



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


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**Field Operations Memo 2004-21**  
**May 3, 2004**

**To:** Transitional Assistance Office Staff  
**From:**  Cescia Derderian, Assistant Commissioner for Field Operations  
**Re:** Homeless Child-Care Services for EA Recipients

**Overview**

The Office of Child Care Services (OCCS) has developed a Homeless Child-Care Voucher Program to provide child-care services to homeless EA families. This memo describes how to facilitate the processing of child-care requests for EA homeless recipients.

This change is effective immediately. The Child-Care procedures in Chapter XII, Section B of the User's Guide will be updated soon.

**Child-Care Services for Homeless Families**

For families to be eligible for the subsidized child care through the Homeless Child-Care program, they must meet OCCS' income eligibility requirements (EA families meet the income requirements) and have a substantiated reason (service need) for needing child care. Child-care services are available to a child, infant through age 12, or through age 16, for a special needs child.

DTA homeless families satisfy their service need requirement by participating in an employment, education or training activity or by showing that they participate in any one of the following additional activities:

- up to 20 hours per week of housing search activities when required by DTA, the Housing Assistance Program (HAP) or the Family Shelter Program;
- a combination of housing search activities required by DTA, HAP or the Family Shelter Program and another activity listed below equal to 20 or more hours per week;

### Child-Care Services for Homeless Families

Activities for the Homeless Family

- up to five hours per week for counseling sessions, meetings with social workers and assigned activities within the shelter;
- up to five hours per week for parenting workshops or training sessions;
- up to five hours per week of travel time between the activities approved above and the child-care program if the parent is responsible for transportation; and/or
- up to five hours per week of travel time between the activities and the child-care program if the parent is responsible for transportation or between the activities and the shelter, if the child-care program is responsible for transportation.

Full-time or Part-time Child-Care Services

To determine the total number of hours for the service need, the Child-Care Resource and Referral (CCR&R) agency will add the hours needed for travel to the hours for the activity(ies). The CCR&R will be responsible for arranging the appropriate full-time or part-time child care for the family.

- Homeless families that have a service need of 30 hours or more per week are eligible for full-time child care at a Child-Care Center.
- Homeless families with a service need of at least 20 hours per week but less than 30 hours per week are eligible for part-time child care at a Child-Care Center.

**Note:** Homeless child-care services will not be authorized for less than 20 hours per week.

**Families are never referred directly to the vendor, they must first go to the CCR&R.**

Depending upon their income level, homeless families may be required to pay a co-payment for the child-care services.

**The system-generated authorization will not be issued for an EA activity.**

Authorizing the Child-Care Services

There are two ways to authorize child-care services for a homeless family:

- If the family does not have an existing ESP child-care authorization, a paper child-care authorization, the *Child-Care Authorization* (BEA/CCA Rev. 5/2004) form (Attachment A) must be completed; or
- If the family has an existing ESP child-care authorization, a copy of that ESP child-care authorization is used to indicate the extra activities for the family. Modifying the existing ESP child-care authorization will show the CCR&R the total picture of the child-care needed for the ESP activity and the homeless activity. In some cases, the additional activities may allow the CCR&R to change the child-care from part-time to full-time

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child care. If the ESP child-care authorization is not accessible, complete the paper child-care authorization but be sure to indicate on the paper child-care authorization that the family is currently receiving ESP child-care services.

**The CCR&R can not refer the family to a child-care provider or establish child-care services until they have the paper child-care authorization (the Child-Care Authorization (BEA-CCA) Rev. 5/2004) or a copy of the modified ESP child-care authorization. Child-care authorizations may not be back-dated.**

When authorizing Homeless Child-Care Services, the AU Manager or Homeless Coordinator must:

- Enter the following information on the paper child-care authorization (BEA/CCA Rev. 5/2004) form:
  - the family name, SSN and shelter address, TAO and TAO phone number in the top of the form;
  - the name and address of the CCR&R (refer to the Resource list on the Child-Care Authorization window for the CCR&Rs serving the TAO);
  - the Recipient Information, enter:
    - ✓ EA as the Program;
    - ✓ family's or shelter's phone number as the telephone number;
    - ✓ Homeless Child Care as the Child Care Service Reason; and
    - ✓ the other fields (self-explanatory);
  - the specific homeless activities (in the activity field) in which the person must participate, such as housing search, parenting classes, training, job, shelter duties, workshops, or other activity;
  - the start and end dates for the activity- allow approximately 12 weeks between the start date and the end date;
  - the start and end times for the activity under the particular days of the week (Mon, Wed, Fri 9:00 - 11:00; Tues 1:30 - 3:30); and
  - the names and date of birth of the child(ren); **or**
- Modify an existing ESP Child-Care Authorization by entering:
  - "Homeless Child Care" by the Child-Care Service Reason;
  - the specific homeless activities in which the person must participate, such as housing search, parenting classes, training sessions, job, shelter activities, workshops, or meetings;
  - the start and end dates for the activity, allow approximately 12 weeks between the start date and the end date,
  - the start and end times for the activity under the particular days of the week; and
  - the names and date of birth of the child(ren) if not on the ESP child-care authorization – leave dependent number blank; and

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- Sign and date either the paper child-care authorization form (BEA/CCA) or the ESP Child-Care Authorization and have the Supervisor sign and date the form; and
- Give the *Child-Care Authorization* (BEA/CCA Rev. 5/2004) form BEA/CCA or the modified ESP Child-Care Authorization to the family to take to the CCR&R immediately.

If one activity is being added or deleted, amend the existing child-care authorization; then highlight the new activity or strikeout the deleted activity. The “end date” for the new activity must be the same “end date” of the remaining activity(ies), thereby maintaining the original 12-week period. Give the amended child-care authorization to the family to take to the CCR&R.

A new *Child-Care Authorization* (BEA/CCA Rev. 5/2004) form BEA/CCA or the modified ESP Child-Care Authorization must be completed at the end of the 12-week period to reauthorize the homeless child-care services.

Contact the CCR&R when the family is no longer eligible for the Homeless Child-Care Voucher Program because the family is moving from shelter into permanent housing or if the family becomes ineligible for EA shelter benefits. Before the CCR&R terminates the Homeless Child-Care Services, any future needs for child-care services will be discussed with the family.

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**Questions**

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

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**Child-Care Authorization  
Massachusetts Department of Transitional Assistance**

Date \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN, ZIP \_\_\_\_\_

TAO \_\_\_\_\_ TAO Phone Number \_\_\_\_\_

Dear

This is an Authorization for you to take to the Child Care Resource and Referral Agency (CCR&R) listed below to obtain a voucher for child-care services. A child-care voucher may not be backdated.

A child-care provider will not receive payment until a voucher has been issued by the CCR&R.

You must report changes in your income or component activity to your AU Manager and CCR&R counselor within five days.

CCR&R Name and Address: \_\_\_\_\_  
 \_\_\_\_\_

**RECIPIENT INFORMATION**

Program: \_\_\_\_\_ Current Monthly Grant: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Other Income Received: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ TAFDC Case Closing Date: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Child-Care Service Reason: \_\_\_\_\_  
 Ethnic Origin: \_\_\_\_\_

**Enter the activity(ies), the start and end dates of the activities, and the start and end times per day for each activity.**

Activity	Start Date	End Date	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
<b>Total Hours</b>									

**Total number of hours does not include needed transportation time.**

Child(ren) Name(s)                      Child(ren) Date(s) of Birth

\_\_\_\_\_  
 Signature of Recipient                      Date                      Signature of AU Manager                      Date

**Autorización de Cuidado de Niño**  
**Massachusetts Department of Transitional Assistance**

Date \_\_\_\_\_

NAME \_\_\_\_\_

SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN, ZIP \_\_\_\_\_

TAO \_\_\_\_\_

TAO Phone Number \_\_\_\_\_

Estimado

Esto es una autorización para que usted lleve a su Agencia de Cuidado de Niño enumerada abajo para obtener un pago para los servicios del cuidado de niño. El pago del cuidado de niño no se puede fechar con una fecha del pasado.

Los proveedores de Cuidado de Niños no recibirán pago hasta que una autorización sea sometida por la Agencia de Cuidado de Niño.

Usted tiene la obligación de informar su trabajador social y consejero de la Agencia de Cuidado de Niño cualquier cambio en sus ingresos o actividad dentro de 5 días.

Nombre y dirección de la Agencia: \_\_\_\_\_  
 \_\_\_\_\_

**INFORMACION ACERCA DEL BENEFICIARIO**

Programa:

Subsidio Mensual:

Numero del Telefono:

Otros Ingresos:

Fecha de nacimiento:

Fecha de Cierre del Caso:

Idioma principal:

Razon del Servicio:

Origen Etnico:

**Incorpore la actividad(es), las fechas de inicio y terminacion del actividad(es), y las horas de inicio y terminacion por día para cada actividad.**

Activity	Start Date	End Date	Dom.	Lun.	Mar.	Miér.	Jue.	Vier.	Sab.
<b>Total Hours</b>									

**El número total de horas no incluye tiempo necesario del transporte.**

Nombre(s) del (los) niño(s)

Fecha(s) de nacimiento del(los) niño(s)

\_\_\_\_\_  
Firma del Beneficiario

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Signature of AU Manager

\_\_\_\_\_  
Date