



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


JANE SWIFT
Governor

ROBERT P. GITTENS
Secretary

CLAIRE MCINTIRE
Commissioner

Field Operations Memo 2001-35
October 19, 2001

To: Transitional Assistance Office Staff

From:  Cescia Derderian, Acting Assistant Commissioner for Field Operations

Re: TAFDC Case History for Domestic Violence Waiver Request
(DVW-CHF) form

Overview

A new case history form is to be used when victims of domestic violence request a waiver of TAFDC Program requirements. The *TAFDC Case History for Domestic Violence Waiver Request (DVW-CHF)* (Attachment A) is to be completed by the AU Manager whenever a recipient completes *The Request for a Waiver of TAFDC Program Requirement(s) Due to Domestic Violence Waiver (DVWR)* form. This new form tries to capture relevant TAFDC case history information to assist the Central Office Waiver committee in the domestic violence waiver decision process.

AU Managers are reminded to discard the now obsolete Domestic Violence History Form (DV/HF) and use the new form, which may be ordered from Document Production in the usual manner.

Questions

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

TAFDC Case History for Domestic Violence Waiver Request

Check ONE Below

TAO _____

- Initial Domestic Violence Waiver Request
- Continuation of previously approved Domestic Violence Waiver Request
Expiration date of previous waiver ____/____/____
- Previous Domestic Violence Waiver Request was denied during ____/____/____ (month/year).
Recipient is now submitting an additional Domestic Violence Waiver Request.
- Family Cap Domestic Violence Waiver Request only

This form must be completed and signed by the AU Manager and submitted along with the Request for a Waiver of TAFDC Program Requirements Due to Domestic Violence form.

Name _____ SSN _____

Address _____ City/Town _____ ZIP _____

If the above is a teen parent, who does the teen parent live with?

Name _____ Relationship _____ How long has the teen parent been residing with this person? _____

Household Information

Name	Age	DOB	Included in the grant	Relationship	Family Cap Child	Unearned Income (e.g. SSI, RSDI, U.C. Benefits etc.)	
						Amount	Type
Grantee			<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Benefit Information

_____/_____/_____
Most recent TAFDC Re-opening Date Reason for Case Re-opening _____

_____/_____/_____
Most recent TAFDC Closing Date Reason for Case Closing _____

of Time-Limited Months Used
Time Limit Exemption Status: Nonexempt Exempt
Work Program Exemption Status: Nonexempt Exempt

Confidentiality Safeguards

Is the case coded for increased confidentiality safeguards?

Yes No

Household Income Information

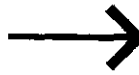
TAFDC Grant Amount \$ _____

FS Amount \$ _____

Child Support Amount \$ _____

Total Unearned

Income Amount \$ _____



DEFRA Amount \$ _____

Family Cap Amount \$ _____

(minus \$90 disregard)

Total Earned

Income Amount \$ _____

Housing History

Is the recipient the primary tenant?

Yes No

If **no**, provide name and relationship of the person the recipient is living with

What is the monthly rent amount? \$ _____ Does the recipient have a subsidy? Yes No

If **yes**, what is the subsidy? _____

Is the recipient homeless?

Yes No

If **yes**, provide the current name of shelter/motel and entry date.

Shelter/Motel Name

Entry Date

Reason for homelessness

Note: A copy of the EA Self-Sufficiency Plan MUST be included in the packet if homeless.

Disability History

Does the recipient have a pending disability determination with the Professional Review Organization (PRO)?

Yes No

If **yes**, what is the nature of the disability? _____

Has the recipient ever been approved by PRO?

Yes No

If **yes**, what was the duration of the approval?

____/____/____

____/____/____

Start Date

End Date

Has the recipient been denied by PRO?

Yes No

If **yes**, ____/____/____

Date of Denial

Reason for denial

Note: A copy of the approved/denied PRO decision MUST be included with the waiver request packet.

Child Support Good Cause

Does the recipient have good cause for not cooperating with the Child Support Enforcement Division?

Yes No

If **yes**, please list name(s) of child(ren) and absent parent for whom good cause has been given.

Child's Name _____ Absent Parent's Name _____

Child's Name _____ Absent Parent's Name _____

Child's Name _____ Absent Parent's Name _____

Time Limit Extension History

Has the recipient ever requested a time limit extension?

Yes No

If **yes**, how many time limit extensions have been requested? _____

Employment History

Is the recipient currently employed?

Yes No

If **yes**, please provide the following information.

_____/_____/_____
 Name of Employer Start Date Hourly Wage Hours per week Occupation

Please summarize the recipient's work history starting with most recent job.

Employer Name	Start Date	End Date	Hourly Wage	Weekly Hours	Occupation	Reason for Leaving

ESP History

Does the recipient have his/her diploma or GED?

Yes No

If a teen parent, is teen parent currently in school or GED program?

Yes No

If **yes**, what is the name of the school or GED program? _____

Is the recipient **currently** participating in an ESP (education/training) component?

Yes No

If **yes**, provide the following information.

Name of Component	Start Date	Expected End Date	Weekly Hours	# of Days per week	Expected Outcome of Component

