




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

JOHN A. WAGNER
Commissioner

Field Operations Memo 2002-9 D
May 10, 2002

To: Transitional Assistance Office Staff
From:  Cescia Derderian, Assistant Commissioner for Field Operations
Re: Suspension of SSFSP Benefits: *Nguyen v. Wagner* Settlement

Background In the case *Nguyen v. Wagner*, the Department of Transitional Assistance was enjoined from proceeding with the SSFSP benefit suspension described in Field Operations Memo 2002-9.

This case was settled. As part of the settlement, the Department agreed to *upon request* review any SSFSP recipient's noncitizen status to determine if eligible for federal food stamp benefits. This Field Operations Memo details instructions to TAO Staff for processing SSFSP and FSP/SSFSP (Combination) AUs as required by the terms of the settlement.

Notices *On May 10, 2002*, all active SSFSP recipients whose SSN ends in "7" through "9" will be sent notices informing them of the suspension of SSFSP benefits.

- SSFSP-only AUs will receive Attachments A and C; and
- Combination AUs will receive Attachments B and C.

On May 13, 2002, all active SSFSP recipients whose SSN ends in "0" through "6" will be sent notices informing them of the suspension of SSFSP benefits.

- SSFSP-only AUs will receive Attachments A and D; and
 - Combination AUs will receive Attachments B and D.
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**Recipients:
Ending SSNs
“7” through “9”**

SSFSP recipients whose SSNs end in “7” through “9” who provide proof of noncitizen status **within ten calendar days of the date on the insert (Attachment C)** must be processed as follows.

***Processing
Instructions
For Review
Within Three
Business
Days***

AU Managers **must** review the verification submitted and make a determination whether the noncitizen is eligible for federal food stamp benefits within **three business days** from the date verification is provided.

- ◆ *If the noncitizen is eligible for federal food stamp benefits*, the AU Manager must within **four business days** from the date verification is provided:
 - ◆ Change the noncitizen designation on BEACON:
 - go to the Noncitizen window and change the status to the appropriate status;
 - go to the Verification Tab and verify the status;
 - go to the Interview Wrapup window and check off the Noncitizen check-off box; and
 - perform an EBC calculation. This action will establish the new cyclical benefit amount for June.
 - ◆ Once the benefit amount for June is established, the AU Manager must calculate and authorize a supplemental payment for May.
 - subtract the May federal food stamp benefit amount, *if any* (found on the Benefit History Tab), from the newly established June federal food stamp benefit amount; and
 - enter this amount on the Related Benefits window. From the “Type” dropdown box, select “FSP Supplement/ Immediate Issuance.” Authorize this payment on the Interview Wrapup window.
 - ◆ *If the noncitizen is ineligible for federal food stamp benefits*, within **thirty business days** from the date verification is provided, the AU Manager must send the recipient a denial notice (Attachment E or F).
-

**Recipients:
Ending SSNs
"7" through "9"**

- ◆ *If the recipient provides verification after ten calendar days or if the verification needs secondary documentation, the AU Manager must process the request in accordance with established food stamp processing timeframes.*

**Processing
Instructions
For Review
Beyond Three
Business
Days**

If the AU Manager **fails to review** the verification submitted and make a determination whether the noncitizen is eligible for federal food stamp benefits within **three business days** from the date verification is provided, the AU Manager must:

- ◆ determine and issue an SSFSP supplemental payment for May within **five business days** from the date verification was provided.
 - find the old amount of the SSFSP benefits on the Benefit History tab; and
 - enter this amount on the Related Benefits window. From the "Type" dropdown box, select "FSP Supplement/ Immediate Issuance." Authorize this payment on the Interview Wrapup window.
- ◆ **SSFSP supplemental payments must be issued until SSFSP funds are exhausted. Central Office will be tracking SSFSP funds and notify TAO staff immediately when funds are depleted.**

**Recipients:
Ending SSNs
"0" through "6"**

SSFSP recipients whose SSNs end in "0" through "6" who provide proof of noncitizen status **within ten calendar days of the date on the insert** (Attachment D) must be processed as follows.

AU Managers must review the verification submitted and make a determination whether the noncitizen is eligible for federal food stamp benefits within **three business days** from the date verification is provided.

- ◆ *If the noncitizen is eligible for federal food stamp benefits* the AU Manager must within **four business days** from the date verification is provided:
 - change the noncitizen designation on BEACON **no later than the release date for June cyclical benefits**:
 - go to the Noncitizen window and change the status to the appropriate status;
 - go to the Verification Tab and verify the status;
 - go to the Interview Wrapup window and check off the Noncitizen check-off box; and
 - perform an EBC calculation. This action will establish the new cyclical benefit amount for June.

**Recipients:
Ending SSNs
"0" through "6"
(continued)**

- ◆ *If the noncitizen is ineligible for federal food stamp benefits, within **thirty business days** from the date verification is provided, the AU Manager must send the recipient a denial notice (Attachment E or F).*
 - ◆ *If the recipient provides verification after ten calendar days or if the verification needs secondary documentation, the AU Manager must process the request in accordance with established food stamp processing timeframes.*
-

Reports

TAOs will receive two reports listing those recipients receiving the notices:

"SSNs Ending in "7" through "9"; and
"SSNs Ending in "0" through "6".

These reports will be sorted by TAO, CAN and ascending ending SSN. These should be used as a tool to process these recipients.

Questions

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

Local TAO Address

Important Notice - Read Carefully
Este Mensaje Es Importante - Lea Cuidadosamente

Massachusetts Department of Transitional Assistance

Client Name
Client Address

SSN: 000-00-0000
TAO

Date

AN IMPORTANT NOTICE ABOUT YOUR SSFSP BENEFITS

Dear *Client Name*:

The Department does not have additional funding for the State Supplemental Food Stamp Program (SSFSP) for fiscal year 2002.

As a result, your SSFSP benefits will go to zero (0) beginning with your May benefits if your Social Security Number ends in 7, 8, or 9 and June if your Social Security Number ends in 0, 1, 2, 3, 4, 5, or 6.

If you received a notice dated before May 6, 2002 about a food stamp change, the amount given in that notice may not be correct.

Manual Citation: 106 CMR 360.030, 106 CMR 364.600, 106 CMR 366.130, 106 CMR 343.200, 106 CMR 343.210.

Please call your worker (*Worker Name*) at (*Worker Phone Number*) if you have any questions about your case.

Local TAO Address

Important Notice - Read Carefully
Este Mensaje Es Importante - Lea Cuidadosamente

Massachusetts Department of Transitional Assistance

Client Name
Client Address

SSN:
TAO

Date

AN IMPORTANT NOTICE ABOUT YOUR SSFSP AND FSP BENEFITS

Dear *Client Name*:

The Department does not have additional funding for the State Supplemental Food Stamp Program (SSFSP) for fiscal year 2002.

As a result, your SSFSP benefits will go to zero (0) beginning with your May benefits if your Social Security Number ends in 7, 8, or 9 and June if your Social Security Number ends in 0, 1, 2, 3, 4, 5, or 6.

Your Federal food stamp benefits will be _____.

If you received a notice dated before May 6, 2002 about a food stamp change, the amount given in that notice may not be correct.

If you disagree with the amount of your federal food stamp benefits, you have the right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of this notice.

Manual Citation: 106 CMR 360.030, 106 CMR 364.600, 106 CMR 366.130, 106 CMR 343.200, 106 CMR 343.210.

Please call your worker (*Worker Name*) at (*Worker Phone Number*) if you have any questions about your case.



Commonwealth of Massachusetts
Department Of Transitional Assistance

May 10, 2002

Important Notice - Read Carefully

Remember: When members of your household were first approved for State Supplemental Food Stamp Program benefits, we had decided that some or all household members were not eligible for Federal Food Stamp Program benefits. **If, within ten days of the date of this notice,** you or others in your household bring in proof of your eligibility as a noncitizen for Federal Food Stamp Program benefits, or proof that you have become a United States citizen, the Department will pay Federal Food Stamp Program benefits for May within five business days. Even if you do not bring in proof within ten days, you can reapply for Federal Food Stamp Program benefits at any time.

Noncitizens can be eligible for Federal Food Stamp Program benefits if their immigration status is one of the following:

- Veterans and Active Duty Personnel or their Spouses/Children;
- Members of the Hmong or Highland Laotian Tribes or their Spouses/Children;
- Legal Permanent Residents who:
 - (a) were refugees, asylees or deportation withheld noncitizens;
 - (b) are elderly, disabled or children and were lawfully residing in the U.S. on 8/22/96; or
 - (c) can be credited with 40 quarters of work under Title II of the Social Security Act. You may be credited with work performed by yourself, your spouse or your parent during the period you were under 18.
- Certain Refugees, Asylees and Deportation Withheld Noncitizens;
- Some Cuban/Haitian Entrants;
- Amerasians; or
- Certain Elderly, Children and Disabled Noncitizens who were lawfully residing in the U.S. on 8/22/96.

If you are a noncitizen in one of these statuses, bring in proof, such as your Alien Registration Card; INS-1-151; INS-1-551; or INS-1-94 or other relevant written documentation, to your worker immediately.



Commonwealth of Massachusetts
Department Of Transitional Assistance

May 13, 2002

Important Notice - Read Carefully

Remember: When members of your household were first approved for State Supplemental Food Stamp Program benefits, we had decided that some or all household members were not eligible for Federal Food Stamp Program benefits. **If, within ten days of the date of this notice**, you or others in your household bring in proof of your eligibility as a noncitizen for Federal Food Stamp Program benefits, or proof that you have become a United States citizen, the Department will pay Federal Food Stamp Program benefits beginning in June. Even if you do not bring in proof within ten days, you can reapply for Federal Food Stamp Program benefits at any time.

Noncitizens can be eligible for Federal Food Stamp Program benefits if their immigration status is one of the following:

- Veterans and Active Duty Personnel or their Spouses/Children;
- Members of the Hmong or Highland Laotian Tribes or their Spouses/Children;
- Legal Permanent Residents who:
 - (a) were refugees, asylees or deportation withheld noncitizens;
 - (b) are elderly, disabled or children and were lawfully residing in the U.S. on 8/22/96; or
 - (c) can be credited with 40 quarters of work under Title II of the Social Security Act. You may be credited with work performed by yourself, your spouse or your parent during the period you were under 18.
- Certain Refugees, Asylees and Deportation Withheld Noncitizens;
- Some Cuban/Haitian Entrants;
- Amerasians; or
- Certain Elderly, Children and Disabled Noncitizens who were lawfully residing in the U.S. on 8/22/96.

If you are a noncitizen in one of these statuses, bring in proof, such as your Alien Registration Card; INS-1-151; INS-1-551; or INS-1-94 or other relevant written documentation, to your worker immediately.



*Commonwealth of Massachusetts
Department Of Transitional Assistance*

IMPORTANT NOTICE ABOUT YOUR FOOD STAMP BENEFITS

Name

Date

Address

The Department has denied your application for Federal Food Stamp benefits because you and/or a household member do not meet the citizenship or noncitizen status rules for the program. You have the right to make another application(s) for assistance at any time.

The regulations used in reaching these decisions are 106 CMR 362.200, 362.210, 362.220.

You are entitled to Federal Food Stamp benefits, if eligible, without regard to age, race, color, sex, handicap, religious creed, national origin, or political beliefs. If you believe the Department, in making your eligibility determination, has discriminated against you, contact your local Transitional Assistance Office to find out how you can file a complaint.

To request a fair hearing, complete the back of this page.

Worker

Telephone Number



Notice of Request for a Fair Hearing
Massachusetts Department of Transitional Assistance
 Division of Hearings
 P.O. Box 167, Boston, Massachusetts 02112-0167

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) 348-5311.** 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) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 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) 348-5321 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 () _____

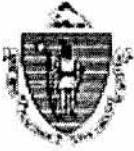
City/ZIP _____ Date _____

Your Signature _____

My authorized representative is: Name _____ Title _____

Address _____ City/ZIP _____

Telephone () _____



Commonwealth of Massachusetts
Department Of Transitional Assistance

**AVISO IMPORTANT ACERCA DE SUS BENEFICIOS DE
COUPONES DE ALIMENTOS**

Nombre

Fecha

Direccion

El Departamento ha negado su solicitud para beneficios del Programa de Cupones de Alimentos debido a que usted y/o algun miembro de su unidad familiar no cumple con los requisitos del programa sobre ciudadano o applicable a los no ciudadanos.

Usted tiene derecho a solicitar asistencia de nuevo en cualquier momento.

Las regulaciones utilizadas para tomar estas decisiones son 106 CMR 362.200, 362.210, 362.220

Usted tiene derecho a recibir beneficios de cupones para alimentos, si es elegible, sin importar su edad, raza, color, sexo, incapacidad, creencia religiosa, pais de origen o creencias politicas. Si ud. cree que el Departamento le ha discriminado, comuniquese con la Oficina local de Asistencia Transicional y averigüe como establecer una queja.

Para solicitar una audiencia, lea el lado opuesto de esta pagina.

Trabajador(a) Social

Numero de Telefono

FDN (S)



Aviso para solicitar una audiencia

Departamento de Asistencia Transicional de Massachusetts

División de Audiencias (Division of Hearings)

P.O. Box 167, Boston, Massachusetts 02112-0167

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. Las 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 período 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 02112 o envíe un facsímil (fax) al (617) 348-5311. 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 límite 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) 348-5321 o al teléfono 1-800-882-2017 o para sordomudos, (TTY) (617) 348-5337 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 DOH le facilite un intérprete, sírvase indicarlo en esta solicitud de apelación o llamar a DOH al (617) 348-5321 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 comunique 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 de asistencia disputa durante el proceso de apelación
- B. Solicito una audiencialo más pronto posible.

El motivo por el cual deseo solicitar una audiencia es _____

Nombre _____ SSN _____

Dirección _____ Teléfono () _____

Ciudad/Código _____ Fecha _____

Firma _____

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

Dirección _____ Ciudad/Código Postal _____

Teléfono () _____