



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 2000-12
March 13, 2000

To: Transitional Assistance Office Staff

From: Joyce Sampson, Assistant Commissioner for Field Operations

Re: Clothing Allowance for TAFDC Eligible Cases in September 1999

Background

Due to a delay in the implementation of the Fiscal Year (FY) 2000 budget, the eligibility calculation performed on clothing allowance cases did not use a higher income standard for the month of September 1999. Therefore, certain applicants were denied the clothing allowance benefit that they would have otherwise received had the standards (eligibility, need and payment) been increased. Since the FY 2000 budget has been signed, the Department now must provide the clothing allowance benefit that may be owed to these former applicants.

Central Office has identified these former applicants on two separate printouts: "Denied Potential Clothing Allowance Clients" and "Denied Potential Clothing Allowance Clients (Smith List)." (See Page 4 for the list of offices not receiving either printout.) The printouts will be received by the appropriate Transitional Assistance Offices during the week of March 13, 2000.

**Transitional
Assistance
Worker
Responsibilities**

Each affected Transitional Assistance Office will receive a printout entitled "Denied Potential Clothing Allowance Clients. " The printout contains information:

- Region,
 - Current Transitional Assistance Office,
 - CAN,
 - Social Security Number,
-

**Transitional
Assistance
Worker
Responsibilities
(continued)**

- Current Status,
- Case Name,
- Entry Date,
- Assistance Unit Size,
- Number of Clothing- Allowance-Eligible Dependents in the Assistance Unit, and
- Start Date (date of application).

The Transitional Assistance Worker must:

- Locate the denied case folder for each case on the printout, and
- Use the PACES CALC screen to redo the eligibility calculation with the applicant's income originally used for the September application. By entering the number of dependents on the PACES CALC screen under "cloallow," PACES will use the increased standards.

If the case *is* eligible for a clothing allowance, annotate the printout with "CA eligible."

For those ineligible for the clothing allowance a "Special Clothing Allowance Ineligibility" notice must be completed. (Refer to Attachment A.) If the case *is not* eligible for the clothing allowance, annotate the printout with "not CA eligible." Copies of the "Special Clothing Allowance Ineligibility" notice must be made at each Transitional Assistance Office.

- Make one copy of the former applicant's printed PACES CALC screen eligibility recalculation, two copies of the completed ineligibility notice and one copy of the annotated printout(s).
 - Submit the printed PACES CALC screen, the annotated printout(s) and completed ineligibility notices to the Supervisor for review.
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**Transitional
Assistance
Worker
Responsibilities/
Smith Cases**

Each affected Transitional Assistance Office will receive a printout entitled "Denied Potential Clothing Allowance Clients (*Smith* List)." This clothing allowance printout will contain only *Smith* cases and will be sorted by Transitional Assistance Office and CAN. To ensure a complete record of all *Smith* cases that may be eligible for a clothing allowance, Transitional Assistance Workers must consult the list being maintained by their Director. (Refer to Field Operations Memo 99-10G.)

For any *Smith* case denied clothing allowance eligibility due to excess income for an application in September, Transitional Assistance Workers must:

- add any additional *Smith* cases known to the Transitional Assistance Office but not appearing on the printout;
 - locate the denied case folder for each case on the printout;
 - determine the number of clothing-allowance-eligible dependents in the assistance unit and record this information on the printout; and
 - perform the responsibilities detailed on page two of this memo.
-

**Supervisor
Responsibilities**

The Supervisor must:

- review the printed PACES CALC screen, the printouts and ineligibility notices for accuracy;
 - return the printed PACES CALC screen to the Transitional Assistance Worker for filing in the case record;
 - return the reviewed notices to the Transitional Assistance Worker for mailing (an original and a copy for the former applicant and a copy for the case folder);
 - submit the reviewed printouts and an extra copy of any *Smith* ineligibility notices to the Director or Designee.
-

**Director or
Designee
Responsibilities**

The Director or Designee must review the annotated printouts and fax:

- the "Denied Potential Clothing Allowance Clients" list and the "Denied Potential Clothing Allowance Clients (*Smith* List)" to Central Office, Field Operations Unit, Attn: Nancy Salvucci, Fax # 348-5111; and
- copies of the completed *Smith* ineligibility notices to the Legal Division, Attn: *Smith* Lawsuit/CA, Fax#348-5108.

Both printouts and the *Smith* ineligibility notices must be faxed not later than March 30, 2000.

**Central Office
Responsibilities**

For each case on the printout(s) eligible for a clothing allowance, Central Office will:

- determine the clothing allowance amount based upon the number of clothing-allowance-eligible dependents in the assistance unit and the number of days in September that the applicant was eligible for assistance;
- send the "Special Clothing Allowance Eligibility" notice (refer to Attachment B);
- issue a clothing allowance payment; and
- send affected Transitional Assistance Offices a follow-up printout listing those individuals who received the special clothing allowance payment and the amount of the payment.

Recipients currently on direct deposit will receive a one-time separate payment deposited into their direct deposit account in addition to their regular direct deposit payments. Recipients currently on EBT will receive a one-time separate payment transferred into their EBT account in addition to their regular EBT payments. Those not currently receiving TAFDC benefits will receive their clothing allowance by check.

The above Central Office actions will be completed by April 7, 2000.

**Continuing
TAFDC Eligibility**

Former applicants who receive the "Special Clothing Allowance Eligibility" notice (Attachment B) have been instructed to contact their Transitional Assistance Office if they believe they may have been eligible for TAFDC benefits beyond the month of September 1999. Transitional Assistance Offices will receive further instructions on how to proceed with these cases.

**Offices Not
Receiving
Printouts**

The following offices will not receive either printout: Boston Family Housing, Centralized TAFDC, Nantucket, North Adams, Northampton, Oak Bluffs, Orleans, Quincy and Wareham.

Questions

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



Commonwealth of Massachusetts
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Attachment A-1

Argeo Paul Cellucci
Governor

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Secretary

Jane Swift
Lieutenant Governor

Claire McIntire
Commissioner

Name _____

Address _____

Date _____

Special Clothing Allowance Ineligibility

A clothing allowance was paid for September 1999 for TAFDC. Your TAFDC application filed in September 1999 was denied. This meant you were not eligible for a clothing allowance. The Department has looked again at your eligibility for the clothing allowance in September 1999 and you are still ineligible for a clothing allowance payment because your income was too high.

If you do not agree with this decision, you may request a hearing by filing an appeal within 90 days of receiving this notice. An appeal form is on the reverse side of this notice.

TAFDC manual citations for this action are 106 CMR 204.400, 204.405, 204.410, 204.415, 204.420 and 204.425.

If you have any questions, please contact your Transitional Assistance Office.

Transitional Assistance Worker

Transitional Assistance Worker Telephone



Notice of Request for a Fair Hearing

Massachusetts Department of Transitional Assistance

Division of Hearings

P.O. Box 167, Boston, Massachusetts 02112

Your Right To Appeal

If you disagree with any action taken by the Department of Transitional Assistance, you have the right to appeal and receive a fair hearing before an independent referee. The Department must receive your request for a fair hearing no later than 90 days from the date on this notice if you are appealing a Transitional Aid to Families with Dependent Children (TAFDC); Emergency Aid to the Elderly, Disabled and Children (EAEDC); Emergency Assistance (EA) or Food Stamp (FS) case action. Exceptions to the 90-day time limits for requesting a fair hearing are: (1) requests for a fair hearing on EA shelter benefits must be received by the Division of Hearings within 10 days, (2) requests for a fair hearing regarding the intercept of your state tax refund must be received by the Division of Hearings within 30 days from the date of mailing of the notice by the Department of Revenue, and (3) you may appeal the amount of your Food Stamp benefits at any time during your certification period, if you think you are not receiving the correct amount.

How To Appeal

If you wish to request a fair hearing, send this notice with the bottom section completed to the Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Boston, Massachusetts 02112 or Fax (617) 241-2535. Please keep the second copy for your own information.

If You Are Currently Receiving Assistance, Read This Block

Your benefits will be continued until a decision is made on your appeal if the Division of Hearings receives your appeal request within 10 days from the date on this notice. If you are appealing a Food Stamp issue, and your Food Stamp certification period ends before your appeal is decided, you will continue to receive the same Food Stamp benefits only until the end of your certification period. If you receive assistance during your appeal, but lose your appeal, the Department can recover from you the amount of 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, please check Box A below. If you do not receive benefits during your appeal, and you win your appeal, the Department will promptly correct any underpayment.

You will be given at least 10 days' notice prior to the fair hearing of the date, time and place of the fair hearing to permit you time to prepare your case. Fair hearings on EA shelter benefits will be expedited. You will be given at least two days' notice prior to a fair hearing on EA shelter benefits of the date, time and place of the fair hearing. 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 the Division of Hearings at (617) 241-2500 or 1-800-882-2017 before the hearing date, so that your fair hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for initial scheduled hearings involving any aspect of the Food Stamp Program where good cause for rescheduling need not be demonstrated.

Your Right To Be Assisted At The Hearing

If you are not fluent in English or if you are hearing impaired and wish to have the Division of Hearings provide an interpreter, please write that on this appeal request or call the Division of Hearings at (617) 241-2500 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 files before the fair hearing if you so desire. If you want to review your case files, schedule an appointment with your worker before the fair hearing.

Nondiscrimination Notice for Clients

Under federal and state law the Massachusetts Department of Transitional Assistance does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or handicap. For help with any matter pertaining to this policy, we encourage you to contact the Director of Equal Opportunity, Department of Transitional Assistance, 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 the Division of Hearings.

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 _____

Name _____ SSN _____
Address _____ Telephone () _____
City/ZIP _____ Date _____
Signature _____

My authorized representative is: Name _____ Title _____
Address _____ City/ZIP _____
Telephone () _____



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance

Attachment A-2

Argeo Paul Cellucci
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Secretary

Jane Swift
Lieutenant Governor

Claire McIntire
Commissioner

Nombre _____

Dirección _____

Fecha _____

Inelegibilidad para recibir subsidio especial para ropa

Se pagó un subsidio para ropa para el mes de septiembre de 1999 para TAFDC (Ayuda transicional a familias con niños dependientes). Su solicitud de TAFDC presentada en septiembre de 1999 fue rechazada. Esto significa que usted no fue elegible para recibir subsidio para ropa. El Departamento ha revisado de nuevo su elegibilidad para recibir subsidio para ropa en septiembre de 1999 y ha confirmado que usted no es elegible para recibir un pago de subsidio para ropa porque su ingreso fue demasiado alto.

Si usted no está de acuerdo con esta decisión, puede solicitar una audiencia presentando una apelación en un plazo de 90 días después de haber recibido este aviso. En el reverso de este aviso se encuentra un formulario de apelación.

Estos procedimientos están basados en los siguientes artículos del manual de TAFDC: 106 CMR 204.400, 204.405, 204.410, 204.415, 204.420 y 204.425.

Si tiene alguna pregunta, comuníquese con su Oficina de Asistencia Transicional.

Trabajador Social de Asistencia Transicional

Número de teléfono del Trabajador Social de Asistencia Transicional



Aviso para solicitar una audiencia

Departamento de Asistencia Transicional de Massachusetts

División de Audiencias (Division of Hearings)

P.O. Box 167, Boston, Massachusetts 02112

Su derecho a apelar

Si usted no está de acuerdo con ninguna de las medidas tomadas por el Departamento de Asistencia Transicional, usted tiene derecho a apelar y solicitar una audiencia ante un árbitro independiente. El Departamento debe recibir su solicitud de una audiencia antes de 90 días a partir de la fecha del presente aviso si está apelando una medida tomada por el programa de Ayuda Transicional a Familias con Niños Dependientes (TAFDC); Ayuda de Emergencia para Ancianos Incapacitados y Niños (EAEDC); Asistencia de Emergencia (EA); o Cupones de Alimentos (FS). Las excepciones del plazo de 90 días para solicitar una audiencia son: (1) la División de Audiencias debe recibir la solicitud de una audiencia respecto a beneficios de albergue de Asistencia de Emergencia (EA) en un plazo de diez días, (2) la División de Audiencias debe recibir la solicitud de una audiencia respecto de la intercepción de la devolución de sus impuestos estatales en un plazo de 30 días a partir de la fecha en que el Departamento Fiscal le envió la notificación y (3) usted puede apelar la cantidad de sus beneficios de cupones de alimentos en cualquier momento de su periodo de certificación, si usted considera que no está recibiendo la cantidad correcta.

Cómo apelar

Si usted desea solicitar una audiencia, llene la sección al final de este aviso y envíela a: Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Boston, Massachusetts 02112 o envíe un facsímil (fax) al (617) 241-2535. Por favor, retenga la segunda copia para sus archivos.

Si actualmente recibe asistencia, lea esta sección

Sus beneficios serán continuados hasta que se tome una decisión en relación si la División de Audiencias recibe su solicitud de apelación dentro de 10 días de la fecha de este aviso. Si usted está apelando un asunto relacionado a 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, el Departamento 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, el Departamento prontamente corregirá cualquier pago necesario.

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 albergue de Asistencia de Emergencia (EA) serán aceleradas. A usted se le informará por lo menos dos días antes de la audiencia referente a beneficios de albergue de Asistencia de Emergencia (EA), de la fecha, hora y lugar de la audiencia. Si usted desea tener su audiencia fijada en una lo antes posible, marque la casilla B al final de esta página. Si usted tiene un razón justificada para no atender la audiencia, por favor comuníquese con la División de Audiencias al teléfono (617) 241-2500 o al teléfono 1-800-882-2017 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.

Derecho a asistencia durante la audiencia

Si usted no domina muy bien el inglés o si tiene problemas de audición y desea que la División de Audiencias le facilite un intérprete, sírvase indicarlo en esta solicitud de apelación o llamar a la División de Audiencias al (617) 241-2500 o al 1-800-882-2017, por lo menos una semana antes de la fecha de su audiencia. Usted podrá estar acompañado por un intérprete, abogado u otro representante por su propia cuenta. Quizás desee ponerse en contacto con una oficina de servicios de consejo jurídico de su zona o una agencia de servicios comunitarios para solicitar ayuda. 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 del día de la audiencia.

Aviso a los recipientes sobre la política anti discriminatoria

Bajo las leyes federales y estatales, el Departamento de Transicional Asistencia 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, Departamento de Asistencia Transicional, 600 Washington Street, Room 4039, Boston, MA 02111, o llame al (617) 348-8490, o para sordomudos, TYY (617) 348-5599.

Yo, _____ solicito por la presente una audiencia ante un árbitro de la División de Audiencias.

- A. No deseo seguir recibiendo la cantidad de asistencia en disputa durante el proceso de apelación.
- B. Solicito una audiencia lo más pronto posible. El motivo por el cual deseo solicitar una audiencia es _____

Nombre _____ SSN _____
 Dirección _____ Teléfono () _____
 Ciudad/Código Postal _____ Fecha _____
 Firma _____

El nombre de mi representante autorizado es: _____
 Dirección _____ Cargo _____
 Ciudad/Código Postal _____ Teléfono () _____



Commonwealth of Massachusetts Department of Transitional Assistance

Special Clothing Allowance Eligibility

A clothing allowance was paid for September 1999 for TAFDC. Your TAFDC application filed in September 1999 was denied. This meant you were not eligible for a clothing allowance. The Department has looked again at your eligibility for the clothing allowance in September 1999 and has determined that you are eligible for a clothing allowance payment.

The clothing allowance payment equals the number of eligible people under 19 years old times \$150. If you applied for assistance after September 1, 1999, the amount of your clothing allowance depends on the number of days in September that you were eligible for assistance.

If you are currently receiving TAFDC and

- you are on direct deposit, a payment is being deposited in your name as a one-time separate deposit in addition to your regular direct deposit payments;
- you are on EBT, a payment is being transferred in your name as a one-time separate payment in addition to your regular EBT payments.

If you are not currently receiving TAFDC benefits, your clothing allowance payment will be made by check.

If you believe you may have been eligible for TAFDC benefits beyond the month of September 1999, please contact your Transitional Assistance Office.

If you do not agree with the amount of your clothing allowance payment, you may request a fair hearing by filing an appeal within 90 days of receiving the clothing allowance. An appeal form is available at your Transitional Assistance Office.

TAFDC manual citations for this action are 106 CMR 204.400, 204.405, 204.410, 204.415, 204.420 and 204.425.

If you have any questions, please contact your Transitional Assistance Office.

SNCA-3 3/00