

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

Argeo Paul Cellucci
Governor

Jane Swift
Lieutenant Governor

William D. O'Leary
Secretary

Claire McIntire
Commissioner

Field Operations Memo 2000-29 A
December 8, 2000

To: Transitional Assistance Office Staff

From: Joyce Sampson, Assistant Commissioner for Field Operations

Re: TAFDC Extensions Beyond the 24-Month Period

Purpose of This Memo

The memo informs TAO Staff about:

- the change to the extension **approval** process for recipients **not** working full-time; and
 - the revision to the Extension Agreement (*24-EXAGR*) form (Attachment A), removing all references to the 35-hour requirement.
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Impact on the Extension Process

Previously, when an extension was approved, the recipient received an approval letter generated from ETNA. The AU Manager then scheduled an appointment within 10 days for the recipient to come to the TAO to sign the Extension Agreement form.

The extension approval process has been modified. Effective immediately:

- An extension approval is finalized when the recipient signs the Extension Agreement and, if necessary, the Extension Plan.
 - Once an extension has been approved by the Commissioner or designee, the TAO Director informs the Supervisor, who is responsible for notifying the AU Manager.
 - The AU Manager sends the appointment letter (AL-1) (Attachment B) to the recipient giving the recipient no more than 10 days to come into the TAO.
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**Impact on the
Extension
Process
(continued)**

In any of these situations:

- a recipient has the right to appeal the decision;
 - if the recipient is on vendor payments, the AU Manager must notify the vendor that payments are stopping, using the Vendor Payments Vendor Notification Letter (*VP/NFL-2*); and
 - a recipient may apply for another extension based on current circumstances at any time.
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**Changes to ETNA
and Chapter 19 of
The TAFDC
Procedural Guide**

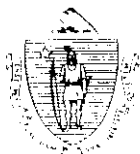
The ETNA system is being updated to reflect the *Smith*-related changes. The *Personal Computer User's Guide, Volume 7* will be updated shortly with these changes.

Chapter 19 of *The TAFDC Procedural Guide* will be updated shortly, incorporating all *Smith v. McIntire* changes.

Questions

If Transitional Assistance Office Directors have questions about a specific extension case, they should contact their Regional Director or their central office review contact.

Policy-related questions should be referred by your Hotline designee to the Policy Hotline at (617) 348-8478. Systems-related questions should be referred to Customer Services at (617)-348-5290.



Massachusetts Department of Transitional Assistance

Extension Agreement

TAO _____

Recipient Name

Social Security Number

Other Parent Name

Social Security Number

I understand that I will be approved for an extension to give me time to find a full-time job and/or become self-sufficient.

I understand that this extension will end on _____
Date

I understand that during this extension I must:

- meet with my Transitional Assistance Worker every month to discuss my progress;
- not reject offers of employment or reduce my hours of employment or quit a job without good cause;
- meet all TAFDC program requirements, including the twenty-hour TAFDC work requirement, if applicable to me; and
- if I am working, submit earnings' verifications from the previous four-week period every month.

I understand that the Department may refer me to work-related activities to help me find a full-time job. These activities may include:

- attending job search programs;
- completing a vocational evaluation;
- taking a subsidized job; and/or
- enrolling in a vocational rehabilitation program.

I understand that my failure to cooperate with the Department in these work-related activities may result in a denial of future extension requests.

I understand the Department may review and revise its decision to grant this extension.

Recipient Signature

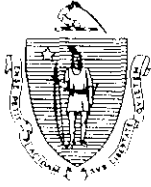
Date

Other Parent Signature

Date

TAO Worker Signature

Date



Commonwealth of Massachusetts
Department of Transitional Assistance

Appointment Letter

Date _____

Name _____

Address _____

City/State/ZIP _____

Dear _____,

I have scheduled an appointment for you on _____ at _____ in the
Date Time
_____ DTA office at _____ so that we can

review your eligibility and the amount of benefits you are currently receiving under
___ TAFDC ___ EAEDC ___ FOOD STAMPS

discuss Finalizing your extension approval by signing the Extension Plan and Extension Agreement

When you come for your appointment,

please bring the verifications checked off on the enclosed VC-1.

please bring the following: _____

If you cannot keep the appointment, call me at _____ before the day of the
Telephone Number
appointment.

Your benefits may be stopped if you do not keep this appointment or call me before the day of the appointment to reschedule. You will receive a separate notice if your benefits are going to stop.

Worker (Please print)