for HAP services using the EA-3 form, complete the *Notice of Approval, Denial, or Termination of Emergency Assistance or Other Financial Assistance Benefits* (NFL-9, Attachment C), indicating that the family has been denied HAP services because of financial ineligibility and give a copy to the family.

Once the family has been referred using the RHAPS form, the HAP provider will work with the family and the Housing and Homeless Services unit to determine what HAP services would best aid the family, including determining if the toolbox should be accessed.

- If the family is approved for use of the toolbox, the Housing and Homeless Services unit will inform TAO staff and instruct the HAP to ask the family to make an appointment with the Homeless Coordinator/AU Manager to complete a full EA application. When the family returns to the TAO, the Homeless Coordinator/AU Manager must complete an EA application in BEACON. In the Request for Assistance workflow:
 - on the Application window, select "Imminent Eviction" from the Primary Reason dropdown box;
 - on the Application window, under the Special Situation(s) menu, check "Other," and type "Toolbox" in the Other textbox;
 - in the Program window, select "EA" from the Program Application list by double-clicking on it;
 - on the Program Details tab in the Program window, select "Imminent Eviction" from the Primary Reason dropdown box;
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**Homeless
Coordinator/
AU Manager
Responsibilities:
Referral for HAP
Services and EA
Application for
Toolbox
(continued)**

- on the Program Details tab in the Program window, click “Select...” under the Secondary Reasons text box and check “Other” in the list;
 - on the Program Details tab in the Program window, in the Other textbox, type “Toolbox.”
 - If the family is not approved for use of the toolbox, the family will not be referred to the TAO, and no further action by Homeless Coordinator/AU Manager is necessary.
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**Homeless
Coordinator/
AU Manager
Responsibilities:
Closing of EA
Intervention in
BEACON**

The Homeless Coordinator/AU Manager must close the EA AU in BEACON no later than 30 days after an application was opened. The Housing and Homeless Services unit will inform TAO staff via telephone and/or email whether the toolbox benefit has been provided and that the case may be closed on BEACON.

If the toolbox benefit has been provided, the Homeless Coordinator/AU Manager must:

- go to the AU Composition Results window in BEACON and:
 - in the Reason Category dropdown list, select Program Rules;
 - in the Reason dropdown list, select EA benefits provided-no other benefits pending.
- access the BEACON Narratives tab and note that EA was closed after a “Successful HAP intervention”;

If the toolbox benefit was approved and an application was taken in BEACON, but the toolbox benefit was not provided, the Homeless Coordinator/AU Manager must:

- inform the family that they may apply for shelter if they become homeless;
 - go to the AU Composition Results window and:
 - in the Reason Category dropdown list, select Program Rules;
 - in the Reason dropdown list, select EA benefits provided–no other benefits pending.
-

**Homeless
Coordinator/
AU Manager
Responsibilities:
EA Shelter
Application**

When a family applies for EA shelter benefits, the Homeless Coordinator/AU Manager must:

- determine if the applicant received EA benefits within the preceding 12 months.

If the applicant has received EA benefits within the preceding 12 months and there is no shelter placement on file, the Homeless Coordinator/AU Manager must:

- access the BEACON Narratives tab to determine if a “Successful HAP intervention” occurred;
- if the Narratives tab is annotated with “Successful HAP intervention”, immediately telephone the Central Office Housing and Homeless Services Housing Contract Manager at (617) 348-5332.

Housing and Homeless Services will then contact the HAP provider to attempt to resolve the housing crisis. If the HAP provider cannot keep the client housed, the Homeless Coordinator/AU Manager must:

- approve the family for EA shelter benefits if they are otherwise eligible, following established procedures.

Note: The determination of receipt of benefits within the previous 12 months is for administrative purposes only – i.e., use of the toolbox does not start the 12-month “clock.” Any EA-1 forms previously opened per FO Memo 2005-05 should be voided. Receipt of HAP services will not prevent an otherwise eligible family from being approved for temporary emergency shelter.

Obsolete

Field Operations Memo 2005-5 is obsolete.

Questions

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



*Commonwealth of Massachusetts
Department of Transitional Assistance*

TAO Address

Application for Housing Assistance Services

Name _____ Date ____/____/____

Address _____

City _____ State/ZIP _____

I am requesting Housing Assistance Services to prevent homelessness.

I hereby attest that the following facts are true:

- I have a child in my household who is under 21 years of age.
- I am related to this child as the parent, sibling or caretaker relative.
- A total of _____ people are in my household and are related to the child.
- The combined assets of everyone in my household are under \$2,500.
- The total monthly income, including earned and unearned income, of everyone in my household is \$ _____.

I certify under penalty of perjury that the information given in this application is true to the best of my knowledge. By signing this form, I give permission to the Department of Transitional Assistance to contact local and/or regional housing agencies, authorities and private agencies to share information that is necessary for me to get housing assistance services.

Applicant's Signature

Date

AU Manager's Signature

Date



Massachusetts Department of Transitional Assistance
Referral for Housing Assistance Program Services

Please print all information entries.

Date _____

To _____ (HAP Contractor)

Address _____

Fax # _____ Telephone # _____

From _____ (DTA Worker)

TAO _____

Fax # _____ Telephone # _____

EA Family _____ SSN _____

Name of Other Adult _____ SSN _____

EA family size is _____. Family Contact Telephone # _____

Current Address _____

Prior Address _____

Current living arrangements primary tenant sharing tenant unauthorized

Information Update from HAP Contractor/Sub-Contractor

(fax to the DTA Worker listed above)

- Referral has been received on _____ (date)
 Name of HAP Worker _____ (date)
- An appointment has been scheduled with the above-named EA family for _____ (date)
 for the initial interview. A report of the findings and assistance provided will be faxed to DTA at that time.
 Name of HAP Worker _____ (date)
- The initial interview was conducted with the EA family on _____ (date). A report of the findings and
 assistance provided is being faxed at this time.
 Name of HAP Worker _____ (date)
- The EA family has been in compliance with its housing plan. A written report will be faxed monthly to DTA.
 Name of HAP Worker _____ (date)
- The EA family has not been in compliance with its housing plan. A written report is being faxed to DTA at this time.
 Name of HAP Worker _____ (date)
- The EA family has not cooperated with the prevention services offered to help it maintain its current housing.

 Name of HAP Worker Date

 Name of HAP Worker Date

 Name of HAP Worker Date

 Name of HAP Worker Date

 Agency Name Fax # Telephone #

Fax to HAP Provider – Original to AU Record

RHAPS (Rev. 3/2001)
 13-214-0301-05



**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 () _____