April 1, 2010

Temporary Assistance for Needy Families Manual

Transmittal # 44

The purpose of this transmittal is to provide new, clarified, and revised guidance and forms for the Temporary Assistance for Needy Families (TANF) Program and the Virginia Initiative for Employment not Welfare (VIEW) Program. Unless otherwise stated, the provisions included in this transmittal are effective for all TANF eligibility determinations and VIEW Program assessments and reassessments completed on or after April 1, 2010.


Significant changes to the manual are as follows:

<table>
<thead>
<tr>
<th>Page(s) Changed</th>
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<tbody>
<tr>
<td>Main Table of Contents, page 1</td>
<td>A reference was added for the new section 103.2 on Confidentiality. The numbering for subsequent sections in 103 was changed to 103.3, 103.4, and 103.5.</td>
</tr>
<tr>
<td>Main Table of Contents, page 2</td>
<td>A reference to obsolete section 201.4 (Deprivation of Parental Support or Care) was added.</td>
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<tr>
<td>Main Table of Contents, page 5</td>
<td>A reference to 401.4 E - IPV Notice Requirements – was added as it was not listed before. Also, a reference was added for a new section at 401.4 F – Action Not Requiring Adequate or Timely Notice.</td>
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<tr>
<td>Main Table of Contents, page 11</td>
<td>The name of Appendix G, Chapter 1000, was changed to “Barriers to Employment.”</td>
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<tr>
<td>Section 100, Table of Contents, page 1</td>
<td>A reference was added for the new section 103.2 on Confidentiality. The numbering for subsequent sections in 103 was changed to 103.3, 103.4, and 103.5.</td>
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<tr>
<td>Section 103.1 – 103.5, pages 1-3</td>
<td>Guidance on confidentiality has been added at 103.2 and that section renamed. The previous reference to the Administrative Manual, Volume I, as the source for information about confidentiality has been removed from 103.1. A new section, 103.3 regarding disclosure of IEVS information has been added. Existing sections 103.2, 103.3, and 103.4 have been renumbered as sections 103.4, 103.5, and 103.6 respectively.</td>
</tr>
<tr>
<td>Section 105.1 - 105.2, page 1</td>
<td>A reference to the “Virginia Social Services Benefit Programs” booklet was removed as production of the booklet has been discontinued.</td>
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<tr>
<td>Section 105.2, page 3</td>
<td>A statement has been added at 105.2B(2) clarifying that an agency does not need to provide additional notice when taking action on an appeal decision that is adverse to the client when benefits have been continued during the appeal. The difference between the payment amount continued during the appeal and the correct benefit amount is an overpayment and must be recouped. The final two sentences in the same paragraph have been identified as an exception.</td>
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<tr>
<td>Section 105.3 – 105.4, page 5</td>
<td>The name of the Notice of Action form was corrected in Section 105.4A.</td>
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<tr>
<td>Section 106.2 -106.4, pages 5 and 6</td>
<td>A statement has been added to 106.3D to</td>
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<tr>
<td>Section 200, Table of Contents, page 1</td>
<td>A reference to obsolete section 201.4 (Deprivation of Parental Support or Care) was added.</td>
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<tr>
<td>Section 201.1, page 3d</td>
<td>The final sentences at 201.1H(2) have been revised for clarity. A statement has been added that explains that a caregiver who is employed outside the home cannot be considered to be needed to care for a disabled family member on a substantially continuous basis.</td>
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<tr>
<td>Section 201.3, page 4c</td>
<td>A statement was added to 201.3E(2) clarifying that the TANF case must be closed when the only eligible child remains truant after agency efforts to develop a plan for compliance with school attendance requirements have been unsuccessful. Once the case has been closed, a new TANF application will be required if the family subsequently decides to cooperate.</td>
</tr>
<tr>
<td>Section 201.5, pages 2, 3, 3a</td>
<td>Section 201.5B has been reorganized to increase clarity. A new heading has been added to the numbered list of individuals who are ineligible because they do not meet the “living in a home” requirement. Items 3, 4, and 5 have been dropped from the list, and the material made part of the basic guidance. Section 201.5B(2) has been revised to clarify that a newborn may be added to the TANF assistance unit (AU) prior to entering the home if still in the hospital. Additionally, the newborn would be removed from the AU 60 days after his birth if he was still in the hospital at that time.</td>
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<td>The two paragraphs following item 2 have been rewritten to make clear that the 60-day maximum period for absences from the home applies to both the caretaker and child.</td>
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<tr>
<td>Section 201.7, page 1</td>
<td>Section 201.7A(2) was revised to add a reference to Social Security Administration (SSA) qualifying quarters. This reference was previously part of the Procedures section which has been removed from guidance.</td>
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<tr>
<td>Section 201.7, page 1b</td>
<td>Section 201.7A(3) was revised to require that copies of U.S. Citizenship and Immigration Services (USCIS) documents used to verify immigration status be filed in the case record. Guidance has been added requiring the agency to refer an alien with no documentation to the local USCIS office to obtain the needed documentation. A “Note” was added to require the agency to obtain a copy of a replacement document at the next renewal if a receipt for the replacement document was used initially to verify qualified alien status. The information added to guidance in this section was previously contained in Procedures.</td>
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<tr>
<td>Section 201.7, page 1d</td>
<td>A statement was added at Section 201.7 E requiring that the date the SAVE verification was requested be documented in the case if the verification is not received by the time action is taken on the case.</td>
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<td>Section 201.10, pages 2 and 2a</td>
<td>The final three lines at the bottom of page 2 have been moved to the top of page 2a.</td>
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<td>Section 201.10A(1c) has been revised to instruct the EW to use code 75 in the Good Cause field when entering information on the Absence Deprivation/Paternity (AEDEP1) screen in Application Benefit Delivery Automation Project (ADAPT) when the applicant/recipient has signed an Attesting to the Lack of Information (ATL) form. This will stop the 501 information from being transmitted to the Division of Child Support Enforcement.</td>
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<td>Guidance has also been added instructing the EW to ask the client at each application or renewal to provide information about the noncustodial parent(s). For each noncustodial parent for whom the client is unable to provide the first and last name and at least three pieces of identifying information, the EW is to have the client complete a new ATL form.</td>
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<td>Guidance has been added to clarify that an individual who applies for assistance for his/her grandchild may not sign an ATL for the noncustodial parent who is his/her own child.</td>
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<tr>
<td>Section 201, Appendix II, pages 1-8</td>
<td>A new Appendix II has been added to outline documentation needed to determine qualified alien status by alien group. This information was previously contained in the Procedures section which has been removed from guidance.</td>
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<tr>
<td>Section 201, Appendix III, pages 1 - 3</td>
<td>Guidance on pages 1-3 has been expanded to clarify that client statement is not acceptable documentation for citizenship and identity, citizenship alone, or identity</td>
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<td>Section 201, Appendix X, pages 1-6</td>
<td>Example 8 has been added to Section 201, Appendix X, illustrating the calculation of the DCSE non-compliance penalty for a minor caretaker. An “X” has been substituted for “*” in examples involving multiplication throughout the Appendix.</td>
</tr>
<tr>
<td>Section 302. 8, page 4c</td>
<td>A statement has been added to 302.8A clarifying that the minor parent must always be included in the assistance unit whenever assistance is requested for the minor parent’s child.</td>
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<tr>
<td>Section 302. 8, page 6</td>
<td>When a woman is married to a man other than the father of the child at the time of the child’s birth, both men are referred to the Division of Child Support Enforcement (DCSE) without regard to how long the couple has been married. The qualifying expression, “…or was married to another man in the ten months preceding this child’s birth…” was removed from the Note at 302.8B, page 6. Additionally, the second sentence in the Note was revised to</td>
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Additionally, guidance regarding the use of medical or hospital records to document citizenship has been rewritten to make clear that such records must be official documents that include specific reference to a U.S. place of birth for the individual.

A new section D has been added to list acceptable documentation to prove identity when the individual is not a U.S. citizen.
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<tr>
<td>Section 305.1, page 11</td>
<td>read “is married” instead of “was married.”</td>
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<tr>
<td>Section 305.1, page 11</td>
<td>Section 305.1, item number 5, which followed item 4c, was deleted because it is already included at Section 305.1, Item F.2 on page 10.</td>
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<tr>
<td>Section 305.3, page 17</td>
<td>Guidance at item 5 has been expanded to identify situations in which an expense for child care or for care of an incapacitated adult can be disregard in determining the TANF grant.</td>
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<tr>
<td>Section 305.3, page 17</td>
<td>The name of the Medical Evaluation form has been revised to reflect the correct name of the form. A reference to the receipt of Supplemental Security Income has been added as a means to establish incapacity of an adult.</td>
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<tr>
<td>Section 305.4, page 22</td>
<td>At 305.4 A, item 2 has been revised to change the reference from “food coupons” to “SNAP benefits”.</td>
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<tr>
<td>Section 305.4, page 22</td>
<td>Item 6 has been revised to include money received from work study.</td>
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<tr>
<td>Section 305.4, page 23</td>
<td>An exception has been added to item 10, 305.4A, explaining that any separate housing allowance provided as part of a Veterans Administration educational benefit is to be counted as income. The existing reference to the treatment of funds for dependents has been identified as an exception. Additionally, the “Note” following item 9 has been changed to “Exception”.</td>
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<tr>
<td>Section 305.4, pages 25 - 27</td>
<td>Section 305.4C has been rearranged for increased clarification regarding casualty property loss payments as well as when/how lump sum payments should be</td>
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<td>Section 305.4, page 37</td>
<td>A new descriptor, “deeming disregard,” has been added at 305.4F.1a to the example of the stepparent deeming procedures. The descriptor was added to distinguish this disregard from the standard disregard amount that is typically deducted from income in benefit calculations. The deeming disregard amount is always $90 while the standard disregard amount varies depending on the household size.</td>
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<tr>
<td>Section 305.4, pages 39 - 41</td>
<td>The “$90 disregard” has been renamed the “$90 deeming disregard” in examples 1, 2, and 3.</td>
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| Section 305.4, pages 42, 42a, and 43           | Section 305.4F(2c) has been reordered so that the steps in calculating deemed income precede the examples. The “Exceptions” paragraph at c(2), page 42, has been rewritten as has the final paragraph following c(4) regarding treatment of income after deductions. A new example has been added to explain deeming from a senior parent to a minor parent. The previous Example 1 has been renumbered as Example 2. Additional explanation of the deeming process has been added to Example 2, and “Continuing TANF eligibility” has been changed to “TANF eligibility”.
<p>|                                               | The reference at G(1), page 43, to “the 90% payment standard” was changed to “the payment standard.” The payment standard is no longer set at 90% of the standard of need.                                                                 |
| Section 400, Table of Contents, page 1         | A reference to 401.4 E - IPV Notice Requirements – was added as it was not listed before. Also, a reference was added                                                                                                                  |</p>
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<td>for a new section at 401.4 F – Action Requiring Neither Adequate or Timely Notice.</td>
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<tr>
<td>Section 401.2, page 2a</td>
<td>Guidance has been added at item 2a that expands the reporting responsibilities for TANF recipients. Recipients must now report changes in household composition resulting from eligible children, including newborns, entering or leaving the home. Recipients must also report when the father or mother of an eligible child, including a newborn, enters or leaves the home.</td>
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<tr>
<td>Section 401.2, page 2d</td>
<td>Clarification has been added at 401.2B(3) regarding which elements of eligibility must be discussed with the client at each application or renewal.</td>
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<tr>
<td>Section 401.3, page 6a</td>
<td>401.3H(1) has been revised to match the Supplemental Nutrition Assistance Program (SNAP) requirements regarding households who will be exempt from filing an interim report. All households except those in which all members are homeless or in which at least one adult member is a migrant or seasonal farm worker will be required to file an interim report.</td>
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<tr>
<td>Section 401.4, page 8</td>
<td>The order of items 7 and 8 has been reversed. The previous Item 7 is now Item 8. The previous item 8 is now item 7. Current item 8 was revised to clarify that a recipient can make the request to close the TANF case by telephone or in writing. This request requires an adequate notice to the client. Item 9 has been revised to clarify that a recipient must confirm in writing that he/she waives the right to receive a timely</td>
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<td>notice when the recipient has reported a change that will result in the termination or reduction of benefits. This is the only instance when the recipient is required to submit a written statement of his/her agreement to waive the right to receive a timely notice prior to a reduction of benefits or the closure of the case.</td>
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<tr>
<td>Section 401.4 - 401.5, page 10</td>
<td>Section 401.4F has been titled “Action Requiring Neither Adequate or Timely Notice”. This section now refers to situations in which it is not necessary to send any additional notice to the recipient when an action to close the case has been taken. An additional notice is not needed in the situations listed because the recipient had already received notification that the action to close will be taken.</td>
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<tr>
<td>Section 401.5, pages 10a and 11</td>
<td>Information on pages 10a and 11 was redistributed to eliminate blank space on page 10a. A reference to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) section of the “Virginia Social Services Benefit Programs” booklet was replaced by a reference to an EPSDT fact sheet from the Department of Medical Assistance Services.</td>
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<tr>
<td>Section 401.5 – 401.9, page 14</td>
<td>The reference to the “Temporary Assistance Programs” booklet was removed as the booklet is no longer available. Additionally, the reference to the “Virginia Medicaid Handbook” was revised to reflect the current title of the “Medicaid and FAMIS-Plus Handbook”.</td>
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<tr>
<td>Section 502.4 - 502.5, page 4a</td>
<td>The maximum length of time an individual can serve as an emergency payee related to the absence of the caretaker from the home has been reduced from 3 months to 60 days at 502.4A(4). The 60-day time period will match the maximum number of days a caretaker can be away from the home and still meet the “Living in a Home” requirement at 201.5.</td>
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<tr>
<td>Section 500, Appendix III, pages 1, 6, and 7</td>
<td>An additional reminder of the telephone number and website address for Electronic Payment Processing and Information Control (EPPIC) customer service has been added to the glossary on page 1. A note was added at B(1) to remind staff when the monthly TANF benefits are scheduled to be available to EPPICard clients each month. On pages 6 and 7, clarification was added that local staff should not accept returned debit cards or debit card funds from cardholders.</td>
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<tr>
<td>Section 901.2, pages 2, 2a, and 2b</td>
<td>Guidance regarding the requirement to obtain a new Medical Evaluation form every 90 days has been removed at 901.2C. The form has been revised to remove the space for the medical professional to specify the duration of the incapacity thus eliminating the need for the EW to obtain a new form every 90 days when the duration noted was permanent or longer than 12 months. 901.2F has been expanded to clarify the ADAPT data entry that is needed when an AU contains both a caregiver who is providing care for a disabled household member and the disabled individual.</td>
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<tr>
<td>Additionally, guidance that a new Statement of Required Presence of Caregiver form is required every 90 days when the anticipated duration of the need for the caregiver’s presence in the home with the patient is more than 12 months or permanent has been removed. A new form must be obtained every 12 months for these situations.</td>
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<tr>
<td>Section 901.2, page 3</td>
<td>Guidance has been added to clarify that agencies are to work with volunteers to the extent that funds are available.</td>
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<tr>
<td>Section 901.3, page 4</td>
<td>The form number for the Advance Notice of Proposed Action has been updated in Item L. A new item M has been added allowing the TANF case of a VIEW referral to be closed at client request prior to the initial VIEW assessment date. If the client changes her mind she must come in for an initial assessment prior to the effective date of case closure. The remaining items in the list have been re-lettered. The new item N has been expanded to instruct the EW to enter a VB on the AEGNFS screen prior to closing the TANF case when the VIEW Worker informs the EW that the client did not come in for an initial assessment without good cause or sign the Agreement of Personal Responsibility (APR). The VB code lets the agency know when the client reapplies for TANF that the APR must be signed as a condition of eligibility.</td>
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<tr>
<td>Section 901.3 - 901.6, pages 5, 5a, 5b, 6, and 6a</td>
<td>At 901.4 A, guidance has been added instructing the VIEW Worker to notify the EW by communication form when the</td>
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<td>mandatory VIEW referral requests closure of the TANF case prior to the VIEW initial assessment date. The lettering has been changed on the subsequent items.</td>
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<tr>
<td>Information on Pages 5a, 5b, 6 and 6a has been shifted to eliminate empty space.</td>
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<td>At 901.5A, a statement has been added that a new APR must be signed after a sanction has been cured and a TANF case approved at reapplication.</td>
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<td>At 901.6D(2), a statement has been added to clarify that an exemption must exist at the end of the minimum fixed sanction period before a sanction can be lifted due to exemption.</td>
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<td>Information has been moved to eliminate much of the wasted space on these pages.</td>
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<td>Guidance at 901.11 Exceptions has been revised to clarify that a caretaker must become totally disabled during the period of ineligibility (POI) before the AU will be able to receive TANF assistance during the POI. To be deemed totally disabled, the caretaker must be unable to participate in employment or activities related to employment for at least 10 hours per week as evidenced by a completed Medical Evaluation form or must be a recipient of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).</td>
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<td>A statement has been added regarding the criteria for the receipt of TANF assistance by a two-parent household during the 24-month POI. For a two-parent household to be eligible to receive TANF during the 24-</td>
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<td>month POI, both caretakers must become totally disabled or one caretaker must become disabled and the other caretaker must be needed to care for that individual.</td>
<td>The final sentence in paragraph 2, Exceptions, page 10, has been removed. The Medical Form revised 4/10 no longer allows for the duration of the disability to be written in. The final sentence in paragraph 3, Exceptions, page 10 has been revised to increase clarity.</td>
</tr>
<tr>
<td>Section 900, Appendix 2, pages 1 - 5</td>
<td>The term “standard work deduction” has been corrected to “standard deduction” in step 3 of each of the examples.</td>
</tr>
<tr>
<td>Section 1000, Table of Contents, page iv</td>
<td>The name of Appendix G has been changed from “Screening for Employment Barriers: Issues and Tools” to “Barriers to Employment”.</td>
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<tr>
<td>Section 1000.6, page 20</td>
<td>Guidance has been added to clarify that agencies are to work with VIEW volunteers to the extent that funds are available.</td>
</tr>
<tr>
<td>Section 1000.8, pages 22 - 23</td>
<td>A note has been added at item C to instruct the VIEW worker of the action to be taken if an individual requests the closure of her TANF case prior to the date of the initial VIEW assessment appointment. If the individual changes her mind before the effective date of the case closure, she must complete the initial VIEW assessment and sign the APR before the TANF case will be reopened.</td>
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<tr>
<td>1000.8 C(2) now appears on page 23</td>
<td>“Screening for Employment Barriers: Issues and Tools” which is accessed through a link at 1000.8E(5a) has been updated to include a link to the “Empire</td>
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<td>Section 1000.8, page 24</td>
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<td>State Screen”, a Spanish language learning needs screening instrument. The link to the screening tool has been moved from Appendix G to the TANF Guidelines and Procedures page on SPARK.</td>
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<tr>
<td>Section 1000.13, page 38</td>
<td>Additional information has been added to the Job Club description. Local agencies that wish to offer the Job Club component must be trained by VDSS staff in the operation of the component and must use the VDSS approved Job Club materials and procedures.</td>
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<tr>
<td>Section 1000.13, page 38a</td>
<td>The statement at 1000.13 B describing activities that can be counted as job readiness has been rewritten to clarify that the time frames that apply to counting participation for job readiness generally also apply to counting treatment programs such as substance abuse as job readiness. The descriptor “short-term” has been dropped.</td>
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<tr>
<td>Section 1000.13, page 39</td>
<td>The requirement at 1000.13C(2) that VIEW participants assigned to part time employment be assigned to job search/job readiness every three months has been eliminated. A statement regarding the need to assign participants working part time to a concurrent program activity has been added, as well as a statement regarding the limitations on using job search/job readiness as the concurrent activity in most situations.</td>
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<tr>
<td>Section 1000.13, page 40</td>
<td>The example at 1000.13C(3c) was revised to reflect the current minimum wage.</td>
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<td>Section 1000.16, pages 63 - 64</td>
<td>Section 1000.16, Non-Active Assignments, has been rewritten and expanded to provide additional guidance regarding when</td>
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<td>assignments are appropriate to Pending versus Inactive. Examples have been added.</td>
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<tr>
<td>Section 1000.24, page 86</td>
<td>At 1000.24A, the phrase “who has received the 24-month Advance Notice” was removed as it was repetitive.</td>
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<tr>
<td>Section 1000.24, page 88</td>
<td>At 1000.24F(1a), the term “standard work deduction” has been replaced by “standard deduction”.</td>
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<tr>
<td>Section 1000.24, pages 90 - 91</td>
<td>Guidance has been revised to state that the written request for an extension for a Hardship Exception is to be sent to the Economic Assistance and Employment Manager for review instead of being sent to a panel. The request must be received from the local agency at least 15 days prior to the end of the participant’s original hardship exception. The manager will act on the request within 5 days of receipt of the request.</td>
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<tr>
<td>Section 1000, Appendix A, pages 1 - 2</td>
<td>The form numbers have been updated for the following forms: VIEW Non-Compliance Checklist, Communication, Medical Evaluation, VIEW Job Follow-up, and Job Follow-Up Contact – Current VIEW Participants.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 31 - 32</td>
<td>The VIEW Non-Compliance Checklist form has been revised to add “Failed/refused to complete a Public Service placement”. The word “placement” has been added to the end of the item that refers to Community Work Experience.</td>
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<tr>
<td>Section 1000, Appendix A, pages 50 - 52</td>
<td>The Child Care Worker must be copied when the Communication Form is exchanged between the EW and ESW</td>
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<td>without regard to which worker originates the form. A check box has been added to the Communication Form so that the EW and ESW can indicate that a copy has been sent. The instructions have been revised to reflect this change.</td>
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<tr>
<td>Section 1000, Appendix A, pages 53 - 55</td>
<td>The Medical Evaluation, item 2, page 1, has been reformatted. The reference to the Supplemental Nutrition and Assistance Program Employment and Training Program (SNAPET) has been removed as a new form will now be used to provide medical information for that program. The timeframes at 2B and 2C which relate to participation limitations/need for modifications have been replaced by months. The word “patient” has been changed to “individual” throughout the form. The reference to Social Security Disability Insurance has been corrected. A block has been added to page 2 so that an office stamp can be used.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 62 - 63</td>
<td>The Job Follow-Up form has been revised to include a reference to On-the Job Training assignments. The instructions have been revised to reflect the use of the form for employed participants including those in On-the Job Training assignments.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 64 - 65</td>
<td>The format of the Job Follow-Up Contact Sheet has been revised to make the form easier to complete. The question “Are You Still Employed?” has been added as it was inadvertently left off of a prior version of the form. The instructions have been revised to instruct the ESW to address the importance of job retention with the participant at every contact as this note was removed from the form.</td>
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<tr>
<td>Page(s) Changed</td>
<td>Significant Changes</td>
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<tr>
<td>Section 1000, Appendix E, page 1</td>
<td>A reference to a new flyer has been added.</td>
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<tr>
<td>Section 1000, Appendix E, page 10</td>
<td>A one-page flyer promoting the benefits of VIEW participation – “Your Success is Waiting for You” – has been added.</td>
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<tr>
<td>Section 1000, Appendix G, pages 1 - 2</td>
<td>The reference to “Screening for Employment Barriers: Issues and Tools” has been removed and the page number references for “Barriers to Employment” have been changed accordingly.</td>
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<tr>
<td>Index, page 4</td>
<td>“Deeming Disregard ($90)” was added to the list of subjects along with page references.</td>
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| Index, page 13                          | “Standard Work Deduction ($90)” was dropped from the list of subjects.  
(“Standard Deduction” remains on the list.)  
The page references were corrected: page 1a in section 305.1 was added; pages 20-21 in section 305.3 were removed. |
| Forms                                   | Change Report - This form has been revised to require the TANF recipient to report to the local agency if a child, including a newborn, enters or leaves the home and to inform the agency when the father or mother of a child, including a newborn, enters or leaves the home.  
Information on the second sheet was rearranged.                                                                                                     |
| Forms                                   | The Attesting to the Lack of Information form (032-03-0423-01) was revised to provide a space to list the name of the child(ren) of the absent (noncustodial) parent for whom the custodial parent is unable to provide a first and last name as well as at least three additional pieces of identifying information.  
Additionally, spaces have been added to list the name of |
the absent parent if provided as well as any information that was provided by the custodial parent. This information should be retained in the TANF case file.

Forms

The Notice of Intentional Program Violations and Penalties form (032-03-0646-08) has been revised to include a statement that a recipient must report household composition changes resulting from either an eligible child, including a newborn, or the parent of an eligible child, including a newborn, entering or leaving the home.

Questions about this transmittal should be directed to regional program consultants or Mark Golden, TANF Program Manager, at (804) -726-7385 or mark.golden@dss.virginia.gov.

Margaret Schultze,
Interim Commissioner
## TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) POLICY MANUAL

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103.1 - PURPOSE OF SAFEGUARDING OF INFORMATION AND SCOPE OF REGULATIONS - Mutual trust and confidence between client and worker are basic to an effective program of assistance and services. The client has a responsibility to provide the information which the agency needs to determine eligibility for assistance or to provide services. At the same time, the client has a right to expect that information given to the agency will be kept confidential and made use of only as needed in the administration of the public welfare program.

103.2 - CONFIDENTIALITY

Federal law requires that client information be kept confidential. The local department may not release information about the client without the client’s written consent except for purposes directly connected with the administration of public assistance programs, or by court order, except as outlined at 103.3, 103.4, 103.5, and 103.6.

A. Legal Basis for Confidentiality

1. Federal Privacy Act

   Information from all federal agencies must be kept confidential. Local departments may not release information to any outside source, except as required for purposes of program administration.

2. Virginia Statutes and Regulations

   The legal basis for this guidance includes state laws relating to privacy protection (Code of Virginia § 2.2-3803), data collection and dissemination (Code of Virginia § 2.2-3800), access to public assistance records (Code of Virginia § 63.2-102), access to health records (Code of Virginia 32.1-127.1:03), and regulations promulgated by the State Board of Social Services.

B. Release of Information

1. Release of Information Not Requiring Additional Written Permission

   Based on the client’s signature on the Request for Assistance or the Application for Benefits, information related to the TANF case, including information related to VIEW, may be given out or obtained in order to carry out the administration of the program without additional written permission from the client.

2. Release of Information Requiring Additional Written Permission

   Except as provided for in 103.2B(1) above, the client must give additional written permission before case information is released to or obtained from an outside agency other than an agency of federal, state, or local government. The Confidentiality Form (032-01-0040) or the Consent to Exchange Information form (032-01-0005), also known as the Authorization to Use and Exchange Information form, should be used to secure written permission.

C. Client Access to Records

Clients, or their representative, may read information about themselves contained in their own case records except for medical or mental health reports when the physician who wrote the report recommends against it.
D. Penalty for the Unauthorized Release of Confidential Information

The disclosure, directly or indirectly, of confidential information contained in a case record by any officer, agency or employee of the local department shall be considered a Class 1 misdemeanor.

E. Ownership of Records

All client information contained in the local department’s records is the property of the local department. Employees of the local department shall protect and preserve such information from dissemination except as necessary for the administration of the case.

Original client records may be removed from the premises only by auditors, individuals monitoring case records, other authorized staff of the state or the local department, or by court order.

The local department may destroy records pursuant to record retention schedules referenced at 100.4.

F. Correcting Inaccurate Information

Local departments must provide means for inaccurate information to be corrected.

103.3 – DISCLOSURE OF INFORMATION FROM THE INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS)

Retention requirements and requirements regarding disclosure of information regarding all match reports received through the Income Eligibility Verification System (IEVS), including Internal Revenue Service (IRS) data, can be found in the IEVS User Guide, at http://spark.dss.virginia.gov/divisions/bp/files/tanf/training/ievs/ievsmanual.pdf

103.4 - EXCHANGE OF INFORMATION WITH LAW ENFORCEMENT AGENCIES –

A. The agency must provide the address of a current or former recipient when requested to do so by a Federal, State, or local law enforcement officer who furnishes the name of the recipient *:

1. who is fleeing to avoid prosecution, or custody, or confinement for a felony, or who is in violation of a condition of Federal, State or local probation or parole; or

2. who has information that is necessary for the officer in the conduct of official duties; and

3. when locating or apprehending the recipient is within the officer's official duties.

* Public Law 104-193, Section 408
B. The record must be documented carefully regarding the release of the address. Documentation must include:

1. the name, badge number and law enforcement affiliation of the officer; and

2. a written request for the address. The form "Request for the Address of a TANF Recipient" (032-03-560) located in the forms drawer may be used for this purpose.

103.5 - RELEASE OF INFORMATION REGARDING PAST RECEIPT OF BENEFITS BY ALIENS* - Section 212(a)(4) of the Immigration and Nationality Act allows the denial of entry into the U.S. of any alien determined likely to become a public charge. If the U.S. Citizenship and Immigration Services (USCIS), the Department of State, or an immigration judge requests information regarding past receipt of AFDC or TANF benefits for the purpose of evaluating public charge risk, the local agency must deny the request unless the agency has the written consent of the alien.

103.6 - RELEASE OF INFORMATION TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) REGARDING ILLEGAL ALIENS* - If a representative of the USCIS requests information regarding an individual who the local agency knows is unlawfully in the U.S., the local agency must furnish the USCIS with identifying information. This information is limited to the name, address, and Social Security Number of the individual. This information will be reported to USCIS by a local department of social services only upon request by a USCIS representative.

For the local agency to know an individual is unlawfully in the U.S., the individual must have presented as part of the application or renewal process a Final Order of Deportation issued by USCIS or the Executive Office of Immigration Review. For purposes of informing USCIS of an illegal alien, only a Final Order of Deportation is sufficient proof of illegal status.

* Public Law 104-193, Section 404
105.1 NOTIFICATION OF RIGHT TO APPEAL -

A. Every applicant for and recipient of assistance shall be informed in writing, at the time of application and at the time of any action, proposed or taken, affecting his claim, of the circumstances under which he has a right to a fair hearing of the method by which he may obtain a hearing, and of the right to be represented by others or to represent himself.* At the time assistance is first requested, the worker will provide the applicant with information about the assistance program(s) for which he is applying and fair hearing procedures. For recipients, this is accomplished when the recipient receives a written notice at the time of any action, proposed or taken, affecting his claim.

In addition to the use of written material, the local agency worker has the responsibility of informing the client orally of the right to appeal to the State agency if he is dissatisfied with any actions of the local board or Superintendent or failure to act in relation to his eligibility or the amount of assistance. The local agency must inform clients orally that if they have a disability that limits their ability to file an appeal, they are entitled to help from the local agency in filing the appeal.

B. Local agencies have an affirmative duty to provide information and referral services to help claimants make use of any legal services available in the community for representation in appeal hearings.

C. In addition to advising applicants and recipients about the right of appeal and the hearing procedures, other interested persons and organizations are to be advised verbally and by use of the leaflets as indicated.

D. All applicants and recipients must be informed of their right to request an appeal either orally or in writing.**

105.2 FAIR HEARINGS

A. Opportunity for a Local Agency Conference -

The recipient must be offered an opportunity, at the time the Notice to Client of Action or the Advance Notice of Proposed Action is issued, to request such an agency conference at which he must receive an explanation of the proposed action and must have an opportunity to present any information on which his disagreement with such action is based. At the conference the recipient may be represented by an authorized representative, such as legal counsel, relative, or friend.

Upon receipt of a request for such a conference, the local department must schedule the conference within 10 working days.

The recipient’s failure to request a local agency conference or failure to appear at a scheduled conference has no effect upon his right of

* 45 CFR 205.10(a)(3)
** 22 VAC 40-295-110
received prior to the effective date of any proposed reduction in benefits or within two days following the date of the conference, and validated by the hearing officer, assistance must be continued in the original amount without interruption until a hearing decision is rendered but is subject to recovery by the agency if its action is sustained. (Refer to 106.1 E)

However, assistance will not be continued in the original amount if the recipient submits, in writing, a statement indicating his/her desire to refuse such assistance. When continuation of assistance in the original amount is declined by the recipient and the hearing decision is in the recipient’s favor, the agency will correct the underpayment(s).

Note: A TANF recipient may receive match payments during the appeal process provided the case remains open. Receipt of TANF match payments is contingent upon collection of current child support by DCSE two months prior to the month a payment is issued. If the decision of the agency is upheld, only the TANF benefit amount is an overpayment.

In the event the hearing decision is adverse to the recipient, and benefits have been continued in the original amount during the appeal, the agency is not required to provide additional notice before taking action based on the appeal decision. See 401.4F. The difference between the original amount continued during the appeal and the correct benefit as supported by the hearing decision is an overpayment and must be recouped. The method of collection is that prescribed for recoupment and recovery of overpayments set forth at Section 503.8.* Exception: TANF assistance granted during the appeal of a VIEW sanction for a client who has not yet received 24th months of assistance is not considered an overpayment when the hearing decision is adverse to the recipient. The unsuccessful appeal simply delays the imposition of the VIEW sanction and the consequent loss of benefits to the household. Any benefits issued beyond the 24th month are an overpayment and must be recouped.

The requirement for filing an appeal or requesting a local agency conference is met if the request for a conference is made within 10 days of receipt of the Advance Notice of Proposed Action or a fair hearing request is received by the State or local agency, or postmarked, by the effective date of the change. The same time frame for filing an appeal applies in situations where the assistance unit is homeless and it is agreed that all notices will be available to the client at the local agency.

Upon notification by the hearing officer, the agency shall inform the claimant in writing that assistance is being continued in the same amount pending the hearing decision unless there are subsequent changes in the claimant's situation. (Refer to 106.1 E)

The following procedures are established to assure that assistance is continued without interruption in every case where a recipient has filed a valid appeal prior to the effective date of the proposed change:

A. If the proposed action is to terminate or suspend assistance, the assistance check is not mailed but must be available for same day issuance in the event an appeal is filed or a conference is requested within the 10-day advance notice period.

* 45 CFR 233.20(a)(13)
A hearing will not be granted, however, when either State or federal law requires automatic grant adjustments for classes of recipients unless the reason for an individual appeal is incorrect grant computation.*

105.4 TIME LIMITS FOR REQUESTING HEARING –

A. An appeal from any local agency action must be made within the 30 days following receipt by claimant of a Notice of Action informing him of the action on his case or of an Advance Notice of Proposed Action informing him of the agency’s intention to take such action.

B. An appeal based on the failure of a local agency to accept an application or to act within the specified time limit on the application or written request for a change in the amount, kind, or conditions of assistance must be made within 30 days following such failure to accept the application or to take timely action thereon.

C. The requirement of filing within the time limit is met if the request for appeal is received in the state or local agency, or postmarked, by the end of the 31st day following the date of the agency’s notice unless the claimant can provide proof that he/she was given fewer than 30 days to make a request for hearing. Acceptability of the proof rests with the state hearing authority.

D. If more than 30 days have elapsed in filing the appeal, the State authority may, in the interests of justice, grant an extension of the time period.

* 45 CFR 205.10(a)(5)
For instance, new information may be presented, there may occur clarification of policy, or need for mathematical correction in computations. If such adjustment is satisfactory to claimant, he has the choice either of withdrawing his appeal or of having a formal decision by the State Hearing Authority.

With respect to financial assistance, if such reconsideration or modification requires corrective action for prior months, payments are to be made by the local agency retroactively to the date the incorrect action on appeal became effective.

106.3 DECISION ON APPEAL -

A. The hearing officer, following the hearing, prepares a written report of the substance of the hearing embodying his findings, conclusions, decision, and appropriate recommendations.

B. The decision on appeal will be made by the hearing officer by whom the case was heard.

C. Except when medical information is requested or other essential information is needed, the decision of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, and the official report of the substance of the hearing, together with all papers filed in the proceeding, and the findings and conclusions of the hearing officer. This constitutes the exclusive record for decision and such record shall be available to claimant or his representative at any reasonable time at the State Regional Office serving the local agency.

D. The decision of the hearing officer, by virtue of the Commissioner of Social Services' delegation, shall be final and binding when tendered in writing to claimant and local agency, and shall be given positive effect regardless of whether review by the Commissioner has been requested.

If the claimant is found eligible for corrective payments, these will be made retroactively to the date the incorrect agency action on appeal became effective. The local agency will assure that administrative action to implement the fair hearing decision is taken no later than the 10th working day following the date on the hearing officer's letter conveying the decision, which is the date the decision is mailed.

If the decision of the hearing officer upholds the agency’s action and results in a decrease in the TANF benefit, that decrease must be reflected in the month following the decision, or as soon as administratively possible. Since the assistance unit was notified of the agency’s intention to decrease benefits at the time of the original action, no additional notice is needed when the decision of the hearing officer is implemented.

E. The decision of the hearing officer shall be rendered within 60 days following the date the appeal is received by the local agency or the State Department of Social Services. An exception to this is when the hearing officer grants the claimant or his/her representative an extension, or otherwise occasions a delay, not to exceed 30 days. This constitutes prompt and definitive administrative action and, for these purposes, the
date of decision of the hearing officer is considered in relation to meeting the time requirement, and is unaffected by any subsequent request for review by claimant, his representative, or local agency to the Commissioner of Social Services.

F. Any applicant or recipient aggrieved by a final agency action shall have the right to judicial review of such action pursuant to the provisions of the Administrative Process Act (Section 2.2-4000 et seq.). The hearing decision will include information on filing for a judicial review.

G. If the action of the local agency is overturned as a result of a judicial review, the local agency must take action immediately as specified in the court decision.

106.4 REVIEW OF HEARING OFFICER’S DECISION - APPEALS REVIEW PANEL

The Commissioner has established an Appeals Review Panel to review administrative hearing decisions upon request of either the claimant or the local agency. The purpose of the panel is to make recommendations to the Commissioner regarding whether changes are needed to policy or in the conduct of future hearings.

The Appeals Review Panel cannot change the decision of the Hearing Officer. It may only make recommendations to the Commissioner about future changes in policy or procedures.

A request for review by the Appeals Review Panel by either party must be submitted in writing and postmarked within 10 days following the date of the hearing officer’s written decision. A request for review from a local agency must be submitted by the director or by his/her designee whose name is on file with the Hearings Manager.

Submit requests for review by the Appeals Review Panel to:

Commissioner
Virginia Department of Social Services
801 E. Main Street
Richmond, VA  23219-2901
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Example 7: Mr. and Mrs. X are in the same AU and each has 30 months on the 60-month clock. Mr. X moves out and does not receive TANF while he is gone. When Mr. X moves back in with Mrs. X, she has 50 months on her clock. Ten months later, the TANF case is closed because Mrs. X reaches the 60-month lifetime limit on her clock. Mr. X has 40 months on his 60-month clock at the time of the TANF case closure.

Subsequently Mr. X moves out, taking one of the children with him. He applies for TANF for himself and the child. The TANF application will be approved if all other TANF eligibility criteria is met. Mr. X may remain eligible until he has accumulated 60 months on his 60-month clock.

H. Eligibility beyond the 60-month limit - An assistance unit may be eligible to receive additional months of TANF assistance beyond the 60-month time limit when either

1) the caretaker (both caretakers in a two-parent TANF household) is totally physically or mentally disabled (according to a Medical Evaluation 032-03-0654 completed by a medical professional which shows that the client is unable to work 10 hours or more per week) and is not able to be self supporting due to the disability; or

2) the caretaker is needed on a substantially continuous basis to care for a family member who is living in the household. (The family member does not have to be included on the TANF grant.) The family member must have a verified physical or mental disability and must have caretaking needs that prevent the caregiver from being self supporting. These "caretaking needs" include the need for attendance, supervision, and home care, and other needs related to the family member’s disability. A medical professional must complete a Statement of Required Presence of Caregiver form (032-03-0020) to verify the family member’s condition, and the need for the caregiver to be available on a substantially continuous basis. If the disabled family member is out of the home for substantial portions of the day, **the caregiver will not be considered to be needed on a substantially continuous basis**. Additionally, if the caregiver is employed outside of the home, the caregiver will not be considered to be needed to care for the disabled individual on a substantially continuous basis. In both of these situations, the TANF benefits will not be extended beyond the 60th month.

The total disability of the caretaker or the need for the caretaker to act as a caregiver for a disabled family member living in the household must be re-evaluated based on new verification at the end of the anticipated duration as noted on the medical form or every 90 days - whichever occurs first. If the medical form is incomplete, the eligibility worker must contact the medical professional to obtain the missing information before acting on the medical.

The TANF case is to be closed as soon as administratively possible upon verifying that the caretaker is no longer totally disabled or is no longer needed to care for a disabled family member living in the household.
The child's failure or refusal to cooperate with the plan is considered noncooperation by the caretaker, as the caretaker is responsible for the child's actions.

If the truant child is the only eligible child, the case is ineligible for assistance and must be closed. If the caretaker and child subsequently decide to cooperate with the plan, the caretaker must reapply for TANF.

F. Reinstatement Following Noncooperation in Establishing or Following the Plan - The child's needs are to be reinstated once the agency has verified that the caretaker is again cooperating. If noncooperation occurred in relation to development of the plan, development of the plan must be completed for cooperation to exist. If noncooperation occurred in following the plan once developed, the caretaker must demonstrate her cooperation before the child's needs can be reinstated. The child's needs must be added to the grant effective the month following the month in which cooperation occurs. If the caretaker contacts the agency prior to the actual removal of the child and cooperates in developing the plan, the child's needs will not be removed from the grant.

G. Truant Applicants - During the application process, if the assistance unit member is truant, the local department must do the following:

1. notify the applicant of the requirements listed in Section 201.3 C;
2. allow the applicant an opportunity to comply with the school attendance requirement during the 30-day processing period by either enrolling the child or by cooperating with the agency in establishing a plan for compliance; and
3. notify the applicant of the child's eligibility or ineligibility on the "Notice of Action" form when action is taken on the application.

H. Notification of Court Conviction and Subsequent Reinstatement - If the agency receives notification that a court has found a member of the assistance unit guilty of a violation of compulsory school attendance laws, the eligibility worker must remove the truant recipient from the grant effective the following month, if administratively possible. The child will remain ineligible until the caretaker notifies the local agency, and the agency verifies through the school division, that the child is no longer truant. The child's needs must be added to the grant effective the month following the month in which compliance was achieved.

I. Children in Job Corps - The Job Corps Program is an alternative education program which meets compulsory school attendance requirements. A child who is in the Job Corps is considered to be in compliance with school attendance requirements without regard to actual attendance records.

J. Compulsory School Attendance Requirements Applicable to SSI Children - The school attendance requirement applies to an SSI child only when the SSI child is the only eligible child in the assistance unit. In such cases, the eligibility of the case is based upon the child's meeting TANF eligibility requirements, including school attendance. The requirement does not apply to other SSI children in the home. If the SSI child who is the only eligible child does not meet the school attendance requirement, the case is ineligible.
B. Living in a Home* - A home is the family setting maintained, or in the process of being established, by the relative, as evidenced by the presence of the child. A home may exist in situations where the assistance unit lacks a fixed home address or is otherwise considered homeless.

A home exists even though the child or relative is temporarily absent from the customary family setting. A temporary absence based on admission or commitment to a mental institution or correctional facility is limited to 30 consecutive days. Other temporary absences, including absences for other types of hospitalization, employment, education or training, vacations, or visits, are limited to 60 consecutive days. A parent or child who is absent from the home for longer periods cannot be considered to be living in the home.

Exception:
A parent who is absent from the home due to active duty in the uniformed services is considered living in the home and is not subject to the 60 consecutive day time limit.

The following individuals do not meet the living in a home requirement and are ineligible for TANF:

1. A parent or other caretaker who has been absent from the home for a period of 60 consecutive days (30 days if the absence is due to admission or commitment to a mental hospital or correctional facility).

2. A child who has been, or is expected by the caretaker to be, absent from the home for a period of 60 consecutive days (30 days if the absence is due to admission or commitment to a mental hospital or correctional facility). The child may be eligible in another assistance unit.

Exception: A newborn may be added to the AU as of his date of birth even if he remains in the hospital. If the newborn is still in the hospital 60 days after his birth, he will be removed from the AU. The child may be added back to the AU when he enters the home.

The caretaker must report to the local agency after it becomes clear to the caretaker that the caretaker or minor child will be absent from the home for 60 consecutive days (30 consecutive days in the case of a mental institution or correctional facility). (Refer to Section 401.2.B.2.a.1)

If the caretaker fails to report the change within the required time frame as described above, the caretaker or the child who is absent from the home is ineligible. If the absent child is the only child in the home, the case will also be ineligible. (See 502.4 regarding establishment of an emergency payee when the caretaker is absent from the home.)
The primary source for verification of living arrangements for children who attend school, including nursery schools, pre-schools, or child care centers, is the school record which shows address and relative’s name. Hospital or physician’s record, court or public agency record, military record, contact with public housing, or landlord are secondary sources for children attending school. For pre-school age children (those children who are not in nursery school, pre-school, child care, etc.), the client’s declaration that the children are living with her will be accepted, unless the worker has reason to question the accuracy of the client’s statement. The case record must be documented to reflect the verification/declaration obtained.

If verification cannot be obtained from one of the sources listed above, the case record must be documented to reflect all the attempts that were made to secure verifications from primary or secondary sources. The case record must also contain documentation of all evidence obtained by the worker that substantiates the child’s presence in the home.

When verifications conflict with the statement of the applicant/recipient, the verifications must be presented to the individual. If the applicant/recipient still maintains that the child is living in the home, the agency must accept other evidence provided by the individual which establishes this fact.

C. Living with a Relative for a Part of Each Month - Examples of this include joint custody situations in which the child is with the TANF applicant/recipient one night a week, weekends only, every other week, informal arrangements made by the child’s parents, or a vacation or visit to the applicant/recipient’s home. The living with evaluation requires an evaluation of both presence in the home and responsibility for care and control of the child while in the home.

The living with determination is made by the local department of social services (LDSS) on a case-by-case basis using information obtained from individuals outside the home:

- about the child’s entry into the client’s home;
- extent of responsibilities the applicant/recipient will exercise while the child is in the home; and
- the applicant/recipient’s responsibility to maintain a home and meet the basic day-to-day needs of the child should be included in the evaluation.

A child living with his parent(s) may be eligible for TANF even though custody is held by the social services department, if all other eligibility factors for TANF are met. When living with a relative other than a parent, a child will be eligible for TANF if he/she is not eligible for Title IV-E and all other factors for TANF eligibility are met. Refer to Title IV-E Eligibility Manual, Section 202.4. If eligible for Title IV-E, the child is not eligible for TANF.
It should be noted that for TANF eligibility purposes a child can only have one home, as defined above in this section. Therefore, if the caretaker/relative qualifies for TANF because of the presence in the home of a child who receives a foster care maintenance payment, the child cannot also be considered to be "temporarily absent" from his or her prior home with a parent or other caretaker/relative, thereby also qualifying such relative for a TANF payment.

The case record must be documented relative to the local agency's finding that the child is living in the home.

A child may not be denied TANF, either initially or subsequently, on the basis that the home is considered "unsuitable" because of conditions existing in the home, unless provision is otherwise made for his adequate care and assistance.* If such conditions appear to exist, referral for protective services must be made.

D. Minor Parent Residency Requirement - A minor parent is an individual under 18 years of age who is the natural parent of the child. A minor parent and the dependent child in her care must reside in the home maintained by her parent or person standing in loco parentis, unless she meets an exception. (In loco parentis is defined as standing in place of or taking the role of a parent. For TANF, the in loco parentis role may be filled by a relative [see 201.5A], the legal guardian of the minor child, or a person 21 years of age or older who is acting as a parent. By definition, the in loco parentis role may not be filled by a person such as a boyfriend or girlfriend whose relationship to the minor parent is other than parental.) Minor applicants must be informed about the residency requirement at the time of application. If the minor cannot make arrangements to live in the home of a parent or person standing in loco parentis within the standard 30 day processing time, and does not meet an exception, then the worker must deny the application.

* Section 63.2-607, Code of Virginia
201.7 CITIZENSHIP AND ALIENAGE - Federal law* and state law** requires anyone whose needs are considered in determining the amount of assistance for TANF to be a citizen of the United States or an eligible alien.

A. Citizenship/Alienage Status

1. Citizenship - An individual is a U.S. citizen if he is:
   a. born in the United States, regardless of the citizenship of his parents (Note: This does not apply to children of foreign heads of state or children of foreign diplomats. These children do not automatically obtain citizenship even when born in the United States or in U.S. jurisdictions.); or  
   b. born outside the United States of U.S. citizen parents (the mother if born out of wedlock); or 
   c. born outside the United States of alien parents and has been naturalized as a U.S. citizen. A child born outside the United States of alien parents automatically becomes a citizen after birth if his parents (the mother if born out of wedlock) are naturalized before he becomes 16 years of age.

2. Alienage - An alien must be a qualified alien as defined below or meet the exception in d.3) below. If the alien does not meet the definition of a qualified alien or the exception, he does not meet the alienage requirement. If he meets the definition of a qualified alien, he must then be evaluated in accordance with b., c., and d.1) and d.2) below, depending on the date he entered the U.S.
   a. "Qualified alien" is defined as:
      1) an alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA), without regard to the number of the alien’s SSA qualifying quarters; 
      2) an alien granted asylum under Section 208 of the INA; 
      3) a refugee admitted to the U.S. under Section 207 of the INA, or an alien who is admitted to the U.S. as an Amerasian immigrant pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988 (as contained in section 101(e) of Public Law 100-202 and amended by the 9th proviso under MIGRATION AND REFUGEE ASSISTANCE in title II of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1989, Public Law 100-461, as amended),*** or an alien who is a victim of human trafficking. 
      4) an alien paroled into the U.S. under Section 212(d)(5) of the INA for a period of at least one year; 
      5) an alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of the INA (as amended by section 305(a) of division C of Public Law 104-208);**
active duty. "Veteran" also includes persons who served in the Philippine Commonwealth Army during World War II or as Philippine Scouts following the war; *

2) a qualified alien and is on active duty (other than active duty for training) in the Armed Forces of the United States; or

3) the spouse or unmarried dependent child of an individual (not deceased) described in 1) or 2) above, or the surviving spouse of an individual (deceased) described in 1) or 2) above, provided the surviving spouse has not remarried and was married to the deceased veteran:

(a) before the end of a 15-year period following the end of the period of military service in which the injury or disease causing the death of the veteran was incurred or aggravated; or

(b) for one year or more; or

(c) any period of time if a child was born of the marriage or was born to them before the marriage.*

The spouse or unmarried dependent child is not required to be a qualified alien.

3. Verification of immigration status is required at application, redetermination, and as individuals are added, using U.S. Citizenship and Immigration Services (USCIS) documents provided by the alien or, if the individual is a victim of human trafficking, using documentation from the federal Office of Refugee Resettlement. A copy of the document must be filed in the case record and the comment screen documented. If an applicant/recipient's alien status changes or an individual who was an alien becomes a U.S. citizen, his eligibility for assistance must be evaluated under the new status unless otherwise stated in policy.

If an alien presents expired documents as evidence of his immigration status, or has no documentation, refer the alien to the local USCIS office to obtain documentation of status. In unusual cases involving aliens who have physical or mental disabilities that limit their ability to obtain or provide the required evidence, the worker should make every effort to assist the individual to obtain the required evidence. If the alien can provide an alien registration number, the worker should file Form G-845S Document Verification Request along with the alien registration number and a copy of any expired USCIS document presented with the local USCIS office to verify status.

Note: If a USCIS receipt for a replacement document was used to verify qualified alien status, obtain a copy the actual replacement document at the next renewal.

B. Sponsored Aliens

Aliens may be sponsored by either an individual or an agency/organization. Sponsorship satisfies a requirement of the USCIS that an individual petitioning to come to the U.S. is not likely to become a "public charge."

* Public Law 105-33
2. If required to be in the assistance unit, the income and resources of the person will be considered available to the assistance unit as indicated in Section 305.4.E.1.e.

D. Verification of Citizenship or Alien Status; Legal Presence

Children - Citizenship or Alien Status: In order to meet TANF categorical eligibility requirements, the citizenship or eligible alien status of each applicant child, including newborns, must be verified before the child can receive assistance. Citizenship can be verified by birth certificate or by other documents as specified in Chapter 201, Appendix III. Note: In the case of a newborn, the proof-of-birth letter furnished by the hospital to the parent is sufficient documentation to add the child to the assistance unit however, it is recommended to obtain a copy of the birth certificate at the next renewal.

Applicants age 19 or older – Citizenship or Alien Status; Legal Presence: In order to meet legal presence requirements, an applicant age 19 or older must provide proof of citizenship or a valid social security number within 90 days of application. The legal presence requirement can be met when an applicant provides a valid social security number to meet the condition of eligibility requirement (201.1B(1)). If the applicant meets the condition of eligibility requirement by furnishing proof that an application for a social security number has been made, and does not subsequently provide proof of a valid social security number or of citizenship by the end of 90 days, the individual is not eligible and must be removed from the grant.

E. Systematic Alien Verification for Entitlements (SAVE) Program

1. The Immigration Reform and Control Act of 1986 (IRCA), requires the verification of the immigration status of aliens applying for certain types of benefits, including TANF. Local agencies should not use the SAVE system to confirm the status of human trafficking victims since their status is verified by the federal Office of Refugee Resettlement.

2. Aliens, except victims of human trafficking, must submit documentation of their immigration status before eligibility can be determined. Once documentation has been provided, the agency must determine the validity of the documentation by comparing the alien information with current immigration records maintained by USCIS. This is accomplished through the Systematic Alien Verification for Entitlements (SAVE) Program and is intended to prevent the issuance of benefits to ineligible aliens.* SAVE verification must be initiated prior to case approval or action to add a person. If the SAVE verification is not received prior to the action to approve the case or add the individual, the date the SAVE verification was requested must be documented in the case record.

Verification is obtained through two processes:

a. Primary verification - a direct access to USCIS files via telephone or personal computer;

* Public Law 99-603, Section 121
the applicant/recipient an opportunity to view the photograph of the individual tested. If the individual in the photograph is not the man named by the applicant/recipient, DCSE will initiate action to administer another test to the appropriate parties.

If the individual in the photograph is the man named by the applicant/recipient, DCSE may refer the matter to the court if the applicant/recipient insists that he is the father. During that time, the applicant/recipient will be considered to be cooperating.

3) A mother who was married at the time of the child's birth, but names someone other than her husband as the child's father, must refer both men to DCSE. The man to whom she was married at the time of the child's birth is the legal father and is considered the child’s father until a court has determined that he is not. After the court has excluded the husband as the father, DCSE can proceed to determine the paternity status of the man named by the mother.

b. Additional Information to Identify the Noncustodial Parent - For each noncustodial parent referred to DCSE, including the legal father if the mother was married at the time of the child’s birth, the applicant/recipient must provide, under penalty of perjury, additional informational items including, at a minimum, three of the following:

1) social security number;
2) race;
3) date of birth;
4) place of birth;
5) telephone number;
6) address;
7) schools attended;
8) occupation;
9) employer;
10) driver's license number;
11) make and model of motor vehicle;
12) motor vehicle license plate number;
13) places of social contact;
14) banking institutions utilized;
15) names, addresses, or telephone numbers of parents, friends, or relatives; or
16) other information that the agency determines is likely to lead to the establishment of paternity.

c. Exception to the Requirement to Provide the Name of and Identifying Information on the Noncustodial Parent - If the applicant or recipient attests to the lack of information under penalty of perjury, cooperation exists even though identifying
information required in 201.10 A.1.a. and/or b. is not provided and no penalty is to be imposed. If the applicant/recipient cannot provide the name of the noncustodial parent and at least three pieces of identifying information, she must sign an Attesting to The Lack of Information (ATL) form (032-03-0423). (Note: A separate ATL form must be completed for each noncustodial parent.) When an ATL is completed, a code “75” will be entered in the “Good Cause” field on the Absence Deprivation/ Paternity Absent Parent Data – Screen 1 (AEDEP1) in ADAPT. This code will be pre-filled on the “Good Cause” field on the Absence Documentation (AEMCAG) screen. This coding will ensure that a referral on this noncustodial parent will not be sent to DCSE.

At the time of each renewal, the eligibility worker is to ask the client to provide information on each noncustodial parent. If the client continues to be unable to provide the name and at least three pieces of identifying information on a noncustodial parent, the eligibility worker will have the client complete a new ATL form for that noncustodial parent.

Note: An applicant/recipient who is the grandparent of the child for whom assistance is requested, is expected to be able to provide the first and last name and at least three additional pieces of identifying information for the noncustodial parent who is her own child. If she fails to do so, she will be subject to noncooperation penalties outlined in guidance at 201.10 B and C.

2. Appearing at an office of the local department of social services or the Division of Child Support Enforcement, as requested, to provide:

   a. verbal or written information, or

   b. documentary evidence known to, possessed by, or reasonably obtainable by the applicant/recipient about the noncustodial parent.

3. Appearing as a witness at judicial or administrative hearings or proceedings.

4. Appearing for a scheduled appointment to have testing completed to establish paternity.

5. Paying to DCSE any money directly received from the noncustodial parent after approval of the TANF case.

6. Paying for all additional genetic testing after the first five potential fathers have been tested and excluded as the father of the child.

Note: If a problem is identified that interferes with the recipient's ability to cooperate, such as, lack of transportation, hospitalization, etc., the local agency must assist the applicant/recipient, if requested.
DOCUMENTATION FOR QUALIFIED ALIENS BY ALIEN GROUP

All qualified aliens who entered the U.S. prior to 8/22/96 and whose status can be documented are eligible for assistance.

Certain qualified aliens (some refugee categories, aliens granted asylum, aliens whose deportation is being withheld, and Cuban-Haitian entrants) who entered the U.S. on or after 8/22/96 and whose status can be documented are eligible for assistance. If the status cannot be documented, the alien is ineligible for five years from date of entry into the U.S.

SECTION A - QUALIFIED ALIENS

<table>
<thead>
<tr>
<th>Lawful Permanent Resident Aliens</th>
<th>Documentation</th>
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</table>
| Lawful Permanent Resident Aliens are aliens lawfully admitted for permanent residence under the Immigration and Nationality Act (INA) (without regard to the number of SSA qualifying quarters of work). | • Alien Registration Receipt Card I-551; or,  
• Unexpired temporary I-551 stamp on foreign passport or on I-94  
• Note: Earlier versions of the I-551 are the I-151, the AR-3, and the AR-3a. If the alien has only an older version, refer him to USCIS to apply for the I-551. |
| Lawful Permanent Resident Aliens who are American Indians born in Canada and covered by Section 289 of the INA. | • Alien Registration Receipt Card I-551 with code “S13”; or,  
• Letter or other tribal document certifying at least 50% American Indian blood plus a birth certificate or other evidence of birth in Canada. |

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<thead>
<tr>
<th>Aliens Granted Asylum</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| Aliens granted asylum under Section 208 of the INA. | • Arrival Departure Record (I-94) with stamp showing grant of asylum under Section 208 of the INA; or,  
• Employment Authorization Card (I-688B) bearing "Provision of Law" citation 274a.12(a)(5); or,  
• Employment Authorization Document (I-766) annotated “A5”; or,  
• Grant letter from Asylum Office; or,  
• Order of an immigration judge granting asylum |

Arrival on or after 8/22/96: If the alien granted asylum under Section 208 arrived on or after 8/22/96, he must meet the requirements outlined; or, if his status is now LPR, verify that the alien was previously granted asylum by filing a G-845S Document Verification Request form along with a copy of the alien’s I-551.
<table>
<thead>
<tr>
<th>Refuges</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugees admitted under Section 207 of the INA</td>
<td>• Arrival Departure Record (I-94) with stamp showing admission under Section 207 of the INA; or, • Employment Authorization Card (I-688B) bearing “provision of Law” citation 274.12(a)(3) or (4); or, • Employment Authorization Document (I-766) annotated “A3”; or, • Refugee Travel Document (I-571)</td>
</tr>
<tr>
<td>Refugees admitted as Amerasian immigrants</td>
<td>• An I-94 coded AM1, AM2, or AM3; or, • An I-1551 coded AM6, AM7; or • A temporary I-551 stamp in a foreign passport</td>
</tr>
<tr>
<td>Refugees admitted as victims of human trafficking</td>
<td>• Letter from the Office of Refugee Resettlement that certifies or documents the status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paroled Aliens</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aliens paroled into the U.S. for at least one year under Section 212(d)(5) of the INA</td>
<td>• Arrival Departure Record (I-94) with stamp showing admission under Section 203(a)(5). • Note: Periods of admission of less than one year cannot be added together to meet the one-year requirement.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conditional Entrant Aliens</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aliens admitted as conditional entrants Under Section 203(a)(7) of the INA</td>
<td>• Arrival Departure Record (I-94) with stamp showing admission under Section 203(a)(7) of the INA; or, • Employment Authorization Card (I-688B) bearing citation 274a.12(a)(3); or, • Employment Authorization Document (I-766) annotated “A3”</td>
</tr>
</tbody>
</table>
### Aliens With Deportation Withheld

<table>
<thead>
<tr>
<th>Aliens With Deportation Withheld</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| Aliens whose deportation has been withheld under Section 241(b)(3) or 243(h) of the INA | • Employment Authorization Card (I-688B) annotated "274.a12(a)(10); or,  
• Employment Authorization Document (I-766) annotated "A10"; or,  
• Immigration Judge’s Order showing deportation withheld under section 243(h) of the INA; or,  
• Immigration Judge’s Order showing removal withheld under section 241(b)(3) of the INA |

**Arrival on or after 8/22/96:** If the alien’s deportation is being withheld under Section 241(b)(3) or 243(h) of the INA, he must meet the requirements outlined; or, if his status is now LPR, verify previous deportation or removal withheld by filing a G-845S along with a copy of the alien’s I-551.

### Cuban-Haitian Entrant Aliens

<table>
<thead>
<tr>
<th>Cuban-Haitian Entrant Aliens</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| Cuban-Haitian Entrants are defined by Section 501(e) of the Refugee Education Assistance Act of 1980 as: | • Alien Registration Receipt Card (I-551) with the code CU6, CU7, or CH6; or,  
• An unexpired temporary I-551 stamp in a foreign passport or on an I-94 with the code CU7 or CU7; or,  
• An i-94 with stamp showing parole as “Cuban/Haitian Entrant” under section 212(d)(5) of the INA  
• Note: Document that a Cuban-Haitian Entrant is subject to exclusion or deportation using letters or notices which indicate ongoing exclusion or deportation proceedings for that person.  
• Note: Contact USCIS if information indicates that a final order of exclusion or deportation has been issued. |

- An individual who has been granted parole by USCIS for humanitarian or public interest reasons, unless a final order of deportation or exclusion has been issued; or,  
- An individual who has an application for asylum pending with USCIS, unless a final order of deportation or exclusion has been issued; or,  
- Is subject to USCIS exclusion or deportation proceedings, unless a final order of deportation or exclusion has been issued

**Arrival on or after 8/22/96:** If the Cuban-Haitian Entrant’s arrival was on or after 8/22/96, he must meet the requirements outlined.
**Battered Aliens**

A battered alien is an alien parent and/or alien child who is battered or subjected to extreme cruelty while in the U.S. The alien must have a petition approved by or pending with the USCIS for:

- Status as an immediate relative (spouse or child) of a U.S. citizen; or,
- Classification changed to immigrant; or,
- Status as the spouse or child of a lawfully admitted permanent alien (LAPR); or
- Suspension of deportation and adjustment to LAPR status based on battery or extreme cruelty by a spouse or parent who is a U.S. citizen or LAPR alien.

Battery/cruelty criteria:

- The perpetrator is a spouse, parent, or other household member of the spouse or parent’s family who was residing in the home at the time of the incident but is no longer in the home. The alien must not now be residing in the same household as the person responsible for the battery or extreme cruelty, and
- The alien was battered or subjected to extreme cruelty while in the U.S. by a spouse or a parent, or by a member of the spouse’s or parent’s family residing in the same household as the alien, and the spouse or parent consented to or acquiesced in such battery or cruelty; or,

**Documentation**

- Document the battery/cruelty situation using information from the applicant/recipient and other knowledgeable sources.
- Examine documents provided by the applicant/recipient to determine if one of the USCIS status categories is met.
- Prior to the approval of benefits, the agency must determine that the situation meets the criteria outlined, the individual meets a USCIS status, and that there is a substantial connection between the battery or cruelty and the need for benefits; these findings must be documented.
### Battered Aliens

- The alien’s child was battered or subjected to extreme cruelty while in the U.S. by a spouse or a parent of the alien (without the active participation of the alien in the battery or cruelty), or by a member of the spouse or parent’s family residing in the same household as the alien, and the spouse or parent consented or acquiesced to such battery or cruelty and the alien did not actively participate in the battery or cruelty, or
- The alien child resides in the same household as a parent who has been battered or subjected to extreme cruelty while in the U.S. by that parent’s spouse, or by a member of the spouse’s family residing in the same household as the parent and the spouse consented or acquiesced to the battery or cruelty.
### SECTION B: EXCEPTIONS FOR ALIENS WHO ARE VETERANS OR ACTIVE DUTY SERVICE MEMBERS AND THEIR FAMILIES WITHOUT REGARD TO DATE OF ENTRY

<table>
<thead>
<tr>
<th>Aliens Who Are Veterans</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| A qualified alien who is a veteran living legally in the state who served a minimum of 24 months, or other required period of active duty and who was honorably discharged (not for reasons of alienage), without regard to date of entry. This category includes veterans of the Philippine Commonwealth Army during WWII, veterans of the Philippine Scouts after the war. | • Document lawful alien status. (The status must be other than illegal).  
• Verify qualified alien status (Section A)  
• Verify military status using documents from the individual, or through military records (Form DD 214).  
• Document active duty in the Army, Navy, Air Force, Marine Corps, or Coast Guard  
• There is no minimum duty requirement if the original enlistment is prior to 9/7/80. If enlistment is on or after 9/7/80, two or more years of continuous active duty are necessary to meet the minimum duty requirement. (Form DD 214)  
• Document “Honorable Discharge.” (A discharge "Under Honorable Circumstances" does not meet this requirement).  
• Refer aliens to VA office to determine status when:  
  - The individual has no papers showing service or discharge  
  - Service is in any other branch, or duty is other than “active” (e.g., “Active Duty for Training”)  
  - When DD 214 shows active duty service of less than two years and original enlistment on or after 9/7/80, or  
  - When DD 214 is not available |
<table>
<thead>
<tr>
<th>Aliens Who Are On Active Duty</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| A qualified alien who is on active duty (except for training) in the U.S. Armed Forces - Army, Navy, Air Force, Marine Corps, or Coast Guard - without regard to date of entry. | • Verify qualified alien status (Section A)  
• Verify military status using documents from the individual, or through military records (Form DD 2 - Active)  
  o DD 2 must show an expiration date of more than one year from the date of determination  
  o If the DD 2 is due to expire within one year from the date of determination, verify active duty through a copy of the current military orders |
### Relatives of Alien Veterans or Active Duty Service Members

The spouse, or unmarried dependent child of a qualified alien veteran or qualified alien service member as described above. The spouse, or unmarried dependent child does not have to be a qualified alien.

- Verify qualified alien status of veteran (Section A)
- Verify military status as outlined above using documents from the individual, or through military records. (Form DD 214 or DD 2).
- Verify relationship of the spouse or unmarried dependent to the veteran or active duty service member.
- In the case of an unmarried dependent child, document the dependent status by the child’s military ID card, and that the child is under age 18, or is under 22 if a full-time student.

### The unremarried surviving spouse of a qualified alien veteran or qualified alien service member as described above who was:

- married to the veteran or active duty alien within 15 years after the end of the period of service in which the injury or disease causing death was incurred or aggravated, and was
- married to the veteran or active duty alien for one year or more, or

- The unremarried surviving spouse of a qualified alien veteran or qualified alien service member as described above who was the parent of a child born of the relationship with the veteran or active duty service member either before or during the marriage.

- Verify qualified alien status of veteran (Section A)
- Verify military status as outlined above using documents from the individual, or through military records. (Form DD 214 or DD 2).
- Verify relationship of the unremarried surviving spouse to the veteran or active duty service member.
- Verify the relationship of the unremarried surviving spouse and the veteran or active duty service member to the child born of the relationship.
AN INDIVIDUAL IS A U.S. CITIZEN IF HE IS:

a. born in the United States, regardless of the citizenship of his parents (Note: A child born in the United States or U.S. jurisdiction to a foreign head of state or foreign diplomat does not automatically obtain U.S. citizenship); or

b. born outside the United States of a U.S. citizen parent or parents; or

c. born outside the United States of alien parents and has been naturalized as a U.S. citizen; or

d. born outside the United States of an alien parent/parents who are naturalized before he becomes 16 years of age.

A. DOCUMENTATION OF CITIZENSHIP AND IDENTITY FOR U.S. CITIZENS

An individual establishes citizenship and identity by providing one of the following documents that show a U.S. place of birth, or that the person is a U.S. citizen:

- U.S. Passport (unless the passport was issued with a limitation). The passport does not have to be currently valid to prove citizenship/identity.
- Certificate of Naturalization (N-550 or N-570)
- SAVE verification of naturalization
- Certificate of Citizenship (N-560 or N-561)

Client statement cannot be used to establish citizenship and identity.

B. DOCUMENTATION OF CITIZENSHIP FOR U.S. CITIZENS (ADDITIONAL DOCUMENTATION MUST BE PROVIDED TO ESTABLISH IDENTITY. SEE SECTION C. BELOW).

The following documents establish citizenship. Additional documentation must be provided to establish identity:

- U.S. Public Birth Record showing birth in
  - One of the 50 states
  - District of Columbia
  - Puerto Rico (if birth on or after 1/13/1941)
  - U.S. Virgin Islands (if birth on or after 1/17/1917)
  - Northern Mariana Islands (if birth on or after 11/4/1986)
  - American Samoa
  - Guam
- Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)
- United States Citizen Identification Card (I-197 or I-179)
- Final adoption decree showing child’s name and U.S. place of birth
- Official military record of service showing U.S. place of birth
• Official written statement or record from the hospital at which the individual was born, or from the attending physician showing U.S. place of birth.

• Written affidavit attesting to citizenship or naturalization. (Note: A written affidavit is only acceptable if no other proof of citizenship can be provided. The affidavit must be signed by at least two individuals, at least one of whom is not related to the applicant, who have personal knowledge supporting the claim of citizenship. The individuals signing the affidavit must both have proof of identity and their own citizenship. The applicant must provide a separate affidavit explaining why evidence of citizenship does not exist or cannot be obtained).

Client statement cannot be used to establish citizenship.

C. DOCUMENTATION OF IDENTITY FOR U.S. CITIZENS (ADDITIONAL DOCUMENTATION MUST BE PROVIDED TO ESTABLISH CITIZENSHIP. SEE ACCEPTABLE DOCUMENTATION FOR CITIZENSHIP ONLY IN B. ABOVE. SEPARATE DOCUMENTATION OF IDENTITY DOES NOT HAVE TO BE PROVIDED IF CITIZENSHIP WAS VERIFIED BY U.S. PASSPORT, CERTIFICATE OF NATURALIZATION, OR CERTIFICATE OF CITIZENSHIP SINCE THESE SERVE TO VERIFY IDENTITY AS WELL AS CITIZENSHIP).

• A state photo driver’s license
• A state issued photo ID card
• A school issued photo ID card
• U.S. Military ID card (active, reserve, retired)
• U.S. Military draft record
• U.S. Military dependent ID card
• U.S. Coast Guard Merchant mariner Card
• For a child under 16 only
  o Doctor, clinic, or hospital record
  o School record
  o Child care record

Client statement cannot be used to establish identity.

D. DOCUMENTATION OF IDENTITY ONLY FOR INDIVIDUALS WHO ARE NOT U.S. CITIZENS. IMPORTANT: THESE DOCUMENTS ARE USED TO ESTABLISH IDENTITY OF THE PARENT PRIOR TO ESTABLISHING RELATIONSHIP TO THE CHILD. THEY ARE USED ONLY FOR INDIVIDUALS WHO ARE NOT CITIZENS OR ELIGIBLE ALIENS. THESE DOCUMENTS DO NOT ESTABLISH CITIZENSHIP OR ALIEN STATUS.

• U.S. Military ID card (active, reserve, retired)
• U.S. Military draft record
• U.S. Military dependent ID card
• U.S. Coast Guard Merchant Mariner Card
• Identification card issued by the Federal, State, or local government that includes the individual’s name and address, and incorporates a photo as an integral part of the card
• Three or more corroborating documents such as employer identification cards, high school or college diplomas, including GEDs, from accredited institutions, marriage certificates, divorce decrees, or property deeds/titles that together reasonably corroborate the identity of the individual. The agency must first ensure that no other evidence of identity is available to the individual prior to accepting such documents.

• Written affidavit attesting to identity. (Note: A written affidavit is only acceptable if absolutely no other proof of identify can be provided.) The affidavit must be signed by at least two individuals, at least one of whom is not related to the applicant, who have personal knowledge of the individual’s identity. Examples of such individuals might include landlords, relatives or friends. The individuals signing the affidavit must both have proof of their own identities. The applicant must provide a separate affidavit explaining why proof of identity does not exist or cannot be obtained.

Client statement cannot be used to establish identity.
Example 1

A family of three, the mother and two children, apply for TANF. The mother fails to cooperate, without good cause, and is ineligible to be included on the grant. The family resides in a Group I locality and has no countable income. The children are eligible for benefits and the grant is calculated as follows:

Step (1) - Calculate reduction by removing caretaker's needs:

\[
\begin{align*}
292.00 & \quad \text{SOA for 3 persons} \\
-228.00 & \quad \text{SOA for 2 persons} \\
64.00 & \quad \text{Amount of SOA reduction}
\end{align*}
\]

Step (2) - Calculate 25% reduction:

\[.25 \times 292 = 73.00\]

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
73.00 & \quad 25\% \text{ reduction} \\
-64.00 & \quad \text{SOA reduction} \\
9.00 & \quad \text{Additional penalty amount}
\end{align*}
\]

Step (4) - Net payment calculation:

\[
\begin{align*}
228.00 & \quad \text{SOA for 2 persons/Grant amount} \\
-9.00 & \quad \text{Additional penalty} \\
219.00 & \quad \text{Net payment}
\end{align*}
\]

Example 2

A family residing in Group II has been receiving benefits in the amount of $254 for two persons (the mother and one child). The mother is determined not to be cooperating, without good cause, and must be removed from the grant. The calculation of the new grant amount is as follows:

Step (1) - Calculate reduction by removing caretaker's needs:

\[
\begin{align*}
254.00 & \quad \text{SOA for 2 persons} \\
-173.00 & \quad \text{SOA for 1 person} \\
81.00 & \quad \text{Amount of SOA reduction}
\end{align*}
\]

Step (2) - Calculate 25% reduction:

\[.25 \times 254 = 63.50\]
Example 2 - Continued

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
\$63.55 & \quad 25\% \text{ reduction} \\
\underline{- 81.00} & \quad \text{SOA reduction} \\
\$ 0.00 & \quad \text{Additional penalty amount}
\end{align*}
\]

Step (4) - Net payment calculation:

\[
\begin{align*}
\$173.00 & \quad \text{SOA for 1 person/Grant amount} \\
\underline{- 00.00} & \quad \text{Additional penalty} \\
\$173.00 & \quad \text{Net payment}
\end{align*}
\]

Example 3

A family residing in Group III is composed of the mother and her four children. The mother receives $120 monthly in countable unearned income. TANF benefits are currently \$389 (\$537 SOA - \$120 income). The mother is determined not to be cooperating, without good cause, and must be removed from the grant.

Step (1) - Calculate reduction by removing caretaker's needs:

\[
\begin{align*}
\$537.00 & \quad (\$537.00 \text{ SOA for 5 persons} - \$120.00 \text{ Countable income}) \\
\underline{- 451.00} & \quad (\$451.00 \text{ SOA for 4 persons} - \$120.00 \text{ Countable income}) \\
\$ 86.00 & \quad \text{Net payment}
\end{align*}
\]

Step (2) - Calculate 25\% reduction:

\[
.25 \times \$537 = \$134.25
\]

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
\$134.25 & \quad 25\% \text{ reduction} \\
\underline{- 86.00} & \quad \text{SOA reduction} \\
\$ 48.25 & \quad \text{Additional penalty amount}
\end{align*}
\]

Step (4) - Net payment calculation:

\[
\begin{align*}
\$451.00 & \quad \text{SOA for 4 persons} \\
\underline{- 120.00} & \quad \text{Countable income} \\
\$331.00 & \quad \text{Grant amount} \\
\$331.00 & \quad \text{Grant amount} \\
\underline{- 48.25} & \quad \text{Additional penalty} \\
\$282.75 & \quad \text{Net payment} \\
\underline{\$282.00} & \quad \text{Actual payment amount}
\end{align*}
\]
Example 4

A family residing in Group III is composed of the mother, father, and their three children. A child by a previous relationship of the mother enters the home. The mother does not cooperate, without good cause, in providing information about the child's father. The child's needs are added to the grant; however, the mother's needs must be removed. Calculation of the revised benefits is as follows:

Step (1) - Calculate reduction by removing caretaker's needs:

\[
\begin{align*}
\text{Maximum payment } - \text{ SOA for 6 persons} & \geq \text{maximum} \\
\text{SOA for 5 persons} & = \$537.00 \\
\text{Amount of SOA reduction} & = \$33.00
\end{align*}
\]

Step (2) - Calculate 25% reduction:

\[
.25 \times \$570 = \$142.50
\]

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
\text{25% reduction} & = \$142.50 \\
\text{SOA reduction} & = \$33.00 \\
\text{Additional penalty amount} & = \$109.50
\end{align*}
\]

Step (4) - Net payment calculation:

\[
\begin{align*}
\text{SOA for 5 persons/Grant amount} & = \$537.00 \\
\text{Additional penalty} & = \$109.50 \\
\text{Net payment} & = \$427.50
\end{align*}
\]

\[
\text{Actual payment amount} = \$427.00
\]

Example 5

A family consists of the mother and two children. Assistance is being provided only for the children because the mother has failed to apply for or furnish a Social Security number for herself. The Eligibility Worker is notified of the mother's failure to cooperate with DCSE, without good cause. The family resides in a Group I locality and has no countable income. Calculate the revised grant amount as follows:

Step (1) - Calculate reduction by removing caretaker's needs:

This step is not applicable since the mother's needs have already been removed from the grant for failure to comply in meeting the SSN requirement.

\[
\text{SOA for 2 persons} = \$228.00
\]

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Example 5 - Continued

Step (2) - Calculate 25% reduction:

\[ 0.25 \times 228 = 57.00 \]

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
&\text{\$57.00} \quad \text{25\% reduction} \\
&\text{- \$0.00} \quad \text{SOA reduction} \\
&\text{\$57.00} \quad \text{Additional penalty amount}
\end{align*}
\]

Step (4) - Net payment calculation:

\[
\begin{align*}
&\text{\$228.00} \quad \text{SOA for 2 persons/Grant amount} \\
&\text{- \$57.00} \quad \text{Additional penalty} \\
&\text{\$171.00} \quad \text{Net payment}
\end{align*}
\]

If the caretaker provides her SSN while she is still subject to a penalty due to noncooperation with DCSE, the grant amount must be recalculated as follows:

Step (1) - Calculate reduction by removing caretaker's needs:

\[
\begin{align*}
&\text{\$292.00} \quad \text{SOA for 3 persons} \\
&\text{- \$228.00} \quad \text{SOA for 2 persons} \\
&\text{\$64.00} \quad \text{Amount of SOA reduction}
\end{align*}
\]

Step (2) - Calculate 25% reduction:

\[ 0.25 \times 292 = 73.00 \]

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
&\text{\$73.00} \quad \text{25\% reduction} \\
&\text{- \$64.00} \quad \text{Amount of SOA reduction} \\
&\text{\$9.00} \quad \text{Additional penalty amount}
\end{align*}
\]

Step (4) - Net payment calculation:

\[
\begin{align*}
&\text{\$228.00} \quad \text{SOA for 2 persons/Grant amount} \\
&\text{- \$9.00} \quad \text{Additional penalty} \\
&\text{\$218.00} \quad \text{Net payment}
\end{align*}
\]
Example 6

A mother residing in a Group II locality receives TANF for one child. The mother's needs are not included on the grant since she receives SSI. There is no countable income. The Eligibility Worker is notified of the mother's failure to cooperate with DCSE, without good cause. Calculate the revised grant amount as follows:

Step (1) - Calculate reduction by removing caretaker's needs:

This step is not applicable since the mother is categorically ineligible to receive benefits for herself while receiving SSI.

$173.00   SOA for 1 person

Step (2) - Calculate 25% reduction:

.25 X $173 = $43.25

Step (3) - Calculate additional penalty amount:

$ 43.25   25% reduction
- 0.00   SOA reduction
$ 43.25   Additional penalty amount

Step (4) - Net payment calculation:

$173.00   SOA for 1 person/Grant amount
- 43.25   Additional penalty
$129.75   Net payment

$129.00   Actual payment amount

Example 7

A mother residing in a Group I locality receives TANF for herself and seven children. There is no countable income. The Eligibility Worker is notified of the mother's failure to cooperate with DCSE, without good cause. Calculate the revised grant amount as follows:

Step (1) - Calculate reduction by removing caretaker's needs:

$443.00   SOA for 8 persons

$443.00   SOA for 7 persons

Because the SOA's are above the maximum payment amount of $443, there is no reduction when the caretaker is removed.

Step (2) - Calculate 25% reduction:

.25 X $443 = $110.75
Example 7 - Continued

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
$110.75 & \quad \text{25\% reduction} \\
- \quad .00 & \quad \text{SOA reduction} \\
$110.75 & \quad \text{Additional penalty amount}
\end{align*}
\]

Step (4) - Net payment calculation:

\[
\begin{align*}
$443.00 & \quad \text{SOA for 7 persons ($472) exceeds maximum. Use maximum.} \\
- \quad 110.75 & \quad \text{Additional penalty} \\
$332.25 & \quad \text{Net payment}
\end{align*}
\]

\[
$332.00 \quad \text{Actual payment amount}
\]

Example 8

A family of four - a mother, her son, her daughter who is a minor caretaker, and the daughter’s baby - apply for TANF. The family resides in a Group II locality and has no countable income. The mother cooperates with DCSE, but her daughter, the minor caretaker, refuses, without good cause, to cooperate in securing support for her child. (Note: The minor caretaker does not claim that the father of the baby is unknown, and so cannot sign the ATL.) She is ineligible to be included on the grant. (See 201.10C regarding cooperation requirements for a minor caretaker). The mother, son, and the daughter’s baby are eligible for benefits and the grant is calculated as follows:

Step (1) - Calculate reduction by removing the minor parent’s needs:

\[
\begin{align*}
$382.00 & \quad \text{SOA for 4 persons} \\
- \quad 320.00 & \quad \text{SOA for 3 persons} \\
$ 62.00 & \quad \text{Amount of SOA reduction}
\end{align*}
\]

Step (2) - Calculate 25\% reduction:

\[
.25 \times $382 = $95.50
\]

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
$ 95.50 & \quad \text{25\% reduction} \\
- \quad 62.00 & \quad \text{SOA reduction} \\
$ 33.50 & \quad \text{Additional penalty amount}
\end{align*}
\]

Step (4) - Net payment calculation:

\[
\begin{align*}
$320.00 & \quad \text{SOA for 3 persons/Grant amount} \\
- \quad 33.50 & \quad \text{Additional penalty} \\
$286.50 & \quad \text{Net payment}
\end{align*}
\]

\[
$286.00 \quad \text{Actual payment amount}
\]
See Section 201.10 and 201.10.C.2. regarding cooperation with DCSE, Section 901.2 regarding the VIEW exemption criterion of caring for a child under 12 months of age and Section 401.1D regarding who must complete the application in a minor caretaker household.

In all instances when assistance is requested for the child of a minor parent, the minor parent must also be included in the assistance unit. (Note: the child of a minor parent does not have to be included in the assistance unit if assistance is requested only for the minor parent and siblings of the minor parent, if any).

An assistance unit in which the minor parent is included as a child on the case must be closed effective the month following the month the minor parent turns 18. (Exception: If the minor parent turns 18 on the first of the month, the case must be closed for the birthday month.) The 18 year-old may then apply for assistance for herself and her child, and, if approved, will be the caretaker on the new case and the TANF benefits will be issued in his/her name.

1. Unmarried Minor Parent Living with Needy Parent(s) or Other Relative(s)

   a. Minor Parent Living With One Needy Parent or Other Relative

      1. Cases in which the minor parent and her child live with a needy senior parent (including a step-parent), or other relative, will be formed with the needy parent or other relative as caretaker, and the minor and her child as children. (Senior Parent/Other Relative = PR; Minor Parent = PC; Minor’s Child = PC). The TANF check will be in the name of the senior parent or other caretaker relative. Any siblings who have applied for or are receiving assistance will be part of the same assistance unit.

      2. Cases in which assistance is requested for the minor parent, but not for the minor parent’s child, and the senior parent (including a step-parent) or other relative is needy, will be formed with the senior parent or other relative as the caretaker and the minor parent as a child. (Senior Parent/Other Relative = PR; Minor Parent = PC). The minor’s child does not have to be included in the assistance unit. The TANF check will be in the name of the senior parent or other relative. Any siblings of the minor parent who have applied for or are receiving assistance will be part of the same assistance unit.

      3. When assistance is requested for the minor’s child, but not for the minor parent, and the minor parent is living in the home, both must be included in the assistance unit. The case will be formed with the needy senior parent (including step-parent) or other relative as caretaker and the minor and minor’s child as children. (Senior Parent/Other Relative = PR; Minor Parent = PC; Minor’s Child = PC). The TANF benefits will be in the
When the household consists of a married couple who each have a child(ren) of their own by a previous relationship and both parents request assistance for their child(ren), there will be one assistance unit with two caretakers. In the event there is a child(ren) born to the union of this couple, that child(ren) must be included in the assistance unit.

When a household consists of a man and woman cohabiting, each who have a child(ren) by previous relationships, there will be two separate assistance units. Should they have a child together, for whom paternity has been established, the child must be included in the assistance unit. The units must be merged as the new child is a sibling to both sets of children.

Note: When the woman is married to another man at the time of this child’s birth, both of the men will be referred to DCSE. The man to whom she is married is the legal father and is considered the child’s father until a court has determined that he is not. After the court has excluded the husband as the father, DCSE can proceed to determine the paternity status of the man named by the mother. The units must not be merged until paternity has been established by the court for the child in common.

When the household consists of a caretaker, his/her child(ren), and a child who is biologically related to the caretaker but has been adopted by someone other than the caretaker, there will be two separate assistance units. In order for the caretaker to receive assistance for the child who has been adopted, the child's adoptive parents cannot be in the home.

The requirement in 302.7 that all siblings of a child for whom assistance is requested must be included in the assistance unit applies to the multiple group households also.

EXAMPLE

A grandmother has two grandchildren who are siblings and a niece living with her. She states she needs assistance for one of the grandchildren. Because the children are siblings, however, application must be made for both of them. The niece is not required to be part of the assistance unit.

If the grandmother requests assistance for the niece, however, the niece will be included in the same AU provided she meets the eligibility requirements. If the niece has income, that income will be counted in determining eligibility for the entire TANF AU.

Only one AU can be established for the two groups of children because the grandmother does not have legal responsibility for any of the children.
4. Time standards for reporting and acting on changes.
   
a. All required changes must be reported timely, within 10 calendar days from the date the change becomes known to the assistance unit but is reported timely if reported by the tenth day of the month after the change occurs.

If the recipient is uncertain of the exact date or amount of the change, then the 10 day reporting period begins the day the change occurs. The recipient is not required to have full knowledge of the change when reporting it to meet the 10-day requirement for timely reporting. For new employment, the 10-day period may begin as late as the first day of employment. Once the recipient reports a change, the EW must evaluate the information within 10 days for potential impact and request additional information and necessary verifications that address rate of pay, number of hours, and how often paid.

1. When a change will increase benefits, the verification required must be obtained prior to the second month following the change in order to reflect the change in that month. If the assistance unit does not provide verification, the assistance unit's benefits will revert to the original amount unless a refusal to cooperate is documented, in which case an advance notice must be sent to terminate the case. An advance notice is not required if benefits are reverted to the original level because verification was not received, and the assistance unit was so advised at the time of increase.

2. Whenever a change will decrease benefits, verification must be obtained prior to or at renewal.

3. When a change neither increases nor decreases benefits, required verifications must be obtained prior to or at renewal.

b. The worker is responsible for notifying the applicant/recipient when come must be verified. Income verification must be provided within 10 days of notification.

c. The worker must advise the applicant/recipient on the appropriate notice of the amount of gross income anticipated to be received, the net income counted in determining the payment, the payment month the net income will begin to be counted, and the changes that must be reported.
5. **Incapacitated Adult/Child Care Disregard** - Anticipated child care expenses, up to the appropriate maximums, must be disregarded in determining initial eligibility and determining the amount of payment (Step 2 and 3 of Appendix 3 to Section 305). The appropriate disregard will be based on the employment status of the client. The cost of child care may be paid for by a service vendor payment, by the client, or a combination. The child care expenses paid by the client are to be disregarded from earned income up to the maximum. Prior to allowing the child care disregard, it must be verified that a service vendor payment is not being issued concurrently.

The child care expenses can be incurred when an employed VIEW participant pays the difference in the above market rate and the amount paid by VIEW child care, or when an employed TANF applicant/recipient is paying her own child care costs. If the recipient is referred to VIEW the disregard may be given until VIEW child care begins to pay for the care. If the VIEW participant continues to pay her own child care expense, the disregard can continue to be allowed.

Anticipated incapacitated adult care expenses, up to the appropriate maximum, will be disregarded in both the initial eligibility determination and determining the amount of payment. The appropriate disregard will be based on the employment status of the client. Incapacity must be supported by the Medical Evaluation form (032-03-654) unless incapacity is established by receipt of Social Security Disability (SSDI) benefits or Supplemental Security Income (SSI).

Adult care expenses can be incurred when the applicant/recipient pays a provider to care for the incapacitated adult.

a) Employment status refers to:

1) **Full-time Employment** - Employed to work 30 hours or more per week on an on-going basis;

2) **Part-time Employment** - Employed to work less than 30 hours per week on an on-going basis;

3) **Not Employed Throughout A Month** - Applicable when an individual begins or terminates employment.
305.4 OTHER INCOME - In determining the amount of assistance, all other regular income received or anticipated to be received by members of the assistance unit or used in determining eligibility must be counted in the month in which it is received, except that specifically disregarded under A.

A. Other Income Disregards - The following income of members of the assistance unit, a parent not included in the assistance unit or anyone whose income is used in determining eligibility or the amount of assistance must be disregarded.

Income which is disregarded under the following provisions must not be counted in determining the need for assistance of any individual under any other federal assistance program:

1. Home produce of the assistance unit utilized for their own consumption.

2. The value of SNAP benefits.

3. The value of foods donated under the U.S.D.A. Commodity Distribution Program, including those furnished through school meal programs.

4. Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

5. Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended.

6. Money received for educational purposes** including income received from college work study programs.

7. Training allowances (transportation, books, required training expenses and motivational allowances) provided by Vocational Rehabilitation for persons participating in Vocational Rehabilitation Programs.***

The disregard is not applicable to the allowances provided by VR to the family of the participating individual.

* 45 CFR 233.20 (a)(4)(iii)
** 45 CFR 233.20 (a)(3)(iv) (B) and (vii), and (a)(4)(ii)(d), and Public Law 102-325
*** 45 CFR 233.20 (a) (4) (vii)
8. Any portion of an SSI payment and/or Auxiliary Grant.*

9. Payments to VISTA Volunteers under Title I, when the monetary value of such payments is less than minimum wage as determined by the Director of the action office,** and payments for services of reimbursement for out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides, or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and other programs pursuant to Titles II and III, of Public Law 93-113, the Domestic Volunteer Service Act of 1973, including Americorps VISTA.*** The worker must contact the Action Office at the following address or telephone number when VISTA payments are reported; Action Office, 400 N. 8th Street, Richmond, Virginia 23219, (804) 771-2197.

Exception: This disregard does not apply to payments to participants in Americorps USA and Americorps NCCC. These programs are under the authority of the National and Community Service Trust Act of 1993 which contains no requirement to disregard payments to participants applying for or receiving TANF.

10. The Veterans Administration educational benefit for the caretaker 18 or older is disregarded in its entirety when it is the veteran’s only source of assistance for education. No verification beyond the award letter or benefit payment check is needed.

If the veteran receives additional assistance in the form of a grant, loan, or scholarship, the VA educational benefit is to be disregarded in its entirety as long as any portion of the benefit is used to pay for tuition, books, fees, equipment required by the education/training program, transportation if the education/training institution is more than one mile from the veteran’s residence, and/or child care services necessary for school attendance.

Exceptions:

• Any funds included in the benefit amount specifically for dependents are to be counted as income to the assistance unit.

• Any separate housing allowance, including an allowance authorized under the Post 9/11 GI Bill, is to be counted as income to the assistance unit.

11. Foster care payments received by anyone in the assistance unit.

12. All payments issued under the Workforce Investment Act of 1998 (WIA), including Job Corps payments.

13. Income tax refunds (including Earned Income Tax Credit payments and refunds). These exempt tax credits include federal earned income tax credits and state earned income tax credits.

* 45 CFR 233.20(a)(3)(x)  
** 45 CFR 233.20(a)(4)(ii)(h)  
*** 45 CFR 233.20(a)(4)(ii)(g)
B. **Income From Social Security and Other Benefits** - Monthly benefits received or anticipated to be received by members of the assistance unit, or individuals required to be in the assistance unit, must be counted as income, with the following exceptions:

1. When a member of the assistance unit is eligible for benefits (such as but not limited to, RR Retirement, private corporation retirement, Veterans, Social Security, or any reduced benefits), the verified amount must be counted, even though the individual chooses not to accept such benefits.

   The agency has a responsibility to explore potential resources and assist the applicant/recipient in developing them to a state of availability whenever possible.*

2. When educational benefits are being received from Veterans Administration. (See 305.4.A.10.)

3. When the Medicare Part B premium is deducted from the Social Security or Railroad Retirement benefits of an individual who is also receiving Medicaid. The amount of benefits actually received, plus the amount of the Part B premium, is counted as income since Medicaid will pay the premium during the time the individual receives Medicaid.

C. **Lump Sum Payments** - The receipt of a nonrecurring lump sum payment, such as the accumulation of benefits for a prior period, including Social Security and Workmen's Compensation benefits; payments in the nature of a windfall, e.g., inheritances or lottery winnings; personal injury awards; life insurance settlement when the policy is owned by someone other than a member of the assistance unit; or income from any other nonrecurring source, except lump sums for casualty property loss, shall be counted as income in the month of receipt. This evaluation of lump sums also includes those received by the parent(s) of a minor caretaker or a stepparent who is not included in the assistance unit.

   In situations involving casualty property loss payments for the repair or replacement of damaged/lost property, such payments will not be considered as countable income even in the month of receipt as the payment is designed to allow for the replacement of damaged/lost property.

   Money received from the sale of a resource is not considered a lump sum. Money received from the sale of or conversion of a resource is a resource.

1. **Determining amount of lump sum to be considered** - Only the amount that is received by an individual which is available for maintenance (lump sum, less directly related expenses paid) shall be considered as income.

   Example: Ms. S. notifies the local agency that her claim from an automobile accident has been settled. The settlement was for $5,000. She received a check in the amount of $1,000 from her attorney. The check stub states $2,000 was deducted to cover legal expenses and $2,000 for medical expenses. The $1,000 that she actually received is considered income in the month of receipt.

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* 45 CFR 233.20(a)(3)(ix)
2. Allowable expenses include, but are not limited to, payment of debts which are incurred for a member of the assistance unit, such as:

- medical bills incurred from the period prior to receipt of the lump sum,
- expenses related to a natural disaster or fire,
- costs related to avoiding the assistance unit's eviction and/or a utility cutoff,
- weather related repairs or replacement to the home in which the assistance unit lives, and
- funeral expenses.

The client must provide verification of payment of those expenses within 10 days. In instances where verification of payment is not provided within 10 days, the lump sum payment in its full amount must be counted in the month of receipt only.

**Note:** Lump sum payments received as a result of an accumulation of benefits for a prior period, such as Social Security benefits, will have no directly related expense deductions.

3. How to count lump sum - Add the lump sum or the remainder of the lump sum after directly related expenses to other net countable income received in the same month to arrive at total income for month of receipt*.

   a. If the applicant/recipient has knowledge of the date and amount of the lump sum before receiving it and reports it, the lump sum or remainder of the lump sum will be counted in the month that it is expected to be received.

   b. If the recipient reports receipt of a lump sum on the day that it is received or any day thereafter, the lump sum is countable income for the month of receipt only, and must not impact any future months.

Example 1: Applicant applied for TANF on February 15\textsuperscript{th}. She was in a car accident several months ago and received a settlement of $15,000 on December 10\textsuperscript{th}. The application must be processed without counting the lump sum as income.

Example 2: A TANF applicant reports at application that she received an insurance check this month to repair damage to her home caused by Hurricane Isabel. She anticipates using the money to repair her home. This lump sum must not be counted as income in the month of receipt or for any future months.

Example 3: An ongoing TANF recipient calls the local agency on March 11\textsuperscript{th} to report receipt of a $5,000 inheritance check. The TANF payment for March was issued on the first of the month. The lump sum cannot impact March and must not be counted for any future months.

* 22 VAC 40-295

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Example 4: A TANF recipient calls her worker on June 15th to report she will receive a Social Security payment for her son on July 3rd. The payment will be $200 for each month; March, April and May. The local agency must count this as income for the month of July.
4. **Other nonresponsible persons** - Cash contributions from non-responsible persons, such as cohabitants, are counted as income in the amount received or anticipated in establishing initial and continuing eligibility.

A cohabitant is a person cohabiting (as man and wife) with the parent of the TANF children.

F. **Deeming Income** - In certain situations, the income of an individual living in the home with the assistance unit must be evaluated to determine what amount, if any, must be considered available to the assistance unit, or deemed, regardless of whether the income is actually made available to the unit. Income deeming is applicable to the following persons:

- a stepparent living with the assistance unit who is not included in the assistance unit. Income of a stepparent will be counted in determining the eligibility of the spouse. Income of a step-parent will also be deemed available to the spouse’s natural or adopted child(ren) when the spouse is living in the home. See 305.4F to determine the amount, if any, of the stepparent’s income that will actually be counted in determining the eligibility of the spouse and/or deemed to the step-children. The income of the stepparent will not be deemed available to a minor caretaker’s assistance unit. Divorce terminates the stepparent's financial responsibility for the step-children, but not the degree of relationship.

- the parent(s) (but not a step-parent) of a minor parent, when the minor parent resides with the parent(s).

- an alien parent who is ineligible for assistance due to his alien status.

The procedures described below are to be used to determine the amount of income that must be deemed available to the assistance unit.

1. **Stepparent Deeming Procedures** - The Code of Virginia has been modified in regard to the stepparent deeming procedure with the goal of keeping families together.* The two-step procedure in a. below must be followed to determine eligibility and the grant amount when there is a stepparent in the home but not in the assistance unit and the parent is otherwise eligible for inclusion in the assistance unit. If the parent has been excluded from the assistance unit due to any reason other than failure/refusal to cooperate with DCSE, only Step 2 is necessary. If the parent has been excluded due to failure/refusal to cooperate with DCSE, the procedure in b. below is applicable.

a. **Step 1 - Determining Eligibility of the Parent in the Home** - Compute the amount of the stepparent's income available to the assistance unit by subtracting the following from the verified anticipated gross monthly earned income (use net profit if from self-employment) and gross unearned income:

1) The first $90 of gross earned income (deeming disregard);

2) The standard of need at 100% for household members claimed or who could be claimed as dependents on the stepparent's federal income tax return, excluding members of the assistance unit.

* Code of Virginia, Section 63.2-614
of dependents the stepparent has. Countable income is to be deducted from the standard of assistance for the assistance unit.

b. **Stepparent Deeming Procedure Used When the Parent in the Home Refuses/Fails to Cooperate With DCSE** - When it is determined that the parent of the TANF child(ren) has failed or refused to cooperate with DCSE, the stepparent's income must be deemed available to the assistance unit, calculating the deemed amount in accordance with 305.4.F.1.a.1) - 4). The deemed income, in addition to the income of the parent and child(ren) must be counted to determine the assistance unit's eligibility and grant amount.

Failure of the customer to verify the income of the stepparent will result in ineligibility of the case.

c. **Stepparent Deeming When the Parent Is Not in the Home With the Stepparent** - The income of the stepparent will not be deemed when the natural/adoptive parent of the TANF children is not living in the home due to separation, divorce, death or incarceration. However, when the stepparent and the natural/adoptive parent are living apart due to military duty, employment, or other reason, and they both consider themselves to be living as husband and wife, they will not be considered separated and the income of the stepparent will be deemed.

If the stepparent is included in a TANF assistance unit, policies and procedures applicable to assistance unit members apply instead of the deeming procedures.

Note: A lump sum payment received by an eligible child's stepparent is considered available to the assistance unit in the month of receipt only.

**EXAMPLE #1:**
Ms. P. is applying for TANF for herself and her 3 children. Ms. P. receives unearned income in the amount of $50 per month, and each of the 3 children receives unearned income in the amount of $50 per month, as well. Ms. P.'s husband (not the children's father) is employed and earns $1,900.00 per month. Mr. P. has no other dependents.

1. To determine Ms. P.'s eligibility to be included in the AU:

   - **Mr. P.'s income** $1,900.00
   - Less $90 **deeming disregard** $90.00
   - Less $174 standard of need for 1 (group II) $174.00
   - Amount deemed available to Ms. P. $1,636.00
   - Standard of assistance for 4 person AU $382.00

   Note: The standard of assistance does not include the TANF Match Payment.

   Since the portion of Mr. P.'s income which is deemed available to Ms. P. exceeds the standard of assistance for 4 persons, she **is not eligible** to be included in the AU.
2. To determine the 3 children's eligibility, and, if eligible, the grant amount:

Stepparent's (Mr. P.'s) income $1,900.00
150% of poverty guidelines for 2 (monthly) -1,822.00
Amount **greater than** 150% poverty guidelines $  78.00

Standard of assistance for 3-person AU $ 320.00
Note: The standard of assistance does not include the TANF Match Payment.
Less countable income ($78.00 - amount of - 278.00 Mr. P.'s income which exceeds 150% of poverty guidelines; $50 - Ms. P.'s unearned income; $150 - the children's unearned income)
Grant amount $  42.00

**EXAMPLE #2:**
Ms. J., who has been receiving TANF on behalf of herself and her 2 children reports that she remarried over the weekend. Ms. J. receives unearned income in the amount of $100 per month. Her husband, Mr. J. is employed, with earnings in the amount of $800 per month. Mr. J. has 3 children who live with his former wife, for whom he pays support in the amount of $400 per month.

1. To determine Ms. J.'s eligibility to be included in the AU:
   Mr. J.'s income $ 800.00
   Less $90 **deeming disregard** - 90.00
   Less standard of need for 1 (group II) - 174.00
   Less support paid by Mr. J. to non-household dependents - 400.00
   Income deemed available to Ms. J. $ 136.00
   Standard of assistance for 3-person AU $ 320.00
   Note: The standard of assistance does not include the TANF Match Payment.

   Since the portion of Mr. J.'s income which is deemed available to Ms. J. is less than the standard of assistance for 3 persons, she is eligible to be included in the AU. **Proceed to grant calculation, since Ms. J. is eligible.**

2. To determine the grant amount:
   Standard of assistance for 3-person AU $ 320.00
   Less countable income (Ms. J.'s income) - 100.00
   Grant amount $  220.00

**EXAMPLE #3:**
Ms. L. is applying for TANF for herself and her 2 children. Ms. L. works 10 hours per week, and earns $50 weekly. Her husband, Mr. L. (not the children's father) is employed and earns $2,000 per month. Mr. L. has 1 child, who lives in the household also.
1. To determine Ms. L.'s eligibility to be included in the AU:

Mr. L.'s income $2,000.00
Less $90 **deeming disregard** $90.00
Less Standard of need for 2 (group II) to include Mr. L. and his child $257.00
Income deemed available to Ms. L. $1,653.00
Standard of assistance for 3-person AU $320.00

Note: The standard of assistance does not include the TANF Match Payment.

Since the portion of Mr. L.'s income which is deemed available to Ms. L. exceeds the standard of assistance for 3 persons, she is ineligible to be included in the AU.

2. To determine the 2 children's eligibility, and if eligible, the grant amount:

Stepparent's (Mr. L.'s) income $2,000.00
150% of poverty guidelines for 2 (monthly) $1,822.00
Amount **exceeding** 150% of poverty guidelines $178.00
Standard of assistance for 2-person AU $254.00

Note: The standard of assistance does not include the TANF Match Payment.

Therefore, the 2 children are eligible for TANF, since Mr. L.'s income, while in excess of 150% of poverty guidelines, does not exceed the standard of assistance for an AU of 2.

2. **Deeming Income in Minor Caretaker and Ineligible Alien Cases** - Income must also be deemed to an assistance unit in the following situations. Applicable policies and procedures are explained below.

a. **Minor Caretaker Living with Senior Parent(s)** - When living together, the income of a senior parent(s) is to be deemed available to the minor caretaker's assistance unit.* The senior parent's income must be considered available to the eligible child(ren) by applying the deeming procedure in Section 305.4.F.2.c. below. A stepparent's income is not deemed available to a minor caretaker's assistance unit.

When the minor caretaker is an SSI recipient, and lives in the home of his/her parent, the income of the senior parent(s) is deemed available to the minor caretaker's TANF assistance unit. If eligibility for TANF exists, the Social Security Office must be informed that the income is being counted for TANF purposes. The EW must document the case record to show that the Social Security office has been advised that the minor caretaker's parent's income is being counted for TANF purposes.*

b. **Ineligible Alien Parent** - If a parent living in the home with the eligible TANF child is an alien and is ineligible for assistance

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* 45 CFR 233.20(a)(3)(xviii)
for himself due to his alien status, the parent's income must be considered available to the eligible child(ren) by applying the deeming procedure in Section 305.4.F.2.c. below.

c. Calculating the Deemed Amount - Federal regulations provide the following procedure for determining the amount of income to be deemed available to the TANF assistance unit from the senior parent(s) or an ineligible alien parent,* or a stepparent when the parent is not residing in the home because of military duty, employment or other reason, but the stepparent and parent are married and consider themselves to be living as husband and wife.

The amount to be deemed available is computed by subtracting the following from the verified anticipated gross monthly earned income (use net profit for earnings from self-employment) or gross unearned income of the senior parent(s), ineligible alien parent, or stepparent:

Note: The TANF Match Payment is not countable unearned income.

1) The first $90 of gross earned income of each employed person (the deeming disregard)

2) The standard of need for household members claimed or who could be claimed as dependents on the senior parent's, stepparent's, or ineligible alien parent's federal income tax return, excluding members of the assistance unit.

If the senior parent, stepparent, or ineligible alien parent has not previously filed a return or states that he will claim a different number of dependents for the current year, use the number of dependents he intends to claim for the current year.

Verify by statement from the senior parent, stepparent, or ineligible alien parent.

Exceptions: The needs of an individual(s) who is not in the assistance unit due to an IPV penalty, failure to comply with SSN requirements, failure to comply with the declaration of citizenship/alienage status requirement, or failure to cooperate with DCSE will not be counted in determining the number of dependents.

3) Support, including wage assignments paid to individuals not living in the home who are claimed or could be claimed as dependents on the senior parent's, stepparent's, or ineligible alien parent's federal income tax return.

If the senior parent, stepparent, or ineligible alien parent has not previously filed a return or states that he will claim a different number of dependents for the current year, use the number of dependents he intends to claim for the current year.
Verify by statement from the senior parent, stepparent, or ineligible alien parent.

4) Payments for alimony and child support including wage assignments to individuals not claimed on the senior parent's, stepparent's, or ineligible alien parent's federal income tax return and not living in the household.

Verify by statement from the senior parent or the ineligible alien parent.

The amount remaining after the above deductions will be compared to the Standard of Assistance in determining the eligibility of the AU and the grant amount, if any.

**Example 1:** The parent of a minor caretaker applies for assistance for the minor caretaker’s child. The senior parent explains that she is employed, is able to support her daughter, but does not feel that she should have to support her daughter’s child. Because the child of a minor caretaker is not eligible for assistance unless the minor caretaker is also included in the AU, the senior parent must make application for both her daughter and the grandchild. TANF eligibility is determined as follows:

\[
\begin{align*}
$1760 & \text{ Gross Income of Senior Parent} \\
- 90 & \text{ Less $90 Deeming Disregard} \\
$1670 & \\
- 243 & \text{ Less Standard of Need for 1 person, Group III} \\
$1437 & \text{ Amount deemed available to AU} \\
$323 & \text{ Standard of Assistance for 2, Group III} \\
\end{align*}
\]

$1437 > $323 (SOA for 2) - AU is ineligible.

**Example 2:** TANF recipient has an assistance unit of three (mother and two children). The mother reports she was married yesterday; however, her husband is not the father of her children. She reports he has earned income of $550 a month. The AU also receives a TANF Match Payment of $185. TANF eligibility is determined as follows:

\[
\begin{align*}
$550 & \text{ Gross Income of Stepparent} \\
- 90 & \text{ Less $90 Deeming Disregard} \\
$460 & \\
- 174 & \text{ Less Standard of Need for 1 person Group, II} \\
$286 & \text{ Amount deemed available to AU} \\
- 0 & \text{ Support paid by the stepparent} \\
$286 & \text{ Amount potentially available to AU} \\
$320 & \text{ Standard of Assistance for 3, Group II} \\
\end{align*}
\]

$286 < $320 (SOA for 3) - AU remains eligible. TMP not considered.
Failure of the client to verify the income of the senior parent or the ineligible alien parent will result in ineligibility of the case.

In situations where the income of a senior parent(s) is being deemed available to more than one assistance unit, the amount to be deemed will be divided equally among the units for which the parent(s) is responsible.

Note: A lump sum payment received by a senior parent or an ineligible alien parent is considered available to the assistance unit in the month of receipt only.

G. Other Cash Income - The total amount of all other cash income is to be counted. Specific procedures apply to certain types of other income:

1. Supplement to Standard of Assistance - In accordance with the option provided under federal regulations,* the State Board has ruled that local departments of welfare/social services may supplement in an amount sufficient to meet the difference between the payment standard and the 100% standard of need.

   If a local department meets, from local funds, the difference between the proportionately reduced standard and the full standard, it must do so in all cases and the amount of the supplement is disregarded.

2. Assistance from other sources - Any contribution from another agency or organization must be counted as income unless such contribution is for an item not included in the Standard (See Section 304.1).

*45 CFR 233.20(a)(3)(vii)
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When the responsibility for obtaining verification has been assumed by the worker, the client must be advised that if the agency or person from whom verification has been requested does not respond to the request, eligibility cannot be established. In these situations, the Notice to Client of Action must be sent and the case record documented to reflect attempts made to obtain verification. Copies of all relative correspondence must also be in the case record.

If eligibility is established within the original 30-day processing time, the original application date is protected when an application is denied as a result of lack of required verification. The initial application date must be used if subsequent information substantiates the applicant's eligibility. (See 401.3.F.5.)

2. Ongoing Eligibility

When changes occur within the renewal period that affect eligibility or benefit amount, the agency must evaluate the change and take action to adjust the benefit amount, if necessary. The responsibility for changes lies with both the household and local agency. The individual must report changes in the household income and assistance status. Unless exempt, ongoing cases are subject to interim reporting requirements and must file an Interim Report about their circumstances between renewals. The agency must make adjustments in entitlement and benefit amount based on reported changes and for changes the agency initiates.

a. Changes That Must Be Reported

1) The following changes must be reported by the household following case approval:

- Changes in address (a new physical or mailing address);

- Changes in income that places the monthly income of the household (composition at approval or most recent renewal) above 130 percent of the federal poverty level (FPL);

- Changes in household composition resulting from one of the following individuals entering or leaving the home:
  - an eligible child, including a newborn,
  - the father or mother of an eligible child, including a newborn.

- Changes that affect participation in Virginia Initiative for Employment Not Welfare (VIEW) Program.

Assistance units must report the changes listed above within 10 calendar days from the date the unit knows of the change, but the report is timely if reported by the tenth of the following month. The 10-day period begins the day the change becomes known to the assistance unit. If the assistance unit is uncertain of the exact date or the exact amount of income that has changed, the 10-day reporting period begins the day the change occurs. The change may be reported on the Change Report form, by telephone, face-to-face, by mail, or electronically.
verifications are not provided or the conditions of eligibility are not met until after the 30-day time frame established for adding the individual, and the delay was not due to good cause (beyond the assistance unit's control), eligibility for retroactive payments is to be determined beginning with the date the last required verification was received by the agency or condition of eligibility was met. Any underpayments identified must be corrected.

The above procedures will require the proration of the first month's assistance in most instances. (Refer to Section 502.2.A.)

NOTE: Refer to 201.12 for the family cap provision which affects newborn children, some adopted children, and the child subject to the family cap provision who moves back into a parent's home.

2) Repayment of Overpayments - If the new individual was not reported timely, overpayments may exist. Follow procedures in Section 503.7.G. to calculate the amount overpaid.

Example: A parent enters the home on October 15 but is not reported to the agency until January 8 of the following year. The last renewal was completed in November, one month after the parent entered the home. All months beginning with the month after the parent entered the home must be evaluated for possible overpayments.

d. Adding Other Persons - A request to add an individual not required to be in the unit, such as a caretaker-relative other than a parent or EWB, will be processed within the normal 30-day application processing time frame, with eligibility effective no later than the month following receipt of the request per Section 401.1.I.

3. Evaluation of Reported Information - To ensure the applicant/recipient has provided all information necessary for the worker to make a proper determination regarding eligibility, every element on the Statement of Facts (SOF) must be discussed with the client at each application or renewal. If the SOF is not a required part of the case record, every element on the Application for Benefits or the Eligibility Review form (Parts A and B) must be discussed instead.

Additionally, when a change is reported by the client, all elements related to the change must be reviewed to ensure continuing eligibility exists.

When statements, either written or verbal, made by the client are deemed questionable, further evaluation of the client's circumstances is required. Questionable information will include, but is not limited to, statements which are:
assistance unit reports additional changes after filing the Interim Report.

1. Exemption from Filing

a. All assistance units that are homeless (lack a fixed address and regular nighttime residence). Refer to the Definitions Section of the SNAP Manual for a complete definition of persons considered homeless; and

b. Any adult member of the assistance unit who is a migrant or seasonal farm worker (worker who has to travel to do farm work and who is unable to return to his permanent residence in the same day while doing farm work on a seasonal or temporary basis). Refer to the Definitions Section of the SNAP Manual for complete definitions of migrant and seasonal farm workers.

All other assistance units are subject to interim report filing.

I. Interim Report Filing – An assistance unit that is required to file the Interim Report must have a 12-month renewal period. On or about the twentieth of the fifth month of the renewal period, the State Department of Social Services will create and mail the Interim Report to all assistance units so identified by the EW in ADAPT. Upon identifying cases due an Interim Report and producing the information for the Interim Report each month, the ADAPT system will suspend the case’s eligibility. A list of cases sent the Interim Report and a copy of the Interim Report for the household will be available to the local agency through the Data Warehouse.

1. Client Responsibilities

The assistance unit must complete the Interim Report and return it to the local agency by the fifth day of the sixth month. If a change in circumstances is reported, the assistance unit must supply verification of the changed elements. The assistance unit must provide additional information or verifications as requested by the local agency within the time allowed. In TANF only cases, the caretaker (parent or relative with whom the child is living) or an authorized representative designated by the caretaker must complete the Interim Report. In joint TANF/SNAP households, the form may be completed and signed by any responsible household member or authorized representative.
6. A special allowance granted for a specific period (for example, correction of a prior underpayment) is terminated and the recipient has been informed in writing that the allowance shall automatically terminate at the end of the specified period.*

7. When a recipient becomes a patient receiving skilled care, intermediate care or similar other long term hospitalization. Note: See guidance in 201.5.B. to evaluate continued eligibility.

8. When a recipient requests termination of assistance by telephone or in writing. The written request must be signed and dated by the recipient. If the recipient fails to enter the date, the worker must enter the date such statement is received in the agency.*

9. When a recipient provides a signed, written statement:
   a) providing information which requires termination or reduction of assistance (but does not request closure of the case); and
   b) indicating that the recipient understands that action to reduce or terminate assistance must be taken in response to the information provided and she waives her right to receive a timely notice.*

C. Action Requiring Timely Notice - Federal regulations,** require that in certain cases of proposed action to terminate, or reduce assistance, the Advance Notice of Proposed Action must be sent to the client. The agency may use the Notice of Action for this purpose, unless benefits in both TANF and SNAP are being reduced or terminated simultaneously.

When a change requires both a reduction or termination in public assistance benefits and a reduction or termination in SNAP benefits, the local agency shall issue a single Advance Notice of Proposed Action for both the public assistance and SNAP action.*** Timely notice must be sent to the recipient whenever the case is determined to be ineligible and whenever the grant must be reduced or terminated based on a change in the circumstances reported by the client or from any other source, or when the client fails to verify a change as requested.

When the proposed action is to sanction a case for noncompliance with the Virginia Initiative for Employment not Welfare (VIEW) program, advance notice must be given using the Advance Notice of Proposed Action (032-03-0018-29). A copy of the notice must be sent to the Employment Services Worker to file in the VIEW record. (Refer to Chapter 1000.20.)

When the proposed action is to impose a penalty on a case for noncooperation with the Division of Child Support Enforcement (DCSE), advance notice must be given using the Advance Notice of Proposed Action (032-03-0018-29).

* 45 CFR 205.10(a)(4)(ii)
** 45 CFR 206.10(a)(4)(i)
*** 7 CFR 273.12(f)(4)(i)
F. **Action Requiring Neither Adequate or Timely Notice** - Neither a timely notice nor an adequate notice is necessary when:

1. The assistance unit fails to return a completed Interim Report, provided the agency mailed the assistance unit an Interim Report Form - Request for Action form (032-03-649) and the original Interim Report form.

2. When the agency acts to reduce or terminate benefits which have been continued in the original amount during an appeal, and the hearing decision is adverse to the recipient.

3. When a VTP closes due to one of the following reasons: the employment hours become less than 30; hourly pay becomes less than minimum wage; all of the eligible children leave the home; and, in a two parent household, when a parent who is receiving a VTP leaves the home.

401.5 INFORMATION TO BE GIVEN APPLICANT/RECIPIENT -

In the process of determining eligibility, the worker must provide the applicant/recipient with the following information:

a. The applicant/recipient's responsibility to provide accurate and complete information to the best of his ability.

b. Information Regarding Timely Reporting of Changes

1. Applicants are responsible for reporting required changes within 10 days of the date of the Notice of Action to approve. Required changes that occurred after the initial interview, but before the Notice of Action to approve must be reported within this 10-day time frame.

2. Recipients of TANF must report income changes when the total income exceeds 130 percent of the federal poverty level based on assistance unit size at the time of approval or the Interim Report evaluation, as outlined in Section 401.2.B.2.

3. Recipients are required to report address changes (a new physical or mailing address) within 10 days of the change.

4. Recipients must report when an eligible child leaves the home.

5. VIEW participants are required to report changes in gross countable income of greater than 130 percent of the federal poverty level based on size of the assistance unit, other changes pertinent to participation in VIEW, including changes in the need for supportive services.

6. Assistance units must complete an annual renewal, unless a shorter renewal period is required by SNAP. In addition, an interim report must be submitted by the sixth month of the renewal period.
Applicants/recipients must be advised of changes not required to be reported that may increase benefits, such as loss of income and additional family members in the home.

c. Liability for failing to report changes.

d. Methods of Reporting

The Change Report (032-03-051) must be given, with an explanation of its use.

Changes may be reported by telephone, in person, or in writing.

e. The agency's responsibility to complete the application within 30 days following the date of application or make indicated changes in amount of payment as necessary.

f. The applicant/recipients right to appeal if action is not taken on his application or request for an increase within the required time period of if he is dissatisfied with the agency's action.

h. Social services provided by the agency.

i. Family planning and early screening, diagnosis, and treatment.

All applicants must be informed of the availability and importance of preventive health screenings (EPSDT) for children up to age of 21. EPSDT or Early and Periodic Screening, Diagnosis and Treatment is a program that focuses on the early identification of health problems through periodic well-child assessment, immunization and follow-up care to resolve any identified health problems. All Medicaid recipients up to the age of 21 are eligible to receive EPSDT services. EPSDT does not require any additional enrollment procedures. Discussion about EPSDT services should be supplemented by reviewing the Department of Medical Assistance Services (DMAS) EPSDT fact sheet with the applicant.

Most recipients will be enrolled in a Medicaid managed care program and, as a result, should be encouraged to contact their MEDALLION Primary Care Physician (PCP), Health Maintenance Organization (HMO) or the MEDALLION Care Helpline at 1-800-643-2273. Non-managed care eligible recipients should also call the MEDALLION Care Helpline to receive a list of Medicaid enrolled doctors or clinics that provide EPSDT services. The recipient should be informed that transportation is provided for EPSDT services at no charge. If the recipient has any difficulty accessing EPSDT
services or has questions or concerns about EPSDT or transportation to an EPSDT provider, they should contact the MEDALLION Care Helpline.

You may also contact the DMAS EPSDT program administrator at 804-786-0194 if you have any questions or concerns regarding EPSDT program policies or procedures.

j. The need to substantiate all eligibility factors.

k. The categorical eligibility requirements and conditions of eligibility for TANF.

l. The requirements regarding composition of the assistance unit, that required unit members are considered part of the unit even if application has not been made on their behalf, and that the client's failure or refusal to provide verification of categorical requirements for a child required to be in the assistance unit, or the child's failure to meet conditions of eligibility, will result in the child's needs being excluded from the assistance unit but his income will be considered available to the remaining assistance unit members.
3. Help with filing appeals or grievances if needed as the result of a disability;

   ee. The fact that the individuals with disabilities should request reasonable accommodations if they feel they need them.

The worker must explain that certain contacts, when appropriate, require written consent (i.e., doctors, banks, etc.).


401.6 IMPACT ON MEDICAID

See the Medicaid Manual, Volume XIII, to determine Medicaid eligibility for TANF applicants/recipients.

401.7 TRANSITIONAL CHILD CARE BENEFITS

When a case is closed to TANF, ADAPT generates a notice of potential eligibility for transitional child care which is sent to the agency PID dedicated to print service notices. The agency is responsible for mailing the notice to the client and filing a copy in the case folder.

Refer to the Services Manual, Volume VII, Section II, Chapter D, to determine eligibility for transitional child care.

401.8 REFERRAL FOR VICTIMS OF FAMILY ABUSE

When the eligibility worker learns about a situation where an applicant/recipient of TANF may be a victim of family abuse, the individual should be referred to local resources for supportive services. If local resources are not available, the Family Violence Hotline number, 1-800-838-8238, should be given.

Family abuse is defined in the Virginia Code of Section 16.1-228 as "any act of violence, including any forceful detention, which results in physical injury or places one in reasonable apprehension of serious bodily injury which is committed by a person against such person's family or household member".

401.9 PROTECTIVE SERVICES

Federal regulations require that protective services be made available to any child on whose behalf TANF is being requested or received when it appears that the child is being neglected, abused, or exploited or in a situation which is
4. An emergency payee in an existing case, when a situation, such as sudden death, desertion, imprisonment, or commitment to a mental hospital, unexpectedly deprives the child of the care of the grantee relative. Payment to an emergency payee is for a temporary period, limited to the time necessary to make and carry out plans for the child's continuing care and, in any event, not to exceed 60 days.

B. Vendor Payment - The provider of goods and/or services.

502.5 ISSUANCE OF PAYMENT

A. Issuance Date -

1. The Monthly Money Payment - If the effective date is either the date of application or the first of the month following the month of application, benefits should be authorized at the time of approval. ADAPT will issue the payment 2 – 3 days later. Subsequent ongoing monthly payments will be issued on the first of the month to cover the needs for that month.

2. Supplemental Payment - A supplemental payment is defined as a payment given in addition to the pre-authorized assistance payment as a result of a change in circumstances which increases need for a specific month.

   Supplemental payments are to be issued immediately using an Effective date of the first of the month for which the payment is being issued.

3. Vendor Payments are to be issued after the end of the month, upon receipt of a bill from the provider of goods or services. When protective vendor payments are made in TANF, under conditions specified in Section 502.7, it may be necessary in some instances to issue such payments at intervals during a month.

4. TANF Match Payments - TANF Match Payments are defined as current child support paid on behalf of a case, less $100. The Match payments are issued in the second month following receipt and are issued with the TANF benefits as a single payment.

B. Mailing of Checks - All checks, including the initial money payment, are to be mailed via the United States Postal Service, unless the recipient has a justifiable reason for calling in person at the office for the check or for asking that the check be delivered directly to him at his place of residence. Such reasons should be stated by the recipient in writing and his signed and dated written request should be filed in the case record. A receipt should be secured for any checks delivered personally in the office or in the home. Proper identification should be requested if there is any doubt as to the identity of the recipient.
DEBIT CARD INFORMATION AND PROCEDURES

This appendix explains procedures for debit card cases. Note: The ADAPT transactions below indicate how to complete fields related to debit card procedures. Routine procedures for completing screens and transmitting to view the next screen have been omitted.

A. Glossary

1. ACS – Affiliated Computer Services. ACS, through its Electronic Payment Processing and Information Control (EPPIC) system, is responsible for the processing and maintenance of debit cards for clients (including the creation, delivery, and replacement of the physical debit card to the client). Clients may contact EPPICard Customer Service (EPPIC) at 1-800-961-8423 or www.EPPICard.com regarding account specific questions.

2. ADAPT - The Application Benefit Delivery Automation Project.

3. Comerica - ACS designated financial issuer.

4. Debit Card - The process by which TANF benefits are electronically posted to an account which can be accessed through the use of a state-issued Virginia debit MasterCard® (also referred to as an EPPICard – Electronic Payment Processing and Information Control card).

5. EW - The eligibility worker or other local department of social services staff with benefit issuance responsibility.

6. LDSS - The local department of social services.

7. Payment History - A history in ADAPT of the payments received by a case.

8. Specific Payment Inquiry - Information specific to an individual payment on the Payment History.

B. TANF Benefits – Availability Schedules

1. Monthly Cycle - Ongoing State-generated TANF and VTP benefits will be available on the debit card on the first day of each month. Note: Benefits are typically posted after ADAPT cut-off to ensure availability on the first of the following month. Refer to SPARK broadcasts for the schedule of expected post dates for monthly benefits each year.

2. Daily Cycle - Initial and supplemental payments generated by the State will be available on the debit card by the fourth business day after approval of the benefit for individuals who have requested debit card as the TANF issuance method but do not have a debit card. This will allow time for the card to be mailed and the client to activate the card. Benefits will be available on the next business day after approval of the case for individuals who have a pre-existing TANF debit card account.
Debit Card Information and Procedures

Debit Card (CUDDEP) screen appears, the EW will change the Account Type field to “C” for checking or “S” for savings. A pop-up box will appear. The message will state “Warning: This will remove the authorization for TANF Debit Card. Y/N.” If the EW enters a “Y” for yes and transmits, the Direct Deposit/Debit Card status will be set to pending. The EW will also enter the account name and number as well as the bank name and routing number on CUDDEP. This request must be entered at least seven days prior to the monthly ADAPT cut-off date to be effective for the following month. If the direct deposit information is valid, future payments will be issued through direct deposit.

It is especially important that the EW check the Check Action Due List during the first five days of the month for direct deposit information. A direct deposit that did not post will be on the list with the code of “CD1” (Cancel Direct Deposit/Debit Card). When this happens, the EW will follow instructions at Section 500, Appendix II D to issue the benefits by check.

Note: If the EW enters an “N” for no, no action will be taken and debit card will continue to be the issuance method.

J. Debit Card Reported Lost/Stolen by Cardholder

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>The cardholder will contact EPPICard customer Service at 1-800-961-8423 to report a lost/stolen card and obtain a replacement card.</td>
</tr>
<tr>
<td>EW</td>
<td>No action is required. The EW should advise the cardholder to contact EPPICard customer service to report the lost/stolen card.</td>
</tr>
</tbody>
</table>

K. Debit Card/Debit Card Funds Returned by Cardholder

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EW</td>
<td>When a cardholder attempts to return a debit card to the LDSS, staff should refuse to accept the card and provide the cardholder with a copy of the Returned TANF Debit Cards information sheet (032-03-0200). (See the exception for overpayments in the note below).</td>
</tr>
</tbody>
</table>
If the cardholder mails the debit card to the LDSS, the EW should mail the card back to the cardholder along with a copy of the Returned TANF Debit Cards information sheet (032-03-0200).

**Note:** Funds received by debit card may be used to repay a previous overpayment. The cardholder will have to obtain the funds from the card and provide the funds to DSS as a cash payment.

L. **Change of Address Reported by Cardholder**

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EW</td>
<td>When a debit cardholder reports a change of address and states that she has reported this to ACS and ACS is unable to update the address in the EPPIC system, the EW will update the address in ADAPT then contact the Helpdesk to report that a change of address has been completed and an update to the EPPIC system should be completed as well.</td>
</tr>
<tr>
<td>Client</td>
<td>If the client needs to request a replacement card, she will contact ACS customer service after the EW has received confirmation from the Helpdesk that the address has been updated in the EPPIC system.</td>
</tr>
</tbody>
</table>

M. **A Social Security Number and/or Date of Birth Has Been Corrected for a Debit Cardholder**

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EW</td>
<td>When an EW changes a date of birth and/or a social security number in ADAPT for a debit cardholder, the EW should contact the Helpdesk to request that the EPPIC system be updated as well.</td>
</tr>
</tbody>
</table>

N. **A Name Change for a Debit Cardholder**

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EW</td>
<td>When an EW changes a name in ADAPT for a debit cardholder, the EW should contact the Helpdesk to request that the EPPIC system be updated as well.</td>
</tr>
<tr>
<td>Client</td>
<td>If the client wishes to receive a new debit card with the new name on it, she will contact ACS customer service after the EW has received confirmation from the Helpdesk that the name has been updated in the EPPIC system.</td>
</tr>
</tbody>
</table>
C. Individuals unable to participate because of a temporary medical condition that prevents entry into at least 10 hours per week of employment and training activities, as determined by a medical professional. For these individuals, use Exemption Code V5 – Exempt, Temporary Medical Condition, on the ESP/VIEW/FSET (AEGNFS) screen. (Note: Pregnancy does not exempt an individual from participation, though complications of pregnancy, as diagnosed by a medical professional, may result in a medical exemption).

A medical professional is defined as a medical doctor, including psychiatrist, or doctor of osteopathy, or a licensed physician’s assistant or nurse practitioner working under the auspices of a medical doctor or doctor of osteopathy. This definition of medical professional applies in exemption F below also.

The individual must provide the local agency a completed Medical Evaluation (form 032-03-0654) completed by the medical professional that states the nature and scope of the incapacity, including abilities and limitations of the individual, and the duration of the incapacity. The duration indicated is measured from the date the form was completed and signed by the medical professional. If the medical form does not specify the duration of the medical condition, or if the form is otherwise incomplete, the eligibility worker must contact the medical professional to obtain the missing information before acting on the medical.

The form is to be completed by a medical professional with thorough knowledge of the condition(s) that are believed to limit or prohibit the client’s ability or participate in VIEW. Typically, this is the doctor or other medical professional who is currently treating the client for the condition. If, however, in the opinion of the agency, the client’s condition is such that it should be evaluated by a specialist, then the specialist should make the evaluation, complete and sign the form.

Medical exams necessary to determine exemption status for VIEW or to assess a VIEW participant’s ability to participate in the program will be arranged through Medicaid when possible. When medical coverage does not exist, the agency will pay for the first medical exam using VIEW funds, or other funds the agency deems appropriate. The agency may pay for additional exams, but is not required to do so.

The agency may choose to request and pay for a 2nd evaluation from a medical professional whenever the 1st evaluation is deemed by the agency to be inadequate to determine the client’s exemption status, or ability to work or participate, or is otherwise questionable.

If the physician indicates that the individual is able to participate in employment and training activities but is limited in the types of activities that can be performed, or the hours of participation, the eligibility worker must refer the individual to VIEW and share the information with the ESW so suitable accommodations can be arranged. The employment services worker must work with the individual to find suitable component assignments, taking into account any limitations indicated by the physician. The agency shall ensure that reasonable accommodations are made if needed.

If the individual is unable to participate in VIEW for at least 10 hours
per week because of a temporary medical condition substantiated by a medical statement, the eligibility worker must obtain a new medical and reevaluate the exempt individual's incapacity immediately following the anticipated end of the incapacity as originally noted. (Disability is defined at 101.1D and in Chapter 1000, VIEW definitions).

If there are two parents in the assistance unit and one parent is exempt because of a temporary medical condition or disability, the case is a TANF case rather than a TANF-UP case.

If the agency is unable to secure a medical evaluation for a person required to participate in VIEW, the individual will be referred to VIEW. The ESW will work with the participant to secure a medical evaluation as part of the VIEW assessment process.

D. Individuals who are incapacitated, as determined by receipt of Social Security Disability benefits or Supplemental Security Income. The EW must answer “Y” to Disabled on AEDEM4 and complete the AEIDIS screen. For these individuals, use Exemption Code V6 – Exempt, Permanent Incapacity, on the ESP/VIEW/FSET (AEGNFS) screen.

The eligibility worker must refer persons with a permanent incapacity to vocational rehabilitation using the Referral to Rehabilitative Services form (032-03-0302-00) http://localagency.dss.virginia.gov/divisions/bp/tanf/forms/general.cgi. Only one referral is necessary and no follow-up is required.

This exemption cannot be granted to either parent in a TANF-UP case. If there are two parents in the assistance unit and one parent meets this exemption, the case is a TANF case rather than a TANF-UP case.

E. Any individual 60 years of age or older. For these individuals, use Exemption Code VT – Exempt, Age 60 or Over, on the ESP/VIEW/FSET (AEGNFS) screen.

F. An individual who is needed on a substantially continuous basis to care for a family member living in the household. The family member must have a verified disability. The family member must have caretaking needs that will prevent the caregiver from participating in work activities. “Caretaking needs” that prevent the caregiver from participating in work activities include the need for attendance, supervision and home care, and other needs related to the family member’s disability. When the family member who requires care is also a member of the AU, the EW must answer “Y” to Disabled for that individual on AEDEM4 and complete an AEIDIS screen for that individual. For the individual who will provide the care (caregiver), use Exemption Code V7 – Exempt, Caring For Disabled Household Member, on the ESP/VIEW/FSET (AEGNFS) screen.

A medical professional must complete a Statement of Required Presence of Caregiver form (032-03-0020) to verify the family member’s condition, and the need for the individual to be available on a substantially continuous basis. The date the form was completed will be used in conjunction with the anticipated duration of the need for the caregiver’s presence to determine when the exemption will end. For example, if the individual provides a form on November 1 which states the medical professional completed the form on October 1 and the expected duration of the need for a caregiver is 60 days, Transmittal 44
the exemption would be allowed until November 30 (60 days after October 1). If a new form was not provided by November 30, the caregiver would be referred to the Virginia Initiative for Employment not Welfare (VIEW) program.

A new Statement of Required Presence of Caregiver form must be obtained immediately following the anticipated end of the need for the caretaker. If the duration indicated on the form is for more than 12 months, or is identified as permanent, a new form must be obtained every 12 months. Exception: if the disabled individual who requires a caregiver is an SSI or SSDI recipient and the medical professional does not provide a specific duration of less than one year for the anticipated need for a caregiver, the form will be completed annually and the exemption allowed for 1 year.

If the documentation does not result in exemption from VIEW, the documentation must be forwarded to the VIEW worker. If the disabled family member is out of the home for substantial parts of the day, for example to attend school, then this exemption is not appropriate.

G. A parent or caretaker/relative of a child under twelve months of age who personally provides the care for a child. For these individuals, use Exemption Code V1 – Exempt, Child In the AU Under 12 Months Of Age, on the ESP/VIEW/FSET (AEGNFS) screen.

In a double caretaker assistance unit in which one parent is incapacitated, the eligibility worker must refer the other caretaker for participation unless he can provide a written doctor’s statement indicating that the incapacitated caretaker is unable to care for the child under twelve months.

NOTE: A parent who gives birth to a child subject to the family cap provision (refer to Section 201.12) may be granted a temporary exemption of not more than six weeks after the birth of the child. For these individuals, use V2 – Exempt 6 weeks after birth of family cap child, on the ESP/VIEW/FSET (AEGNFS) screen.

In the VIEW Program, a parent whose needs are removed from the grant must participate unless otherwise exempt. Reasons why the parent’s needs have been removed from the grant include, but are not limited to, noncooperation with DCSE, disqualification for IPV violation, a drug felony conviction, or failure to provide a Social Security number. In addition, a parent whose needs are not included in the grant due to the stepparent deeming requirements, 305.4.F., or due to the sponsored alien deeming requirements, 305.4.D., must participate in VIEW, unless otherwise exempt.

A parent who does not meet TANF categorical requirements (parent is an SSI recipient or parent who is an illegal alien) is not required or eligible to participate in VIEW. For illegal aliens, use Exemption Code VU – Exempt, Illegal Alien, on the ESP/VIEW/FSET (AEGNFS) screen.

Unless otherwise exempt, a parent who is a court convicted offender serving a sentence while still living in the home should be referred to VIEW if he is allowed by the court to leave home to work or attend education/training activities.
TANF-UP - In a TANF-UP case, both parents must be referred for participation, unless one meets an exemption; only one parent can be exempt. If both parents meet an exemption criterion, they must decide who will be referred for participation. If the household’s situation changes and the recipients wish to change the VIEW participant, they may do so upon request and after advisement from the ESW or EW. Exception: The recipients may not switch VIEW participants in order to avoid termination of the case or in order to avoid or cure a sanction.

When both parents are under the age of 18 they are exempt. However, they may volunteer until they attain the age of 18. Any months in which the individual participates in VIEW will be counted toward the 24-month limit on the receipt of TANF. For this reason, these individuals should be encouraged to stay in school to continue their educations instead of volunteering for VIEW.

Volunteers - Recipients of SSI benefits and illegal aliens are ineligible for inclusion in the TANF assistance unit and therefore cannot volunteer to participate in VIEW. The eligibility worker must advise all volunteers that once they enter VIEW by signing the Agreement of Personal Responsibility they have the same rights and responsibilities as mandatory participants. To the extent that funding is available, agencies may serve TANF recipients who are exempt from VIEW and who choose to volunteer.

VIEW volunteers are given a trial period of up to 12 consecutive months of participation. During this trial period, volunteers will not be sanctioned for failure to comply with VIEW program requirements. If the volunteer fails to participate as agreed, the VIEW worker will advise the client to terminate her volunteer status and again become exempt or will take this action on the client’s behalf. The client will not be able to volunteer a 2\textsuperscript{nd} time during the 12 month trial period and maintain her volunteer status. She has forfeited the balance of her trial period by her failure to participate as agreed. Volunteers who elect to volunteer a 2\textsuperscript{nd} time during the 12 month trial period or to continue in VIEW beyond the 12 month trial period, are required to participate and will be sanctioned if they fail to do so without good cause.

Exception: If a volunteer becomes totally disabled during the 12 month trial period (verified by a Medical Evaluation Form) or if the volunteer becomes a caregiver for a relative living in the same residence, (verified by the Statement of Required Presence of Caregiver Form) the volunteer’s original twelve month period can be interrupted as long as the TANF case is still open. Once the individual is no longer totally disabled, or is no longer needed to provide care for the relative, she may volunteer again for the remainder of the 12 month volunteer period as long as she continues to be exempt from mandatory participation in VIEW.

A former VIEW volunteer whose TANF case is closed may reapply for TANF, and, assuming she continues to be exempt from VIEW, may once again volunteer to participate in VIEW and be granted a new 12 month trial period.

Applicants can volunteer for VIEW only after the TANF application has been approved. They are eligible for the VIEW enhanced disregards in the month following the month the VIEW APR is signed.

Note: Non-parent caretakers who meet the financial requirements of Section 304.2 and are included in the assistance unit must participate in VIEW unless otherwise exempt.
H. Advise applicants/recipients who are exempt from VIEW that they may volunteer to participate in VIEW, unless they are SSI recipients, convicted offenders serving sentences while still living in the home, or illegal aliens.

I. Advise all volunteers that once they enter VIEW by signing the Agreement of Personal Responsibility that they have the same rights and responsibilities as mandatory participants. As voluntary participants, however, they can withdraw from the VIEW program without penalty at any time within the twelve-month trial period and cannot be sanctioned for failure to comply with VIEW unless they elect to continue in VIEW after the end of the twelve-month trial period.

J. Make appropriate changes in the computer system which affect the individual's VIEW status. The VIEW worker will be notified via the computer system of these changes. This includes, but is not limited to, the individual's:

1. Being removed from the assistance unit;
2. Obtaining employment;
3. Losing his employment;
4. Changing his exemption status (e.g., changing from exempt to non-exempt and vice versa);
5. Moving from one locality to another; or
6. Having a VIEW sanction lifted when advised by the VIEW worker or when a sanctioned individual becomes exempt after the minimum sanction period has elapsed;

K. Upon notification from the VIEW worker indicating that a non-exempt individual claims to be exempt, verify the exemption claim and notify the VIEW worker of the findings within thirty (30) days. If the eligibility worker is unable to verify an exemption claim, the individual will continue in non-exempt status in VIEW until verification is received.

L. Sanction the TANF case by suspending the grant based on the VIEW worker's recommendation. The EW will send the ANPA (032-03-0307-01-eng) within three working days of receipt of the notification from the ESW.

M. Upon notification by the VIEW Worker that, prior to the scheduled date of the initial VIEW assessment date, the recipient has made a request that the TANF case to be closed, the EW will close the TANF case per the recipient's request.

If the recipient subsequently requests that the TANF case be reopened prior to the effective date of the case closure, she must complete the initial assessment appointment before the TANF case will be reopened.

N. Upon notification from the VIEW worker that the recipient has refused to attend an initial assessment appointment or refused to sign the Agreement of Personal Responsibility without good cause, close the TANF case. Enter a VB on the AEGNFS Screen. The client will be required to sign the Agreement of Personal Responsibility as a condition of eligibility if she reapplies for assistance.

O. Obtain verification and impact the assistance payment when a recipient obtains employment.
Send the Advance Notice of Proposed Action to the recipient at least sixty days prior to the case termination effective date when the 24-months time limit is to expire.

Upon notification from the VIEW worker indicating that the VIEW participant is being placed in a Full Employment Program (FEP) placement, suspend the TANF payment per 901.14. The eligibility worker must conduct a prospective determination of eligibility in the last month of the FEP placement.

When closing a TANF case with a VIEW participant, determine VTP eligibility. Inform the ESW if the VTP is started or terminated in ADAPT.

Close the VTP case when the client is no longer eligible.

Transfer the VTP case when a client moves to another locality in Virginia. Note: It is the responsibility of the receiving agency to determine if the client continues to meet all of the VTP eligibility requirements.

Note: For a complete list of alerts received by the VIEW worker when the EW completes an action in ADAPT, please refer to Chapter L of the ESPAS manual http://spark.dss.virginia.gov/support/adapt/espas.cgi.

901.4 RESPONSIBILITIES OF THE VIEW WORKER - The VIEW worker must:

A. Send a Communication form to advise the EW when a recipient requests the closure of the TANF case prior to the scheduled date of the initial VIEW assessment.

Note: If the recipient subsequently requests that the TANF case be reopened prior to the effective date of the case closure, she must complete the initial assessment appointment before the TANF case will be reopened. The VIEW worker will make every effort to schedule this appointment prior to the effective date of the TANF case closure. Additionally, the recipient will be advised that if she fails to attend the appointment, the TANF case will be closed based on her original request.

B. Have the recipient sign the VIEW Agreement of Personal Responsibility as part of the initial assessment interview.

Note: Explain IPV (Intentional Program Violation) reporting requirements and penalties to the participant. Have the client sign the Notice of Intentional Program Violation Penalties. This form may be located on the local agency DSS Intranet site (www.localagency.dss.state.va.us). Give a copy to the client and place a copy in the VIEW record. See Section 102.*

Obtain a copy of the “Do You Have a Disability?” form from the EW. If the EW failed to have the client complete the form, the ESW will complete the form with a client and give a copy to the EW for the TANF record.

C. Enter the date that the recipient signs the VIEW Agreement of Personal Responsibility as the assessment date in ESPAS. By transmitting from the AECLOC screen, the ESW will start the participation counter in ESPAS that will track the 24-months of TANF eligibility. The ESW will maintain the 24 month clock in ESPAS.

* 2002 Acts of Assembly, Item 362
D. Advise the eligibility worker of the non-exempt recipient's refusal to sign the VIEW Agreement of Personal Responsibility, if applicable.

E. Determine in which component(s) an individual must participate and whether he complies.

F. Report to the eligibility worker, within three working days, any changes which financially impact the recipient, which have occurred in the VIEW activities of the TANF or TANF-UP recipient such as securing of employment or entering the Full Employment Program.

G. Advise the eligibility worker that a case is to be sanctioned and the appropriate sanction period. The EW will send the ANPA (032-03-0307-01) within three working days of receipt of the notification from the ESW.

H. The VIEW worker will advise the eligibility worker of the date the individual began to comply. However, the sanction will not be removed until the sanction time frame elapses. If participation begins after the fixed period, the grant will be prorated for the month in which he begins to participate.

I. Notify the eligibility worker of changes associated with FEP participation that require action. Changes may include initiation of a PEP stipend, issuance of a supplemental payment to the participant, issuance of a replacement check to the employer, or evaluation of continuing eligibility upon termination of the placement. Notification is sent using the PEP Communication Form (032-03-655). The form is available online and may be sent by email. The online version can be accessed on the intranet at http://www.localagency.dss.state.va.us/divisions/bp/tanf/forms.cgi.

J. Inform VIEW participants that they have a right to request screening at any time if the individual suspects that he or she may be having difficulty at an assigned activity as the result of a disability, and if the screening indicates that the individual is likely to have such a problem, he or she has the right to be referred for an assessment by a qualified professional to determine whether the individual does have such a problem.

K. Inform VIEW participants that screening and assessment to identify disabilities and other barriers to program participation are voluntary. Ensure that a copy of the “Do You Have a Disability?” form is in the VIEW record.

L. Inform VIEW participants that they have a right to meet with the VIEW worker to discuss the need to revise the Activity and Service Plan to reflect disabilities, or those of household members that affect the ability to engage in work activities or require accommodations.

M. Inform VIEW participants that they have a right to an Activity and Service Plan that includes the supports, services and any needed accommodations that will be provided to the individual that will enable the individual to participate in work activities or other program requirements.

N. Complete job follow-up for VTP and inform the EW when the participant is no longer eligible for the VTP.
Federal regulations require that protective services be made available to any child on whose behalf TANF is being requested or received when it appears that the child is being neglected, abused, or exploited or is in a situation which is otherwise detrimental to his welfare. If the VIEW worker has reason to believe that a child, on whose behalf TANF is being applied for, or received, is in an unsuitable environment because of known or suspected instances of physical or emotional injury, it is the responsibility of the VIEW worker to make a referral to the services staff for protective services.

Known or suspected instances of physical or emotional injuries include instances of sexual abuse or exploitation, and negligence and/or maltreatment of such child under circumstances which indicate that the child's health or welfare is threatened.*

Note: For a complete list of alerts received by the EW when a VIEW worker completes an action in ESPAS, please refer to Chapter L of the ESPAS manual http://spark.dss.virginia.gov/support/adapt/espas.cgi.

901.5 PARTICIPATION AND COOPERATION REQUIREMENTS

A. Agreement of Personal Responsibility - As a condition of eligibility, all non-exempt individuals must sign a written Agreement of Personal Responsibility (APR). A new APR must be signed at the initial VIEW assessment and upon re-referral following a reapplication or a period in which the individual is exempt. Additionally, when a TANF case was closed while a sanction was still in effect and the sanctioned individual later reapplies for TANF, a new APR must be signed at the time the individual returns to the VIEW program. (The individual will return to the VIEW program only after the sanction has been lifted because the minimum fixed sanction period has been served and the individual has completed an act of compliance.) An individual is considered a VIEW participant when the Agreement of Personal Responsibility has been signed. The agreement will, at a minimum, explain the 24-month time limit and that it is the participant's responsibility:

1. To seek employment to support his own family.

2. To participate in assignments made by the case manager.

3. To notify the case manager of any change in the participant's circumstances which would impact the participant's ability to satisfactorily participate in the program.

4. To accept a job offer. Refusal to accept a job offer may result in a sanction if so determined by the VIEW worker.

5. To arrange and find transportation and day care. The case manager will assist the participant if he has tried, but has been unable to find transportation or day care.

Countable earnings must be screened in accordance with policy in Section 305, and the VIEW grant calculation is applicable beginning the month following the month the Agreement is signed.
901.6 SANCTIONS - Participants who fail to participate in the VIEW Program will be sanctioned.

A. The sanction will be imposed by suspending the TANF payment for the period of time specified at 901.6F.

B. For needy non-parent caretakers, the caretaker is to be removed from the grant, rather than suspending the payment. The caretaker may not be added back to the TANF grant during the current period of TANF assistance. If the caretaker files a new TANF application, and will be included on the TANF grant, she will be referred to VIEW unless otherwise exempt.

C. The ESW must advise the EW of the decision to sanction and the sanction count.

D. The EW is to sanction the participant unless otherwise advised by the VIEW worker.

1. If the EW is aware that the participant might have been exempt during the required participation period, or was unable to participate for reasons of disability or language barrier, the EW must advise the ESW.

The ESW is responsible for making the final decision as to whether to proceed with the sanction. If the ESW determines that the participant was exempt, or was unable to participate for reasons of disability or language barrier, the ESW will advise the eligibility worker to not impose the sanction.

Exception: The EW will not impose the first sanction when the client obtains and provides verification of full-time employment (at least 30 hours per week) prior to the effective date of the proposed sanction. The EW will delete the sanction information from ADAPT and inform the ESW of the employment and that the 1st sanction was not imposed. Employment prior to the imposition of a 2nd or 3rd sanction will not impact the proposed sanction; the eligibility worker will impose 2nd and 3rd sanctions regardless of client employment status.
2. When a participant becomes exempt during a sanction period and the verified exemption still exists at the end of the minimum fixed sanction period, the EW may remove the sanction.

   If the EW is notified by the ESW that the sanction was imposed in error or that the client’s failure to participate was due to disability or language barrier, the sanction must be lifted immediately by the ESW and deleted from the automated system by the EW. The sanction will not be included in the client’s overall sanction count.

3. When a sanctioned individual becomes disabled or becomes required to care for a disabled family member living in the household during the 24-month POI, and such disability or situation prevents the individual from being self-supporting, the individual must serve the fixed sanction period before the individual can be eligible for TANF due to his/her disability, or need to care for the disabled family member, during the 24-month POI.

   Example: A VIEW sanction was imposed effective July 1, 2008 for six months. The client’s 24th month of assistance is September 2008. The 24-month POI begins October 1, 2008. The client becomes disabled (unable to work) and applies for TANF on October 13, 2008. She still has to serve the remaining two months of the fixed sanction period (in this example, six months) before she can be eligible for TANF due to disability. The earliest date that she can be eligible for TANF due to disability is January 1, 2009.

E. The EW must apply the sanction effective the month following the month in which they receive notice to sanction, if administratively possible. If this cannot be done, the action must be taken for the second month. The EW must mail the Advance Notice of Proposed Action as soon as possible after receipt of the Notice to Sanction. The advance notice must indicate the duration of the sanction.

F. The sanction time frames are as follows:

   1. For the first sanction, the grant will be suspended for a minimum period of one month and will continue to be suspended until the client complies.

   2. For the second sanction, the grant will be suspended for a minimum period of three consecutive months and will continue to be suspended until the client complies

   3. For the third and subsequent sanctions, the grant will be suspended for a minimum period of six consecutive months and will continue to be suspended until the client complies.

   In determining the length of time that the sanction will be imposed, if the VIEW worker determines that a previous sanction was due to an
901.9 TWENTY-FOUR MONTH LIMIT FOR TANF ELIGIBILITY - An assistance unit participating in the VIEW Program is limited to twenty-four months of TANF eligibility. The twenty-four months of eligibility is an accumulated period of time, which includes any month that an individual was a mandatory participant on the first day of the month.

A month in which the TANF grant is suspended is counted as a month of participation. When a mandatory VIEW participant becomes exempt, the case is placed in inactive status, or the TANF case closes, the 24-month count stops. If a TANF case closes with months remaining in the 24-month period, the count will resume at the point it stopped, when a new TANF application has been approved and a new Agreement of Personal Responsibility has been signed.

An assistance unit that had time left on the clock when the TANF case closed begins a new twenty-four month period if the assistance unit did not receive TANF for at least twenty-four months after case closure. Sanctions will not carry over into a new twenty-four month period.

Hardship Exception to the Twenty-Four Month Time Limit:
The VIEW worker may grant a hardship exception according to the hardship criteria found in Section 1000. The VIEW worker must notify the eligibility worker when the hardship exception is to end, allowing time for the ten-day Advance Notice of Proposed Action to be mailed by the eligibility worker to the participant. The eligibility worker must close the TANF case. A hardship exception is an extension of the time limit and cannot be granted during the period of ineligibility (see 901.11).

A TANF case that is granted a hardship extension is not eligible for the VIEW grant calculation. (See 901.7.)

24-Month Time Limit Rules for Two-Parent Cases:
Prior to March, 2008, the 24-month clock advanced simultaneously for both parents even if only one parent participated in VIEW. Effective March 1, 2008, the 24 month clock will advance based on actual months of VIEW participation for each parent.

1. Each parent will have his own VIEW clock. The months on the clock will advance only when the parent participates in VIEW, or is in a VIEW sanction.

When a VIEW participant leaves the assistance unit for any reason, the time on his clock stays on his individual clock. If the other parent did not participate in VIEW, she does not have a 24-month clock. If she has participated in VIEW, her VIEW months will stay with her.

Note: When either parent reaches 24 months on the VIEW clock, the TANF case will close. All family members in the household at the time of the TANF case closure will be subject to a VIEW period of ineligibility.
Example 1: Mr. and Mrs. X and their children receive TANF-UP. Mr. X enrolled in VIEW in December, and his VIEW clock started in January. He has 6 months on his clock. In June, Mr. X moved out along with one child, and applied for TANF for himself and the child. The months on the VIEW clock for Mrs. X are 0 because she did not participate in VIEW.

2. When one parent leaves, the children are subject to the time limit and period of ineligibility of the parent with which they reside.

3. When a caretaker who has never participated in VIEW is added to a case with a person who has a VIEW clock he is not subject to a clock until he participates in VIEW.

Example 1: Mr. Y and his six month old child move into the home with Mrs. Y. Mr. Y is the father of Mrs. Y's child, so this will be a TANF-UP case. Mr. Y has never received TANF. He does not have a VIEW clock and is exempt from VIEW because he is the caretaker for his six month old child. Mrs. Y has a clock count 10 months. Mr. Y will not have a VIEW clock until he begins to participate.

4. When a caretaker who has participated in VIEW (has a VIEW clock) is added to a case where the other caretaker has also participated in VIEW (has a VIEW clock) each caretaker will retain his/her individual VIEW clock.

Example 1: Both Mr. and Mrs. Y have received TANF and participated in VIEW for the past 6 months. Mr. Y leaves the household and moves in with Ms. A, who is a VIEW participant with a VIEW clock of 3 months. Mr. Y will have a clock count of 6 months and Ms. A will have a clock count of 3 months.

5. When a caretaker who participated in VIEW is added to a case with a non-VIEW participant, he will keep the months on his clock. The non-VIEW participant will not have a clock until she begins to participate in VIEW.

Example 1: Mr. and Mrs. Y receive TANF and each has 6 months on their VIEW clock. Mr. Y leaves the household and moves in with Ms. A and their three month old child. Ms. A is exempt from VIEW as the caretaker for the three month old child and does not have a VIEW clock. Mr. Y will have a clock count of 6 months and Ms. A will not have a VIEW clock until she begins to participate.
901.10 NOTICE AND APPEAL OF THE TIME LIMIT* - ADAPT will generate an Advance Notice of Proposed Action at the beginning of the twenty-second month of VIEW participation that will be mailed to the recipient by the local agency EW. The notice must be mailed, or available at the local agency in the case of an assistance unit which is homeless, at least sixty (60) days before the effective date of the action, excluding the date of mailing and the effective date, to terminate the TANF case due to the twenty-four month time limit. The notice shall also inform the participant of the circumstances which constitute a hardship exception and how to apply for one. In addition, the ESW must make a good faith effort to inform the person verbally.

If a case is not in approved status in the system on the first of the month of month twenty-two, the eligibility worker must send a manual Advance Notice of Proposed Action. This notice must inform the recipient that financial assistance is scheduled to terminate due to the twenty-four month time limit and that they and their family will be ineligible for financial assistance for at least twenty-four months after termination of TANF. Information regarding circumstances which constitute a hardship and how to apply for one must also be provided.

If an applicant is reapplying for TANF, and has already received a 60-day notice, the agency must note the number of remaining VIEW months on the Notice of Action to approve the case.

In the event the notice is not issued in a timely manner, the agency must not close the case due to the 24-month time limit until the full 60-day advance notice period has expired. Any benefits received after the 24th month are an overpayment and must be recovered.

If a hearing is requested prior to the effective date of the proposed change to terminate benefits due to the 24-month time limit, a participant appealing such change shall have the right to continued direct payment of TANF benefits pending final administrative action on such appeal.

Termination of financial assistance due to expiration of the time limit is the only circumstance which requires a 60-day notice. For any other action, adhere to policy found at manual sections 401.1 - 401.6 regarding notification.

*   Code of Virginia, §63.2-612
901.11 PERIOD OF INELIGIBILITY - The VIEW participant and all of his natural and adopted children are ineligible for TANF for a period of twenty-four months beginning with the effective date of TANF case closure due to the twenty-four month time limit.

This 24-month period of ineligibility applies to the following individuals:

A. All natural or adoptive children in the assistance unit who received TANF while the caretaker was participating in the VIEW Program. For income information for children in a VIEW period of ineligibility, refer to Sections 302.6, 303.3, and 305.4.;

B. A child subject to the family cap provision;

C. A baby who is born to the participant or to the minor natural or adoptive child of the participant during the period of ineligibility;

D. All natural or adoptive children of the participant who move into the participant's home during the period of ineligibility, even if the child did not receive TANF with the participant during VIEW participation or received assistance only for part of the time during VIEW participation; and

E. Any individual who is sanctioned and is an otherwise required member of the assistance unit.

The 24-month period of ineligibility status remains with any participating family member who moves out of the caretaker’s home during the period of ineligibility.

NOTE: No member of the assistance unit in a period of ineligibility is eligible for the Diversionary Assistance Program. (See Chapter 800.)

The eligibility worker must inform the individual who applies for TANF for such children when the period of ineligibility expires.

Example #1: Ms. Smith's TANF case was closed effective January 1998, due to expiration of the period of eligibility while she was participating in the VIEW Program. Her son, Joe, who was an assistance unit member while Ms. Smith participated in the VIEW Program, moved to his grandparent's home in June 1998. In that same month, Joe's grandmother filed an application for TANF, for herself and Joe. The application for TANF is denied due to the fact that Joe was an assistance unit member during Ms. Smith's VIEW participation in which the period of eligibility had expired. Joe will remain ineligible for receipt of TANF until the entire 24-month period of ineligibility has expired.

Example #2: Ms. Smith, who is a TANF recipient with her sons Josh and Joe, began participating in the VIEW Program in March 1996. Josh moved out of Ms. Smith's home in June 1996 to move in with his aunt. The aunt applied for TANF, on Josh's behalf, in June 1996. The aunt's TANF application for Josh may be approved, if Josh is otherwise eligible, because Ms. Smith's TANF case was not in a period of ineligibility when Josh left.
EXCEPTIONS: (1) If the caretaker dies during the period of ineligibility, the children may receive TANF with another relative, if otherwise eligible. (2) A minor parent or child who turns 18 during the period of ineligibility may apply and receive TANF in her own right for herself and her child(ren), if otherwise eligible. (3) If it is determined that the caretaker (both caretakers in a two-parent TANF household) became totally disabled during the period of ineligibility or became required to care for a disabled family member living in the household, and such a disability or situation prevents the individual from being self supporting, the caretaker and children in the family may receive TANF benefits without regard to the period of ineligibility. The worker must assist the parent in pursuing other benefits, as appropriate. (4) If a child is removed from the home of a parent as a result of a child protective services report or complaint during the period of ineligibility and is placed in the home of a relative, the relative may be eligible to receive assistance if otherwise eligible.

A Medical Evaluation (032-03-0654) completed by a medical professional will be used to verify the disability of the caretaker. (The client’s disability will be considered total if the medical indicates that she cannot work 10 hours a week or more). The disability must be re-evaluated based on new verification at the end of the anticipated duration as noted on the medical statement or every 90 days whichever occurs first. If the medical form is incomplete, the eligibility worker must contact the medical professional to obtain the missing information before acting on the medical.

When the caretaker is needed on a substantially continuous basis to care for a family member who is living in the household (the family member does not have to be included on the TANF grant), the family member must have a verified physical or mental disability and must have caretaking needs that prevent the caregiver from being self supporting. These caretaking needs include the need for attendance, supervision, and home care, and other needs related to the family member’s disability. A medical professional must complete a Statement of Required Presence of Caregiver form (032-03-0020) to verify the family member’s condition, and the need for the caregiver to be available on a substantially continuous basis. If the disabled family member is out of the home for substantial portions of the day, the caretaker will not be considered to be needed on a substantially continuous basis, and the TANF benefits will not be extended beyond the 24th month.

When the disabled caretaker is eligible to receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), on-going verification of the disability will not be required. When the disabled family member who requires a caretaker is eligible to receive SSI or SSDI, additional verification of the need for a caretaker for the disabled family member will be required annually. In addition, when the medical professional has indicated a specific duration that the caretaker will be needed, the eligibility worker will request verification of the need for the caretaker at the end of the anticipated duration as noted on the Statement of Required Presence of Caregiver form.

The TANF case is to be closed as soon as administratively possible upon verifying that the caretaker is able to work or is no longer needed to care for a disabled family member living in the home. Once the TANF case is closed, the 24-month POI will resume.
Example: Mrs. Waters began her 24-month POI on August 1, 2008. On October 15, 2008 she applied for TANF. On the date of application, she provided a medical form verifying she was expected to be disabled from September 20, 2008 to June 30, 2009. She is approved for TANF beginning October 15. Since any month the client receives TANF is not counted toward the 24-month POI, October will not be a POI month.

Mrs. Waters furnished additional medical forms every 90 days as required to verify her continued disability. A medical form was submitted on June 15, 2009 which indicated she was no longer disabled. The worker closed the case effective June 30, 2009. Mrs. Waters had 22 months (24 months minus the two POI months she completed - August and September) remaining in her 24-month POI. The POI resumed July 1, 2009. Mrs. Waters’ ADAPT case was updated to reflect the new POI period and AESANC screens were entered for all AU members for July 1, 2009 to April 30, 2011.

901.12 TRANSFERS - Active VIEW cases transferred to another agency should be treated as follows:

A. All attempts should be made to transfer the benefit and VIEW record together within 5 working days of notification.

B. When a VIEW case with no earned income and not in a sanction transfers to another agency, the VIEW time clock stops until such time as the VIEW worker in the receiving agency completes an assessment and re-starts the clock. The receiving agency is responsible for adjusting the clock after the assessment. The 60-month clock continues to advance for each month TANF is received.

C. When a VIEW case with earnings transfers to another agency, the VIEW clock continues.

D. A sanction period continues when a sanctioned VIEW case transfers to another agency.
VIEW GRANT CALCULATION

Example 1 - Earnings

Assistance unit of 2 in a Group II locality. Mom receives a TANF Match Payment of $135 and earns $450 gross monthly.

Step (1) - Screening at Federal Poverty Level

$  450.00  Gross Monthly Earnings
$1,215.00  Monthly Federal Poverty Level for 2

Step (2) - Unearned Income

$254.00  Standard of Assistance for 2
-     0  Unearned Income
$254.00  TANF Deficit

The TANF Match Payment does not impact the TANF deficit.

Step (3) - Earned Income Disregards

$450.00  Gross Monthly Earnings
-141.00  Standard Deduction for 2
$309.00  x 20% = 61.80
- 61.80
$247.20  Net Earned Income

Step (4) - Add Net Earned Income and TANF Deficit

$247.20  Net Earned Income
+254.00  TANF Deficit
$501.20  < Monthly Federal Poverty Level for 2

$254.00  = VIEW Payment (TANF Grant)

Example 2 - Earned and Unearned Income

Assistance unit of 2 in a Group II locality. Mom earns $300 gross monthly and the assistance unit also received $120 unearned income monthly.

Step (1) - Screening at Federal Poverty Level

$  300.00  Gross Monthly Earnings
$1,215.00  Monthly Federal Poverty Level for 2

TANF Transmittal 44
Step (2) - Unearned Income

$254.00  Standard of Assistance for 2
-120.00  Unearned Income
$134.00  TANF Deficit

Step (3) - Earned Income Disregards

$300.00  Gross Monthly Earnings
-141.00  Standard Deduction for 2
$159.00  x 20% = 31.80
-31.80
$127.20  Net Earned Income

Step (4) - Add Net Earned Income and TANF Deficit

$127.20  Net Earned Income
+134.00  TANF Deficit
$261.20 < Monthly Federal Poverty Level for 2

$134.00 = VIEW Payment (TANF Grant)

Example 3 - Earnings Result in Ineligibility

Assistance unit of 4 in a Group III locality. Mom earns $1,895 monthly gross income.

Step (1) - Screening at Federal Poverty Level

$1,895.00  Gross Monthly Earnings
$1,838.00  Monthly Federal Poverty Level for 4

Ineligible.
Example 4 - Maximum Reimbursable

Assistance unit of 6 in a Group I locality. Mom earns $450 gross monthly income.

Step (1) - Screening at Federal Poverty Level

$ 450.00 Gross Monthly Earnings
$2,461.00 Monthly Federal Poverty Level for 6

Step (2) - Unearned Income

$470.00 Standard of Assistance for 6
- 0 Unearned Income
$470.00 TANF Deficit

$443.00 Maximum Reimbursable Amount

Step (3) - Earned Income Disregards

$450.00 Gross Monthly Earnings
-205.00 Standard Deduction for 6
$245.00 x 20% = 49.00
- 49.00
$196.00 Net Earned Income

Step (4) - Add Net Earned Income and TANF Deficit

$196.00 Net Earned Income
+443.00 Maximum Reimbursable TANF Deficit
$639.00 < Monthly Federal Poverty Level for 6

$443.00 = VIEW Payment (TANF Grant)

Example 5 - Earned Income Case with Immunization Penalty

Assistance unit of 2 in a Group III locality. Mom earns $960 gross monthly income. One member of the AU receives $60 SSA monthly. There is a $50 immunization penalty.

Step (1) - Screening at Federal Poverty Level

$ 960.00 Gross Monthly Earnings
$1,125.00 Monthly Federal Poverty Level for 2
Step (2) - Unearned Income

$323.00  Standard of Assistance for 2
-  60.00  Unearned Income
$263.00  TANF Deficit

Step (3) - Earned Income Disregards

$960.00  Gross Monthly Earnings
-141.00  Standard Deduction for 2
$819.00  x 20% = 163.80
- Deduct 20% from $819.00
$819.00
-163.80
$655.20  Net Earned Income

Step (4) - Add Net Earned Income and TANF Deficit

$655.20  Net Earned Income
+263.00  TANF Deficit
$918.20  < Monthly Federal Poverty Level for 2

Step (5) - Reduce TANF Deficit:

$1,215.00  Monthly Federal Poverty Level for 2
-  918.20  Net Earned Income + TANF Deficit
$  296.80  VIEW Payment (TANF Grant)

$  296.00  Actual Payment Amount

Step (6) - Apply Immunization Penalty

$296.00  VIEW Payment
-  50.00  Immunization Penalty
$246.00  Net VIEW Deficit

$246.00  = VIEW Payment (TANF Grant)
Example 5 - TANF-UP Household

Assistance unit of 4 in a Group II locality. Dad earns $1500 gross income.

Step (1) - Screening at 150% of the Federal Poverty Level

$1,500.00 Gross Monthly Earnings < $2,757.00 150% of the Monthly Federal Poverty Level for 4

Step (2) - Unearned Income

$382.00 Standard of Assistance for 4
$0.00 Unearned Income
$382.00 TANF Deficit

Step (3) - Earned Income Disregards

$1500.00 Gross Monthly Earnings
- 153.00 Standard Deduction for 4
$1347.00 x 20% = $269.40
- 269.40
$1077.60 Net Earned Income

Step (4) - Add Net Earned and TANF Deficit

$1077.60
+ 382.00 TANF Deficit
$1459.60 < 150% of the Monthly Federal Poverty Level for 4

$382.00 = VIEW Payment (TANF Grant)
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TRANSMITTAL 44
1000.6 – VIEW VOLUNTEERS

A. **To the extent that funding is available, agencies may serve TANF recipients who are exempt from VIEW and choose to volunteer.** VIEW volunteers are given a trial period of up to 12 consecutive months of participation unless they become mandatory and lose volunteer status. During this trial period, volunteers will not be sanctioned for failure to comply with VIEW program requirements. If the volunteer fails to participate as agreed, the ESW will advise the client to terminate her volunteer status and again become exempt or will take this action on the client’s behalf.

The client will not be able to volunteer a 2nd time during the 12 month trial period and maintain her volunteer status. She has forfeited the balance of her trial period by her failure to participate as agreed. Volunteers who elect to volunteer a 2nd time during the 12 month trial period or to continue in VIEW beyond the 12 month trial period are required to participate and will be sanctioned if they fail to do so without good cause.

Exception: If a volunteer becomes totally disabled during the 12 month trial period (verified by a Medical Evaluation Form) or if the volunteer becomes a caregiver for a relative living in the same residence, (verified by the Statement of Required Presence of Caregiver Form), the volunteer’s original twelve month period can be interrupted as long as the TANF case is still open. Once the individual is no longer totally disabled, or is no longer needed to provide care for the relative, she may volunteer again for the remainder of the 12 month volunteer period as long as she continues to be exempt from mandatory participation in VIEW.

B. A former VIEW volunteer whose TANF case is closed may reapply for TANF, and, assuming she continues to be exempt from VIEW, may once again volunteer to participate in VIEW and be granted a new 12 month trial period.

C. Applicants can volunteer for VIEW only after the TANF application has been approved. They are eligible for the VIEW enhanced disregards in the month following the month the VIEW APR is signed at the initial assessment. Note: The APR cannot be signed prior to the initial assessment except when it must be signed prior to TANF approval as a condition of eligibility. (See 1000.9)
1000.8 - VIEW Initial Assessments

A. Overview - Local Agency Responsibilities.

Each local agency will establish a process so that the initial assessment of VIEW clients includes the following:

1. An identification and evaluation of the participant’s job readiness skills, occupational skills and interests, education, work history, and family/life circumstances including disabilities.
2. A determination of the participant’s functional literacy if the participant does not have a GED, associate degree, or bachelor’s degree.
3. An initial identification of the program activities that will be needed if the client does not find full time employment.
4. A detailed evaluation of child care and other supportive service needs.
5. The signing of the Agreement of Personal Responsibility (APR).

B. Scheduling the Initial Assessment Interview

1. The ESW will assess the participant within 10 days if possible after assignment to the queue, but in all cases within 30 days of assignment.
2. The assessment will take place during an individual, face-to-face interview between the participant and the ESW.
3. The ESW will send the participant a letter informing her of the date of the assessment interview.
4. The assessment interview will be scheduled at a time that does not conflict with work hours, or with previously scheduled medical or mental health appointments, whenever possible. When necessary, the worker can meet with the participant at a mutually agreed upon location outside the agency.
5. The letter will explain that appearance for the assessment interview is a condition of continued eligibility for TANF and that failure to attend the interview and sign the Agreement of Personal Responsibility (APR) may result in termination of the TANF grant. The letter will also tell the participant how to contact the ESW if she is unable to attend the interview and needs to reschedule it.

C. Client Failure to Attend the Initial Assessment Interview

If the recipient requests the closure of her TANF case prior to the scheduled date of the initial assessment appointment, the ESW will send a Communication form to advise the EW to close the case. If the recipient subsequently requests that the TANF case be reopened prior to the effective date of the case closure, she must complete the initial assessment appointment and sign the Agreement of Personal Responsibility before the TANF case will be reopened. The VIEW worker will make every effort to schedule this appointment prior to the effective date of the TANF case closure. The recipient will be advised that if she fails to attend the appointment, the TANF case will be closed based on her original request.

1. If the participant does not appear for the interview, the ESW must attempt to contact the client verbally. If the ESW determines from the contact that the participant did not have good cause for missing the appointment, or if the ESW is unable to contact the client verbally, the ESW must take action to begin the termination process. Based on agency procedures, the ESW will either send the client the VIEW Notice of Sanction/Termination (032-02-0307) or the Advance Notice of Proposed Action within 3 business days of the missed appointment. Alternately, the ESW will immediately notify the EW who will send the ANPA within 3 business days of receipt of the notification.
2. The ANPA notifies the client that she must contact the ESW within 10 days from the date of
the notice with documented good cause or the agency will take action to terminate the TANF

case.

3. If the client decides to be interviewed by the ESW and to sign the APR, and does both prior
to the effective date of case closure as specified on the ANPA, the case will not be closed.

D. Client Failure to Attend the Initial Assessment Interview After Having Signed the APR as a
Condition of TANF Eligibility.

If a client’s TANF case is closed because she refused to sign the APR, she must sign the APR as a condition
of eligibility if she reapplies for TANF. If her TANF case is approved and she is referred to VIEW, and if she
then fails to keep the appointment for the initial assessment interview, her case will be sanctioned, not
terminated.

E. The VIEW Assessment Interview

The ESW will conduct a face-to-face interview with the client to determine her prior education, training,
work experience, service needs and current job readiness. The interview will be strength-based, and will
focus on the client’s strengths in all areas of life and work rather than on deficits or barriers.

The interview will include:

1. An identification and evaluation of the participant’s job readiness skills, occupational skills
and interests, education, work history, and family/life circumstances. The assessment will
focus on the skills and abilities the participant already possesses that would allow her to find
immediate employment. The VIEW Assessment form (032-02-0303), or other assessment
instrument approved by the agency’s TANF/VIEW Field Consultant, will be used to record
the information obtained in the interview.

2. A determination of the participant’s functional literacy. If the participant does not have a
GED, associate degree, or bachelor’s degree, her functional literacy will be determined
through use of the Information Sheet (032-03-0311) or other literacy assessment tool such as
the Test of Adult Basic Education (TABE). Prior test scores such as the TABE, which
establish an approximate educational/basic literacy level, can be used in place of the
Information Sheet if the score is no more than one year old. [Note: The literacy
determination can be made at the initial assessment, or can be conducted later; in all cases, it
must be completed by the first reassessment].

3. An initial identification of the client’s employment/educational goal(s) and the types of
program assignments that may be completed throughout the client’s VIEW participation.
The VIEW Assessment form, Part 2 (032-02-0303) will be used to record this information.

4. A detailed evaluation of child care and other supportive service needs.

5. An initial discussion of possible disabilities of the client or family household member that
may interfere with the client’s ability to participate in VIEW and/or to work. A copy of the
“Do You Have a Disability” form must be in the case record.
a. All VIEW participants must be offered screening for learning disabilities, mental health disabilities, and alcohol and substance abuse within 90 days of signing the APR. Examples of valid screening tools can be found in “Screening for Employment Barriers: Issues and Tools” which can be accessed from the TANF Guidelines and Procedures page on SPARK at http://spark.dss.virginia.gov/divisions/bp/files/tanf/policy/employmentbarriers.pdf

b. Participants whose screenings indicate the possible presence of a disability will, with the client’s agreement, be referred for an in-depth evaluation.

c. All individuals, including those who choose not to be screened, and those who have been screened and referred for an in-depth evaluation, will be assigned to an appropriate program activity based on the initial assessment.

d. If the in-depth evaluation indicates the existence of a disability, treatments and/or services to address the disability will be made part of the client’s required program assignments and will be recorded on the Activity and Service Plan.

6. An evaluation of other issues that may clearly affect program participation or employment. Such issues may include verified barriers to employment.

Verified barriers to employment include mental and physical disabilities, learning disabilities, substance abuse and domestic violence. Barrier codes are entered into ESPAS after verification of the barrier by another agency or professional qualified to identify the specific barrier. Verification may be provided by agencies such as domestic violence shelters or substance treatment programs, as well as by professionals qualified to assess learning disabilities, health or mental health conditions. In all cases in which the worker receives documented confirmation of the condition or situation from the referral source, the worker will enter the appropriate code or codes:

01 – Learning Disability  
02 – Domestic Violence  
03 – Mental Health  
04 – Physical Disability  
05 – Substance Abuse

Note: The barrier codes are used to record a client’s verified barrier(s) and are considered in making program assignments. They are not the basis on which hours of participation can be reduced except in the case of domestic violence when the specific VIEW assignment is identified as putting the family’s safety in jeopardy. All other reductions in the hours of participation must be based on a Medical Evaluation signed by a medical professional. (See 901.2C)

7. An explanation to the client of the following:

a. program goals and philosophy

b. program requirements, including an explanation of the responsibilities and expectations of participants in the VIEW program
b) Job Club

(1) Job Club is a tightly-structured, intensive program including instruction in job search methods, extensive use of the telephone to obtain job leads and interviews, peer support, direct monitoring of participant activities, and self-placement through job search. In order to be classified as a Job Club, the job search activity must be operated using the VDSS guide, “Finding Work: A Manual for Successful Job Club Operation”. VDSS will provide a locality with on-site Job Club training, the VDSS guide, and other materials based on the locality’s request to the Virginia Department of Social Services, Division of Benefit Programs, Economic Assistance and Employment Program Manager.

(2) The participant in Job Club is bound by the participation requirements of the activity. The number of weeks and job search hours required of a participant in Job Club cannot be less than the requirements of individual job search.

c) Individual Job Search

Individual job search is independent job search carried out by the participant. For individual job search to be successful, it is necessary for the ESW to assist the participant in understanding the elements of a successful job search. At a minimum, the ESW should assist the client in developing a resume, in learning how to accurately complete a job application, and in utilizing proven job seeking methods and interview techniques.

B. JOB READINESS

The purpose of job readiness training is to prepare the participant for employment or program component participation so that she can be competitive and succeed in the labor market. Job readiness training may be offered before, in conjunction with or after the job search assignment. Unsupervised study or homework assignments cannot be counted as hours of job readiness. While assignment to job readiness and/or job search should be based on the needs of the client, the combined hours of job search and job readiness assignments will count toward the work participation rate for no more than 4 consecutive weeks. Additional hours of job search/job readiness may be assigned, but no hours will be counted toward participation unless there has been an intervening time period of at least one week after each 4 consecutive week assignment. Additionally, no more than 180 hours of job search/job readiness can be counted toward participation in each 12-month period. Assignments to additional hours/weeks of job readiness and/or job search beyond the initial assignment should be made in conjunction with other program activities so that both the core work activity requirement and the 35 hour overall participation requirement are met. Note: The assignment to the additional hours/weeks of job search and/or job readiness should be made only after at least one week has elapsed since the participant completed 4 consecutive weeks of job search and/or job readiness.

For federal reporting purposes, each time a participant successfully completes the initial 4-week job search/job readiness activity and is counted in the participation rate for that month, 120 hours of the total 180 hours available for job search/job readiness in a 12-month period are considered to have been used. The client also has used up 4 consecutive weeks of job search and cannot be assigned again until at least one week has passed. After that time, the client can be assigned to job readiness/job search as needed to facilitate her participation in the program, but no more than the remaining 60 hours can be counted toward participation through in the 12-month period.
NOTE: Federal requirements limit countable hours of job search/job readiness for participants with a child under age 6 to 120 hours in a 12-month period. A successful 4-week job search will use up 80 of the total 120 hours available in the 12-month period as well as 4 consecutive weeks of job search/job readiness. No more than the remaining 40 hours can be counted toward participation through the end of the 12-month period.

1) Job readiness training includes activities to assist the participant in program participation by helping her recognize and overcome personal and family problems which may be a barrier to accomplishing her employment and training goals. Job readiness activities also prepare the participant for work by assuring that she is familiar with general work place expectations, work behaviors, and attitudes necessary to compete successfully in the labor market. Job readiness should also address the economic benefits of going to work. These include wages above the TANF grant, the enhanced earned income and savings disregards, and the Federal Earned Income Tax Credit.

2) Job readiness topics may include, but are not limited to, communication skills, life skills, motivational training, problem solving, assertiveness, nutrition, money management, time management training and other activities that enhance specific work place expectations and behaviors. Substance abuse treatment, mental health treatment or rehabilitative activities may also be counted as job readiness based on the same conditions and time limits that apply to job readiness generally.

3) Job readiness training may be conducted through workshops or seminars and through treatment programs, as well as through one-on-one counseling.
C. UNSUBSIDIZED EMPLOYMENT

1. Full Time Employment
   a. Unsubsidized employment is employment for which the participant is paid at least minimum wage and for which no government funds are used to subsidize the wages earned by a participant. Full-time employment is employment of 30 hours per week or greater.
   b. A participant employed at least 30 hours per week and earning at least minimum wage is not required to participate in any other VIEW assignment, but she must respond to all correspondence from the case manager and keep all scheduled appointments for reassessments. Each assignment to full-time employment should be for a period of six months.
   c. Employment at less than minimum wage does not meet the definition of employment and is not a countable work activity. Therefore, the participant must be assigned to other activities.

2. Part Time Employment
   a. Part-time employment is employment of less than 30 hours per week, at which the participant earns at least minimum wage. The participant must also be assigned to a concurrent program activity so that the concurrent activity and the part-time employment assignment meet the participation requirement.
   b. A participant working part-time may be assigned to job search as appropriate. However, the restrictions on counting job search/job readiness for federal participation limit the use of job search as a concurrent program activity for other components, including part-time employment. If the maximum 120/180 hours of job search/job readiness have already been met in terms of federal reporting, additional hours of job search/job readiness participation will not be reported or counted in determining the agency’s participation rate.

3. Self-employment
   a. If a participant becomes self-employed, the participant must provide documentation to show she is legitimately engaged in self-employment. The information could include, but is not limited to the following information: the kind of business, location, hours of operation, source of funding, prospective customer base, earnings, business license, if applicable, and lease or agreement if space is rented.
   b. If a participant enters the VIEW program and states she is self-employed and has been self-employed for less than a year, the participant must provide the above documentation including copies of rent receipts, appointment books or any other documentation that will show the participant is engaging in a legitimate business.
If the participant states she has been self-employed for a year or more, a copy of the previous year’s income tax return will suffice to show that the participant is engaged in a legitimate business. If the tax return is provided and the worker is satisfied with the documentation, the up-front job search can be waived if the participant is engaged in self-employment for 30 or more countable hours of self-employment per week.

c. For self-employment to be a countable activity for VIEW, the participant must be paid at least minimum wage. Countable weekly hours are actual hours worked, or hours computed as follows, whichever is less:

Determine the monthly net income by subtracting the monthly business expenses from the monthly gross income. The VIEW case record must contain a copy of the verification of the gross income and business expenses. This will apply even when the information is contained in the TANF case record.

Divide the monthly net income by the minimum wage.

Divide this figure by 4.33 and round the result down to the next whole number. Compare the computed hours to those that are verified as actual hours of participation. The countable hours are the actual hours worked (if verified by a source other than the client), or the hours computed above, whichever is less. If the countable hours are 30 or more, the assignment to (full-time) self-employment should be for a period of six months. If the countable hours are less than 30, the client must be assigned to additional activities to meet participation requirements.

Example: Ms. A is self-employed as a nail technician. She provides a signed statement from the property owner verifying that the business is in operation 40 hours per week. Her gross income is $550 for the month and she has business expenses of $340 per month.

\[
\begin{align*}
\text{\$550} & \quad \text{– gross income} \\
- \quad \text{\$340} & \quad \text{– business expenses} \\
\text{\$210} & \quad \text{– net monthly income} \\
\div \quad \text{7.25} & \quad \text{– minimum wage} \\
\text{28.97} & \\
\div \quad 4.33 & \\
\text{6.69} & \quad \text{will be rounded down to 6 countable hours per week}
\end{align*}
\]

Only 6 hours per week are countable. Ms. A must be assigned to an additional 29 hours per week in other activities (with at least 14 of the additional hours in another core work activity) so that her total countable hours equal 35.

4. Employment and the TANF Earned Income Enhanced Disregard

a. A TANF recipient who is employed in an unsubsidized job at the time she signs the Agreement of Personal Responsibility at the initial VIEW assessment will receive the TANF enhanced earned income disregards the following month. Enhanced disregards allow a participant to remain eligible for TANF benefits as long as the participant’s total household income does not exceed 100% of the federal poverty limit for the size of his household or 150% of the federal poverty level for TANF-UP households.
1000.16– Program Component - Non-Active Assignments: Inactive and Pending

There are some situations in which a VIEW participant cannot be assigned or reassigned to an active component immediately.

A. Such situations include, but are not limited to, the following:

1. The local agency determines that transportation or other needed supportive services are unavailable.

2. Neither the participant nor the agency is able to make child care arrangements.

3. The ESW has requested a reevaluation of the client’s exempt status and is awaiting a response by the EW.

4. The start of the activity to which the client is to be assigned has been delayed.

5. The participant states that she has a medical or mental health problem that will prevent participation. The participant will be given a Medical Evaluation to be completed by a physician documenting the medical or mental health condition.

6. The participant has a family crisis or a change in individual or family circumstances, such as the death or illness of a spouse, parent or child, a family violence situation, or other time-limited situation not of the participant's own making that would affect participation.

7. The participant is receiving health, mental health, or substance abuse treatment or rehabilitation services which prevent participation in an active component. Verification is required that participation in the treatment or rehabilitation program is necessary and that the client is participating as required.

8. The participant has a verified disability and needs services, supports or accommodations to participate in an active component, but those services, supports or accommodations are unavailable.

9. Screening indicates that the participant has a potential disability that will affect participation in an active component but the agency is unable to obtain an assessment by a qualified professional.

B. If the VIEW participant must be assigned to a non-active component, the agency will take into consideration the anticipated time before an active assignment can be made, and the reason assignment to a non-active component is necessary.

C. Assignments to Inactive stop the VIEW clock and should be considered when the situation is not the result of the client’s action or inaction.

Assign the client to Inactive when the client is cooperating with the agency to resolve the situation delaying active participation. Assignments to Inactive are limited to 30 days and can be extended only once for a consecutive total of no more than 60 days. (Under exceptional circumstances, the agency may assign the client to inactive for a third time with the written approval of the VIEW supervisor. A copy of the signed approval and an updated Activity and Service Plan should be sent to the agency’s TANF/VIEW Field Consultant). At no time will the assignment to Inactive exceed 90 days.
Example: A new VIEW participant has a 14-month old child and needs child care in order to participate in the program. The client has been unable to find a child care provider. The only child care center in the community that accepts infants will not have an opening for at least 30 days. Since the client is cooperating, and the situation is not within her control to change, an assignment to Inactive is appropriate.

D. Assignments to Pending do not stop the VIEW clock. Months assigned to pending count toward the client’s 24 month time limit. Pending assignments should be considered when the situation preventing assignment to an active component is the result of the client’s action or inaction.

Assign the client to Pending when the client is not cooperating with the agency to resolve the situation delaying active participation. Assignments to Pending may be made for up to 60 days but should not be extended. At no time will the assignment to Pending exceed 60 days.

Example: A new VIEW participant has a 14-month old child and needs child care in order to participate in the program. She has interviewed several child care providers who usually have openings, but she insists on waiting so she can place her child at a new center in her neighborhood. The center is not scheduled to open for 30 days. The agency agrees to allow her 30 days to either obtain a placement at the new center or secure a placement with one of the other available providers. The agency assigns the client to Pending, not Inactive, because the delay in making arrangements has been within the client’s control. (Note: Following the 30-day Pending assignment, the client will be assigned to an active component. If she does not participate, she will be referred for sanction for non-compliance).

Note: the information above does not apply to assignments of Pending due to full-time employment (which are entered in ESPAS as Component 25 with a Descriptor of 033). Each assignment of Pending due to full-time employment should be for a period of six months.

E. The ESW will document in the case record the reason for the assignment to Inactive or Pending. The worker will outline in the record the plan of actions and anticipated timeframes developed with the participant to resolve the issues related to the non-active assignment. The worker will make referrals, provide supportive services including child care or transportation, or otherwise assist the participant as necessary so that the client can participate actively in VIEW. These referrals or other assistance will be included in the plan developed with the client and will be documented in the case record.

F. At the end of each 30-day assignment to Inactive, or up to 60-day assignment to Pending, the participant’s status will be reviewed and the Activity and Service Plan updated. It is expected that the local agency and participant will work together to resolve any issues related to participation by the end of these timeframes. The participant will be assigned to active VIEW components no later than the end of the maximum timeframes for Inactive and Pending assignments. After an assignment has been made to an active VIEW component, a participant will be subject to sanction if she fails to participate as required.
1000.24 - HARDSHIP EXCEPTIONS

Exceptions to the two year limit on TANF assistance may be granted under certain circumstances which are specified by the Code of Virginia and outlined below.* (See 901.11 for reasons that the client might be eligible for assistance during the POI based on disability rather than hardship).

A. Application for An Exception - The client is notified that an extension of benefits is possible by the TANF 24-Month Advance Notice of Proposed Action (032-03-0368-04). This notice is sent by the eligibility worker 60 days prior to the end of the 24-month TANF eligibility period.

The client must submit a signed and dated written request to the ESW, postmarked within the 60-day period prior to the effective date of TANF case closure shown on the notice, identifying the specific type of exception requested. The agency may assist a client who is illiterate in writing the request, but the request must be submitted timely and must be signed and dated by the client. An individual who has exhausted the 24-month TANF eligibility period and whose TANF case has already been closed may not apply for an exception.

The local agency is not required to screen all VIEW participants for eligibility for hardship exceptions.

B. Exceptions and Eligibility for TANF and VIEW - If a hardship exception is granted, TANF benefits will continue for the period of the exception as long as all TANF eligibility factors continue to be met. The client will also continue to be a mandatory VIEW participant and will be eligible for supportive services.

C. Criteria for Granting Hardship Exceptions - Hardship exceptions may be granted under the following circumstances provided the client meets all general and specific eligibility criteria:

1. Exceptions of up to one year
   a. The client lives in an area of high unemployment.
   b. The client has been enrolled in employment-related post-secondary education or skills training unless the education or skills training was self-initiated.

2. Exceptions of up to 90 days
   a. The client is unable to find employment.
   b. The client has lost her job.

D. General Eligibility Criteria for Hardship Exceptions

In order to be considered for a hardship exception, the participant’s program participation must be evaluated. Determination must be made that:

1. The participant was not sanctioned for failure to satisfactorily participate in any assigned component activity while in the program. Assigned component activities must be reflected on the client’s Activity and Service Plan.

* Code of Virginia 63.2-613
c. In the case of a participant with a verified disability, or a household member with a verified disability cared for by the participant, the participant must have been enrolled for at least 6 months out of the previous 12, have been satisfactorily participating for those 6 months, and be able to complete the course of study in no more than one year if the exception is granted. The ESW will work with the participant and the educational institution or skills training program to arrange any accommodations needed by the participant in order to complete the course.

d. For purposes of this hardship exception, the following education activities are not considered “employment-related education or training”: adult basic education (ABE), General Educational Development (GED), English as a Second Language (ESL, ESOL), High School.

F. Conditions Under Which a Hardship Exception May Be Granted for Up to 90 Days

A hardship exception of up to 90 days may be granted by the local agency based on the participant’s inability to find employment or loss of employment during the final two months of TANF eligibility if the participant meets the general qualifying criteria outlined above.

1. The client is actively seeking but is unable to find employment
   
   a. The participant is enrolled in a job seeking activity and has been satisfactorily participating, but has been unable to find employment that, in combination with all other income or sources of assistance available to the individual, would pay an amount equal to or exceeding the TANF cash benefit plus the standard deduction.

2. The client has been employed, but has lost employment during the final two months of TANF eligibility due to factors not related to job performance.
   
   a. The participant has applied for unemployment compensation from the Virginia Employment Commission and has been denied.
   
   b. The participant is able to provide a copy of the determination of ineligibility for unemployment compensation from the Virginia Employment Commission.

   c. The Virginia Employment Commission determination of ineligibility verifies that eligibility for unemployment compensation would have existed if the participant had worked sufficient hours to qualify.

G. Responsibilities of the ESW – Decision on Exception Request

1. The ESW will notify the participant within 5 working days that the request for a hardship exception as been received. The notification to the participant will provide the date by which a decision will be made. The date will be no longer than 30 days from receipt of the client’s hardship exception request.
H. Responsibilities of the ESW– Management of Approved Exceptions - General

1. The ESW must monitor all approved exceptions in order to verify that the reason for the exception still exists and that the client continues to participate in assigned program activities. If the reason for the exception ceases to exist, or if the participant ceases to participate in assigned activities and would be sanctioned during regular program participation, the ESW will notify the EW who will send the client the Advance Notice of Proposed Action (032-03-0018) terminating the case at the earliest possible date.

2. At the same time, the ESW must attempt to contact the client immediately by letter and telephone to determine if the client has good cause for failure to participate in program assignments. If the client has a good cause reason for failure to continue with program assignments, and, in the case of a verified disability, if the reason for non-compliance can be remedied by reasonable accommodations, the agency may allow the client to continue in the activity. The ESW will notify the EW to not terminate the case.

I. Responsibilities of the ESW – Management of Approved Exceptions of Up to One Year

1. In addition to the general management expectations outlined above, the ESW must reevaluate each exception granted based on labor market unfavorability or for employment-related education or training of up to one year at least every 90 days. In the case of exceptions based on employment-related education and training, the ESW will verify that the participant is still enrolled, is making satisfactory progress, and is anticipated to complete the course of study within the period granted by the exception.

J. Responsibilities of the ESW - Extension of Hardship Exceptions

Under some circumstances, a hardship exception of up to 90 days - based on a client’s failure to find employment or loss of employment during the final two months of TANF eligibility - can be extended. In no case will an exception of up to one year based on labor market unfavorability or for employment-related education or training be extended past the initial date.

1. The local agency may request an extension of a 90-day hardship exception on the behalf of the client. The agency will submit the written request to the Virginia Department of Social Services, Division of Benefit Programs, Economic Assistance and Employment Manager.

2. An extension can be granted only during, or as a continuation of, an existing hardship exception. Extensions of the 90-day hardship exception will be granted only in very limited circumstances and only to persons who demonstrate extreme hardship.

3. Prior to submitting a request for an extension, the ESW must reassess the client and assign the client to work experience, FEP, or job skills training in addition to a job search activity in order to maximize the client’s opportunity to find employment. The extension must be requested at least 15 days prior to end of the participant’s original hardship exception. The extension cannot be requested if the original exception period has ended and/or the TANF case is closed.
4. The agency may follow the same procedures and timeframes to request that the extension be renewed for subsequent periods of up to 90 days if it determines that the client will continue to face extreme hardship.

5. The local agency request for an extension of the 90-day hardship exception must include the following:
   
   a. The specific reason for the extension request
   
   b. The period of time for which the extension is requested
   
   c. Documentation that the client has satisfactorily participated in all assigned activities during the original exception period, and will encounter extreme hardship if TANF benefits are terminated
   
   d. A description of any individual or extenuating circumstances that the manager should consider in making the decision.

K. Responsibilities of the Economic Assistance and Employment Manager- Extension of Hardship Exceptions

The Economic Assistance and Employment Manager of VDSS will base the decision regarding extension of TANF benefits past the period of the original exception on the following:

1. The individual met all the general and specific criteria for receiving the original hardship exception

2. The agency placed the client in a job search activity, and in work experience, the Full Employment Program (FEP), or job skills training prior to requesting the extension and the client is participating in all assignments

3. The agency has demonstrated that the individual/family would suffer extreme hardship if benefits were terminated at the end of the exception period

The manager will examine each request separately and act to grant or deny the request for extension within 5 days of receiving the request. The manager will notify the client and the agency of its decision regarding the request for an extension.

The manager will follow the same procedures and timeframes to review and act on requests for renewal of the extension period.
Information Sheet (032-02-0311-02-eng) ....................................................................................................... 3
Agreement of Personal Responsibility (032-02-0310-06-eng) ........................................................................... 6
VIEW Assessment (032-02-0303-04-eng) ................................................................................................... 9
Activity and Service Plan (032-02-0302-08-eng) ........................................................................................... 13
VIEW Job Search Form (032-02-0301-06-eng) ............................................................................................ 16
Full Employment Program (FEP) Agreement (032-02-0309-02-eng) ............................................................ 19
Full Employment Program Communication Form (032-03-0655-00-eng) ...................................................... 21
Community Work Site Agreement (032-02-0308-01-eng) .......................................................................... 23
Work Site Position(s) (FEP, CWEP or PSP) (032-02-0306-01-eng) .............................................................. 25
VIEW Referral to Work Site (FEP, CWEP, PSP) (032-02-0300-01-eng) ...................................................... 27
VIEW Attendance/Performance Rating Sheet (032-02-0305-01-eng). ......................................................... 29
VIEW Non-Compliance Checklist (032-02-0671-02-eng) .......................................................................... 31
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</thead>
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<td>Notice of Workers’ Compensation Requirements and Procedures (032-03-675)</td>
<td>56</td>
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<tr>
<td>Employer’s Accident Report (VWC Form No. 3 rev. 3/22/02)</td>
<td>58</td>
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<tr>
<td>Notice of Intentional Program Violations and Penalties (032-03-0646-07-eng)</td>
<td>60</td>
</tr>
<tr>
<td>VIEW Job Follow-Up (032-03-0402-02-eng)</td>
<td>62</td>
</tr>
<tr>
<td>Job Follow-Up Contact – Current VIEW Participants (Focus on Retention and Enhancement) (032-03-0403-03-eng)</td>
<td>64</td>
</tr>
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<td>VIEW Program Participation Document (032-03-0189-00-eng) Obsolete</td>
<td>66</td>
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<tr>
<td>Holidays and Excused Absences for Participants in Unpaid Activities (032-03-0106-01-eng)</td>
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<tr>
<td>VIEW Education and Training Activities Attendance Sheet (032-03-0191-02-eng)</td>
<td>70</td>
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<tr>
<td>Statement of Required Presence of Caregiver (032-03-0020-00-eng)</td>
<td>72</td>
</tr>
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</table>
VIEW NON-COMPLIANCE CHECKLIST

THE VIEW WORKER MUST COMPLETE THIS FORM, AND THE VIEW SUPERVISOR MUST SIGN THIS FORM BEFORE THE PARTICIPANT IS REFERRED TO THE ELIGIBILITY WORKER FOR NON-COMPLIANCE. THE INFORMATION CHECKED MUST BE DOCUMENTED IN THE CASE RECORD.

Section I. To be completed by the VIEW worker.

The following is documented in the case record:

[ ] The client has been screened and assessed for disabilities or declined to be screened.
[ ] Reasonable accommodations have been provided, if appropriate.
[ ] The client was informed verbally of the potential sanction or an attempt was made to verbally inform the client.
[ ] Good cause was evaluated and the client does not have good cause for non-compliance.

The participant without good cause:

[ ] Failed/refused to report for assessment/reassessment or other required interview.
[ ] Failed/refused to actively engage in or complete job search.
[ ] Failed/refused to complete a Public Service Program placement.
[ ] Failed/refused to complete a Community Work Experience placement.
[ ] Failed to accept a bona fide job offer.
[ ] Terminated or was terminated from employment.
[ ] Terminated or was terminated from a Full Employment Program work site.
[ ] Failed/refused to complete any other activity assigned on the Activity and Service Plan.

Specify activity/requirement: ______________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Section II. To be completed by the VIEW supervisor.

I have reviewed the case record. There is documentation in it to support the determination that this participant has failed to comply with VIEW program requirements, good cause does not exist, and accommodations have been provided if needed.

Supervisor’s signature ___________________________ Date ___________________________
VIEW NON-COMPLIANCE CHECKLIST

FORM NUMBER - 032-03-0671-02-eng

PURPOSE OF FORM - This form must be completed prior to notifying the eligibility worker to sanction a client for noncompliance with VIEW requirements to ensure that the appropriateness of the sanction has been documented in the case record.

USE OF FORM – The form is completed by the VIEW worker and submitted to the supervisor for approval to sanction a VIEW participant. The form is used prior to imposing a sanction.

NUMBER OF COPIES - One.

DISPOSITION OF COPIES - The original is filed in the case record.

INSTRUCTIONS FOR PREPARING FORM NUMBER OF COPIES - The VIEW worker completes identifying information at the top right of the form, indicates the type of documentation filed in the case record to support action to sanction/close the case, and what action or failure to act caused the sanction.

The supervisor signs and dates the form if in concurrence that there was noncompliance, and that there was no good cause not to cooperate.
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAMS

COMMUNICATION FORM- From EW to ESW

To __________________________________, ESW
From ________________________________, EW
Date _______/_______/_______

Reply Needed By _______/_______/_______

☐ Copy Sent to Child Care Worker

Name of Participant ________________________
Participant’s Client ID # ____________________
Case Name _____________________________
☐ SNAPET  ☐ TANF  ☐ TANF-UP
Case Number ___________________________

☐ Reapplication for TANF - Previous Failure to Sign Agreement of Personal Responsibility. APR signed on _______/_______/_______ (APR attached). Effective Date of TANF approval: _______/_______/______.
☐ Result of reevaluation of non-exempt/mandatory status: ________________________________________.
☐ Volunteer no longer wishes to participate.
☐ Non-exempt/mandatory individual now exempt. Reason: ________________________________________.
☐ Individual may be unable to participate in ESP/SNAPET because _____________________________

☐ Individual is not able to ☐ Read English  ☐ Write English

☐ Individual will enter/entered employment at ___________________________ on _______/_______/______.
Scheduled # of Hours/week ____________. Rate of pay $ __________ per ____________.
Frequency of pay: _____________________. Date of First Pay: _______/_______/_______.

☐ Individual/household no longer eligible for SNAP. Case closed due to: (check one)
☐ Sanction; ANPA sent ☐ Employment/ benefit reduction/savings information provided below
☐ Other:
   Effective Date: _______/_______/______.
☐ Individual removed from the SNAP household due to: (check one)
   ☐ Sanction: ANPA sent  ☐ Other
   Effective Date: _______/_______/______.
☐ Effective with payment on _______/_______/______ , benefits will be reduced from $ _________ to
   $ __________.

☐ Individual appealed sanction. Case remains open until appeal resolved. Pre-hearing conference scheduled for _______/_______/______.
☐ Sanction ended effective _______/_______/______.
   ☐ Mandatory registrant has been added back to SNAP unit.
   ☐ TANF case reopened.

☐ 24-Month Eligibility Termination date: _______/_______/______.
☐ Appeal prior to 24-Month Closure or ☐ Appeal of Hardship Denial prior to 24-Month Closure. Appeal
   scheduled for: _______/_______/______.
   ☐ Client has requested that case remain open until appeal resolved.

☐ VIEW Transitional Payment established effective _______/_______/______.
☐ VIEW Transitional Payment ended effective _______/_______/______.
   Reason: ________________________________________.

☐ Amount of SNAP allotment for the month of ___________________________ was $ ____________.
☐ New certification period from _______/_______/______ to _______/_______/______.

☐ Other ____________________________

032-02-0072-10eng (4/10)
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Participant</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Case Name</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Case Number</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>SNAPET</td>
<td>☐</td>
</tr>
<tr>
<td>TANF</td>
<td>☐</td>
</tr>
<tr>
<td>TANF-UP</td>
<td>☐</td>
</tr>
<tr>
<td>Volunteer signed APR on __________________________</td>
<td>Please update AEGNFS screen and run ED/BC.</td>
</tr>
<tr>
<td>Reevaluation of non-exempt/mandatory status is requested. Reason:</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Volunteer no longer wishes to participate. Please update AEGNFS screen and run ED/BC.</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Individual will enter education or training activity on <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Individual will be a participant in work experience. Please provide the SNAP amount for the month of ____________________________</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Individual will enter/entered employment on <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Employer</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Scheduled # of Hours/week: _<strong><strong><strong><strong><strong><strong>. Rate of pay: $</strong></strong></strong></strong></strong></strong> per __________.</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Frequency of pay: ______________<em><strong><strong><strong>. Date of First Pay: <em><strong><strong><strong>/</strong></strong></strong></em>/</strong></strong></strong></em></td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Individual has failed to comply with program requirements of __________________________________________________________________. Good cause does not exist.</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Notify ESW if aware of good cause reason.</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Sanction for (check appropriate answer)</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>☐ 1 month and compliance</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>☐ 3 months and compliance</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>☐ 6 months and compliance</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Comparability exists.</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Please provide the dollar amount of SNAP reduction due to employment or sanction.</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Please notify when the sanctioned individual has been added back to SNAP unit.</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Please notify when suspended TANF case has been reinstated.</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>VIEW Transitional Payment enrollment opened effective <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>VIEW Transitional Payment enrollment closed effective <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Hardship denied on <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Hardship granted from <em><strong><strong><strong>/</strong></strong></strong></em>/_______ to <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Hardship terminated on <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Other __________________________________________________________________</td>
<td>__________________________________________________________________</td>
</tr>
</tbody>
</table>

03-20-0072-10eng (4/10)  TANF TRANSMITTAL 44
EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

FORM NUMBER - 032-02-0072-10-eng

PURPOSE OF FORM – To exchange information about an employment services participant between the eligibility worker and the employment services worker. To make the child care worker aware of changes that may impact the client’s eligibility for child care services.

USE OF FORM – Either the eligibility worker or the employment services worker may originate the form at the time circumstances change for the participant that require the exchange of information.

NUMBER OF COPIES – Three.

DISPOSITION OF FORM – The form consists of page 50 (EW to ESW) and page 51 (ESW to EW). When the form is printed, page 50 should appear on the front and page 51 on the reverse. When the form is emailed, both pages should be sent. A copy of the form will be sent to the child care worker whether it is initiated by the EW or the ESW. A copy of the entire form should be retained in the TANF, VIEW and Child Care files.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the Eligibility worker and the Employment Services worker, the date the form is sent, and the date the reply is needed is to be entered in the upper right hand corner by the worker originates the form.

The name of the participant, the ADAPT case name, case number, the employment services participant’s client identification number, and the applicable employment services program are to be entered in the next section of the form by the worker originates the form.

The remainder of the form is completed when messages must be communicated between the eligibility staff and the employment services staff. The worker will check whichever block communicates the desired information, requests the desired information, or are applicable to the situation. If the worker needs to communicate information that is not listed on the form, he/she should check “Other” and enter the information in that space.
MEDICAL EVALUATION

It is our goal to assist the individual named below in becoming economically self-sufficient. This person states that he/she is unable to participate in employment and training activities. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine program activities that this individual may be able to perform, even if there are some limitations.

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Agency Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone #</td>
<td>Agency Contact</td>
</tr>
<tr>
<td>Birthdate</td>
<td>Phone #</td>
</tr>
</tbody>
</table>

ABILITY TO PARTICIPATE IN EMPLOYMENT AND TRAINING ACTIVITIES:

1. Date of examination on which this medical evaluation is based: ___________. (Examination must have been conducted within the last 90 days).

2. In terms of participating in employment and training activities and the individual’s current health issue(s), check the statement – either A, B, or C – that is MOST appropriate at this time.

   **A.** Able to participate in employment and training activities without significant limitations or modifications

      [ ] Skip the remaining questions and complete the Signature section at the bottom of page 2.

   **B.** Able to participate in employment and training activities at least 10 hours per week with limitations and/or modifications as needed.

      [ ] Anticipated number of months the limitation or need for modification will last. (check one)
      [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

      [ ] How many total hours per week can the individual participate in employment and training activities? (check one)
      [ ] 10 [ ] 15 [ ] 20 [ ] 25 [ ] 30 [ ] 35

      [ ] Skip to page 2, answer questions 3 through 10, and complete the Signature section at the bottom of page 2.

   **C.** Not able to participate in employment and training activities in any capacity at this time

      [ ] Anticipated number of months the limitation or need for modification will last. (check one)
      [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

      [ ] Skip to page 2, answer questions 3 through 10, and complete the Signature section at the bottom of page 2.

(OVER)
3. Based on your knowledge of the individual’s medical condition, list any limitations that would affect the individual’s ability to participate in employment and training activities.
   ☐ Physical Limitations:
   ☐ Mental Health Limitations:
   ☐ Other Limitations Not Listed Above:

4. Do you recommend that this individual apply for SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance) benefits at this time? ☐ Yes ☐ No

**DIAGNOSIS AND TREATMENT:**

5. Please indicate the primary medical reason for the individual’s inability to participate in employment and training activities, or to participate with modifications and/or limitations, in the “primary diagnosis” space below.

   Primary Diagnosis:

   If other medical issues contribute to the individual’s inability to participate in employment and training activities, or to participate with modifications and/or limitations, please record those in “secondary diagnosis” space below.

   Secondary Diagnosis:

6. Would reviewing this form jeopardize the patient’s health or well-being? ☐ Yes ☐ No

**COMPLIANCE:**

7. If physical therapy, counseling, medication or other treatments were prescribed, is the individual complying?
   ☐ Yes ☐ No ☐ Don’t know

8. If the individual is not complying with recommendations, are you aware of the reason for not complying?
   ☐ Yes ☐ No ☐ Don’t know

9. Does the individual’s condition hinder his/her ability to care for his/her children? ☐ Yes ☐ No

**REFERRALS:**

10. Does the individual require additional evaluation and/or assessment to determine current and/or future functioning?
   ☐ Yes ☐ No

   If yes, by whom: ____________________________ Date Referred: ____________________________

   Field or area of expertise ____________________________

**SIGNATURE:**

This form may be signed only by a medical doctor, including a psychiatrist, a doctor of osteopathy, or by a physician’s assistant or nurse practitioner working in the practice of a medical doctor or doctor of osteopathy.

Signature ____________________________ Date form was completed: ____________________________

(Physician or Nurse Practitioner or, Physician’s Assistant)

Name ____________________________

(Please print)

Office telephone number: ____________________________

Office Address ____________________________

032-03-0654-08-eng (4/2010)
MEDICAL EVALUATION

FORM Number – 032-03-0654-08-eng

PURPOSE OF FORM – To provide medical information concerning the mental/physical condition of a Temporary Assistance for Needy Families (TANF) applicant/recipient or a Virginia Initiative for Employment Not Welfare (VIEW) participant.

USE OF FORM – To be used by the local social services agency in securing medical information when a written statement is necessary to determine ability to participate in employment and training activities.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Submitted to the examining or treating medical professional and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM – The information at the top of the form is completed by the eligibility/VIEW worker prior to submittal of the form to the examining or treating medical professional. The information requested in Items 1 through 10 is entered by the examining or treating medical professional. The medical doctor, physician’s assistant, or nurse practitioner is to sign the form and also complete the identifying information in the appropriate spaces.

In the case of a single parent household, if the medical professional completing the form indicates in Compliance, item 9, that the patient’s condition hinders his/her ability to care for the children, contact the agency’s child care and/or child welfare staff to determine if services are needed.
DATE__________________________

VIEW Job Follow-Up Form

Name__________________________

Address__________________________

_______________________________________

Case Number: ___________________________

We have been unable to reach you to find out how you are doing in your employment or On-the Job Training assignment. In order to continue receiving your TANF benefits, you must complete and return this form to your VIEW Worker no later than the _______________________. Failure to respond may result in the lost of your TANF benefits.

Please answer the following questions:

Are you still employed? yes_______ no_______

Are you having problems with any of the following (please check yes or no):

Child Care yes_______ no_______

Transportation yes_______ no_______

Co Workers yes_______ no_______

Your Supervisor yes_______ no_______

Family Life yes_______ no_______

If you would like to discuss these or other issues with your VIEW Worker, please indicate a time, date and telephone number where you may be reached

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Client Signature ____________________________________________ Date_____________

032-03-0402-02-eng (4/10)
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM

VIEW Job Follow-Up Form

PURPOSE of FORM – This form provides information to the VIEW Worker that the VIEW client is still employed or continuing in an On-the Job Training assignment.

USE OF THE FORM-This form is to be mailed to the client and to be completed by the client. The form must be received by the worker by the date shown. This letter provides information to the worker that the client is still employed. It also provides information to the worker if the client is having any problems with child care, transportation, co-workers, supervisor or family life.

NUMBER OF COPIES-1 original

DISPOSITION OF COPIES-1 original is to be kept in the file once received back from the client

INSTRUCTIONS FOR PREPARING FORM- The client is to complete the form and return it to the agency by the 15th to the month.
Job Follow-Up Contact – Current VIEW Participants
(Focus on Retention and Enhancement)
This form is to be completed by the ESW no later than the 5th calendar day of each month. It will serve as documentation that a monthly contact has either been completed or an attempt has been made to contact the participant. If the ESW is unable to contact the VIEW participant by phone, the ESW will mail the participant the Job Follow-Up form (032-03-0402).

Are you still employed?  Yes__________  No____________

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
<th>Month 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date employment (including OJT) began</td>
<td>Date 1st phone contact attempted</td>
<td>Date 1st phone contact attempted</td>
<td>Date 1st phone contact attempted</td>
<td>Date 1st phone contact attempted</td>
<td>Date 1st phone contact attempted</td>
</tr>
<tr>
<td>Date verified (Wage verification in case record by first job follow up)</td>
<td>Date 2nd phone contact attempted</td>
<td>Date 2nd phone contact attempted</td>
<td>Date 2nd phone contact attempted</td>
<td>Date 2nd phone contact attempted</td>
<td>Date 2nd phone contact attempted</td>
</tr>
<tr>
<td>Date follow-up form mailed</td>
<td>Date follow-up form mailed</td>
<td>Date follow-up form mailed</td>
<td>Date follow-up form mailed</td>
<td>Date follow-up form mailed</td>
<td>Date follow-up form mailed</td>
</tr>
</tbody>
</table>

Wage verification in case record for changes reported by participant: (date change verified) __________

Wage verification in case record after six months of employment: (date verified) __________

If participant is experiencing any of the following problems, did you discuss possible resolutions to the problem and provide any necessary referrals to other organizations that may be able to assist the client in resolving the problem?

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
<th>Month 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Transportation</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Home Situation/ Family Life</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
</tbody>
</table>

If participant is experiencing any of the following problems, did you discuss possible resolutions to the problem and provide any necessary referrals for available training, education, job coaching/ mentoring, workshops, or seminars?

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
<th>Month 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Workers/ Supervisors</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Need for Additional Training</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
</tbody>
</table>
Job Follow-Up Contact – Current VIEW Participants

FORM NUMBER – 032-03-0403-03-ENG (04/10)

PURPOSE OF FORM – The purpose of this form is to provide a uniform method for securing and documenting monthly job follow-ups for VIEW participants in unsubsidized employment or On-the Job Training assignments.

USE OF THE FORM - This form is to be completed by the Employment Services Worker (ESW).

NUMBER OF COPIES - Original

DISPOSITION OF COPIES - Original is to be kept in the file

INSTRUCTIONS FOR PREPARING FORM - The ESW is to complete this form no later than the 5th calendar day of months one, two, three, four, five, and six of the job follow-up period. The ESW must verify the actual number of hours of employment and hourly rate of pay by the first job follow-up. The ESW should address the importance of Job Retention with the participant during every contact. If the participant wishes to explore opportunities for career advancement, the ESW will assist the participant with this in any way possible.

In months two through five, the hours and wages will only be verified if the client reports a change. In addition to completing the job follow-up in month six, the ESW must have a face-to-face interaction with the VIEW participant to complete a reassessment. Actual number of hours and hourly rate of pay must be re-verified at this time.

Note: When the TANF case remains open and a participant remains employed in months 7-12, months 13-18, and/or months 19-24, a new Job Follow-Up Contact –Current VIEW Participants form will be completed during each six month period.

The ESW will enter the date for each attempt to contact the VIEW participant.

If after two attempts, the ESW is unable to contact the client enter the date the Job Follow-up Form (032-03-0402) was mailed to the client.

When the ESW has completed a successful contact with the VIEW participant each question must be answered by circling Yes or No and then documenting the case file to reflect the suggested referrals, strategies, or supportive services for job retention and/or enhancement made to the client.
VIEW BROCHURES

Have You Heard About Benefits For Working Families (B032-01-0155-04-eng) ................................................2

Leaving Welfare For Work Isn’t As Scary As It Seems (B032-01-0154-04-eng) .....................................................6

Your Success is Waiting for You (B032-01-0055-00-eng) ......................................................................................10
Your Success is Waiting for You

READY FOR THE KIND OF LIFE YOU WANT YOUR FAMILY TO BE LIVING?

Let the VIEW Program -- and your commitment to that life -- take you there.

VIEW can offer:

✔ Help in finding jobs
  • to pay the bills
  • to start your career
  • you've dreamed about

✔ Worksite placements to learn new skills, help your community, and get good job references

✔ Help in finishing high school or getting your GED

✔ Help in starting or finishing a training program or college

VIEW can provide:

★ A chance to work and still keep part of your TANF benefits when you're getting started

★ Help with transportation costs

★ Help with child care costs

★ Help with the cost of uniforms and supplies required by the job

★ Help with medical and dental expenses

★ Extra money for up to a year after you leave TANF with a job

★ Someone to talk to and plan with; someone who'll be there with encouragement just when you need it

Get started today! Sure, you're busy. So are we. But, we're talking about your future here! Don't waste another day. Give us a call and get to work on your dreams. Your kids will thank you.

Telephone ______-_______
The Virginia Initiative for Employment not Welfare (VIEW) Program
_____________ Department of Social Services
Barriers to Employment.................................................................................................................2
Barriers To Employment

All VIEW participants must be offered screening for learning disabilities, mental health disabilities, alcohol and substance abuse within 90 days of signing the APR. Participants whose screenings indicate the possible presence of a disability will, with the client’s agreement, be referred for an in-depth evaluation. A barrier code is entered into ESPAS after verification of the barrier by another agency or professional qualified to identify the specific barrier. Verified barriers to employment and their codes are listed below.

01- Learning Disability
02– Domestic Violence
03– Mental Health
04– Physical Disability
05– Substance Abuse
<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>SECTION/PAGE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuation of Assistance</td>
<td>401.5, p. 10-10a</td>
</tr>
<tr>
<td>During Appeal Process</td>
<td></td>
</tr>
<tr>
<td>Contract Earnings</td>
<td>305.1, p. 5-6</td>
</tr>
<tr>
<td>Contributions from Another Agency</td>
<td>305.4, p. 43</td>
</tr>
<tr>
<td>Contributions In-Kind</td>
<td>305.4, p. 36a; 305.4, p. 44-45; 602.3, p. 2</td>
</tr>
<tr>
<td>Countable Earnings</td>
<td>305.3, p. 21</td>
</tr>
<tr>
<td>Current Support Received</td>
<td>305.4, p. 36-37; 602.3, p. 1-3</td>
</tr>
<tr>
<td>Also see Cohabitant; Minor Caretaker; Stepparent</td>
<td></td>
</tr>
<tr>
<td>Date of Entitlement</td>
<td>401.1, p. 4; 502.2, p. 3-3a</td>
</tr>
<tr>
<td>Day Care Income</td>
<td>305.3, p. 14</td>
</tr>
<tr>
<td>Death of Applicant</td>
<td>401.1, p. 5</td>
</tr>
<tr>
<td>Debit Card</td>
<td>502.5, p. 5; Section 500, Appendix III</td>
</tr>
<tr>
<td>Declaration of Citizenship and Alien Status</td>
<td>201.7, p. 1c-1g</td>
</tr>
<tr>
<td>Decrease in Income</td>
<td>305.1, p. 9-9a</td>
</tr>
<tr>
<td>Deeming Disregard ($90)</td>
<td>305.4, p. 40-42</td>
</tr>
<tr>
<td>Deemed Income</td>
<td>305.4, p. 41-43</td>
</tr>
<tr>
<td>Ineligible Alien</td>
<td>305.4, p. 41-43</td>
</tr>
<tr>
<td>Senior Parent(s) to Minor Caretaker</td>
<td>305.4, p. 41-43</td>
</tr>
<tr>
<td>Sponsor to Alien</td>
<td>305.4, p. 32-33a</td>
</tr>
<tr>
<td>Stepparent</td>
<td>305.4, p. 37-41</td>
</tr>
<tr>
<td>Unverified</td>
<td>305.4, p. 43</td>
</tr>
<tr>
<td>Definitions</td>
<td>104.3</td>
</tr>
<tr>
<td>Deleting Income</td>
<td>305.1, p. 10</td>
</tr>
<tr>
<td>Deleting Person with Income</td>
<td>305.1, p. 10</td>
</tr>
<tr>
<td>Direct Deposit</td>
<td>502.3, p. 4; 502.5, p. 5; 500, Appendix II</td>
</tr>
<tr>
<td>Section</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>101.2D, 901.2D, Section 1000, VIEW definitions</td>
</tr>
<tr>
<td>Discrimination Complaint</td>
<td>101.2</td>
</tr>
<tr>
<td>SUBJECT</td>
<td>SECTION/PAGE(S)</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Single Interview (TANF &amp; SNAP)</td>
<td>401.1, p. 1a</td>
</tr>
<tr>
<td>Sixty (60) Month Limit on Receipt of TANF</td>
<td>201.1 G</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>305.4, p. 24b</td>
</tr>
<tr>
<td>Social Security Number (SSN)</td>
<td></td>
</tr>
<tr>
<td>Letter on SSN Update</td>
<td>Appendix IV to 201</td>
</tr>
<tr>
<td>Requirement</td>
<td>201.8, p. 1</td>
</tr>
<tr>
<td>Special Occasion Income</td>
<td>305.2, p. 12</td>
</tr>
<tr>
<td>Specified Relatives</td>
<td>201.5, p. 1-2</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>305.1, p. 1a, p. 2; 305.3 p. 16, Appendix 3, pg. 1-2; 901.7, p. 8; Appendix 1, pg. 1-2</td>
</tr>
<tr>
<td>Standard Filing Unit</td>
<td>302.2</td>
</tr>
<tr>
<td>Standards of Assistance</td>
<td>304.1, p. 1</td>
</tr>
<tr>
<td>By Groups</td>
<td>Appendix 2 to 304</td>
</tr>
<tr>
<td>State Board of Social Services</td>
<td>100.2, p. 1; 102.1, p. 1; 104.2, p. 1</td>
</tr>
<tr>
<td>Stepparent Deeming</td>
<td>305.4, p. 37-43</td>
</tr>
<tr>
<td>Student</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>305.1, p. 2-3; 305.3, p. 15; 304.4, p. 24a</td>
</tr>
<tr>
<td>Also see Compulsory School Attendance; View; Grants &amp; Loans, Scholarships; Truancy</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income Recipients (SSI)</td>
<td>201.1, p. 1a; 302.7</td>
</tr>
<tr>
<td>Support for Child Subject to Family Cap</td>
<td>201.12, p. 7-8</td>
</tr>
<tr>
<td>Support from</td>
<td></td>
</tr>
<tr>
<td>Absent Non-Custodial Parent</td>
<td>602.3, p. 2</td>
</tr>
<tr>
<td>Other Non-Responsible Persons</td>
<td>305.4, p. 37</td>
</tr>
<tr>
<td>Putative Fathers Outside the Home</td>
<td>305.4, p. 36a-37</td>
</tr>
<tr>
<td>Spouse Outside the Home</td>
<td>305.4, p. 36-36a</td>
</tr>
<tr>
<td>Relatives</td>
<td>305.4, p. 33a-37</td>
</tr>
<tr>
<td>Also see Deeming – Stepparent</td>
<td></td>
</tr>
</tbody>
</table>

TANF Transmittal 44
Use this form or call your worker to report changes listed below for your Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) case.

Report changes within 10 days of the day they occur; but at the latest, you have until the 10th day of the following month to report the change.

NOTE: If you have a Medicaid case, you must report all changes to your Medicaid worker within 10 days.

### TELL US IF THE GROSS INCOME FOR YOUR HOUSEHOLD GOES OVER THE LIMIT BELOW:

<table>
<thead>
<tr>
<th>Number of People in your Household</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Every 2 weeks</th>
<th>Twice a month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,174</td>
<td>$273.02</td>
<td>$546.04</td>
<td>$587.00</td>
</tr>
<tr>
<td>2</td>
<td>1,579</td>
<td>367.20</td>
<td>734.41</td>
<td>789.50</td>
</tr>
<tr>
<td>3</td>
<td>1,984</td>
<td>461.39</td>
<td>922.79</td>
<td>992.00</td>
</tr>
<tr>
<td>4</td>
<td>2,389</td>
<td>555.58</td>
<td>1,111.16</td>
<td>1,194.50</td>
</tr>
<tr>
<td>5</td>
<td>2,794</td>
<td>649.76</td>
<td>1,299.53</td>
<td>1,397.00</td>
</tr>
<tr>
<td>6</td>
<td>3,200</td>
<td>744.18</td>
<td>1,488.37</td>
<td>1,600.00</td>
</tr>
<tr>
<td>7</td>
<td>3,605</td>
<td>838.37</td>
<td>1,676.74</td>
<td>1,802.50</td>
</tr>
<tr>
<td>8</td>
<td>4,010</td>
<td>932.55</td>
<td>1,865.11</td>
<td>2,005.00</td>
</tr>
</tbody>
</table>

For each additional member add

- Monthly: $406
- Weekly: $94.41
- Every 2 weeks: $188.83
- Twice a month: $203.00

These amounts are good through 9/30/10.

Add gross income for all the people in your household. New income total $ ___________________

### IF YOU RECEIVE TANF, TELL US ALSO IF:

- Your address changes

  New Address (Street, Apt. Number)  City, State, ZIP  Telephone

- A child, including a newborn, enters or leaves your home. (Tell us about this child at the top of the next page).

- The father or mother of a child, including a newborn, enters or leaves your home. (Tell us about this father or mother at the top of the next page).

- Any change happens that may affect your VIEW participation. Tell us here about the change that occurred. Also remember to tell your VIEW worker about the change: ___________________________________________________________________________________
CHANGE IN THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD

HAS ANYONE MOVED IN?

<table>
<thead>
<tr>
<th>Name</th>
<th>Date moved in</th>
<th>Relationship to you</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Race (not required)</th>
<th>Sex</th>
<th>Marital Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>U.S. Citizen</th>
<th>If Alien, give alien number, date of entry</th>
<th>Last school grade completed</th>
<th>Currently in School?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (   )</td>
<td></td>
<td></td>
<td>Yes (   )</td>
</tr>
<tr>
<td>No (    )</td>
<td></td>
<td></td>
<td>No (    )</td>
</tr>
</tbody>
</table>

HAS ANYONE MOVED OUT?

<table>
<thead>
<tr>
<th>Name</th>
<th>Date moved out</th>
<th>Name</th>
<th>Date moved out</th>
</tr>
</thead>
</table>

CHANGE IN SHELTER EXPENSES

<table>
<thead>
<tr>
<th>Rent or Mortgage</th>
<th>Property Taxes</th>
<th>Homeowner’s Insurance</th>
<th>Electricity</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ per</td>
<td>$ per</td>
<td>$ per</td>
<td>$ per</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gas</th>
<th>Oil</th>
<th>Kerosene, Coal, wood, etc. List and give amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ per</td>
<td>$ per</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Water/Sewer</th>
<th>Garbage</th>
<th>Telephone (Basic Service Only)</th>
<th>Installation Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ per</td>
<td>$ per</td>
<td>$ per</td>
<td>$ per</td>
</tr>
</tbody>
</table>

CHANGE IN DAY CARE EXPENSES

<table>
<thead>
<tr>
<th>Person paying for care</th>
<th>Person receiving care</th>
<th>Amount billed</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

CHANGE IN MEDICAL EXPENSES FOR MEMBERS WHO ARE 60 OR MORE OR DISABLED

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of expense</th>
<th>Amount billed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

CHANGE IN LEGALLY OBLIGATED CHILD SUPPORT PAID TO ANOTHER HOUSEHOLD

<table>
<thead>
<tr>
<th>Person paying support</th>
<th>Person receiving support</th>
<th>Amount legally obligated</th>
<th>Amount paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ per</td>
<td>$ per</td>
</tr>
</tbody>
</table>

HOW LONG DO YOU EXPECT THE CHANGE(S) TO CONTINUE?

(   ) YES  (   ) NO  Do you expect any of the change(s) you listed on this report to continue beyond this month? If YES, explain.

I declare that all information I gave on this form is correct and complete to the best of my knowledge and belief.

Signature____________________________________________________________   Date __________________________

The Virginia Department of Social Services is an equal opportunity provider.
Commonwealth of Virginia
Department of Social Services
Temporary Assistance for Needy Families

<table>
<thead>
<tr>
<th>FOR AGENCY USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Name</td>
</tr>
<tr>
<td>Case Number</td>
</tr>
<tr>
<td>Eligibility Worker Number</td>
</tr>
</tbody>
</table>

Attesting to the Lack of Information Form

As a condition of eligibility, the Code of Virginia, Section 63.2-602, requires that each applicant/recipient of TANF must cooperate with the Division of Child Support Enforcement (DCSE) or local department of social services, unless good cause for refusing to do so is determined to exist, in:

- identifying and locating the parent of a child for whom aid is claimed,
- establishing the paternity of a child born out of wedlock for whom aid is claimed;
- obtaining support payments for the applicant or recipient and for a child for whom aid is claimed; and
- obtaining any other payments or property due the applicant or recipient or the child.

If you withhold and/or give false information, you may be prosecuted for perjury, larceny, or welfare fraud. You may also be subject to a disqualification hearing. If you are found guilty, you will be ineligible to receive TANF for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

You have the right to attest to the lack of information about the absent parent.

***I attest under penalty of perjury, that I have provided all known information about the absent parent for (children names):____________________
________________________________________________________________________
________________________________________________________________________

Information Provided on Absent Parent:
Name: ______________________________
Any Additional Information Provided: _______________________________________
________________________________________________________________________
________________________________________________________________________

Applicant/Recipient Signature: ___________________________ Date: ___/___/___

Worker Signature: ________________________________ Date: ___/___/___
Attest to the Lack of Information Form

FORM NUMBER – 032-03-0423-01-eng

PURPOSE OF FORM – For the applicant/recipient to attest to the lack of information about each absent parent.

NUMBER OF COPIES – Two.
One copy will be filed in the TANF case record and one copy will be given to the applicant/recipient.

DISPOSITION OF FORM – File in the Permanent Verification section of the case record for a period of no less than 3 years from the date that the recipient/applicant signs the form.

INSTRUCTIONS FOR PREPARATION OF FORM – Review the form with the applicant/recipient after it has been determined that the applicant/recipient is unable to provide the first and last name and at least three additional pieces of identifying information about the absent (noncustodial) parent(s). A separate form should be completed for each absent parent for whom the custodial parent is unable to provide the first and last name and at least three additional pieces of identifying information (including a separate form for each putative father who has been listed on the “List of Putative Fathers” form). The applicant/recipient and eligibility worker must sign each form.
NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

Virginia law requires TANF applicants and recipients to let the local department of social services know of certain changes that might cause a change in his or her assistance. If you withhold information or give false information, you may be prosecuted for perjury, larceny, or welfare fraud. You may be subject to a disqualification hearing. If you are found guilty, you will be ineligible to receive TANF for yourself for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

The following changes must be reported within 10 days of the day they occur, but at the latest, you have until the 10th day of the following month to report the change. If you are not sure whether to report a particular change, please discuss the change with your worker.

1. Change of address.
2. Changes in the household composition resulting from one of the following individuals entering or leaving the home:
   - An eligible child, including a newborn, or
   - The father or mother of an eligible child, including a newborn
3. Changes that may affect VIEW participation including changes in the need for transportation, child care, or any other supportive services.
4. Income from your household goes over the limit below.

<table>
<thead>
<tr>
<th>Number of People in your Household</th>
<th>Gross Income Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td>1</td>
<td>$1,174</td>
</tr>
<tr>
<td>2</td>
<td>1,579</td>
</tr>
<tr>
<td>3</td>
<td>1,984</td>
</tr>
<tr>
<td>4</td>
<td>2,389</td>
</tr>
<tr>
<td>5</td>
<td>2,794</td>
</tr>
<tr>
<td>6</td>
<td>3,200</td>
</tr>
<tr>
<td>7</td>
<td>3,605</td>
</tr>
<tr>
<td>8</td>
<td>4,010</td>
</tr>
</tbody>
</table>
For each additional member add     + $406   + $94.41  + $188.83 + $203.00 |

These amounts are good through 9/30/2010.

I have read this notice and understand my responsibility to report the above changes by the 10th day of the month following the change.

Applicant/Client Signature ___________________________ Date__________________

Worker Signature ___________________________ Date__________________

032-03-0646-08eng (4/10)
NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

FORM NUMBER – 032-03-0646-08eng (4/10)

PURPOSE OF FORM – The purpose of the form is to advise the client of Intentional Program Violations (IPV) and the penalties. It also informs the client of the TANF and VIEW changes that must be reported.

USE OF FORM – The form advises the client of the types of information that must be reported, and the IPV penalties that may be imposed, and the time period of the penalties.

NUMBER OF COPIES – Two.

DISPOSITION OF THE FORM – The eligibility worker will explain the notice to the applicant when processing a TANF application. The eligibility worker and client will sign the form and date it. The original is filed in the TANF record and a copy is given to the client.

When the client comes in for a VIEW initial assessment the VIEW worker will explain the form. The worker and client must sign the form and date it. The original is given to the client and a copy is filed in the VIEW folder.

INSTRUCTIONS FOR PREPARATION OF FORM – Explain the information on the form to the client. The client and the worker are to sign the form and date it.