



William F. Weld
Governor
Argeo Paul Cellucci
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Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

Joseph Gallant
Secretary
Claire McIntire
Commissioner

Fax 97- 17
Field Operations Memo 97-8
February 5, 1997

TO: Local Office Staff
FROM: Joyce Sampson, Assistant Commissioner for Field Operations
RE: Referrals for Outreach Services for Teen Parents

Background

Currently, in accordance with Chapter 9, page H-13 of the TAFDC Procedural Guide, local offices complete the Denied/Closed Minor Parent Referral to DSS for Outreach Services form when the case of a teen parent under the age of 18 is closed or denied TAFDC. This form is completed for all minor teen parent case closings/denials except those cases in which the teen parent is returning to live with her parents and is being added to the parents' AFDC/TAFDC assistance unit. The completed form is sent to the Central Office Teen Parent Outreach Coordinator, who then refers the case to DSS for Outreach Services.

The form previously entitled the "Denied/Closed Minor Parent Referral to DSS for Outreach" form has been revised for use with the new types of teen parent cases which will be referred to DSS. Its title has also been changed to the "Teen Parent Outreach Referral" form. (See Attachment A, which may be photocopied for use if needed before a local office supply arrives.)

At this time, the types of teen parent cases which will be referred for Outreach Services are being expanded. As case reviews are being completed, it is important that teen specialists begin to identify and refer for Outreach Services the teen parents who fall into the categories described below.

**Expanded
Referrals for
Outreach
Services**

The following types of cases must now be referred to DSS for outreach services:

- 1) a teen parent under the age of 18 whose case is closed or who is denied TAFDC;
- 2) any teen parent who leaves or has left a Structured Living Program (also known as Teen Living Programs or TLPs) prior to completing the program;
- 3) any teen parent who DSS determines should be referred to a TLP, but who has opted to live with an adult relative or guardian, including those who were assessed by DSS prior to the effective date of this memo;
- 4) any other teen parent determined to be in need of the Outreach Services, including all teen parents under the age of 16, except those living in a TLP.

The Department currently contracts for Outreach Services which include the following:

- ◆ ensuring the teen parent understands the Department's teen parent living arrangement and educational requirements;
- ◆ assessing the teen parent's current housing situation and any risk to the teen parent and her child;
- ◆ assessing the need for services for the teen and her child and making the appropriate referrals for such services; and
- ◆ monitoring the teen parent for up to six months to ensure her safety and the safety of her child, and the continuity of care for the teen parent and her child.

**Identifying
Appropriate
Cases
for Referral**

The teen specialist may become aware of cases needing outreach services for a number of reasons including the following:

- ◆ as a result of a home visit or other contact with the teen parent;
-

**Identifying
Appropriate
Cases
for Referral
(cont.)**

- ◆ when the teen specialist is notified by Central Office with a TLP Discharge form completed by DSS that a teen parent has left the TLP before completing the program. (See Attachment B.)

NOTE: Central Office will provide local offices with the names of any teen parents who DSS determined should be referred to a TLP, but who have opted to live with an adult relative or guardian, and any teen parents who left a TLP prior to completing their program. The teen specialist must then review the case and complete the Teen Parent Outreach Referral form if appropriate (for example, the teen is still under the age of 20).

**Teen Specialists'
Responsibilities**

The teen specialist must complete the Teen Parent Outreach Referral form and fax it to the Central Office Teen Parent Outreach Coordinator, who will refer the case to DSS.

- ◆ If the case is being closed by the teen specialist, the referral must be faxed at the same time the case closing is initiated.
- ◆ If the case is denied, the referral must be faxed at the same time the NFL-5 denial notice is sent and a copy of the NFL-5 must accompany the referral.

Closed cases will be monitored by the Central Office Teen Parent Outreach Coordinator prior to being referred to DSS to make certain the case remains closed. Local offices are responsible for notifying the Central Office Teen Parent Outreach Coordinator if the case reopens within 30 days.

Local offices are required to respond to any inquiries made by the DSS vendors -- the Key Program and the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) -- for additional information on closed or denied cases.

Questions

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



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Teen Parent Outreach Referral

Local Office _____ Denied Applicant [] Active Recipient []
Previous DSS Assessment? Yes [] No [] Closed Recipient []

Teen Parent
Name _____ SSN _____
Address _____ DOB _____
Primary Language _____ TEL# _____
Does teen attend school or a parenting program? Yes [] No []
Name _____
Address _____ City/Town _____
Is the teen working or doing community services? Yes [] No []
Name _____
Address _____ City/Town _____
Emergency Contact Person
Name _____ TEL# _____

Parents/Legal Guardians of Teen Parent
Name _____ TEL# _____
Address _____ City/Town _____
Employer _____
Address _____ City/Town _____
Name _____ TEL# _____
Address _____ City/Town _____
Employer _____
Address _____ City/Town _____

Teen Parent's Dependent(s)
Dependent's Name _____ Male [] Female []
DOB _____ SSN _____
Absent Parent's Name _____ DOB _____
Absent Parent's Address _____
Tel # _____ SSN _____
Dependent's Name _____ Male [] Female []
DOB _____ SSN _____
Absent Parent's Name _____ DOB _____
Absent Parent's Address _____
Tel # _____ SSN _____

Please give a brief explanation for denial or termination or benefits, if applicable.

If the applicant's request for benefits was denied, a copy of the Applicant's denial letter must accompany this form.

Please add any additional comments which may help in the locating of teen parent.

DTA Local Office Teen Parent Liaison's Signature

Date

DTA Central Office Teen Parent Coordinator's Signature

Date



DISCHARGE FORM

Resident Name _____ Soc. Sec. # _____
 Case Manager _____ Date _____

Reason for Discharge:

** Planned = at least 14 days' notice*

Terminated by TLP for noncompliance (planned)
 Graduated/completed service plan (planned)
 Turned 18 and requested exit/refused services (planned)
 Under 18 and requested exit/refused services (planned)
 Lost Eligibility for benefits
 Turned 20
 Emergency/immediate termination by TLP (unplanned)
 Ran away from program (unplanned)

Circumstances of discharge:

Client Information

D.O.B. _____ Date of Program Entry _____ Date of Program Discharge _____

Name of child: _____ d.o.b. _____
 Name of child: _____ d.o.b. _____
 Name of child: _____ d.o.b. _____
 Name of child: _____ d.o.b. _____

Future plans

Future address: _____ (include city, state, zip)
 Future phone number: _____
 With whom will the teen parent be residing?: _____
 _____ (include name of person(s) and description of relationship)
 Future child care arrangements: _____

List remaining service needs and referral in local community for each need:

Follow up services:

Name of TLP staff member responsible for follow up contact: _____

Please fax a copy of this document to the TLP Network Coordinator at 617-261-7658.