



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

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Governor

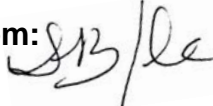
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Lieutenant Governor

DANIEL J. CURLEY
Commissioner

Operations Memo 2012-19
April 25, 2012

To: Department of Transitional Assistance Staff

From:  Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

Re: TAFDC and EAEDC – Relocation Benefit

Overview

The regulations at 106 CMR 705.350 provide for a relocation benefit to certain TAFDC families and EAEDC caretaker family households currently in shelters or teen living programs. The relocation benefit will help defray certain expenses that would prevent clients from securing permanent housing.

Purpose of Memo

The purpose of this memo is to remind case managers of the relocation benefit and that it has been increased to \$1000.

Relocation Benefit

The relocation benefit is available to:

- TAFDC clients and EAEDC caretaker family households who have been in a temporary emergency shelter for 60 or more days;
 - TAFDC households in a domestic violence shelter for 60 or more days; and
 - a TAFDC teen parent, 18 or 19 years of age, residing in a teen living program (TLP) for 60 or more days and meeting the conditions of a teen parent living independently as described in 106 CMR 203.640.
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**Relocation
Benefit**
(continued)

The relocation benefit is available for expenses that directly affect the client's ability to move from a shelter into permanent housing. These expenses include, but are not limited to, payment of:

- advance rent;
- security deposit;
- outstanding rental arrearage, such as rental arrears from public housing preventing new occupancy;
- an outstanding utility arrearage or a utility deposit, such as a prior utility bill preventing service from being established for a new residence;
- storage (to remove furniture placed there when the family was homeless); and/or
- moving expenses.

The total amount of the relocation benefit may not exceed a total of \$1000 for all payments to vendors in a 12-month period. A client may decide to allocate the entire amount to one vendor, such as a security deposit, or to several vendors.

The relocation benefit must be issued as a vendor payment through the Special Services Payment System (SSPS).

The relocation benefit will be authorized only if such payment will ensure permanent housing for the client.

**Case Manager
Responsibilities**

The case manager is responsible for advising the homeless household currently in a shelter or a TLP of the availability of the relocation benefit as soon as possible.

If a homeless TAFDC or EAEDC family household requests the relocation benefit, the case manager must:

- ask the household to identify what expense(s) are preventing them from securing permanent housing;
 - explain that the household cannot receive a total relocation benefit in excess of \$1000;
 - complete the top section on the *Relocation Benefit Verification* form (Attachment A) identifying the TAO, case manager and household;
 - give the household a separate *Relocation Benefit Verification* form for each vendor. Advise the household to take the form to the landlord, utility company and/or other vendor for completion. The vendor completes the form by entering the amount due and the vendor name, address, vendor Federal Employer Identification Number (FEIN) or SSN, and telephone number. Make a copy of the completed form for the client and file the original in the case record;
 - advise the client that if the total expense exceeds the \$1000 limit, the \$1000 relocation benefit will be authorized only if such payment will ensure permanent housing for the household;
 - complete an *Invoice for Special Services* (commonly known as the SSPS invoice) to the vendor(s); and
 - make a note of the relocation benefit(s) in the Narrative tab, including the date. Specify what items or services are being purchased and the cost of each.
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Authorizing the Relocation Benefit

To authorize the relocation benefit, complete an SSPS invoice following the instructions in Volume 3 of the *Systems User's Guide*, but with the following entries:

- in block 13, Benefit Code, enter code O (for Other);
- leave block 14, Situation Code, blank;
- in block 15, Procedure Code, enter code 444; and
- in block 33, Miscellaneous, enter the name of the particular benefit, such as advance rent or utility arrearage.

The invoices must be completed as soon as possible. If more than one invoice is required, the invoices must be completed within seven calendar days. Make sure the same authorization date is entered in block 18 on each SSPS invoice.

Submit the SSPS invoice(s) to appropriate TAO staff for processing and give or mail the top (white) copy of the SSPS invoice(s) to the vendor(s), file the yellow copy in the case record and give the pink copy to the client.

If the household is being services by DHCD, notify the DHCD case manager of the approval of the relocation benefit.

Also, complete the *Notice of Approval, Denial or Termination for Emergency Assistance or Other Financial Services* (NFL-9) for approval, sending the original to the client and filing a copy in the case record.

Denying the Relocation Benefit

If the TAFDC or EAEDC household does not meet the criteria established in 106 CMR 705.350, deny the relocation benefit. Complete the NFL-9 for denial, sending the original to the client and filing a copy in the case record. Notify the DHCD case manager of the denial.

Obsolete Memo

This Operations Memo obsoletes Field Operations Memo 98-52.

Questions

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



Massachusetts Department of Transitional Assistance

Relocation Benefit Verification

TAO: _____

Date: ____/____/____

To: **VENDOR**

From: _____
(Case Manager Name)

Re: _____
(Client Name)

The above-named client has informed the Department that he or she has incurred or will incur one or more of the following expenses. Please put an "X" next to the appropriate expense and indicate the amount due. Clients may not receive more than \$1000 in relocation benefits in a 12-month period.

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|---------------------------|----------|----------------------|----------|
| ___ Rent arrearage | \$ _____ | ___ Security deposit | \$ _____ |
| ___ Advance rent | \$ _____ | ___ Utility deposit | \$ _____ |
| ___ Utility arrearage | \$ _____ | | |
| ___ Storage | \$ _____ | | |
| ___ Moving expenses | \$ _____ | | |
| ___ Other: please specify | _____ | | |

I certify that the amount(s) indicated above is accurate. I certify that when the amount indicated is paid, housing or services will be provided.

Vendor Signature _____
(Signature)

Vendor Name _____
(Print Name)

Vendor Address _____
(Print Address)

FEIN or SSN _____

Vendor Telephone Number _____