



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

Argeo Paul Cellucci
Governor


Jane Swift
Lieutenant Governor

William D. O'Leary
Secretary

Claire McIntire
Commissioner

Field Operations Memo 99-10 C
May 26, 1999

To: Transitional Assistance Office Staff

From:  Joyce Sampson
Assistant Commissioner for Field Operations

Re: *Smith v. McIntire* Lawsuit

Background

Field Operations Memo 99-10 A addressed the *Smith v. McIntire* lawsuit. This lawsuit challenged the Department's:

- (1) use of a financial eligibility test without the earnings disregard to determine a recipient's eligibility for an extension of benefits; and
- (2) failure to include the earnings disregard in the grant calculation of a recipient eligible for an extension. Transitional Assistance Office Staff were instructed to pend all outstanding extension request decisions on cases with earnings, until further instructions were received.

Fax 99-73 instructed Transitional Assistance Workers that cases with pending extension requests closing for any TAFDC reason could have their extension requests processed.

Field Operations Memo 99-10 B instructed Transitional Assistance Office Staff how to process active extension cases receiving a reduced grant, new, pending and reapplication extension requests and extension cases closed since 4/20/99.

Instructions

The following instructions must be followed for processing extension requests impacted by the *Smith v. McIntire* lawsuit for cases closed 4/19/99 or earlier that reached the end of their 24-month time limit and:

- had their extension request denied due to excess income (AR 61 or 65);
- had earned income at the time of closing and did not request an extension (AR 52); or
- did not have earned income at the time of closing and did not request an extension (AR 52).

**Changes to
Extension
Request
Procedures**

The judge's ruling in *Smith v. McIntire* means that, when determining eligibility for an extension, the extension test of financial eligibility at 106 CMR 203.210(A) must not be applied. Further, the earnings disregard must be included in the grant calculation of a recipient eligible for an extension of benefits.

The *Smith v. McIntire* lawsuit eliminates the extension test of financial eligibility in 106 CMR 203.210(A). This means that eligibility for extensions must be based on the criteria in 106 CMR 203.210(B)(2)(a) through (e), *unless* the person is working full time (35 hours or more per week at or above minimum wage). If the person is working full time, the extension shall be granted in accordance with 106 CMR 203.210(B)(1) *without* applying the extension financial test of eligibility in 106 CMR 203.210(A).

NOTE: In a two-parent household each nonexempt grantee must be employed full time (at least 35 hours per week) earning at least minimum wage.

Eligibility for all other extension requests must be evaluated based on the criteria in 106 CMR 203.210(B)(2)(a) through (e):

- the degree to which a nonexempt grantee has cooperated, and is cooperating, with the Department in work-related activities;
- whether the nonexempt grantee received and/or rejected offers of employment, reduced his or her hours of employment or quit a job without good cause;
- whether appropriate job opportunities exist locally at that time;
- whether suitable state-standard child care is unavailable during the grantee's hours of employment and commuting time; and
- whether the nonexempt grantee has been sanctioned or has otherwise failed to cooperate with the Department's rules and regulations.

Effective **05/19/99**, any recipient requesting an extension or any extension-approved case will receive the earned income disregards when calculating cash grants online or when submitting wages on a PACES Worksheet.

REMINDER: To have an extension request considered, a recipient **MUST** also be financially eligible for TAFDC and meet nonfinancial TAFDC criteria.

The TAFDC Procedural Guide, Chapter 19 will be updated to reflect these new procedures.

**Case Closed/
Extension
Request Denied
Due to Excess
Income (AR 61 or
65)**

On 05/27/99, former recipients whose cases closed on or before 4/19/99 and were denied extensions due to excess income (AR 61 or 65) will be mailed a notice (Attachment A) informing them of the *Smith v. McIntire* lawsuit. The mailing will also contain an abbreviated *TAFDC Update* form (*TP-TAFDC-TER*) (Attachment D) which must be completed by the former recipient and mailed or brought with the appropriate verification to the Transitional Assistance Office. A Spanish version of this form will be available at the Transitional Assistance Office if requested by the applicant.

A report titled "Cases Closed From 12/8/98 thru 4/19/99" will be sent to Transitional Assistance Offices listing all former recipients who received this notice.

If the recipient does not respond to the mailing by June 30, 1999, no further special action is required by the Transitional Assistance Worker.

If the recipient responds to the mailing on or before June 30, 1999, the previous Transitional Assistance Worker assigned to the case at the time of the closing is responsible for processing the reapplication for TAFDC and the extension request. If the previous Transitional Assistance Worker is unavailable, another Transitional Assistance Worker must process the reapplication for TAFDC and the extension request.

The Transitional Assistance Worker must:

- ensure that the *TAFDC Update* form is date stamped; and
- review the abbreviated *TAFDC Update* and verification to determine TAFDC eligibility without regard to the 24-month time limit.

TAFDC eligibility must be determined within 15 days from the date the form and appropriate verification are returned to the Transitional Assistance Office. If the case is TAFDC eligible, establish the case effective 05/13/99. If the case is missing verification(s), send the former recipient a *Verification Checklist (VC-1)* listing the required verifications and giving the former recipient 10 days to provide the verification(s). A new 15-day time limit starts once the verification(s) is returned.

EXAMPLE: Mary Jones's form is received on 6/01/99. Her worker sends out a *VC-1* on 6/02/99 (one day of the 15-day time limit has passed). Mary returns her verification on 6/11/99. Mary's worker has a new 15-day period to determine Mary's eligibility for TAFDC.

**Case Closed/
Extension
Request Denied
Due to Excess
Income (AR 61 or
65)(continued)**

If the case is ineligible for TAFDC, deny the case and the extension request.

If TAFDC-eligible, **reopen the case retroactive to 05/13/99** (the date of the judge's order).

The extension request should now be processed according to current procedures. Use the *24-Month Extension Request (24 EXR)* form **that the former recipient originally submitted at the time of the case closing to determine eligibility for the extension. An extension decision must be based on the original information provided.**

EXAMPLE: Mary White applied for an extension of TAFDC benefits on December 12, 1998. She filled out the *24-Month Extension Request (24 EXR)* form. She was working part time, but due to her earnings, she was denied an extension of TAFDC benefits. Mary received the "Smith" notice and came into the Transitional Assistance Office on June 6, 1999. Even though she is working, she meets the financial and nonfinancial TAFDC eligibility criteria. The Transitional Assistance Office Worker must reopen the case. The Transitional Assistance Office Director then must review the extension request based on the *24-Month Extension Request (24 EXR)* form that Mary White filled out on December 12, 1998.

The Transitional Assistance Office Director must complete the *24-Month Extension Director's Decision Summary* and save the file beginning with an "S" for Smith so Central Office staff can review these cases promptly.

EXAMPLE: Mary Jones is a former recipient who is affected by the Smith Lawsuit. After compiling the information and completing the *24-Month Extension Director's Decision Summary*, the Transitional Assistance Office Director saves the file on the "R" drive of his or her personal computer with the file name "S(A or D)060399JonesMary221" including the "S" to designate the Smith case, the "A" for approved or "D" for denied by the Transitional Assistance Office Director, the date of the decision (060399), the case name (Mary Jones) and the Transitional Assistance Worker's CAN (in this example 221). No spaces should be inserted between any of the characters in the folder name. For additional instructions see the *Personal Computer User's Guide Volume 8, Chapter III, Page 1*.

**Case Closed/
Extension
Request Denied
Due to Excess
Income (AR 61 or
65)(continued)**

Once the extension decision is reviewed, the Transitional Assistance Office Director informs the Transitional Assistance Worker of the decision. The *Extension Tracking/Notice Application* (ETNA) system must be updated and the appropriate notice must be generated from the Approach system informing the former recipient of the extension decision.

If the extension request is denied, the Transitional Assistance Worker must close the TAFDC case with AR 29. *Remember, the former recipient may reapply for another extension based on current circumstances at any time.*

NOTE: If there are any questions regarding establishing or denying these cases, have your Hotline Designee call the Policy Hotline at (617) 348-8478.

**Earned Income at
Time of Closing,
No Extension
Request (AR 52)**

On **05/27/99**, former recipients who did not request an extension (AR 52) and were working at the time of closing will be mailed a notice (Attachment B) informing them of the *Smith v. McIntire* lawsuit. The mailing will also contain an abbreviated *TAFDC Update* form (*TP-TAFDC-TER*) (Attachment D) and a *24-Month Extension Request (24EXR)* form which must be completed by the former recipient and mailed or brought with the appropriate verification to the Transitional Assistance Office. A Spanish version of the *TAFDC Update* form will be available at the Transitional Assistance Office if requested by the applicant.

A report titled "Earned Income Cases Closed No Extension Request" will be sent to Transitional Assistance Offices listing all former recipients who received this notice.

If the former recipient does not respond to the mailing by June 30, 1999, no further special action is required by the Transitional Assistance Worker.

If the former recipient does respond to the mailing on or before June 30, 1999, the previous Transitional Assistance Worker assigned to the case at the time of the closing is responsible for processing the reapplication for TAFDC and the extension request. If the previous Transitional Assistance Worker is unavailable, another Transitional Assistance Worker must process the reapplication for TAFDC and the extension request. The Transitional Assistance Worker must:

- ensure that the *TAFDC Update* form is date stamped; and
- review the returned *TAFDC Update* and verification to determine TAFDC eligibility without regard to the 24-month time limit.

TAFDC eligibility must be determined within 15 days from the date the form and appropriate verification are returned to the Transitional Assistance Office. If the case is TAFDC eligible, establish the case effective the date the forms were received in the Transitional Assistance Office. If the case is missing verification(s), send the former recipient a *Verification Checklist (VC-1)* listing the required verifications and giving the former recipient 10 days to provide the verification(s). A new 15-day time limit starts once the verification(s) is returned.

EXAMPLE: Mary Jones's form is received on 6/01/99. Her worker sends out a *VC-1* on 6/02/99 (one day of the 15-day time limit has passed). Mary returns her verification on 6/11/99. Mary's worker has a new 15-day period to determine Mary's eligibility for TAFDC.

**Earned Income at
Time of Closing,
No Extension
Request (AR
52)(continued)**

If the case is ineligible for TAFDC, deny the case and the extension request.

If the case is TAFDC-eligible, approve the case **retroactive to the date the forms were received** at the Transitional Assistance Office and process the extension request according to current procedures using the *24-Month Extension Request (24 EXR)* form.

The Transitional Assistance Office Director must complete the *24-Month Extension Director's Decision Summary* and save it in a folder beginning with an "S" for Smith so Central Office staff can review these cases promptly.

EXAMPLE: Mary Jones is a former recipient who is affected by the Smith Lawsuit. After compiling the information and completing the *24-Month Extension Director's Decision Summary*, the Transitional Assistance Office Director saves the folder on the "R" drive of his or her personal computer with the folder name "S(A or D)060399JonesMary221" including the "S" to designate the Smith case, the "A" for approved or "D" for denied by the Transitional Assistance Office Director, the date of the decision (060399), the case name (Mary Jones) and the Transitional Assistance Worker's CAN (in this example 221). No spaces should be inserted between any of the characters in the folder name. For additional instructions see the *Personal Computer User's Guide Volume 8, Chapter III, Page 1*.

Once the extension decision is reviewed, the Transitional Assistance Office Director informs the Transitional Assistance Worker of the decision. The *Extension Tracking/Notice Application (ETNA)* system must be updated and the appropriate notice must be generated from the Approach system informing the former recipient of the extension decision.

If the extension request is denied, the Transitional Assistance Worker must close the TAFDC case with AR 29. *Remember, the former recipient may reapply for another extension based on current circumstances at any time.*

**No Earned
Income at Time of
Closing, No
Extension
Request (AR 52)**

On **05/27/99**, former recipients who did not request an extension (AR 52) and were not working at the time of closing will be mailed a notice (Attachment C) informing them of the *Smith v. McIntire* lawsuit and advising them to contact their Transitional Assistance Office if they wish to apply for an extension.

A report titled "Cases Closed No Extension Request" will be sent to Transitional Assistance Offices listing all former recipients who received this notice.

If the former recipient does not respond to the mailing on or before 6/30/99, no further action is required by the Transitional Assistance Worker.

If the former recipient does respond to the mailing on or before 6/30/99, he or she must be reviewed for TAFDC eligibility and apply for an extension.

NOTE: The request to have the TAFDC case reopened must be completed on a *TAFDC Status Report (TER-TAFDC)* form.

If the case is ineligible for TAFDC due to income, assets or nonfinancial reasons, deny the case and the extension request.

If the case is TAFDC eligible, approve the case **retroactive to the date the former recipient applied** at the Transitional Assistance Office. Then process the extension request according to current procedures.

Attachment E

Attachment E-1 provides an easy reference chart for case scenarios listed in Field Operations Memo 99-10 B.

Attachment E-2 provides an easy reference chart for case scenarios listed in this Field Operations Memo.

Questions

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



Massachusetts Department of Transitional Assistance

Important

May 27, 1999

Dear Former Recipient:

Your extension request was denied and your Transitional Assistance (TAFDC) case closed. Your extension request was denied because of your earnings.

A court has told the Department that it must use the earned income disregard to see if you are eligible for extension benefits. With the earned income disregard, you may be eligible for extension benefits if you meet other extension rules.

If you want to see if you are eligible for extension benefits, fill out the enclosed form. If you want this form in Spanish, please contact your Transitional Assistance Office. After you fill out the form, send or bring the form and verification of your income and assets to your Transitional Assistance Office by June 30, 1999.

The Department will send you a notice to tell you if your TAFDC case will reopen. If your TAFDC case reopens the Department will then look at what you told us before on your extension request. The Department will also send you a notice to tell you if you get extension benefits. You may appeal any Department action and have a fair hearing.



Massachusetts Department of Transitional Assistance

Important

May 27, 1999

Dear Former Recipient:

Your Transitional Assistance (TAFDC) case closed because your 24 months of time-limited benefits ended. You did not apply for extension benefits.

A court has told the Department that it must use the earned income disregard to determine eligibility for extension benefits for people who are working. With the earned income disregard, you may be eligible for extension benefits if you meet other extension rules.

If you want to see if you are eligible for extension benefits, fill out the enclosed forms. If you want these forms in Spanish, please contact your Transitional Assistance Office. After you fill the forms out, send or bring them and verification of your income and assets to your Transitional Assistance Office by June 30, 1999.

The Department will send you a notice to tell you if your TAFDC will reopen. The Department will also send you a notice to tell you if you get extension benefits. You may appeal any Department action and have a fair hearing.



Massachusetts Department of Transitional Assistance

Important

May 27, 1999

Dear Former Recipient:

Your Transitional Assistance (TAFDC) case closed because your 24 months of time-limited benefits ended. You did not apply for extension benefits.

A court has told the Department that it must use the earned income disregard to determine eligibility for extension benefits for people who are working. With the earned income disregard, you may be eligible for extension benefits if you meet other extension rules.

If you want to see if you are eligible for extension benefits, contact your Transitional Assistance Office.



TAFDC UPDATE

If you want the Department to look at your extension request, you must fill out this form.
If you need help completing this form, contact your local Transitional Assistance Office.

1. Household Identification

Name (Last, First, MI) _____ Social Security Number _____

Address (if changed) _____ () _____
Area Code - Telephone Number

A. Is your address the same as it was when your TAFDC case closed?
 yes no
Is the housing public private subsidized? Type _____

B. Has anyone moved into or out of your household since your TAFDC case closed?
 yes no
If yes, explain.

2. Employment

Is anyone in the household working/self-employed? yes no

If yes, complete the following for each person employed.

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, you must provide proof of wages received in the previous four weeks.

If self-employed, you must provide proof of your income and the amount of each expense.

YOU MUST PROVIDE PROOF OF WAGES WITH THIS FORM FOR EACH WORKING PERSON.

3. Unearned Income

Do you or does anyone in your household receive unearned income, such as SSI, Social Security, Veterans' Service (state or federal), Unemployment Compensation, Child Support, roomer or boarder income or any other type of income? yes no

YOU MUST PROVIDE PROOF OF UNEARNED INCOME RECEIVED IN THE PREVIOUS FOUR WEEKS WITH THIS FORM. INCLUDE PROOF OF ROOMER AND BOARDER INCOME. PLEASE COMPLETE THE FOLLOWING.

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

Do you receive Child Support income ? yes no If yes, how much? \$ _____

4. Continued Absence of Other Parent

Have there been any changes in the information about the absent parent? yes no

If yes, explain below.

5. Assets You must tell us about your assets.

Vehicles.

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

Bank Accounts

Provide the verifications for *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

5. Assets (con't)

Other Assets

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

6. Exemptions

Do you or does the other parent think that you meet one of the following exemptions previously explained to you at the transition interview? yes no If yes, check one of the following.

Applicant Other Parent (if in the home)

- is disabled.
- is providing care for a disabled family member who lives with you. This disabled member could be your child, spouse, parent or grandparent, or your spouse's parent or grandparent, or your child's other parent, grandparent or great-grandparent.
- is in the last 120 days of pregnancy.
- is caring for the youngest child in your assistance unit who is under age two.
- is caring for the youngest child living in your home under age two who would be receiving assistance except the child is receiving SSI.
- is caring for your youngest natural or adopted child living in your home, not in your assistance unit, under age two and born before your Family Cap date.
- is caring for your youngest child living in your home and not in your assistance unit who is under age three months.
- is a teen parent under age 20 and attending school full time (school may not be beyond high school level); or participating in a full-time GED program and a training program for 20 hours per week; or meeting special rules for teen-structured living requirements.
- is not included in the assistance unit and does not have a legal obligation to support the child for whom you are receiving benefits; or has a legal obligation to support but cannot work for pay because of noncitizen status.
- is age 60 or older.

7. Third Party Liability

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

yes no

If yes, explain _____

8. Felony Convictions and/or Violations

A. Have you or has anyone in the household been convicted in court for making fraudulent statements about his/her place of residence in order to receive assistance from two or more states at the same time? yes no

If yes, Name _____

Date of conviction ___/___/___

B. Are you or is anyone in the household fleeing to avoid prosecution, custody or confinement after a conviction for a felony, or for a high misdemeanor in the state of New Jersey?

yes no

If yes, Name _____

Date of conviction ___/___/___

C. Are you or is anyone in the household in violation of a condition of probation or parole?

yes no

If yes, Name _____

Date probation or parole imposed ___/___/___

D. Have you or has anyone in the household been convicted under federal or state law of a felony related to the possession, distribution or use of a controlled substance for a crime committed after 8/22/96? yes no

Name _____

E. Do you or does anyone in the household have an outstanding default warrant issued by a court in Massachusetts? yes no

Name _____

9. Food Stamps

FILL THIS OUT ONLY IF YOU WANT TO APPLY FOR FOOD STAMP BENEFITS.

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 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 stamp benefits once you have provided us with the above information.

I certify under penalty of perjury that I have read or have had read to me the information on this application and that my responses are 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, to establish eligibility for Transitional Aid to Families With Dependent Children (TAFDC) and the Food Stamp Program is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

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 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 stamp benefits.

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 found as an indication of fraud for which I may be prosecuted.

I authorize any and all health care providers to release to the Department of Transitional Assistance and its medical agents any medical records of mine or my dependents that may be pertinent to receiving benefits and services.

Neither I nor any member of my family for whom I am requesting assistance: (1) has been convicted in court for making a fraudulent statement or representation about his or her place of residence to receive assistance simultaneously from two or more states; (2) is fleeing to avoid prosecution, custody or confinement after a conviction for a felony or, in the State of New Jersey, a high misdemeanor; (3) is in violation of a condition of probation or parole; or (4) has been convicted of a felony related to the possession, use or distribution of a controlled substance for a crime committed after August 22, 1996.

By signing this form, 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 have previously read Your Right to Know and the TAFDC Program Brochure, or have had them read to me, and understand their contents and my responsibilities.

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

Legal Signature of the Grantee

_____/_____/_____
Date

Witness (when mark is used for signature)

_____/_____/_____
Date

FOR DEPT USE ONLY

Received by (TAO Worker Signature)

_____/_____/_____
Date

CAN

TAO Supervisor Signature

_____/_____/_____
Date

CAN

Case Scenario	Mailing Date/ Document Included	Recipient Action/ TASW Action	TAFDC Review and Extension Form	Wages Used to Determine Financial Eligibility	Action Completion Deadline	Case Totals State-wide
Active Extension Cases Receiving a Reduced Grant	5/19/99 Grant Increase Notice to Recipient.	TASW resubmits four most recent weeks' wages with 5/13/99 in the change date section of PACES Worksheet.	NA	Four most recent weeks' wages.	TASW must take action by 6/4/99 @ 5:00p.m.	59
New, Pending and Reapplication Cases Requesting Extension	NA	Effective 5/19/99, TASW can enter Extension Program Code 4 or 9 on a PID when entering wages on a PACES Worksheet. This will cause PACES to calculate the grant with earned income disregards.	Review current <i>24-Month Extension Request (24 EXR)</i> form.	Four most recent weeks' wages.	NA	NA
Extensions Denied and Cases Closed Due to Excess Income Since 4/20/99	5/19/99 Grant Reopening Notice to Recipient	Reopen case back to the day following the closing date using the appropriate Program Code and wages previously submitted and any other income that caused the case to close. Then determine extension eligibility.	Review original <i>24-Month Extension Request (24 EXR)</i> form.	Wages previously submitted that caused case to close.	TASW must take action by 6/4/99 @ 5:00p.m.	125

Case Scenario	Mailing Date/ Document Included	Recipient Action/TASW Action	TAFDC Review and Extension Form	Wages Used to Determine Financial Eligibility	Action Completion Deadline	Case Totals State- wide
Case Closed Extension Request Denied Due to Excess Income Prior to 4/20/99 (AR 61 or 65)	5/27/99 Recipient Notice and shortened <i>TAFDC Update (TP- TAFDC- TER)</i> form.	Recipient submits <i>TAFDC Update (TP- TAFDC-TER)</i> form. TASW reviews TAFDC eligibility. Then TASW processes extension request.	<i>TAFDC Update (TP- TAFDC- TER)</i> form and original <i>24-Month Extension Request (24 EXR)</i> form.	Four most recent weeks' wages. If eligible, establish retro to 5/13/99.	Recipient must submit form by 6/30/99.	657
Earned Income at Time of Closing, No Extension Request (AR 52)	5/27/99 Recipient Notice and shortened <i>TAFDC Update (TP- TAFDC- TER)</i> form and new <i>24-Month Extension Request (24 EXR)</i> form.	Recipient submits <i>TAFDC Update (TP- TAFDC-TER)</i> form and new <i>24-Month Extension Request (24 EXR)</i> form. TASW reviews TAFDC eligibility. Then TASW processes extension request.	<i>TAFDC Update (TP- TAFDC- TER)</i> form and new <i>24- Month Extension Request (24 EXR)</i> form.	Four most recent weeks' wages. If eligible, establish retro to date forms submitted.	Recipient must submit forms by 6/30/99.	903
No Earned Income at Time of Closing, No Extension Request (AR 52)	5/27/99 Recipient Notice.	Recipient applies for TAFDC and extension at TAO. TASW reviews TAFDC eligibility. Then TASW processes extension request.	<i>TAFDC Status Report (TER- TAFDC)</i> and new <i>24-Month Extension Request (24 EXR)</i> form.	Four most recent weeks' wages. If eligible, establish retro to application date.	Recipient must apply at TAO by 6/30/99.	939