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Executive Office of Health and Human Services
Department of Transitional Assistance
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Field Operations Memo 2003-32
October 10, 2003

To: Transitional Assistance Office Staff

From:  Cescia Derderian, Assistant Commissioner for Field Operations

Re: ESP Transportation Services - TAFDC

Overview

Transportation services are now available to TAFDC recipients and former recipients who are participating in certain ESP components or employed. Currently, only TAFDC recipients participating in a Young Parenting Program (YPP) are receiving transportation services from the Department. These recipients will continue to receive transportation services.

Purpose of Memo

This memo explains:

- who is eligible for transportation services;
- the maximum amount and period of transportation services; and
- AU Manager and TransAction Associate's responsibilities.

Who is Eligible For Transportation Services

The following recipients and former recipients are eligible for transportation services:

- recipients and former recipients with an approved Employment Development Plan (EDP) participating in an approved ESP education and training program; and
 - recipients and former recipients who are employed at least 30 hours per week.
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Maximum Amount and Period of Transportation Services

Recipients or former recipients transportation cost cannot exceed **\$60 monthly**.

For former recipients, who are employed and were closed due to earnings, eligibility for transportation services is limited to **60-days** beyond the TAFDC AU closing date.

For former recipients, who were in an ESP education and training program when they reached the end of the 24-month period, eligibility for transportation services is limited to **60-days** beyond the TAFDC AU closing date.

AU Manager and TransAction Associate's Responsibilities

The AU Manager must ask the recipient how he or she will commute to the ESP component or work.

- **For recipients or former recipients participating in an approved ESP education and training program who commute by public transit**, AU Managers are responsible for issuing transportation payments using the transportation window. See *A User's Guide*, Chapter XII-C for instructions on issuing transportation payments.
- **For recipients or former recipients participating in an approved ESP education and training program who commute by means other than public transit**, the AU Manager must refer him or her to TransAction Associates for an evaluation of the most affordable method of alternative transportation.

The AU Manager must complete the Client Verification and Transportation Request (CVTR-1) form (Rev. 10/2003) and forward it to the director or designee who will fax it to TransAction at 781-895-1122 for evaluation of whether the recipient/former recipient can commute using public transit. See Attachment A for a copy of this revised form;

- *If TransAction Associates determines that the recipient can take public transportation*, TransAction Associates will contact the AU Manager and the AU Manager will then be responsible for issuing the transportation payment using the transportation window. See *A User's Guide*, Chapter XII-C for instructions on issuing transportation payments.
 - *If TransAction Associates determines that the recipient cannot take public transportation*, TransAction Associates then determines if rideshare is available;
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**AU Manager and
Transaction
Associate's
Responsibilities
(Continued)**

- If rideshare is available, Transaction Associates will issue a gas card directly to the recipient.
- If rideshare is not available, Transaction Associates then determines if the recipient has an automobile;
 - If yes, Transaction will issue a gas card directly to the recipient,
 - If no, the recipient will be referred back to the AU Manager. If cost of transportation proves a hardship or if no transportation is available, the AU Manager must make this known to the TAO Director or designee. The TAO Director or designee must call the Policy Hotline for instructions regarding these situations.
- **For recipients or former recipients who are employed at least 30 hours per week**, the AU Manager must refer him or her to TransAction Associates for commuter checks for Public Transit. See referral instructions on previous page.

Questions

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



Access to Jobs Customer Verification and Jobs Transportation Request Form

Date received at TA: _____

Form with checkboxes: New Customer, Address Change, Destination Change, Schedule Change

Recipient Information - PLEASE PRINT - All information must be completed to process request.

Name: First/M: Last: Address: Telephone: Bldg: Apt#: SSN: Town: ZIP: Nearest Intersection: St 1: St 2:

Has full-time access to a car that can be used for transportation to Ed/Training if transit is not available? Y/N: Valid Driver's License? Y/N: Has Disability? Y/N: Use Wheelchair? Y/N: Speak English? Y/N: If NO, please other language:

Transportation Information - PLEASE PRINT - All information must be completed to process request.

Transportation Purpose (please check one of the purposes listed below):

Form with checkboxes: Employment, Job Ed/Training, Job Ed/Training with Childcare. Location name: Address: Bldg: Apt#: Contact: Town: State: ZIP: Childcare name: Address: Apt# Town: ZIP: Estimated miles one-way between Home, Ed/Training, Childcare: For Education and Training Programs - Start Date: End Date:

Table for Daily Trip Information with columns for days of the week (Mon-Sun) and rows for Start Time and End Time.

Certification of Recipient in DTA AtJ Program - All information must be completed to process request.

I certify that the above person is eligible to participate in the DTA Access to Jobs Program.

CASE OPEN CASE CLOSED CASE CLOSE DATE: AtJ PROGRAM END DATE:

Print Name of DTA Official: Telephone:

Signature of DTA Official: Date:

Recipient Release (Optional)

I release this information for transportation purposes: Date:

Official AtJ Use Only

Fixed-route: Commuter Check Amount: Gas card: Amount: /Month Other: Signature: Date:

Comments: