

**Systems
Responsibilities
(continued)**

- create reports for AUs that must have their **food stamp benefits** manually reviewed as a result of the TAFDC COLA.

NOTE: TAFDC Full Employment Program (FEP) AUs will be adjusted separately from the 8/10/2000 COLA process. FEP Supplemental Payments will be recalculated by Systems for August and a retroactive "I" Payment will be issued for benefits owed for July later in August.

**Reports Issued to
TAOs**

For AUs automatically updated, the following reports will be generated by Systems and sent to TAOs during the week of August 14:

- *2000 TAFDC COLA Category 2 or Category 9 with Related Category 2 Cases Updated.* This includes:
 - ✓ all TAFDC AUs without food stamp benefits;
 - ✓ all TAFDC AUs with FS that could have their food stamp benefits updated; and
 - ✓ TAFDC AUs with TYPE F income that equals the full EAEDC standard of assistance;
- *2000 TAFDC COLA Closed Category 2 Cases with Retroactive Payment Issued.*

These reports will be sorted by TAO, CAN, SSN and Case Name. **These reports are informational reports only. No AU Manager action is required.**

Systems will also generate during the week of August 14 and send to TAOs the following reports for AUs requiring manual review:

- *2000 TAFDC COLA Denied AR 56 Category 2 Cases;*
- *2000 TAFDC COLA Income Type G or GR Discrepancy;*
- *2000 TAFDC COLA Income Type F Discrepancy;* and
- *2000 TAFDC COLA Category 9 Income Type G or GR with No Active Category 2 Case.*

These reports will be sorted by TAO, CAN, ascending order by ending SSN, Case Name, End Cert Date, Old and New TAFDC Amount (if applicable), Income Type (if applicable) and federal and state food stamp household size (if applicable). **These reports require AU Manager action. Action on these AUs must be taken in a timely manner to affect the recipient's September food stamp benefit amount.**

Reports Issued to
TAOs (continued)

The following chart provides a timetable for food stamp AU action deadlines.

SSN Ends In	Action to affect 9/2000 FS <u>MUST</u> Be Completed By:
0	8/25/2000
1	8/28/2000
2	8/29/2000
3	8/29/2000
4	8/31/2000
5	9/01/2000
6	9/05/2000
7	9/05/2000
8	9/07/2000
9	9/08/2000

To process AUs found on these reports:

- work on AUs with an SSN ending in "0" first, ending in "1" second and so on;
- annotate the report with the action taken by circling 'P' if a PID was completed, 'W' if a PACES Worksheet was completed, 'C' if the AU closed or 'N' if there was No Change, entering the date of the action; and
- submit the completed report to the supervisor for review, who will in turn submit it to the TAO Director.

Notices Sent to
Recipients

All active Category 2 AUs, with and without PA food stamp benefits, will automatically be sent a notice with a name-and-address card including old and new TAFDC and old and new FS amounts, if appropriate (2000 TAFDC COLA-1, Attachment A).

All active Category 9 AUs (including SSFSP only) with Related Category 2 AUs whose food stamp benefits can be automatically adjusted will automatically be sent a notice with a name-and-address card including old and new FS amounts (2000 TAFDC COLA-2, Attachment B).

Closed Category 2 AUs will be sent a notice with the retroactive amount of TAFDC benefits owed the recipient on a name-and-address card (2000 TAFDC COLA-3, Attachment C).

In addition to the name and address card, all mailings will include a multilingual card.

NOTE: For purposes of this COLA, all retroactive TAFDC payments are considered one-time nonrecurring lump sum payments and are NOT countable income for food stamp benefit calculations. See 106 CMR 363.230.

**AU Manager
Action for "2000
TAFDC COLA
Denied AR 56
Category 2
Cases" Report**

This report lists all TAFDC AUs denied for income (AR 56) entered in PACES on or after July 1, 2000 through close of business August 10, 2000.

The AU Manager must take the following actions:

- do a PACES online calculation, data-entering in the appropriate fields of the calculation screen all income used to determine eligibility for the month of the denial as well as the appropriate codes for earned income disregards: code 3 (no 30 and 1/3 or 1/2) or code 2 (30 and 1/3 or 1/2); if applicable.
- ✓ *If the AU is still financially ineligible*, send out an NFL-5 denying the AU with the following language: "We have used the new financial standards to recalculate your TAFDC eligibility and have determined you to be ineligible. You may reapply for assistance at any time." Use the manual citations 106 CMR 204.400, 204.410 and 204.420 for Exempt Assistance Units. Use the manual citations 106 CMR 204.405, 204.415 and 204.425 for Nonexempt Assistance Units.
- ✓ *If the AU is now financially eligible using the new standards and is otherwise eligible*, use a PACES Input Document (PID) to reopen the AU back to the denial date and submit income used for the online calculation on a PACES Worksheet so a PACES-generated approval letter can be sent. If the AU is eligible for PA food stamps and does not currently receive NPA food stamps, open the PA food stamps on this PID.

These AUs may require a "Q" payment for benefits owed from the date of denial back to July 1, 2000 or their eligibility date, whichever is later. To determine the "Q" payment, use the new TAFDC payment amount, multiply that by 12 (months) to get the yearly total, divide that amount by 365 (days) to get the daily amount and then multiply that amount by the number of days of eligibility.

Determine if there is an active NPA food stamp AU. If so, determine if the AU is now eligible for PA food stamp benefits. If so, tell the NPA Worker to close the NPA AU so the PA food stamp AU can be (re)opened. If still eligible for NPA food stamp benefits, inform the NPA Worker of the new income amounts, to reflect the updated TAFDC payment amount in the NPA food stamp AU.

Schedule the AU for an eligibility reevaluation.

- complete these actions by **August 28, 2000**. Annotate the report with the actions taken by circling 'P' if a PID was completed and/or 'W' if a PACES Worksheet was completed or an 'N' if the AU remains ineligible. Enter the date the action was taken.

**AU Manager
Action for "2000
TAFDC COLA
Income Type G or
GR Discrepancy"
Report**

This report lists all TAFDC cases where the NPA food stamp benefits could not be updated because the TYPE G or GR income is not equal to the old TAFDC standard or there is no TYPE G or GR income, but there is TYPE OU income on file.

The AU Manager must use the following two-day process for these AUs:

Day 1:

Determine the reason why the NPA food stamp benefit amount was not updated:

- if the TYPE G or TYPE GR income on the report is not equal to the old TAFDC payment standard, recalculate the TYPE G or TYPE GR income using the new TAFDC payment standard found on the report;
- if the TYPE OU income on the report represents a prorated TAFDC payment standard, recalculate the TYPE OU income by prorating the new TAFDC payment standard found on the report; and
- submit a PID with a "5" in block 42 (to suppress the PACES notice and cause an immediate release) and a PACES Worksheet with the new TYPE G income (updated TAFDC amount and other income, if appropriate) in block 5, the new Type OU income (updated TAFDC amount prorated for SSFSP calculation purposes) or TYPE GR income in Section 20.

Day 2:

- Check PACES for the new food stamp benefit amount; and
- complete the notice in English or Spanish (Attachment D), informing the recipient of his or her old and new food stamp benefit amount. Due to the small volume of impacted AUs, Attachment D must be copied at the TAO.

NOTE: Action on these AUs must be taken to affect the recipient's September food stamp benefit amount. See the chart on page 3 of this memo for food stamp action deadlines.

If the TYPE G, TYPE GR or TYPE OU income should not be on file, do not complete the above procedures. Instead, see the "Special Instructions" section of this memo for further instructions.

**AU Manager
Action for "2000
TAFDC COLA
Income Type F
Discrepancy"
Report**

This report lists all TAFDC cases whose food stamps could not be properly adjusted because a portion of the TYPE F income on file could not be automatically updated. The TYPE F income *may contain*:

- an EAEDC grant amount in combination with other income; or
- another TAFDC grant amount (i.e., another TAFDC AU that lives with the grantee and purchases and prepares meals with the grantee).

The AU Manager must use the following two-day process for the Active Category 2 with PA FS AUs:

Day 1:

Determine which portion, if any, of the TYPE F income listed on the report is the TAFDC amount that could not be updated:

- update the TAFDC amount using the new TAFDC payment standard less any deductions; and
- submit a PID with a "5" in block 42 (to suppress the PACES notice and cause an immediate release) and a PACES Worksheet with the new TYPE F income (updated TAFDC amount and other income, if appropriate) in block 5 and any other income currently on file.

Day 2:

- Check PACES for the new food stamp benefit amount, if appropriate; and
- complete the notice in English or Spanish (Attachment D), informing the recipient of his or her old and new food stamp benefit amount. Due to the small volume of impacted AUs, Attachment D must be copied at the TAO.

NOTE: Action on these AUs must be taken to affect the recipient's September food stamp benefit amount. See the chart on page 3 of this memo for food stamp action deadlines.

If the TYPE F income should not be on file, do not complete the above procedures. Instead, see the "Special Instructions" section of this memo for further instructions.

**AU Manager
Action for "2000
TAFDC COLA
Category 9
Income Type G or
GR with No
Active Category 2
Case" Report**

This report lists all NPA FS cases without a related (same grantee) TAFDC AU, but with a total of the cash grant, vendor payments, child support payments, recoupment and special income listed in the Special Income Type section of the PACES Worksheet (TYPE G) or the Income Amount Type section of the PACES Worksheet (TYPE GR).

The AU Manager use the following two-day process for these AUs:

Day 1:

Determine if the TYPE G or GR income should be on file:

- if a food stamp AU member (not the grantee) is a TAFDC grantee, recalculate the TYPE G or GR income using the new TAFDC payment standards;
- determine what that grantee's new TAFDC grant is;
- submit a PID with a "5" in block 42 (to suppress the PACES notice and cause an immediate release) and a PACES Worksheet with the new TYPE G income (updated TAFDC amount and other income, if appropriate) in block 5 or TYPE GR income in Section 20 and any other income currently on file; and

Day 2:

- Check PACES for the new food stamp benefit amount; and
- complete the notice in English or Spanish (Attachment D), informing the recipient of his or her old and new food stamp benefit amount. Due to the small volume of impacted AUs, Attachment D must be copied at the TAO.

NOTE: Action on these AUs must be taken to affect the recipient's September food stamp benefit amount. See the chart on page 3 of this memo for food stamp action deadlines.

If the TYPE G or TYPE GR income should not be on file, do not complete the above procedures. Instead, see the "Special Instructions" section of this memo for further instructions.

**Special
Instructions**

The reports "2000 TAFDC COLA Income Type G or GR Discrepancy," "2000 TAFDC COLA Income Type F Discrepancy" and "2000 TAFDC COLA Category 9 Income Type G or GR with No Active Category 2 Case" were issued because the food stamp portion of these AUs could not be calculated correctly.

If, during the review of these AUs, it is determined that income on file was previously entered incorrectly (i.e., the TYPE G, TYPE GR, TYPE F or TYPE OU income should not be counted for food stamp benefit calculation), the AU Manager must do the following:

- determine the portion of the income that must be adjusted for the COLA;
- determine which portion of the other income on file had been entered incorrectly; and
- submit a new PID, if appropriate, and PACES Worksheet entering the corrected income.

NOTE: Remember to zero out income previously entered incorrectly, so that when the *new* PACES Worksheet is submitted with the corrected income, the food stamp benefit amount will be calculated correctly.

IMPORTANT: Do NOT submit a PID with a "5" in block 42 or send any special notice to these recipients. The recipient MUST be given a PACES-generated notice for this action. Since the action is not solely due to a COLA adjustment, advance notice must be provided.

**EA Applications
Denied On or
After 7/1/2000 For
Financial
Reasons**

In the July and August issues of *Transitions*, AU Managers were told to log all EA applications, except temporary emergency shelter applications, denied for financial reasons on or after July 1, 2000 through close of business August 10, 2000.

The AU Manager must:

- review the log to determine cases for recalculation;
- do a manual calculation, including all income used to determine eligibility for the month of the denial. Compare this result to the new Eligibility Standards for EA:

AU Size	EA Eligibility Standard
1	\$905.00
2	1,219.00
3	1,533.00
4	1,848.00
5	2,162.00
6	2,476.00
7	2,790.00
8	3,104.00
9	3,418.00
10	3,733.00
Incremental	315.00

- ✓ *If the AU is now financially eligible using the new standards, inform the recipient **immediately** of his or her financial eligibility for EA. If the EA situation still exists and the EA AU still meets the eligibility requirements for the EA benefit, use a PACES Input Document (PID) to reopen the AU back to the denial date or July 1, 2000, whichever is later, in an "03" status. Once the AU is an active recipient, complete the appropriate document(s) to deliver requested services (if the AU is currently active, complete only the appropriate document(s) to deliver requested services). Send out an NFL-9 approving the AU.*
- ✓ *If the AU is still financially ineligible, send out an NFL-9 denying the AU with the following language: "We have used the new financial standards to recalculate your EA eligibility and have determined you to be ineligible. You may reapply for Emergency Assistance at any time." Use the manual citation 106 CMR 309.020.*
- complete all calculations and deliver requested services, if eligible, by **September 11, 2000.**

**PRISM II &
BEACON Impact**

During the TAFDC COLA, the PRISM II Alert "Change in Cash Benefit" will be suppressed. The reports listed on the previous pages will take the place of the alert.

Additionally, any recipient whose TAFDC increase raised the grant above \$10 will have his or her clock adjusted by Central Office Staff for the month(s) when the grant increased to greater than \$10. The months will be added to the 24-Month Clock by August 31, 2000. PRISM II and BEACON will have updated information on that date.

**Data Entry on
8/10/2000 and
8/11/2000**

To ensure that the TAFDC COLA occurs with as few problems as possible and to allow for the automatic update:

- data-entry on PACES for Category 2 cases on Thursday, August 10 should be limited to new and reopened AU actions; and
- data-entry on PACES for Category 9 cases on Friday, August 11 should be limited to new, reopened and expedited AU actions.

If there are questions about what actions should or should not be data-entered on August 10 and 11, have your designee call Customer Service at (617) 348-5290.

Questions

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

If you have any systems-related questions, please have your designee call Customer Service at (617) 348-5290.



*Commonwealth of Massachusetts
Department of Transitional Assistance*

Effective July 1, 2000, the Legislature has authorized and the Governor has approved a 10 percent increase for Transitional Aid to Families with Dependent Children (TAFDC) recipients. You and/or a member of your family are listed on our files as receiving TAFDC benefits. The increase will occur during the second payment period in August. Shortly, you will also receive a separate payment for the retroactive amount owed to you. You will receive this payment the same way you receive your regular TAFDC payments. If you receive food stamp benefits, an increase in your TAFDC benefits may cause a change in your food stamp benefits. Food Stamp Manual Citation: 106 CMR 363.200, 364.600 and 366.130.

The enclosed name and address card shows your old and new TAFDC benefit amount. This change was made using the information the Department of Transitional Assistance had on file as of August, 10, 2000. If the enclosed name and address card does not show a change in your food stamp benefits, you will receive a separate notice that explains the food stamp benefit change.

If you recently received a notice of a change in benefits, the amount of your new benefit on the name and address card may be different than the amount shown on the change notice.

You may appeal this benefit change by explaining the reason for your appeal on the other side of the card, signing the name and address card and mailing it to: Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112 or Faxing it to: (617) 241-2535. Your appeal request must be received by the Division of Hearings no later than 90 days from the date of this notice. You may represent yourself, or be represented by a lawyer, friend, relative or other spokesperson. You can contact your Transitional Assistance Office to find out where to get free legal advice if any is available in your area.

If the Division of Hearings receives your appeal within 10 days of the date on the name and address card, your food stamp benefits may remain the same until the end of the month in which the appeal decision is made unless your certification period ends.

If the referee decides that the Department's decision is right, the Department will recover any excess food stamp benefits paid to you or on your behalf while the hearing process was going on.

If you want a hearing about your food stamp benefits, but for a good reason cannot send the enclosed name and address card to the Division of Hearings by the time stated above, you can ask for a hearing and receive food stamp benefits in your present amount. However, to do this, you must be able to show that your reason for being late was a good reason.

If you want to discuss the Department's decision or ask any questions about how a fair hearing works, contact your Transitional Assistance Worker.



Estado de Massachusetts
Departamento de Asistencia Transicional (Department of Transitional Assistance)

A partir del 1 de julio de 2000, el poder legislativo ha autorizado un 10 por ciento de aumento en la asistencia que se proporciona a los receptores de Asistencia Transicional para Familias con Niños Dependientes (*Transitional Aid to Families with Dependent Children - TAFDC*). El Gobernador también ha aprobado este aumento. Ud. y/o un miembro de su familia aparece en nuestros archivos como un beneficiario de TAFDC. El aumento se producirá durante el segundo periodo de pago del mes de agosto. Dentro de poco también recibirá separadamente un pago por el monto retroactivo que se le debe. Recibirá este pago del mismo modo que recibe sus pagos regulares de TAFDC. Si recibe beneficios de estampillas para comida (*food stamps*), es posible que éstos cambien debido al aumento de sus beneficios de TAFDC. Por favor refiérase a: 106 CMR 363.200, 364.600 y 366.130 en el *Food Stamp Manual*

La tarjeta adjunta con su nombre y dirección indica el monto anterior y nuevo de su beneficio de TAFDC. Este cambio se realizó utilizando la información que Departamento de Asistencia Transicional tenía en sus archivos a partir del 10 de agosto de 2000. Si la tarjeta adjunta con su nombre y dirección no indica un cambio en sus beneficios de *food stamps*, Ud. recibirá un aviso por separado que explicará el cambio en su beneficio de *food stamps*.

Si Ud. ha recibido recientemente una notificación sobre un cambio en sus beneficios, el monto de su nuevo beneficio en la tarjeta con su nombre y dirección puede ser diferente al monto que aparece en la notificación de dicho cambio.

Ud. puede apelar este cambio en su beneficio. Para hacerlo, debe explicar la razón de su apelación al dorso de la tarjeta, firmar la tarjeta con su nombre y dirección y enviarla a: *Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112* o enviándola por fax al (617) 241-2535. La División de Audiencias (*Division of Hearings*) debe recibir su solicitud de apelación antes de transcurridos 90 días a partir de la fecha de este aviso. Ud. puede representarse a sí mismo o puede traer consigo a un abogado, amigo, pariente u otra persona para que lo represente. Puede comunicarse con la Oficina de Asistencia Transicional para averiguar si existe asistencia legal gratuita en su área y cómo conseguirla.

Si la División de Audiencias (*Division of Hearings*) recibe su apelación antes de transcurridos 10 días a partir de la fecha que aparece en la tarjeta con su nombre y dirección, sus beneficios de *food stamps* podrán permanecer sin cambios hasta el final del mes en que se tome la decisión sobre la apelación, a menos que venza su periodo de certificación.

Si el árbitro decide que la decisión del Departamento es correcta, el Departamento recuperará todos los beneficios de *food stamps* que le haya pagado en exceso durante el proceso de la audiencia.

Si desea obtener una audiencia sobre sus beneficios de *food stamps*, pero por una buena razón no puede enviar la tarjeta adjunta con su nombre y dirección a la División de Audiencias (*Division of Hearings*) antes del periodo estipulado, podrá solicitar una audiencia y recibir beneficios de *food stamps* según el monto actual. No obstante, para hacer esto debe ser capaz de demostrar que la razón de su apelación tardía es una buena razón.

Si desea discutir la decisión del Departamento o formular preguntas sobre cómo funciona una audiencia justa, comuníquese con un empleado del Departamento de Asistencia Transicional.



Commonwealth of Massachusetts
Department of Transitional Assistance

Effective July 1, 2000, the Legislature has authorized and the Governor has approved a 10 percent increase for Transitional Aid to Families with Dependent Children (TAFDC) recipients. You received a notice about your TAFDC benefits being increased.

By Federal law the Department of Transitional Assistance is required to recalculate the amount of your food stamp benefits because of this increased income. This means that your September food stamp benefits may change. Food Stamp Manual Citation: 106 CMR 363.200, 364.600 and 366.130.

The enclosed name and address card shows your old and new food stamp benefit amount. This change was made using the information the Department of Transitional Assistance had on file as of August 10, 2000.

If you recently received a notice of a change in benefits, the amount of your new benefit on the name and address card may be different than the amount shown on the change notice.

You may appeal this change by explaining the reason for your appeal on the other side of the card, signing the name and address card and mailing it to: Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112 or Faxing it to: (617) 241-2535. Your appeal request must be received by the Division of Hearings no later than 90 days from the date of this notice. You may represent yourself, or be represented by a lawyer, friend, relative or other spokesperson. You can contact your Transitional Assistance Office to find out where to get free legal advice if any is available in your area.

If the Division of Hearings receives your appeal within 10 days of the date on the name and address card, your food stamp benefits may remain the same until the end of the month in which the appeal decision is made unless your certification period ends.

If the referee decides that the Department's decision is right, the Department will recover any excess food stamp benefits paid to you or on your behalf while the hearing process was going on.

If you want a hearing about your food stamp benefits, but for a good reason cannot send the enclosed name and address card to the Division of Hearings by the time stated above, you can ask for a hearing and receive food stamp benefits in your present amount. However, to do this, you must be able to show that your reason for being late was a good reason.

If you want to discuss the Department's decision or ask any questions about how a fair hearing works, contact your Transitional Assistance Worker.



Estado de Massachusetts
Departamento de Asistencia Transicional (Department of Transitional Assistance)

A partir del 1 de julio de 2000, el poder legislativo ha autorizado un 10 por ciento de aumento en la asistencia que se proporciona a los receptores de Asistencia Transicional para Familias con Niños Dependientes (*Transitional Aid to Families with Dependent Children - TAFDC*). El Gobernador también ha aprobado este aumento. Ud. ha recibido una notificación sobre el aumento de sus beneficios de TAFDC.

Según las leyes federales, el Departamento de Asistencia Transicional tiene la obligación de volver a calcular el monto de sus beneficios de *food stamps* debido a este aumento en sus beneficios de TAFDC. Esto significa que en septiembre, sus beneficios de *food stamps* pueden cambiar. Refiérase a: 106 CMR 363.200, 364.600 y 366.130 en el *Food Stamp Manual*.

La tarjeta adjunta con su nombre y dirección indica el monto anterior y nuevo de su beneficio de *food stamps*. Este cambio se realizó utilizando la información que el Departamento de Asistencia Transicional tenía en sus archivos a partir del 10 de agosto de 2000.

Si Ud. ha recibido recientemente una notificación sobre un cambio en sus beneficios, el monto de su nuevo beneficio en la tarjeta con su nombre y dirección puede ser diferente del monto que aparece en la notificación de dicho cambio.

Ud. puede apelar este cambio en su beneficio. Para hacerlo, debe explicar la razón de su apelación al dorso de la tarjeta, firmar la tarjeta con su nombre y dirección y enviarla a: *Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112* o enviándola por fax al (617) 241-2535. La División de Audiencias (*Division of Hearings*) debe recibir su solicitud de apelación antes de transcurridos 90 días a partir de la fecha de este aviso. Ud. puede representarse a sí mismo o puede traer consigo a un abogado, amigo, pariente u otra persona para que lo represente. Puede comunicarse con la Oficina de Asistencia Transicional para averiguar si existe asistencia legal gratuita en su área y cómo conseguirla.

Si la División de Audiencias (*Division of Hearings*) recibe su apelación antes de transcurridos 10 días a partir de la fecha que aparece en la tarjeta con su nombre y apellido, sus beneficios de *food stamps* podrán permanecer sin cambios hasta el final del mes en que se tome la decisión sobre la apelación, a menos que venza su período de certificación.

Si el árbitro decide que la decisión del Departamento es correcta, el Departamento recuperará todos los beneficios de *food stamps* que le haya pagado en exceso durante el proceso de la audiencia.

Si desea obtener una audiencia sobre sus beneficios de *food stamps*, pero no puede enviar la tarjeta adjunta con su nombre y apellido a la División de Audiencias (*Division of Hearings*) antes del periodo estipulado por una buena razón, podrá solicitar una audiencia y recibir beneficios de *food stamps* según el monto actual. No obstante, para hacer esto debe ser capaz de demostrar que la razón de su apelación tardía es una buena razón.

Si desea discutir la decisión del Departamento o formular preguntas sobre cómo funciona una audiencia justa, comuníquese con un empleado del Departamento de Asistencia Transicional.



Commonwealth of Massachusetts
Department of Transitional Assistance

Effective July 1, 2000, the Legislature has authorized and the Governor has approved a 10 percent increase for Transitional Aid to Families with Dependent Children (TAFDC) recipients. You and/or a member of your family were listed on our files as receiving benefits on July 1, but your case closed after July 1, 2000. Because of this you are entitled to receive the increase for the period from July 1 until the date your case closed. This payment will be sent to you in the form of a check.

The enclosed name and address card shows your retroactive benefit amount. This change was made using the information the Department of Transitional Assistance had on file as of August 10, 2000.

If you think the amount of your retroactive payment is incorrect, you may appeal this payment by explaining the reason for your appeal on the other side of the card, signing the name and address card and mailing it to: Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112 or Faxing it to: (617) 241-2535. Your appeal request must be received by the Division of Hearings no later than 90 days from the date of this notice. You may represent yourself, or be represented by a lawyer, friend, relative or other spokesperson. You can contact your Transitional Assistance Worker to find out where to get free legal advice if any is available in your area.

If you want to discuss the Department's decision or ask any questions about how a fair hearing works, contact your Transitional Assistance Worker.

If you believe you are eligible to receive TAFDC because of this increase, come into your local Transitional Assistance Office to have your eligibility reviewed.



Estado de Massachusetts
Departamento de Asistencia Transicional (Department of Transitional Assistance)

A partir del 1 de julio de 2000, el poder legislativo ha autorizado un 10 por ciento de aumento en la asistencia que se proporciona a los receptores de Asistencia Transicional para Familias con Niños Dependientes (*Transitional Aid to Families with Dependent Children - TAFDC*). El Gobernador también ha aprobado este aumento. Ud. y/o un miembro de su familia aparece en nuestros archivos como un receptor de beneficios al 1 de julio, pero su caso fue cerrado después del 1 de julio de 2000. Por esta razón, Ud. tiene derecho a recibir el aumento autorizado por el período entre el 1 de julio y la fecha en que se cerró su caso. Le enviaremos este pago mediante un cheque.

La tarjeta adjunta con su nombre y dirección indica el monto de su beneficio retroactivo. Este cambio se realizó utilizando la información del Departamento de Asistencia Transicional tenía en sus archivos a partir del 10 de agosto de 2000.

Si Ud. cree que el monto de su pago retroactivo es incorrecto, puede apelar. Para hacerlo, debe explicar la razón de su apelación al dorso de la tarjeta, firmar la tarjeta con su nombre y dirección y enviarla a: *Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112* o enviándola por fax al (617) 241-2535. La División de Audiencias (*Division of Hearings*) debe recibir su solicitud de apelación antes de transcurridos 90 días a partir de la fecha de este aviso. Ud. puede representarse a sí mismo o puede traer consigo a un abogado, amigo, pariente u otra persona para que lo represente. Puede comunicarse con un empleado de la Oficina de Asistencia Transicional para averiguar si existe asistencia legal gratuita en su área y cómo conseguirla.

Si desea discutir la decisión del Departamento o formular preguntas sobre cómo funciona una audiencia justa, comuníquese con un empleado del Departamento de Asistencia Transicional.

Si cree que es elegible para recibir TAFDC debido a este aumento, diríjase a su Oficina de Asistencia Transicional local para una revisión su elegibilidad.



Commonwealth of Massachusetts
Department of Transitional Assistance

Name _____

Date _____

Address _____

City _____

SSN _____

You recently received a cost-of-living adjustment to your TAFDC benefits. You and/or a family member are listed on our files as receiving TAFDC benefits.

By Federal law, the Department of Transitional Assistance is required to recalculate the amount of your food stamp benefits because of this increased income. This means that your September food stamp benefits may change. Food Stamp Manual Citation: 106 CMR 363.200, 364.600 and 366.130.

Old food stamp benefit amount \$ _____
New food stamp benefit amount \$ _____

You may appeal this food stamp benefit change by completing the reverse side of this form explaining the reason for your appeal, and mailing it to: Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112 or Faxing it to: (617) 241-2535. Your request must be received by the Department no later than 90 days from the date of this notice. You may represent yourself or be represented by a lawyer, friend, relative, or other spokesperson. You can contact your DTA office to find out where to get free legal advice in your area.

If the Division of Hearings receives your appeal within 10 days of the date on this notice, your food stamp benefits may remain the same until the end of the month in which the appeal decision is made unless your certification period ends.

If the referee decides that the Department's decision is right, the Department will recover any excess food stamp benefits paid to you or on your behalf while the hearing process was going on.

If you want a hearing about your food stamp benefits, but for a good reason cannot send the enclosed name and address card to the Department of Transitional Assistance by the time stated above, you can ask for a hearing and receive food stamp benefits in your present amount. However, to do this, you must be able to show that your reason for being late was a good reason.

If you want to discuss the Department's decision or ask any questions about how a fair hearing works, contact your Transitional Assistance Worker.

TAO Worker

Telephone Number



Notice of Request for a Fair Hearing

Massachusetts Department of Transitional Assistance

Division of Hearings

P.O. Box 167, Boston, Massachusetts 02112

YOUR RIGHT TO APPEAL: If you disagree with any action or inaction taken by the Department of Transitional Assistance (DTA), you have the right to appeal and receive a fair hearing before an independent referee. DTA must receive your request for a fair hearing no later than 90 days from the date on this notice. Exceptions to the 90-day time limit are: (1) you have 10 days to request a hearing on Emergency Assistance (EA) shelter benefits, (2) you have 30 days from the date of mailing of the notice by the Department of Revenue to request a hearing regarding the intercept of your state-tax refund, (3) you may appeal the amount of your Food Stamp (FS) benefits at any time during your FS certification period, if you think you are not receiving the correct amount, (4) you have up to 120 days if DTA fails to act on your request for services, and (5) you have up to 120 days to appeal alleged coercive action or otherwise improper conduct or up to one year under certain specified circumstances.

HOW TO APPEAL: If you wish to request a fair hearing, send this page with the bottom section completed to: **DTA, Division of Hearings (DOH), P.O. Box 167, Boston, Massachusetts 02112 or fax to (617) 241-2535.** Please keep the copy for your own records.

IF YOU ARE CURRENTLY RECEIVING ASSISTANCE, READ THIS BLOCK: Your benefits will be continued until a decision is made on your appeal if DOH receives your appeal request within 10 days from the date on this notice. If you are appealing a FS issue, and your FS certification period ends before your appeal is decided, you will continue to receive the same FS benefits only until the end of your certification period. If you receive assistance during your appeal, but lose your appeal, DTA can recover from you the assistance to which you were not entitled. If you receive TAFDC time-limited benefits during an appeal, which you then lose, the months for which you have received assistance will count toward your time-limited benefits. If you do not wish to continue to receive assistance during your appeal, check Box A below. If you do not receive benefits during your appeal, and you win your appeal, DTA will promptly correct any underpayment.

WHEN THE HEARING WILL BE HELD: You will be given at least 10 days notice prior to the fair hearing of the date, time and place of the hearing to permit you time to prepare your case. Fair hearings on EA shelter benefits are expedited; you will be given at least two days notice prior to the fair hearing of its date, time and place. If you wish to have a fair hearing scheduled sooner, check Box B below. If you have good cause for not being able to attend the fair hearing, please contact DOH at (617) 241-2500 or 1-800-882-2017 (TTY (617) 242-8654 or 1-800-532-6238, for the hearing impaired), before the hearing date, so that your hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for the first scheduled hearing involving any aspect of the FS Program where good cause for rescheduling need not be demonstrated.

YOUR RIGHT TO BE ASSISTED AT THE HEARING: If you cannot speak English or understand it well or if you are hearing impaired and wish to have DOH provide an interpreter, please write that on this appeal request or call DOH at (617) 241-2500 or 1-800-882-2017, at least a week before the hearing. At the hearing, you may be accompanied by an interpreter, attorney, or other representative at your expense. You may wish to contact a local legal services office or community agency for assistance. Information about local legal services offices and other services provided by community agencies in your area can be obtained by contacting your local office. These agencies may provide advice or representation at no cost.

You or your representative may subpoena witnesses, present evidence and cross-examine witnesses. The referee must make a decision on all evidence presented at the fair hearing. You or your representative will be permitted to see your case file before the hearing. If you want to review your case file, schedule an appointment with your worker before the hearing.

NONDISCRIMINATION NOTICE FOR CLIENTS: Under federal and state law the Massachusetts DTA does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. If you have any questions or concerns, we encourage you to contact the Director of Equal Opportunity, DTA, 600 Washington Street, Room 4039, Boston MA 02111, Tel. (617) 348-8490, (TTY (617) 348-5599 for the hearing impaired).

I, _____, hereby request a fair hearing before a referee of DOH.

- A. I do not wish to continue receiving the disputed amount of assistance during the appeal process.
- B. I request an expedited hearing.

The reason I wish to request a fair hearing is _____

Your Name (Print) _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Your Signature _____

My authorized representative is: Name _____ Title _____

Address _____ City/ZIP _____

Telephone () _____

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Estado de Massachusetts
Departamento de Asistencia Transicional (Department of Transitional Assistance)

Nombre _____
Dirección _____
Ciudad _____
Número de Seguridad Social (SSN) _____

Fecha _____

Recientemente, sus beneficios de TAFDC fueron ajustados según el costo de la vida. Ud. y/o un miembro de su familia aparece en nuestros archivos como un receptor de beneficios de TAFDC.

Según las leyes federales, el Departamento de Asistencia Transicional tiene la obligación de volver a calcular el monto de sus beneficios de *food stamps* debido a este aumento en sus beneficios de TAFDC. Esto significa que en septiembre, sus beneficios de *food stamps* pueden cambiar. Cita en el *Food Stamp Manual*: 106 CMR 363.200, 364.600 y 366.130.

Monto anterior de beneficio de *food stamps*: \$ _____
Nuevo monto de beneficio de *food stamps*: \$ _____

Ud. puede apelar este cambio en su beneficio de *food stamps*. Para hacerlo, debe explicar la razón de su apelación al dorso de este formulario, firmar la tarjeta con su nombre y dirección y enviarla a: *Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112* o enviándola por fax al (617) 241-2535. La División de Audiencias (*Division of Hearings*) debe recibir su solicitud de apelación antes de transcurridos 90 días a partir de la fecha de este aviso. Ud. puede representarse a sí mismo o puede traer consigo a un abogado, amigo, pariente u otra persona para que lo represente. Puede comunicarse con la Oficina de Asistencia Transicional para averiguar si existe asistencia legal gratuita en su área y cómo conseguirla.

Si la División de Audiencias (*Division of Hearings*) recibe su apelación antes de transcurridos 10 días a partir de la fecha que aparece en esta notificación, sus beneficios de *food stamps* podrán permanecer sin cambios hasta el final del mes en que se tome la decisión sobre la apelación, a menos que venza su período de certificación.

Si el árbitro decide que la decisión del Departamento es correcta, el Departamento recuperará todos los beneficios de *food stamps* que le haya pagado en exceso durante el proceso de la audiencia.

Si desea obtener una audiencia sobre sus beneficios de *food stamps*, pero no puede enviar la tarjeta adjunta con su nombre y apellido al Departamento de Asistencia Transicional antes de la fecha arriba estipulada por un buena razón, podrá solicitar una audiencia y recibir beneficios de *food stamps* según el monto actual. No obstante, para hacer esto debe ser capaz de demostrar que la razón de su apelación tardía es una buena razón.

Si desea discutir la decisión del Departamento o formular preguntas sobre cómo funciona una audiencia justa, comuníquese con un empleado del Departamento de Asistencia Transicional.

Empleado de TAO

Número de teléfono



Aviso para solicitar una audiencia

Departamento de Asistencia Transicional de Massachusetts

División de Audiencias (Division of Hearings)

P.O. Box 167, Boston, Massachusetts 02112

SU DERECHO A APELAR: Si usted no está de acuerdo con alguna acción tomada por el Departamento de Transicional Asistencia, (DTA) usted tiene el derecho a apelar y recibir una audiencia ante la presencia de un árbitro independiente. DTA debe recibir su solicitud para una audiencia administrativa dentro de 90 días de la fecha de este aviso. La excepciones del plazo de 90 días son: (1) usted tiene 10 días para solicitar una audiencia acerca de los beneficios de albergue de Asistencia de Emergencia (EA), (2) usted tiene 30 días desde la fecha en que el Departamento de Rentas envía el aviso por correo para solicitar una audiencia relacionada con la interceptación de su reembolso del impuesto estatal, (3) si usted cree que no está recibiendo la cantidad correcta, puede apelar la cantidad de sus beneficios de Cupones de alimentos (FS) en cualquier momento durante su periodo de certificación de FS, (4) usted tiene hasta 120 días si DTA no procede en su solicitud de servicios, y (5) usted tiene hasta 120 días a apelar supuesta acción coercitiva u otra conducta inadecuada o hasta un año bajo ciertas circunstancias especificadas.

COMO APELAR: Si usted desea solicitar una audiencia, llene la sección al final de este aviso y envíela a: DTA, División de Audiencias (DOH), P.O. Box 167, Boston, Massachusetts 02212 o envíe un facsimil (fax) al (617) 241-2535. Por favor, retenga la segunda copia para sus archivos.

SI ACTUALMENTE ESTA RECIBIENDO ASISTENCIA, LEA ESTA SECCION: Sus beneficios serán continuados hasta que se tome una decisión en relación si la DOH recibe su solicitud de apelación dentro de 10 días de la fecha de este aviso. Si usted está apelando un asunto relacionado a los Cupones de Alimentos, y su periodo de certificación termina antes de que se decida su apelación, usted continuará recibiendo la misma cantidad de beneficios de Cupones de Alimentos solamente hasta la terminación del periodo de certificación. Si usted recibe asistencia durante su apelación, pero pierde la apelación, DTA puede recuperar la cantidad de asistencia a la cual usted no tenía derecho. Si usted recibe beneficios de tiempo limitado durante una apelación cual entonces pierde, los meses por cual recibió asistencia contarán en el total de su limite de tiempo. Si usted no desea seguir recibiendo asistencia durante su apelación, por favor marque la casilla A al final de la página. Si usted no recibe beneficios durante su apelación y usted gana la apelación, DTA prontamente corregirá cualquier pago necesario.

CUANDO SE LLEVARÁ A CABO LA AUDIENCIA: Usted debe ser notificado de la fecha, hora y lugar de la audiencia dentro de 10 días antes de la misma, para que tenga tiempo a preparar su caso. Las audiencias referentes a beneficios de EA serán aceleradas; usted se le informará por lo menos dos días de la fecha, hora y lugar de la audiencia. Si usted desea tener su audiencia fijada en una fecha lo antes posible, marque la casilla B al final de esta página. Si usted tiene una razón justificada para no atender la audiencia, por favor comuníquese con la DOH al teléfono (617) 241-2500 o al teléfono 1-800-882-2017 o para sordomudos, TTY (617) 242-8654 or 1-800-532-6238, antes de la fecha de la audiencia, para que otra audiencia pueda ser programada. Si falla en aparecer a la audiencia sin una razón justificada, esto pudiera resultar en el rechazo de su apelación, excepto en audiencias iniciales que envuelven cualquier aspecto del Programa de Cupones para Alimentos en donde la razón justificada para programar una nueva cita no tiene que ser demostrada.

SU DERECHO A SER ASISTIDO DURANTE LA AUDIENCIA : Si usted no domina muy bien el inglés o si tiene problemas de audición y desea que la DOH le facilite un intérprete, sírvase indicarlo en esta solicitud de apelación o llamar a DOH al (617) 241-2500 o al 1-800-882-2017, por lo menos una semana antes de la fecha de su audiencia. Durante la audiencia, usted podrá estar acompañado por un intérprete, abogado u otro representante por su propia cuenta. Su oficina local le puede suministrar información acerca de oficinas de servicios jurídicos y otros servicios ofrecidos por agencias comunitarias de su zona. Estas agencias pueden ofrecer asesoramiento jurídico o representación sin ningún costo.

Usted o su representante puede citar a testigos, presentar evidencia y contrainterrogar a los testigos. El árbitro debe dictar un fallo teniendo en cuenta toda la evidencia presentada en la audiencia. Usted o su representante podrá revisar los expedientes de su caso antes de la audiencia si así lo desea. Si desea revisar los expedientes de su caso, haga una cita con su trabajador antes de la fecha de la audiencia.

AVISO A LOS RECIPIENTES SOBRE LA POLITICA ANTI DISCRIMINATORIA: Bajo las leyes federales y estatales, el DTA de Massachusetts no puede discriminar basado en la raza, color, sexo, preferencial sexual, nacionalidad de origen, religion, credo, edad, o incapacidad. Para ayuda con cualquier asunto pertinente a esta política, le alentamos a que se comunice con el Director de Oportunidad Igual, DTA, 600 Washington Street, Room 4039, Boston, MA 02111. o llame al (617) 348-8490, o para sordomudos, TTY (617) 348-5599.

Yo, _____, solicito por la presente una audiencia ante un árbitro de DOH.

A. No deseo seguir recibiendo la cantidad de asistencia disputa durante el proceso de apelación

B. Solicito una audiencia lo más pronto posible.

El motivo por el cual deseo solicitar una audiencia es _____

Nombre _____ SSN _____

Dirección _____ Teléfono () _____

Ciudad/Codigo _____ Fecha _____

Firma _____

El nombre de mi representante autorizado es: Nombre _____ Titulo _____

Dirección _____ Ciudad/Codigo Postal _____

Teléfono () _____

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