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Executive Office of Health and Human Services
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Joseph Gallant
Secretary
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Field Operations Memo 96-28
August 2 , 1996

TO: Local Office Staff
FROM:  Joyce Sampson
Assistant Commissioner for Field Operations
RE: Completing Revised Employment Development Plan (EDP)

Background

This memo provides interim procedures for completing the revised Employment Development Plan (EDP) (Attachment A). The revised EDP identifies the participant's ESP activities that will lead to obtaining paid work and the support services needed while in the ESP activity and informs the participant of the requirements of completing and complying with the terms of an EDP.

**Revised
Employment
Development
Plan - EDP**

The two-sided EDP (TAFDC-1 Rev. 8/96) has been formatted to allow the worker to list the name of the school or activity and the activity type, along with the anticipated completion date and any needed support services. Examples of an activity and activity type are:

- the Middlesex Community College, Bedford - associate's degree in communications;
- Walpole Food Pantry, Walpole - TEMP;
- Health Careers Training, Athol - skills training; or
- Stop and Shop, Boston - employed 24 hours per week.

(Continued on next page)

**Revised
Employment
Development
Plan (EDP)**
cont.

The reverse side of the revised EDP informs the ESP participant of:

- obligations assumed upon signing the EDP. By signing it, the participant and the worker attest that the plan has been fully discussed and each agrees that it is an appropriate means for the participant to prepare for and enter paid work as soon as possible. Note: A revised EDP will be updated and completed even if the mandated TEMP participant refuses to agree to mandated TEMP or to sign the revised EDP. *The worker completes the revised EDP and gives a copy to the mandated TEMP participant;*
- the periodic review of the EDP to discuss the participant's progress in obtaining paid work and to list the job search activities on the EDP ; and
- the consequences of failure to comply with the EDP or the specific participation standards related to the activity.

**Revised
Appointment
Letter (AL-1)**

The appointment letter (AL-1Rev. 8/96) (Attachment B) has been revised by adding TAFDC and deleting RRP and Medical Coverage.

**Start Using
Revised EDP
Immediately**

Upon receipt of this memo, begin using the revised EDP to update an existing EDP or complete a new EDP. **All unused EDPs with a revision date of 5/96 are to be discarded.**

Each ESP participant with an existing EDP must have it replaced with the revised EDP (8/96 revision date) to ensure that all participants are fully aware of the responsibilities and obligations related to participation. Write the "date of the original EDP" in the section above the Step 1 section. This original date indicates whether the individual's one course of study covers three years (EDP completed before 11-1-95) or five years (EDP completed on or after 11-1-95 under TAFDC). The participant's one course of study may not change with this revised EDP.

**Eligibility
Review and
EDP
Completion**

Each recipient, except for FEP participants, who must meet the work program requirements is to be scheduled for an eligibility review and completion of the revised EDP.

The first group of mandatory work program recipients to be scheduled are those in TEMP participation, referred to as “mandatory TEMP participants” in this memo. “Mandatory TEMP participants” include:

- (1) those who started TEMP during their initial 60-day period;
- (2) those who were mandated to do TEMP on or after day 60;
- (3) those who were mandated to do TEMP because of failure to comply with the EDP requirements; and
- (4) those who were mandated to do TEMP but a TEMP site is currently unavailable.

These individuals are participating in TEMP to meet the work program requirements or due to a sanction. However, the participant’s main objective of finding paid work remains. The worker will continue working with these mandatory participants to monitor their progress in obtaining paid employment.

**Selection and
Appointment
Process**

Select all individuals who must meet the work program requirements (program codes 1 or 6), except for individuals working in FEP . Once the selection is made based on PACES and ESP coding, do a desk review of the case to make sure the case record documentation confirms the coding. The following groups prioritize the scheduling of participants’ appointments.

Group 1 includes mandatory TEMP participants. Start with those participants with the greatest length of time in TEMP. The “ESP Participation Report” shows the name of the participant in code 301 or 302, the date the TEMP activity started and the program code of 1 or 6;

**Selection and
Appointment
Process**
(cont.)

Group 2 includes individuals still in job search for more than 60 days. Do an ARTS query with data items: program code is not blank, ESP code is blank, and earnings is zero; or ARTS query with program code is not blank, and ESP code is 005, 012 or 014. Sort by program code;

Group 3 includes individuals who appear to be doing nothing to meet the work program requirements. Do an ARTS query with data items: program code is not blank and earnings is zero, and ESP code is blank or an ESP code is 222 (no TEMP site available). Sort by program code;

Group 4 includes individuals meeting work program requirements by combining TEMP and paid work for 20 hours per week. Do an ARTS query with data items: program code is not blank, ESP code is 301 or 302 and earnings is greater than zero. Sort by program code;

Group 5 includes individuals meeting work program requirements by working, though income is insufficient to terminate assistance. Do an ARTS query with data items: program code is not blank and earnings is greater than zero. Sort by program code;

Group 6 includes individuals who are mandatory work program recipients and are pending FEP placement. Do an ARTS query with data items: program code is not blank and ESP code is 350. Sort by program code; and

Group 7 includes individuals meeting work program requirements by (a) grandfathered ESP participation, (b) meeting housing search requirements, (c) participating in a substance abuse treatment program, or (d) being a foster parent.

Continue the selection process until all mandatory TEMP participants have been identified and scheduled for the completion of the eligibility review and the revised EDP.

**Selection and
Appointment
Process**
(cont.)

- The anticipated completion for scheduling all interviews is the end of August; the anticipated completion for all eligibility reviews and the revised 8/96 EDPs is the end of September.
- Send the individual an appointment letter (AL-1 Rev. 8/96) (Attachment B) to schedule an office interview for the eligibility review and completion of the revised 8/96 EDP.
 - If the individual fails to keep the eligibility review appointment without good cause, process the case termination using AR 41.
 - If the individual has good cause for not keeping the appointment, reschedule the eligibility review and EDP interview as soon as possible.
- When the individual comes to the office,
 - (1) Conduct the eligibility review interview;
 - (a) complete the Transition Eligibility Review form (TER-TAFDC (8/96)) (Attachment C);
 - (b) file verifications submitted by the individual;
 - (2) Discuss the individual's job finding efforts, such as, but not restricted to:
 - (a) discuss what steps he or she has taken to secure paid work or to increase his or her current job hours if the combination of work and TEMP fulfill the work program requirements;
 - (b) ask what skills he or she acquired while at this TEMP site;
 - (c) ask if paid work at this TEMP site is possible in the near future;
 - (d) ask if he or she wants to change TEMP sites;
 - (e) ask if in addition to the TEMP hours, he or she wants to participate in EAS for help in finding paid work;

**Selection and
Appointment
Process**
(cont.)

- (f) ask why he or she has not gotten paid work;
- (g) ask about any barriers that may be preventing the individual from getting a full-time job;
- (h) record the individual's comments or job search activities in the case record, such as Polaroid, Norwood - job interview on August 8, 1996 for potential job in September 1996.

(3) Complete the revised EDP with the individual:

- (a) complete a reassessment or an assessment of the employment development plan;
- (b) make sure the individual knows that child-care services and TCC benefits are available;
- (c) if the individual is only doing TEMP, discuss the combination of paid work and TEMP equaling 20 hours fulfilling the work program requirement;
- (d) explain the earned income tax credits (EITC) as a payroll deduction or an income tax refund;
- (e) explain to the individual that he or she will be called into the local DTA office periodically for a review of his or her EDP and to discuss the individual's progress in finding paid work;
- (f) discuss FEP job opportunities.

- At the conclusion of the interview, ensure that the TAFDC program coding on PACES is correct and the ESP/MIS codes are updated and correctly reflect the ESP activity, as necessary.
-

Selection and Appointment Process
(cont.)

- Each Monday before noon, the local office director or designee, will transmit the total number of completed TAFDC eligibility reviews and EDP updates to the Central Office Regional Director using the "Mandatory to Work - Eligibility Reviews, EDP and ESP/MIS Update" report form (Attachment D).

TEMP Site Conferences

The local office director or designee, community service liaison and the worker should meet with individual TEMP site directors/supervisors and discuss the progress of each TEMP participant. There should be a review of attendance records. Are there attendance issues at the site? Is the participant likely to get paid work? Is the participant learning marketable skills? This conference is best held at the TEMP site but could be arranged in the local office. A summary of the facts discussed at this conference should be recorded in the case record.

Other ESP Participants

In addition to the mandatory work program recipients discussed above, when any ESP participant comes into the local office or is scheduled for an appointment, the worker should complete the revised EDP form, unless the revised EDP is currently on file.

Questions

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

Important Facts about My Employment Development Plan

I understand that when I:

sign this form as an Employment Services Program (ESP) volunteer, or

am an individual mandated to perform the Work Program requirements,

I am agreeing to the plan and to the level of cooperation and participation needed to complete my employment development plan.

This includes periodic reviews of my employment development plan at times specified by the Department, when I will be required to meet with Department staff to discuss my progress in meeting my objective to obtain and maintain a job.

Failure to meet this requirement without good cause constitutes failure to comply with the employment development plan.

I have had the one course of study requirement explained to me and I understand it.

I also understand that as an:

ESP volunteer, or

individual mandated to perform the Work Program requirements,

that if I fail to fulfill an obligation of this plan without good cause, I will receive a notice of warning; and

that a second or subsequent failure will result in my becoming a mandatory community service (TEMP) participant; and

that subsequent failure(s) to fulfill an obligation of this plan without good cause will result in the reduction or termination of TAFDC benefits.

If I am a teen parent under age 20 and my plan includes high school or a GED program, I understand that I must continue to fulfill all obligations, including the high school or GED program obligation, upon reaching age 20.



Commonwealth of Massachusetts
Department of Transitional Assistance

Attachment B

Appointment Letter

Date: _____

Name _____

Address _____

City/State/Zip _____

Dear _____,

I have scheduled an appointment with 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 ___ AFDC ___ EAEDC ___ FOOD STAMPS

discuss _____

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 this appointment, call me at _____ before the day of
the appointment. Telephone Number

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)



Transition Eligibility Review

Transitional Aid to Families With Dependent Children

1. Household Identification

Name (Last, First, MI) _____ Social Security Number _____
 () _____
 Address (if changed) _____ Area Code - Telephone Number _____

Complete the following information for all persons living in the home.

| Name | DOB | Relationship | School | Grade | For Children Immunizations | AU | FS |
|------|-----|--------------|--------|-------|--|----|----|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

2. Employment

Is anyone in the household working/self-employed? Yes No

If yes, complete the following.

| Name | Place of Employment | #Hr./Wk. | Gross Wages | Pay Period | Health Insurance |
|------|---------------------|----------|-------------|------------|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes for health insurance, _____
Company Name Policy Number

Is anyone currently participating in Community Service? Yes No

If yes, where? _____

Start date? _____

What activities are being performed? _____

3. Work History of the Recipient/Other Parent in the Home/Dependent Age 16 or 17 not in School

| Recp. # | Employer's Name and Address | From/To | Gross Income/Wk | Reason for Leaving | Job Title | Usual Occupation | UC History | # of Quarters |
|---------|-----------------------------|---------|-----------------|--------------------|-----------|------------------|------------|---------------|
| | | | | | | | | |
| | | | | | | | | |

4. Unearned Income

Please list all the unearned income, such as SSI, Social Security, Veterans' Service (state or federal), Unemployment Compensation, etc., received by your household members.

| Name of Person Receiving | Type of Income | Amount | How Often | Claim # |
|--------------------------|----------------|--------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |

5. Employment Services Program (ESP)

Is anyone participating in ESP? Yes No If yes, in what component or program? _____ as of what date? ____/____/____

If not, why not? _____

6. Continued Absence (Complete only if changed since Transition Review)

A CA/CS form must be completed on each absent parent and sent to DOR providing at least the following information.

- full name and social security number; or
- full name and at least two of the following:
 - date of birth
 - address
 - telephone number
 - name and address of employer
 - names of parents
 - make, model and license number of any motor vehicle owned by the absent parent
- full name and equivalent information (to be determined by DOR)

7. Assets

Vehicles — Provide the following information for all the vehicles owned by all the persons in the household

| Owner | Type of Vehicle | Manufacturer | Model | Year | Value | Registered |
|-------|-----------------|--------------|-------|------|-------|--|
| | | | | | - | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Provide the following information on *all* bank accounts including checking and savings, and *all* accounts in any other financial institutions or credit unions belonging to all persons in the household.

| Name on Account | Name and Location of Bank | Type of Account | Account Number | Balance |
|-----------------|---------------------------|-----------------|----------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Are you on Direct Deposit? Yes No

List and describe any other assets such as saving bonds, trust funds, life insurance and real estate, for all household members

| Type/Description | Location | Value |
|------------------|----------|-------|
| | | |
| | | |
| | | |
| | | |

8. Food Stamps

Do you purchase food and prepare meals separately from other household members?

Yes No

How much do you pay for shelter (i.e., rent or mortgage) costs?

\$ _____

Do you pay for heat separately from your rent or mortgage costs?

Yes No

If yes, how much do you pay?

\$ _____

Do you pay for any non-heating utility costs separately from your rent or mortgage costs?

Yes No

If yes, which non-heating utilities do you pay?

Electric Gas Phone Other _____

Do you share any of the above shelter, heat, or utility expenses?

Yes No

If yes, explain _____

Do you or does anyone in your food stamp household have a legal obligation to pay child support for someone outside your household? Yes No

If yes, are you or is anyone in your food stamp household actually making regular child support payments to meet this obligation? Yes No

If yes, complete the following information.

| Name of Person With Legal Obligation and Making Regular Child Support Payments | How Much Paid | How Often Paid |
|--|---------------|----------------|
| | \$ _____ | |
| | \$ _____ | |
| | \$ _____ | |
| | \$ _____ | |

In order for this expense to be considered in the calculation of your food stamp benefits, you must provide:

1. the documents that established the legal obligation to pay this child support; and
2. verification of payments made for the past three months.

You may be able to receive more food stamps once you have provided us with the above information.

9. Third Party Liability

Is there a lawsuit, workers' compensation or insurance claim pending due to an accident or illness?

Yes No

Additional Information (include anticipated changes)

10. Do you wish to register to vote? Yes No

I certify under penalty of perjury that I have read or have had read to me the information on this review form and that such information is true to the best of my knowledge. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, in order to establish or maintain eligibility for Transitional Aid to Families With Dependent Children (TAFDC) and the Food Stamp program is an Intentional Program Violation (IPV).

I am aware of my responsibility to report promptly (within 10 days) in person, by phone or by mail to the worker or the Transitional Assistance Local Office any changes in income, assets, address, living arrangement or other circumstances, of all members of the TAFDC Filing Unit or Food Stamp Household that may affect their/my eligibility for TAFDC and/or food stamps.

I know that I must also report if I or any member of my TAFDC Filing Unit or Food Stamp Household files a claim or sues someone for damages, or settles a lawsuit or legal claim. I understand that a violation of the duty to report may be fraud for which I may be prosecuted.

I understand that my family's eligibility for EAEDC will be reviewed if, while receiving TAFDC as a two-parent household, we are found ineligible as a TAFDC unemployed parent case.

I give permission to the Department of Transitional Assistance to investigate the information I have given that relates to the determination of my eligibility for assistance.

I give permission for the school(s)/institution(s) that my child/children attends to release the attendance record(s) to the Massachusetts Department of Transitional Assistance.

I have received and read Your Right to Know and the TAFDC Program Brochure or have had them read to me and understand their contents and my responsibilities.

 Certifico bajo pena de falso testimonio que he leído o me han leído la información contenida en el presente formulario de revisión y que dicha información es cierta según mi leal entender. Quedo informado de que el otorgamiento de declaraciones falsas o engañosas o las versiones falsas, el ocultamiento o retención de hechos, ya sea de manera verbal o por escrito, con el fin de determinar o mantener el derecho al programa de Ayuda Transicional a Familias con Niños Dependientes (TAFDC) y al programa de Cupones de Alimentos es una Violación Intencional al Programa (IPV).

Estoy enterado de mi obligación de reportar inmediatamente (dentro de 10 días) en persona, por teléfono o correo al trabajador de la oficina local de Asistencia Transicional de cualesquier cambios en ingresos, bienes, dirección, disposiciones de vivienda u otras circunstancias, de todos los miembros de la Unidad de Registro de familia bajo el programa TAFDC o Cupones de Alimentos que puedan afectar su/mi elegibilidad al programa TAFDC y/o cupones de alimentos.

También es de mi conocimiento que debo informar si yo, o cualquier miembro de mi Unidad de Registro de familia bajo el programa TAFDC o Cupones de Alimentos presenta una reclamación o demanda a alguien por daños y perjuicios, o soluciona un pleito o demanda judicial. Entiendo que una violación a la obligación de informar podrá constituir delito por el cual se me puede acusar.

Tengo entendido que el derecho de mi familia al programa EAEDC se revisará si, mientras recibo beneficios del programa TAFDC como familia con ambos padres, se nos halla inelegibles como un caso de padre desempleado bajo el programa TAFDC.

Otorgo permiso al Departamento de Asistencia Transicional para investigar la información que he proporcionado que tenga que ver con la determinación de mi elegibilidad para asistencia.

Otorgo permiso a la(s) escuela(s)/institución(es) que mi(s) niño(s) asista(n) para que proporcionen el/los registro(s) de asistencia al Departamento de Asistencia Transicional de Massachusetts.

He recibido y leído Su Derecho a Saber y el Folleto del Programa TAFDC o me han leído y estoy enterado de sus contenidos y de mis obligaciones.

_____/_____/_____
 Legal Signature of the Grantee/Firma legal del beneficiario Date/Fecha

_____/_____/_____
 Witness (when mark is used for signature)/Testigo (cuando se utiliza una X como firma) Date/Fecha

_____/_____/_____
 Worker's Signature/Firma del Trabajador Date/Fecha CAN

_____/_____/_____
 Supervisor's Signature/Firma del Supervisor Date/Fecha CAN

Mandatory to Work Eligibility Reviews, EDP and ESP/MIS Updates

Local Office

Week Ending

Number of Mandatory to Work Eligibility Reviews completed.

Number of new EDPs (rev. 8/96) completed.

Number of reviewed cases that had correct ESP/MIS codes on file.

Number of reviewed cases that were updated on ESP/MIS.

How many of the reviewed Mandatory to Work recipients
are currently employed?

Director's Signature

Date