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Joseph Gallant
Secretary
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Field Operations Memo 97-31
May 16, 1997

To: Local Office Staff
From: Joyce Sampson, Assistant Commissioner for Field Operations
Re: Food Stamp Work Program - Warning Notices and Noncompliance Log

Background

Food Stamp recipients subject to the Food Stamp Work Program (FS/WP) must comply with the FS/WP requirements described in 106 CMR 362.320 for 33 months during a 36-month period. FS/WP participants who fail to meet these requirements without good cause will be ineligible for food stamp benefits for the remaining months in the 36-month period. If closed for failure to meet the FS/WP requirements, a FS/WP participant may regain eligibility *after* complying with the requirements for 30 days. Good cause criteria are found at 106 CMR 362.330.

Field Operations Memo 96-45 provided information and instructions for handling FS/WP cases.

This Field Operations Memo provides interim instructions, until PRISM II is implemented, for notifying FS/WP participants of their failure to comply with FS/WP requirements. In addition, this Field Operations Memo provides instructions for manually tracking months of FS/WP noncompliance.

**Notice of First
and Second
Failure to
Comply**

FS/WP participants who fail to work at a job, community service site or a combination of job and community service for 20 hours per week averaged monthly (80 hours per month), must be notified of:

- Their failure to meet FS/WP requirements; and
- The consequences of their *continued* failure to comply.

Until PRISM II is implemented, workers must complete and send the Notice of Failure to Comply with Food Stamp Work Program Requirements, Form FSP-WN (5/97), to FS/WP participants who fail to meet the FS/WP requirements. See Attachment A.

This manual notice must be sent at the *first failure and second failure to comply* with FS/WP requirements.

Note: This notice is informational only and will not result in a food stamp benefit decrease.

If a FS/WP participant does not verify work at a job and/or community service site for the required number of hours, notify the FS/WP participant using the FSP-WN form.

The worker may *either* hand the completed FSP-WN to the FS/WP participant at the recertification interview or mail the completed FSP-WN to the FS/WP participant's address. A copy of the FSP-WN must be filed in the case record.

Note: FS/WP cases receive two-month certification periods. If a worker learns at a recertification interview that a FS/WP participant failed to comply in the previous two months, the worker must notify the FS/WP participant of both the **first and second failure to comply** using the same FSP-WN form.

**AR 73
Closing for
Third Failure
to Comply**

FS/WP participants who fail to meet the Work Program requirements for a *third time* must be closed using AR 73.

Note: The three failures need not be continuous.

**Tracking
Failure(s)
to Comply**

Until PRISM II is implemented, failure to meet the FS/WP requirements must be tracked manually.

Workers must record the FS/WP participant's failure to comply using the Food Stamp Work Program Noncompliance Log, Form FS-WPL (5/97). See Attachment B. This log will enable workers to keep track of FS/WP noncompliance. It will also be used to transfer FS/WP noncompliance information onto PRISM II.

**After AR 69
Closing Notice
of First and
Second Failure
to Comply**

FS/WP cases receive two-month certification periods. If a case containing a FS/WP participant does not appear for a recertification interview, the case automatically closes for AR 69. FS/WP cases which closed for AR 69 will be listed on a report entitled "*Closed NPA Recipients with Expired Certification Dates Previously Subject to the Work Program.*" Workers must review the cases listed on this report to determine whether the recipient(s) was subject to the FS/WP at the time of closing.

◆ If yes:

- ▶ The worker must complete and mail the FSP-WN to the FS/WP participant indicating failure to comply with FS/WP requirements for the two months of the certification period. A copy of the FSP-WN must be filed in the case record.
- ▶ The worker must record the FS/WP participant on the FS-WPL.

Note: Workers must check the FSP-WPL when a case containing a FS/WP participant which closed for AR 69 reappplies. Before reopening the case, the worker must determine if the FS/WP participant met the FS/WP requirements in the months before the closing or had good cause for not complying with the FS/WP requirements in the months before the closing. Once PRISM II is implemented, an alert will be generated when a FS/WP participant closed for AR 69 reopens. This alert will require the worker to determine FS/WP compliance in the months before the closing.

◆ If no:

- ▶ No further worker action is necessary.
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**After AR 69
Closing
Third Failure
to Comply**

If a case listed on the *“Closed NPA Recipients with Expired Certification Dates Previously Subject to the Work Program”* report contains a FS/WP participant who failed to comply with FS/WP requirements in two prior months, the worker must record the AR 69 closing date on the FSP-WPL. When the case reapplies, the worker must determine whether the FS/WP participant met FS/WP requirements in the months before the closing.

If the FS/WP participant does not verify work at a job and/or community service site for the required number of hours in the months before closing, deny the case or household member. The case or household member is ineligible for food stamp benefits since the FS/WP participant received food stamp benefits for three months out of 36 months without meeting FS/WP requirements.

If the FS/WP participant verifies compliance with FS/WP requirements in the months before closing or good cause for not complying with the FS/WP requirements in the months before closing, reopen the case.

Note: Once PRISM II is implemented, an alert will be generated when a FS/WP participant closed for AR 69 reopens. This alert will require the worker to determine FS/WP compliance in the months before closing.

Questions

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



Massachusetts Department of Transitional Assistance

**Notice of Failure to Comply with
Food Stamp Work Program Requirements**

DTA Office _____

Date _____

Name _____

Social Security Number _____

Address _____

City _____

ZIP _____

You are subject to the Food Stamp Work Program requirements. This means that, unless you are exempt or have good cause, you can only receive food stamp benefits for three months out of 36 months without having to meet the Work Program requirements.

You have failed to work at a Job or Community Service Site for 20 hours per week, averaged monthly.

FIRST FAILURE

You failed to meet the Food Stamp Work Program requirements in the month of _____.

Since this is your **first** failure to meet the Food Stamp Work Program requirements, you will only receive food stamp benefits for **two more months** without working at a job or community service site.

If you decide not to comply with the Work Program requirements for two more months, you will be ineligible for the remainder of your 36-month period.

SECOND FAILURE

You failed to meet the Food Stamp Work Program requirements in the month of _____.

Since this is your **second** failure to meet the Food Stamp Work Program requirements, you will only receive food stamp benefits for **one more month** without working at a job or community service site.

If you decide not to comply with the Work Program requirements for one more month, you will be ineligible for the remainder of your 36-month period.

You will receive a separate notice if your benefits are to be stopped or reduced. Also, you have the right to appeal this action. The appeal form will be on the reverse side of the closing or reduction notice.

The regulations used in reaching this decision(s) are 106 CMR 362.300, 362.310, 362.320. **If you think you are exempt from or have a good reason for not meeting your Food Stamp Work Program requirements, call your worker at the number below.**

Worker's Signature _____

() _____
Telephone Number



Departamento de Asistencia Transicional de Massachusetts

Aviso de la falta de cumplimiento con los Requisitos del Programa de Trabajo para Cupones de Alimentos

Oficina de DTA

Fecha

Nombre

Número de Seguro Social

Dirección

Ciudad

Código Postal

Usted está sujeto a los requisitos del Programa de Trabajo para Cupones de Alimentos. Esto significa que, a menos que usted esté exento o tenga motivo justificado, sólo puede recibir beneficios de cupones de alimentos durante tres de cada 36 meses sin tener que cumplir con los requisitos del Programa de Trabajo.

Usted no cumplió con el requisito de 20 horas de trabajo o servicio comunitario a la semana, promediadas mensualmente.

PRIMERA FALTA

Usted no cumplió con los requisitos del Programa de Trabajo para Cupones de Alimentos en el mes de

Debido a que esta es su **primera** falta de su deber de cumplir con los requisitos del Programa de Trabajo para Cupones de Alimentos, usted recibirá beneficios de cupones de alimentos únicamente por **dos meses más** sin tener que trabajar en un empleo o lugar de servicio comunitario.

Si usted decide no hacer caso de los requisitos del Programa de Trabajo por dos meses más, usted no tendrá derecho a recibir beneficios por el período de 36 meses restantes.

SEGUNDA FALTA

Usted no cumplió con los requisitos del Programa de Trabajo para Cupones de Alimentos en el mes de

Debido a que esta es su **segunda** falta de su deber de cumplir con los requisitos del Programa de Trabajo para Cupones de Alimentos, usted recibirá beneficios de cupones de alimentos únicamente por **un mes más** sin tener que trabajar en un empleo o lugar de servicio comunitario.

Si usted decide no hacer caso de los requisitos del Programa de Trabajo por un mes más, usted no tendrá derecho a recibir beneficios por el período de 36 meses restantes.

Usted recibirá una notificación aparte si sus beneficios van a ser suspendidos o reducidos. Asimismo, usted tiene derecho a apelar esta medida. El formulario de apelación se encuentra en el reverso del aviso de suspensión o reducción de beneficios.

Las reglamentaciones utilizadas para tomar esta o estas decisiones son 106 CMR 362.300, 362.310, 362.320. **Si usted cree que está exento de los requisitos del Programa de Trabajo para cupones de alimentos o que tiene motivos justificados para no cumplirlos, llame a su trabajador al número que aparece abajo.**

Firma del Trabajador

()

Teléfono

Original para el beneficiario - Copia para el expediente del caso

