



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Field Operations Memo 2000-29
October 23, 2000

To: Transitional Assistance Office Staff
From: Joyce Sampson, Assistant Commissioner for Field Operations
Re: TAFDC Extensions Beyond the 24-Month Period

Purpose of This Memo

This Field Operations Memo issues:

- guidelines for deciding approval or denial of extension requests;
- guidelines for appropriate extension activities;
- clarifications to the extension request process; and
- the Additional Extension Request (24 *EX-AR*) form (Attachment A) used when an extension-approved recipient requests a second or subsequent extension.

Background

Questions have arisen regarding:

- what guidelines should be used when deciding to approve or deny an extension request;
 - what activities work program required recipients should be encouraged to do once approved for an extension;
 - what activities non-work program required recipients should be encouraged to do once approved for an extension; and
 - what activities recipients working part time, whether work program required or not, must do once approved for an extension.
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**Background
(continued)**

Additionally, other questions regarding processing extension requests have arisen:

- Do recipients working full time still get an automatic extension approval? and
- Since the extension period cannot exceed two months in length, what must the Director's Decision Summaries include for Central Office review?

**Extension
Decision
Guidelines**

When deciding to approve or deny an extension request, the following should be considered:

- if the nonexempt recipient asking for the extension is not work program required, whether he or she has cooperated with the Department in work-related activities;
- if the nonexempt recipient asking for the extension is work program required, *in addition to* meeting the work program requirement, whether he or she has cooperated with the Department in work-related activities;

Note: Cooperating with the Department in work-related activities means participating in Structured Job Search or another Department-approved program that can reasonably be expected to lead to a job.

- whether the recipient rejected offers of employment or quit employment without good cause;
- whether the recipient was sanctioned or in any other way failed to cooperate with the rules of the Department and the nature of the sanction;
- whether appropriate job opportunities are available locally for a recipient (appropriate job opportunities are those for which the recipient meets the minimum standards);
- whether suitable state-standard child care is available during working and commuting hours; and
- whether the recipient applied for an extension for the sole purpose of completing an education or training program (in which case no extension would be approved).

**Extension
Activities**

Once approved for an extension, the following are appropriate activities when completing an Extension Plan:

- Work program required recipients who are not working may participate in Structured Job Search, a Department-approved program which can reasonably be expected to lead to a job, or Community Service to meet the work program requirement. However, these recipients should be ***strongly encouraged*** to participate in Structured Job Search or a Department-approved program which can reasonably be expected to lead to a job to meet the work program requirement rather than accepting a community service placement.
- Non-work program required recipients who are not working should be strongly encouraged to participate in the Structured Job Search Program or a program which can reasonably be expected to lead to employment.
- Recipients working part time, whether work program required or not, should also be encouraged to participate in the Structured Job Search Program or another Department-approved program in addition to their part-time work hours.

These guidelines mirror those used for recipients in the final three months of time-limited benefits.

All extensions will last for up to two months. At each monthly meeting, AU Managers should continue to check a recipient's level of participation in the extension activity.

**Processing
Extension
Requests**

The following are clarifications to processing extension requests:

- Recipients working full time earning at least minimum wage will ***continue*** to be approved for an automatic extension by the TAO Director or designee. For the purposes of this automatic extension **only**, full-time employment is considered to be a job which requires 35-40 hours of employment per week. To ensure the recipient is receiving the correct cash grant and food stamp benefit amount, he or she must bring in verification of earnings monthly.

Recipients previously approved for an extension who are working full time should have their program code changed from "4" to "9" at the next monthly contact.

**Processing
Extension
Requests
(continued)**

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- Once an extension has been approved, when completing Director's Decision Summaries for any recipient's second or subsequent extension request, TAO Directors should update the *initial request's* Decision Summary with a one- or two-sentence update, noting progress made toward self-sufficiency during the *previous* extension period. This update must be forwarded to the Central Office Review Team according to current procedures.
 - Once an extension has been approved, second and subsequent extension requests may be made by completing the Additional Extension Request (24 EX-AR) within one month from the end of the previous extension.
 - If a second or subsequent extension is not requested by the end of the two-month extension period, close the case with an Action Reason 84 and close the food stamp benefits using a T8 in the food stamp section and an X in block 59.

Questions

Policy-related questions should be referred by your Hotline designee to the Policy Hotline at (617) 348-8478.



Massachusetts Department of Transitional Assistance
Additional Extension Request

2000-29
Attachment A

TAO _____

Recipient Name _____

SSN _____

Other Parent Name _____

SSN _____

- If you wish to request another extension of your Transitional Assistance (TAFDC) benefits, you must complete this form and give your worker any requested verifications. If you do not complete this form, you will not get another extension and your TAFDC benefits will end.
- You should read the "TAFDC Extensions Beyond the 24-Month Period" brochure to understand what you will have to do if you get another extension. If you need another copy of the brochure, ask your worker.

Part I

(A) I request another extension of my 24-month time-limited benefits because:

(B) During my extension I did the following to cooperate with the Department in work-related activities, find work and prepare to support my family.

Part II

(A) Do you have child care? yes no
If no, explain. _____

(B) Do you have transportation? yes no
If no, explain. _____

(C) Have you refused or rejected job offers during your extension? yes no
If yes, explain. _____

Have you quit a job or reduced your work hours during your extension? yes no
If yes, explain. _____

If working part-time, have you received an offer to increase your hours? yes no

(D) Are you now participating in Structured Job Search or other program(s) to get a job?
 yes no If yes, state what program(s) and dates of participation. _____

If no, explain. _____

Recipient Signature

Date

Part III (To be completed by the AU Manager)

Recommendation

AU Manager Signature	Date
AU Supervisor Signature	Date