

Lieutenant Governor

# Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Transitional Assistance

600 Washington Street • Boston, MA 02111

JUDYANN BIGBY, M.D. Secretary

> JULIA E. KEHOE Commissioner

Field Operations Memo 2010-13 **January 28, 2010** 

To:

**Transitional Assistance Office Staff** 

From:

John Augeri, Assistant Commissioner for Field Operations

Re:

TAFDC, EAEDC, and SNAP – Massachusetts Division of Unemployment Assistance (DUA) Screen Guide

#### Overview

Field Operations Memo 2009-24A informed TAO staff about the extension of unemployment benefits as the result of the American Recovery and Reinvestment Act (ARRA) of 2009. The ARRA legislation extended the period of time for which claims for these extended benefits can be filed and benefits paid.

### **Purpose of** Memo

The purpose of this Field Operations Memo is to provide TAO staff with a guide to help identify and define the fields on the updated DUA screen.

### **Description of Attachments**

Attached is the list of fields with the description/definition of each field (Attachment A) as well as a screen print of the DUA screen (Attachment B). The screen fields are all the same with the exception of additional information in the "Program" field. The "Program" field now incorporates information about extended benefits (i.e., federal Emergency Unemployment Compensation and federal/state Unemployment Insurance Extended Benefits).

#### Questions

If you have any questions, please have your Hotline designee call the Policy Hotline.

# **Attachment A**

# **QWELFR INQUIRY**

Please refer to the sample display on page 3.

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Field	Description			
SSN:	Claimant's Social Security number			
Local Office:	Local office number and name			
CLSEQ:	Claim sequence number			
Name:	Claimant name			
Sex:	M/F			
DOB:	Claimant date of birth			
Address:	Claimant's current street address, city, state, zip			
Clm Filed:	The claim effective date, which is also known as benefit year begin (BYB) date.			
CLM EXPIRES:	Benefit year expiration date			
MON ELIG:	Y/N Indicates claimant has met monetary eligibility requirements. Does not indicate eligibility to receive benefit payment.			
CLT CURR ELIG:	Y: Claimant is monetarily eligible N: Claimant is not monetarily eligible P: Monetary decision is pending			
	If monetarily eligible, the claimant has earned sufficient wages to potentially qualify. The claimant may not have been determined eligible to receive benefits based on the reason for separation from employment, ability to work, and other "non-monetary" eligibility factors.			
TOTAL BEN CREDIT:	Total amount of benefits available for the current benefit program.			
REMAIN BAL:	Remaining benefits available for the current benefit program.			
WEEKLY UI RATE:	UI benefit rate. If receiving EUC I, EUC II, EB or Section 30 the applicable benefit rate is displayed.			
WEEKLY CHILD SUP DED:	Amount of any child support deduction.			
WEEKLY DEP ALL:	Amount of weekly dependency allowance.			
WEEKLY PENSION DED:	Amount of any applicable pension deduction.			
WEEKLY PAY RATE:	Weekly payment rate including dependents' allowance.			
PROGRAM:	The current benefit program on which the claimant is receiving benefits:  REGULARRegular UI benefits  EUC IEUC Tier 1  EUC IIEUC Tier 2  EBExtended Benefits  Section 30Section 30 benefits			

PAYMENT HISTORY MOST RECENT 6 WEEKS:			
WK END	Week ending date.		
AMOUNT	Amount paid <i>during</i> the week ending on the specified date. If payment for several weeks are issued at once, then the total amount paid during (not necessarily for) the corresponding week is displayed.		
	Dependency allowance is included in the amount displayed.		
	The amount reflects the net payment after deduction of child support, federal and/or state taxes, any benefits offset to recoup previously overpaid benefits and any reduction in benefits due to the receipt of a retirement benefit.		
	Federal Additional Compensation (FAC) payments of an additional \$25.00 per week are not included unless an adjustment check is issued.		
CHUILD SUP	Total amount of child support deducted from the corresponding payment indicated in the AMOUNT column. Also this appears to reflect total child support withheld from the corresponding payment indicated in the AMOUNT column. If payment for several weeks are issued at once during a particular week ending MM/DD/YY, then the total child support withheld during (not necessarily for) the corresponding week is displayed.		
OP REC	Total amount of benefits withheld to offset an outstanding overpayment from the corresponding payment indicated in the AMOUNT column. If payment for several weeks are issued at once during a particular week ending MM/DD/YY, then the total offset amount withheld during (not necessarily for) the corresponding week is displayed.		

Note: The QWELFR inquiry will display data on claims filed within the last three years. No data will be displayed when the claim was filed more than three years ago. Currently many claimants are receiving benefits on extended benefit programs on claims filed more than three years ago and QWELFR will provide no information in these cases.

### **Attachment B**



1/27/2010 11:03:52 AM

SSN: XXX-XX-XXXX Local Office: 27-0 -

**CAMBRID** 

**CLSEQ:** 004

Name: John Doe Sex: M DOB: XX-XX-XX

Address: 1 MAIN ST ARLINGTON MA 02476-6207

CIm Filed: CLM EXPIRES: MON ELIG: CLT CURR ELIG:

07-05-09 07-03-10 Y Y

TOTAL BEN CREDIT: \$12560 REMAIN BAL: 11932

WEEKLY UI RATE: \$628 WEEKLY CHLD SUP DED: \$ 0

WEEKLY DEP ALL: \$ 0 WEEKLY PENSION DED: \$ 0

WEEKLY PAY RTE: \$628 PROGRAM: EUC I

### **PAYMENT HISTORY MOST RECENT 6 WEEKS:**

Wk End	Amount	Child Sup	Op Rec
01-23-10 01-16-10 01-09-10 01-02-10 12-26-09	\$ 628.00 \$ 628.00 \$ 628.00 \$ 628.00 \$ 653.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
12-12-09 <b>MESSAGE</b> :	\$ 628.00	\$ 0.00	\$ 0.00



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