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Governor


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Lieutenant Governor

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

TIMOTHY MURPHY  
Secretary

JOHN A. WAGNER  
Commissioner

**Field Operations Memo 2005-38**  
**August 19, 2005**

**To:** Transitional Assistance Office Staff  
**From:**  Cescia Derderian, Assistant Commissioner for Field Operations  
**Re:** Presumptive Eligibility for Emergency Assistance Shelter

**Overview**

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**As a result of recent legislation, the Department must immediately provide shelter for up to 30 days to families who appear Emergency Assistance (EA) eligible but who need additional time to obtain verifications.** This is called “presumptive eligibility.” A presumptively eligible family will be terminated from shelter 30 days from the date of EA application if they have not provided the necessary verifications to determine them EA eligible.

This memo outlines procedures relating to presumptive eligibility.

Procedures in this memo that are related to BEACON may be revised with the next increment.

**Applicant’s  
Statement for  
EA Shelter**

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If a family is in need of shelter and appears categorically eligible according to 106 CMR 309.040, they should be given the *Applicant’s Statement for Emergency Assistance Shelter* (Attachment A) to complete and sign.

- For those applicants who have all verifications necessary to determine EA eligibility, the Homeless Coordinator/AU Manager must follow application procedures outlined in the *EA User’s Guide*.
  - For those applicants who lack the verifications necessary to determine EA eligibility, the Homeless Coordinator/AU Manager must follow application procedures outlined in this memo.
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**Presumptive  
Eligibility  
Applications for  
Temporary  
Emergency  
Shelter**

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The Homeless Coordinator/AU Manager must:

- review the completed and signed *Applicant's Statement* form with the family, assisting them with completion if necessary. If the family is not in immediate need of shelter, based on the *Applicant's Statement* and/or provided verifications, follow the procedures outlined in Field Operations Memo 2005-24;
- complete an EA application in BEACON. If the family has income, determine if the family appears financially eligible.
  - If the family has income verification for the four weeks prior to the EA application, enter the information on BEACON.
    - If the income does not exceed the EA Eligibility Standard and the family appears to be otherwise eligible, the family will be placed presumptively in shelter while obtaining other verifications, as necessary.
    - If the income does exceed the EA Eligibility Standard, the family is ineligible for presumptive shelter placement due to income that exceeds the EA Eligibility Standard.
  - If the family does not have the income verification, **use the *Applicant's Statement*** to do a determination of financial eligibility using the "What if" calculation. Do not enter the income information on BEACON until it has been verified.
    - If the income does not exceed the EA Eligibility Standard, the family will be placed presumptively in shelter while obtaining other verifications, as necessary.
    - If the income does exceed the EA Eligibility Standard, the family is ineligible for presumptive shelter placement.

If the family is found ineligible for presumptive shelter placement based on actual wage verification or the information provided by the family on the *Applicant's Statement*, deny the EA AU in BEACON by going to the AU Composition Results window, selecting the EA AU, and selecting Program Rules and the appropriate denial reason, and issue an NFL-9 to deny EA benefits for income above the standard.

If found eligible for presumptive shelter placement:

- verify items for which the applicant has provided the required verifications;
  - **print out the VC-1 for any remaining verifications;** and
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**Presumptive  
Eligibility  
Applications for  
Temporary  
Emergency  
Shelter  
(continued)**

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- proceed using the following workaround in BEACON:
    - for any outstanding verifications, indicate that the item has been verified by selecting Other (specify) and entering “Presumptive EA” in the Verified With field;
    - create a request in Interview Wrap-up for the EA approval, and in EBC Results, enter a reevaluation end-date of 30 days from the date of the EA application.
    - after the request is authorized and at pending release, return to the Verifications tab and add the outstanding verifications by entering user verifications so they will appear on the Verifications Due view (see *A User’s Guide*, Chapter III, Section D);

**Note:** The family has up to 30 days from the date of application to provide the verifications necessary for continued EA eligibility. As verifications are received from the family during the 30-day period, print out an updated VC-1 form and give it to the family.

- complete the *EA Self-Sufficiency Plan/Agreement – Phase I* (EA-15) form;
- initiate the *EA Self-Sufficiency Plan, Phase II, Parts 1, 2 and 3*. All self-sufficiency services, including HAP services, are available to a presumptively-eligible family;
- attach the VC-1 to the EA-15;
- give the *Information Contacts* form (TES-IC) to the family;
- complete and give to the family who appears EA eligible, the *Notice of Placement Pending EA Eligibility Determination* (Attachment B);
- complete the regular shelter placement procedures, regarding SSPS invoices, etc.; and
- file the *Applicant’s Statement* form in the AU record.

If the family refuses to cooperate in any way with the application procedures detailed in this memo, including failure to cooperate with reasonable requests for verifications made by the Homeless Coordinator/AU Manager, deny the family’s request for EA benefits by using the NFL-9.

If the family fails to appear at the shelter placement without good cause or refuses the shelter placement, terminate their EA benefits, as specified in 106 CMR 309.020(J).

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**Presumptive Eligibility, EA AUs Placed in Shelter: Verifications Provided**

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As verifications are submitted during the 30-day period, the Homeless Coordinator/AU Manager must reassess the presumptively eligible family's EA eligibility in BEACON.

Based on the verifications submitted:

- If the family is determined eligible for EA benefits, issue the NFL-9 notice, checking "approved" for EA shelter.
- If the family in shelter is determined ineligible for EA benefits:
  - terminate the EA AU in BEACON (for reasons other than income) by going to the AU Composition Results window, selecting the EA AU, and selecting Program Rules and the appropriate closing reason, and go to Interview Wrap-up. If EBC Results shows a closing for income, a system-generated closing will be displayed as the EBC result;
  - issue an NFL-9 indicating the ineligibility reason for denial of EA and the manual citation.

**Remember**, this assistance unit is a presumptively eligible EA AU, therefore, the NFL-9 advises the family that their application for EA benefits is being "**denied**", but the active status of the EA AU on BEACON must be "**terminated**" on BEACON.

**Important:** Families who were presumptively eligible for shelter and are denied for not meeting an eligibility requirement are not eligible for aid pending a hearing decision, pursuant to 106 CMR 343.250(B).

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**Presumptive Eligibility, EA AUs Placed in Shelter: EA Six Months Subtype Created**

When a family's income exceeds the EA Eligibility Standard, it will continue to receive shelter benefits for a period of six months as an EA Six Months SubType from the date the standard was exceeded. Refer to Field Operations Memo 2004-39A. In presumptively-eligible active EA AUs determined to be above the EA Eligibility Standard, BEACON will create a SubType EA Six Months AU. A presumptively-eligible family may or may not be eligible as a Subtype EA Six Months AU. The AU Manager or Homeless Coordinator must determine if the case remains as a Subtype EA Six Months AU.

- If the family's income for the four weeks prior to application was verified and subsequent to that verification, the family's income increased and the family is still otherwise EA-eligible, the family remains eligible as a Subtype EA Six Months AU.
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**Presumptive Eligibility, EA AUs Placed in Shelter: EA Six Months Case Created (continued)**

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If the four weeks income had not been verified and when the income is verified and the income is determined to be above the EA Eligibility Standard, BEACON will create a Subtype EA Six Months AU. This family is not eligible as a SubType EA Six Months AU. The TAO Director or designee must:

- Complete a request on Interview Wrap-up;
- Run EBC Results calculation;
- Select Reevaluation as the Reevaluation Type to change the EA AU back to SubType Regular EA;
- Click Update by the Benefit Effective Date;
- Recalculate EBC Results. The EA AU will appear as a Regular EA AU;
- Recalculate EBC Results for the Regular EA AU and the EA AU will appear as denied.

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**Presumptive Eligibility, EA AUs Placed in Shelter: Verifications Not Provided**

After 30 days, if the family fails to submit verifications, the Homeless Coordinator/AU Manager must:

- terminate the EA AU in BEACON by going to the AU Composition Results window, selecting the EA AU, and selecting Program Rules and the citing the new reason: “failure to submit the required verification for EA-Presumptive”; and
- issue an NFL-9 indicating the reason for denial of EA is failure to submit verifications.

**Remember**, this assistance unit was a presumptively eligible EA AU, therefore, the NFL-9 advises the family that their application for EA benefits is being “**denied**”, but the active status of the EA AU on BEACON must be “**terminated**” on BEACON.

**Important:** Families who are presumptively eligible for shelter and are denied for failure to submit verifications are not eligible for aid pending a hearing decision, pursuant to 106 CMR 343.250(B).

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**Presumptive Eligibility, EA AUs Placed in Shelter: EA AU, Homeless Coordinator/ AU Manager, and HAP Responsibilities (continued)**

While in shelter, a presumptively eligible family must:

- obtain all verifications necessary to determine EA eligibility, as indicated on the VC-1, prior to day 30 of the presumptive eligibility period;
- comply with all shelter rules. If a presumptively eligible family is found to be in noncompliance during the initial 30 days, the worker must follow current noncompliance procedures, noting “Presumptively eligible EA AU” on the noncompliance referral; and
- comply with the activities listed on their *EA Self-Sufficiency Plan*.

The Homeless Coordinator/AU Manager must:

- at the time of shelter placement, provide the family with a VC-1 showing all verifications needed to determine EA eligibility;
- update the VC-1 as verifications are received from the family, print it out, and give a copy to the family if any verifications are still needed to determine EA eligibility;
- indicate the requirement to obtain necessary verifications by day 30 on the *EA Self-Sufficiency Plan*;
- advise the family that the AU Manager or Homeless Coordinator will assist in obtaining verifications; and
- assist the applicant in obtaining verifications.

All self-sufficiency services, including HAP services, are available to the family at the time of shelter placement. The *EA Self-Sufficiency Plan* will indicate the requirement to obtain necessary verifications by day 30 of the presumptive eligibility period.

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**Forms**

The appeal language has been changed on the *Informational Contacts* form (Attachment C) and the NFL-9 (Attachment D) to address the issue that a presumptively-eligible family is not eligible for aid pending a hearing decision.

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**Questions**

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

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Massachusetts Department of Transitional Assistance

**Applicant's Statement  
for Emergency Assistance Shelter**

DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Address (where you can get mail): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Is your current homelessness a result of domestic violence?  Yes  No

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Please explain the reason for your current homelessness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you stay last night?

\_\_\_\_\_

When is the last time you had your own apartment, and why did you leave it?

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Can you verify the reason you are homeless with any of the following?  Yes  No

- eviction papers
- a letter from the friend or family member who is asking me to leave
- a report from Inspectional Services
- a fire report
- other: \_\_\_\_\_

Do you need assistance getting these verifications?  Yes  No

Do you or any member of your household have any assets, such as money in the bank or in hand, a car, or any other object of value?

Yes  No

If yes, how much are these assets worth? \$ \_\_\_\_\_

Do you have verification of above assets?  Yes  No

Do you need assistance getting verification of above assets?  Yes  No

Are you or any member of your household currently employed?  Yes  No

If yes, how much do you or the other member of your household make? \$ \_\_\_\_\_

If not currently working, when was the last time you or the other member of your household worked? \_\_\_\_\_

Do you have verification of this employment?  Yes  No

Do you need assistance getting verification of employment?  Yes  No

Do you or any member of your household have any other source of income?  Yes  No

If yes, how much? \$ \_\_\_\_\_

Do you need assistance getting verification(s) of this income?  Yes  No

Do you or does any member of your household have a medical or other disability that might affect your placement in a temporary emergency shelter?  Yes  No

If yes, do you need assistance getting verification(s) of this disability?  Yes  No

**I certify under penalty of perjury that the information given in this application is true to the best of my knowledge. I understand that I am required to verify the information I provided above. By signing this form, I give permission to the Department of Transitional Assistance to contact local and/or regional housing authorities, other government agencies, family, friends, schools, medical providers, and/or employers, past and present, and give permission to the above to share information with the Department of Transitional Assistance that is necessary for me to get housing assistance services.**

**I understand that if I am approved and offered a shelter placement based on the above statements and I am then found ineligible, my EA benefits will be terminated and I will be ineligible to receive further EA benefits for 12 months from my last day in shelter.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AU Manager's Signature

\_\_\_\_\_  
Date





Massachusetts Department of Transitional Assistance

**Notice of Placement Pending  
EA Eligibility Determination**

Date \_\_\_\_\_

TAO \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

This notice is to inform you that you will be placed in Emergency Assistance (EA) Temporary Emergency Shelter pending a full determination of your EA eligibility. This shelter placement is based on statements you provided on the Applicant's Statement for Emergency Assistance Shelter form and any other information in the possession of the Department.

Your responsibilities as they relate to this placement are as follows:

- You must appear at the designated shelter placement. If you fail to appear at the placement without good cause or refuse the available placement, your shelter benefit will be terminated immediately and you will not be eligible for EA for 12 months. 106 CMR 309.040(F)(1)(c)
- You must provide the verifications listed on the *Verification Checklist* form as soon as possible. You may request assistance from the Department if you have problems obtaining these verifications. Your shelter will be terminated 30 days from the date of application if you fail to provide these verifications. 106 CMR 309.040(A)(3)
- You must comply with all shelter rules. If found in noncompliance, you may be terminated from shelter.
- You must comply with the activities listed on your *Self-Sufficiency Plan*.

If you are found ineligible for EA based on the verifications you provide and/or other information obtained by the Department, your shelter will be terminated, effective immediately. If your shelter benefit is terminated, you will receive a separate notice. If you disagree with the decision, you have the right to a fair hearing but you will not be able to stay at the shelter pending the hearing decision.

If you have any questions or you need help, please ask your DTA worker for further assistance.

Your signature on this form indicates that you understand and agree to the above responsibilities and conditions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
TAO Worker's Signature

**Original and Copy to EA Family - Copy to AU Record - Copy to Ticker File**



# Informational Contacts

TAO \_\_\_\_\_

Date \_\_\_\_\_

EA Family Name \_\_\_\_\_

First

Last

You and your household members have been approved for temporary emergency shelter benefits. The temporary emergency shelter placement for you and your household members is

\_\_\_\_\_  
(Name of Facility)

\_\_\_\_\_  
(Address of Facility)

\_\_\_\_\_  
(Telephone Number for Facility)

**You must arrive at the placement facility before \_\_\_\_\_ p.m. on \_\_\_\_\_**  
(Date)

You have the right to appeal this placement only if you believe the Department has failed to comply with its requirement of making all reasonable efforts to locate temporary emergency shelter that will accommodate the physical composition of your entire EA assistance unit and/or to place you in a family shelter within 20 miles of your home community. (See 106 CMR 309.040(C)(1) and (3).) See the reverse side of this notice for information about your appeal rights.

Your Housing Assistance Program (HAP) contact person is \_\_\_\_\_  
from \_\_\_\_\_.

The telephone number for HAP is \_\_\_\_\_.

Your DTA contact person is \_\_\_\_\_.

The DTA office address is \_\_\_\_\_.

The telephone number for DTA is \_\_\_\_\_.

**If you do not accept this placement or do not arrive at the shelter on the date shown above, your EA benefits may be terminated.**

Keep this informational sheet with you while you are in shelter. This gives you important names and telephone numbers of people helping you find safe, permanent housing.

# 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. You may appeal the shelter placement only if you believe the Department has not made reasonable efforts to find temporary emergency shelter to accommodate the physical composition of your household and to place you within 20 miles of your home community.

## 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 unless you are appealing a termination of your presumptive eligibility for shelter. 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, Room 4039, 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, Denial or Termination for  
Emergency Assistance or Other Financial Services**  
*Massachusetts Department of Transitional Assistance*

Date \_\_\_\_\_

TAO \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

Address, City &amp; 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

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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:

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Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City/ZIP \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## My authorized representative is:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_