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

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Commissioner

Field Operations Memo 2000-2
January 28, 2000

To: Transitional Assistance Office Staff

From: Joyce Sampson, Assistant Commissioner for Field Operations

Re: Income/Expenses Report

Background

The Income/Expenses report is a new monthly report identifying cases in which income on file appears to be less than expenses. Expenses for the purpose of this report consist of shelter amount (PID Block 54) plus $100.00 (an amount set by the Department for ease in producing this report). The purpose of the Income/Expenses report is:

- To increase case accuracy by identifying potential error-prone cases requiring review and follow-up, as appropriate; and
- To identify cases with an increased potential for homelessness and review for possible homeless prevention services, such as Homelessness Intercept Program (HIP) referrals or Emergency Assistance.

Income/Expenses Report

The Income/Expenses report (Attachment A) is sorted by office, CAN, and alphabetically within CAN, and includes the following information:

- Case name, SSN and category;
- Income amounts - Earned Income (EI)
  RSDI
  Unearned Income (UI) - total of all unearned income
- Shelter amount - from PACES block 54
- Utility amount - from PACES block 55

Space is available to annotate the report with the actions taken.

Income/Expenses Report (cont.)

The report will be run monthly on the second Friday of the month. To appear on the report, the case must:

- Meet the income/expenses criteria;
- Have a start date (Block 32) or recertification date (Block 57) more than 60 days prior to the report run date; and
- Have not appeared on the Income/Expenses report in the previous six months. After six months if the case still meets the criteria, it will be selected again.

Transitional Assistance Worker Responsibilities

For each case on the report, the Transitional Assistance Worker must contact the recipient for a face-to-face interview. At the interview the worker must verify the accuracy of all financial and nonfinancial information on file - income amount(s), shelter amount, utility amount, household composition, etc. Submit changes to PACES as required.

> **Note**: It is particularly important to verify the shelter amount and whether or not the recipient is up to date on shelter payments. The Landlord Verification form has been revised and contains a space for the landlord to indicate if the recipient is behind on rental payments.

Depending on the information obtained, the Transitional Assistance Worker must do either of the following:

✓ If verifications indicate that the shelter amount is correct and the recipient is up to date on shelter payments, obtain additional information, if necessary, from the recipient to show how the recipient is able to meet expenses.

> **Note:** Additional action may be required at this point. For example:
>
> - Mr. Jones verifies that the landlord provides free utilities because he mows the lawn and shovels the sidewalk (Income-in-kind must be entered);
> - Ms. Smith verifies that she provides room and board to a friend not in the AU (Boarder income must be entered); or
> - Ms. Brown refuses to explain how she is able to meet expenses (BSI referral may be indicated - if all verifications are received, the case cannot be closed for this reason).

Transitional Assistance Worker Responsibilities (cont.)

✓ If verifications indicate that the shelter amount is correct and the recipient is not up to date on shelter payments, discuss the situation with the recipient to determine whether the recipient is in need of additional support services to prevent homelessness. These support services may include, but not be limited to:

- Referral to Structured Job Search;
- Referral to HIP;
- Emergency Assistance for rent arrearage, if applicable; and
- Establishing vendor payments for rent.

The *Emergency Assistance Reference Guide* contains complete information on these topics.

Reminder: A recipient does not have to be eligible for EA to receive homelessness prevention services.

For each recipient on the report, the Transitional Assistance Worker must complete the Income - Expenses Form (Attachment B) and file the form in the case record along with any pertinent verifications. Annotate the Income/Expenses report with any action(s) taken and submit the annotated report to the supervisor.

Supervisor Responsibilities

The Transitional Assistance Supervisor must conduct a secondary review of the action(s) taken by the Transitional Assistance Worker and submit each worker's annotated report to the TAO Director or designee.

TAO Director/Designee Responsibilities

The TAO Director or designee must compile the reports and complete the Summary Sheet for Income/Expenses Report (Attachment C). The Summary Sheet must be returned to the Regional Director no later than the end of the month following the month of receipt.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at (617) 348-8478. Systems-related questions should be referred to Customer Service at (617) 348-5290.

Attachment A

INCOME/EXPENSES REPORT
TAO 004 CAN 222

			INCOME			EXPENSES		ACTIONS		
NAME	SSN	CAT	EI	RSDI	UI	SHELTER	UTILITY	AU	EA	DATE
		2	311.96	.00	368.00	850.01	199.00	______	______	______
		4	.00	.00	338.70	320.00	199.00	______	______	______
CAN TOTAL										2

A'   ment B

Massachusetts Department of Transitional Assistance

Income/Expenses Form

TAO ______________ *CAN* ______________ *Review Date* ______________

CAT	Name	SSN	Income Earned	RSDI	Unearned	Expenses Shelter	Utility

Check all that apply:

❒ Meeting Expenses by:

❒ Paying with savings ❒ Emergency Assistance (EA) ❒ Fuel Assistance ❒ Meeting obligations - no explanation given

❒ Receives non-countable income (explain)______________

❒ Not Meeting Expenses

❒ Not paying rent Made referral to:

❒ Structured Job Search (SJS)

❒ Homelessness Intercept Program (HIP)

❒ Emergency Assistance (EA) Date of last EA______________

❒ Vendor Payments Date of referral______________

❒ Changes made, no longer meets Income/Expenses criteria (explain changes)______________

❒ Case closed - did not appear for eligibility review ❒ Case closed - failure to provide verifications

❒ Case closed - Other (explain)______________

❒ BSI referral made Referral #______________

Transitional Assistance Worker Signature ______________

Transitional Assistance Supervisor Signature ______________

IncExp 1 (1/2000)
02-450-0100-05

Massachusetts Department of Transitional Assistance

Summary Sheet for Income/Expenses Report

____
TAO

____
Date of Printout

____
Total Number of Cases in this Report for this TAO

Action	Total
Cases referred to SJS	
Cases referred to HIP	
Cases referred for EA	
Cases referred for Vendor Payments	
Changes made, no longer meets Income/Expenses criteria	
Meeting obligations	
Cases closed - did not appear for eligibility review	
Cases closed - failure to provide verifications	
Cases closed - other reason	
Cases referred to BSI	
Other (specify)	

Director/Designee______________________________ Date_______________