



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

MITT ROMNEY  
 Governor

RONALD PRESTON  
 Secretary

KERRY HEALEY  
 Lieutenant Governor

JOHN A. WAGNER  
 Commissioner

**Field Operations Memo 2005-20**  
**April 11, 2005**

**To:** Transitional Assistance Office Staff  
**From:** *CD* Cescia Derderian, Assistant Commissioner for Field Operations  
**Re:** Changes to the ESP Referral and Response Form – TAFDC and FS

---

**Overview**

ESP vendors need to know the number of hours a recipient is required to participate in an activity to meet the TAFDC Work Program requirement.

The ESP Referral and Response form (ESP-16) is used to refer recipients to an ESP component. Field Operations Memo 2004-42 instructed TAO Staff to annotate the number of Work Program hours on the form until a change is made in BEACON to include the hourly requirement.

---

**BEACON Change**

*Effective with Increment 2.1.14*, for all ESP Referral and Response forms used to refer TAFDC **Work Program required** recipients to an ESP Component, BEACON will print the number of hours the recipient is Work Program required at the middle of the first page. The sentence will read: “You are required to participate in an activity or a combination of activities that total xx (Work Program required hours) hours per week.”

Additionally, the sentence on page two: “Skills Training and Related Job Search activities must be completed within 60 days of enrollment.” **has been deleted for cash programs only.**

For the **Food Stamp** program, the Agency Response Page has been revised to include Food Stamp specific questions. Additionally, required hours of participation will only be printed for recipients participating in community service.

---

**Obsolete  
Material**

This Field Operations Memo obsoletes Field Operations Memo 2004-42.

---

**Questions**

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

---