



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

July 1, 2013

Temporary Assistance for Needy Families Manual

Transmittal # 52

The purpose of this transmittal is to provide new, clarified, and revised guidance and forms for both the TANF and 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 July 1, 2013.

This transmittal and manual are available on the Intranet through SPARK at <http://spark.dss.virginia.gov/divisions/bp/tanf/manual.cgi> and on the Internet at <http://www.dss.virginia.gov/benefit/tanf/index.cgi>.

Significant changes to the manual are as follows:


Page(s) Changed	Significant Changes
Section 201.1, page 3a	<p>A correction was made in the first paragraph of section G. The correct coding for a former minor caretaker who later becomes a parent on a new case is PR.</p> <p>A statement has been added to G to clarify that the term “ineligible alien” applies to a number of individuals who are ineligible for TANF, such as lawful permanent residents in the country less than five years, as well as to individuals who are in the country illegally.</p>
Section 305, Appendix 4, page 3	<p>The earnings information for Social Security credits (quarters of coverage) has been updated.</p>
Section 401.1, page 2 and 2a	<p>An error was corrected in the second paragraph</p>

Page(s) Changed	Significant Changes
	<p>on page 2. “Case entering record” was changed to “case record.”</p> <p>A typographical error was corrected in the sentence explaining that an application in CommonHelp is considered signed when an applicant enters his name on the signature line.</p>
<p>Section 401.2, pages 2, 2a, 2b, 2c, 2d, 2e, 2f, 3; Section 401.3 pages 4 and 5</p>	<p>A list of system checks necessary to verify specific eligibility factors has been added at 401.2, page 2. All subsequent pages through 401.3, page 5, have been renumbered.</p> <p>The statement at 401.2B (2), page 2b, regarding the reporting of telephone number changes has been revised for clarity.</p>
<p>Section 401.5 – 401.9, pages 14 and 14a</p>	<p>A new statement referring to the EPPICard Fact Sheet has been labeled as item “gg.” A link to the Fact Sheet which provides enhanced fee schedule information has been added.</p> <p>Existing item “gg” has been renumbered as item “hh.”</p> <p>The unnumbered statement explaining the circumstances in which written consent is necessary has been numbered as item “ii.”</p> <p>A new statement explaining restrictions on the use of debit cards has been added at "jj." The TANF debit card cannot be used to purchase alcohol, lottery tickets, tobacco products or sexually explicit visual materials.</p> <p>The debit card also cannot be used in state Alcoholic Beverage Control (ABC) stores, in establishments at which para-mutual wagering or charitable gaming is conducted, or in establishments in which tattooing or body-piercing is performed for hire, or in establishments that provide adult-oriented entertainment in which performers or other individuals connected with the business appear nude or partially nude.</p>

Page(s) Changed	Significant Changes
Section 502.3 – 502.4, page 4	<p>Section 401.9 which began on page 14 now begins on page 14a.</p> <p>At section 502.3, the “no restrictions” statement on spending TANF benefits has been taken out of guidance. A note has been added explaining the restrictions that apply to the use of the TANF debit card. (See listing of restrictions in the description of changes to Section 401.5 – 401.9.)</p> <p>The “exception” statement at 502.3 has been reworded.</p> <p>Item B which referenced payments made to a day care vendor was taken out of guidance since those payments are no longer made. Existing item C was renumbered.</p>
Section 502.7, pages 7c, 7d, and 8	<p>A statement has been added to 502.7A(1)b which expands the type of evidence suggestive of mismanagement of funds requiring a protective payee to include use of the TANF debit card to make prohibited purchases or in prohibited establishments. Information that followed item 2 has been shifted to subsequent pages.</p>
Section 503.8, page 3, 3a, and 4	<p>Changes have been made throughout 503.8 A, B, C, and D to clarify the situations in which a payee, as well as a recipient, is responsible for an overpayment. At C, a revised version of a sentence which had been inadvertently left out of guidance was added back. At D(1), the statement regarding children on a case at the time of an overpayment has been rewritten for clarity.</p>
Section 503.9-503.10, pg. 5	<p>Guidance has been updated to limit retroactive corrective payments to the 12 months preceding the month the underpayment was discovered. BGA-216</p>
Section 500, Appendix II, pg.3	<p>Additional procedures have been added to</p>

Page(s) Changed	Significant Changes
Section 500, Appendix III, page 8	<p data-bbox="792 268 1406 411">guidance that a direct deposit payee has 45 days from the issuance date to report non- receipt of a benefit payment that was not posted to his bank account.</p> <p data-bbox="792 453 1406 632">Section O, Reporting Non-Receipt of Debit Card Funds, was added to Appendix III. The section explains that the client should report non-receipt of benefits to his EW within 45 days of the issuance date.</p> <p data-bbox="792 674 1406 919">The EW is responsible for directing a client who has not received benefits on his EPPICard to EPPICard Customer Service. If the client reports non-receipt of benefits within 45 days of the issuance date, and is unable to resolve the issue with EPPICard, the EW will submit a ticket.</p>
Section 901.2, page 2c	<p data-bbox="792 961 1390 1251">A statement has been added following section G to clarify that the term “ineligible alien” applies to any alien ineligible for TANF, including a lawful permanent resident in the country less than five years, as well as to an individual who is in the country illegally. The correct coding for these individuals in ADAPT is provided.</p>
Section 901.10, pg 9a	<p data-bbox="792 1293 1398 1583">A statement has been added to policy that the appeals leaflet, Appeals and Fair Hearings, must be sent with the Advanced Notice of Proposed Action (ANPA) for the 24-month time limit. Additional changes were made to the first paragraph of the section to explain that the ANPA is sent to the agency printer and must be mailed to the client by the agency.</p>
Form	<p data-bbox="792 1625 1406 1724">An example of the ADAPT generated Notice of Action shows restrictions on the use of the TANF debit card.</p>
Form	<p data-bbox="792 1766 1357 1871">The brochure for the Virginia debit card has been added to the SPARK page under TANF/VIEW, Guidance and Procedures.</p>

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



Margaret Ross Schultze
Commissioner

- 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.) (Note: At the time the adult on the case has received 60 months of TANF assistance, all members of the assistance unit, including minor caretakers included on the case as children (PC), become ineligible. A former minor caretaker who subsequently applies for TANF for herself and her child when she becomes 18 will be the parent on the new case [PR] and the case will be subject to a new 60-month clock.) 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. **Ineligible aliens include individuals who are in the country illegally, as well as lawful permanent residents and other individuals who are not eligible for TANF for five years from date of entry.**

Establishing Quarters

The term "quarter" means the 3-calendar-month periods ending with March 31, June 30, September 30 and December 31 of any year.

Social Security credits (formerly called "quarters of coverage") are earned by working at a job or as a self-employed individual. A maximum of four credits can be earned each year.

For 1978 and later, credits are based solely on the total yearly amount of earnings. All types of earnings follow this rule. The amount of earnings needed to earn a credit increases and is different for each year. The amount of earnings needed for each credit and the amount needed for a year in order to receive four credits are listed below.

<u>Year</u>	<u>Quarter Minimum</u>	<u>Annual Minimum</u>	<u>Year</u>	<u>Quarter Minimum</u>	<u>Annual Minimum</u>
1978	\$250	\$1000	1996	\$640	\$2560
1979	\$260	\$1040	1997	\$670	\$2680
1980	\$290	\$1160	1998	\$700	\$2800
1981	\$310	\$1240	1999	\$740	\$2960
1982	\$340	\$1360	2000	\$780	\$3120
1983	\$370	\$1480	2001	\$830	\$3320
1984	\$390	\$1560	2002	\$870	\$3480
1985	\$410	\$1640	2003	\$890	\$3560
1986	\$440	\$1760	2004	\$900	\$3600
1987	\$460	\$1840	2005	\$920	\$3680
1988	\$470	\$1880	2006	\$970	\$3880
1989	\$500	\$2000	2007	\$1000	\$4000
1990	\$520	\$2080	2008	\$1050	\$4200
1991	\$540	\$2160	2009	\$1090	\$4360
1992	\$570	\$2280	2010	\$1120	\$4480
1993	\$590	\$2360	2011	\$1120	\$4480
1994	\$620	\$2480	2012	\$1130	\$4520
1995	\$630	\$2520	2013	\$1160	\$4640

A current year quarter may be included in the 40-quarter computation. Use the current year amount as the divisor to determine the number of quarters available.

If you need to use quarters before 1978:

- A credit was earned for each calendar quarter in which an individual was paid \$50 or more in wages (including agricultural wages for 1951 - 1955);
- Four credits were earned for each taxable year in which an individual's net earnings from self-employment were \$400 or more; and/or
- A credit was earned for each \$100 (limited to a total of 4) of agricultural wages paid during the year for years 1955 through 1977.

D. Who Completes the Application - If an individual is able to complete the application him or herself, the individual should do so. However, the local agency must assist individuals who have disabilities or language barriers who need assistance filling out the application. This help may consist of reading the application to the individual, explaining the meaning of the questions on the application, writing in the answers, or providing other forms of help. The local agency must inform all applicants verbally that this help is available when the DSS office provides the individual with the application or when providing access to CommonHelp from an agency computer, and must offer this assistance during the interview if there is an indication that the individual has had difficulty completing the application. If the individual needs help completing the application, this help must be provided. If help is needed, the interactive interview must include time to read each section of the application to the applicant, with sufficient explanation and rephrasing to make the meaning clear. During the interview the eligibility worker will enter the information provided into the ADAPT system. Additionally, the following forms must be reviewed and completed with the applicant, and signed by the applicant, prior to case approval:

- Do You Have a Disability? (032-03-0670)
- Notice of Personal Responsibility for the TANF Program (032-03-0750)
- Notice of Cooperation and Good Cause (032-03-0036)
- Notice of Intentional Program Violations and Penalties (032-03-0646)

After the interview is completed, the information entered must be reviewed with the applicant. If application was made using the Request for Assistance, the Statement of Facts (SOF) must be reviewed with the client and the client's signature on the SOF obtained. The eligibility worker must also read and explain to the applicant/spouse the statements pertaining to the applicant's responsibilities including the responsibility for providing accurate information and the penalties for withholding or providing false statements. The **case record** must contain the Rights and Responsibilities form (032-03-0440-00) or be otherwise documented to show that the applicant was provided with oral and written information about his rights and responsibilities and acknowledged receipt of the information.

If the application is made by an adult, including an authorized representative, or by a married minor parent living with a spouse, only the signature of the person making the application is required on the application and required forms. The signature of the spouse should be obtained if the spouse participates in the interview. However, the absence of the spouse's signature will not negate the validity of an application. **For an application filed through CommonHelp, the application is considered signed when the applicant enters his name on the signature line.**

If the application is made by a minor parent who is single, separated, or divorced and who is living with a parent or relative, or with an individual standing in *loco parentis*, the application must also be signed by the parent or relative or individual standing in *loco parentis*. If the minor parent does not live with a parent, relative or an individual standing in *loco parentis*, and the agency determines that the minor parent meets an exemption to the minor parent residency requirement at 201.5C, only the minor's signature is required.

If the applicant wishes to change any of the information he has provided or any information as it appears on the application, the worker must make the change in the ADAPT system.

- E. Time Standard for Processing Application - The local agency must provide assistance units that complete the initial application process a decision on their application by the 30th calendar day following the application filing date. This time standard covers the day following the date of receipt of the signed application to the date the assistance payment is issued or the notification of denial of assistance is mailed to the applicant. (The applicant must be informed of the time standard at the time of application.) When the 30th calendar day following the application date 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.
1. Exception to the 30 day processing standard may apply when:
 - a. the applicant has limitations that hinder him from securing verifications. In this instance the local agency must assist the applicant in securing verifications. The BDOA will be the first of the month following the month of application.
 - b. an emergency beyond the agency's control occurs - If an agency delay occurs, and the application was otherwise eligible, the BDOA must be the date of application.
 2. At no time should the application remain pending beyond 60 days.

If action is not taken within the 30 day processing standard, the EW must document the case to explain the cause for delay and the applicant must be notified via the notice of action of the status of his application, the reason for delay, and his right to appeal. Additionally, the EW will need to enter the reason for the delay - client or agency caused - in ADAPT on the 30th calendar day following the date of application. This will ensure that the case is correctly identified in the monthly timely processing statistics.

Each application must be disposed of by a decision of eligibility or ineligibility, supported by the facts recorded in the case record and on the appropriate comment screens in ADAPT.

Exception: Applications disposed of for reasons other than approval or denial will be treated in accordance with the provisions of Section [401.1\(J\)](#), Disposition of Application under Special Conditions.

Upon action to approve or deny an application, the applicant must be notified immediately that assistance has been authorized, including the amount of the money payment, or that his application has been denied. The notice must include a statement of the reasons for the action and an explanation of the individual's right to appeal. The Notice of Action must be used to notify the applicant of approval, denial, or delay beyond the time standard.

B. Substantiation of Eligibility Factors**1. Initial Eligibility**

The applicant must be advised of the need to substantiate the eligibility factors (e.g., categorical requirements and income) and that he may have in his possession the necessary evidence to establish eligibility. The responsibility of the eligibility worker is to secure, evaluate, substantiate, and record the facts regarding each element of eligibility, including the date of substantiation and the method of securing the information. This information must be entered in the applicant's ADAPT case.

In determining initial eligibility, the EW will verify the following eligibility factors through inquiries into the relevant systems:

- Alien Status - SAVE
- Alien Number - SOLQ-I, the State Online Query-Inquiry System, via SPIDeR (if not entered into the ADAPT record and/or verified at registration)
- Social Security Number - SVES (State Verification and Exchange System) or SOLQ-I (if not entered into the ADAPT record and/or verified at registration)
- Child Support - DCSE APECS system, via SPIDeR
- SSA/SSI - SOLQ-I
- Unemployment Income - VEC, via SPIDeR
- Earned Income - Work Number, via SPIDeR, but only when information cannot be verified through other means

The EW must document the date and results of the systems inquiries in the comment box on the appropriate non-financial or income screens in ADAPT. If a system inquiry confirms that an individual does not have unearned income, the EW will document that in the comment box on the AEAUTA screen.

At the time of application, there should be a joint decision between the client and the worker as to how necessary verification will be secured and who will assume the responsibility for securing each. The worker must provide any assistance unit that needs and wants help, assistance in obtaining any necessary verifications. If the individual has a disability that impairs the individual's ability to gather the information necessary to establish eligibility for benefits, the worker must offer to assist the individual in gathering such information. In addition, if after the worker and applicant initially divide the responsibility for obtaining verification the applicant is, due to a disability, unable to secure information he or she agreed to obtain, the worker must revise the initial division responsibility and assist with obtaining additional information.

If, after advising the applicant of the necessary information, the applicant is reluctant or unwilling to provide verifications and refuses to permit the worker to secure them, the worker must consider carefully with him his reasons and explain that without the required verification, eligibility cannot be established.

Exception: If the child does not meet the conditions of eligibility, that child will be excluded; however, it may be possible to determine eligibility for the remaining assistance unit members.

If the client decides to assume the responsibility for obtaining the required verification, he must be advised that the information must be provided to the agency within ten (10) days and that failure to do so may affect the decision of eligibility. If the client cannot obtain the necessary information, because of circumstances beyond his control, and requests the worker's assistance in securing such information, the agency worker must then assume the responsibility for obtaining the needed verification.

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

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

2. Ongoing Eligibility

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

a. Changes That Must Be Reported

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

- Changes in address (a new physical or mailing address);
- Changes in income that places the monthly income of the household above 130 percent of the federal poverty level (FPL) for the number of people in the TANF AU (composition at approval or most recent renewal). ("Household," for the purposes of determining income changes that must be reported, means the AU plus any other required unit members who reside together with the AU members. These required unit members include step-parents, parents who are not U.S. citizens or eligible aliens, and others

whose needs are not included on the grant. See 302.7D and 302.7E for a comprehensive list of these individuals. The income of these related, but ineligible individuals, would have been considered in determining the TANF grant amount for AU);

- Changes in household composition resulting from one of the following individuals entering or leaving the home:
 - an eligible child, including a newborn,
 - the father or mother of an eligible child, including a newborn;
- Changes that affect participation in the Virginia Initiative for Employment Not Welfare (VIEW) Program. This would include changes in the need for transportation, child care, or any other supportive service.

Assistance units must report the changes listed above within 10 calendar days from the date the unit knows of the change, but the report is timely if reported by the tenth of the following month. The 10-day period begins the day the change becomes known to the assistance unit. If the assistance unit is uncertain of the exact date or the exact amount of income that has changed, the 10-day reporting period begins the day the change occurs. The change may be reported on the Change Report form, by telephone, face-to-face, by mail, or electronically.

In addition, the recipient should be asked to report changes to his telephone number.* Because telephone number changes do not affect eligibility or benefits, the agency will not take negative action if a telephone number change is not reported.

The unit may also report a change of its circumstances with the filing of the Interim Report. Changes may be reported by an assistance unit member or any person having knowledge of the assistance unit's circumstances. When the report is made by mail, it may not reach the local agency within the 10-day period. The assistance unit will have met the reporting requirement if the letter is postmarked within the 10-day period. Substantiation of eligibility factors or verification of any change requested by the worker must be provided by the recipient as soon as possible but no later than 10 days from the date the information is requested.

2) Local Agency Action on Changes

The agency must act promptly to terminate or to adjust benefits when changes in the assistance unit's circumstances or income are reported by the recipient, including information about an impending change reported at application. The TANF case must reflect the following changes:

- changes reported by the assistance unit;

- changes put into ADAPT to meet reporting requirements or guidance requirements of another program;
- changes to prevent duplicate receipt of benefits including information provided through a PARIS Match; and
- changes that are considered verified upon receipt, such as notification by the foster care worker that a child has been removed from the home and placed in foster care.

Information may become known to the agency through means other than listed above such as information provided by the ESW regarding a VIEW participant. If the change is one that the assistance unit was required to report, the agency must act on the information. If the change is a change that was not required to be reported, the agency must hold the information and evaluate it at the next interim report or renewal, whichever comes first.

Action will be taken according to Section 305.1, page 11.

- b. Substantiation of Eligibility - The recipient must be advised of the need to substantiate eligibility factors whenever a change is reported. When changes that affect eligibility or payment amount occur after the case has been approved, the responsibility for the change lies both with the recipient and the local agency.

If required verification is not obtained or provided in time to prospectively determine eligibility for the next payment or to complete a redetermination by the due date, continuing eligibility cannot be determined and the case will be suspended for one month only. If verification is still not provided, the case will be closed for the month following the month of suspension. (See [401.3.G.4.](#))

If verification is provided after the action to suspend has been taken, the worker will reinstate assistance for the month of suspension, if appropriate. Or, if verification which establishes continued eligibility is provided after action to close has been taken but before the effective date of closure, the worker will reinstate assistance effective with the month closure was to occur.

- c. Adding Persons Required To Be in the Assistance Unit (AU) - The AU must report a new unit member when completing a renewal or Interim Report. If a new unit member enters the home between renewals or Interim Report filing, the report is considered timely provided the individual entered the home after the most recent renewal or Interim Report was completed. Note: when the new unit member is an eligible child or the parent of an eligible child and he/she enters the home between renewals or Interim Report filing, the report is considered timely only if the AU reports the change within 10 calendar days from the date of the change or by the tenth of the following month.

The change to add a person required to be in the assistance unit must be made by the agency within 30 days following the date the new member was reported to the agency.

- 1) Eligibility for Payments - Once the agency has obtained either a completed and signed Eligibility Review - Part A form (032-03-0729A) or a signed Statement of Facts and the agency has secured verification of categorical requirements and conditions of eligibility have been met, the individual's needs and income are to be included in determining eligibility and the amount of future payments.

If verifications and conditions of eligibility are substantiated within the 30-day time frame for adding persons or the 30-day period has passed and the agency can document that the delay in providing categorical verifications/meeting eligibility conditions was due to good cause (beyond the assistance unit's control), payments beginning with the date the change was reported must be recalculated considering the individual's needs and income.

Regardless of whether the new individual's presence is reported timely, if the required categorical verifications are not provided or the conditions of eligibility are not met until after the 30-day time frame established for adding the individual, and the delay was not due to good cause (beyond the assistance unit's control), eligibility for retroactive payments is to be determined beginning with the date the last required verification was received by the agency or condition of eligibility was met. Any underpayments identified must be corrected.

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

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

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

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

- d. Adding Other Persons - A request to add an individual not required to be in the unit, such as a caretaker-relative other than a parent or EWB, will be processed within the normal 30-day application processing time frame, with eligibility effective no later than the month following receipt of the request per Section [401.1.I](#).
3. Evaluation of Reported Information - To ensure the applicant/recipient has provided all information necessary for the worker to make a proper determination regarding eligibility, every element on the Statement of Facts (SOF) must be discussed with the client at each application or renewal. If the SOF is not a required part of the case record, every element on the Application for Benefits or the Eligibility Review form (Parts A and B) must be discussed instead.

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

When statements, either written or verbal, made by the client are deemed questionable, further evaluation of the client's circumstances is required. Questionable information will include, but is not limited to, statements which are:

- a. incomplete or unclear;
 - b. inconsistent with statements previously made by the applicant/recipient;
 - c. inconsistent with information known by the local agency.
4. Income v. Expenses - In situations where it is obvious the client's monthly expenses exceed verified income, the worker shall discuss with the client how monthly expenses are being met. The worker may not require verification of the client's expenses as a condition of eligibility. Furthermore, assistance may not be denied or terminated based solely on statements made by the client. Rather, the worker shall take this opportunity to explore the client's situation to determine if unreported income is available which allows the assistance unit to meet monthly expenses. The case record must be clearly documented to accurately reflect the client's substantiation of his/her situation. If the worker and the client are unable to resolve the client's circumstances, attempts to do so must also be documented in the case record. It is important to remember, however, that assistance can only be denied/terminated when income is uncovered which, when verified, exceeds prescribed limits or when the client acknowledges he has unreported income but refuses to verify the source and/or amount.
 5. Follow-Up on Suspected Unreported Income - When the agency has reason to believe that a recipient is receiving income that has not been reported, the eligibility worker will follow-up on obtaining information to substantiate the recipient's circumstances. Community complaints, expenses exceeding income, a history of not reporting, and cases with individuals living with the assistance

unit whose income would be deemed available are examples of the situations which may indicate the need to solicit additional income information. Forms are available in ADAPT that may be used for this purpose. The case record must be documented regarding the agency's reason for sending the income form. However, the income form is not an eligibility requirement; therefore, negative action cannot be taken for failure to return the form. If the agency chooses not to use the income form, the case record must contain documentation of the attempts to clarify the possibility of unreported income.

- C. Interviews - An interview by the eligibility worker is required at the time of initial determination and at least every 12 months thereafter. The interview shall be used to obtain verification and to secure information necessary to complete the application/redetermination process. The interview may be conducted in the office of the local agency, the home of the applicant/recipient, a place agreeable to both parties, or by telephone. Home visits may be deemed necessary or appropriate by the local department.
- D. Practices Specifically Prohibited - The following practices are specifically prohibited:
- (a) Entering a home by force, without knocking or under false pretenses.
 - (b) Making home visits outside of working hours, unless such a visit cannot be arranged during working hours because of the applicant/recipient's employment, or a home visit has been requested by the applicant/recipient. When such visits are necessary, the case record must be documented accordingly. Making visits other than specified is not acceptable under any circumstances.
 - (c) Searching in the home, in closets, drawers or papers, etc.
- E. Recommendation Regarding Eligibility - The eligibility determination must be completed as promptly as possible, but in all cases within the time needed to assure the assistance payment is issued, or notice of denial is mailed to the applicant within 30 calendar days following the date of application.* When the 30th calendar day following the application date falls on a weekend or holiday, the worker must provide a decision on the application by the last working day prior to the 30th day. When the eligibility determination is completed, the eligibility worker is responsible for making a recommendation of eligibility or ineligibility. The recommendation must be supported by the facts recorded in the eligibility case record.

When an application by an otherwise eligible refugee household (which includes most households meeting a qualified alien category) is denied because the household does not meet TANF non-financial requirements, the application will be evaluated for Refugee Cash Assistance (RCA) eligibility following guidelines in the Refugee Resettlement Program Manual. The RCA guidance can be accessed at http://spark.dss.virginia.gov/divisions/cvs/ons/files/policy/sections/section_03.pdf.

Note: In areas served by a Refugee Social Services Employment Program (RSSEP), applicants must be registered and referred to the RSSEP for employment services as a condition of eligibility for RCA. Guidelines for the referral process and contact information for the RSSEP provider are contained in the Refugee Resettlement Program Manual.

- F. Decision of Eligibility - Federal regulations** require a decision be made promptly on applications, in accordance with the State established time standards, unless the application is disposed of under special conditions.

A decision of eligibility or ineligibility must also be made when eligibility is reconsidered as specified in Section 401.3.***

The Code of Virginia, Sections 63.1-109 and 63.1-114, provides that the decision of eligibility is the responsibility of the local board.

However, the Superintendent is to take action with regard to eligibility if the local board does not act within the specified time limits or if the circumstances require immediate assistance to prevent hardships or other action. The superintendent's action in such instances is official and not subject to confirmation by the local board; the case must be presented to the local board at the next meeting, however, for action on continuing eligibility.

Case Action - This is the formal agency action and is required with respect to initial determination of eligibility and, if eligibility exists, the amount of assistance and BDOA; persons eligible for assistance; method of payment and designation of payee, if other than eligible person; changes in amount of assistance payment; ineligibility for assistance.

All case actions must include the effective date of the action taken. In actions regarding an initial payment, this will be the BDOA.

* 45 CFR 206.10(a)(3)
** 45 CFR 206.10(a)(8)
*** 45 CFR 206.10(a)(9)

401.3 RENEWAL OF ELIGIBILITY - Eligibility for TANF recipients must be redetermined on all eligibility factors subject to change at least every 12 months, unless a shorter renewal period is required by SNAP.

A. A renewal of eligibility cannot be considered complete and the renewal date cannot be updated in ADAPT until the following requirements have been met:

1. All elements must be reevaluated and substantiated except date of birth; relationship, if the caretaker remains the same; citizenship; and social security number; or
2. If all required elements have not been reevaluated and substantiated, assistance must be suspended in accordance with Section 401.3 G. The time limit on suspension of assistance (one month unless there is a different reason to suspend for a second month) is applicable to renewal suspensions.
3. The month in which the renewal of eligibility is due to be completed is counted from the date of eligibility (include the month of initial eligibility in this computation) and any changes discovered during the review process should be reflected in the following month, unless such changes are prohibited by the time standards.

Example: Date of Application - July 3
 Date of Approval - July 20
 BDOA - July 3
 Renewal Due - June - Effective July 1

 Date of Application - July 10
 Date of Approval - August 7
 BDOA - July 10
 Renewal Due - June - Effective July 1

 Date of Application - July 21
 Date of Approval - September 5
 BDOA - August 1
 Renewal Due - July - Effective August 1

B. An interview must be completed with the recipient once every 12 months.

1. An interview may be conducted in the office of the local department of social services, the home of the recipient, or a place agreeable to both parties which will insure privacy and confidentiality, or by telephone. Home visits may be made as deemed necessary by the eligibility worker based on the recipient's circumstances. If a home visit is made, the eligibility worker must complete the redetermination interview using the Application for Benefits or the Eligibility Review form, Parts A and B.

2. The recipient's rights and responsibilities must be reviewed and explained. (Note: Secure the client's acknowledgement that rights and responsibilities have been reviewed orally and in writing at renewal if this information was not documented in the record at the time of application.)
- C. Joint Processing - The Food Stamp Act of 1977 requires that renewals for TANF and SNAP be handled in a single interview when the following conditions exist:
1. When all persons in the case receive TANF and SNAP benefits as the same household, and
 2. When the SOF is completed prior to the month or in the same month in which the certification period ends. (Refer to the SNAP Manual, Volume V, Part 2, H.) The provisions in Section 401.1.A. also apply to renewals.
- Joint processing is also required when conducting an Interim Report review. TANF and SNAP cases with the same case number will receive one Interim Report. Information provided must be used to determine both SNAP and TANF eligibility.
- D. Overdue Renewals - In the event that a renewal of eligibility is not completed according to the above, the worker will adjust the time frame by scheduling the intervals at no later than 12 months from the month in which the application is completed. Example: The regularly scheduled renewal was due to be completed in January; however, it is not done until March to be effective April 1. The next renewal will be due in March.
- E. Establishing Separate Assistance Units - A new application must be completed when an individual or family separates from a family group which is receiving assistance and forms a separate assistance unit. The new application must be processed in accordance with guidance.
- F. When Completion of a New Application Is Not Required
1. Adding an individual to an existing assistance unit. Verification of all eligibility requirements must be obtained on the new individual and an evaluation of the new assistance unit's need and eligibility must be made. (See 401.2 B.2.c. and d.)
 2. A guardian, committee, or personal representative payee is appointed or the payee changes. The new payee, identified as committee or personal representative, must sign a new SOF.
 3. Emergency Assistance is granted to a current recipient of TANF.
 4. The action to deny an application is reversed by a hearings decision.
 5. Action taken to deny an application or close a case as a result of the lack of required verification is reevaluated as a result of information received by the worker within 30 days following the application date or prior to the effective date of closing and eligibility is determined to exist. (See 401.2.B.)

3. Help with filing appeals or grievances if needed as the result of a disability;
- ee. The fact that the individuals with disabilities should request reasonable accommodations if they feel they need them.
- ff. Inform the client that he may receive the TANF benefits in the form of debit card, direct deposit or check.
- gg. **If the client chooses to receive benefits by debit card the EW must give the client the EPPICard fact sheet.**
<http://spark.dss.virginia.gov/divisions/bp/tanf/guidance.cgi>
- hh. Explain to the client that changes and renewals may be made through CommonHelp.
- ii. **The worker must explain that certain contacts, when appropriate, require written consent (i.e., doctors, banks, etc).**
- jj. **Explain to the client that it is illegal to use the TANF debit card to buy alcohol, lottery tickets, tobacco products, or sexually explicit visual materials; or, to use the TANF debit card in a state Alcoholic Beverage Control (ABC) store, in an establishment in which para-mutual wagering or charitable gaming is conducted, or in an establishment in which tattooing or body-piercing is performed for hire, or in any establishment that provides adult-oriented entertainment in which performers or other individuals connected with the business appear nude or partially nude.**

401.6 IMPACT ON MEDICAID

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

401.7 TRANSITIONAL CHILD CARE BENEFITS

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

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

401.8 REFERRAL FOR VICTIMS OF FAMILY ABUSE

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

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

401.9 PROTECTIVE SERVICES

Federal regulations require that protective services be made available to any child on whose behalf TANF is being requested or received when it appears that the child is being neglected, abused, or exploited or in a situation which is otherwise detrimental to his welfare. If the eligibility worker has reason to believe that a child, on whose behalf TANF is being applied for, or received, is in an unsuitable environment because of known or suspected instances of physical or emotional injury, it is the responsibility of the eligibility worker to make a referral to the services staff for protective service.

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

* 45 CFR 233.90(a)(2)

502.3 METHOD OF PAYMENT - Financial assistance under the TANF program is a money payment which is made available to eligible recipients in the form of a check, direct deposit, or debit card.

Note: The following restrictions apply to the use of the TANF debit card - Recipients shall not use the TANF debit card to buy alcohol, lottery tickets, tobacco products, or sexually explicit visual materials; or, in a state Alcoholic Beverage Control (ABC) store, an establishment in which para-mutual wagering or charitable gaming is conducted, or in an establishment in which tattooing or body-piercing is performed for hire, or any establishment that provides adult-oriented entertainment in which performers or other individuals connected with the business appear nude or partially nude.*

In some instances, a payment is not made directly to a client:

- A. In TANF, a "protective" vendor payment may be made under conditions specified in Section [502.7](#).
- B. In Emergency Assistance, payment may be made either as a money payment to the recipient or by the vendor method to the provider of goods or services,** whichever is more practicable and advantageous to the family, except that the State Board has ruled that payment for purchase, repair, moving or storage of household equipment must be made by the vendor method.

502.4 DESIGNATED PAYEE - The persons who may be designated as payee are as follows:

A. Money Payment

1. The grantee-relative with whom the eligible child(ren) is living. The grantee-relative is ordinarily the caretaker, but may be other than the caretaker in some situations.
Examples:
 - a. A child's father receives SSI and is the grantee-relative for the TANF payment which includes the mother as needy caretaker;
 - b. A 16 year old mother is the caretaker in a TANF grant, but her mother, with whom she lives, is the grantee-relative; such a grantee-relative, if needy, may be included in the assistance unit (see Section [302.7.A](#)).
 - c. An assistance unit consists of a 22 year old parent and her children. However, a relative also residing in the home is exercising primary responsibility for care and control of the children and, therefore, is the grantee-relative.
2. The legal representative of the grantee-relative, if one has been appointed and has qualified.
3. The protective payee, under conditions specified in Section [502.7](#).

* PL 112-96, 4004 12 (A) (B), Code of Virginia, Section 63.2-621

** 45 CRF 233.120(b)(2)(i)

502.7 PROTECTIVE AND VENDOR PAYMENTS - According to federal regulations* protective and or vendor payments are to be made in TANF cases in the following situations:

A. Need for Protective or Vendor Payment -

1. The use of a protective or vendor payment is appropriate only when there is specific evidence that funds are being mismanaged in such a way that the well-being of the child(ren) is threatened, in making diversionary assistance payments, or if the caretaker who is on probation or parole fails a drug test.**

a. Prior to making a determination of mismanagement, the following conditions must be considered:

- 1) whether the family has experienced some emergency or extra-ordinary event for which it was appropriate for available funds to be spent;
- 2) whether expenses for necessary bills exceed the recipient's grant and other income;
- 3) whether the recipient has withheld the payment as a reasonable exercise of consumer rights when there is a legitimate dispute as to whether terms of an agreement have been met.

The above-mentioned conditions or any other relevant consideration would not be just cause for making a protective or vendor payment.

b. A protective or vendor payment should ordinarily be made only when a caretaker has persistently demonstrated an inability to manage funds in the best interest of the child(ren) and when continued receipt and management of the TANF payment would represent a threat to the health or safety of the child(ren).

Evidence of mismanagement includes but is not limited to:

- 1) continued evidence that the child(ren) is not properly fed or clothed and that expenditures for the child(ren) are made in such a way as to threaten the child's chances for healthy growth and development.
- 2) persistent and deliberate failure to meet obligations for rent, food, school supplies, and other essentials.
- 3) **use of the TANF debit card to buy alcohol, lottery tickets, tobacco products, or sexually explicit visual materials; or, use of the TANF debit card at a state Alcoholic Beverage Control (ABC) store, in an establishment in which para-mutual wagering or charitable gaming is conducted, or in an establishment in which tattooing or body-piercing is performed for hire, or in any establishment that**

* 45 CFR 234.60

** Code of Virginia, Section 63.1-105.8

provides adult-oriented entertainment in which performers or other individuals connected with the business appear nude or partially nude.*

Protective payments are not to be used in situations where hazardous conditions other than misuse of funds, jeopardize the child's well-being to the extent that court adjudication of custody should be sought.

The TANF case record must contain a statement indicating the specific reason(s) why a protective or vendor payment is being made.

In the event a creditor requests that a protective or vendor payment be made as a result of nonpayment of bills, the recipient must be advised of the request.** The agency shall notify the recipient in writing that the creditor's request will not be honored.

Where no other suitable protective payee can be found, it may be necessary for a staff member of a private agency, the local welfare department/social services or other appropriate organization to serve as protective payee. Such a staff member must be a worker providing services (not eligibility determination) for families. If a staff member is designated as protective payee, provisions for bonding this employee must be made.

2. Unless a minor parent (on his/her own case) meets an exception to the residency requirement and lives independently, protective payments are to be made in these cases. Protective payments are to be made to the minor parent's parent, or person standing in loco parentis.
2. Vendor payments are to be made in diversionary assistance payments whenever possible.
3. If a TANF caretaker who is on probation or parole fails a drug test, the probation or parole officer will notify the local department of social services. Upon receipt of such notification, protective payments must be arranged as soon as administratively possible. The protective payment arrangement shall remain in place for one year, provided the caretaker does not fail a subsequent drug test.***

B. Procedures for Making Protective or Vendor Payments

1. In protective situations, the superintendent or local board may take actions to designate a protective payee to act for the recipient in receiving and managing the total assistance payment.

* PL 112-96, 4004 12 (A) (B), Code of Virginia, Section 63.2-621

** 45 CFR 234.60(a)(2)(iii)

*** Code of Virginia, Section 63.2 - 605

The protective payee should be a person who is interested in or concerned with the welfare of the grantee-relative and his child. The selection of the protective payee should be made by the grantee-relative, or with his participation and consent insofar as possible. The local department must have evidence that such protective payee has the ability and will in the best interest of the grantee-relative and his child. The agency will take appropriate action to protect recipients when it appears that problems are beyond the capacity of the protective payee to handle.

The protective payee must not be executive head of the local department of social services; the person determining financial eligibility for the family; the special investigator or member of the staff handling fiscal processes related to the recipient; the landlord; grocer, or other vendor of goods and services dealing directly with the recipient. Additionally, service workers, private agency staff, and staff of other organizations can only serve as protective payees in situations per [502.7.A.1.](#) or [502.7.A.5.](#)

2. In some situations, it may appear more appropriate to make certain portions of the assistance payment to a vendor, continuing to make the remainder of the grant to the family. Vendor payments may be made in TANF to appropriate persons providing goods and services, with the selection of such person being made by the recipient or with his participation and consent insofar as possible.

The local department must have evidence that vendors have the ability and will act in the best interest and protection of the grantee-relative and his child.

Authorization for vendor payments will be made according to current local agency procedures.

- C. Provision of Services - In protective situations referral to social services staff must be made, to assure protection of recipients, where problems and needs for services are obviously beyond the ability of the protective payee to handle.
- D. Periodic Review of Need for Protective or Vendor Payment - A review of the need for protective or vendor payments on the behalf of children and of the way in which a protective payee's responsibilities are being carried out will be made as frequently as indicated by the individual circumstances and at least every six months, or 12 months if appropriate. This review can be coordinated with the eligibility renewal.

Appropriate controls are to be established by the local department to insure that cases are reviewed within the specified period. The case documentation should include an evaluation of the situation at the time of review and a statement of the basis for the decision at that time to continue or to terminate protective or vendor payments.

503.8 NOTIFICATION, RECOUPMENT AND RECOVERY OF OVERPAYMENTS - State Board policy, adopted in accordance with federal regulations,* requires the local department to promptly recoup or recover any overpayments including overpayments resulting from assistance paid pending hearing decisions. Repayment by either a former or current recipient of the overpayment can occur through recoupment or recovery or both. The agency should discuss voluntary repayment with the client prior to initiating a recoupment.

- A. Notification to the assistance unit must be given before recoupment or recovery of an overpayment begins. After calculating the total amount of the overpayment, the local department of social services must send the Request for Repayment of TANF Benefits and/or Payments for VIEW Services' form. The form is available in the Forms Drawer on the SPARK page. The first page of the form displays the period over which the overpayment occurred and the total amount of the overpayment. The second page allows the individual to select the method of repayment.

A copy of the form must be sent to the TANF recipient **or payee** or previous TANF recipient **or payee** and a signed copy filed in the case record. The signed form must remain in the case record until the overpayment has been satisfied. Note: If the recipient **or payee** fails to sign the form, the unsigned copy must be retained in the case record.

When the signed form is not returned on an active TANF case or on a case receiving a VIEW Transitional Payment (VTP) within 30 days, recoupment should begin the following month. When the TANF case closes prior to the month in which recoupment was scheduled to begin and the recipient **or payee** later reapplies for TANF assistance, she will be advised that recoupment will begin in the first month that the case is eligible for assistance.

- B. Recoupment consists of withholding all or part of the assistance payment. An overpayment made to a current recipient **or payee** must be recouped by reducing the amount of any future assistance payable to any assistance unit of which the individual is a member **or payee**.

1. When the recipient **or payee** has no cash reserve or countable income (payment equals the Standard of Assistance for the AU), 10% of the assistance payment may be recouped until the overpayment has been repaid. Enter 10% in the "Terms" field on the Create Overpayment/Claim (BATAOC) screen.

Example: TANF Grant of \$320; Recoup 10% (\$32); New grant amount is \$288.

2. In situations where **a recipient (but not a payee)** has earned income, unearned income, or any combination thereof, in addition to **the** assistance payment, part or all of the assistance payment may be recouped as long as the assistance unit retains at least 90 percent of the standard of assistance when the total gross income and the amount of the current grant are considered.

To calculate the client's ability to repay the overpayment, the worker will follow steps a - d below:

- a. Determine the amount of the overpayment.

* 45 CFR 233.20(a)(13)(i)
*§63.2 - 512

- b. Combine all gross income including any income that would be disregarded for TANF purposes (such as SSI) and the current grant to determine the amount of income available to the AU.
- c. Determine what 90% of the standard of assistance for a family of equal size in the same locality would be. This represents the amount of money the client must have available to live on.
- d. Subtract the amount in step c from the amount in step b. The difference represents the amount the client is able to repay on the overpayment.

Note: When the additional income or the TANF grant amount is either increased or reduced, the recoupment amount is to be recalculated.

Example 1:

Step a: Determine the amount of the overpayment.	
Step b: Available income	\$ 598.00
(\$344 gross wages + \$254 grant amt)	
Step c: Minimum amount AU retains (\$254 X 90%)	<u>-\$ 228.60</u>
Step d: Maximum amount that can be paid	=\$ 369.40

The EW will recoup the entire grant amount of \$254.

If the amount that can be paid is equal to or greater than the Standard of Assistance (grant amount), the amount to be recouped will be equal to the grant.

Example 2:

Step a: Determine the amount of the overpayment.	
Step b: Available income	\$ 370.00
(\$50.00 gross wages + \$320 grant amt)	
Step c: Minimum AU retains (\$320 X 90%)	<u>-\$ 288.00</u>
Step d: Maximum amount that can be paid	=\$ 82.00

The EW will recoup \$82.00 from the grant.

If the amount that can be paid is less than the Standard of Assistance (grant amount), the amount to be recouped will be equal to the amount that can be paid.

The monthly assistance payment will be reduced according to B (1) and (2) above until such time as the overpayment has been repaid. If, however, income and/or cash reserves have been counted in establishing the client's ability to repay, recovery of the overpayment may also be accomplished through voluntary repayment. This option is to be offered to the client prior to initiating a recoupment.

If recoupment reduces the grant to zero, the case will be retained as TANF eligible with no money payment.

- C. Recovery consists of making arrangements with a former or current recipient **or payee** for voluntary repayment of all or a portion of the overpayment even though the client may no longer be eligible for assistance. If a former recipient **or payee** fails to make the voluntary repayment, the agency must initiate action under Section 63.2-512, Code of Virginia, to collect the amount as a debt.

Failure or refusal of a current recipient or payee to voluntarily repay the overpayment will result in court action only when recoupment is not possible because the grant amount is less than \$10.00.

- D. Responsibility For Overpayments Outstanding overpayments must be recovered or recouped when a former recipient **or payee** reapplies for assistance and is found eligible. The schedule of repayment is to be based on the current situation of the client.

The allowable amount of recoupment or recovery of the overpayment from the client is limited to the total amount of the overpayments.

1. When TANF benefits or VIEW supportive services are overpaid, the caretaker(s) included in the assistance unit at the time the overpayment occurred shall be responsible for repayment of the overpayment. If there is no parent or non-parent caretaker included in the assistance unit, the payee for the case at the time the overpayment occurred shall be responsible for the overpayment. **Individuals who were children on the case at the time of the overpayment are not responsible for repaying the overpayment either while they are children or when they become adults.** A minor parent is not liable for the overpayment unless she is living with someone who is standing in *loco parentis* and she is coded as a caretaker (PR) on the case.

2. Recoupment process:

- a. Identify the liable individuals in ADAPT on the Individuals Liable for Overpayment/Claim screen (BATAIL).
- b. Enter an 'A' in the field 'Action' for each caretaker who was included in the AU when the overpayment occurred. If there was no caretaker in the AU, add the name of the payee on the case and an "A" in the Action field. (If the payee does not have a client ID number, you will need to obtain one before completing this screen.)
- c. Enter a 'D' in the field 'Action' for each child, including minor caretakers coded as "PC" in ADAPT, who was included in the AU when the overpayment occurred.

Example 1: Ms. Thomas loses her job and requests assistance for her son, her daughter, and her daughter's baby. She returns to work one month after the case is approved but does not report her income (which exceeds 130% of the federal poverty level) until she submits her Interim Report. The agency establishes an overpayment for Ms. Thomas. The other three persons, including her daughter who is a minor caretaker, are children on the case and are not liable for the overpayment.

Example 2: Mrs. Allen is the payee on a case for her teenage grandsons. She is not needy and is not included on the grant. An overpayment occurs when the children move out to live with their father and Mrs. Allen does not report the change. The agency establishes the claim in ADAPT, entering Mrs. Allen's name with an "A" in the "Action" field on BATAIL before closing the case. Mrs. Allen agrees to voluntary repayment and begins sending the agency a small check each month. After three months, Mrs. Allen refuses to make any more payments. The agency begins to initiate legal action to collect the balance of the overpayment as a debt. (See 503.8C).

503.9 CORRECTION OF PRIOR UNDERPAYMENTS - Federal regulations require that, if a State Plan provides for recoupment/recovery of overpayments from the client, it must also provide for prompt correction of prior underpayments to current recipients and those who would be current recipients if the error causing the underpayment had not occurred.* Therefore, the agency is to correct any underpayment to any person who is currently in need, regardless of whether they are current recipients. (See 305.1.D.2.C.) **NOTE: Retroactive corrective payments can be made to cover 12 months preceding the month from when the underpayment was discovered.** The local agency shall notify a case not currently receiving assistance, in writing, of requirement to demonstrate their current need (that they would currently be eligible for TANF if they applied) in order to receive underpaid benefits. Additionally, when the agency discovers that a household was incorrectly denied/ terminated, the former applicant/recipient must provide verification that the assistance unit was actually eligible for each month subsequent to the incorrect denial/termination. An underpayment will only be calculated for each month such verification is provided.

When it is learned that an underpayment has been made as a result of any (client or agency) error, there must be correction of the prior underpayment by repayment to the client as follows:

1. The total allowable repayment to the client shall be the amount of the underpayments.
2. Retroactive repayment of prior underpayments shall be made either in one lump sum payment or by monthly installment payments to the client until the full allowable repayment is made. The method of payment is to be selected by the local agency.
3. The retroactive corrective payment shall not be considered as income in determining need and the amount of the continuing assistance payment for which the recipient is eligible in the month in which it is paid or the next following month. The TANF maximum payment may be exceeded by the amount of such corrective payment.

The agency must also correct outstanding underpayments to former recipients who have reapplied and are found to be eligible.

The above instructions are not applicable when a corrective payment is made as a result of an appeal to the State Board or a court decision. In such cases, the terms of the State Board decision or court order apply.

At the time a grant is made or increased for the purpose of correcting a prior underpayment, the recipient must be informed in writing of the purpose of this special allowance; the amount and the period for which it will be made; and the fact that it will automatically terminate at the end of the specified period. If this is done and the recipient, at the time the special allowance is terminated, appeals within the advance notice period, assistance need not be continued in the original amount.

03.10 OFFSETTING OVERPAYMENTS AND UNDERPAYMENTS - In cases which have both an underpayment and overpayment, the agency will offset one against the other in correcting the payment.

* 45 CFR 233.20 (H)ii) (a)

- A pop up box will ask, "Do you want to print the letter?" This is the pre-note letter that is sent to the client informing the client that the request for direct deposit has been processed and instructing the client to check the account number and routing number to make sure the information is correct. If the information is not correct the client is to contact her Eligibility Worker.
- The worker will enter "y" to print the letter. Transmit.
- The direct deposit request is put into Pending status. Allow seven days for the direct deposit information to be verified with the client's bank. Once the information is verified as correct the direct deposit screen will become Active. The direct deposit Active Status communicates to ADAPT that this case is direct deposit.

D. Procedures to reissue benefits that did not electronically post (direct deposit) to client's bank account.

NOTE: A direct deposit payee has 45 days from the issuance date to report non-receipt of a benefit payment that was not posted to his bank account.

Responsible
Party

Action

- | | |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FPU | ▪ As soon as a direct deposit is returned to VDSS, FPU updates the ADAPT payment status screen to flag the direct deposit with CD1 (Cancel Direct Deposit). |
| ADAPT | ▪ ADAPT automatically updates the Public Assistance Payment History screen (CHSPHS) with information that the direct deposit returned to the state and places the entry on the worker's Action Due List Inquiry screen. |
| Eligibility
Worker | ▪ The EW must check the Local Action Due Inquiry Listing during the first five days of the month, and check the listing when a client reports her TANF benefit is not in her account. A direct deposit that did not post will be on the list with the code (CD1) Cancel Direct Deposit. The worker must take action to mail a check to all clients listed. To access the Local Agency Action Due Inquiry List, select option 8 from the ADAPT Main Menu. Transmit. Select option 8 Check Handling Action Due List. Transmit. Note: When a direct deposit becomes CD1, the next month's benefits will be issued to the client through the ADAPT system. |

O. Reporting Non-Receipt of Debit Card Funds

Responsible
Party

Action

Client

The cardholder must contact the EW within 45 days of the issuance date to report non-receipt of benefit funds into his EPPICard account.

EW

Whenever a client reports non-receipt of benefit funds deposited to his EPPICard account, the EW will advise the client to call EPPICard Customer Service at 1-800-961-8423.

If the client reports non-receipt of benefits deposited to his EPPICard account within 45 days of the issuance date, and if the client is unable to resolve the issue after contacting EPPICard Customer Service, the EW will put in a ticket to the help desk at 1-866-637-8482 or by email at vccc@vita.virginia.gov.

- 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 either Exemption Code V1 (Exempt, Child in the AU Under 12 Months) or Exemption Code V9 (Exempt, Caring for Child Under 12 Months In Household, Not In AU) on the ESP/VIEW/FSET (AEGNFS) screen. An individual can receive this type of exemption for a maximum of 12 months in his/her lifetime.

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. This exemption status will also be used for a parent who has reached the 12 month lifetime limit for use of the V1/V9 exemption then gives birth to another child (who is not capped).

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; failure to provide a Social Security number; and failure to establish citizenship, eligible alien status, or legal presence. 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 is an **ineligible** alien) is not required or eligible to participate in VIEW. For aliens **who are in the country illegally**, use Exemption Code VU - Exempt, Illegal Alien, on the ESP/VIEW/FSET (AEGNFS) screen. **For other individuals who are ineligible because they have not been in the country for five years from date of entry, including individuals who are lawful permanent residents, use code VR on the ESP/VIEW/FSET (AEGNFS) screen. Because these individuals are not part of the TANF AU, they will not be referred to VIEW despite the VR coding.**

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.

901.10 NOTICE AND APPEAL OF THE TIME LIMIT* - ADAPT will generate an Advance Notice of Proposed Action to the agency printer at the beginning of the twenty-second month of VIEW participation. The notice, **along with the leaflet, Appeals and Fair Hearings (form #032-01-0901-22), must be mailed by the agency** (or made available at the local agency in the case of an assistance unit which is homeless) at least sixty (60) days before the effective date of the action. **The sixty day time period excludes** the date of mailing and the effective date of **TANF case termination** due to the twenty-four month time limit. The notice **will** also inform the participant of the circumstances which constitute a hardship exception and how **application is made**. In addition, the ESW must make a good faith effort to inform the person verbally.

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

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

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

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

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

* Code of Virginia, §63.2-612

NOTICE OF ACTION

CITY OF ROANOKE
DEPARTMENT OF SOCIAL SERVICES
1510 WILLIAMSON ROAD, NE ROANOKE, VA 24012

(ADDRESSEE)

CINNAMON BREAD
64 OAK 5T
ROANOKE VA 24011

Notice Date : November 27, 2013
Case Name : CINNAMON BREAD
Number : 0109871
Worker Name : S DAVIS
Number : 1434
Telephone : (999)-999-9999
Address : CITY OF ROANOKE
1510 WILLIAMSON ROAD, NE
ROANOKE, VA 24012

For Free Legal Advice Call I 866 534-5243

Questions? Ask your Worker

This notice is to tell you of action taken on your TANF application. Your application dated November 27, 2013 has been approved. You are eligible to receive TANF beginning November 27, 2013.

Your benefit amount is:
\$ 33.00 for November, 2013 for 02 person(s).

Your eligibility for TANF was based on the information you gave us for your application. You must report within 10 days required changes in your financial situation or your address. You are responsible for keeping us informed about all changes that may affect your benefits. If necessary, you may call collect.

If your application was approved pending receipt of Social Security numbers, it is your responsibility to contact your eligibility worker by the next working day after the numbers are received.

State Hearing: If you do not agree with the action that has been taken on your case, you may contact your worker and ask for a conference or you may ask for a fair hearing to review your complaint. Please refer to the Fair Hearings brochure for an explanation of the fair hearing process. You must request your Fair Hearing within 30 days of this notice. At the hearing, you will have the opportunity to explain why you think a mistake was made in your case and a hearing officer will decide if you are correct. To request a fair hearing, call either your local department of social services or the Virginia Department of Social Services, toll free at 1-800-552-3431. You may also fax or write to:

Virginia Department of Social Services
801 East Main Street
Richmond, VA 23219-2901
Attn: Manager, Appeals and Fair Hearings
FAX#: (804) 726-7656

It is against the law to use the TANF debit card to buy alcohol, lottery tickets, tobacco products, or sexually explicit visual materials; or, to use the card in a state Alcoholic Beverage Control (ABC) store, an establishment in which para-mutual wagering or charitable gaming is conducted, or in an establishment in which tattooing or body-piercing is performed for hire, or in any establishment that provides adult-oriented entertainment in which performers or other individuals connected with the business appear nude or partially nude. (Code of Virginia, Section 63.2-621, TANF 502.3).

Beginning November 27, 2013, you are required to:

- 1. Send all money you receive from the absent parent of the children (for whom you receive assistance) to the Division of Child Support Enforcement Programs.
2. Send all money you receive from your absent spouse (if you receive assistance) to the Division of Child Support Enforcement Programs.

All Payments should be sent to:
Division of Child Support Enforcement Programs
P.O. Box 570
Richmond, VA 23218-0570

Children born to you or adopted by you (following entry of the court order) on or after October 1, 2014 will not be added to your TANF case. You will receive all support collected for these children.

TANF Payment Determination

Table with 2 columns: Description and Amount. Rows include Standard of Assistance for 02 persons (\$ 254.00), Less Countable Income (- .00), TANF Prorated Payment (\$ 33.00), DCSE Penalty (- .00), Less Recoupment (- .00), Immunization Penalty (- .00), and Net Payment (\$ 33.00).

Prorated Payment for November, 2013: \$ 33.00