



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

William F. Weld
Governor
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Gerald Whitburn
Secretary
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Field Operations Memo 95-23
July 1, 1995

To: Local Office Staff
From: Joyce Sampson
Assistant Commissioner for Field and Eligibility Operations
Re: Direct Deposits

Overview State Letter 1066 issued the following change in the AFDC Direct Deposit regulations.

If an eligible or ineligible grantee has an active checking or savings account, the Department will deposit the AFDC checks directly into the account unless the grantee meets one of the exception or exemption criteria.

**Direct
Deposit
Process**

At the application or eligibility review interviews, the worker is responsible for asking the grantee about active bank accounts, either sole or joint ownership, and explaining the direct deposit requirement to the grantee. Workers should encourage grantees, especially employed grantees, to open bank accounts. If the worker becomes aware of an account through Bank Match information, an appointment must be scheduled with the grantee to discuss the value of the asset and the direct deposit requirement.

The worker initiates the direct deposit process by giving the Direct Deposit (CA/DD) form to the grantee to take to the bank/institution holding the account.

The grantee gives the form to the financial institution to complete and returns the completed form to the local office within 10 days.

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TD Completion When the completed CA/DD form is returned, the worker completes the following blocks on the PACES TD:

- block 70: enter code Z
- block 72: enter C for checking or S for savings account
- block 78: enter the bank routing number
- block 79: enter the account number

Refer to *Systems User's Guide*, Volume 1, PACES, Chapter III for complete instructions.

Direct Deposit Exceptions There are two exceptions when direct deposit is not required:

- the grantee is a battered victim and the co-holder of the account has a history of physical or emotional abuse as specified in 106 CMR 304.120(B)(3)(a); or
- the grantee closes the account and provides proof of the closed account.

Direct Deposit Exemptions A grantee is exempt from the direct deposit regulation when:

- private transportation is not available and the grantee would have to travel, such as walk, more than one mile to reach the public transportation or walk more than one mile from the public transportation to reach the financial institution; or
- the grantee is physically disabled and no transportation is available to accommodate the disability.

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**Waive
Direct
Deposit**

When an exemption reason exists, the recipient may request a waiver of the direct deposit requirement. The worker:

- completes the Direct Deposit Waiver form (TAFDC-3) (attached), indicating the reason for exemption;
 - obtains the director's or designee's signature; and
 - files the completed form in the case record.
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**Failure
To Return
CA/DD Form**

Failure of the grantee to return the completed CA/DD form will result in ineligibility of the grantee.

- Enter action reason 74 in block 89 on the PACES TD to delete the grantee from the assistance unit; or
 - If at application, send a denial notice for the grantee. Eligibility for the remaining members of the assistance unit is not affected.
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**Reinstate
Grantee**

The grantee will be included in the assistance unit after submitting the completed CA/DD form or becoming exempt from the direct deposit requirement.

Questions

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



Massachusetts Department of Transitional Assistance
Direct Deposit Waiver

____/____/____
Date

Name

Social Security Number

I am requesting a Direct Deposit Waiver for the following reason(s).

distance (explain) _____

disabled (explain) _____

other (explain) _____

Name on the Account

Account Number

Type of Account

Name of Bank

Address

Signature of Recipient

Name of Worker

CAN

Approved

Not Approved (comment) _____

Signature of Director /Designee

____/____/____
Date