Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Transitional Assistance

600 Washington Street • Boston, MA 02111

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

JUDYANN BIGBY, M.D.
Secretary

JULIA E. KEHOE
Commissioner

Field Operations Memo 2007-42
Date: August 3, 2007

To: **Transitional Assistance Office Staff**

From: **John Augeri, Assistant Commissioner for Field Operations**

Re: **Notice Guidelines for Entering Text on Department Notices and Department Forms**

Purpose

Standard notices and forms, either paper or BEACON-generated, are the only notices and forms that should be used when contacting clients. However, free-form text may be added to the notices and forms to address specific client situations. This Field Operations Memo:

- explains the circumstances under which free-form text may be added to notices and forms in contacting clients; and
- provides the Departmental guidelines to be followed, unless otherwise instructed, when developing free-form text.

Free-Form Text

Free-form text may be added to certain types of system-generated and non-system-generated notices and forms. These include, but are not limited to:

- appointment letters;
- income verification letters;
- Verification Checklist; and
- paper notification letters, such as the Denial of Application (NFL-5), Notice of Termination of Temporary Emergency Shelter (NFL-ST), and Notice of Fair Hearing Decision (NFL12).

Guidelines for developing free-form text

For consistency, the following are guidelines for developing free-form text.

Notices and Forms

- sentence structure must be grammatically correct, complete and easy to understand;
- font type and size must be uniform throughout the entire free-form text;
- bolding or underlining should not be used, where adding free-form text;
- all free-form text must be spell-checked; and
- manual citations must be entered in the standard format of: “106 CMR xxx.xxx” (example: 106 CMR 203.400).

Appointment Letters

- must be clear and include the time, place and purpose of the appointment;
- must identify the name of the individual with whom the client will be meeting, and what role that individual will play in the client’s situation;
- indicate what household members should attend the meeting; and
- should include a phone number and the name of a person to contact in the event the client cannot make the appointment or will be delayed.

Verification Checklist

Verifications must be as specific as possible as to what needs to be verified and the individual(s) for whom the verification is needed.

Questions

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