

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

Gerald Whitburn Secretary Joseph Gallant Commissioner

Field Operations Memo 95-27 July 20, 1995

TO: ↑ Local Office Staff

FROM: Joyce Sampson

Assistant Commissioner for Field and Eligibility Operations

RE: SEDA Settlement Agreement

The Department is settling a court suit regarding AFDC eligibility of nonparent caretaker relatives caring for children receiving foster care payments.

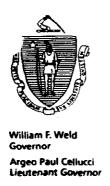
As part of the agreement:

- a notice was mailed in July to those non-parent caretaker relatives who were identified as having been denied or terminated during the period January 1992 through October 1, 1994 because the dependent child was receiving foster care payments,
- the Department must display posters informing applicants and recipients of the settlement agreement, and
- forms must be available to applicants or recipients who were denied or terminated and want to request that the Department determine their eligibility for AFDC during that period.

Posters in English and Spanish must be displayed in the reception areas.

Copies of the form in English and Spanish are attached to this memo. Please photocopy the appropriate form for anyone who requests it. Recipients should return completed forms to: Department of Transitional Assistance, 600 Washington Street, Room 3044, Boston, MA 02111. Program Assessment staff will review the requests for retroactive eligibility.

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



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

July 20, 1995

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### **Notice**

The Department is settling a court suit regarding AFDC eligibility of non-parent caretaker relatives caring for children receiving foster care payments. You may be entitled to retroactive AFDC benefits if you are able to show: (1) that you were caring for and residing with a related child receiving foster care between January of 1992 and October 1 of 1994, (2) that your AFDC benefits were denied or terminated during this time period and (3) that you were otherwise eligible for AFDC benefits. In order to be considered for these benefits as a part of this settlement, you **must** return the bottom portion of this Notice to the Department of Transitional Assistance, 600 Washington Street, Room 3044, Boston, MA 02111, within thirty (30) days of the date of this notice. If you return the form within the required time, the Department will inform you in writing of their decision about your eligibility.

If you have any questions, please call the Department at (800) 249-2007 or Great	er Boston
Legal Services at (800) 323-3205.	
Çut on dotted line	

### Non-parent caretaker relative notice

I request that the Department of Transitional Assistance review my eligibility for retroactive payments pursuant to the Notice of July 20, 1995.

Print Name	Child Receiving Foster Care	
Signature	Child's Social Security Number	<del></del>
Social Security Number		
Address		<del>-</del>



#### Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Transitional Assistance

600 Washington Street • Boston MA 02111

20 de Julio, 1995

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## Notificación

El Departamento está solucionando un juicio sobre la elegibilidad para recibir beneficios. AFDC de parientes cuidadores no padres que atienden a niños que reciben pagos por la atención de familias adoptivas. Usted puede tener derechos de recibir beneficios AFDC retroactivos si puede demostrar que: (1) usted vivía con y cuidaba a un niño que era pariente y recibía atención de familias adoptivas entre enero de 1992 y el 1° de octubre de 1994, (2) sus beneficios AFDC fueron negados o terminados durante este período de tiempo y (3) de otra manera usted era elegible para recibir los beneficios AFDC. Para poder ser considerado por estos beneficios como parte de este acuerdo, usted **debe** devolver la parte inferior de esta notificación al Department of Transitional Assistance, 600 Washington Street, Room 3044, Boston, MA 02111 dentro de los treinta (30) días de la fecha de esta notificación. Si usted devuelve el formulario dentro del tiempo requerido, el Departamento le informará por escrito sobre su decisión acerca de su elegibilidad.

Si tiene alguna pregunta, por favor llame al Departamento al (800) 249-2007 o	a Grea	ater	
Boston Legal Services al (800) 323-3205.			
Çorte en la línea de puntos			

### Noticia para parientes cuidadores de niños que no son sus padres

Solicito que el Departamento de Asistencia Transitoria evalúe mi elegibilidad para recibir pagos retroactivos según la Notificación de 20 de Julio, 1995.

Imprima su nombre	Niño que recibe asistencia en una familia adoptiva
Firma	Número de seguridad social del niño
Número de seguridad social	· · · · · · · · · · · · · · · · · · ·
Dirección	