October 1, 2009

Temporary Assistance for Needy Families (TANF) Program

TANF Transmittal #43

The purpose of this transmittal is to provide new, revised, and clarified 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 October 1, 2009.


Significant changes to the guidance are as follows:

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<tbody>
<tr>
<td>Section 100.2-101.1, page 1</td>
<td>Section 100.2-101.1, page 1</td>
<td>At 100.4, Record Retention, “the last action” has been changed to “case closure” to match the wording used by the Library of Virginia.</td>
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<tr>
<td>Section 101.1, pages 1a-1b</td>
<td>Section 101.1, pages 1a-1b</td>
<td>Section D, which defines a person with a disability, was expanded to reference the Americans with Disabilities Act and to include a description of “life activities” as</td>
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<tr>
<td>Section 102.2, page 1a</td>
<td>Section 102.2, page 1a</td>
<td>The reference to “Food Stamp” Program was changed to “Supplemental and Nutrition Assistance” Program.</td>
</tr>
<tr>
<td>Section 102.3 – 102.4, page 3</td>
<td>Section 102.3 – 102.4, page 3</td>
<td>The second paragraph at 102.3B was reworded to clarify that disqualification penalties cannot be substituted for other sanctions or penalties imposed either by the court or TANF program.</td>
</tr>
<tr>
<td>Section 106.4, page 6</td>
<td>Section 106.4, page 6</td>
<td>The address for the Appeals Review Panel was changed to reflect the new address of home office.</td>
</tr>
<tr>
<td>Section 200, Table of Contents, page 1</td>
<td>Section 200, Table of Contents, page 1</td>
<td>The name of Section 201.10C has been changed to “Penalties for Noncooperation.”</td>
</tr>
<tr>
<td>Section 201.1, pages 2, 2a, and 3</td>
<td>Section 201.1, pages 2, 2a, and 3</td>
<td>The words “sanction” and “sanctions” have been changed to “penalty” and “penalties” in reference to actions taken when the immunization requirement is not met.</td>
</tr>
<tr>
<td>Section 201.1, page 3a</td>
<td>Section 201.1, page 3a</td>
<td>A statement was added that if an individual was convicted in state or federal court of a felony offense for possession, use or distribution of a controlled substance, he may be eligible for TANF if he presents court documentation showing the</td>
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<tr>
<td>Section 201.1, page 3b</td>
<td>Section 201.1, page 3b</td>
<td>offense was expunged from his record.</td>
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<tr>
<td>A statement was added at 201.1G clarifying that in determining the months of assistance received in the TANF program, the word “state” includes the District of Columbia and the territories of Guam, Puerto Rico, and the Virgin Islands.</td>
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<tr>
<td>Section 201.4–201.5, page 1</td>
<td>Section 201.4–201.5, page 1</td>
<td>Guidance was added at 201.5A to clarify that the identity of the parent or caretaker relative must be established before the relationship to the child is determined.</td>
</tr>
<tr>
<td>Section 201.7, page 1d</td>
<td>Section 201.7, page 1d</td>
<td>A reference to resources was removed as resources are no longer considered in determining TANF eligibility or benefit levels.</td>
</tr>
<tr>
<td>Section 201.7, page 1g</td>
<td>Section 201.7, page 1g</td>
<td>The address to which form G-845S is sent when secondary verification of alien status is needed has been changed.</td>
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<tr>
<td>Section 201.10, pages 1a, 2, and 2a</td>
<td>Section 201.10, pages 1a, 2, and 2a</td>
<td>The word “sanction” has been replaced by “penalty” in regard to actions taken based on non-cooperation with the Division of Child Support Enforcement (DCSE). Guidance was added that DCSE will provide paternity testing for up to five potential fathers at its expense. After five potential fathers have been tested, the parent must assume full responsibility for any additional testing. If the parent fails or refuses to pay for further</td>
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<td>paternity testing, this will be considered noncooperation.</td>
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<tr>
<td>Section 201.10, page 3</td>
<td>Section 201.10, page 3</td>
<td>Guidance was added that noncooperation will exist when the applicant/recipient fails or refuses to pay for further genetic testing after DCSE has paid for the first five potential fathers to be tested.</td>
</tr>
<tr>
<td>Section 201.10, pages 3a, 3b, 3c, 4 and 4a</td>
<td>Section 201.10, pages 3a, 3b, 3c, 4 and 4a</td>
<td>The word “sanction” has been replaced by “penalty” in regard to actions taken based on non-cooperation with DCSE.</td>
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<td>At 201.10C(1), “If excluded due to noncooperation in establishing paternity” has been removed from the final paragraph in item “a” on page 3c. All cases in which grant is reduced due to noncooperation will be reevaluated after six months’ receipt of assistance.</td>
</tr>
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<td>At 201.10C(2) headings and guidance have been revised to clarify the actions that need to be taken following a review of the case after six months when the client continues to not cooperate with DCSE.</td>
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<td>A statement has been added to 201.10C(2) regarding noncooperation based on the exclusion of an individual named as a father based on genetic testing.</td>
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<td>Guidance throughout 201.10C, pages 3b and 3c, has been reorganized to increase clarity.</td>
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<tr>
<td>Section 201.10, page 4b</td>
<td>Section 201.10, page 4b</td>
<td>The specified evidence that is sufficient to determine good cause for non-cooperation with DCSE based on rape or incest has been expanded to include criminal, child protective service and social service records.</td>
</tr>
<tr>
<td>Section 201.12, page 8</td>
<td>Section 201.12, page 8</td>
<td>Language relating to the initial implementation of the family cap provision was removed from section 201.12H and the word “be” was added to 201.12H.</td>
</tr>
<tr>
<td>Section 201, Appendix X, page 4</td>
<td>Section 201, Appendix X, page 4</td>
<td>The phrase “being sanctioned for noncooperation” was changed to “subject to a penalty due to noncooperation.”</td>
</tr>
<tr>
<td>Section 203.2, page 2</td>
<td>Section 203.2, page 2</td>
<td>A statement was added to the Emergency Assistance (EA) guidance clarifying that applicants for EA must be screened at 185% of need. The guidance was rewritten to improve clarity and examples were added.</td>
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<tr>
<td>Section 302.6, page 1b</td>
<td>Section 302.6, page 1b</td>
<td>The reference to “FSET Registration” was changed to “SNAPET Registration” at 302.6G.</td>
</tr>
<tr>
<td>Section 302.7, pages 3a-4</td>
<td>Section 302.7, pages 3a-4</td>
<td>The references to “Food Stamps” were changed to “SNAP benefits.”</td>
</tr>
<tr>
<td>Section 302.7-302.8, page 4b</td>
<td>Section 302.7- 302.8, page 4b</td>
<td>The reference to “Food Stamps” was changed to “SNAP benefits.”</td>
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<tr>
<td>Section 305.1, page 2</td>
<td>Section 305.1, page 2</td>
<td>The standard deductions were updated.</td>
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<td>Section 305.1, page 7</td>
<td>Section 305.1, page 7</td>
<td>Guidance has been added to specify</td>
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<td>that two mail days are to be added to the payment date shown in the automated systems in order to determine the payment date and month of receipt when child support and unemployment benefits are mailed to the client. For electronic funds transfer payments, two business days should be allowed for payments to reach the designated debit card bank account in order to determine the payment date and month of receipt.</td>
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<tr>
<td>Section 305.1, page 9</td>
<td>Section 305.1, page 9</td>
<td>The income chart was updated to address 130% of the 2009 Federal Poverty Level.</td>
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<tr>
<td>Section 305.3, page 14</td>
<td>Section 305.3, page 14</td>
<td>References to “Day Care” were changed to “Child Care.” The reference to the “Food Stamp” manual was changed to the “SNAP” manual. The specific SNAP guidance reference was updated. The Code of Federal Regulations (CFR) references at the bottom of the page were updated.</td>
</tr>
<tr>
<td>Section 305.4, pages 23-23a</td>
<td>Section 305.4, pages 23-23a</td>
<td>Guidance at 305.4A(10) concerning the disregard of Veterans Administration educational benefits was expanded to include information formerly included in Procedures. Items 14, 15, and 16 and the Code of Federal Regulations reference for item 16 were moved from page 23 to page 23a.</td>
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<td>Section 305.4, page 25</td>
<td>Section 305.4, page 25</td>
<td>The reference at 305.4B(2) was corrected.</td>
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<td>The allowable expenses listed at 305.4C(2) were alphabetized.</td>
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<tr>
<td>Section 305.4, page 32b</td>
<td>Section 305.4, page 32b</td>
<td>The word immigrant was changed to alien for clarity.</td>
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<tr>
<td>Section 305.4, pages 38-41</td>
<td>Section 305.4, pages 38-41</td>
<td>On page 38 the word “sanction” was replaced by “penalty” in regard to action based on an Intentional Program Violation (IPV). On page 39 at item c, guidance was revised to add that 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 incarceration. On pages 38, 39, 40 and 41, the examples were updated with 150% of the 2009 Federal Poverty Level.</td>
</tr>
<tr>
<td>Section 305.4, page 42</td>
<td>Section 305.4, page 42</td>
<td>The word “sanction” was replaced by “penalty” in regard to action based on an IPV.</td>
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<tr>
<td>Section 401.1, page 1a</td>
<td>Section 401.1, page 1a</td>
<td>The references to “Food Stamps” were changed to “SNAP.”</td>
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<tr>
<td>Section 401.3, pages 4, 5 and 6a</td>
<td>Section 401.3, pages 4, 5 and 6a</td>
<td>The references to “Food Stamps” were changed to “SNAP.”</td>
</tr>
<tr>
<td>Section 401.3, pages 6b-6c</td>
<td>Section 401.3, pages 6b-6c</td>
<td>The requirement for the agency to send a second Interim Report Form to clients who did not return the original form timely has been removed from guidance. Items 1 and 2 under Agency</td>
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<td>Responsibilities at 401.3I(2) have been removed. The remaining items are identified alphabetically rather than numerically.</td>
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<td>The first sentence at 401.3J(3) has been rewritten for clarity and the reference to the “follow-up Interim Report” has been removed.</td>
</tr>
<tr>
<td>Section 401.4, page 8</td>
<td>Section 401.4, page 8</td>
<td>The phrase “sanction a case” has been replaced by “impose a penalty on a case.”</td>
</tr>
<tr>
<td>Section 401.4-401.5, page 10</td>
<td>Section 401.4-401.5, page 10</td>
<td>The references to “Food Stamps” were changed to “SNAP.” “Face-to-face” interview was changed to “initial” interview.</td>
</tr>
<tr>
<td>Section 401.5, page 13</td>
<td>Section 401.5, page 13</td>
<td>The reference to “food stamps” was changed to SNAP.</td>
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<tr>
<td>Section 400, Appendix I, page 1</td>
<td>Section 400, Appendix I, page 1</td>
<td>The reference to “Food Stamp Manual” was changed to “SNAP Manual.”</td>
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<tr>
<td>Section 400, Appendix II, pages 1-4</td>
<td>Section 400, Appendix II, pages 1-4</td>
<td>Voter registration guidance was expanded to include the requirement that each local agency designate a National Voter Registration Act Coordinator and to provide an explanation of the coordinator’s duties. Additionally, guidance was added to explain requirements for reporting voter registrations and for providing clients with information concerning restoration of voting rights.</td>
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<tr>
<td>Section 502.6, page 6</td>
<td>Section 502.6, page 6</td>
<td>References to “food stamps” were changed to SNAP.</td>
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<tr>
<td>Section 502.6, page 7b</td>
<td>Section 502.6, page 7b</td>
<td>The references to “Food Stamps” were changed to “SNAP”.</td>
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<tr>
<td>Section 601.3, page 5</td>
<td>Section 601.3, page 5</td>
<td>“ADC” was changed to “TANF”.</td>
</tr>
<tr>
<td>Section 602.3-602.4, page 3</td>
<td>Section 602.3-602.4, page 3</td>
<td>The Declaration of Paternity form name was corrected to the Acknowledgement of Paternity form.</td>
</tr>
<tr>
<td>Section 602.5, page 6a</td>
<td>Section 602.5, page 6a</td>
<td>A statement was added to 602.4B clarifying that while a stepparent who is no longer residing in the home with his/her spouse remains legally responsible for the spouse, only actual spousal support paid will be counted as income to the spouse.</td>
</tr>
<tr>
<td>Section 801.1-801.8, pages 1-4</td>
<td>Section 801.1-801.8, pages 1-5</td>
<td>The child support disregard amount was corrected in Example #1 from $50 to $100 and the TANF supplement amount was recalculated.</td>
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<td>Chapter 800 has been reformatted to improve readability.</td>
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<td>Statements were added at 801.5 to clarify that only the “Do You Have a Disability?” form is required to be completed for a Diversionary Assistance application.</td>
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<td>At 801.5C, “temporary loss of income” was changed to “loss of income.”</td>
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<td>Statements were added at 801.6 that the monthly grant amount calculation will only include members of the Assistance Unit.</td>
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<td>Statements have been added at 801.7 to clarify how to determine the number of months of disqualification to be counted toward an individual’s Intentional Program Violation penalty when an individual is excluded from the Diversionary grant due to an IPV penalty.</td>
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<td>Additionally, statements regarding the Period of Ineligibility calculator in SPARK have been removed as this is no longer needed since the Application Benefit Delivery Automation Project (ADAPT) system now calculates this and pre-fills this information on the appropriate screens in ADAPT.</td>
</tr>
<tr>
<td>Section 800, Appendix I, pages 1-5</td>
<td>Section 800, Appendix I, pages 1-5</td>
<td>The examples have been revised to reflect the increase in minimum wage on 7/24/09 as well as the new Standard Deduction amounts.</td>
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<td>Additionally, example 3 has been revised to illustrate eligibility for DA when the loss of income from a terminated source occurred within six months of the date of application.</td>
</tr>
<tr>
<td>Section 901.1-901.2, page 1</td>
<td>Section 901.1-901.2, page 1</td>
<td>The references to “Food Stamps” were changed to “SNAP.”</td>
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<td>The ADAPT coding information was added to the exemption</td>
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| Section 901.2, page 2     | Section 901.2, page 2   | A note was added to guidance to clarify that pregnancy does not exempt an individual from VIEW participation, though complications of pregnancy, documented by a Medical Evaluation, may result in an exemption.  
The ADAPT coding information was added to the exemption information already in the manual. |
| Section 901.2, page 2a    | Section 901.2, page 2a  | A reference to the definition of disability at 101.1D and in Chapter 1000, VIEW definitions, was added at 901.2C. |
| Section 901.2, page 2b    | Section 901.2, page 2b  | Guidance was revised to include when to use the appropriate exemption codes. |
| Section 901.2, pages 3, and 3a | Section 901.2, pages 3, and 3a | The word “immigrants” was changed to “aliens.” 
Guidance was added to state that a volunteer’s twelve month trial period may be interrupted if the client becomes disabled or is needed to provide care to a relative living in the home. After the interruption period, the client may complete the twelve month trial period. 
A statement was added to clarify that a non-parent caretaker who is removed from the TANF grant due to non-cooperation with VIEW, must again be referred to VIEW if the TANF case closes and the AU |
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<tr>
<td>Section 901.3, page 4</td>
<td>Section 901.3, page 4</td>
<td>The word “immigrants” was changed to “aliens.”</td>
</tr>
<tr>
<td>Section 901.5 – 901.6, page 6</td>
<td>Section 901.5 – 901.6, page 6</td>
<td>Section 901.6B has been rewritten to remove the reference to Procedures and to add guidance concerning treatment of non-parent caretakers who have been removed from the TANF grant for non-cooperation with VIEW and who later reapply for TANF after a case closure.</td>
</tr>
<tr>
<td>Section 901.14, page 13</td>
<td>Section 901.14, page 13</td>
<td>The references to “Food Stamps” were removed and replaced with “SNAP.”</td>
</tr>
<tr>
<td>Section 900, Appendix 2, pages 1-5</td>
<td>Section 900, Appendix 2, pages 1-5</td>
<td>The examples were updated to reflect the 2009 standard deduction amounts.</td>
</tr>
<tr>
<td>Section 900, Appendix 3, page 1</td>
<td>Section 900, Appendix 3, Page 1</td>
<td>The poverty guidelines have been updated based on the 2009 Federal Poverty Level.</td>
</tr>
<tr>
<td>Section 1000, VIEW Definitions, page 2</td>
<td>Section 1000, VIEW Definitions, page 2</td>
<td>The definition of disability was expanded to reference the Americans with Disabilities Act and to include a description of “life activities” as provided by the Act.</td>
</tr>
<tr>
<td>Section 1000, VIEW Definitions, pages 5-6</td>
<td>Section 1000, VIEW Definitions, pages 5-6</td>
<td>The definition for FSET was removed and replaced by a definition for SNAPET on page 5.</td>
</tr>
<tr>
<td>Section 1000.1, page 8</td>
<td>Section 1000.1, page 8</td>
<td>A definition for SNAPET was added to page 5.</td>
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<td>The references to “Food Stamps” were changed to “SNAP.”</td>
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<tr>
<td>Section 1000.2, pages 13</td>
<td>Section 1000.2, pages 13</td>
<td>The reference to “six weeks” was changed to “180 hours.” The reference to the “federal fiscal year” was changed to a “12-month period.”</td>
</tr>
<tr>
<td>Section 1000.2, pages 14, 14a, and 14b</td>
<td>Section 1000.2, pages 14, 14a, and 14b</td>
<td>Guidance at 1000.2G which describes the circumstances under which excused absences can be counted as participation has been rewritten to conform with federal reporting requirements effective 10/1/09. Examples have been added to illustrate how countable hours of excused absences are determined for a 12-month period; existing examples were renumbered.</td>
</tr>
<tr>
<td>Section 1000.4, page 17</td>
<td>Section 1000.4, page 17</td>
<td>The exceptions to assignment to the initial job search at 1000.4C have been reformatted and expanded to include participants who are in the last three months of pregnancy and who would benefit from an assignment to education or training.</td>
</tr>
<tr>
<td>Section 1000.6, page 20</td>
<td>Section 1000.6, page 20</td>
<td>Guidance was added to state that a volunteer’s twelve month trial period may be interrupted if the client becomes disabled or is needed to provide care to a relative living in the home. After the interruption period the client may complete his twelve month trial period.</td>
</tr>
<tr>
<td>Section 1000.8, page 23</td>
<td>Section 1000.8, page 23</td>
<td>The reference to VIEW Program Participation Document was replaced by a reference to the VIEW Assessment form, Part 2. The Assessment Form has been</td>
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<td>revised to incorporate the VIEW Program Participation Document and to emphasize goal setting.</td>
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<td>The VIEW Program Participation Document has been removed from guidance.</td>
</tr>
<tr>
<td>Section 1000.12, pages 30-31</td>
<td>Section 1000.12, pages 30-31</td>
<td>Section 1000.12C has been rewritten to clarify that supportive services may be provided to enable a VIEW participant who has been found guilty of an IPV to maintain employment. The reference to providing supportive services to participants found guilty of IPV's in order to provide verifiable acts of compliance has been removed.</td>
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<td>Guidance has been added that limits the provision of supportive services to the time needed to perform the appropriate verifiable act of compliance. The responsibility to arrange and pay for any subsequent supportive services necessary to cure the same sanction is placed with the client.</td>
</tr>
<tr>
<td>Section 1000.13, pages 34-35</td>
<td>Section 1000.13, pages 34-35</td>
<td>Beginning 10/1/09, the limitations on hours/weeks of job search/job readiness assignments relate to a rolling 12-month period that looks back from the assignment month. References to “for the period 10/1/08 to 9/30/09” and “through 9/30/09” have been changed to “in the 12-month period” and through “the end of the 12-month period.”</td>
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<td>Item A(1)b has been moved from page 35 to page 34.</td>
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<tr>
<td>Section 1000.13, page 36</td>
<td>Section 1000.13, page 36</td>
<td>All exceptions to initial assignment to job search have been listed at 1000.4C. Section 1000.13(A)(3b) listed only one exception and has been revised to reference the complete list of exceptions at 1000.4C.</td>
</tr>
<tr>
<td>Section 1000.13, pages 38-38a</td>
<td>Section 1000.13, pages 38-38a</td>
<td>Beginning 10/1/09, the limitations on hours/weeks of job search/job readiness assignments relate to a “rolling” 12-month period that “looks back” from the assignment month. References to “for the period 10/1/08 to 9/30/09” and “through 9/30/09” have been changed to “in the 12-month period” and through “the end of the 12-month period.”</td>
</tr>
<tr>
<td>Section 1000.13, page 47</td>
<td>Section 1000.13, page 47</td>
<td>The address for the Division of Financial Management was changed to reflect the new address for home office.</td>
</tr>
<tr>
<td>Section 1000.13, page 54</td>
<td>Section 1000.13, page 54</td>
<td>The address to send the Employer’s Accident Report to was changed to reflect the new address for home office.</td>
</tr>
<tr>
<td>Section 1000.20, page 71</td>
<td>Section 1000.20, page 71</td>
<td>The reference to “Food Stamps” was changed to “SNAP.”</td>
</tr>
<tr>
<td>Section 1000.20, page 72</td>
<td>Section 1000.20, pages 72-72a</td>
<td>Guidance was revised to clarify that the ESW completes and forwards the VIEW Non-Compliance Checklist to the supervisor for review and approval prior to imposing a sanction.</td>
</tr>
<tr>
<td>Section 1000.21, page 79</td>
<td>Section 1000.21, page 79</td>
<td>A reference to the guidelines at 1000.12C for the provision of</td>
</tr>
<tr>
<td>Significant Changes</td>
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<tr>
<td>Supportive services to individuals who have been sanctioned or who have been found guilty of an IPV has been added to this section.</td>
<td></td>
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</tr>
<tr>
<td>Guidance at 1000.21C(1) was revised to include the effective date of compliance when a sanction resulted from forms and/or other information not being completed or returned to the agency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guidance has been revised to state that if the VTP job follow-up is not returned, the VTP is to be closed with closure code 20.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A statement has been added to guidance clarifying that the contract format found in Chapter 1000, Appendix B, must be used when an agency enters into a financial agreement with another entity for the provision of VIEW activities or services. No other agreement, including an Agreement of Cooperation or a Memorandum of Understanding, can be substituted for the standard contract.</td>
<td></td>
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<tr>
<td>At 1000.29, Record Retention, “the last action” has been changed to “case closure” to match the wording used by the Library of Virginia.</td>
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<tr>
<td>The following forms in this appendix are being updated to change the words “Food Stamps” and “Food Stamp Employment and Training program” to “SNAP” and “SNAPET”: the Agreement of</td>
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<tr>
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<td></td>
<td>Personal Responsibility; the Notice of Intentional Program Violation; the VIEW Notice of Sanction/Termination; the Contact Sheet; and the Communication Form.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 6-8, VIEW Agreement of Personal Responsibility</td>
<td>Section 1000, Appendix A, pages 6-8, VIEW Agreement of Personal Responsibility</td>
<td>The VIEW Assessment form has been revised.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The VIEW Program Participation document has been made obsolete.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 9-12</td>
<td>Section 1000, Appendix A, pages 9-12</td>
<td>The references to “Food Stamps” on the Agreement of Personal Responsibility have been changed to “SNAP”.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 20 and 20a</td>
<td>Section 1000, Appendix A, pages 20 and 20a</td>
<td>The responsibilities of the participant have been expanded to include notification to the child care worker of changes in work, training, or education schedules or hours. A copy of the form should go to the child care worker/child care unit as well as to the client.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The statement regarding TANF case closure prior to the scheduled end date has been moved to the end of the section entitled VIEW Eligibility Period.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 20 and 20a</td>
<td>Section 1000, Appendix A, pages 20 and 20a</td>
<td>The Assessment Form has been revised to incorporate the VIEW Program Participation Document and to emphasize goal setting.</td>
</tr>
<tr>
<td></td>
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<td>The address to return the FEP stipend check was changed to reflect the new address for home office.</td>
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<td>Remove and Destroy Page(s)</td>
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<tr>
<td>Section 1000, Appendix A, pages 33, 34, and 35</td>
<td>Section 1000, Appendix A, pages 33, 34, and 35</td>
<td>The address to send the “Do You Have a Disability” complaint form was changed to reflect the new address for home office.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 38-40</td>
<td>Section 1000, Appendix A, pages 38-40</td>
<td>The references to “Food Stamps” on the Notice of Intentional Program Violation have been changed to “Supplemental Nutrition Assistance Program” and “SNAP.” Page 40 was renumbered to page 39. Page 40 is intentionally left blank.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 42-43</td>
<td>Section 1000, Appendix A, pages 42-43</td>
<td>The references to “Food Stamps” on the VIEW Notice of Sanction/Termination have been changed to “SNAP.”</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 47 and 48</td>
<td>Section 1000, Appendix A, page 47 and 48</td>
<td>The address shown on the Notice of Hardship for appeal requests was changed to reflect the new address for home office.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 49, 49a, and 49b</td>
<td>Section 1000, Appendix A, pages 49, 49a, and 49b</td>
<td>The references to the “Food Stamp Employment and Training Program” and “FSET” on the Contact Sheet have been changed to the “Supplemental Nutrition Assistance Program Employment and Training” and “SNAPET.” The form has been modified slightly to provide additional space to record information about the contact.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 50-52</td>
<td>Section 1000, Appendix A, pages 50-52</td>
<td>The references to the “Food Stamps” and “FSET” on the Communication Form have been</td>
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<td>Significant Changes</td>
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</tr>
<tr>
<td>Section 1000, Appendix A, page 55</td>
<td>Section 1000, Appendix A, page 55</td>
<td>changed to the “Supplemental Nutrition Assistance Program,” “SNAP” and “SNAPET.”</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 56-57</td>
<td>Section 1000, Appendix A, pages 56-57</td>
<td>The references to the “Food Stamp Employment and Training Program” and “FSET” on the Medical Evaluation Form Instruction Sheet have been changed to the “Supplemental Nutrition Assistance Program Employment and Training” and “SNAPET.”</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 60 and 61</td>
<td>Section 1000, Appendix A, pages 60 and 61</td>
<td>The address to which the Employer’s Accident Report form is sent was changed on the Notification of Workers’ Compensation Requirements and Procedure form to reflect the new address for home office.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 66-67</td>
<td>Section 1000, Appendix A, pages 66-67</td>
<td>The gross income limits on the Intentional Program and Violations and Penalties form have been updated.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 66-67</td>
<td>Section 1000, Appendix A, pages 66-67</td>
<td>The VIEW Program Participation Document, which allowed the worker to develop an overview of program participation with the client, has been removed from guidance. The overview of participation has been incorporated into Part 2 of the revised VIEW Assessment. Pages 66 and 67 intentionally left blank.</td>
</tr>
<tr>
<td>Section 1000, Appendix A, pages 68-69</td>
<td>Section 1000, Appendix A, pages 68-69</td>
<td>The Holidays and Excused Absences for Participants in Unpaid</td>
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<tr>
<td></td>
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<td>Activities form has been revised to facilitate tracking hours of excused absences which can be counted as participation.</td>
</tr>
<tr>
<td>Section 1000, Appendix F, page 1</td>
<td>Section 1000, Appendix F, page 1</td>
<td>A statement was added to the instruction page clarifying that excused absence hours are only to be counted as participation when the hours will enable the client to meet the participation requirement.</td>
</tr>
<tr>
<td>Section 1000, Appendix G, page 1</td>
<td>Section 1000, Appendix G, page 1</td>
<td>The address to which the TANF/VIEW Displacement Grievance Form is sent was changed to reflect the new address for home office.</td>
</tr>
<tr>
<td>Section 1000, Appendix G, page 3</td>
<td>Section 1000, Appendix G, page 3</td>
<td>A reference to Barriers to Employment was added to the table of contents for Appendix G.</td>
</tr>
<tr>
<td>Index, page 4</td>
<td>Index, page 4</td>
<td>A list the Barriers to Employment was added to Appendix G.</td>
</tr>
<tr>
<td>Index, page 5</td>
<td>Index, page 5</td>
<td>A reference to Procedures was removed from the “Contributions from Another Agency” listing.</td>
</tr>
<tr>
<td>Index, page 8</td>
<td>Index, page 8</td>
<td>A listing for “Disability” was added to the index.</td>
</tr>
<tr>
<td></td>
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<td>A reference to Procedures was removed from the “Educational Loans” listing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional guidance references were added to “Educational Loans”.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The references to “Food Stamps” were changed to “Supplemental Nutrition and Assistance Program”.</td>
</tr>
<tr>
<td>Remove and Destroy Page(s)</td>
<td>Insert Attached Page(s)</td>
<td>Significant Changes</td>
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</tr>
<tr>
<td>Index, pages 11</td>
<td>Index, pages 11</td>
<td>A reference to Procedures was removed from the “Qualified Alien” and “Relationship” listings. Additional references to guidance were added for “Qualified Alien” and references for “Exception to the Requirement,” a subheading under “Qualified Alien,” were revised. Additional references were added to the “Relationship” listing.</td>
</tr>
<tr>
<td>Index, page 13</td>
<td>Index, page 13</td>
<td>The reference to “Food Stamps” was changed to “Supplemental Nutrition and Assistance Program” (SNAP). A reference to Procedures was removed from the “Student” listing. The “Status Related to Income” sublisting was removed. Additional references to guidance were added to the main “Student” listing.</td>
</tr>
<tr>
<td>Forms Drawer, VIEW Grant Calculation - TANF</td>
<td>Forms Drawer, VIEW Grant Calculation - TANF</td>
<td>The 2009 Federal Poverty Level Chart for TANF has been updated.</td>
</tr>
<tr>
<td>Forms Drawer, VIEW Grant Calculation – TANF-UP</td>
<td>Forms Drawer, VIEW Grant Calculation – TANF-UP</td>
<td>The 2009 Federal Poverty Level Chart for TANF-UP has been updated.</td>
</tr>
</tbody>
</table>

Questions about this transmittal should be directed to Mark Golden, Program Manager, Temporary Assistance for Needy Families (TANF) Program, at 804-726-7385, or mark.golden@dss.virginia.gov.
In addition, the State Department of Social Services carries direct responsibility for locating and securing support from responsible persons for children receiving TANF and, on application, providing this same service to non-welfare clients.

100.3 - FUNDING - The TANF Program is funded through a federal block grant and from State funds authorized by the General Assembly of Virginia.

100.4 – RECORD RETENTION – The Code of Virginia §42.1-76 places authority to issue regulations concerning retention and destruction of records with the Library of Virginia (LVA). The LVA General Schedule No. 15 governs records maintained by local social service agencies, including client case records. LVA General Schedule No. 02 governs locality fiscal records including purchase orders. While many records can be destroyed three years after case close, there are exceptions to that general rule. These exceptions include situations involving audits, investigations, court cases, and fraud or overpayments related to supportive services and emergency assistance among others.

Each local agency must designate a Records Officer who will be in charge of seeing that LVA regulations for record retention and destruction are followed. See http://lva.virginia.gov/agencies/records/retention.asp for information about establishing a Records Officer and for access to the specific schedules for record retention and disposition. The Library encourages agencies to contact the Records Analysis Services section at 804-692-3600 with questions about records management.

101.1 - NONDISCRIMINATION - Federal law and the Virginia Human Rights Act, Virginia Code §2.2-2632 et seq., bar discrimination on the basis of age, race, sex, disability, religious creed, national origin, and political belief. The following civil rights laws apply in TANF:


Virginia has established procedures for ensuring fair and equitable treatment of applicants and recipients of public assistance. The local department of social services must assure that no person shall, on the grounds of age, race, color, sex, disability, religious creed, national origin, or political belief be subjected to discrimination.

A. **Key Principles** - Compliance with these laws assures that equal opportunity exists for persons with disabilities to benefit from all aspects of public assistance programs, including access to the proper support services to enable such individuals to work and to keep their families healthy, safe and intact. There are two key principles underlying the bar on discrimination against people with disabilities:
1. **Individualized treatment.** "Individualized treatment" requires that individuals with disabilities be treated on a case-by-case basis consistent with facts and objective evidence. Individuals with disabilities may not be treated on the basis of generalizations and stereotypes.

2. **Effective And Meaningful Opportunity.** “Effective and meaningful opportunity” means that individuals must be afforded meaningful access to the TANF program so that individuals with disabilities benefit from and have meaningful access to TANF to the same extent as individuals who do not have disabilities.

**B. Legal Requirements** - In order to implement these two principles, the following legal requirements must be met:

- Ensure equal access through the provision of appropriate services to people with disabilities.
- Modify policies, practices and procedures to provide such equal access.
- Adopt non-discriminatory methods of administration in the program.

**C. Applicability To All Staff, Contractors, Vendors At The State And Local Levels** - In compliance with the federal laws, Virginia does not discriminate against people with disabilities in its TANF program. This policy applies to all Department of Social Services staff at both the state and local levels. It also applies to those agencies and entities with which we contract for services. State and county agencies must ensure that contractors and vendors do not subject recipients to discrimination.

**D. Definition Of A Person With A Disability** - The Americans with Disabilities Act of 1990 as amended protects individuals with a “disability” and defines that term to mean a person who has a physical or mental impairment that substantially limits one or more of the major life activities of that individual, a person who has a record of such an impairment, or a person who is being regarded as having such an impairment. "Life activities” include, but are not limited to: the operation of a major bodily function, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Chronic health problems such as asthma, diabetes, and hypertension may also be considered disabilities if these conditions limit the individual’s ability to function.

**E. Complaint Procedures** - Individuals who believe that they have been discriminated against on the basis of disability have the right to file a grievance under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) with the state TANF Manager. The grievance must be resolved promptly.

Individuals who believe they have been discriminated against on the basis of disability (including failure to provide reasonable accommodations), race, national origin (including the failure to provide access to services to people with limited English proficiency) can also file a complaint with
the Office of Civil Rights at the U.S. Department of Health and Human Services. Complaints must be filed within 180 days after the discrimination occurred. The complaint should include the same information listed in Part A above. To file a complaint, write to:

HHS Office for Civil Rights
Suite 372
Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-3499
Hotline: 1-800-368-1019
TDD: 215-861-4440

F. Responsibility To Share Information Between Staff And Contractors - If one section of DSS determines that a person has a disability, then the staff must share that information with the other staff, as appropriate.

The case record must include a copy of the form “Do You Have a Disability?” along with a description of any reasonable modifications that agency staff have determined are needed to address the person’s disability and services and supports the agency will provide to assist the individual and family.

G. Staff Authority To Make Reasonable Modifications - It is the responsibility of the worker to consider whether a person may have a disability, and how a person’s disability may affect the person’s ability to comply with rules, fill out forms, attend appointments, etc. If it is determined that a person has a disability that affects her ability to comply with program rules or procedures, the worker has the authority to make reasonable modifications to program rules, requirements and procedures to ensure that the person with a disability receives full and meaningful access to TANF programs and services.

Evidence of disability of a recipient or a household member in need of the recipient’s care, including any indications that the person may have a disability, and all requests for reasonable accommodations shall be documented in the case file.

H. Examples Of Accommodations

Ms. A comes in to apply for TANF. She has a learning disability and is unable to complete the application. As a reasonable accommodation, staff assists her to complete the application.

Ms. B is not able to come to the office due to the nature of her disability. Staff arranges to obtain the information by phone.

Ms. C missed repeated appointments. It is determined that she has a mental illness preventing her from organizing information and keeping track of appointments. The staff phones her on the morning of an appointment to help her to remember to keep the appointment.
circumstances. A determination must be made that there has been a deliberate misrepresentation on the part of the applicant/recipient. Consideration should be given to: (1) whether the incorrect or unreported information was, in fact, known to the applicant/recipient and (2) whether the applicant/recipient understood the eligibility and reporting requirements.

C. The local agency is **required** to proceed against any individual alleged to have committed an intentional program violation by referring the matter to the appropriate authorities for criminal action in a federal or state court or through an administrative disqualification hearing (ADH).

An individual may be charged with an IPV even if the application was denied. An overpayment does not have to exist for there to be a determination of an IPV. Individuals may be charged with an IPV for VIEW even if supportive or transitional services have not yet been received. For a VIEW IPV the agency is not to terminate future supportive or transitional services if those services are needed to assist the client to maintain employment.

The local agency may refer a case for prosecution or initiate an ADH regardless of the current eligibility of the individual.

D. The local agency **must** coordinate its actions with any corresponding actions being taken against the individual under the *Supplemental Nutrition and Assistance* Program if the factual issues involved arise out of the same or related circumstances.

E. The forms listed below must be used in the IPV process. The forms and instructions for their use may be accessed from the Local Agency DSS Intranet site (www.localagency.dss.state.va.us/).

1. Notice of Intentional Program Violation (032-03-721)
2. Waiver of Administrative Disqualification Hearing (032-03-722)
3. Referral for Administrative Disqualification Hearing (032-03-725)
4. Advance Notice of Administrative Disqualification Hearing (032-03-724)
5. Administrative Disqualification Hearing Decision (032-03-723)
6. Notice of Disqualification for Intentional Program Violation (032-03-052)

F. Cases in which an IPV is alleged will be referred for prosecution in accordance with the agreement established between the local Commonwealth’s Attorney or other legal authority and the local...
A. Only the individual found guilty of committing an IPV shall be disqualified. The local agency shall not take the individual's needs into account when determining the assistance unit's need and the amount of assistance. However, if the individual is a parent, any income of the disqualified parent must be considered available to the assistance unit. (See Section 305.4) NOTE: When an IPV occurs and the Waiver of Administration Disqualification Hearing (032-03-722) is signed while the application is pending, the disqualified individual's needs are excluded when determining a diversionary assistance payment.

B. The period of disqualification must begin no later than the second month following the month of the court's decision of guilty, the date the waiver notice is received by the local agency, or the date the Administrative Disqualification Hearings Decision Notice is issued by the hearing officer. If the individual is not eligible for TANF at the time the disqualification is to begin, the period must be postponed until the individual applies for and is determined eligible for benefits. The disqualification period must run uninterrupted until it expires. VTP months will not count as months of disqualification.

The disqualification penalty must be in addition to, and cannot be substituted for, any other sanctions or penalties which may be imposed by the TANF program or by the court for the same offense.

Any period for which a disqualification is imposed will remain in effect, without possibility of an administrative stay, unless and until the finding upon which the penalty was based is subsequently reversed by a court of appropriate jurisdiction. If the disqualification period was imposed by an ADH and it is determined that the individual had a disability that prevented the filing of accurate and timely information or affected his or her capacity to have the intent to defraud or otherwise provide improper information to the state, or has limited English proficiency that prevented providing accurate and timely information, then the local agency will delete the IPV and reinstate benefits prospectively. In no event shall the duration of the period for which such penalty is imposed be subject to review in a fair hearing.

C. An individual convicted in state or federal court of fraudulently misrepresenting his address to receive benefits in two or more states is ineligible to receive TANF for 10 years. Benefits refer to TANF, Medicaid, and the Supplemental Nutrition Assistance Program (SNAP). The 10 year period begins on the date the individual is convicted.*

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** Code of Virginia 63.2-522

* Code of Virginia 63.2-522

** 45 CPR 235.113
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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**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) POLICY MANUAL**

Chapter 200 - Categorical Eligibility Requirements

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<td>201.1 G.</td>
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<td>Declaration of Citizenship or Alien Status</td>
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<td>Systematic Alien Verification for Entitlements (SAVE) Program</td>
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<td>Social Security Account Number (SSN)</td>
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<td>Obtaining a Social Security Number</td>
<td>201.8 A.</td>
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D. IMMUNIZATIONS - All applicants and recipients for TANF must supply verification that all otherwise eligible children have received the immunizations required by the Code of Virginia.* The agency must inform applicants of the immunization requirement at initial application. The immunization schedule is established by the State Board of Health.

1. ACTION AT FIRST REDETERMINATION OR TWELVE MONTHS AFTER NOTIFICATION - By the first redetermination or twelve months, whichever is later after being informed of the immunization requirement, the recipient must provide the following or the worker must reduce the TANF grant:
   a. Verification that the child has received all immunizations appropriate to his age;
   b. Verification that the child has received at least one dose of each of the required immunizations as appropriate for the child's age and that the child's physician or the local health department has prepared a plan for completing the immunizations. The plan needs only to indicate when future immunizations are due; or
   c. Verification that the child is exempt.

2. ACTION AT SECOND REDETERMINATION AFTER NOTIFICATION - At the second redetermination and subsequent redeterminations after being informed of these requirements, the recipient must provide verification of compliance with the immunization schedule or the plan prepared by the physician or health department, until the child has received all required immunizations. Failure to provide the necessary verifications shall result in a grant reduction.

3. ADDING A CHILD TO THE ASSISTANCE UNIT AND TRANSFERS- When a child is added to the assistance unit, the eligibility worker must advise the parent/caretaker of the immunization requirement. The parent/caretaker shall be allowed at least twelve months to provide verification that the child has met the immunization requirement. As verification of immunizations is only required at redetermination, penalties shall not be imposed for such a child until the first redetermination occurring at least six months after the child is added.

Example: On February 1, Ms. I reports a new child, Tom, in the assistance unit. The worker advises Ms. I of the immunization requirement for Tom. On April 15, Ms. I has a redetermination interview. No immunization verification is required for Tom. At the next redetermination in March, Ms. I fails to provide verification of Tom's immunizations. The grant is reduced for April.

For cases that are transferred, the receiving agency must ensure that the recipient has been notified of the immunization requirement.

* 45 Code of Virginia, 63.2-603
requirement. If no notification has occurred, the eligibility worker must advise the recipient of the immunization requirement. The receiving agency shall not impose an immunization penalty unless the transferring locality initiated the penalty or the receiving locality's redetermination occurs at least six months after notification of the requirement.

4. VERIFICATION - Workers should attempt to use the Childhood Immunization Certification form 032-03-0960-03-eng (11/03) whenever possible to verify receipt of immunizations. Physicians or medical personnel should complete this form indicating that the child is age appropriately immunized, medically exempt, or in the process of being brought up to date.

If the client provides another form of verification that does not clearly indicate whether or not the child has the required immunizations, the worker should seek assistance by contacting the locality's Immunization Action Plan coordinator at the Health Department, or by calling the Bureau of Immunization hotline at 1-800-568-1929.

5. EXEMPTIONS - If the eligible child meets any one of the following criteria, he is exempt from immunization verification requirements:

a. The child is enrolled in school (public school, private or parochial school, or Head Start classes operated by the school division), or has been enrolled in school up to grade six;

b. The child is enrolled in a licensed family day home or a licensed child day center;

c. The parent of the child objects on the grounds that the administration of immunizing agents conflicts with his religious tenets or practices; or

d. The parent or guardian of the child presents a statement from a physician licensed to practice medicine in Virginia which states that the physical condition of the child is such that the administration of one or more of the required immunizing agents could be detrimental to the health of the child.

(1) If a child is exempt from meeting the immunization requirements under part d. above, then the caretaker/relative shall provide the local department of social services with a plan developed by the child's physician or the local health department for completing the immunizations.

(2) The caretaker/relative must verify compliance with the plan for completing the immunizations at subsequent redeterminations of eligibility for TANF until the child has received all required immunizations. If a child is not in compliance with the plan for completing immunizations, the worker must reduce the TANF grant.

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6. TANF GRANT REDUCTION - The worker must reduce the TANF grant for failure to comply with the immunization requirement. However, the worker must first identify and remove any barriers to accessing immunizations over which the agency has control before imposing a penalty.

Failure to comply with the immunization requirement shall result in a reduction of the monthly TANF amount by:

a. Fifty dollars for one child who fails to meet the immunization requirement; and

b. Twenty-five dollars for each additional child who fails to meet the immunization requirement.

c. The worker must impose this reduction until the caretaker/relative provides verification to the local department of social services that the child is in compliance with the immunization requirement. Upon receipt of verification that a child has received all required verifications, the worker must take action to end the grant reduction by the month following the month in which the verification was received, if administratively possible.

Example: Ms. I is approved for TANF in January and is notified of the immunization requirement at that time. At the redetermination in December, Ms. I has not obtained any immunizations for her three children, John, Tom, and Mike. The grant is reduced for January by $100 ($50+$25+$25). In March she provides verification that John has received all immunizations. The grant reduction is changed to $75 ($50+$25) for April. In May, Ms. I provides verification that Mike is immunized. The grant reduction is changed to $50 for June. In July, Ms. I provides verification that Tom has received required immunizations. The grant reduction is removed for August.

d. If this reduction results in a TANF amount of zero, the local agency must consider the assistance unit TANF recipients with no payment. The case will remain open for Medicaid purposes.

7. AGENCY RESPONSIBILITIES - The local agency has the responsibility of:

a. Providing assistance to the TANF recipient in obtaining verification from providers if necessary and administratively feasible. (Note: The Code of Virginia Section 32.1-46 states "A physician or local health department administering a vaccine required by this sections shall provide to the person who presents the child for immunizations a certificate which shall state the diseases for which the child has been immunized, the numbers of doses given, the dates when administered and any further immunizations indicated.")

b. Notifying applicants and recipients of the immunization requirements.
E. An individual convicted in state or federal court of a felony offense for possession, use, or distribution of a controlled substance is ineligible to receive TANF unless the individual presents court documentation showing that the offense(s) has been expunged from his record. The applicant must state, in writing, whether he or any other required member of the assistance unit has been convicted of such a crime. This restriction shall not apply if the conviction is for conduct occurring on or before August 22, 1996.*

F. An individual is ineligible if he is:

1. fleeing to avoid prosecution or custody for a felony under the laws of the place from which the individual flees; (Note: To be considered "fleeing" an individual must have knowledge of an outstanding warrant. An individual must have an opportunity to document that he has fulfilled the requirements of the warrant) or
2. fleeing to avoid confinement after conviction for a felony under the laws of the place from which the individual flees; or
3. in violation of a condition of probation or parole imposed under federal or state law.*

G. SIXTY (60) MONTH LIMIT ON RECEIPT OF TANF - An assistance unit that includes an adult who has received 60 months of assistance under TANF as defined below, is not eligible for assistance.* "An assistance unit that includes an adult" means an assistance unit where the adult’s needs are included in the grant or a case where the adult’s needs are not included in the grant but the adult is required to participate in VIEW. (See 901.2.) The 60 months of TANF eligibility is an accumulated period of time. The 60-month clock will reflect each month for which a TANF payment is issued. For example, if TANF benefits are issued in November for both October and November, both October and November will appear on the clock.

Effective March, 2008, the 60-month time limit applies to the following individuals whose needs are included in the TANF grant: an adult caretaker on a case, the spouse of the caretaker, a minor caretaker with her own case, and the spouse of the minor caretaker. Both parents in a TANF-UP case will have a 60-month clock regardless of marital status.

The 60-month time limit will apply to an individual who has been removed from the TANF grant due to one of the following reasons:

1) SSN requirement is not met
2) IPV disqualification
3) Questionable citizenship
4) Failure to cooperate with child support enforcement
5) Ineligible alien excluded due to sponsor’s income
6) Ineligible parent excluded due to spouse’s income
7) Questionable legal presence
8) Felony drug conviction/fleeing felon/parole violator.

The 60-month time limit will not apply to the following individuals:

1) an adult who is excluded from the TANF grant due to the receipt of SSI
2) an adult who is excluded from the TANF grant due to his status as an ineligible alien

* Public Law 104-193
3) a minor caretaker who is included in the senior parent’s assistance unit as a participating child (coded as a “PC” on AECOMP)
4) a non-parent caretaker who has been removed from the TANF grant due to VIEW non-compliance.

A month in which an individual received TANF benefits in another state (which for the purposes of determining the months of TANF assistance includes the District of Columbia and the territories of Guam, Puerto Rico, and the Virgin Islands) counts toward the 60-month limit. If an applicant states on the application for TANF benefits that he received assistance in another state, the eligibility worker must verify any TANF months to be counted by contacting the appropriate state and recording those months in the ADAPT system. Note: The effective date for TANF implementation will vary from state to state. When contacting other states to verify the number of months already accrued, the worker should request the number of months counted by that state toward the 60-month limit. If the other state tracks days of receipt instead of months, the EW will need to verify the exact dates of receipt of TANF. The EW will then count any month in which the individual received TANF as a month toward the 60-month limit. If contacted by another state, the worker should provide the number of months countable under Virginia’s TANF program since February 1, 1997. Prior to February, 2008 these would have been months that were on the VIEW 24-month clock. The following website identifies each state’s contact person:
http://dpaweb.hss.state.ak.us/training/map/mapHTML.htm.

Note: When the client has received 58 months of TANF, a 60-month letter will be sent to the agency printer dedicated to print system generated notices. The letter will notify the client that her lifetime limit for receipt of TANF is coming to an end. The EW will mail the original letter to the client and file a copy of the letter in the TANF case record.

The following months of receipt of TANF in Virginia do not count toward the 60-month limit:

1) Months of receipt of Aid to Families with Dependent Children (AFDC). Thus, months of financial assistance received in Virginia prior to February 1, 1997 do not count;

2) Any months that an individual receives assistance as a minor child (not a caretaker);

3) Months during which the adult lived on an Indian reservation during the month;
   (a) at least 1,000 individuals were living on the reservation; and
   (b) at least 50 per cent of the adults living on the reservation were unemployed;

4) Months in which the case was a "control" case. (Petersburg, Portsmouth, Prince William, Wise, and Lynchburg were research sites for the VIP evaluation. Cases in these localities were assigned a research or control status.)

5) Months that the TANF case is suspended and no payment is issued.

6) Months in which the individual received Diversionary Assistance.
201.4 DEPRIVATION OF PARENTAL SUPPORT OR CARE - Repealed effective July 1, 1999.

201.5 LIVING ARRANGEMENTS - The child must be living with a parent or other relative (Subsection A., below) in a residence maintained as a home (Subsection B., below) by one or more such relatives. For TANF-UP, both natural or adoptive parents of at least one child must be living in the home. (Refer to 701.2.)

Exception: Under certain prescribed conditions, an otherwise eligible child may receive TANF while in foster care, as provided in the Title IV-E Eligibility Manual and Subsection B., below, such as during a trial visit.

A. Relatives - The relative with whom the child is living, who is designated as the caretaker, must be a relative by blood, marriage, or adoption. Relationships by marriage exist even after the marriage has been terminated by death or divorce.

Neither severance of parental rights nor adoption is considered to terminate the relationship to biological relatives. Therefore, biological relatives may receive assistance for someone who has been adopted, when there is no other relative by adoption in the home to receive assistance on the individual's behalf. However, this provision does not require individuals who have been adopted to be included in the assistance unit of the biological relative and his/her children.

Example 1: Jane Doe had two children who were adopted by Jane's parents. Jane's parents died leaving their adopted children in the care of Jane. Jane is considered a biological relative for TANF purposes and can receive assistance for the two children, however, they are not to be included in the same assistance unit as any other children Jane may have since she has no legal responsibility for these children.

Example 2: Mary Smith's child, Michael, was adopted by a family friend. When Michael's adoptive parent died, there was no other relative to care for him. Michael went to live with Mary. Since Mary and Michael are biologically related, she can receive assistance for him. However, Michael is not to be included in the same assistance unit as any other children Mary may have.

The identity of the parent or other relative must be established prior to determining relationship. (Appendix III lists documentation that can be used to verify identity). Additionally, documentation that is adequate to trace the relationship of each child to the parent or caretaker relative must be provided. The case record must document the verification methods used to establish identity and each relationship.
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.

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
c. Retain a copy of the completed G-845S in the case record. Mail the completed form to the USCIS office listed below:

U.S. Citizenship and Immigration Services
300 N. Los Angeles Street, B120,
Los Angeles, CA 90012

Attn: Immigration Status Verification Unit

Do not send bulk mailings.

d. While awaiting the secondary verification from USCIS, do not take any negative action against the case or individual on the basis of alien status.

e. Upon receipt of the G-845S, compare the information with the case record. If eligibility of the alien is confirmed, the verification from USCIS must be filed in the case record with the current application. Timely notice must be given to delete the individual from the TANF assistance unit if verification proves an individual's ineligibility. Additionally, if the secondary verification reveals the individual is not an eligible alien, an overpayment has occurred which must be recouped/recovered per 503.8.
a. Name of Parent

1) The applicant or recipient must provide, under penalty of perjury, the first and last name of the individual against whom paternity or an obligation to provide support is sought to be established, modified, or enforced.

2) If the applicant/recipient is not certain of the child's paternity, she must identify all individuals with whom she had sexual intercourse who may be the father. The "List of Putative Fathers" form (032-03-0880) must be completed by the applicant/recipient, listing the individuals who may be the father in rank order of their probability of being the father.

a) The applicant/recipient must designate, in writing, the men most likely to be the father. If the putative fathers designated are excluded from paternity as a result of the genetic testing, the applicant/recipient will be considered as not cooperating and the agency will impose a penalty until paternity has been established for the child. Note: DCSE will provide genetic testing for up to five potential fathers at its expense. After five potential fathers have been tested, the parent must assume full responsibility for additional testing. If the parent fails or refuses to pay for further genetic testing, this will be considered to be noncooperation.

b) If an applicant/recipient has named only one putative father, and subsequent genetic testing determines that this individual is not the father, the applicant/recipient must be given an opportunity to provide another name(s) for the putative father. The applicant/recipient is considered to be cooperating with the identification requirement if she provides the name of another individual(s) with whom she had sexual intercourse who may be the father. If the men named are excluded from paternity through genetic testing, the applicant/recipient will be considered as not cooperating and the agency will impose a penalty until paternity has been established for the child unless the applicant/recipient signs the Attesting to the Lack of Information form (032-03-0423). Note: Individuals on whom a penalty was imposed prior to October 2006 must be given an opportunity to name all putative fathers upon reapplication. Each man named must be excluded from paternity through genetic testing before the applicant/recipient will be considered as not cooperating.

c) If the genetic testing determines that an individual named is not the father and the applicant/recipient maintains there are no other men who could be the father, the applicant/recipient must be advised of her right to meet with the DCSE worker and have her case reviewed. DCSE will review the case and offer
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. A referral must be made to
DCSE even though the required identifying information is not
provided. If the applicant/recipient cannot provide the name of
the noncustodial parent and at least three pieces of identifying
information, she must sign the Attesting to The Lack of
Information form (032-03-0423).

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.
B. ACTION TO BE TAKEN UPON DETERMINATION OF NONCOOPERATION - Noncooperation may occur with respect to an individual's failure to cooperate with either the local department of social services or DCSE.

1. Noncooperation exists in the following circumstances. The applicant/recipient:
   a. failed to provide identifying information, including the first and last name of the father or of all individuals who may be the father of the child(ren), and at a minimum three additional informational items to identify the parent, and the exception in Section 201.10 A.1.c. is not applicable; or
   b. failed to respond to two consecutive requests to provide information; or
   c. missed two consecutive scheduled appointments (other than genetic testing and court appearance) and did not contact the worker to reschedule them; or
   d. failed to appear in court for a scheduled paternity, establishment of support, or enforcement hearing and did not contact DCSE to reschedule (one occurrence); or
   e. missed a scheduled appointment for genetic testing and did not contact DCSE to reschedule (one occurrence); or
   f. does not name another individual who may be the father after the only man named as the putative father is excluded; or
   g. the putative fathers listed on the "List of Putative Fathers" form are excluded from paternity as a result of genetic testing; or
   h. fails or refuses to pay for further genetic testing after DCSE has paid for the first five potential fathers to be tested; or
   i. otherwise fails to comply with the requirements in Section 201.10 A.
2. The finding of noncooperation must be documented in the case record.

   a. Noncooperation must be due to one of the reasons listed in 1.a. - h. above.

   b. If noncooperation was determined by DCSE, the DCSE worker will update the noncooperation indicator in APECS (which will generate an alert in ADAPT) and follow-up with written notification to the eligibility worker on the "Cooperation/Noncooperation Notification" form, substantiating the noncooperation. If written notification is not received within 5 days of receiving the alert, the EW is to contact the DCSE worker to obtain the written notification. The EW may obtain verbal verification of the reason for the penalty. If so, the EW must document the information obtained in the phone call. Detailed information is to be maintained in the DCSE case record to document the noncooperation and must be made available, upon request, if the penalty resulting from the noncooperation finding is appealed. If the action is appealed, the eligibility worker must contact the DCSE worker to inform him that an appeal has been filed and to request the supporting documentation required to be included in the appeal summary. The DCSE worker will attend the hearing or participate in a telephonic hearing to testify as to the applicant/recipient's failure to cooperate.

3. The local agency must impose the appropriate penalty for noncooperation as soon as administratively possible, as follows:

   Send an advance notice advising the recipient that the agency will impose a penalty on him. The penalty imposed must be determined in accordance with Section 201.10.C. below and must be effective the following month, if administratively possible.

   a. The notice must explain that his needs will be added back to the grant once he cooperates with DCSE. DCSE will be notified of the penalty through the computer systems interface by entering the appropriate ADAPT delete reason or closure code.

   b. If the penalty is due to failure to redirect support, the agency must also explain that the support, minus the $100 disregard, will count as income to the assistance unit.
C. **PENALTIES FOR NONCOOPERATION** - Failure to cooperate, absent good cause or an exception to identification requirements, will result in the following action:

1. **Noncooperation During First Six Months of Receipt of Assistance** - When the applicant/recipient or a minor parent fails to cooperate during the first six months of receipt of assistance, the individual will be ineligible for assistance. The individual will remain ineligible and any penalty reduction must continue until he has cooperated or the information not previously provided has been obtained from another source, or all children for whom the individual did not cooperate have left the home. The worker shall:

   a. Exclude the caretaker's needs from the grant, reducing the grant by the amount of the caretaker's needs or by 25 percent, whichever is greater, effective the month following noncompliance, if administratively possible. Note: If the individual not cooperating is a minor parent who is a member of an assistance unit that include her sibling(s), the agency must notify the applicant/recipient that the penalty may be avoided by withdrawing the request for assistance for the minor parent’s child.

Procedures for calculating the amount of the reduction are as follows:

1) If the caretaker's needs are currently included on the grant, the caretaker must be removed. If the resulting grant reduction is less than 25 percent of the amount of assistance that would otherwise be provided to the family, the grant reduction must be increased to 25 percent. In addition to removing the caretaker, document the record as to the basis for imposing the additional penalty amount.

2) If the caretaker's needs are not included on the grant due to the caretaker's categorical ineligibility (i.e., receives SSI, or is an ineligible alien) the grant must be reduced by 25 percent. Document in the record the amount of the grant that the family would otherwise have received.

3) If the caretaker's needs are not included on the grant due to failure or refusal to cooperate in meeting a requirement of eligibility, the grant must be reduced by 25 percent. Document in the record the amount of the grant that the family would otherwise have received.

See Appendix X to Chapter 201 for examples of the above calculations.
b. Issue the assistance payment for the remaining assistance unit members in the form of protective and/or vendor payments unless, after reasonable efforts, the local agency cannot locate an appropriate individual to act as protective payee. (See Section 502.7.A.2.)

c. Recalculate the penalty reduction to ensure that the penalty reduces the grant by the greater of the amount of the caretaker's needs or 25 percent whenever:

1. there is a change in the assistance unit size or the grant amount.
2. the caretaker subsequently complies with the eligibility requirement that had caused his needs to be removed.

d. Lift the penalty reduction if all children for whom the client did not cooperate have left the client’s home. Reimpose the penalty if the children subsequently return to the home.

e. Add the recipient to the grant by the month following the month in which he cooperates with DCSE or the information not previously provided is obtained from another source. Note: If the caretaker complies with the support enforcement requirement but continues to be ineligible due to noncompliance with another requirement, the penalty reduction (amount in excess of the caretaker's needs) must be removed but the caretaker's needs must continue to be excluded.

f. If, in the sixth month TANF is received, the recipient is still not cooperating, the local agency must complete a special review to determine if the case continues to be eligible in accordance with C.2 below.

2. Noncooperation After the Sixth Month of Receipt of Assistance - When noncooperation continues after the sixth month of receipt of assistance, the local agency must conduct a special review of the case. The purpose of the special review is to verify, through contact with DCSE, whether the recipient has begun to cooperate in establishing paternity or in fulfilling other child support requirements as outlined at 201.10A.

a. If the recipient has not begun to cooperate, but paternity has been established, the recipient will continue to be ineligible for assistance and the penalty imposed will continue until the individual cooperates.

b. If the recipient has not begun to cooperate and paternity has not been established, the local agency must close the entire TANF case as soon as administratively possible and document the case record accordingly. The case is ineligible effective the following month and must remain closed for a minimum of one month and until cooperation has been achieved or the information

Code of Virginia, Section 63.2-602
not previously provided is received from another source.* If the determination of noncooperation is based on the exclusion of the individual(s) named as the father based on genetic testing, the recipient cannot be considered to be cooperating until paternity has been established for the child or the recipient signs the Attesting to the Lack of Information (ATL) form.

3. Counting the Six Months of Receipt of Assistance - In counting the six months of receipt of assistance, count the month of entitlement as the first month of assistance when noncooperation began prior to case approval. If noncooperation occurred after approval, the six months are still counted from the date of entitlement. Exception: For a child added to the grant subsequent to case approval, the six-month period begins with the first month of receipt of assistance for the child.

Example 1 - At the time of application Ms. Rageolla refuses to name the father of her child. The agency determines that Ms. Rageolla is not cooperating in identifying the father of one of her children, and that good cause does not exist. Her case is approved in March, with her needs removed. The date of entitlement is March 20. The case is reviewed in August, the sixth month of receipt of assistance, to determine whether the case must be closed in accordance with C.2 above.

Example 2 - Ms. Zorda cooperates at application (April) in identifying the putative father of her child. Her case is approved effective May 1. In the second month assistance is received (June), she is notified that she must come to the DCSE office for genetic testing. Ms. Zorda fails to keep the appointment, and DCSE notifies the eligibility worker that Ms. Zorda is not cooperating. Good cause for not cooperating does not exist and her needs are removed from the grant. In October, Ms. Zorda has received six months of assistance, and the agency must determine whether the case must be closed in accordance with C.2 above.

Example 3 - If Ms. Zorda's refusal to cooperate had occurred more than six months after entitlement, i.e., entitlement is in January and refusal to cooperate occurs in November, the sixth month of receipt of assistance would have been June and the agency would immediately evaluate continuing eligibility of the case in accordance with C.2 above.

Example 4 - Ms. Bonnewit has been receiving TANF for several years. A child (not subject to the family cap), who had been residing elsewhere, comes to live with his mother, Ms. Bonnewit. His paternity has not been established. In determining the child's eligibility, Ms. Bonnewit refuses to name the father. At the same time the child is added to the grant, the mother's needs are removed. In this situation, the six-month period begins with the first month of receipt of assistance for the child, which is January 1. On April 15, Ms. Bonnewit requested that her case be closed. The case closes April 30. Ms. Bonnewit later reapplies and is determined eligible for TANF in June. Her six month period resumes in June. June will be her fifth month for the non-cooperation penalty.
D. CLAIM OF GOOD CAUSE FOR NOT COOPERATING WITH THE DIVISION OF CHILD SUPPORT ENFORCEMENT - If an applicant/recipient believes that cooperation would be harmful to the child or himself, he may claim good cause for not cooperating. The applicant/recipient must provide evidence to support the claim to be excused from cooperating. If the claim is substantiated, no attempt will be made to establish paternity or collect support. The local agency may determine that cooperation would be harmful to the child only if one or more of the following circumstances exists:

1. The agency believes that the applicant/recipient's cooperation will result in:
   a. physical or emotional harm to the child; or
   b. physical or emotional harm to the caretaker which would impair ability to care for the child.

2. The agency believes that proceeding to establish paternity or to secure support would be detrimental to the child because one of these circumstances exists:
   a. the child was conceived as a result of forcible rape or incest;
   b. legal proceedings for the adoption of the child(ren) are pending; or
   c. the caretaker, assisted by a public or licensed private adoption agency, is deciding whether to keep or relinquish for adoption the child for whom aid is requested.

E. ADVISING THE CLIENT OF THE RIGHT TO CLAIM GOOD CAUSE - At the time of application or redetermination, the agency must advise each applicant or recipient of the right to explain all reasons for refusing to cooperate in establishing paternity or securing support. The agency must explain the provisions in the "Notice of Cooperation and Good Cause" (form 032-03-0036) to the applicant/recipient. The applicant/recipient and eligibility worker must sign the form indicating whether or not the client claims good cause for refusing to cooperate.
A signed copy of the "Notice of Cooperation and Good Cause" shall be filed in the case record and a duplicate copy will be given to the applicant/recipient. If the applicant/recipient wishes to change the claim subsequent to signing one "Notice of Cooperation and Good Cause" then he must sign another form indicating the change of claim. Otherwise, only one "Notice of Cooperation and Good Cause" is necessary per case record unless the case is closed and another application is made subsequently. Because the notice outlines the rights and responsibilities of the applicant/recipient, the eligibility worker shall review each condition with the applicant/recipient to assure a complete understanding. The agency must also advise the applicant/recipient that if a finding is made that no good cause for not cooperating exists, cooperation will be required.

Note: When a minor parent is receiving assistance for her child in the unit with her parent, the good cause provision may also apply to the minor parent. The minor parent must sign a separate "Notice of Cooperation and Good Cause."

F. ACCEPTABLE EVIDENCE TO SUBSTANTIATE GOOD CAUSE CLAIM - Each applicant or recipient who claims to have a good cause for not cooperating must provide acceptable evidence, or provide sufficient information to permit an investigation to determine if good cause exists. The applicant/recipient must provide the evidence within twenty (20) days from the day he makes the good cause claim or the agency will determine that good cause does not exist. The agency must base the determination of good cause on evidence provided by the applicant or recipient and/or through an investigation by the agency.

The agency will determine that good cause exists when the information obtained provides evidence of good cause for not cooperating. The following specified evidence will be sufficient to determine the existence of the good cause claimed circumstance.

1. Incest Or Forcible Rape - Birth certificates or court, medical, criminal, child protective services, social services, or law enforcement records which indicate that the child was conceived as the result of incest or forcible rape;

2. Adoption - Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction or a public or licensed private adoption agency is currently assisting the applicant/recipient to place the child for adoption and such discussions have not gone on for more than three months. The agency must obtain a written statement from the adoption agency.

3. Physical Or Emotional Harm - Court, medical, criminal, child protective services, social services, psychological, law enforcement records, sworn statements from individuals other than the applicant or recipient with knowledge of the circumstances which provide the basis for the good cause claim, or a written statement from a domestic violence services program or sexual assault crisis center professional indicating that the putative father or noncustodial parent might inflict physical or emotional harm on the child or caretaker-relative.
D. INCOME OF THE "CAPPED" CHILD - The income of the child is deemed unavailable to the assistance unit.

E. CHILDREN WHO MOVE INTO THE HOME OF THE PARENT RECEIVING TANF - A child who was not subject to the family cap provision is subsequently not subject to the provision when he moves into the parent's home.

F. OTHER CARETAKER/RELATIVES - The family cap provision does not apply to foster parents or caretaker/relatives who are not the biological or adoptive parents of the child. A child who was subject to the family cap in the home of a parent and subsequently moves into the home of a relative may be eligible for TANF, if otherwise eligible. Exception: A child who is subject to the family cap provision and whose parent is in a period of ineligibility due to the time limit for receipt of TANF is not eligible to receive assistance with another caretaker/relative until the parent's period of ineligibility expires. (See 901.11.)

G. DURATION OF THE FAMILY CAP - The provision applies to a "capped" child when he lives with or returns to the home of a parent after living for a period of time in another living arrangement.

H. CLIENT NOTICE OF FAMILY CAP PROVISION - Applicants for TANF shall receive an explanation of the family cap provision at the time of application. The applicant must check the appropriate box on the last page of the Combined Application indicating that the agency has explained the provision and that they understand the provision. When the application is approved, the Client Notice of Action must inform the mother of the effective date of the specified periods described above.

In addition, applicants and recipients must sign and date the Notice of Personal Responsibility form. The form states that the local department has explained and that the individual understands the terms of the family cap provision. The form must be retained in the permanent document section of the TANF case record.

I. CHILD CONCEIVED AS A RESULT OF VERIFIED RAPE OR INCEST - A child conceived as a result of verified rape or incest is not subject to the family cap provision. Birth certificates and medical or law enforcement records are required to verify rape or incest.

J. MEDICAID COVERAGE FOR THE CHILD SUBJECT TO THE FAMILY CAP - See the Medicaid Manual, Volume XIII, Part I, Chapter F.

K. CHILD CAPPED IN ANOTHER STATE - A family cap imposed under another state's TANF program does not affect the child's eligibility under Virginia's TANF program.
203.2 EMERGENCY ASSISTANCE FOR DISASTER OR FIRE

A. NEEDS COVERED - Emergency Assistance shall be used to cover an applicant’s immediate needs resulting from a disaster or fire. The case record must include documentation that the disaster or fire occurred and the date of the event. The immediate needs which can be covered include items such as food, shelter items, clothing, repair or replacement of household equipment which has been destroyed or rendered unusable and moving or storage of household equipment.

The total amount granted to a family under the EA Program shall not exceed $500.00 during any one period of thirty (30) consecutive days in any twelve (12) consecutive months.

To determine eligibility for Emergency Assistance, the case will be screened at 185%. The EW will evaluate all income that is available to the AU to determine if the income will meet all of the AU’s needs. If the available income will not meet all of the AU’s needs, EA may be granted to meet the unmet needs, up to the $500 EA maximum. Note: The amount granted will not be limited by the standards of assistance as detailed in Section 304.

Example 1: A case passes the 185% screening and is otherwise eligible. Current income is used to pay rent, utilities, etc., and there is $100 remaining to cover the emergency. In this case, EA will be issued for $400.

Example 2: A case passes the 185% TANF income screening and is otherwise eligible. Current income is used to pay rent, utilities, etc., and there is $00.00 remaining to cover the emergency. In this case, EA will be issued for $500.
Example 5 - Continued

Step (2) - Calculate 25% reduction:

\[ 0.25 \times 228 = 57.00 \]

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
      & 57.00 & \text{25% reduction} \\
- & 0.00 & \text{SOA reduction} \\
      & 57.00 & \text{Additional penalty amount (Enter on AP)}
\end{align*}
\]

Step (4) - Net payment calculation:

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

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:

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

Step (2) - Calculate 25% reduction:

\[ 0.25 \times 292 = 73.00 \]

Step (3) - Calculate additional penalty amount:

\[
\begin{align*}
      & 73.00 & \text{25% reduction} \\
- & 64.00 & \text{Amount of SOA reduction} \\
      & 9.00 & \text{Additional penalty amount (Enter on AP)}
\end{align*}
\]

Step (4) - Net payment calculation:

\[
\begin{align*}
      & 228.00 & \text{SOA for 2 persons/Grant amount} \\
- & 9.00 & \text{Additional penalty} \\
      & 218.00 & \text{Net payment}
\end{align*}
\]
E. Each case in which an applicant/recipient requests inclusion of an individual as a EWB must be reviewed by the Eligibility Supervisor. The worker must document the AECOMP comment screen with the full name and worker number of the supervisor and the date the supervisor approved an individual for inclusion as an EWB.

F. A EWB individual must be coded as an OA (Optional Adult-persons essential to well-being) on the AECOMP (Composition Grid) screen in ADAPT.

G. EWB individuals are exempt from VIEW participation and must be given a VIEW exemption code on the AEGNFS (VIEW/SNAPET Registration) screen in ADAPT.

- If the EWB individual is providing care for a child under 12 months, use exemption code V1.
- If a child 12 months of age or older needs care, use exemption code QQ (Exempt EWB).
- If the EWB is providing care for a disabled individual, use exemption code V7.
6. The parent whose SSN has not been provided or application for an SSN has not been made.

7. The parent who is an alien whose needs are met by the individual sponsor.

8. The parent who is an alien who has been in the U. S. less than three years and is sponsored by an agency/organization, unless it can be documented that the agency/organization no longer exists or the agency/organization provides a statement that they are financially unable to support the alien.*

9. The parent who is found to have committed an IPV and disqualified according to Section 102.3.

10. The parent whose citizenship or alien status has not been declared in writing according to Section 201.7.C.

11. The parent whose needs are met by her spouse, the stepparent of the eligible children, living in the home.

12. The minor parent not in compliance with the compulsory school attendance requirement in Section 201.3.

13. The parent convicted in state or federal court of fraudulently misrepresenting his address to receive TANF, Medicaid, or SNAP benefits in two or more states and it is within ten years of the date the individual was convicted.**

14. The parent convicted in state or federal court of a felony offense for possession, use, or distribution of a controlled substance for conduct occurring after 8/22/96.**

15. The parent that failed to report to the local agency in accordance with Section 401.2.B.2.a.3 after it became clear that the minor child would be absent from the home for 60 consecutive days.

16. The parent that is fleeing to avoid prosecution or confinement or that is in violation of probation or parole.**

17. The putative father when paternity has not been established by DCSE. See Section 201.10A.

* 45 CFR 233.51
** Personal Responsibility and Work Opportunity Reconciliation Act of 1996
E. The following caretaker/relative other than the parent, who requests assistance is not included when:

1. He is not in need.

2. He is receiving SSI and/or an Auxiliary Grant.

3. He is not (1) a U. S. citizen or (2) an eligible alien.*

4. His needs are met by a spouse living in the home.

5. He refuses to cooperate in identifying the parents, establishing paternity, or obtaining support by failing to comply with any of the requirements defined in 201.10. (See 502.7 A.2. regarding how to handle payment in this situation.) This exception applies until compliance with the requirements of cooperation of 201.10 is met.

6. He is ineligible for a specified period of time based on receipt of a lump sum. (See 305.4.C.)

7. The caretaker/relative's SSN has not been provided or application for an SSN has not been provided.

8. He is an alien who has been in the U. S. less than three years and is sponsored by an agency/organization, unless it can be documented that the agency/organization no longer exists or the agency/organization provides a statement that they are financially unable to support the alien.**

9. He is found to have committed an IPV and is disqualified according to Section 102.3.

10. His citizenship or alien status has not been declared in writing according to Section 201.7 C.

11. The caretaker/relative is convicted in state or federal court of fraudulently misrepresenting his address to receive TANF, Medicaid, or **SNAP benefits** in two or more states and it is within ten years of the date the individual was convicted.*

* Personal Responsibility and Work Opportunity Reconciliation Act of 1996
** 45 CFR 233.51
11. He is not in compliance with the compulsory school attendance requirement. Refer to Section 201.3.

12. The EWB is convicted in state or federal court of fraudulently misrepresenting his address to receive TANF, Medicaid, or SNAP benefits in two or more states and it is within ten years of the date the individual was convicted.*

13. The EWB is convicted in state or federal court of a felony offense for possession, use, or distribution of a controlled substance for conduct occurring after 8/22/96.*

14. The EWB is fleeing to avoid prosecution or confinement or is in violation of probation or parole.*

G. In Emergency Assistance - The assistance unit includes:

1. In cases of natural disaster or fire any member of the child's family living in the home and other nonrelated member of the household.

2. In cases of total loss of earnings, those persons who are living in the home related to the child by birth, marriage, or adoption, provided they meet the citizenship or alienage requirements.

302.8 FORMING THE COMPLEX ASSISTANCE UNIT - The most common type of assistance unit consists of one caretaker-relative and child(ren) living in a household. The following guidelines have been established to aid in determining who shall be included in an assistance unit when the household contains complex family situations:

A. Minor Parent(s) - A minor parent is an individual under 18 years of age who is the natural parent of a child. A senior parent is a parent of the minor parent. Minor parents must meet school attendance requirements in order to have their needs included in the grant.

An unmarried minor parent, for purposes of TANF policy, is a minor who is single, separated, or divorced. A married minor parent is a minor who is married and living with his/her spouse.

*Personal Responsibility and Work Opportunity Reconciliation Act of 1996
b. the earned income of an individual which is funded by the Workforce Investment Act of 1998 (WIA);

c. for TANF-UP, unemployment compensation benefits;

d. lump sum payments per 305.4.C;

e. the earned income of a child that is a full or part-time student.

If the income of the assistance unit exceeds 185%, the case is ineligible for a payment.*

2. Screening at the Standard of Assistance

The following procedures are applicable to the standard of assistance screening:

a. Applications, Including Persons Being Added to An Existing Assistance Unit

Once the total gross countable income of the assistance unit is determined to be less than or equal to 185% of need, income must then be screened at the standard of assistance allowing earned income disregards where applicable.

b. All AUs will be allowed the following deductions from earned income:

   (1) The standard deduction**, the same amount used in the standard deduction for the Food Stamp program, and 20% of the remainder is deducted from the gross earnings.***

   (Refer to Appendix 3 to Section 305, Step 2 and Section 305.3.B.7.)

<table>
<thead>
<tr>
<th>Assistance Unit</th>
<th>Standard Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 members</td>
<td>$141</td>
</tr>
<tr>
<td>4 members</td>
<td>$153</td>
</tr>
<tr>
<td>5 members</td>
<td>$179</td>
</tr>
<tr>
<td>6 or more members</td>
<td>$205</td>
</tr>
</tbody>
</table>

c. Ongoing Cases

Once the total gross countable income of the assistance unit is determined to be less than or equal to 185% of need, income must then be screened at the standard of assistance allowing earned income disregards where applicable.

d. The following income is disregarded when income is screened at the standard of assistance:

1) all income specifically disregarded in 305.4.A;

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* 45 CFR 233.20(a)(3)(xiii)
** 22 VAC 40-295-60
*** 22 VAC 40-295-60
using the exact monthly figure or an average per pay period times the actual number of pays if the assistance unit will receive less than a full month's pay. If actual income is used in any given calculation, it is the Eligibility Worker's responsibility to adjust the figure for subsequent months if the actual income varies.

Example:

The client's salary is $100 weekly. The pay does not vary. The client is paid every Friday.

The client reports she quit her job and will receive a final weekly paycheck on September 3. Since the client was paid for a partial month, the exact amount of $100 will be used.

Example:

The client reports she quit her job on June 21. She will receive a final bi-weekly paycheck on July 5.

For the month of May, she received $190 and $220 for a total of $410. This amount is divided by two (the number of pays) to determine the average bi-weekly pay of $205. $205 is used to calculate her July TANF payment.

2) Assistance units receiving monthly or semi-monthly income, such as state or federal payments or semi-monthly pay checks, must have the income assigned to the normal month of receipt, even if mailing cycles, weekends or holidays cause the income to be received in a different month.

For example, the applicant/recipient is employed and is paid semi-monthly on the first and sixteenth. Because June 1 falls on a Saturday, the client receives her June 1 paycheck on May 31. The Eligibility Worker will count the paycheck received May 31 as income for June.

3) For the on-line systems used to verify child support or unemployment benefits, mailing and processing days must be added to the payment dates shown to properly reflect the period of receipt for TANF purposes. Checks are prepared and mailed on the business day following the APECS disbursement date or the VEC warrant date. Allow two mail days to determine the payment date and month of receipt. Allow two business days for electronic funds transfer payments to reach the designated debit card bank account to determine the payment date and month of receipt.

Once the income has been verified, the payment is then calculated based on the anticipated income. (Refer to Appendix 3 to Section 305, Steps 3 and 4.) Ongoing payments will continue in the same amount until a change is reported or becomes known to the agency.
At each renewal, all income of the assistance unit must be verified, regardless of whether a change has been reported. If a change is identified, a prospective determination must be conducted in accordance with Section 305.1.A. to establish ongoing eligibility.

When a change in income occurs between renewals, a prospective determination must be conducted to establish ongoing eligibility.

When attempts to verify countable income prove to be unsuccessful because the person or organization that is to provide the verification fails to cooperate with the assistance unit and the local agency, and there are no alternate sources of verification available, the Eligibility Worker shall determine an amount to be used for TANF purposes based on the best available information. The case record must be documented to reflect the method used to arrive at the anticipated income.

In the above situation, the following verification will be considered the best available information:

1. a third party statement,
2. a collateral contact, or
3. as a last resort, the applicant's/recipient's written statement of the amount of income anticipated to be received in the payment month.

D. Handling Changes in Income (Earned and Unearned)

1. The assistance unit must report increases in income that place the assistance unit’s monthly income above 130 percent of the federal poverty level based on assistance unit size.

The income limits are as follows:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Monthly Amount</th>
<th>Weekly Amount</th>
<th>Bi-Weekly Amount</th>
<th>Semi-Monthly Amount</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>
<tr>
<td>Each additional Person</td>
<td>+ $406</td>
<td>+ $94.41</td>
<td>+ $188.83</td>
<td>+ $203.00</td>
</tr>
</tbody>
</table>
305.3 EARNED INCOME – Earned income is defined as income earned by an individual through the receipt of wages, salary, and/or commissions, or through profit from activities in which he is engaged as a self-employed individual.* Earned income includes pay for jury duty, severance pay, and vacation pay. Sick/disability pay from the employer or from employer obtained insurance is counted as earned income as long as the payment is made directly from the employer to the employee. If the payment is made from the insurance company to the employee, the income is counted as unearned income.

Note: income received from a supplemental sickness or disability insurance policy that was obtained solely by the employee (and payments are issued directly from the insurance company to the employee) will be counted as unearned income.

Self-employment is defined as a business, farming or commercial enterprise in which the individual receives income earned by his own efforts, including his active engagement in management of property. Income from property when the individual is not actively engaged or when no managerial responsibilities are involved is not considered earned income.** In addition, for TANF purposes, self-employment situations include, but are not limited to, domestic workers, day care providers including babysitters, and chore and companion service providers.

Contract earnings are defined as wages guaranteed by a contract. This does not include work on an hourly or piecework basis or self-employment. A guaranteed wage is one which is received by an individual employed on a contractual basis and paid over a period of time. Earnings of this nature will be prorated according to 305.1.B.2.a.4).

When income is received from property, the eligibility case record must clearly indicate the basis for determining whether or not the individual produces it by his own efforts or whether or not he is actively engaged in management.

A. Definition of Gross Earnings or Profit

1. Gross earned income from wages, salary or commissions means the total amount of pay, irrespective of deductions, withholding or work expenses.*** It is not the "take home" pay. Exception: Money advanced from an employer prior to the regular pay date must be counted as part of the gross income in the month of receipt. Any amount withheld to repay an advance in salary received prior to the budget month shall be deducted from gross earnings or profit for the budget month in which it is withheld.

2. Gross earned income of Child Care Providers means the income of a TANF recipient who provides child care in her home minus an allowance for the cost of meals and snacks that are provided. The allowance is not given for children included in the Child Care provider’s TANF assistance unit or for children excluded from her assistance unit. The allowance is the same as those in the Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamp Program Manual, at Part XII.A.7, under Allowable Costs of Producing Income for Child Day Care Providers.

* 45 CFR 233.20 (a)(6)(iii)
** 45 CFR 233.20(a)(6)(vii)
*** 45 CFR 233.20(a)(6)(iv)
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.

Note: 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.

Any funds included in the benefit amount specifically for dependents are 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)
14. Any payment made under the Fuel Assistance Program.

15. The value of supplemental food assistance received under the Child Nutrition Act of 1966. This includes all school meal programs; the Women, Infants, and Children (WIC) Program; and the child care food program. Money paid to day care providers under the National School Lunch Act to serve meals to children, other than their own, is countable.

16. All federal, state, or local government rent and housing subsidies and utility payments.*

17. Any funds distributed to, or held in trust for, members of any Indian tribe under Public Law 92-254, 93-134, 94-540, 98-64, 98-123, 98-124 or 97-458. Additionally, interest and investment income accrued on such funds while held in trust, and purchases made with such interest and investment income are disregarded.**

18. The following of distributions received from a Native Corporation under the Alaska Native Claims Settlement Act (Public Law 100-241):

a. Cash (including cash dividends on stock received from a Native Corporation) to the extent that the total received does not exceed $2,000 per individual per calendar year;

b. Stock (including stock issued or distributed by a Native Corporation as a dividend or distribution on stock);

c. A partnership interest;

d. Land or an interest in land (including land or an interest in land received from a Native Corporation as a dividend or distribution on stock); and

e. An interest in a settlement trust.

* 45 CFR 233.20(a)(3)(xii)
** 45 CFR 233.20(a)(4)(ii)(e)
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/recipients 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 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.

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

2. Allowable expenses include, but are not limited to:
   a. Payment of debts which are incurred for a member of the assistance unit, such as:
   b. medical bills incurred from the period prior to receipt of the lump sum,
   c. expenses related to a natural disaster or fire,
   d. costs related to avoiding the assistance unit's eviction and/or a utility cutoff,
   e. weather related repairs or replacement to the home in which the assistance unit lives, and
   f. funeral expenses.

* 45 CFR 233.20(a)(3)(ix)
Policies applicable when the affidavit of support was executed on or after December 19, 1997, are as follows:

a. **Countable Income of Sponsors** - For purposes of determining eligibility, the income of any person who executed an affidavit of support with respect to the alien and the spouse of any person who executed an affidavit on behalf of the alien, shall be considered to be the unearned income of the alien.

b. **Termination of the Sponsor's Obligation** - The evaluation and use of the income of the sponsor and spouse of the sponsor must continue toward the TANF eligibility and benefit level of the alien until the alien:

1) becomes a U.S. citizen through naturalization; or

2) has worked, or can be credited with, 40 qualifying quarters of work, provided that the sponsored alien is not credited with any quarter beginning on or after January 1, 1997, during which the sponsored alien receives federal public benefits. (Refer to Appendix 4 to Section 305.); or

3) leaves the U.S. or no longer holds permanent resident status; or

4) dies or the sponsor dies.

c. **Review of Income of Alien Upon Reapplication** - Whenever an alien reapplies for TANF benefits, the worker must review the income attributed to the alien.

d. **Indigence Exception** - If a determination is made by the local agency that a sponsored alien would, in the absence of the assistance provided by the agency, be unable to obtain food and shelter, taking into account the alien's own income, any cash, food, housing, or other assistance provided by other individuals, including the sponsor, the amount of income of the sponsor or the sponsor's spouse which shall be attributed to the sponsored alien shall not exceed the amount actually provided for a period beginning on the date of such determination and ending 12 months after such date.

The local agency must notify the Office of the U.S. Attorney General of each such determination, including the names of the sponsor and the sponsored alien involved. The written notification
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, or failure to cooperate with DCSE will not be allowed.

If the stepparent 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 stepparent.

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

If the stepparent 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 stepparent.

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

Verify by statement from the stepparent.

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

The amount remaining after the above deductions must be compared to the standard of assistance for the assistance unit. If the stepparent's income is less than the standard of assistance for the number of persons in the assistance unit, the parent's needs are included on the grant, and no stepparent income is deemed available. Only the income of the parent and child (ren) is to be considered in determining the grant amount. (Step 2 is not applicable in this instance.)

If the remaining amount equals or exceeds the standard of assistance for the number of persons in the assistance unit, the parent is not included in the assistance unit, and the child(ren)'s eligibility must be determined according to step 2.

Step 2 - Eligibility Determination For the Children When the Parent's Needs Must Be Excluded From the Grant - Determine the child(ren)'s eligibility and grant amount by counting the parent's income, the child(ren)'s income, and that portion of the stepparent's gross income in excess of 150% of the poverty level for two persons (the parent and stepparent), which is $1,822.00. The latter is a standard amount and must be used in all cases regardless of the actual number.
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 disregard - 90.00
      $1,810.00
      Less 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 disregard - 90.00
$ 710.00
Less standard of need for 1 (group II) - 174.00
$ 536.00
Less support paid by Mr. J. to non-
household dependents
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 disregard       -  90.00  
   $1,910.00  
   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

   * 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.

Example: 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. Continuing TANF eligibility is determined as follows:

Gross income: $ 550  
- 90  
$ 460  
- 174 (SON for 1 person Group II)  
$ 286  
- 0 (Support paid by the step dad)  
$ 286

$286 < $320 (SOA for 3) — AU remains eligible. TMP not considered.

1) The first $90 of gross earned income of each employed person.

2) The standard of need at 100% 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.

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 allowed.

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.
The Food Stamp Act of 1997 requires that each applicant who is applying for TANF and also wishes to apply for Supplemental Nutrition Assistance Program (SNAP) benefits, must be allowed to do so in one interview if all members of the TANF assistance unit will be the same as those individuals who comprise the SNAP household.*

All applications for TANF, except on those on which the household has indicated that it does not want SNAP benefits, shall be regarded as SNAP applications. (At application the household will indicate if it does not want SNAP.) If the household’s intention to apply for SNAP is unclear, the local agency shall determine at the interview, or in other contact with the household, whether or not the household wants to apply for SNAP benefits. The local agency shall conduct a single interview at initial application for both TANF and SNAP purposes. TANF households shall not be required to see a different eligibility worker or otherwise be subjected to two interview requirements to obtain the benefits of both programs. (Refer to the SNAP Manual, Volume V, Part II, H.)

B. Where/How Applications are Made - Application forms must be made freely available to the public upon request. The request for assistance must be made with the local department of social services in the county/city in which the applicant resides on either a permanent or temporary basis. The application is usually completed in the local department and an intake interview conducted.

Any individual may request that an application be mailed to him. This must be done. An applicant may also file the TANF application by fax or other electronic means to the extent that the local agency can receive such a filing. In these situations the applicant must be advised that an interview with an eligibility worker is required in order to complete the processing of the application. This interview must be scheduled at the earliest date convenient to the applicant and may be conducted either in the local department, in the applicant’s home, or by telephone. Any individual may request an interview on someone else’s behalf. If an individual requests an application on someone else’s behalf, the local department must provide an application to the individual or mail the application directly to the person on whose behalf the application has been requested.

C. Definition of Applicant - In TANF, the applicant is the parent or relative with whom the child is living who has, either directly or through an authorized representative, made application for assistance and whose eligibility has not been determined. An authorized representative must be at least 18 years of age and must have sufficient knowledge of the applicant’s circumstances to provide the necessary information. The authorized representative is usually a spouse, a guardian, or another relative who is able to provide the essential information. If there is doubt about whether an individual has been authorized to act on behalf of the applicant, the applicant must be contacted to verify that she/he wishes the other person to act for her/him and a signed statement must be obtained from the applicant and filed in the case record.

* 7 CFR 273.2(j)
assistance unit reports additional changes after filing the Interim Report.

1. Exemption from Filing

   a. All adult members of the assistance unit are elderly (60 years of age or older);

   b. All adult members of the assistance unit are disabled as evidenced by receipt of income payments, such as SSI or Social Security Disability payments. Refer to the Definitions Section of the SNAP Manual for a complete list of persons considered disabled for purposes of interim reporting;

   c. 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

   d. 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.

   e. All payee cases where the payee is a relative other than a parent or is a parent receiving SSI.

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.
2. Agency Responsibilities

The local agency must:

a. Access all available systems (i.e. the State Verification and Exchange System (SVES); SPIDeR which includes Division of Child Support Enforcement (DCSE) records, the Virginia Employment Commission (VEC), the Work Number (TALX) etc. Note: The Work Number (either through SPIDeR or the fax service) should only be used when you do not have information to verify employment and cannot obtain the information through other means. Additionally, the worker should remember that the fax service is free and can be used for an unlimited number of searches. The service provided thru SPIDeR is not free and the State is only allowed a limited number of searches each month.

b. Document the results of the systems inquiries in the comment box on the AEAUTA screen. If the agency has opted to continue to maintain paper documentation in addition to electronic documentation, the EW should document the results of the system inquiry on an approved form (i.e. the Evaluation of Eligibility (032-03-0823), the ADAPT Verification Form (032-03-0366), etc.) upon receiving the Interim Report from the client.

c. Contact the client if information on the Interim Report is contradictory to the information found within the system checks, and document the record to reflect the client’s statement.

J. Interim Report Evaluation - The agency must assess Interim Report forms received from assistance units for completeness, accompanied verifications, and reported changes.

1. Interim Report Returned Timely - If the assistance unit returns the Interim Report timely and there are no changes in circumstances, the EW must rescind the suspension and reinstate the case in ADAPT. If there is a change in eligibility or grant amount as a result of information received on the Interim Report, the grant must be revised and an adequate notice sent.

2. Interim Report Not Returned Timely - If the returned Interim Report is incomplete or lacks required verifications of reported changes, the agency must send the Interim Report Form - Request for Action (032-03-649), and the original Interim Report to the assistance unit. The unit will have 10 days to supply information, verification, or to complete the form. The agency must photocopy the incomplete Interim Report before sending the form back to the assistance unit.
The agency must consider the report incomplete if:

- The form is not signed by an individual listed in Section 401.3.I.1;
- The unit fails to submit verification of changed income, residency, or assistance unit members;
- The unit fails to provide information needed to determine eligibility or benefit level; or
- The unit failed to address all questions.

The EW must use reasonable judgment to determine if the Interim Report is incomplete. For example, if the assistance unit marks “No Change” on the form for income but supplies new pay stubs, the report should not be considered incomplete.

If a completed Interim Report and required verification are returned within the 10-day time frame, the EW must make adjustments, as needed, to reflect information from the Interim Report in eligibility or benefit amount effective the seventh month. The EW must notify the assistance unit of the benefit calculation based on the Interim Report for the second half of the renewal period and act to reinstate the case in ADAPT after the evaluation of the Interim Report. The agency must provide an adequate notice to notify the assistance unit of the benefit calculation.

3. Interim Report Not Returned or Returned Incomplete - If the assistance unit fails to return the Interim Report or fails to provide needed verifications, ADAPT will automatically close the case at the end of the seventh month if the EW has taken no other action on the case. In order for the automatic closure to occur, the EW must leave the case suspended for the seventh month. The agency does not need to send either an advance or an adequate notice when the assistance unit fails to submit a completed Interim Report or fails to take required actions or to supply requested verifications.

Automatic Closure Example:
A TANF case is approved and assigned a certification period of December 2004 through November 2005. An Interim Report is mailed on or about the 20th of April. ADAPT will:

a. Suspend the TANF payment effective June 1st
b. Close the case effective June 30th, if the worker does not update the system based on information received on the Interim Report.

4. Verification Requirements - In order to determine eligibility for the second half of the renewal period, the assistance unit must supply verification of eligibility factors. The unit must provide the following:

a. Proof of changed earned or unearned income amounts or source;

b. Proof of a change in the assistance unit members; and
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 requests termination of assistance in writing. Such request is made by written statement, 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.*

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

9. When the customer provides a signed, written statement:
   a) providing information which requires termination or reduction of assistance; and
   b) indicating that the customer understands that action to reduce or terminate assistance must be taken in response to the information provided.*

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. Neither an advance notice nor an adequate notice is necessary when 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 and another Interim Report or the original incomplete form.

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.
s. Upon receipt of a notarized acknowledgement of paternity form, notify the applicant/recipient that paternity has been established.

t. The applicant/recipient must be advised that if any individual who is included in the A.U. does not have a SSN it must be provided or proof of application must be provided.

u. The applicant/recipient must be advised that when current support, greater than $100, is being collected by the Division of Child Support Enforcement, the TANF recipient may receive a TANF Match Payment per Section 304.4.

v. Provisions regarding continuation of DCSE services following the termination of assistance.

w. The provisions described in Section 401.1.A. regarding the single interview and joint application process for TANF and SNAP must be explained to the applicant/recipient.

x. Provisions for transitional child care benefits per Section 401.7.

y. In situations where the assistance unit is homeless, the worker must explain the need for the caretaker to keep in contact with the local agency and/or frequently check the mutually agreed upon destination where correspondence and checks will be mailed. The case record must be documented to reflect where the unit wants to receive notices and checks.

z. Provisions of the family cap policy per Section 201.12.

aa. 60-month limit on receipt of TANF provision.

bb. The applicant/recipient's right to voter registration services in accordance with the National Voter Registration Act of 1993. Refer to Appendix II of Chapter 400 for applicable policy.

cc. Information on the right to disclose a disability to the agency, and the benefits of doing so by providing the form, “Do you have a disability? (032-03-670).

dd. The fact that applicants and recipients with disabilities are entitled to reasonable accommodations in all aspects of the TANF program, including:

1. Help filling out the application, gathering documents and verifying information establishing eligibility for benefits;

2. Modifications to program requirements if necessary;
See SNAP Manual, Volume V, Part XIX Appendix I, for a list of Virginia Legal Aid Projects with addresses, phone numbers, and areas served.
The National Voter Registration Act of 1993 (NVRA) requires local social services agencies to offer each customer of TANF, SNAP and Medicaid an opportunity to apply to register to vote at initial application, Interim Review and Renewal of eligibility. Additionally, voter registration application services must be provided any time a change of address is reported to the local agency in person. **If the change of address is not made in person, the Voter Registration Agency Certification (SBE 032-03-945 07/09), and a voter registration form [http://spark.dss.virginia.gov/divisions/bp/voter.cgi](http://spark.dss.virginia.gov/divisions/bp/voter.cgi), must be mailed to the client’s new address.** The worker must document the case record indicating the forms have been sent. In complying with the requirements of the NVRA, local agency staff must provide each applicant and recipient the same degree of assistance in completing their voter registration application as they do in completing the application for public assistance. **Local staff must be trained annually for the NVRA.** The training module is located in the Knowledge Center [http://spark.dss.virginia.gov/divisions/bp/voter.cgi](http://spark.dss.virginia.gov/divisions/bp/voter.cgi).

I. **Prohibitions** - Local social services agencies and agency staff are prohibited from the following activities when providing voter registration application services:

A. seeking to influence a customer's political preference;

B. displaying any political preference or party affiliation;

C. making any statement to the customer or taking any action the purpose or effect of which is to discourage the individual from applying to register to vote; or

D. making any statement to a customer or taking any action the purpose of which is to lead the individual to believe that a decision to register or not register has any impact on the individual's eligibility for assistance or the benefit level that they may be entitled to receive.

II. **Voter Registration Services** - Each local social services agency must provide the following services:

A. distribution of voter registration application forms;

B. assistance to customers in completing the registration application form, unless such assistance is refused, and ensuring that all spaces on the form are completed;

C. insuring that the certification statement on the application for benefits or statement of facts is completed; and
D. acceptance of voter registration application forms.

The only exception to offering voter registration application services is when the customer has previously indicated that they are currently registered to vote where they live, there is a completed agency certification form, application for benefits, or statement of facts in the customer's case record indicating the same, and the customer has not moved from the address where they stated that they were registered to vote.

III. NVRA Coordinator - is the designated contact for the local agency for NVRA purposes. Each agency must have a NVRA Coordinator. If the local agency needs to report a change in the NVRA Coordinator, email the new name, title, agency name, and telephone number to maryellen.ohare@dss.virginia.gov.

A. After the client completes the voter registration form, the form is to be given to the NVRA Coordinator.

B. The NVRA Coordinator must submit each completed registration application to the registrar every Friday (if Friday is a holiday, the forms must be forwarded to the local registrar on the last working day before Friday.) Completed forms are to be forwarded to the local registrar in an envelope, notated with an "A" in the upper left-hand corner and listing the number of completed registration applications included in the envelope.

1. For split/combined agencies, all voter registration applications are to be transmitted to the general registrar in the locality where the local social services agency is located.

2. If the individual chooses, he/she may take a voter registration application to be mailed to the State Board of Elections at his/her own cost.

C. Maintain a list of local staff completing NVRA training and submit it to the Assistant Director of Benefit Programs in Home Office.

D. Maintain an adequate supply of voter registration applications and related materials, including agency training manuals/references, display boxes, agency transmittal envelopes, and posters. A complete list of voter registration materials is available through the State Board of Elections. They may be ordered by U.S. mail or electronically.

Mr. Garry Ellis, NVRA/Voter Registration Coordinator
State Board of Elections
Washington Building
1100 Bank Street
Richmond, VA 23219
e-mail Address: garry.ellis@sbe.virginia.gov.
E. Ensure that a sign or poster is posted in a visible location in the office notifying clients that the office provides voter registration services. Posters are found at http://spark.dss.virginia.gov/divisions/bp/voter.cgi. You may print copies of the posters to display or order posters from the State Board of Elections.

IV. Voter Registration Forms

A. Voter Registration Application - in Virginia, one voter registration application form will be used to serve a twofold purpose:

1. The voter registration application will be completed by the customer with necessary assistance from local agency staff during the application/review process and left at the local agency for transmittal to the local general registrar; or

2. For customers who do not wish to complete the voter registration during the application process, they may take a voter registration form for mail-in registration.

V. Individuals Required to be Offered Registration Services - In order to be offered voter registration services, an individual must:

A. Be a member of the TANF assistance unit/SNAP household/Medicaid family unit.

B. Be at least 18 years old by the next general election. General elections are held in all localities on the Tuesday after the first Monday in November or on the first Tuesday in May to fill offices regularly scheduled by law to be filled at those times. If any question arises as to whether the individual will turn 18 before the next general election, complete the registration application and the local registrar will determine if the individual may be registered.

C. Be present in the office at the time of the application/review interview or when a change of address is reported (if a change of address is not reported in person, a registration application will be sent to the individual upon request for mail-in purposes.) Any change in household/assistance unit/Medicaid family unit composition that does not occur concurrent with an application/review or change of address will be handled at the next scheduled review.

Any individual accompanying the customer to the local agency who is not a member of the assistance unit/household (including payees and authorized representatives) will not be offered voter registration services by the local agency; however, a registration application is to be provided to the non-unit member upon request for mail-in purposes.
Any request for a mail-in application for assistance must include a mail-
in voter registration application. When an authorized representative is
applying on another individual's behalf, the local agency is to offer a
mail-in application. In both situations, the bottom of the certification
form is to be completed accordingly.

VI. Voter Registration Application Sites - Local social services agencies are
required to offer voter registration application services at each local
office (including satellite offices) for applicants/recipients of TANF,
SNAP, and Medicaid assistance. Voter registration application services
are to be offered by out stationed staff taking Medicaid applications at
hospitals/local health departments or by Medicaid staff at the state's
Mental Health, Mental Retardation, and Substance Abuse facilities.

VII. Reporting

A. Local agencies must report monthly, on SPARK
   http://spark.dss.virginia.gov/divisions/bp/voter.cgi, the number of
   voter registration applications submitted to their local registrar.

B. Reports must be submitted electronically by the 15th of each
   month for registrations submitted the preceding month.

It is important that workers submit all voter registration applications to
the agency coordinator as soon as possible after completion by the client.

VIII. Restoration of Rights - For individuals who have lost the right to vote,
local agencies may obtain information for restoration of voting
rights through flyers published by the American Civil Liberties Union
(ACLU) of Virginia, 530 East Main Street, Suite 310, Richmond, Va 23219,
(804) 644-8080. The local agency should distribute these flyers to
individuals who indicate they are declining to register to vote because
they have lost the right to vote.
B. Transferring Agency Responsibility

The transferring agency must complete a desk review to assure the correctness of the next payment as the transferring locality is responsible for the accuracy of this payment. The desk review entails reflecting all changes known or reported prior to the recipient's move which affect eligibility or payment and any changes occurring as a result of the recipient's move. As part of the review, the EW will verify the accuracy of the VIEW 24 month clock and the Federal 60 month clock and correct the clocks if they are inaccurate. The desk review also entails making sure that any other follow-up or special reviews have been completed. If the case is overdue for review, the transferring locality does not have to complete a renewal prior to transferring the case.

Local social services agencies may not transfer TANF cases in the following instances:

- The case has a suspension status due to Interim Reporting.
- The case has a suspension status due to temporary ineligibility for any reason (one month).
- The case has a suspension status because net support is greater than the current TANF benefit.
- The TANF application is pending. The original agency must process the application. The agency must secure sufficient information to process the application unless the applicant elects to withdraw the application.

Cases that have been sanctioned for non-compliance with a VIEW requirement must be transferred.

The transferring agency must send the recipient a Notice of Transfer providing notice that their case has been transferred and listing the name, address, and telephone number for the receiving agency. If any changes during the desk review result in ineligibility or a decrease in the grant, procedures with respect to the Advance Notice of Proposed Action (032-03-018) are applicable.

The transferring locality will specify on the Case Record Transfer Form that the month following the month in which they send the form and case record to the new locality is the last month for which they will make payment. If the TANF case was receiving SNAP benefits, the transferring locality must note the impact of the transfer on the SNAP case on the Case Record Transfer form. If the case is open to services, the transferring locality will immediately notify the service worker of the client's move and new address, and upon completion of the Case Record Transfer Form, will forward a copy to the service worker. Verification on changes which could not be made for the next payment, due to the advance notice requirements, will be included in the case record and will also be specifically noted on the Case Record Transfer Form under additional remarks. The receiving locality will take the necessary action to make the change(s) and send the Advance Notice of Proposed Action immediately.
The Regional Hearings Officer will send the receiving locality a copy of the appeal validation and notify them as to the original amount of assistance which must be restored. If the case continues to be eligible, the receiving locality will be responsible for recouping any overpayments. If the case is found to be ineligible, the transferring locality will be responsible for recovering any overpayments.

3. If an appeal is filed due to a decrease resulting from adjustments in the standards of assistance, the hearing will be ALLOWED.

F. MEDICAID COVERAGE

To assure continued Medicaid coverage the transferring locality must immediately change the mailing address in the Medicaid computer as soon as the change is reported. The current city/county code is to be changed simultaneously with the forwarding of the case record and the REQUEST FOR TRANSFER ACCEPTANCE to the receiving locality.

G. SITUATIONS AFFECTING THE TRANSFER PROCESS

1. **Subsequent Moves During the Transfer Process** - If the recipient moves to a third locality before the receiving locality can complete their redetermination, the redetermination does not have to be completed. The procedures outlined earlier in this section will be followed to effect this subsequent transfer.

2. **Reapplications in Another Agency After Case Closings** - If a former recipient of TANF reapplies in another locality, that locality may request the case record from the former locality. The former locality must comply with this request and forward the case record to the requesting locality within five working days of receipt of the request. The former locality should retain the financial and statistical forms.

3. **Applicant Moving to Another Locality within the State** - In the event an applicant moves to another locality, with the intent to remain there, prior to completion of the initial determination of eligibility, the agency must process the application. If eligibility exists, the case must be transferred following policy under Transferring Agency Responsibilities (502.6.B.). If the application is denied, the agency will notify the applicant using the Notice of Action.

Note: There are no provisions for interstate transfer of cases. If a recipient moves to another state, assistance must be terminated and timely notice sent advising the recipient of the case action.
b. that he consented to or acknowledged, by a general course of conduct, the common use of his surname by the child;

c. that he claimed the child as his child on any statement, tax return or other document filed by him with any local, state or federal government or any agency thereof;

d. results of medically reliable genetic blood grouping tests;

e. medical or anthropological evidence relating to the alleged parentage of the child based on tests performed by experts;

f. a true copy of an acknowledgement of paternity made on the Acknowledgement of Paternity (Form 032-11-VS22);

g. an admission by a male between the ages of fourteen and eighteen, provided a court has entered an order establishing paternity of a child based on his admission of paternity under oath or upon such other evidence as may be sufficient to support a finding of paternity.
In all instances where support must be redirected to the State, it is essential that the worker make it clear to the applicant/recipient what is required and provide all information necessary to assist the individual in redirecting these payments. See Appendix I and Appendix III at the end of this chapter. The worker must also confirm the fact that the recipient is cooperating in redirection by reviewing the notification report.

602.4 SUPPORT FROM RESPONSIBLE PERSONS IN THE HOME

A. Support from Parents - In situations in which a caretaker is in the home, but not in the assistance unit (including a minor caretaker excluded because she is not in compliance with compulsory school attendance requirements, or excluded for any other reason listed at 302.7D), all income of the individual will be considered as income available to the assistance unit in accordance with Section 305.4.E.1.d.

B. Support from Stepparents - A stepparent, living in the home, married to the parent of the TANF child(ren), is responsible for support of his/her spouse and the eligible child(ren) of the spouse. The actual amount, if any, of support provided by the stepparent, will be the amount established in accordance with Section 305.4.F.

Note: If the parent of the TANF children is deceased, or not living in the home due to separation or divorce, the income of the stepparent will not be deemed to the children. See 305.4F(1).

A stepparent who is not living in the same home with the spouse who is the natural or adoptive parent of the TANF children is not responsible for support of the children. The stepparent remains legally responsible for the support of his/her spouse. Spousal support, if any, paid by the stepparent living away from the home to the spouse, will be counted as income.
EXAMPLES:

#1
TANF case is suspended effective July 1, Interim Report not returned to agency. A completed Interim Report is received July 12th. The AU has zero countable income.

Eligibility worker is reinstating the grant on July 14th
APEC shows a total of $189 has been sent to the client.

<table>
<thead>
<tr>
<th>Grant amount</th>
<th>$320.00</th>
<th>Mailed support</th>
<th>$189.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disregard amount</td>
<td>-100.00</td>
<td></td>
<td>$ 89.00</td>
</tr>
</tbody>
</table>

Grant amount $320 - $89 = $231 TANF supplement for July

Another payment in the amount of $102 is made to DCSE on July 23rd and mailed to the client on July 27th. The support payment mailed to the client will not cause an overpayment.

Because support for the month of July was sent from DCSE to the TANF recipient, the TANF recipient will not receive a TANF Match Payment in September.

#2
The ‘TANF Cases, Current Collected Support, and Expected TMP’ report in June shows case with a ‘SU 013’, suspended due to excess support. The net support is $519, the monthly TANF payment is $320. One asterisk displays in the column ‘Net Support’.

ADAPT has suspended this case effective July 1st.

ADAPT will send a ‘trigger’ to DCSE at the end of June.

DCSE will change this case to Non-TANF for the beginning of July.

All current support paid to DCSE from the non-custodial parent(s) in the month of July will be sent to the TANF recipient.

★This case must not be reinstated.

Because support for the month of July was sent from DCSE to the TANF recipient, the TANF recipient will not receive a TANF Match Payment in September.

#3
The ‘TANF Cases, Current Collected Support, and Expected TMP’ report in June shows TANF cases with a ‘SU 010’, VIEW Sanction; 1st Sanction. The net support for May is $466 with a monthly TANF payment of $451. One asterisk displays in the column ‘Net Support’.
801.1 PURPOSE

The diversionary assistance program was established by HB 2001, passed by the 1995 General Assembly. Authorized by Section 63.2-617 of the Code of Virginia, this program is intended to prevent potential TANF recipients from becoming ongoing TANF recipients. If immediate intervention with short-term aid will resolve a one-time emergency or crisis situation and prevent the need for ongoing TANF, the assistance unit may be granted diversionary assistance.

It is anticipated that the applicant’s emergency or crisis situation will be related to basic needs such as food, shelter, medical expenses, child care expenses or the costs associated with getting or keeping employment, including transportation costs. Local agencies shall strive to provide the most cost effective, appropriate solution to the one-time crisis or emergency situation. (This may include referrals to other community organizations for assistance when the receipt of diversionary assistance will not resolve the situation.)

801.2 SCREENING

The worker must explain the diversionary assistance program to all TANF applicants. The worker must screen all TANF applicants for eligibility for diversionary assistance at the time of application. The applicant will declare if she has a one-time emergency or crisis situation. The worker will determine whether diversionary assistance can resolve it.

801.3 VOLUNTARY

The eligibility worker and the applicant must discuss the appropriateness of diversionary assistance to the applicant's situation. If the applicant meets the eligibility factors for diversionary assistance, he may decide whether or not to receive diversionary assistance rather than TANF. Receipt of diversionary assistance is voluntary and in every case requires the written consent of the applicant. A signed Acceptance of Terms of Issuance of Diversionary Assistance will serve as written consent. All applicants for diversionary assistance must first sign the Acceptance of Terms before the application can be approved.

801.4 ELIGIBILITY DETERMINATION PERIOD

Local social services agencies must determine eligibility for diversionary assistance within five working days of the receipt of the final verification that substantiates eligibility, or within 30 calendar days following the date of receipt of the signed application, whichever occurs first. If the applicant fails to provide all needed verifications and/or sign the Acceptance of Terms by the 30th calendar day after application, the application will be denied. (Note: When the 30th calendar day falls on a weekend or holiday, the worker must provide a decision on the application on the last working day prior to the 30th day.) The applicant may file a new application for TANF or diversionary assistance at a future date.
801.5 ELIGIBILITY FACTORS

Only applicants may be approved for diversionary assistance. Current recipients of TANF are not eligible. Additionally, a recipient who chose to receive TANF at the time of application may not close her TANF case after approval and become eligible for diversionary assistance based on her circumstances at the time the TANF application was approved. Example: client applies for TANF on March 15 due to her spouse’s incarceration (his wages were the only income for the household); she chooses to receive TANF assistance and is approved for March; on April 18, client requests her TANF case be closed; on May 1, client reapplies for assistance and requests diversionary assistance based on the loss of income when her husband became incarcerated in March; the client is not eligible for diversionary assistance.

Receipt of diversionary assistance will not count toward either the 24 or 60-month limit on the receipt of TANF. However, an assistance unit that is in a period of ineligibility for TANF due to either the 24 or 60-month limit on the receipt of TANF will also be ineligible for diversionary assistance. The applicant must verify all of the following factors and the worker must document the case record accordingly before an assistance unit can receive diversionary assistance:

A. The assistance unit is eligible to receive TANF. A child is eligible for TANF by meeting the TANF requirements in Section 201.1 A (categorical requirements of age, relationship/living arrangements, residency, citizenship/alien status, and financial need).

The conditions of eligibility in 201.1 B do not have to be met (provision of a social security number, compliance with the school attendance requirement, participation in VIEW, and cooperation with DCSE) to be eligible for diversionary assistance.

The caretaker shall be eligible for TANF unless one of the exceptions specified in 302.7 D or E is applicable. The caretaker does not have to meet the conditions of eligibility (including VIEW participation and cooperation with DCSE). However, if the caretaker is under a VIEW sanction or the TANF case was previously closed due to DCSE noncooperation, the entire assistance unit is ineligible for diversionary assistance. Note: Case closure due to failure to sign the Agreement of Personal Responsibility (APR) is not a VIEW sanction. Therefore, a diversionary assistance case may be approved after a TANF case was closed for failure to sign the APR.

The “Do You Have a Disability?” form (032-03-0670) must be completed for a Diversionary Assistance application. The Notice of Personal Responsibility for the TANF Program (032-03-0750), the Notice of Cooperation and Good Cause (032-03-0036), and the Notice of Intentional Program Violations and Penalties (032-03-0646) forms are not required for a Diversionary Assistance application.

B. The assistance unit meets TANF income limits based on Diversionary Assistance guidelines for the treatment of terminated and anticipated income at 801.6;
C. The assistance unit has:
   • experienced a loss of income in the six months prior to the date of application which has resulted in the current emergency, or
   • experienced a reduction in income in the six months prior to the date of application which has resulted in the current emergency, or
   • a delay in starting to receive income resulting in the current emergency. (The income must be scheduled to start within 60 days following the date of application.)

The loss of, or reduction in, TANF or Refugee Cash Assistance benefits will not be considered as meeting this requirement. Additionally, the worker must have verification of the loss of income, reduction in income, or the anticipated start date of new income.

D. The worker determines that diversionary assistance will resolve the one-time emergency or crisis situation; and

E. The emergency or crisis situation does not result from debts owed as a result of receipt of TANF assistance in any state (including Virginia). This will include all previous TANF overpayments, overpayments for services, and debts incurred for child support. Note: Diversionary Assistance funds cannot be used to pay for debts owed as a result of the receipt of TANF assistance in any state.

801.6 DETERMINING THE AMOUNT OF THE PAYMENT

The exact amount of the diversionary assistance payment will be the maximum TANF amount for four months or the amount of the applicant’s needs, whichever is less. The payment cannot exceed the total TANF payments that the recipient would otherwise be eligible to receive in four months. The diversionary assistance payment for applicants reapplying for TANF with four or less months remaining on the VIEW clock or the TANF 60 month clock will be calculated following the same guidelines as for other applicants.

In determining the applicant’s need for assistance, consider the applicant’s immediate ongoing income only. Do not include terminated income or anticipated income in determining the applicant’s need. Do not enter terminated or anticipated income in ADAPT. Follow these steps to determine the amount of the diversionary assistance payment:

A. Calculate a maximum diversionary assistance amount - Compute the monthly grant amount for the Assistance Unit. Any ongoing income, such as social security income, will be counted. (Income from a terminated source, or income that has not started, is not considered ongoing income for diversionary assistance purposes.) Multiply the grant amount by four.

B. Determine all of the needs of the assistance unit - Document the case as to the needs covered and the verified cost of providing for
each need. The amount can cover several different needs and can include items such as, but not limited to, shelter payments, utility payments, and transportation assistance.

Choose the most cost-effective, appropriate solution to the applicant's needs. For example, if the emergency has created a need for transportation, the agency may calculate the cost of bus tickets versus the price of repairing the car.

C. Compare the amounts in A and B - The lesser amount of A and B is the amount of the diversionary assistance payment.

Example: Ms. Z applies for diversionary assistance for herself and two children. Her car broke down, and she is unable to get to work. As there is no countable income, the maximum she can receive is $1,280 ($320 x 4 = $1,280). There is no other transportation available, and Ms. Z needs her car to get to work. Ms. Z provides verification that the repairs to her car will cost $900. Since $900 is less than the maximum available DA payment amount of $1280 and Ms. Z did not report any additional needs, the worker should approve diversionary assistance of $900.

801.7 PERIOD OF INELIGIBILITY

A. If an assistance unit receives a diversionary assistance payment, it shall be ineligible for TANF for up to 160 calendar days beginning with the date that the diversionary assistance is issued. To determine the period of ineligibility follow these steps:

1. Determine the monthly amount of TANF for which the applicant is eligible. If an Intentional Program Violation (IPV) has been committed, exclude the disqualified individual’s needs from the monthly grant amount. Follow IPV procedures in Section 102.3.A. Note: To determine how many months will be counted as months of disqualification to be deducted from the individual’s IPV penalty period, divide the number of days that are covered in the payment amount (as determined in step 3 below) by 30. Round up to the next whole number.

2. Divide the amount determined in Step 1 by 30. This is the daily amount of assistance.

3. Divide the diversionary payment amount by the daily amount determined in Step 2 to determine how many days are covered in the payment amount. Round up to the next whole number.

4. Determine the number of days of ineligibility by multiplying the number of days determined in Step 3 by 1.33. Round up to the next whole number. This number cannot exceed 160 days.

5. Using the number of days determined in Step 4, determine the date that the period of ineligibility ends. Note: this date is automatically calculated by ADAPT and pre-filled on the AESANC screen.
B. The assistance unit, or any member of an assistance unit who has received diversionary assistance, cannot receive TANF until the period of ineligibility for the receipt of TANF expires. During this period of ineligibility, the case will be considered a public assistance (PA) case for SNAP purposes.

C. A child(ren) born to a client who is in a period of ineligibility for TANF due to receipt of a diversionary assistance payment is not eligible for TANF until the period of ineligibility expires.

D. An assistance unit can receive diversionary assistance only once in a twelve-month period.

801.8 VENDOR PAYMENTS

Diversionary assistance payments are to be made in the form of vendor payments whenever possible. These payments are issued as TANF supplemental checks to be sent directly to the vendor and are entered in ADAPT on the BATAASC screen. The account number, and name on the account, if different from the case name, must be entered on the “secondary line” so the payment can be correctly credited by the vendor. The client should be instructed to contact the vendor when diversionary assistance has been approved and advise the vendor to expect the check from the Virginia Department of Social Services. The EW should include a reminder about this on the Notice of Action.

Note: If the worker cannot issue a vendor payment due to systems limitations, or if a vendor payment is not appropriate based on the circumstances of the case, a payment may be made directly to the recipient. The recipient should be advised that she is expected to use the payment to pay the vendor.
DIVERSIONARY ASSISTANCE EXAMPLES

**EXAMPLE #1:**
Ms. Elliott applied for diversionary assistance on 6/1 for herself and two children. She had been working full time but was laid off on 5/24. She will receive her final paycheck on 6/4 in the amount of $403. She also has a part time job working 15 hours a week at $8.00 an hour.

Ms. Elliott is requesting assistance in paying off a $1200 medical bill. She is no longer able to make payments on it since she lost her full time job and has been threatened with court action. Her situation meets the Diversionary Assistance requirement of a crisis or emergency situation which can be solved by short-term aid.

Because the final check Ms. Elliott will receive is from a terminated source, that income will not be considered in determining her eligibility for diversionary assistance and will not be entered on the income grid. (Note: If the amount of the final paycheck is entered, it will be counted in determining eligibility even though it is from a terminated source.) Ms. Elliott has monthly income from her part time job of $516.00 ($8.00 per hour x 15 hours per week x 4.3 = $516.00). That income is ongoing and will be counted in determining DA eligibility.

Ms. Elliott’s monthly income of $516.00 is less than $596 maximum family income for a family of 3 in Group II agency and the case passes the 185% income screen. The Standard of Assistance for her family size is $320, but the case is eligible for only $20 per month based on Ms. Elliott’s income. The total diversionary assistance amount available to the family is $80. Ms. Elliott agreed that this amount would not help her situation. She needed a minimum of $600 to forestall court action. She decided to proceed with an application for TANF instead of diversionary assistance.

<table>
<thead>
<tr>
<th>Earned Income</th>
<th>$ 516.00 (ongoing income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Deduction</td>
<td>- 141.00</td>
</tr>
<tr>
<td>Sub Total</td>
<td>$ 375.00</td>
</tr>
<tr>
<td>20% Reduction</td>
<td>- 75.00</td>
</tr>
<tr>
<td>Total Grant Reduction</td>
<td>$ 300.00</td>
</tr>
<tr>
<td>Grant Amount</td>
<td>$ 20.00</td>
</tr>
<tr>
<td>Maximum DA period</td>
<td>x 4 months</td>
</tr>
<tr>
<td>Total Diversionary Allowable</td>
<td>$ 80.00</td>
</tr>
<tr>
<td>Applicant Need</td>
<td>$ 1200.00 (medical bill)</td>
</tr>
<tr>
<td>Diversionary Issued</td>
<td>None, based on client’s decision to apply for TANF</td>
</tr>
</tbody>
</table>

**EXAMPLE #2:**
Ms. Ortiz applies for diversionary assistance on 11/2 for herself and her two nieces. She works at a large retail nursery supplying herbs and produce to restaurants and grocery stores in the eastern states. The nursery closes from November 1 to February 28 each year.
Ms. Ortiz works between 25 and 40 hours a week and earns $8.00 per hour. She worked 30 hours the last week in October and will receive her final paycheck on 11/9. That paycheck, for gross income of $240.00, will be the only income, earned or unearned, that she and the children will receive for November. Ms. Ortiz states that she is optimistic that she will find a job in the next week or so, but does not have enough money to pay her November car payment of $325, her rent of $900 and her telephone bill, including arrears, of $163.

The household’s income of $240.00 is less than the $596 maximum family income for a family of 3 and the case passes the 185% screen.

Ms. Ortiz’s situation meets the Diversionary Assistance requirement of a crisis situation which can be solved by short-term aid, and she meets TANF income and other eligibility criteria.

While Ms. Ortiz has $240.00 in earned income for November, the income is not counted in determining the amount of assistance since it is from a terminated source. The income is not entered on the income grid. Her needs total $1388 which exceeds the maximum diversionary assistance payment of $1280. The diversionary assistance granted is the maximum payment of $1280. Ms. Ortiz’s sister agrees to give her $108 to combine with the maximum diversionary amount so that the crisis situation can be resolved.

The household has no countable income.

<table>
<thead>
<tr>
<th>Grant Amount</th>
<th>$320.00 (Group II, SOA for 3 = $320)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum DA period</td>
<td>x 4 months</td>
</tr>
<tr>
<td>Total Diversionary Allowable</td>
<td>$1280.00</td>
</tr>
<tr>
<td>Applicant Need</td>
<td>$1388.00 ($325.00 car pmt + $900.00 rent + $163.00 telephone bill)</td>
</tr>
<tr>
<td>Diversionary Issued</td>
<td>$1280.00</td>
</tr>
</tbody>
</table>

**EXAMPLE #3:**

Mr. and Mrs. Carter apply for diversionary assistance on 7/25 for themselves and their three young children. Mr. Carter’s employer, a small manufacturer supplying the automobile industry, closed abruptly on 3/20. The employees were given no notice and no severance pay. Mr. Carter received his last paycheck, which included his wages through the day the plant closed, in the mail the next week. Since then, the family has survived with the help of family and friends, and a hardship withdrawal of $12,000 from his small 401k. The balance in the 401k is now $2,000 and Mr. Carter is hesitant to use it since the family will then be destitute. The family is requesting help with August rent and utilities.

Since the Mr. Carter’s employment income from March is from a terminated source and since the loss of income occurred within the six month preceding the application date, it is not considered in determining eligibility for Diversionary Assistance and is not entered on the income grid. The family has no other income and the case passes the 185% screen.
The Carter family’s need for rental and utility assistance meets the Diversionary Assistance requirement of a crisis or emergency situation which can be solved by short-term aid. However, the family did not have copies of the children’s birth certificates at the time of application so the agency was unable to immediately establish relationship and approve the DA application.

Mr. Carter returned to the agency on 8/11 with the children’s birth certificates and the agency was able to establish relationship. Mr. Carter told the agency at that time that his wife had begun caring for a neighbor’s child after school and would be making $50 a week through the end of the school year. She was paid $50 for one week of work on 8/9.

Since the agency had not yet approved the DA application, and since Mrs. Carter has received income which will be ongoing, the agency must re-determine the family’s eligibility for assistance.

Mrs. Carter’s monthly income of $215 is less than the $1003 maximum family income for a family of 5 and the case passes the 185% income screen. The standard of assistance for a family of 5 in a Group III locality is $537.00. After the earned income disregards are applied to Mrs. Carter’s income, the grant amount is reduced to $508.00. The maximum diversionary assistance payment is determined by multiplying the grant amount by 4, the number of assistance payments the family could receive in a 4 month period. The actual diversionary payment is the maximum amount, or the eligible needs of the applicant, whichever is less.

<table>
<thead>
<tr>
<th>Earned Income</th>
<th>$ 215.00 (ongoing income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Deduction for 5</td>
<td>-  179.00</td>
</tr>
<tr>
<td>Sub Total</td>
<td>$  36.00</td>
</tr>
<tr>
<td>20% Reduction</td>
<td>-  7.20</td>
</tr>
<tr>
<td>Total Grant Reduction</td>
<td>$  28.80</td>
</tr>
<tr>
<td>Grant Amount</td>
<td>$  508.00</td>
</tr>
<tr>
<td>(Group III, SOA for 5 = $537; $537 – $28.80 = $508.20)</td>
<td></td>
</tr>
<tr>
<td>Maximum DA period</td>
<td>x  4 months</td>
</tr>
<tr>
<td>Total Diversionary Allowable</td>
<td>$ 2032.00</td>
</tr>
<tr>
<td>Applicant Need</td>
<td>$ 1225.00 ($875.00 rent + $350 utilities)</td>
</tr>
<tr>
<td>Diversionary Issued</td>
<td>$ 1225.00</td>
</tr>
</tbody>
</table>

**EXAMPLE #4:**
Mr. Lawrence, a former VIEW participant with 22 months on the 24-month VIEW clock, applied for diversionary assistance on 3/28 for himself and one child. He had not been working steadily for some time but found what he believes to be secure employment one week before he applied for assistance. He makes $12 an hour and will receive his first paycheck in two weeks. He has been living with friends, but has been asked to leave now that he has income. He has located an apartment but needs help in paying the rent and security deposit of $575 each. His situation meets the Diversionary Assistance requirement of a crisis or emergency situation which can be solved by short-term aid.
Because Mr. Lawrence’s income has not yet started, the income will not be considered in determining his eligibility for diversionary assistance. The delay in the receipt of income will meet the Diversionary Assistance policy requirement. His anticipated income will not be entered on the income grid.

The Standard of Assistance for a family of two in a Group III agency is $323. The maximum diversionary assistance payment is $1292. (Note: The number of months used to calculate the maximum diversionary assistance amount is always 4 without regard to the number of months on the VIEW clock or 60-month clock at application).

Grant Amount $ 323.00 (Group III, SOA for 2)
Maximum DA period X 4 months
Total Diversionary Allowable $ 1292.00

Applicant Need $ 1150.00 ($575.00 rent + $575.00 security deposit)
Diversionary Issued $ 1150.00

**Example #5:**
Ms. Clark applied for Diversionary Assistance on 8/15 after her boyfriend, Mr. Lawrence, moved out earlier in the month. They had lived together for four years and he is the father of her two children. He had been the sole support of the family. Ms. Clark has an AS degree in Business but has not worked since her youngest child was born two years ago.

Mr. Lawrence did not pay the $827 mortgage on their home which was due 8/1, the telephone and electric bills which total $125, or make the $235 car payment on Ms. Clark’s car. Ms. Clark began looking for employment as soon as she realized that Mr. Lawrence had left permanently and has found full time employment at $11.20 an hour beginning 8/20. Her first paycheck for one week’s pay will be received on 9/3.

Because Ms. Clark has found employment and will be able to support her family in the future, the loss of income (from Mr. Lawrence) can be considered a temporary loss as required by Diversionary Assistance policy. She meets the other criteria for Diversionary Assistance.

Grant Amount $ 389.00 (Group III, SOA for 3)
Maximum DA period X 4 months
Total Diversionary Allowable $ 1167.00
Applicant Need $ 1187.00 ($125.00 utilities + $235.00 car pmt + $827.00 mortgage)
Diversionary Issued $ 1187.00

**EXAMPLE #6:**
Mrs. Noel applied for diversionary assistance on 12/3 for herself and four children. She has been employed by the same company for three years, working 30 hours per week, but has just received notification that all employees
would be cut back to 18 hours per week at least until February. The employer hopes to return all employees to their regular hours and pay at that time. Mrs. Noel makes $8.00 an hour and received her last full pay check on 11/28 in the amount of $240.00.

Ms. Noel is concerned that she will be unable to make her mortgage payments for December and January, and possibly February, and still keep up with her other bills. Ms. Noel has been purchasing her Habitat for Humanity Home for three years. Her mortgage payment of $483 per month is due on the 15th.

Mrs. Noel’s income for December will be $619.20 ($8.00 per hour x 18 hours per week x 4.3 = $619.20) which is less than the $781 maximum family income for a family of 5 in a Group I agency. The case passes the 185% income screen.

Her situation meets the Diversionary Assistance requirement of a crisis or emergency situation which can be solved by short-term aid, and she meets TANF income and other eligibility criteria.

The standard of assistance for a family of 5 in a Group I locality is $418 but the case is eligible for only $65.00 per month based on Mrs. Noel’s income. The total diversionary assistance amount available to the family is $260. Mrs. Noel decided to rely on her family for help with her mortgage for December and January. The $260 will not really help her with her mortgage payments, and she does not want to jeopardize her TANF eligibility in case her employer has to lay off employees in the future.

<table>
<thead>
<tr>
<th>Earned Income</th>
<th>$619.20 (ongoing income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Deduction for 5</td>
<td>-179.00</td>
</tr>
<tr>
<td>Sub Total</td>
<td>$440.20</td>
</tr>
<tr>
<td>20% Reduction</td>
<td>-88.04</td>
</tr>
<tr>
<td>Total Grant Reduction</td>
<td>$352.16</td>
</tr>
</tbody>
</table>

Grant Amount

| Grant Amount | $65.00 (Group I, SOA for 5 = $418; $418 - $352.16 = $65.84) |

Maximum DA period

| Total Diversionary Allowable | $260.00 |

Applicant Need

| Applicant Need | $483.00 (mortgage) |

Diversionary Issued

| Diversionary Issued | None, based on client’s decision. |
The Virginia Initiative for Employment not Welfare Program (VIEW) is a program of employment opportunities to assist individuals in attaining the goal of self-sufficiency.*

The program goals are to offer Virginians living in poverty the opportunity:

- To achieve economic independence by removing barriers and disincentives to work and by providing positive incentives to work;
- To provide work skills necessary for self-sufficiency;
- To allow families living in poverty to contribute materially to their own self-sufficiency;
- To set out the responsibilities of and expectations for recipients of public assistance;
- To obtain work experience through the Virginia Initiative for Employment Not Welfare (VIEW).

NOTE: All policy in this manual also applies to VIEW participants except for the specific differences indicated below.

901.1 PARTICIPATION - As a condition of eligibility, each recipient of TANF and TANF-UP must participate, as required in VIEW, unless otherwise exempt.

The eligibility worker in the local agency must determine which applicants and recipients are not required (exempt) to participate and which are required to participate (non-exempt). The eligibility worker will refer to the VIEW Program a non-exempt individual at the time of application approval or when an individual's VIEW status changes. Any previous or existing registrations or participation under another category of assistance no longer apply.

NOTE: JOINT TANF AND SNAP APPLICATIONS: In situations requiring joint processing of TANF and SNAP applications, the work registration form or affidavit, whichever is appropriate, is to be used for SNAP purposes in the event that the TANF application is denied. (Refer to Volume V, Part VIII, A. of the SNAP Manual).

901.2 EXEMPTION CRITERIA - An applicant/recipient of TANF or TANF-UP must participate in the VIEW Program unless the individual meets one of the following exemption criteria:

A. Any child, (including minor caretakers) coded as PC. Use Exemption Code V3 - EXEMPT, Age 17 and under, on the ESP/VIEW/FSET (AEGNFS) screen.

B. Individuals at least 18, but no more than 19 years of age, coded as a PC who are enrolled full-time in elementary or secondary school, including vocational or technical school programs. The vocational or technical school must be equivalent to secondary school. For these individuals, use Exemption Code V4 - EXEMPT, 18 to 19 enrolled in school full time, on the ESP/VIEW/FSET (AEGNFS) screen. At no time is the V4 Exemption Code to be used for an individual coded PR on the case.

* Code of Virginia, Section 63.2-609

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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 032-03-0653-eng) 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. If the duration indicated for the condition is more than 12 months, or if the disability is identified as permanent, a new medical must be obtained every 90 days. (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 individual must have caretaking needs that prevent the individual 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. The EW must answer “Y” to Disabled on AEDEM4 and complete the AEIDIS screen. For these individuals, 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, 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 90 days. 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 who are exempt from VIEW may volunteer to participate in VIEW. Recipients of SSI benefits, convicted offenders serving sentences while still living in the home, 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.

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 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.

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.
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. Non-parent caretakers who have been removed from the TANF grant for failing to participate in VIEW, must again be referred to VIEW, unless otherwise exempt, if the original case closes and the household reapply for TANF.

901.3 RESPONSIBILITIES OF THE ELIGIBILITY WORKER - Regarding VIEW, the eligibility worker must:

A. Determine VIEW or exemption status prior to the initial approval, at redetermination when adding an individual to the assistance unit, or when a change in the individual’s situation would affect her VIEW status. Such determinations should be documented in the case record. Additionally, the appropriate system VIEW status code should be entered on AEGNFS.

Explain the exemption criteria to all applicants at application and to recipients at redetermination, and explain their obligation to report changes affecting their status. The recipient must provide information and verify all reported changes in exemption status. The eligibility worker must change the exemption status in the month in which the change is verified.

Exempt individuals who lose their exemption status must be referred to VIEW in the month in which the exemption ends. Mandatory individuals who become exempt must be advised of the status change and their right to participate in VIEW as volunteers. Note: Changes that result in VIEW status changing from exempt to non-exempt but which are reported late, do not constitute an overpayment.

B. Provide a copy of the completed “Do You Have a Disability?” form (for the adult applicant or payee who completed the application for TANF) to the ESW for the VIEW record when the adult is referred to or volunteers for VIEW.

C. Explain the requirements of the VIEW Program and the related supportive services to all applicants/recipients at application and redetermination. Information should also cover the transitional child care, and transitional Transportation benefits available when the TANF case closes. All applicants and recipients, including non-parent caretakers in the assistance unit, who are not mandatory must be offered the opportunity to volunteer for the VIEW Program.

D. Advise all applicants/recipients of the sanctions/penalties that apply for failing/refusing to participate in VIEW, without good cause. The VIEW worker will evaluate good cause.

E. Refer those individuals who have been determined to be exempt from participation on the basis of incapacity to the appropriate state vocational rehabilitation agency using the Referral to Rehabilitative Services Form. The eligibility worker should provide available medical and other appropriate information with the referral.

F. Review the individual’s exempt/non-exempt status when changes are reported and as a part of the TANF eligibility redetermination process, unless the eligibility worker determined the individual to be 60 years old or older, or permanently incapacitated.

G. Enter the date that the APR was signed on AEGNFS then run ED/BC. As of March, 2008 the EW will only have Inquiry access to the 24-month clock.

Note: The ESW will be responsible for starting and maintaining the 24-month clock in ESPAS.

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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. Close the TANF case upon receipt of information from the VIEW worker that the recipient has refused to sign the Agreement of Personal Responsibility.

N. Obtain verification and impact the assistance payment when a recipient obtains employment.

O. 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.
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.

B. An individual will be considered as participating in VIEW until such time as a notice is received from the VIEW worker that he has failed or refused to participate. If an individual fails/refuses to participate/cooperate, without good cause, the case is not eligible to receive a grant.

C. Refusal to Sign the Agreement of Personal Responsibility (APR) - If the VIEW worker advises the eligibility worker that a mandatory individual has refused to sign the Agreement of Personal Responsibility, the TANF case must be closed as soon as administratively possible. Refusal to sign the Agreement of Personal Responsibility means overt refusal to sign or failing to appear without good cause, for an initial assessment interview in which the Agreement of Personal Responsibility was to be signed. The ESW will notify the EW that the client did not appear for the initial assessment interview by sending a communication form requesting the EW to send the Advance Notice of Proposed Action to the client.

Upon a subsequent re-application for TANF the applicant(s) determined to be VIEW mandatory must sign the Agreement of Personal Responsibility before the initial payment is issued. Either the EW or ESW may obtain the applicant's signature on the Agreement (Note: This is the only instance in which the EW may obtain the signed APR). If the Agreement of Personal Responsibility has not been signed within the application processing time frame (refer to Section 401.1.E), the TANF application must be denied. The signing of the APR is not a condition of eligibility for TANF if the case has been closed 24 months.

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.

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entered in ADAPT. Although the information entered does not affect eligibility of the TANF case, the changes must be evaluated in accordance with SNAP and Medicaid requirements and may impact the assistance unit’s eligibility for SNAP or Medicaid.

2. If a redetermination is due anytime during the FEP placement and the case is receiving TANF and SNAP, the redetermination must be completed when due. Changes in the participant’s circumstances will not affect TANF eligibility during the FEP placement, except as noted in paragraph B above.

3. If the case is TANF only, the eligibility worker may postpone the redetermination until the last month of the FEP placement, since a full evaluation of eligibility must be completed at that time. In determining ongoing eligibility following termination of the FEP placement, the EW must take into account any changes that have occurred during the placement. If the FEP participant is retained by the employer following termination of the placement, wages received are evaluated the same as for unsubsidized employment.

4. If the FEP participant meets the criteria for interim reporting during the FEP placement, an Interim Report will be sent. However, no negative action can be taken if the Interim Report is not returned and/or completed. ADAPT keeps FEP cases active so as not to interrupt issuance of the stipend to the employer.

C. ISSUANCE OF STIPEND PAYMENTS TO THE EMPLOYER - The employer stipend is a monthly payment paid as partial reimbursement of expenses incurred by the employer for wages and training provided to the FEP participant. The stipend is a predetermined, fixed amount of $300 monthly. Stipends are normally issued on the first of each month through the monthly batch process. However, the first stipend must be issued through Benefit Adjustment when ADAPT cannot be updated because of the 10-day timely notice period.

Stipends are paid beginning the month after the participant enters a FEP placement. FEP stipends are issued for six consecutive months, unless notified by the VIEW worker to discontinue the payments. In no instance are stipends to be paid for more than six months.

D. ISSUANCE OF TANF PAYMENTS DURING THE FEP PLACEMENT - A supplemental payment to the recipient may be issued in the following situations:

1. The EW is notified by the ESW that the participant worked less than an average of 20 hours per week, with good cause. Good cause means that the failure to work was outside the control of the FEP participant, such as, but not limited to, loss of child care, transportation, illness of the FEP participant or a family member, or another emergency situation. The number of hours worked and good cause are determined by the VIEW worker. If the ESW determines good cause does not exist, no supplement is to be issued.
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 Work 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
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 Work Deduction for 2  
$159.00  \times 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  < \text{Monthly Federal Poverty Level for 2}  
$134.00 = \text{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  \text{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 Work 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 Work 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)

Step (6) - Apply Immunization Penalty

$296.80  VIEW Payment
- 50.00  Immunization Penalty
$246.80  Net VIEW Deficit

$246.80  = 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 Work 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)
### 2009 FEDERAL POVERTY LEVEL

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<th>Monthly Poverty Guideline</th>
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For each additional person add **$312**

### 150% of the Federal Poverty Level (for TANF-UP Families)

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<thead>
<tr>
<th>Size of Family Unit</th>
<th>150% of the Federal Poverty Level</th>
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<td>$4,159.00</td>
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<td>8</td>
<td>$4,627.00</td>
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</tbody>
</table>

For each additional person add **$468**
Department - the Virginia Department of Social Services.

Disability – A disability, as defined by the Americans with Disabilities Act of 1990 as amended, is a physical, developmental, cognitive or mental health condition or learning disability that limits the ability of the individual to perform life activities. “Life activities” include, but are not limited to: the operation of a major bodily function, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Chronic health problems such as asthma, diabetes, and hypertension may also be considered disabilities if these conditions limit the individual’s ability to function. For the purposes of the VIEW program, a disability must limit the participant’s ability to participate in program activities or to work. All disabilities and their impact on program participation and work must be verified by a qualified professional.

A child has a disability if he or she has a physical, developmental, cognitive or mental health condition or learning disability that limits the ability to perform any of the activities listed above, or other activities, as compared with other children of the same chronological age.

Displacement – as applied to employment and employment programs, an illegal practice in which an employer fills a vacancy that exists because another individual is on layoff from the same or equivalent job; or when an employer fills a vacancy created by an involuntary reduction in the work force or by the termination of another employee for the purpose of filling a vacancy with a VIEW participant. No VIEW placement, including placements into the Full Employment Program (FEP), Community Work Experience Program (CWEP) or Public Service Program (PSP), may displace other workers.

Earned Income Disregards - a certain amount of earned income which is not counted when determining the amount of the TANF benefit.

Earned Income Tax Credit – a credit against the federal income tax of employed, low income workers. The earned income tax credit may be received as an addition to the paycheck of an eligible individual or as a refund from federal taxes due.

English as a Second Language (ESL)/ English for Speakers of Other Languages (ESOL) – programs of English language instruction for individual who are not native English speakers.

ESW - Employment Services Worker The local agency worker responsible for managing the client’s VIEW case. In agencies in which one worker is responsible for both VIEW and TANF eligibility, the position may be referred to as a self-sufficiency worker rather than as an ESW.

EW - Eligibility Worker. The local agency worker responsible for managing the client’s TANF case.

Exempt – status of a TANF or TANF-UP applicant or recipient who meets one of the Virginia Initiative for Employment not Welfare (VIEW) program exemption criteria and, therefore, is not required to participate in VIEW in order to be eligible for public assistance.

Full Employment Program (FEP) - subsidized, training-oriented employment, that replaces TANF benefits with wages paid by an employer. This employment is designed to train the recipient for a specific job, increase her self-sufficiency and improve her competitiveness in the labor market.
fields such as health, social service, environmental protection, education, urban and rural development, welfare, recreation, public facilities, public safety, and child care.

Queue – the list of TANF recipients who are referred by the eligibility worker for mandatory participation in the VIEW program.

Sanction – a suspension of a VIEW participant’s TANF grant for non-compliance with program requirements; to suspend a participant's TANF grant for noncompliance.

Satisfactory Participation – participation in a program activity equal to the hours assigned to the activity for a stated time period. For job search assignments, satisfactory participation equals the completion of all required job search contacts, or employment.

Self-Initiated Participant - a participant who has enrolled in post-secondary education or in training activities prior to enrollment into the VIEW program.

Supplemental Nutrition Assistance Program (SNAP) Employment and Training (SNAPET) - The employment and training program for SNAP recipients.

Standard Operating Procedures (SOP) – a guide developed by the local agency that specifies the procedures to be followed in administering the VIEW program. The SOP is part of the local VIEW Annual Plan.

Subsidized Employment – employment in which government funds are used to directly subsidize the participant’s wages. The Full Employment Program (FEP) is considered subsidized employment.

Supportive Services - services such as child care and transportation provided to a VIEW program participant with an open TANF case to enable the participant to take part in program activities or to work.

TANF-UP – a 2-parent TANF household in which the parents have at least one child in common and in which neither parent is disabled.

Termination – closure of the TANF case for failure of a mandatory VIEW recipient to sign the Agreement of Personal Responsibility.


Time Limitations – limitations on the period of time a family is eligible for TANF assistance based on federal and state statutes.

Transitional Services – a category of services available to former VIEW participants once the TANF case is closed. Transitional services include services such as child care, transportation, Transitional Employment and Training services (TET), and the VIEW Transitional Payment which may be provided to a VIEW participant whose TANF case has been closed.

Unsubsidized Employment - employment in 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.
VIEW Transitional Payment (VTP) – an incentive payment designed to encourage job retention. It is available to VIEW participants who are working at least 30 hours a week and earning at least minimum wage at the time TANF closes.

Virginia Independence Program (VIP) – the welfare reform initiative enacted by the Virginia General Assembly and implemented in 1995.

Virginia Initiative for Employment Not Welfare (VIEW) – the Commonwealth’s employment services program for TANF recipients. It was implemented in 1995 as part of the Virginia Independence Program (VIP) to assist participants in attaining self-sufficiency.

Vocational Education and Training – training or education designed to prepare the participant for a specific trade, occupation, or vocation requiring training other than ABE, GED, ESL, or baccalaureate or advanced degree.

Work Activity – one of the VIEW program components which can be counted toward the federal participation rate calculation. Work activities include the following core work activities: unsubsidized employment, the Full Employment Program (FEP), on-the-job training (OJT), the community work experience program (CWEP), the public service program (PSP), vocational education and training, job search, and job readiness. Additionally, work activities include two non-core work activities: education below post-secondary and job skills training.
Additional consecutive weeks cannot be counted in the calculation of the federal participation rate. The total weeks of job search and/or job readiness assignments cannot exceed 6 weeks in a fiscal year. Additional weeks of job search and/or job readiness in a fiscal year can be assigned and entered into ESPAS, but will not be counted in the calculation of the federal participation rate.

• Unsubsidized Employment, including Self-Employment. Unsubsidized employment is employment in which no government funds are used to directly subsidize the individual’s salary and in which the individual earns at least the federal minimum wage. Minimum wage means an hourly rate directly equaling the federal minimum wage or an hourly rate of at least $2.13 which, when supplemented by tips, equals at least the minimum wage.

• Subsidized Employment. Subsidized employment is employment in which government funds are used to directly subsidize the participant’s wages. Subsidized employment is designed to provide training while the participant works on the job. The VIEW Program provides one subsidized employment component – the Full Employment Program (FEP). FEP is subsidized employment in which the employer receives a fixed monthly stipend and the client receives wages instead of a TANF check.

• Community Work Experience Program (CWEP). CWEP is an unpaid work placement in a public or private non-profit organization. An assignment to CWEP is appropriate for participants who need to learn or improve skills or work behaviors, or to secure a job reference, in order to find paid employment. The number of hours of a CWEP assignment is based on the TANF grant amount and SNAP allotment.

• Public Service Program (PSP). Public Service Program placements are similar to work experience in that the client will be engaged in unpaid work in a public or private non-profit organization with the goal of improving employability. PSP placements must additionally provide a clearly defined public service. Examples of public service activities include court-ordered, unpaid work, as well as participation in other programs or placements that benefit the community. TANF and SNAP benefits are not considered in the calculation of public service hours. Public service assignments will in no case exceed 35 hours per week, with the exception of court-ordered assignments of greater length.

• On-the-Job Training (OJT). On-the-job training is training provided by an employer to a paid employee to help the employee become proficient on the job. A portion of the employee’s wages are typically reimbursed to the employer. OJT includes paid on-the-job training offered through WIA, paid college work study programs and internships, apprenticeship programs, and AmeriCorps placements in which the individual is paid a stipend to cover living expenses.

• Vocational Education and Training. Vocational education and training is training or education directly related to employment designed to prepare the participant for a specific trade, occupation, or vocation. It does not include baccalaureate or advanced degree education. It does not include ABE, GED, or ESL. Examples of activities that can be classified as vocational education and training are technology, business, and health sciences programs leading to certificates or associate degrees in such areas as HVAC repair (heating and air conditioning), information technology, medical equipment repair, accounting administration, medical assisting, and practical nursing. Programs meeting the definition of vocational education and training are offered by a wide range of institutions including vocational-technical schools, community colleges, post-secondary institutions, proprietary schools, and secondary schools offering vocational education.
Example 2: Ms. B starts receiving assistance on January 15 and is referred to VIEW. For January, she is included in the denominator, but does not count toward the work participation rate because she is not engaged in any activities.

On February 13, Ms. B is assessed and assigned to job search. She participates in job search for 36 hours per week for the remainder of February. Her two weeks of job search in February are not enough to make her countable toward the work participation rate in February.

She continues her job search through March 14. Her job search ends and she is assigned to community work experience starting on April 1. Due to the gap in participation between 3/14 and 4/1, she does not count toward the work participation rate in March because she did not average 30 hours per week.

Example 3: Ms. C participates in unsubsidized employment of 20 hours per week and 15 hours per week in vocational education and training for the entire month. She counts toward the work participation rate because she had participation for at least 30 hours per week.

Example 4: Ms. D participates in CWEP for 18 hours per week and GED for 17 hours per week. Though she participated in activities averaging at least 30 hours per week, she did not have at least 20 hours per week in a core work activity. She does not count toward the work participation rate.

F. Limitations/Special Provisions

- Vocational education and training may only count for a total of 12 months for any individual. This is a lifetime limit.

- In counting individuals for each participation rate, not more than 30 percent of individuals engaged in work in a month may be included in the numerator because they are:
  - Participating in vocational educational training; or
  - Individuals deemed to be engaged in work by participating in educational activities.

- Hours spent in post-secondary education not directly related to employment do not count toward the work participation rate.

- An individual's participation in job search and job readiness assistance counts for a maximum of 180 hours in any 12-month period. At any time, only four weeks of job readiness/job search may be consecutive.

G. Data Reporting

Data from ADAPT and ESPAS is sent to the federal government on a quarterly basis. It is very important that all information in ADAPT and ESPAS is accurate and entered in a timely manner. Actual hours of participation are to be entered into ESPAS. States are required to provide data on a quarterly basis. This data is used to compute federal work participation rates as well as to determine Virginia’s compliance with other federal requirements. To meet the federal deadline for reporting, data will be extracted from the system on the first day of the second month following the end of a calendar quarter.
To make sure that the locality and state get credit for all of the cases that are engaged in work activities and to avoid the possibility of a sanction, it is imperative that work participation data is accurately entered into ESPAS by the 15th of the following month. Virginia will not receive credit for the cases that do not have current work participation rate data entered into ESPAS.

Actual hours of participation must be entered in the system and must be supported by documentation in the case file. With the exception of unsubsidized employment and OJT, the hours entered into the system on a monthly basis must be verified each month. Self-reporting by a participant is not sufficient documentation.

For unsubsidized employment and OJT, the ESW may enter projected actual hours of participation for up to six months based on current, documented actual hours of work. Verification of employment may be obtained from the EW, but a copy of the verification must be retained in the VIEW record. After six months, or at any point the ESW becomes aware that the hours of employment have changed, the actual hours of participation in unsubsidized employment or OJT must be verified. After the changed employment hours are verified, projected hours of participation should again be entered for up to six months.

Actual hours are defined separately for paid employment, including OJT positions, and for unpaid activities.

Employment and OJT: Actual hours for participants who are employed or in OJT mean hours of paid employment, including paid vacations, paid sick leave, and paid holidays observed by the business.

Job Readiness, Group Job Search, CWEP, PSP, Vocational Education and Training, Job Skills Training, Education below Post-Secondary: Actual hours for participants in unpaid activities, with the exception of individual job search, are actual hours of participation, and hours during which the client would have participated but was unable to because the placement was not available due to holiday closure. Based on federal requirements, only the following ten holidays can be included in the calculation of actual hours of participation for participants in unpaid activities: New Year’s Day, Martin Luther King Day, President’s Day, Memorial Day, Independence Day, Labor Day, Veteran’s Day, Thanksgiving Day and the day after, and Christmas Day. Closures for other holidays, or closures by educational or training institutions for quarter or semester breaks during which the placement is not available to the participant cannot be considered as holiday closures.

In addition to the 10 holidays, 80 hours of excused absences may be counted toward participation in the preceding 12-month period for clients in unpaid activities. Excused absence hours should be counted toward participation only when the hours will enable the client to meet the participation requirement which otherwise would not have been met.

Excused absences that may be counted as actual hours of participation include:

- court dates
- appointments with CPS or Division of Child Support Enforcement (DCSE) which cannot be scheduled outside participation hours
- unavailability of the scheduled activity due to strike, lockout, or shutdown
- unavailability of the scheduled placement site due to closures for holidays not included in the list of the ten holidays specified by federal requirements
- unavailability of the scheduled placement site due to closures due to weather or natural disasters
- illness or medical need of the participant or family member residing in the home
- interruptions in child care arrangements
- domestic violence issues
- transportation problems or auto accident
- funeral or death of a family member
For clients who have not participated in VIEW in the past and who sign the APR on or after 10/1/09, the 12-month period begins the month after the APR is signed. For current VIEW clients, or former VIEW clients returning to the program, the 12-month period includes the current month and the preceding 11 months. No more than 16 hours of excused absences may be approved in any month. In order for the excused absence to be considered as actual hours of participation, the client must have been scheduled to participate in the activity for that time period. The decision to consider an absence as excused and to include it in determining actual hours of participation will be made by the local agency within the limitations described above.

Example 1: Mr. A signed the initial APR on 10/16/09 and was assigned to a job readiness workshop for the period 10/23/09 – 11/30/09. In November, he missed 18 hours of job readiness class, 16 hours of which were counted as excused absences. Beginning 12/1, he was placed in a PSP position with the Extension Service. During his 6-month placement, he had absences of 8 hours in December, 23 hours in January, 8 hours in February, 19 hours in March, 16 hours in April, and 16 hours in May. Because his countable excused absences from November through April totaled 80 hours, neither the May absences nor absences for other months in the 12-month period (11/09, the month after he signed the APR, through 10/10) can be counted as participation. The first month in which excused absences can again be counted as participation is 11/10. At that time, the preceding 12-month period is 11/10 back through 12/09 and the 16 hours of excused absences counted for 11/09 are no longer included in the 80 hour allowable maximum.

See completed Holidays and Excused Absences for Participants in Unpaid Activities form for Example 1:  http://spark.dss.virginia.gov/divisions/bp/tanf/tools/view.cgi

Example 2: Ms. B was enrolled in VIEW from 2/08 until 12/08 when she moved to New York. Ms. B had excused absences of 16 hours for 10/08, 16 hours for 11/08, and 16 hours for 12/08. Ms. B returned to Virginia in 4/09 and reapplied for TANF. She was approved for TANF and was referred to VIEW effective 4/09. She signed a new APR 5/09 and was assigned to a Work Experience placement effective 6/09. (See 1000.4C for reasons for exemption from initial job search). Ms. B had excused absences of 16 hours for 6/09 and 16 hours for 7/09. She also missed 20 hours for 8/09 but none of those hours could not be counted as participation since Ms. B had already used the maximum 80 hours in the period 8/09 back through 9/08.

In 9/09, Ms. B will still have used a maximum 80 hours within the previous 12 months (9/09 back through 10/08). In 10/09, 64 hours will have been used (10/09 back through 11/08; the 10/08 hours are no longer counted) and up to 16 hours of excused absences are available for that month.

Ms. B misses 3 hours in October which are counted for a total of 67 hours in the 12-month period. In 11/09, 51 of the maximum 80 hours will have been used in the 12 month period (11/09 back through 12/08; the 11/08 hours are no longer counted.) Ms. B has 30 hours of absences for that month; 16 hours, the maximum for one month, can be counted. For the 11/09 back to 12/08 12-month period, absences will again total 67 hours.

See completed Holidays and Excused Absences for Participants in Unpaid Activities form for Example 2:  http://spark.dss.virginia.gov/divisions/bp/tanf/tools/view.cgi
Example 3: Ms. A is scheduled to participate in community work experience for 6 hours each day, Monday through Friday. She is placed in the local school library. The library was closed on Christmas Day and the day after Christmas. Christmas day is one of the ten holidays that can be included in the calculation of actual hours. The day after Christmas cannot be counted as a holiday. Since Ms. A has only one previous excused absence for 4 hours in December, and since her excused absences total only 30 hours in the preceding 12-month period, the 6 hours for the day after Christmas when the placement site was not available can be included in the calculation of actual hours as an excused absence.

Example 4: Ms. B is participating in CNA classes that meet 6 hours each day. Ms. B’s grandfather passed away in New York on May 26th, a Friday. Ms. B left for New York that weekend, and missed the entire next week - May 29th, May 30th, May 31st, June 1st, and June 2nd – a total of 30 hours. Since she had not had any previous absences from the program in May, and no excused absences in the preceding 12-month period, 16 of the 18 hours she missed on 5/29, 5/30, and 5/31 can be counted as excused absences. Both June absences, 6/1 and 6/2, totaling 12 hours, can be counted as excused and counted as actual participation.

Example 5: Continuing with example 2, Ms. B had to return to New York the last week in June to help with her grandfather’s estate. She attended class on Monday and Tuesday, the 26th and 27th, but was absent on the 28th, 29th, and 30th, a total of 18 hours. Since she had used 12 hours of excused absences for the month of June when she went to New York the first time, only 4 hours of the 18 hours from her second visit to New York can be counted as an excused absence.

Example 6: Mrs. C was working at the Guy Noir Detective Agency. She earns 6 days of paid sick leave a year, but had used them by November when she was out of work for a week with the flu. Since she had already used all her leave, she was not paid for those five days, totaling 40 hours, even though her boss sympathized with her situation. None of the 40 hours can count as actual hours of participation. (Only hours of paid employment, including paid vacations, paid sick leave, and paid holidays can count as actual hours for clients who are working or are in OJT).

Unpaid activities - individual job search: It is the responsibility of the participant to record actual hours for each job contact listed on the Job Search form. Actual hours include travel time between interviews. Actual hours do not include travel time to the first interview or from the last interview. Questionable contact information will be verified by the agency with the employer. If travel time incorporated into actual hours reported appears questionable, verify though use of MapQuest or similar site. Only actual hours reported (and verified, if questionable) can be counted in determining participation. Since individual job search does not have to be conducted within a fixed daily schedule, and can be scheduled around holidays and other appointments, holiday closures and excused absences cannot be considered in determining actual hours of participation.

Case Record Documentation: The case record must be thoroughly documented using the Holidays and Excused Absences for Participants in Unpaid Activities form (032-03-0106) whenever holidays or excused absences are counted as actual hours of participation for unpaid activities.
The initial job search assignments, and all subsequent assignments, will be recorded on the VIEW Activity and Service Plan (032-02-0302-04-eng) and entered into ESPAS immediately, or in no case no later than 3 working days.

In the following specific circumstances, the initial assignment to job search and/or job readiness may be waived:

- when the client is working full time and earning at least minimum wage
- when the client has already completed an assignment to job search/job readiness during her current 2-year period of TANF eligibility and would benefit from direct assignment to a component activity designed to lead to employment
- when the client is in the last three months of pregnancy and would benefit from an assignment to an education or training activity
- when, under some circumstances, the individual is participating in self-initiated education or training activities. See 1000.13.A.3.

D. If the participant obtains full-time employment (30 hours a week or more at minimum wage or greater), she will not be required to participate in other VIEW activities. While the client is not required to participate in other program activities, she is required to respond to any correspondence from the ESW and to keep all appointments, including reassessment appointments.

E. If the participant obtains employment that is not full-time or employment less than minimum wage, she will be required to fully participate in VIEW program activities designed to help her find full time employment. She will be assigned to activities, that combined with employment hours, total at least 35 hours a week.

F. If the participant has not obtained unsubsidized full or part-time employment at minimum wage or greater at the completion of the job search component, she will be reassessed and placed immediately into another program activity.

It is anticipated that the client’s specific program assignment will be to an activity/activities that most directly leads to employment and which allows the client’s participation to be included in the federal participation rate calculation.

G. At the end of each component assignment, the client will be reassessed and assigned to another work activity. The focus of the reassessment will be on the client’s progress in the activity, and an evaluation of the client’s needs for additional program activities and services in order to secure unsubsidized employment.

The reassessment will include an exploration of any barriers, including a verified disability, limited English proficiency, lack of reasonable accommodations or support services, or other barriers, that may make it difficult for the client to search for or obtain employment.

The ESW will offer the client screening for learning disabilities, mental health problems, and alcohol and substance abuse if a disability determination has not been made and if it seems likely that a disability may be affecting the client’s progress in the program. All VIEW participants must be offered the screenings within 90 days of signing the APR. If the screening indicates that the client may have a disability, the ESW will refer the client to a qualified professional for an in-depth disability evaluation.
1000.6 – VIEW VOLUNTEERS

A. TANF recipients exempt from VIEW may volunteer to participate in VIEW as long as they are willing to participate for a minimum of 35 hours per week with at least 20 of those hours in a core work activity. 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)
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.
1000.12 - SUPPORTIVE SERVICES

Supportive services are provided to remove barriers to the individual's participation and to stabilize employment. The provision of supportive services is contingent upon the availability of funds based on local VIEW allocations. Spending limits for supportive services are determined by the local agency and will be described in the agency’s Standard Operating Procedures (SOP). Spending limits on supportive services will be applied equitably to each participant needing a specific service. Agencies are encouraged to explore alternatives to removing barriers if supportive service funds are limited.

If supportive services are essential for participation, and neither the participant nor the agency can provide them, and no alternatives are immediately available, the participant will be placed in an “Inactive” status for up to 90 days, which will prevent the clock from counting against the 24 month time limit. (See 1000.16 regarding limitations on the use of inactive status.) It is expected that the local agency and the participant will work together to resolve any barriers to participation.

A. Duration of Supportive Services

1) Supportive services may be provided for as long as the participant is in a VIEW activity, including full or part time employment, and the TANF case is open. Supportive services may also be provided when the TANF case is suspended due to a sanction in order to allow the client to comply with program requirements.

The participant may be eligible for transitional supportive services once the TANF case is closed. See 1000.22, Transitional Services. Any services that continue to be provided to the client after TANF case closure must be provided as transitional services.

B. Employment Service Worker Responsibilities

1) It is the responsibility of the ESW to assist the applicant/recipient in meeting her service, as well as employment, needs. These needs may be met directly by the ESW or by other local agency staff or through a referral to another service provider.

2) When providing social services to recipients, the Activity and Service Plan may replace the Service Application.

C. Supportive Services for Recipients

There are five types of VIEW supportive services that the local agency can provide directly or can purchase. These services are child care, transportation, medical/dental, program and/or work related expenses and emergency intervention.

Participants who have been sanctioned or found guilty of an Intentional Program Violation are entitled to supportive services in order to maintain their employment.

Participants who have been sanctioned may also receive supportive services when the participant is performing a verifiable act of compliance as described in 1000.21. For participants who have been sanctioned, supportive services will be provided, based on client request, for a period corresponding to the time needed to perform the appropriate act of compliance. If the client
does not perform a verifiable act of compliance despite provision of the supportive services, supportive services will not be authorized again for the same sanction. In such a situation, it will be the responsibility of the client to arrange and pay for any supportive services needed to cure the sanction.

1) Child Care

Child care services are provided to enable the participant to gain and/or keep employment or to participate in program activities.

a. Arrangement for and/or payment of child care as a supportive service will be provided only when the participant is unable to obtain child care on her own at no cost.

b. Participants who are parents of school age children are expected to search for a job during the hours that the children are in school. However, if a job interview must take place outside of school hours, child care may be authorized.

c. Participants who need child care and cannot arrange to find their own may be provided assistance, including payment within child care policy as found in Volume VII, Section II, Chapter D, of the Services manual. This payment may include the cost of transportation when transportation services are provided by the child care provider and the total cost of all services provided by the child care provider does not exceed the Maximum Reimbursable Rate.

d. Participants who have been sanctioned are not entitled to child care service while in the sanction status unless it is needed to maintain employment. However, an individual who has been sanctioned may receive child care service upon request, based on the terms outlined above, if the service is necessary in order for the participant to perform a verifiable act of compliance.

2) Transportation and Related Services

Transportation services are provided to enable participants to travel to and from authorized VIEW activities or employment. The need for transportation must be linked to needs identified on the participant's Activity and Service Plan. The participant must be regularly attending the component activity, and, if in an education component, making satisfactory progress, in order to continue receiving transportation services.

a. The participant will have the primary responsibility to arrange transportation for employment or to participate in activities required by the Agreement of Personal Responsibility. Transportation services will be provided only when the participant is unable to make necessary arrangements.

b. Transportation can be provided by any of the following means:

1) Individuals other than public conveyors. In this circumstance, payment is made to the individual provider. Such payment must be pre-authorized. A reimbursement-type purchase order may serve as a pre-authorization;
1000.13 - PROGRAM COMPONENTS - CORE WORK ACTIVITIES

VIEW program components include the following core work activities – job search, job readiness, unsubsidized employment, subsidized employment (FEP), the community work experience program (CWEP), the public service program (PSP), on-the-job training (OJT), and vocational education and training. All program components must be monitored monthly for attendance of scheduled hours. In addition, education and training activities must be monitored for satisfactory progress at periodic intervals.

A. JOB SEARCH

Job Search is a structured activity carried out over a defined time period during which the participant must spend a specified number of hours in job search activities. Job search and job readiness may be assigned as appropriate and recorded in ESPAS, but the combined hours of job search and job readiness assignments will count toward the work participation rate for no more than 180 hours in a 12-month period. Hours assigned to job search/job readiness can be counted toward the work participation rate for four 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.

For federal reporting purposes, when a participant successfully completes a 4-week job search 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, assignments to additional hours/weeks of job readiness and/or job search can be made in conjunction with other program activities in order to meet both the core work activity and the 35 hour overall participation requirement, but no more than the remaining 60 hours can be counted toward participation in the 12-month period.

Assignments to hours of job search/job readiness beyond those associated with the initial job search 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: 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. Overview
   a. A maximum of 35 hours can be assigned each week.
   b. The number of hours for participant job search required must be determined on an Individual basis. The number of required hours set on an individual basis should be determined based upon criteria such as other work or training activities in which the participant is involved, barriers such as language or disability of the participant or family household member, other barriers including employment conditions within the locality, and availability of transportation or child care.
c. For the purpose of discussing progress of the job search, and ensuring that the contacts made are reflective of the participant’s job skills, weekly or bi-weekly contact between the participant and the ESW is recommended.

d. Local departments must work with public and private providers of job development/job placement services, including the VEC, the Workforce Investment Board (WIB), and the local Department of Economic Development to facilitate job development and job placement.

e. When there is a refugee resettlement agency in the locality available to work with refugees, all work requirements for refugees required to participate in VIEW should be coordinated with that agency (or designated service provider). The resettlement agency, while maintaining communication with the local agency, must take the lead in assisting the refugee in the pursuit of self-sufficiency. The local agency case record must contain a Comprehensive Resettlement Plan (CRP) developed by the resettlement agency. Contracts between the Office of Newcomers Service and Refugee Resettlement Service Providers mandate these services. Verification of participation must be provided by the refugee resettlement agency.

2. Outcome of the Job Search

a. A participant must accept a bona fide offer of employment. Participants who refuse to accept a bona fide offer of employment will be sanctioned.

b. If the participant finds full-time employment paying at least minimum wage, the job search will terminate.

c. If the participant finds part-time employment paying at least minimum wage, the ESW may decide whether to terminate the job search or require the individual to continue looking for full-time employment. The participant will be required to fully participate in other work activities designed to assist her in obtaining full-time employment.
3. Assignment to Job Search

a. Participants who are not employed full-time and earning at least minimum wage at the time the Agreement of Personal Responsibility is signed, including participants who are self-employed, must be placed into job search. The length of the initial job search assignment will depend on the type of job search and the point in the month at which the assignment is made. See 1000.4, VIEW Program Flow.

b. **In some circumstances, the initial assignment to job search and/or job readiness may be waived.** See c. below and 1000.4C.

c. The up-front job search for a participant already enrolled in a self-initiated education or training program may be waived if:

1. the participant has been enrolled in the education or training for at least one grading period; and
2. the participant is satisfactorily enrolled and is meeting all requirements of the activity as defined in this chapter, and
3. the education or training is related to a specific employment and/or occupation; and
4. the participant can complete the education or training within one year (12 months).

The exceptions outlined in b. and c above, and in 1000.4C, do not remove the requirement that a client fully participate in VIEW. It does allow the ESW flexibility to modify the job search requirement in order for the participant in self-initiated employment or training to find employment which will meet the work requirement.

d. A participant who has not found full-time employment paying at least minimum wage 60 days prior to the end of her 24-month TANF time limitation must be placed in a job search component in conjunction with any other program assignment. This assignment will continue until the participant leaves TANF at the end of the two-year time period.

4) Elements of the Job Search Component

When developing the Job Search assignment, the worker must incorporate the following elements based on the participant's needs:

a) techniques to help the participant identify good work attitudes, strengths and job skills/transferable skills.
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.

(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. Job readiness may also include short-term substance abuse treatment, mental health treatment or rehabilitative activities.

3) Job readiness training may be conducted through workshops or seminars and through treatment programs, as well as through one-on-one counseling.
b. ADAPT will automatically issue the stipend through month six unless cancelled by the EW. If the ESW determines that the employer was not entitled to the stipend received for the prior month, the ESW will inform the employer of his responsibility to return the check. The employer is ineligible for a stipend for any month in which the FEP participant did not work an average of at least 20 hours per week during the month. The stipend or, if the check has been cashed, a check issued by the employer should be sent to the Virginia Department of Social Services, Division of Financial Management, P. O. Box 606, Richmond, VA 23219-2901. If a check from the employer is used to repay the stipend the employer should reference the participant and the case number on the check. If the employer does not return the check, the local department of social services may pursue civil action through their city or county attorney’s office.

c. The participant may work additional hours beyond the number listed on the VIEW Full Employment Agreement (032-02-0309). Overtime hours can be required by the employer, but only to the extent that they are required of other employees with similar positions and experience.

d. Whenever possible, FEP placements should begin at the first of the month. This will allow the FEP participant to receive maximum wages to prepare financially for the suspension of TANF benefits during the FEP placement. Under no circumstances can a placement begin during the last 11 days of the month due to notification requirements at 401.4. The TANF recipient must be provided with an advance notice of action that the TANF payment will be suspended due to the FEP placement. At a minimum, the participant must have worked at least one full week for at least 20 hours for the employer to qualify for a stipend.

For example, a participant’s placement begins on April 19. The employer may qualify for a stipend for each placement month (April through September). Stipends are paid on or about the first day of the month following the month of participation, e.g., May through October in this example. If the participant does not work at least one full week for a minimum of 20 hours, the employer will not receive a stipend for participation in April.

8. FEP Employer Outreach

a. VIEW case managers should work through existing employer networks (workforce investment boards, chambers of commerce, faith-based organizations, local business organizations, etc.) in order to locate employers who are interested in accepting a FEP placement. The ESW will schedule an interview with any employer who expresses an interest.

b. The ESW will explain FEP to the employer and the advantages of entering into a FEP agreement. In addition to the reimbursement to the employer, the ESW should discuss Work Opportunity Tax Credits, the supportive services VIEW offers to help the participant be successful on the job, and the case management services in place to support the participant’s efforts.

c. The employer should complete a Work Site Position form (032-02-0306). The information obtained from this form will be used to screen participants for the FEP position(s).
(1) Submit the name, case number (legacy number and ADAPT case number), and Begin and End date for the individual assigned to CWEP. The CWEP Placements Without Medicaid Coverage form must be completed online at: http://www.localagency.dss.state.va.us/divisions/bp/tanf/forms/view.cgi

(2) Establish a panel of at least three physicians who agree to provide care in accordance with the requirements of the Workers’ Compensation Act. A panel of three physicians must be provided in writing to participants who notify their supervisor that they wish to file a Workmen’s Compensation claim. The form can be located at http://www.covwc.com/physicianform.php.

For assistance in establishing a panel access the Preferred Provider Organization (PPO) website; http://www.dhrm.virginia.gov. From the left hand side of the screen, select Workers Comp and Safety and then from the right hand side of the screen, select Workers’ Compensation PPO Network.

c. The CWEP work site supervisor must immediately complete an Employer’s Accident Report form when an accident occurs. This form can be accessed on line at http://www.vwc.state.va.us/printable/form3_ear.pdf.

1. The supervisor must investigate the claim, document work place hazards/conditions involved in accident and complete ‘Employer’s Accident Report’ based upon his investigation.

2. This form is a Virginia Workers’ Compensation Commission form and is required to be submitted on tan paper.

3. List the employer as CWEP and the agency number as 997.

4. The original form must be sent to:

   Virginia Department of Social Services
   Division of Benefit Programs
   Economic Assistance and Employment Unit
   Attn: CWEP Placements without Medicaid Coverage
   801 E. Main Street
   Richmond, VA 23219-2901

   TRANSMITTAL 43
1000.20 - SANCTIONS

A sanction is the suspension of the household’s entire TANF grant for program noncompliance. SNAP benefits may also be affected. Federal participation requirements differ in some respects from VIEW program requirements and are not considered in determining non-compliance.

All TANF and TANF-UP recipients who are determined eligible for the VIEW Program and have already signed an Agreement of Personal Responsibility are required to participate in VIEW. Recipients are subject to sanction if they fail to participate without good cause.

A. Good Cause for Failure to Participate

1) When a client is not in compliance with VIEW, the agency must attempt to contact the client by phone to encourage participation, explore good cause, and/or notify the client of a possible sanction. 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 sanction process. Based on agency procedures, the ESW will either send the client the VIEW Notice of Sanction/ Termination (032-02-0307/01-eng) 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) A participant who has good cause for noncompliance will not be sanctioned. Good cause will exist if:

a) The participant's inability to fulfill program requirements is due to circumstances outside her control or is the result of a change in circumstances over which the participant had no control. This includes but is not limited to situations in which the reason for the participant’s non-compliance was that the participant had a disability or a family household member had a disability that was not identified or was identified but not addressed. The worker must allow the client 30 days to verify the disability prior to referring for sanction.

b) Acceptable child care is not available when necessary for an individual to accept employment or enter or continue in the program. To be acceptable, the child care must meet all of the following criteria:

(1) The child care must be arranged:
   (a) by the participant, or
   (b) if the participant can not arrange for the child's care, it must be arranged by the local department of social services with a legally operating provider;

(2) The child care must be within a reasonable distance from the participant's home or work site. This means that the travel time from the child's home to the child care provider and the work site is generally no more than one hour, based on transportation available to the parent;
(3) The child care arrangements must be affordable. This means the cost of the child care is less than or equal to the payment amounts specified in the Child Care Services policy (Volume VII, Section II, Chapter D); and

(4) If the child care is with a relative, it must meet the requirements for relative care in the Child Care Services policy (Volume VII, Section II, Chapter D).

The participant is responsible for demonstrating that she is unable to find child care for one or more of the above reasons.

While one of the criteria for acceptable child care is affordability based on the payment amounts specified in child care policy, the client’s selection of child care arrangements whose costs exceeds the payment amounts is not a good cause reason for program non-compliance when other child care arrangements meeting the acceptable child care criteria are available.

The local agency is responsible for determining if the information provided substantiates that needed child care that meets the above criteria cannot be arranged. The ESW must consult with the Child Care worker in evaluating whether a sanction is appropriate.

c) Accepting employment would result in a net loss of cash income for the assistance unit. Net loss of cash income would result if the family's gross earned income, less necessary work related expenses, was less than the TANF payment which the recipient was receiving at the time the offer of employment was made.

3) The good cause investigation consists of an evaluation of information in the case record. When there has been no recent contact with the participant, efforts will be made to determine if the participant has contacted the ESW to discuss the problem, given a reason for not attending an ESP interview, or for not completing an assignment, or having not kept any program related appointment.

4) A reasonable effort will be made to contact participants who are unable to read. The worker must document that an attempt by telephone or a personal contact has been made prior to referring the case for sanctioning.

The purpose of this contact is to ensure the participant understands the mandatory nature of the program and has an opportunity to explain the reason for noncompliance.

5) Prior to imposing a sanction, the ESW is to complete the VIEW Non-Compliance Checklist. Once the form is completed, the supervisor must review the form and circumstances of the proposed sanction to ensure that the participant has been screened for disabilities or screening has been offered and refused, reasonable accommodations have been provided if needed, and the agency has attempted to notify the client verbally. The supervisor must not approve the sanction if any of these steps have not been taken. The supervisor or designee must sign the VIEW Non-Compliance Checklist. The completed checklist must be placed in the case record.
B. Refusal to Participate

Refusal to participate occurs when a participant either:

1) Overtly chooses not to cooperate; or

2) Fails to carry out her prescribed VIEW activities without good cause.
1000.21 - COMPLIANCE

A. Compliance occurs when the participant who failed to comply and has been sanctioned performs a verifiable act of compliance to lift the sanction during or after the fixed sanction period. A verifiable act of compliance for the participant will be either continuing in, or completing an assigned activity.

When the TANF case closes with a sanction in place: If the TANF case is closed during the sanction period, the act of compliance may be met during the pending status of a reapplication. The client is responsible for contacting the ESW to learn how she can comply with program requirements.

Once the client has complied, the ESW will communicate this information to the EW as soon as possible. If the minimum fixed period has not passed at the time the client complies, the sanction will be lifted effective with the end of the fixed period. (Note: If the case is approved in a sanction, and the payment suspended, each of the months of suspended payment, including a partial month, will count toward the fixed sanction period.) If the minimum fixed period has passed once the client complies, the sanction will be lifted effective with the date of compliance.

If the TANF case is approved, the ESW will complete an assessment and have the client sign a new APR and complete a new Activity and Service Plan. The new APR will show the months of VIEW eligibility remaining. The ESW will open a new enrollment in ESPAS with the new assessment date as the start date. As part of the ESPAS data entry, the ESW will review the VIEW clock and make adjustments if needed. The ESW will send a communication form requesting that the EW update AEGNFS with the new APR date and run ED/BC.

If the client complied but the TANF application was not approved, the ESW will document the compliance in the record.

When the TANF case remains open during the sanction: If the case was open at the time the client complied, the ESW will reassess the client and advise the client of the number of months of VIEW eligibility remaining and complete a new Activity and Service Plan. A new enrollment will be opened in ESPAS with the new assessment date as the start date. The ESW will review the VIEW clock and make adjustments if needed. The ESW will send a communication form requesting that the EW update AEGNFS with the new APR date and run ED/BC.

If the individual is applying for SNAP as well as TANF, the TANF sanction is not necessarily cured by complying with SNAPET requirements. The individual must complete an act of compliance that matches the reason for the VIEW sanction. If that action is no longer available or appropriate, any other verifiable act of compliance deemed acceptable by the ESW will cure the sanction. This determination should be made on a case-by-case basis.

Supportive services may be provided to a participant during the time she is performing a verifiable act of compliance. (See 1000.12C for guidelines). Ongoing supportive services may also be provided to the other mandatory participant in a TANF-UP household who has continued to comply even when the sanctioned participant remains in the fixed period of sanction. Reasonable accommodations must be provided to individuals with verified disabilities during the time they are performing verifiable acts of compliance and to make it possible for individuals to perform verifiable acts of compliance.

1. Employment which meets the following conditions represents a verifiable act of compliance for all situations: the employment is verified, it was obtained after the sanction was imposed, it is for 10 hours per week or more and pays at least minimum wage, it continues for at least two weeks after the client reports the job to the agency, and the client is still employed at the end of the fixed sanction period. The participant is still required to comply with other program requirements in conjunction with employment when applicable.
2. A verifiable act may be defined in these situations as follows:

a. For failure or refusal to report for an appointment or required interview - keeping another scheduled appointment or interview. (Excluding the initial assessment interview.)

b. For failure or refusal to complete and/or return forms or other information to the agency by a required date - returning and/or completing the required form or other information.

c. For failure or refusal to begin, to continue in or participate in an assigned activity - beginning, continuing in or participating in an activity for up to two weeks to show a good faith effort to comply.

d. For failure or refusal to complete an assignment to a program activity - completing an assignment.

e. For failure or refusal to obtain or accept employment – if the client obtains employment during the sanction, the employment must be maintained through the end of the sanction period.

f. If the assignment from which a participant has been sanctioned is no longer available or appropriate, compliance may consist of participating in or completing a different activity.

B. The Activity and Service Plan should reflect the activity the client is to complete in order to comply and the date by which the activity is to be completed. The Information from the Activity and Service Plan developed to assist the client in complying with program requirements will not be entered into ESPAS. Once the participant has performed a verifiable act of compliance (with the exception of compliance based on employment), the sanction is lifted retroactive to the end of the fixed sanction period, or to the date the participant complied if compliance was after the end of the fixed period.

C. Effective Date of Compliance:

1. The effective date of compliance for an appointment or an interview, or for forms or other information not completed or returned to the agency, is the date the client keeps the appointment, participates in the interview, or completes/returns the forms/information.

2. Compliance for a program activity must meet the conditions for a verifiable act of compliance outlined in 1000.21A. Once those conditions are met, the effective date of compliance for activities other than employment is the date the client began the activity.

3. For employment that meets the conditions for a verifiable act of compliance outlined in 1000.21A, the effective date of compliance will be:
   a. the end of the fixed sanction period, or
   b. the date the participant complied, if compliance was after the end of the fixed sanction period, or
   c. the date the employment was verified, whichever comes last.

EXAMPLE: The client is in a one month sanction for the period 1/1 through 1/31. On 1/12, the client reports that she has found employment and is asked to submit verification of her employment, wages and hours. She does not submit the required verifications until 2/6. If the client’s employment meets the conditions outlined at 1000.21A(1), the EW will be notified and the sanction will be lifted effective 2/6 with benefits prorated for the balance of the month.
3) VTP Follow-up

When the client is eligible for a VTP payment, regular job follow-up will end even if the six monthly job follow-ups have not been completed. The worker will close the VIEW record with closure code 23, “eligible for VTP, close VIEW record.” The VIEW closure date should be at the end of the same month that the TANF case closes. The ESW will then open a VTP enrollment using the hours and wage information for the 1st job follow-up and for the 2nd, 3rd, 4th, 5th and 6th. The six job follow-ups will be entered at the same time. Enter the 1st job follow-up and transmit. Enter the 2nd job follow-up and transmit. Continue until all six have been entered.

Example: The ESW receives notification that the TANF case will close effective December 31st and the client is eligible for VTP. On or after January 1st, the ESW enters the December follow-up information, verifies the GT status of the TANF case, and then closes the regular VIEW enrollment in ESPAS. After the regular VIEW enrollment has been closed, the ESW will open a VTP enrollment using January 1st as the employment start date.

Note: Regular VIEW job follow-ups end when VTP follow-ups begin. Regular VIEW follow-ups made while the client had an open TANF case do not count toward the required number of VTP follow-ups.

ALERT #1024 will remind the worker on the 1st day of the 5th month to send out the VIEW Transitional Job Follow-up letter for the 7th month. The letter is due back the 5th day of the 6th month. Access to the Job Follow-Up letter is from the ESPAS Main Menu Option 4. If the worker puts in one client ID, the letter will print for that client. If the worker does not put in a client ID, letters will print for all the VTP cases that will be due a 7th month job follow-up. On the 1st day of the 6th month ALERT #1025 will remind the ESW to enter the 7th through 12th month job follow-ups if the client is still eligible for the VTP. The ESW must enter the 7th through 12th job follow-ups no later than the 15th day of the 6th month. If the job follow-ups are not entered in ESPAS by the 15th of the month, ALERTS will go to the EW on the 16th day instructing the EW to close the VTP in ADAPT effective the first day of the 7th month.

If the job follow-up is not returned or the job follow-up and documentation does not show the client is employed at least 30 hours per week earning at least the federal minimum wage, the payment is to stop. If the hours are less than 30 per week when the 7th job follow-up information comes back, close the VTP with closure code 20. The client is no longer eligible for the VTP. The ESW will also send an Employment Services Communication Form (032-02-0072-08) to the EW requesting her to close the VTP in ADAPT.

The VTP should be terminated and the communication form sent when employment ends, hours fall below 30 per week, wages decrease to below the current federal minimum wage, when the client changes jobs causing a break in employment which results in the average hours for the month falling below 30 per week, when the only eligible child leaves the home, and when the client does not send the job follow-up back by the due date with appropriate documentation. The VTP must also be terminated when the employment is with an educational or training institution that closes for the summer (longer than thirty days) and the client cannot work.

Official closures by educational or training institution employers for quarter or semester breaks (lasting less than thirty days) during which the client cannot work will not impact the VTP.

Once the client loses employment and the VTP is stopped, she continues to be ineligible for VTP as long as she is in the transitional period even if she becomes employed again.

Transmittal 43
1000.28 – CONTRACTS

Agencies may enter into financial agreements with individuals or organizations to operate portions of their Employment Services program. Agencies are bound by State statutes set forth in the Virginia Public Procurement Act and by any local procedures that may supplement the Act. Contracts made with other state entities, including community colleges and Work Force Investment Act (WIA) agencies are not subject to the requirements of the Virginia Public Procurement Act, but may be subject to local procurement procedures.

A financial arrangement between a local social service agency and any other entity for the provision of VIEW activities and services is a contractual relationship and can be entered into only if the standard contract format in Appendix B is used. No other agreement or written arrangement, including an Agreement of Cooperation or a Memorandum of Understanding, can be substituted for the use of the standard contract.

Contracts negotiated at the time the VIEW Annual Plan is developed will be sent to the agency’s TANF/VIEW Field Consultant with the VIEW Plan. Contracts developed outside this timeframe will be sent to the Field Consultant as soon as the contract has been signed by both parties. The VIEW Plan will be modified as necessary and sent to the Field Consultant.

The Field Consultant will provide technical assistance to the agency in developing and/or negotiating contracts as needed.

A. Consideration in Contracting

Prior to contracting, the agency must determine what is to be contracted and why. The agency must determine that the contractor can provide services of an equal or higher quality and/or at a lower cost than the agency itself. Care should be taken to insure that the contract represents an extension of services, rather than compensation for services previously provided at no cost. If the contract is with an agency or organization that serves TANF recipients or other economically disadvantaged populations, the contract must contain a certification from the provider that the services being contracted for are not otherwise available from the provider at no cost.

B. Services That Can be Contracted

Any program activity or service may be contracted as long as the agency is able to justify the contract in terms of quality of services, cost, and anticipated outcomes. However, any contract that includes initial client assessment normally the responsibility of an ESW, and/or overall on-going case management of all or part of the agency’s VIEW population, must have prior approval by the Field Consultant in consultation with the Home Office.

C. Selection of Service Providers

When selecting service providers, the local agency must take into account such things as the past performance of the contractor in providing similar services, the contractor’s demonstrated effectiveness, fiscal accountability, cost efficiency and other factors which the local agency determines are appropriate. A process must exist that documents these factors were considered.

D. Contract Outcomes

The contract should be written so that acceptable performance and outcomes are clear to both parties. Additionally, the contract should make clear how outcomes will be measured and with what frequency. Success should be defined incrementally and in terms of completion.
1000.29 – RECORD RETENTION

The Code of Virginia 42.1-76 places authority to issue regulations concerning retention and destruction of records with the Library of Virginia (LVA). The LVA General Schedule No. 15 governs records maintained by local social service agencies, including VIEW client records. LVA General Schedule No. 02 governs locality fiscal records including purchase orders. While many records can be destroyed three years after case closure, there are exceptions to that general rule. These exceptions include situations involving audits, investigations, court cases, and fraud or overpayments related to supportive services among others.

Each local agency must designate a Records Officer who will be in charge of seeing that LVA regulations for record retention and destruction are followed. See http://lva.virginia.gov/agencies/records/retention.asp for information about establishing a Records Officer and to access the specific schedules for record retention and disposition. The Library encourages agencies to contact the Records Analysis Services section at 804-692-3600 with questions about records management.
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 (032-02-0671-01-eng) ................................................................................. 31

Do You Have a Disability? (032-02-0670-01-eng) ............................................................................................... 33

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Notice of Intentional Program Violation (032-03-0721-08-eng) .......................................................................... 38

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VIEW Notice of Sanction/Termination (032-02-0307-03-eng) ................................................................. 42

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Notice of Workers’ Compensation Requirements and Procedures (032-03-675) .................. 56

Employer’s Accident Report (VWC Form No. 3 rev. 3/22/02) .................................................. 58

Notice of Intentional Program Violations and Penalties (032-03-0646-07-eng) .................. 60

VIEW Job Follow-Up (032-03-0402-01-eng) ........................................................................... 62

Job Follow-Up Contact – Current VIEW Participants
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VIEW Program Participation Document (032-03-0189-00-eng) Obsolete ............................... 66

Holidays and Excused Absences for Participants in Unpaid Activities (032-03-0106-01-eng) .... 68

VIEW Education and Training Activities Attendance Sheet (032-03-0191-02-eng) ............... 70

Statement of Required Presence of Caregiver (032-03-0020-00-eng) ....................................... 72
Virginia Initiative for Employment not Welfare (VIEW)
AGREEMENT OF PERSONAL RESPONSIBILITY

This agreement lists your responsibilities as a participant in the VIEW program. If you refuse to sign this Agreement of Personal Responsibility, you will lose your Temporary Assistance for Needy Families (TANF) benefits.

VIEW PROGRAM RESPONSIBILITIES
I understand that TANF is a temporary assistance program and that I am responsible for:

- Recognizing that because TANF is temporary assistance, I need to work to become self-sufficient and support my family;
- Looking for and accepting employment;
- Participating in and satisfactorily completing all assignments from my case manager; notifying my case manager immediately of changes in my circumstances; answering all letters and calls from my case manager in a timely fashion; and keeping appointments with my case manager;
- Arranging child day care and transportation to allow me to participate in the VIEW program. If I am unable to arrange child day care and transportation, my case manager may be able to assist with these services.
- Notifying my child care worker immediately of all changes in work, or training, or education schedules, including when I begin or end a job or class, or when I change my hours.

VIEW PROGRAM RULES
To continue to receive TANF benefits, I must enroll in the VIEW program.

Once enrolled in the VIEW program, I can receive up to 24 months of TANF benefits.

I will be assigned to work activities throughout my 24-month eligibility period.

If I do not participate in the VIEW program, I will lose my family's TANF grant and my family's SNAP benefits may be affected. This is considered a sanction.

Each month that I am sanctioned for not participating will count as one of my 24 benefit months.

If I refuse a job offer without good cause or if I quit a job or am terminated, I will be sanctioned and lose my family's TANF benefits unless I have good cause. My SNAP benefits may be affected also.

FAIR HEARING RIGHTS
I have the right to appeal any agency action which terminates, reduces, or suspends my family's TANF and/or SNAP benefits.
VIEW OPPORTUNITIES
I understand that it is my responsibility to take advantage of the opportunities afforded me by the VIEW program. By taking advantage of these opportunities, I will be assisting my family in achieving economic independence.

I am able to earn up to the poverty level without losing my TANF benefits. The amount of my monthly benefits may not change when I go to work.

When I find employment and leave TANF, I may be eligible for up to 12 months of transitional child care, transportation, and/or a transitional incentive payment.

I may receive valuable work experience and/or training through the VIEW program.

HARDSHIP EXCEPTIONS
Hardship exceptions may be granted in very limited circumstances to extend the 24-month eligibility period to persons who demonstrate an extreme hardship. I may be granted a hardship exception if I have met the following conditions:

1. Satisfactorily participated in all of the assigned activities while in the program without being sanctioned; and
2. Was not sanctioned for leaving employment while in the VIEW program; and
3. Was not sanctioned more than one time for reasons other than those stated in 1 and 2 (required interviews, assessments, etc.).

VIEW ELIGIBILITY PERIOD (Check one)
☐ Signing this agreement will cause my 24-month eligibility period to begin on ___________________ with a scheduled end date of ___________________. (first of the following month)

☐ Signing this agreement will resume my 24-month eligibility period to begin on ___________________ with a scheduled end date of ___________________. This means I have ____________________ months remaining of my 24-month eligibility period. This means I have ____________________

I am aware that my TANF case will close prior to the scheduled end date when I reach the end of my 60-month eligibility period or when any other member of my household reaches the end of his/her 24-month or 60-month eligibility period.

AGREEMENT TO PARTICIPATE (Check one)
I understand that I must sign this agreement to continue to receive TANF benefits. Refusal to sign this agreement will result in the loss of my TANF benefits.

☐ By signing this VIEW Agreement, I choose to participate in the VIEW program.

☐ The client refused to sign the Agreement of Personal Responsibility. The client's responsibility to participate was explained. The client was informed that refusal to participate will result in termination of the family's TANF benefits.

Participant ___________________________ Date ___________________________

Case Manager ___________________________ Date ___________________________

TANF TRANSMITTAL 43
VIEW AGREEMENT OF PERSONAL RESPONSIBILITY

FORM NUMBER - 032-02-0310-06 (10/09)

PURPOSE OF FORM - This form provides written documentation of the acceptance of personal responsibility by the participant for participating in the VIEW program. The VIEW Agreement of Personal Responsibility must be completed at the initial assessment and each subsequent referral to VIEW. The form documents the begin date and scheduled end dates of the VIEW participant's 24 months of receipt of TANF. The form is signed by both the participant and the ESW.

USE OF FORM - This form is used by the agency to record the information discussed with the participant concerning the individual's responsibilities while in the VIEW program. The form must be completed and signed before VIEW participation may begin.

NUMBER OF COPIES - One original and two copies.

DISPOSITION OF COPIES - Original - Case Record
Copy – Child Care Worker/Child Care Unit
Copy - VIEW Participant

INSTRUCTIONS FOR COMPLETING THE FORM - The worker/case manager must discuss this form in its entirety with the participant at the time of initial assessment. This form must be signed by the participant and by the ESW before the participant enters the VIEW program.

Refusal by the VIEW participant to sign this agreement will result in loss of TANF / TANF-UP benefits and may affect SNAP benefits. If the participant refuses to sign the agreement, the ESW is to check the box, sign and date, and file it in the case record.

If a VIEW participant leaves the program prior to the end of the 24-months of eligibility for TANF and subsequently returns, the participant must sign a new Agreement of Personal Responsibility, with the remaining eligibility period indicated in the "VIEW ELIGIBILITY PERIOD" section.
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM
☐ Assessment  ☐ TANF
☐ Reassessment ☐ TANF-UP
Participant Name: ____________________________
Case Name: ____________________________
Case Number: ____________________________
Telephone Number: ____________________________
Email Address: ____________________________
Date: ____________________________

VIEW ASSESSMENT – Part 1

A. EDUCATIONAL BACKGROUND

Last Grade Completed __________ Date Completed __________ School/Location __________
GED __________ (yes/no) Date GED Completed __________ Other (test results, date given, type, etc.) __________

Other training/special schooling and dates: ____________________________________________

Agency Use Only: Functional Education. Level ______ Date Determined ______ Method ______

B. EMPLOYMENT HISTORY (Begin with your last job):

1. Employer ____________________________ Job Title ____________________________
   Duties: ____________________________
   Date Started __________ Date Left __________ Highest Pay ______
   Reason for Leaving: ____________________________

2. Employer ____________________________ Job Title ____________________________
   Duties: ____________________________
   Date Started __________ Date Left __________ Highest Pay ______
   Reason for Leaving: ____________________________

3. Employer ____________________________ Job Title ____________________________
   Duties: ____________________________
   Date Started __________ Date Left __________ Highest Pay ______
   Reason for Leaving: ____________________________

4. Employer ____________________________ Job Title ____________________________
   Duties: ____________________________
   Date Started __________ Date Left __________ Highest Pay ______
   Reason for Leaving: ____________________________

5. Employer ____________________________ Job Title ____________________________
   Duties: ____________________________
   Date Started __________ Date Left __________ Highest Pay ______
   Reason for Leaving: ____________________________

Most favorite job ____________________________ Why? ____________________________
Least favorite job? ____________________________ Why? ____________________________

C. VOLUNTEER WORK/HOBIES/INTERESTS (Transferable skills): ____________________________

032-02/03/04-eng (10/09)
**D. GENERAL INFORMATION:**

1. Please provide the following information for everyone living in your household.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to You</th>
<th>DOB</th>
<th>Child Paternity Established?</th>
<th>Student</th>
<th>Name of School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

2. Do you have a current driver’s license?

3. Is your license currently suspended? ______ Explain:

4. Do you have access to a car? ______ If not, what do you do for transportation?

5. Have you ever been convicted of a crime?

   Felony or misdemeanor? ___________ Explain

6. Do you have any pending charges or court dates? ___________ Explain

7. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job?

   Explain

8. What type of child care will you arrange to help you accept a job?

9. Are you registered with the Virginia Employment Commission (VEC)?

   If so, when was the last time you contacted the VEC about job openings?

10. Are you registered with a temporary employment agency?

    If so, give the name of the agency and last date of contact.

11. Are you scheduled to begin an education or training program in the next sixty (60) days? ______ If so, what will you study? ___________ Where?

**E. CONSIDERATIONS IN EMPLOYMENT PLANNING:**

Which of the following do you have to think about in finding and/or keeping a job? (Check all that apply):

- Family Circumstances
- Legal/Criminal
- Education
- Limited English
- Other

- Homeless
- Child Care
- Work History
- Illness/Disability

- Substance Abuse
- Transportation
- Family Abuse

What steps can you take to improve your situation in regard to each of the items checked?

*The Family Violence Hotline can be reached at 1-800-838-8238.*

032-02.0303-04-eng (10/09)
Participant Name: ____________________________________________  Date: __________________

VIEW ASSESSMENT – Part 2

F. EMPLOYMENT GOALS/ OTHER GOALS:

1. What kind(s) of job would you like to work in two years from now? ____________________________________________

2. What kind(s) of job would you like to have five years from now? ____________________________________________

3. What other goals (personal, financial, educational) do you have for yourself in the next five years? __________

G. PLANNED PROGRAM ASSIGNMENTS BASED ON GOALS (Number in order of anticipated assignment):

#     

Core Activities

_ Currently employed part-time or full-time at ____________________________

_ Job Search ____________________________

_ Job Readiness at ____________________________

_ Full Employment Program (FEP) at ____________________________

_ On-The-Job-Training (OJT) at ____________________________

_ Community Work Experience (CWEP) or Public Service Program (PSP) at ____________________________

_ Vocational Education and Training at ____________________________
  Field of Study ____________________________

Non-Core Activities

_ Job Skills Training at ____________________________

_ Education Above Post-Secondary that is Directly Related to Employment (meets definition of Job Skills Training) at ____________________________
  Field of Study ____________________________

_ Education Below Post-Secondary at ____________________________

Other Work Activities (not credited toward participation)

_ Other Locally Developed ____________________________

H. WHAT ACTIONS WILL YOU TAKE TO HELP REACH YOUR GOALS?

________________________________________________________

I. WHAT OUTCOMES DO YOU EXPECT FROM YOUR VIEW PARTICIPATION? (Explain that outcomes will be based on program participation and the participant’s commitment to his/her own success):

________________________________________________________

________________________________________________________

________________________________________________________
VIEW ASSESSMENT

FORM NUMBER - 032-02-0303-04-eng

PURPOSE OF FORM - This form is initially completed by the VIEW worker at the time of the VIEW assessment interview. The form records information concerning the VIEW participant's educational background, employment history, interests and employment goals. This form will also be updated at reassessment interviews. (Note: If the agency chooses to mail Part 1 of the VIEW Assessment to the client for completion prior to the assessment interview, an in-depth interview will still be conducted. The information provided by the client on Part 1 will serve as introduction to further discussion around the interview topics. Part 2 of the form is not designed to be completed by the client and should not be used in that way under any circumstance).

USE OF FORM - The information on this form is used to assess the job readiness of the VIEW participant and serves as a foundation for development of the VIEW participant's Activity and Service Plan (032-02-302). Part 1 of the form will be used after the initial assessment process to record up-dated information about the VIEW participant's educational background, employment history, and interests. Date information added after the initial assessment to show MM/DD/YY of entry. Part 2 will be completed with the client and based on the goals identified in Part 1. It will provide the client with an overview of her planned participation in VIEW and will encourage the client's involvement in achieving success. Complete a new Part 2 if the client's goals change during program participation and/or if the planned sequence of program assignments change.

NUMBER OF COPIES - Original only, but provide participant with a copy of Part 2.

DISPOSITION OF COPIES - Original will be maintained in the VIEW participant's case record.

INSTRUCTIONS FOR PREPARING FORM - Identifying Information/Date/Type of Assessment/Category - Date is MM/DD/YY the assessment or reassessment is conducted. Check the appropriate block to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews.

PART 1
A. EDUCATIONAL BACKGROUND - Information about the last school attended and last grade completed is obtained from the VIEW participant during the assessment interview. The worker will use this part of the form to record functional education level testing. Record any training, special schooling or post secondary education. Be sure to include dates attended and any certification(s) or degree(s) obtained. Information about test results may be recorded at the time initial assessment, if known, or may be added at the time of reassessment.

B. EMPLOYMENT HISTORY - The "Employment History" section provides space for a chronological listing of the VIEW participant's employment. Information about the VIEW participant's duties on the job, reasons for leaving, and job preferences are important for employability planning and merit thorough discussion.

C. VOLUNTEER WORK/HOBBIES/INTERESTS - In this section, include any information which could assist the ongoing employability planning process. Information about volunteer work, hobbies and interests will allow identification of transferable skills which are useful in planning for participants with limited skills/employment.

D. GENERAL INFORMATION: This section provides space for the worker to list the members of the client's household, their ages, and school status. The client's family situation may help or hinder her program participation. Subsequent questions are designed to help the VIEW participant think about some of the issues which will affect employability as well as the ability to be self-sufficient. Each question needs to be completed as thoroughly as possible and discussed with the VIEW participant at the time of the interview.

E. CONSIDERATIONS IN EMPLOYMENT PLANNING: This section is designed to allow the VIEW participant and worker to identify issues which may impact the client's progress toward self-sufficiency. If problems are identified, the VIEW participant has an opportunity to decide how these issues will be resolved.

PART 2
F. EMPLOYMENT GOALS/OTHER GOALS: This section is designed to record short and long term employment goals, as well as other long term goals. Knowledge of these goals can help as the client and worker plan her participation in VIEW.

G. PLANNED PROGRAM ASSIGNMENTS BASED ON GOALS: This section is designed to list the components to which the participant may be assigned during the course of VIEW program participation. Assignments should directly assist the participant in achieving her employment and other goals. Use the spaces next to the activities to number the activities in anticipated order of assignment.

H. WHAT ACTIONS WILL YOU TAKE...? Use this section to list the actions the participant will take on her own behalf in reaching her goals.

I. WHAT OUTCOMES DO YOU EXPECT ...? This section is used to record the outcome the client envisions as a result of her VIEW participation.
Employer Responsibility:

The employer agrees to:

- Begin placements on or about the first of the month, but under no circumstances during the last 11 days of the month.

- Provide no fewer than 20 work hours per week for the participant at a rate of pay not less than the current Federal Minimum Wage.

- Maintain time, attendance, and payroll records for the participant as a basis for payment and reporting the local agency.

- Provide sick leave, holiday and vacation benefits to the same extent provided to other employees performing the same work and having similar experience and tenure.

- Maintain healthy, safe working conditions at or above levels generally acceptable in the industry and no less that those in which other employees perform the same work.

- Pay to the participant wages comparable to wages paid to other employees doing similar work and working similar hours.

- Provide to the participant the same benefits, worker’s compensation coverage, and considerations afforded other employees doing similar work and working similar hours.

- Not displace any other worker in order to enter into this agreement.

- Not discriminate against any person, including program participants, on the basis of race, color, sex, national origin, religion, age, or disability.

- Not assign the participant to political, electoral, or partisan activities.

- Notify the Case Manager immediately if the participant fails to carry out the requirements of the job, is having employment-related problems, quits, or is terminated.

- Report to the Case Manager by the 5th calendar day of the following month when the participant’s hours average less than 20 hours per week.

- Return the stipend for a month in which the participant did not work an average of 20 hours a week for the weeks the FEP Agreement was in effect during the month. Include as a note on your check: FEP and the participant’s name.

Virginia Department of Social Services
Division of Financial Management
P. O. Box 606
Richmond, VA 23219

Either party can terminate this agreement by giving written notice five working days prior to the cancellation. Termination can be for any reason, such as but not limited to: it is in the best interest of the program or the participant; the employer fails to provide the services specified or to comply with any of the provisions of this agreement; the participant fails to fulfill the requirements of the job; the agency fails to comply with the provisions of this agreement.

I have read, understand, and agree to the provisions of this agreement.

____________________________________________________, Company Name
______________________________________________, Employer     Telephone #: _____________     Date ___________
______________________________________________, Case Manager Telephone #: _____________     Date ___________
FULL EMPLOYMENT AGREEMENT (FEP)

FORM NUMBER 032-02-309/3

PURPOSE OF FORM – This form provides the required documentation of the terms of the agreement between the agency and the employer for the benefit of the participant.

USE OF THE FORM – This form is used to ensure understanding between the agency and the employer regarding the responsibilities of each. The form states the stipend amount to the employer and conditions for termination of the placement.

NUMBER OF COPIES – Original and two copies

DISTRIBUTION OF COPIES – Original – VIEW Worker
1st Copy – Employer
2nd Copy – Participant
3rd Copy – Eligibility Worker

INSTRUCTIONS FOR PREPARATION OF FORM

After discussion with the employer regarding Full Employment and the FEP placement, this agreement will be completed indicating that the parties have an understanding of their individual responsibilities and agree to them.

Information contained in this agreement should be clearly defined on the participant’s VIEW/TWA/ Transitional Activity and Service Plan that corresponds to this assignment.

There must be a signed agreement for each VIEW participant assigned to a FEP placement.
Do you have a disability?

If you have a disability that makes it harder for you to do the things we ask you to do, please tell us. A disability is a physical or mental condition that limits one or more life activities.

These conditions may include:
- Diseases (i.e. diabetes, epilepsy, heart)
- Learning disabilities (i.e., a problem reading, writing, or doing math)
- Mental retardation
- Depression or other mental health problems
- Limited ability to walk or stand
- Hearing or vision loss
- History of drug or alcohol addiction

Help is available

If you tell us you have a disability, we can help you by:
- Calling or visiting if you are not able to come to the office
- Telling you what the letters we send to you mean
- Helping you complete a form
- Referring you to services to help you
- Helping to verify information or gather forms
- Helping you appeal if you disagree with a decision we make
- Changing program requirements

Federal law protects people with disabilities

The Americans with Disabilities Act (ADA) is a federal law that says people with disabilities have the same rights to benefits or services from the Department of Social Services as other people. You will not be denied benefits and services because of your disability. If you have a condition that makes it hard for you to do what we ask, we will help you find a way to get the benefits and services available to you. If you need help, tell us.
Please indicate below if you have a known disability:

YES ☐  NO ☐

List the known conditions and disabilities:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Receipt of “Do you have a disability form?”

I received a copy of the form “Do you have a disability?” and it was explained to me.

Client’s Signature: _________________________________ Date: _______________

This form was explained to the client on ____________, who refused to sign it.

Worker’s Signature_________________________________ Date _______________

Your right to complain

If you feel your benefits or services are denied or changed because of your disability, you may call your worker to arrange a conference or file an appeal. You may also appeal by calling the Virginia Department of Social Services toll free at 1-800-552-3431. If you have a hearing or speech impairment, you may call the Virginia Department of Social Services toll free at 1-800-828-1120 (Text/TTY). Requests for an appeal may also be made in writing to:

Hearing and Legal Services Manager
Virginia Department of Social Services
801 E. Main Street
Richmond, Virginia 23219-2901

You may file a discrimination complaint by contacting:

U.S. Department of Health and Human Services
Office of Civil Rights - Region III
Suite 372
Public Ledger Building
150 S. Independence Mall West
Philadelphia, Pennsylvania 19106-3499
Hotline: 1-800-368-1019
TDD: (215) 861-4440
Fax: (215) 861-4431
DO YOU HAVE A DISABILITY?

**FORM NUMBER** - 032-03-0670-02-eng

**PURPOSE OF FORM** - This form provides an opportunity for an applicant to identify any known conditions or disabilities, the worker to explain types of help the agency can offer, and rights of people with disabilities.

**USE OF FORM** - The form must be explained to each individual who completes an application for TANF and signed by the applicant or worker prior to case approval. This form can be used by the agency as an initial assessment of the individual’s ability to participate in eligibility or employment-related activities.

**NUMBER OF COPIES** - Three.

**DISPOSITION OF COPIES** - The original is filed in the case record, a copy is given to the applicant, and a copy is sent to the VIEW worker if the client is referred to or volunteers for VIEW.

**INSTRUCTIONS FOR PREPARING FORM NUMBER OF COPIES** - Review the information on the form, assist the individual, as needed, in completing the section on known disabilities, and explain federal protections and avenues of complaint. If the applicant refuses to sign the form, the worker must complete the statement

032-02-0670-02-eng (10/09)
Commonwealth of Virginia
Department of Social Services
NOTICE OF INTENTIONAL PROGRAM VIOLATION

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Case Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An investigation of your _____ Temporary Assistance for Needy Families (TANF) case, or _____ SNAP case has recently been completed. We have reason to believe you intentionally violated a program rule because (may be continued on reverse):

We have the following evidence to support our case against you (may be continued on reverse):

Therefore, a request for an Administrative Disqualification Hearing for the purpose of proving the above allegation will be made. This hearing determines whether you or another person in your household should be disqualified from participation in the program(s) checked above. Tell your worker if you have a disability or limited ability to speak and understand English and need to have special arrangements made to attend or present your case at the hearing.

You or your representative may look at the evidence at the local social services department by calling the number below to arrange a convenient time.

You have the right to an Administrative Disqualification Hearing prior to any action taken by the local Department of Social Services to disqualify you from receiving benefits. If you wish, you may waive your right to this hearing. By signing the attached waiver, you will be disqualified from receiving benefits for the period shown below whether or not you admit to the facts as presented.

Temporary Assistance for Needy Families (TANF)

_____  6 months, 1st violation   _____ 12 months, 2nd violation   _____ permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

Supplemental Nutrition Assistance Program (SNAP)

_____ months, 1st violation   _____ months, 2nd violation   _____ permanently, 3rd violation

_____ Other (Specify)

If you do not sign the attached waiver, an Administrative Disqualification Hearing will be held. If the hearing finds that you committed an Intentional Program Violation, you will be disqualified for the same period of time as shown above.

Neither signing the attached waiver nor holding the hearing shall prevent the State or Federal government from prosecuting you for an Intentional Program Violation in a criminal or civil court action, or from collecting the overpayment or overissuance. You have the right to remain silent concerning the allegations as anything said or signed by you could be used against you in a court of law.

<table>
<thead>
<tr>
<th>Worker</th>
<th>Telephone</th>
<th>For Free Legal Advice Call</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1-866-534-5243</td>
</tr>
</tbody>
</table>

032-03-0721-08-eng (10/09)
NOTICE OF INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-0721-08-eng

PURPOSE OF FORM - To advise a person that he/she is suspected of having committed an intentional program violation (IPV).

USE OF FORM - To be completed by the local agency to advise an individual that IPV is suspected. This form is sent with the Waiver of Administrative Disqualification Hearing.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original is sent to the individual suspected of committing IPV. The local agency retains a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top.

In the paragraph beginning "An investigation of your...," check the program involved in this notification (it may be either TANF or SNAP or both.)

The paragraph continues, "We have reason to believe ...." Describe the violation the household member allegedly committed.

In the paragraph beginning, "We have the following evidence ...," describe the evidence which supports the allegation.

Use back of form if necessary for these explanations.

In the paragraph describing the lengths of disqualification, check the blocks applicable to the program(s) involved in the IPV. For SNAP, enter the number of months in the disqualification period for the 1st and 2nd violations.

Sign the form and complete the information at the bottom.
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

VIEW NOTICE OF SANCTION/TERMINATION

Participant Name
Agency
Address
Date
Case ID#

You did not participate as required in the Virginia Initiative for Employment Not Welfare (VIEW) Program. Participation includes maintaining employment as well as keeping appointments and carrying out assignments.

UNLESS YOU HAVE GOOD REASON FOR NOT PARTICIPATING, YOUR BENEFITS WILL BE STOPPED. THIS IS CALLED A SANCTION OR TERMINATION.

☐ Your household's entire TANF or TANF-UP benefits will be terminated because you:
  ☐ Did not appear for the Initial Assessment Interview on / / .
  ☐ Refused to sign the Agreement of Personal Responsibility.

☐ Your household's entire TANF or TANF-UP and SNAP benefits will be suspended due to sanction because you:
  ☐ Failed to keep your scheduled appointment on / / .
  ☐ Failed to attend your employer interview on .
  ☐ Failed to complete your assignment to .
  ☐ Failed to maintain employment at .
  ☐ Other: .

If you wish to discuss your reasons for not participating, and possibly stop the sanction/termination, you must get in touch with your worker/case manager by / / . If you call after the date shown, or if you do not call at all, you will lose your benefits.

If you are sanctioned and receive SNAP benefits, your SNAP benefits may also be affected.

The termination of TANF for failing to appear for the Initial Assessment or refusing to sign the Agreement of Personal Responsibility means that your TANF case will be closed until you reapply and are found eligible for TANF/TANF-UP.

Unless you take action to stop this process, the sanction/termination will last:

☐ For at least one payment month and compliance.
☐ For a minimum of 3 consecutive months and until you participate. (If you receive this sanction, you will not be eligible for a hardship exception.)
☐ For a minimum of 6 consecutive months and until you participate. (If you receive this sanction, you will not be eligible for a hardship exception.)

Your Eligibility Worker will let you know when the sanction or termination will begin.

VIEW Worker/Case Manager

Telephone Number
032-02-0307-03-eng (10/09)
NOTICE OF SANCTION/TERMINATION

FORM NUMBER - 032-02-0307-03eng

PURPOSE OF FORM - This form gives VIEW participants notice that they have failed to comply with program requirements, advises VIEW participants of the consequences of non-compliance, and advises them of how they may show good cause for non-compliance.

USE FOR FORM - This form may be sent to VIEW participants to inform them that they are not in compliance with VIEW program requirements and the reason why that determination was made. The form also states that the participant can contact the worker to explain why there was good cause for the non-compliance.

NUMBER OF COPIES - Original and one copy

DISPOSITION OF COPIES - Original - Mailed to VIEW Participant
Copy - Case Record

INSTRUCTIONS FOR PREPARATION OF FORM - This form provides the VIEW participant with written notice that the participant has failed to comply with VIEW program requirements and the consequences of that non-compliance.

Check the appropriate block at the top of the form and complete the corresponding statement in sufficient detail for the VIEW participant to understand the reason he or she is considered to be out of program compliance.

Check the appropriate block at the bottom of the form to indicate the termination/sanction period.

Keep all responses to this notice in the case record, preferably attached to the notice.
NOTICE OF HARDSHIP EXCEPTION

YOUR REQUEST FOR A HARDSHIP EXCEPTION TO THE TANF 24 MONTH TIME LIMIT HAS BEEN APPROVED / DENIED (CIRCLE ONE) FOR THE FOLLOWING REASON(S):

______________________________________________________________________________________________
______________________________________________________________________________________________.

IF APPROVED, THE EXTENSION OF TANF BENEFITS IS FOR A _________________________________
PERIOD, BEGINNING ________________________________, AND ENDING __________________________.

YOUR REASSESSMENT APPOINTMENT WITH YOUR VIEW WORKER IS _______________________________,
MONTH __________ DATE __________ YEAR ____________, YOU MUST SHOW UP FOR THIS APPOINTMENT IN ORDER TO CONTINUE RECEIVING TANF BENEFITS.

YOUR EXTENSION OF TANF ASSISTANCE IS CONDITIONAL BASED UPON THE FOLLOWING:

(1) YOU MUST CONTINUE TO MEET THE TANF AND VIEW PROGRAM REQUIREMENTS.
(2) YOU MUST CONTINUE TO MEET THE CONDITIONS UNDER WHICH THE HARDSHIP HAS BEEN GRANTED.
(3) IF YOU DO NOT COMPLY WITH PROGRAM REQUIREMENTS, YOUR HARDSHIP WILL END AND YOUR TANF BENEFITS WILL TERMINATE.

VIEW WORKER: __________________________________________
PHONE NUMBER: _________________________________________

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR VIEW WORKER. IF YOU DISAGREE WITH THE PROPOSED ACTION, YOU MAY CONTACT YOUR WORKER TO ASK FOR A CONFERENCE, OR YOU MAY REQUEST IN WRITING A HEARING TO APPEAL THE ACTION.

APPEALS SHOULD BE SENT TO:

HEARING AND LEGAL SERVICES MANAGER
VIRGINIA DEPARTMENT OF SOCIAL SERVICES
801 E. MAIN STREET
RICHMOND, VIRGINIA 23219-2901

032-03-0377-02-eng (10/09)
NOTICE OF HARDSHIP EXCEPTION

FORM NUMBER - 032-03-0377-02-eng

PURPOSE OF FORM - This form provides a VIEW participant who has applied for any of the hardship exceptions with a written decision on his application.

USE OF FORM - This form is used to notify a VIEW participant of the decision on his application for a hardship exception to the 24 months TANF time limit. The form will be used for both approvals and denials of hardship exceptions.

NUMBER OF COPIES - One original and two copies.

DISPOSITION OF COPIES - Original - mailed to VIEW participant.
   One copy - filed in VIEW case record.
   One copy - eligibility worker.

INSTRUCTIONS FOR PREPARATION OF FORM
The form will be completed by the VIEW worker with the appropriate identifying information (participant name, case number, date) and the VIEW participant's name and address.

The hardship will be approved or denied, with the VIEW worker circling the correct choice, stating the reason(s) for the approval or denial, and establishing the time frame for the hardship, if approved. The worker will also set a reassessment appointment, which the participant must keep. If the hardship is denied, the worker will state the reason(s) why, and cross through the information on the extension of benefits and the reassessment appointment. The VIEW worker's signature and telephone number are required.

This form must be mailed to the applicant for a hardship exception within 30 days for the hardship application.
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Temporary Assistance for Needy Families (TANF)  Case I.D.# ____________________________
Supplemental Nutrition Assistance Program Employment and Training (SNAPET)

CONTACT SHEET

<table>
<thead>
<tr>
<th>Worker Name</th>
<th>Date</th>
<th>Contact Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RECORD BRIEF INFORMATION ABOUT EACH CONTACT *

*This form may replace the case narrative if it is used to record all case information.
**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF SOCIAL SERVICES**  
Temporary Assistance for Needy Families (TANF)  
Supplemental Nutrition Assistance Program Employment and Training (SNAPET)

**CONTACT SHEET**

<table>
<thead>
<tr>
<th>Wker Name</th>
<th>Date</th>
<th>Contact Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RECORD BRIEF INFORMATION ABOUT EACH CONTACT * **

---

*This form may replace the case narrative if it is used to record all case information.*
CONTACT SHEET

FORM NUMBER – 032-02-0078-06-eng

PURPOSED AND USE OF FORM – This form provides a record of each case action and each client and collateral contact.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Original is maintained in the registrant’s case record.

INSTRUCTIONS FOR PREPARATION OF FORM

This form includes all contacts of any kind with TANF recipient and any case action taken. These include, but are not limited to, interviews which the participant, other contacts (letters, notices, phone calls) with the date a participant begins or leaves an assigned activity.

This form may replace the case narrative. If the form is used to replace the case narrative, it must include all pertinent case information. The type of contact (in person, telephone, letter, or e-mail) must be identified.
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Participant</td>
<td>____________________________</td>
</tr>
<tr>
<td>Case Name</td>
<td>SNAPET TANF TANF-UP</td>
</tr>
<tr>
<td>Case Number</td>
<td></td>
</tr>
<tr>
<td>Reapplication for TANF - Previous Failure to Sign Agreement of Personal Responsibility. APR signed on</td>
<td><em><strong><strong><strong>/</strong></strong></strong></em>/_______ (APR attached). Effective Date of TANF approval: <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
</tr>
<tr>
<td>Result of reevaluation of non-exempt/mandatory status:</td>
<td>________________________________________</td>
</tr>
<tr>
<td>Volunteer no longer wishes to participate.</td>
<td></td>
</tr>
<tr>
<td>Non-exempt/mandatory individual now exempt.</td>
<td>Reason: ____________________________</td>
</tr>
<tr>
<td>Individual may be unable to participate in ESP/SNAPET because</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>Individual is not able to Read English Write English</td>
<td></td>
</tr>
<tr>
<td>Individual will enter/entered employment at</td>
<td>___________________________ on <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
</tr>
<tr>
<td>Scheduled # of Hours/week</td>
<td>___________________________ Rate of pay $ _______ per ________________________</td>
</tr>
<tr>
<td>Frequency of pay:</td>
<td>___________________________ Date of First Pay: <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
</tr>
<tr>
<td>Individual/household no longer eligible for SNAP. Case closed due to:</td>
<td>(check one) Sanction: ANPA sent Employment/ benefit reduction/savings information provided below Other: Effective Date: <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
</tr>
<tr>
<td>Individual removed from the SNAP household due to:</td>
<td>(check one) Sanction: ANPA sent Other: Effective Date: <em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
</tr>
<tr>
<td>Effective with payment on <em><strong><strong><strong>/</strong></strong></strong></em>/_______, benefits will be reduced from $ _______ to $ _______.</td>
<td></td>
</tr>
<tr>
<td>Individual appealed sanction. Case remains open until appeal resolved. Pre-hearing conference scheduled for</td>
<td><em><strong><strong><strong>/</strong></strong></strong></em>/_______ Sanction ended effective <em><strong><strong><strong>/</strong></strong></strong></em>/_______ Mandatory registrant has been added back to SNAP unit TANF case reopened.</td>
</tr>
<tr>
<td>24-Month Eligibility Termination date:</td>
<td><em><strong><strong><strong>/</strong></strong></strong></em>/_______ Appeal prior to 24-Month Closure or Appeal of Hardship Denial prior to 24-Month Closure. Appeal scheduled for: <em><strong><strong><strong>/</strong></strong></strong></em>/_______ Client has requested that case remain open until appeal resolved.</td>
</tr>
<tr>
<td>VIEW Transitional Payment established effective</td>
<td><em><strong><strong><strong>/</strong></strong></strong></em>/_______ VIEW Transitional Payment ended effective <em><strong><strong><strong>/</strong></strong></strong></em>/_______ Reason:</td>
</tr>
<tr>
<td>Amount of SNAP allotment for the month of</td>
<td>was $ <em><strong><strong><strong>. New certification period from <em><strong><strong><strong>/</strong></strong></strong></em>/</strong></strong></strong></em> to <em><strong><strong><strong>/</strong></strong></strong></em>/_______ Other</td>
</tr>
<tr>
<td>Other</td>
<td>032-02-0072-09eng (10/09) TANF TRANSMITTAL 43</td>
</tr>
</tbody>
</table>
COMMUNICATION FORM - From ESW to EW

Name of Participant ______________________  Participant’s Client ID # ______________________
Case Name ______________________________
Case Number ____________________________

☐ Volunteer signed APR on __________________. Please update AEGNFS screen and run ED/BC.
☐ Reevaluation of non-exempt/mandatory status is requested. Reason: _____________________________
☐ Volunteer no longer wishes to participate. Please update AEGNFS screen and run ED/BC.

☐ Individual will enter education or training activity on __________/_______/_______.
☐ Individual will be a participant in work experience. Please provide the SNAP amount for the month of __________/_______/_______.

☐ Individual will enter/entered employment on _______/_______/_______.
Employer _______________________________
Scheduled # of Hours/week: ____________. Rate of pay: $ __________ per __________.
Frequency of pay: ____________. Date of First Pay: _______/_______/_______.
☐ Please send verification of employment.

☐ Individual has failed to comply with program requirements of _______________________. Good cause does not exist.
☐ Notify ESW if aware of good cause reason.
☐ Sanction for (check appropriate answer)
  ☐ 1 month and compliance  ☐ 3 months and compliance  ☐ 6 months and compliance
☐ Comparability exists.
☐ Please provide the dollar amount of SNAP reduction due to employment or sanction.
☐ Please notify when the sanctioned individual has been added back to SNAP unit.
☐ Please notify when suspended TANF case has been reinstated.

☐ VIEW Transitional Payment enrollment opened effective _______/_______/_______.
☐ VIEW Transitional Payment enrollment closed effective _______/_______/_______.
Reason: ________________________________

☐ Hardship denied on _______/_______/_______.
☐ Hardship granted from _______/_______/_______ to _______/_______/_______.
☐ Hardship terminated on _______/_______/_______.

☐ Other ________________________________
EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

FORM NUMBER - 032-02-0072-09-eng

PURPOSE OF FORM – To exchange information about an employment services participant between the eligibility worker and the employment services worker.

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 – Two.

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 entire form should be retained in both the TANF and VIEW file.

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

FORM Number – 032-03-0654-06-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) or Supplemental Nutrition Assistance Program Employment and Training (SNAPET) 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 8, 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.
Notification of Workers’ Compensation Requirements and Procedure

Virginia Initiative for Employment not Welfare (VIEW) participants not eligible for Medicaid assigned to the Community Work Experience Program (CWEP) and placed at a site shall be deemed employers of the Commonwealth for the purposes of the Workers’ Compensation Act.

The VIEW participant should in the event of a covered injury at the CWEP placement:

1. Immediately give notice to the employer or his designee, in writing, of the injury or occupational disease and the date of the accident or notice of the occupational disease.

2. Promptly seek treatment from one of their TANF health care providers. If assistance is needed in finding a doctor, contact your VIEW worker.

The employer should:

1. At the time of the accident, determine the name of the TANF participant’s health care provider and immediately set up an appointment for them to see the physician. However, if the injury is of a critical nature, arrange for the employee to be sent to the hospital.

2. Investigate the accident facts, taking note of who witnessed the accident and whether the facts appear correct.

3. Complete the Employer’s Accident Report form from the employer’s perspective and submit completed form to:

   Virginia Department of Social Services
   Division of Benefit Program
   Economic Assistance and Employment Unit
   801 E. Main Street
   Richmond, VA 23219-2901
**Notification of Workers’ Compensation Requirement and Procedure**

032-03-675

PURPOSE OF FORM - This form provides notification requirements and procedures in the event of a covered injury to a VIEW participant in a CWEP placement.

USE OF FORM - This form is used to ensure understanding between the VIEW participant and the work site regarding covered injuries for VIEW participants in a CWEP placement not eligible for Medicaid.

NUMBER OF COPIES - Original and two copies

DISPOSITION OF COPIES – Copy remains on file in agency. One copy is retained by the work site and one given to the VIEW participant in a CWEP placement and who is not eligible for Medicaid.

INSTRUCTIONS FOR PREPARING FORM - After discussion with the VIEW participant and the work site representative, this notice will be completed so that both parties have an understanding of their mutual responsibilities.

A separate notice is required for each participant and/or CWEP placement.
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. An eligible child leaves your home.
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>
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<tr>
<td>3</td>
<td>1,984</td>
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<tr>
<td>4</td>
<td>2,389</td>
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<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  
+ $203.00.00

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 __________________
NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

FORM NUMBER – 032-03-0646-07-eng (10/09)

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.
PAGE 67 INTENTIONALLY LEFT BLANK
HOLIDAYS AND EXCUSED ABSENCES FOR PARTICIPANTS IN UNPAID ACTIVITIES

**Holidays** for unpaid activities (excluding Individual Job Search): Only the following 10 holidays may be included in the calculation of actual hours of participation:

- New Year’s Day (Jan)
- Martin Luther King Day (Jan)
- President’s Day (Feb)
- Memorial Day (May)
- Independence Day (July)
- Labor Day (Sept)
- Veteran’s Day (Nov)
- Thanksgiving Day (Nov)
- Day After Thanksgiving (Nov)
- Christmas Day (Dec)

**Excused Absences** for unpaid activities (excluding Individual Job Search): In addition to Holiday hours, **up to 80 additional hours of excused absences may be counted as VIEW participation in any 12-month period** for clients scheduled to participate in unpaid activities. No more than 16 hours of excused absences may be counted as participation in a single month.

- For new clients signing the APR on or after 10/1/09, the first month that excused absences may be counted is the month after the client signs the APR.
- For all other clients, record an absence for the first month in which an absence occurs on or after 10/1/09, and then any absences in the previous 11 months in order to determine countable absence hours, if any.

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<tr>
<th>Mo/Yr</th>
<th>Date/Hours</th>
<th>Date/Hours</th>
<th>Date/Hours</th>
<th>Total Hrs Absent/Month</th>
<th>Total Allowable Hrs/Month (16 or less)</th>
<th>Cumulative Hours Used</th>
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<td>11/10</td>
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</tr>
</tbody>
</table>
HOLIDAYS AND EXCUSED ABSENCES FOR PARTICIPANTS IN UNPAID ACTIVITIES

FORM NUMBER: - 032-03-0106-01-eng (10/09)

PURPOSE OF FORM - This form is to be used to document holidays and/or excused absences when they are included in the calculation of actual hours of participation for unpaid activities for the month. In order for the holiday or excused absence to be counted, the participant must have been scheduled to participate in the activity for that time period but was unable to do so due to holiday closure by the site or due to an excused absence. **Excused absence hours should be counted toward participation only when the hours will enable the client to meet the participation requirement which would otherwise not have been met.**

USE OF FORM - This form is placed in the participant’s case record when the initial VIEW assessment is completed. The form should be updated each month that either a holiday or excused absence will be used in the calculation of actual hours of participation for unpaid activities.

NUMBER OF COPIES - Original

DISPOSITION OF COPIES – Original is to be kept in the case record

INSTRUCTIONS FOR PREPARING THE FORM:

HOLIDAYS – This section is to be used to document any holidays that have been included in the calculation of actual hours of participation for unpaid activities during the month. Only the ten holidays listed may be considered holiday closures for Federal reporting purposes.

EXCUSED ABSENCES - This section is to be used to document any excused absences that have been included in the calculation of actual hours of participation for unpaid activities during the month. Only eighty hours of excused absences may be counted as VIEW participation for the preceding 12-month period and no more than 16 hours of excused absences may be approved in any one month.
Virginia Department of Social Services
Temporary Assistance for Needy Families (TANF) Displacement Grievance Form
Virginia Initiative for Employment not Welfare (VIEW)

Date________________
Name of Employee______________________________  Home  Phone #____________________________
Address_______________________________City______________  State_______ Zip Code ___________
Work Phone #____________________Best Time To Call_________A.M.________P.M ________________

Name of Employer_________________________________  Phone #________________________________
(Whom grievance is filed against)
Employer's Address __________________________________________________Apt. #________________
Supervisor's Name________________________________________________________________________
City_____________________________________State________________________Zip ________________
Brief description of grievance, include dates.____________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Employee Signature____________________________________________     Date    __________________

All of the above information is correct to the best of my knowledge.

Displacement means employing or assigning a Temporary Assistance to Needy Families (TANF) Community Work Experience Placement (CWEP), Full Employment Program (FEP) or other subsidized employment participant when: 1) The employer has terminated the employment of an employee, or the employee's current position, or otherwise caused an involuntary reduction in its work force in order to fill the vacancy with a subsidized participant, 2 ) An individual is hired while another person is on layoff, including seasonal layoff, from the same or substantially equivalent position; 3) The employer has reduced the hours of an employee in the same or substantially equivalent position to less than full time in order to employ or assign a subsidized participant; or; 4) The employment or assignment results in the impairment of an existing contract for services.* The Virginia Department of Social Services will act as a mediator to assist in resolving the grievance. Any suggestions made by the Department of Social Services are not binding to either party.

This form must be received by the Virginia Department of Social Services no later than sixty days after the alleged incident of Displacement.

Mail to:  Virginia Department of Social Services
801 E. Main Street
TANF Unit 9th Floor
Richmond, Virginia  23219

* 45 CFR 261.70 (a)
Screening for Employment Barriers: Issues and Tools…………………………………………………………2

Barriers to Employment………………………………………………………………………………………………3
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 During Appeal Process</td>
<td>401.5, p. 10-10a</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>
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<tr>
<td>Contributions In-Kind</td>
<td>305.4, p. 36a; 305.4, p. 44-45; 602.3, p. 2</td>
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<tr>
<td>Countable Earnings</td>
<td>305.3, p. 21</td>
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<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>
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</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>
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<tr>
<td>Death of Applicant</td>
<td>401.1, p. 5</td>
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<tr>
<td>Debit Card</td>
<td>502.5, p. 5; Section 500, Appendix III</td>
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<tr>
<td>Declaration of Citizenship and Alien Status</td>
<td>201.7, p. 1c-1g</td>
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<tr>
<td>Decrease in Income</td>
<td>305.1, p. 9-9a</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>
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<td>Sponsor to Alien</td>
<td>305.4, p. 32-33a</td>
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<td>Stepparent</td>
<td>305.4, p. 37-41</td>
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<td>Unverified</td>
<td>305.4, p. 43</td>
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<td>Definitions</td>
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<td>Deleting Income</td>
<td>305.1, p. 10</td>
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<td>Deleting Person with Income</td>
<td>305.1, p.10</td>
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<td>Direct Deposit</td>
<td>502.3, p. 4; 502.5, p. 5; 500, Appendix II</td>
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<td>Disability</td>
<td>101.2D, 901.2D, Section 1000, VIEW definitions</td>
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<td>Discrimination Complaint</td>
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<td>SUBJECT</td>
<td>SECTION/PAGE(S)</td>
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<tr>
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<tr>
<td>Disregarded -</td>
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<tr>
<td>Earned Income</td>
<td>305.3, p. 15-21</td>
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<tr>
<td>Other Income</td>
<td>305.4, p. 22-24b</td>
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<td>Unearned Income</td>
<td>305.4, p. 22-24b</td>
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<td>Student Income</td>
<td>305.3, p. 15-16</td>
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<td>Diversionary Assistance</td>
<td>801.1 - 801.8, p. 1-3</td>
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<td>Amount</td>
<td>801.6, p. 2</td>
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<tr>
<td>Eligibility</td>
<td>801.5, p. 1</td>
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<td>Period</td>
<td>801.4, p. 1</td>
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<td>Period of Ineligibility</td>
<td>801.7, p. 3</td>
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<tr>
<td>Purpose</td>
<td>801.1, p. 1</td>
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<td>Screening</td>
<td>801.2, p. 1</td>
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<td>Vendor</td>
<td>801.8, p. 4</td>
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<td>Voluntary</td>
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<td>Division of Child Support Enforcement (DCSE)</td>
<td>601.1-602.5</td>
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<td>Notification to Local Agencies</td>
<td>602.5, p. 4-6</td>
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<td>Support Collected</td>
<td>305.4, p. 24; 305.4, p. 46; 602.5, p. 4-6</td>
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<tr>
<td>Earned Income</td>
<td>305.3, p. 13</td>
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<td>Counted in Calculating Payment</td>
<td>305.1, p. 3-6; 701.4, p. 2</td>
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<td>305.3, p.18; 305.4, p.22</td>
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<td>Disregards Not Allowed</td>
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<td>Exceptions to Allowing Disregards</td>
<td>305.3, p. 20-21</td>
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<td>How to Calculate Monthly Amount</td>
<td>305.1, p. 6a-8</td>
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<td>Reporting</td>
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<td>Verification</td>
<td>305.1, p. 8-9</td>
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<td>305.4, p. 22, p. 23, p. 24b, p. 25</td>
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<td>203.1-203.4; 302.7 - 302.8, p. 4b; 502.1, p. 2</td>
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<td>Income Tax Refunds</td>
<td>305.4, p. 23</td>
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<td>Income vs. Expenses</td>
<td>401.2, p. 2d-e</td>
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<td>Inheritances See Lump Sum Payments</td>
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<td>Inquiry for Information</td>
<td>401.1, p. 1</td>
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<td>Intentional Program Violation (IPV)</td>
<td>102.1, p. 1-3; 102.5, p. 3a</td>
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<td>IPV Disqualification Penalties</td>
<td>102.3, p. 2</td>
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<td>IPV VIEW Improper Payments</td>
<td>503.1, p. 1; 503.7, p. 2c</td>
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<td>IPV Forms</td>
<td>102.2, p. 2</td>
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<td>Interim Reporting</td>
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<td>Redetermination</td>
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<td>Job Corps</td>
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<td>Job – Secured Employment</td>
<td>See Changes - Income; 305.1, p. 9-10</td>
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<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td>See Single Interview; 401.3, p5</td>
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<td>Legal Base</td>
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<td>302.8; 601.3, p. 4-5</td>
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<td>Prospective Budgeting</td>
<td>305.1, p. 3-10</td>
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<td>Protective Payments</td>
<td>502.3–502.4, p. 4; 502.7, p. 7c-10</td>
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<td>302.3, p.1; 302.7, p. 3a; 305.4, p. 36a; 601.1, p. 1a; 601.2, p. 2-2a; 602.3, p. 1-2</td>
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<td>Qualified Alien</td>
<td>201.7, p. 1, 1a, 1b, 1c, 1f</td>
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<td>201.7, p. 1-1b</td>
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<td>Questionable Information</td>
<td>401.2, p. 2d; 402.1, p. 1</td>
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<td>Recoupment/Recovery</td>
<td>503.8, p. 3-3a</td>
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<td>Redirection of Support</td>
<td>602.1, p. 1</td>
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<tr>
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<td>See Changes - Income; and Prospective Budgeting 305.2, p. 12-13</td>
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<td>305.2, p. 12; 305.4, p. 33</td>
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<td>Relationship</td>
<td>201.4 – 201.5, p. 1, 1a, 3a; 302.4, p. 37</td>
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<td>Release of Information to U.S. Citizenship and Immigration Services (USCIS)</td>
<td>103.4, p. 2</td>
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<td>Release of Information - Benefits - Aliens</td>
<td>103.3, p. 1</td>
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<td>401.3, p. 4-6</td>
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<td>Rent/Utilities Paid by Spouse</td>
<td>305.4, p. 36a; 305.4, p. 45</td>
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<td>Paid by Someone Other than Spouse</td>
<td>See Shelter Contributed</td>
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<td>Rental Property</td>
<td>305.2, p. 13; 305.3, p. 14</td>
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<td>Request for Address of a TANF recipient</td>
<td>103.2, p. 1; 100, Appendix I</td>
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<td>Residence</td>
<td>201.6, p. 5; 203.1, p.1</td>
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<td>SUBJECT</td>
<td>SECTION/PAGE(S)</td>
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<td>Single Interview (TANF &amp; SNAP)</td>
<td>401.1, p. 1a</td>
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<td>Sixty (60) Month Limit on Receipt of TANF</td>
<td>201.1 G</td>
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<tr>
<td>Social Security Benefits</td>
<td>305.4, p. 24b</td>
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<td>Letter on SSN Update</td>
<td>Appendix IV to 201</td>
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<td>Requirement</td>
<td>201.8, p. 1</td>
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<td>Special Occasion Income</td>
<td>305.2, p. 12</td>
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<td>Specified Relatives</td>
<td>201.5, p. 1-2</td>
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<td>Standard Deduction/Standard Work Deduction ($90)</td>
<td>305.1, p. 2; 305.3 p. 16, 20-21</td>
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<td>Appendix 3, pg. 1-2; 901.7, p.8; Appendix 1, pg. 1-2</td>
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<td>Standard Filing Unit</td>
<td>302.2</td>
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<td>Standards of Assistance By Groups</td>
<td>304.1, p. 1</td>
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<td>Appendix 2 to 304</td>
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<td>State Board of Social Services</td>
<td>100.2, p. 1; 102.1, p. 1;</td>
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<td>104.2, p. 1</td>
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<td>Stepparent Deeming</td>
<td>305.4, p. 37-43</td>
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<tr>
<td>Student Income</td>
<td>305.1, p. 2-3; 305.3, p. 15; 304.4, p. 24a</td>
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<td>Also see Compulsory School Attendance; VIEW; Grants &amp; Loans, Scholarships; Truancy</td>
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<td>Supplemental Security Income Recipients (SSI)</td>
<td>201.1, p. 1a; 302.7</td>
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<td>Support for Child Subject to Family Cap</td>
<td>201.12, p. 7-8</td>
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<td>Support from</td>
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<td>Absent Non-Custodial Parent</td>
<td>602.3, p. 2</td>
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<td>Other Non-Responsible Persons</td>
<td>305.4, p. 37</td>
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<td>Putative Fathers Outside the Home</td>
<td>305.4, p. 36a-37</td>
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<td>Spouse Outside the Home</td>
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<td>Also see Deeming – Stepparent</td>
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TANF Transmittal 43
Case Name: ____________________________________

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<thead>
<tr>
<th>Pay Date</th>
<th>Employer</th>
<th>Gross Pay</th>
</tr>
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</tr>
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</table>

Average = __________ Converted __________

**Step 1 - Screening**

1. Total Earnings ________________
   (Including Student Income if applicable)
2. Federal Poverty Level
   For AU of ________ $ ____________

If Line 1 is Larger: Ineligible □
If Line 2 is Larger: Go to Step 2

**Step 2 - Unearned Income**

1. Standard of Assistance
   For AU of ________ $ ____________
2. Total Countable Unearned - ______
3. TANF Deficit = ________
   (Not to exceed maximum reimbursable payment)
   If Line 1 is Larger: Go to Step 3
   If Line 2 is Larger: Ineligible □

**2009 FEDERAL POVERTY LEVEL**

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<thead>
<tr>
<th>Size</th>
<th>Monthly Amt</th>
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<tbody>
<tr>
<td>1</td>
<td>$903</td>
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<tr>
<td>2</td>
<td>1,215</td>
</tr>
<tr>
<td>3</td>
<td>1,526</td>
</tr>
<tr>
<td>4</td>
<td>1,838</td>
</tr>
<tr>
<td>5</td>
<td>2,150</td>
</tr>
<tr>
<td>6</td>
<td>2,461</td>
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<td>7</td>
<td>2,773</td>
</tr>
<tr>
<td>8</td>
<td>3,085</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$ 312</td>
</tr>
</tbody>
</table>

**Step 3 - Earned Income Disregards**

1. Total Earnings of AU $ __________
   (Step 1, Line 1)
2. Minus Standard Deduction - ______
   Subtotal: = __________
3. Minus 20% Disregard: - ______
   Subtotal: $___________
4. Minus Total Adult or
   Child Care Cost: - ______
5. Net Earnings $ __________

**Step 4**

1. Net Earnings $ __________
   (Step 3, Line 5)
2. Plus TANF Deficit Amount __________
   (Step 2, Line 3)
3. Total AU Income $ __________

⇒ If Step 4, Line 3, is less than Federal Poverty Level
   VIEW Payment * = Step 2, Line 3
   $ __________

⇒ If Step 4, Line 3 is greater than Federal Poverty Level
   Federal Poverty Level =$ __________
   Minus Step 3, Line 5 - __________
   Equals VIEW payment =$ __________
   *No payment less than $10.00 issued

032-03-0355-12-eng (10/09)
FORM NUMBER - 032-03-0355-12-eng

PURPOSE OF FORM - This form is a worksheet which can be used to screen a VIEW (TANF) case for financial eligibility and, if eligible, to calculate the grant.

USE OF FORM – To screen the case and calculate the VIEW payment (TANF grant), the eligibility worker must follow the four steps on the form.

NUMBER OF COPIES - One.

DISPOSITION OF COPIES – The completed form is filed in the case record.

INSTRUCTIONS FOR PREPARING FORM NUMBER OF COPIES – The worker enters the case name at the top of the form, completes the screening (step 1), compares countable unearned income to the assistance unit’s Standard of Assistance (step 2), calculates net earnings (step 3), and calculates total income of the assistance unit (step 4). Total net income is then compared to the applicable federal poverty level to determine the VIEW payment.
Commonwealth of Virginia
Department of Social Services

VIEW Grant Calculation - TANF-UP

Case Name: ____________________________________

<table>
<thead>
<tr>
<th>Pay Date</th>
<th>Employer</th>
<th>Gross Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Average = __________ Converted __________

**Step 1 - Screening**

1. Total Earnings __________
   (Including Student Income if applicable)
2. Federal Poverty Level
   For AU of ________ $ __________

If Line 1 is Larger: Ineligible □
If Line 2 is Larger: Go to Step 2

**Step 2 - Unearned Income**

1. Standard of Assistance
   For AU of ________ $ __________
2. Total Countable Unearned - ______
3. TANF Deficit = __________
   (Not to exceed maximum reimbursable payment)

If Line 1 is Larger: Go to Step 3
If Line 2 is Larger: Ineligible □

**Step 3 - Earned Income Disregards**

1. Total Earnings of AU $ __________
   (Step 1, Line 1)
2. Minus Standard Deduction - ______
   Subtotal: = __________
3. Minus 20% Disregard: - ______
   Subtotal: $ __________
4. Minus Total Adult or Child Care Cost: - ______

5. Net Earnings $ __________

**Step 4**

1. Net Earnings $ __________
   (Step 3, Line 5)
2. Plus TANF Deficit Amount $ __________
   (Step 2, Line 3)
3. Total AU Income $ __________

። If Step 4, Line 3, is **less** than Federal Poverty Level __________
VIEW Payment * = Step 2, Line 3 $ __________

። If Step 4, Line 3 is **greater** than Federal Poverty Level
Federal Poverty Level = $ __________
Minus Step 3, Line 5 - ______
Equals VIEW payment = $ __________

*No payment less than $10.00 issued

**150% OF 2009 FEDERAL POVERTY LEVEL**

<table>
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<th>Size</th>
<th>Monthly Amt</th>
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<td>1,822</td>
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<tr>
<td>3</td>
<td>2,289</td>
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<td>4</td>
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<td>6</td>
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<td>7</td>
<td>4,159</td>
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<tr>
<td>8</td>
<td>4,627</td>
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<td>Each Additional</td>
<td>$468</td>
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032-03-355A-10-eng (10/09)
FORM NUMBER - 032-03-355A-10-eng

PURPOSE OF FORM - This form is a worksheet which can be used to screen a VIEW (TANF-UP) case for financial eligibility and, if eligible, to calculate the grant.

USE OF FORM – To screen the case and calculate the VIEW (TANF-UP) grant), the eligibility worker must follow the four steps on the form.

NUMBER OF COPIES - One.

DISPOSITION OF COPIES – The completed form is filed in the case record.

INSTRUCTIONS FOR PREPARING FORM NUMBER OF COPIES – The worker enters the case name at the top of the form, completes the screening (step 1), compares countable unearned income to the assistance unit’s Standard of Assistance (step 2), calculates net earnings (step 3), and calculates total income of the assistance unit (step 4). Total net income is then compared to the applicable federal poverty level to determine the VIEW payment.