



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 1, 2020

Temporary Assistance for Needy Families Manual

Transmittal # 69

This transmittal includes annual changes to the program calculations for the Temporary Assistance for Needy Families (TANF) Program and the Virginia Initiative for Education and Work (VIEW) Program. The purpose of this transmittal is to provide new, clarified and revised guidance for both the TANF and VIEW Programs.

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, 2020.

This transmittal and manual are available on the Intranet through FUSION at <https://fusion.dss.virginia.gov/bp/BP-Home/TANF-and-VIEW/Guidance> 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 305.1, page 2	The standard deduction amounts were updated to reflect the 2020 amounts.
Section 305.1, page 9	The income chart was updated to reflect 130% of the 2020 Federal Poverty Levels.
Section 305.4, pages 38 - 41	Guidance was updated to reflect the revised amount for 150% of the 2020 Federal Poverty Level. This amount is used in the stepparent deeming calculation.

Section 900, Appendix II, pages 1-6, and Appendix III, page 1	The 2020 Federal Poverty Limits were updated.
Section 1000.13, page 54	The information and the obsolete link to the panel of physicians were removed. The link to access the Virginia Worker's Compensation form was updated.
Section 1000.24, page 87	The Virginia Employment Commission unemployment rate information link was updated.
Section 1000, page 88	The standard deduction amount used in the determination of a hardship extension was updated to reflect the 2020 amount.
Form 032-03-0376-12	The Hardship Exception Determination Form was updated to reflect the 2020 Standard Deduction amount.
Form 032-03-0646-20-eng and 032-03-066-20-spa	The Notice of Intentional Program Violations and Penalties form was updated to reflect the 2020 change reporting guidelines. Households must report income changes which exceed the income guidelines (130% of the 2020 Federal Poverty Level).
Form 032-03-0355-22	The TANF/VIEW Grant Calculation form was updated to reflect the 2020 Federal Poverty Levels.
Form 032-03-355A-22	The TANF-UP/VIEW-UP Grant Calculation form was updated to reflect 150% of the 2019 Federal Poverty Level.

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.

Toni Blue Washington, Director

- b. for TANF-UP, unemployment compensation benefits;
- c. When a household consists of a couple cohabiting, each who have a child(ren) by previous relationships, there will be two separate assistance units. Should they have a child together, for whom paternity has been established or an adoption has been finalized, the child must be included in the assistance unit. The units must be merged as the new child is a sibling to both sets of children. If the income of the assistance unit exceeds the maximum allowable income, the case is ineligible for a payment.

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 maximum allowable income, income must then be screened at the standard of assistance in order to allow earned income disregards where applicable.

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

The standard deduction*, the same amount used in the standard deduction for the SNAP program, and 20% of the remainder is deducted from the gross

Assistance Unit	Standard Deduction
1-3 members	\$167
4 members	\$181
5 members	\$212
6 or more members	\$243

earnings.** (Refer to Section 305, [Appendix 3](#), Step 2, and to Section [305.3.B.](#))

(Refer to Section 305, [Appendix 3](#), Step 2, and to Section [305.3.B.](#))

- c. Ongoing Cases

Once the total gross countable income of the assistance unit is determined to be less than or equal to the maximum allowable income, income must then be screened at the standard of assistance in order to allow 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](#);

*45 CFR 233.20(a)(3)(xiii)
**22 VAC 40-295-60

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% of the federal poverty level based on assistance unit size.

The income limits are as follows:

Report Income Change When Household Income Exceeds These Amounts				
Household Size	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-Monthly Amount
1	\$1,383	\$ 321.62	\$ 643.25	\$ 691.50
2	1,868	434.41	868.83	934.00
3	2,353	547.20	1,094.41	1,176.50
4	2,839	660.23	1,320.46	1,419.50
5	3,324	773.02	1,546.04	1,662.00
6	3,809	885.81	1,771.62	1,904.50
7	4,295	998.83	1,997.67	2,147.50
8	4,780	1,111.62	2,223.25	2,390.00
Each additional Person	+ \$486	+ \$113.02	+ \$226.04	+ \$243.00

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 payment, and no stepparent income is deemed available. Only the income of the parent and child(ren) is to be considered in determining the payment 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 Payment - Determine the child(ren)'s eligibility and payment 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 **\$2,155.00**. 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 payment 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 as described at 305.4C.

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 **\$2,162** 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	\$2,162.00
Less \$90 deeming disregard	- 90.00
	\$2,072.00
Less standard of assistance for 1 (Group II)	- 226.00
Amount deemed available to Ms. P.	\$1,846.00
Standard of assistance for a 4-person AU	\$ 499.00

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 payment amount:

Stepparent's (Mr. P.'s) income	\$2,162.00
150% of poverty guidelines for 2 (monthly)	<u>-2,155.00</u>
Amount exceeding 150% of poverty guideline	\$7.00
 Standard of assistance for a 3-person AU	 \$ 417.00
 Less total countable income (\$7.00-amount of Mr. P.'s income which exceeds 150% of poverty guidelines, plus \$50.-Ms. P.'s unearned income, plus \$150 the children's unearned income for a total of \$207 in countable income.	 <u>- 207.00</u>
Payment amount	\$210.00

Example 2:

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

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

Mr. J.'s income	\$ 800.00
Less \$90 deeming disregard	<u>- 90.00</u>
	710.00
 Less standard of assistance for I (Group II)	 <u>- 226.00</u>
	\$ 484.00
Less support paid by Mr. J. to non-household dependents	<u>- 400.00</u>
Income deemed available to Ms. J.	\$ 84.00
 Standard of assistance for a 3-person AU	 \$417.00

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 payment calculation, since Ms. J. is eligible.

2. To determine the payment amount:

Standard of assistance for a 3-person AU	\$ 417.00
Less countable income (Ms. J.'s unearned income)	<u>- 100.00</u>
Payment amount	\$ 317.00

Example 3:

Ms. L. is applying for TANF for herself and her 2 children. Her husband (not the children's father), Mr. L., is employed and earns \$2,158 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	\$2,199.00
Less \$90 deeming disregard	<u>- 90.00</u>
	\$2,109.00
Less standard of assistance for 2 (Group II) to include Mr. L. and his child	<u>- 332.00</u>
Income deemed available to Ms. L.	\$1,777.00
Standard of assistance for a 3-person AU	\$ 417.00

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 payment amount:

Stepparent's (Mr. L.'s) income	\$ 2,199.00
150% of poverty guidelines for 2 (monthly)	<u>- 2,155.00</u>
Amount exceeding 150% of poverty guidelines	\$ 44.00
Standard of assistance for 2-person AU	\$ 332.00
Less total countable income (\$44.00 -amount of Mr. L.'s income which exceeds 150% of poverty guidelines)	<u>- 44.00</u>
Payment amount	\$ 288.00

The two children are eligible for TANF. Though Mr. L.'s gross income exceeds 150% of poverty guidelines, his countable income 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.

VIEW PAYMENT CALCULATION

Example 1: Earnings

Assistance unit of 2 in a Group II locality. Mom earns \$456 gross income each month.

Step (1)	Screening at Federal Poverty Level	$ \begin{array}{r} \$ 456.00 \\ \mathbf{\$ 1,437.00} \end{array} $	Gross Monthly Earnings < Monthly Federal Poverty Level for 2
Step (2)	Unearned Income	$ \begin{array}{r} \$ 332.00 \\ - \quad 0.00 \\ \hline \$ 332.00 \end{array} $	Standard of Assistance for 2 Unearned Income TANF Deficit
Step (3)	Earned Income Disregards	$ \begin{array}{r} \$ 456.00 \\ - \quad 167.00 \\ \hline \$ 289.00 \\ - \quad 57.80 \\ \hline \$ 231.20 \end{array} $	Gross Monthly Earnings Standard Deduction for 2 x 20% =57.80 Net Earned Income
Step (4)	Add Net Earned Income and TANF Deficit	$ \begin{array}{r} \$ 231.20 \\ +332.00 \\ \hline \$ 563.20 \\ \\ \$ 332.00 \end{array} $	Net Earned Income TANF Deficit < Monthly Federal Poverty Level for 2 = VIEW Payment (TANF Payment)

Example 2: Earned and Unearned Income

Assistance unit of 2 in a Group II locality. Mom earns \$305 gross monthly and the assistance unit also receives \$120 unearned income monthly.

Step (1)	Screening at Federal Poverty Level		
		\$ 305.00	Gross Monthly Earnings <
		\$1,437.00	Monthly Federal Poverty Level for 2
Step(2)	Unearned Income		
		\$ 332.00	Standard of Assistance for 2
		<u>-120.00</u>	Unearned Income
		\$ 212.00	TANF Deficit
Step (3)	Earned Income Disregards		
		\$ 305.00	Gross Monthly Earnings
		<u>-167.00</u>	Standard Deduction for 2
		\$ 138.00	x 20% = 27.60
		<u>-27.60</u>	
		\$ 110.40	Net Earned Income
Step (4)	Add Net Earned Income and TANF Deficit		
		\$ 110.40	Net Earned Income
		<u>+ 212.00</u>	TANF Deficit
		\$ 322.40	< Monthly Federal Poverty Level 2
		\$ 212.00	= VIEW Payment (TANF Payment)

Example 3: Earnings Result in Ineligibility

Assistance unit of 4 in a Group III locality. Mom earns \$2,192 monthly gross income.

Step (1)	Screening at Federal Poverty Level		
		\$2,192.00	Gross Monthly Earnings
		\$2,183.00	Monthly Federal Poverty Level for 4

The assistance unit is ineligible.

Example 4: Maximum Reimbursable

Assistance unit of 6 in a Group II locality. Mom earns \$457 gross monthly income.

Step (1) Screening at Federal Poverty Level

\$ 457.00	Gross Monthly Earnings <
\$2,930.00	Monthly Federal Poverty Level for 6

Step (2) Unearned Income

\$ 658.00	Standard of Assistance for 6
- 0.00	Unearned Income
<u>\$ 658.00</u>	TANF Deficit
\$625.00	Maximum Reimbursable Amount

Step (3) Earned Income Disregards

\$ 457.00	Gross Monthly Earnings
- 243.00	Standard Deduction for 6
<u>\$ 214.00</u>	x 20% = 42.80
- 42.80	Net Earned Income
<u>\$ 171.20</u>	

Step (4) Add Net Earned Income and TANF Deficit

\$ 171.20	Net Earned Income <
+ 625.00	Maximum Reimbursable TANF Deficit
<u>\$ 796.20</u>	< Monthly Federal Poverty Level for 6
\$ 625.00	= VIEW Payment (TANF Payment)

Example 5: Earned Income Case with Immunization Penalty

Assistance unit of 2 in a Group III locality. Mom earns \$966 gross monthly income. One member of the assistance unit receives \$60 SSA monthly. There is a \$50 immunization penalty.

Step (1) Screening at Federal Poverty Level

\$ 966.00	Gross Monthly Earnings <
\$1,437.00	Monthly Federal Poverty Level for 2

Step (2) Unearned Income

\$ 422.00	Standard of Assistance for 2
<u>- 60.00</u>	Unearned Income
\$ 362.00	TANF Deficit

Step (3) Earned Income Disregards

\$ 966.00	Gross Monthly Earnings
<u>- 167.00</u>	Standard Deduction for 2
\$ 799.00	x 20% = 159.80
<u>- 159.80</u>	
\$ 639.20	Net Earned Income

Step (4) Add Net Earned Income and TANF Deficit

\$ 639.20	Net Earned Income
<u>+ 362.00</u>	TANF Deficit
\$1,001.20	< Monthly Federal Poverty Level for 2
\$ 362.00	= VIEW Payment (TANF Payment)

Step (5) Apply Immunization Penalty

\$ 362.00	VIEW Payment
<u>- 50.00</u>	Immunization Penalty
\$ 312.00	Net VIEW Deficit
\$ 312.00	= VIEW Payment (TANF Payment)

Example 6: TANF-UP Household

Assistance unit of 4 in a Group II locality. Dad earns \$1,505 gross income.

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

\$1,505.00	Gross Monthly Earnings
\$3,275.00	< 150% of the Monthly Federal Poverty Level for 4

Step (2) Unearned Income

\$ 499.00	Standard of Assistance for 4
<u>- 0.00</u>	Unearned Income
\$ 499.00	TANF Deficit

Step (3) Earned Income Disregards

\$1,505.00	Gross Monthly Earnings
<u>- 181.00</u>	Standard Deduction for 4
\$1,324.00	X 20% = \$264.80
<u>- 264.80</u>	
\$1,059.20	Net Earned Income

Step (4) Add Net Earned Income and TANF Deficit

\$1,059.20	
<u>+ 499.00</u>	TANF Deficit
\$1,558.20	< 150% of the Monthly Federal Poverty Level for 4
\$ 499.00	= VIEW Payment (TANF Payment)

Example 7: Earned Income Case with DCSE Non-cooperation

Assistance unit of 3, mom and two children, in a Group II locality. Mom earns \$1,100 gross income. She is not cooperating with DCSE. Her needs have been removed from the TANF payment and the assistance unit size has been reduced to 2.

Step (1) Screening at 100% of the Federal Poverty Level for an AU of 2

\$1,100.00	Gross Monthly Earnings
\$1,437.00	< 100% of the Monthly Federal Poverty Level for 2

Step (2) Unearned Income

\$ 332.00	Standard of Assistance for 2
<u>- 0.00</u>	Unearned Income
\$ 332.00	TANF Deficit

Step (3) Earned Income Disregards

\$1,100.00	Gross Monthly Earnings
<u>- 167.00</u>	Standard Deduction for 2
\$ 933.00	X 20% = \$186.60
<u>- 186.60</u>	
\$746.40	Net Earned Income

Step (4) Add Net Earned Income and TANF Deficit

\$ 746.40	Net Earned Income
<u>+ 332.00</u>	TANF Deficit
\$1,078.40	< 100% of the Monthly Federal Poverty Level for 2
\$ 332.00	= VIEW Payment (TANF Payment)

2020 FEDERAL POVERTY LEVELS

<u>Size of Family Unit</u>	<u>Monthly Poverty Guideline</u>
1.....	\$ 1,063.00
2.....	\$ 1,437.00
3.....	\$ 1,810.00
4.....	\$ 2,183.00
5.....	\$ 2,557.00
6.....	\$ 2,930.00
7.....	\$ 3,303.00
8.....	\$ 3,677.00

For each additional person add **\$373**

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

<u>Size of Family Unit</u>	<u>150% of the Federal Poverty Level</u>
1.....	\$ 1,595.00
2.....	\$ 2,155.00
3.....	\$ 2,715.00
4.....	\$ 3,275.00
5.....	\$ 3,835.00
6.....	\$ 4,395.00
7.....	\$ 4,955.00
8.....	\$ 5,515.00

For each additional person add **\$560**

- (1) Submit the name, 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: <https://fusion.dss.virginia.gov/bp/BP-Home/TANF-and-VIEW/Forms>.
 - (2) If the client is injured on the work site and wishes to file a claim with Workers' Compensation, the ESW must provide to the client in writing a list of three physicians from whom the client may choose to seek medical attention. The list of three physicians must be entered on the Panel Physician Form and given to the client. The form can be located at <https://secureservercdn.net/198.71.233.179/69q.768.myftpupload.com/wp-content/uploads/2019/11/panelphysicianform.pdf>. Print the form.
- c. The CWEP work site supervisor must immediately complete an Employer's Accident Report form when an accident occurs. This Virginia Workers' Compensation Commission form can be accessed on line at <https://www.dhrm.virginia.gov/hr-partners/workers-compensation-hr-resources/workerscompforms>. Scroll down to Workers' Compensation. Click on Employer's Accident Report form. Print the form.
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. List the employer as CWEP and the agency number as 997.
 3. 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, 9th Floor
Richmond, VA 23219-2901

2. The participant was not sanctioned for leaving employment without good cause while enrolled in VIEW.

In the case in which a sanction was improperly imposed, including situations in which the sanction was the result of non-compliance caused by the verified disability of the participant or the verified disability of a household member in the care of the participant, the sanction will be removed and the participant may be considered for a hardship exception if otherwise eligible.

E. Conditions Under Which a Hardship Exception May Be Granted for Up to One Year

A hardship exception may be granted by the local agency for any period of time, up to one year, based on a lack of job availability or for completion of employment-related education or training if the client meets the general eligibility criteria outlined above. The client must participate in the VIEW program and carry out all program assignments. The hardship exception will be reevaluated every 90 days to ensure that the basis for the exception continues to exist and that the participant continues to meet all program and exception requirements.

1. Factors relating to job availability are unfavorable
 - a. The client lives in an area where the unemployment rate has been 10% or higher for the six months preceding the client's request for a hardship exception. Unemployment rate information is available from the Virginia Employment Commission at <https://virginiaworks.com/local-area-unemployment-statistics-laus?page89556=1&size89556=48&page89557=1&size89557=48>.
 - b. The client is registered with the Virginia Employment Commission, is assigned to a job search activity and to any other activity that the agency believes will facilitate employment, and is actively seeking employment.
2. The client is in an employment-related post-secondary education or training program which can be completed within one year
 - a. Participants enrolled in a self-initiated education or training program that began prior to his/her entry into the VIEW program are not eligible for an education or training-related hardship exception.
 - b. The participant must have been enrolled in employment-related post-secondary education or skills training for at least 9 of the previous 12 months, have been satisfactorily participating, and must be able to complete the course of study in no more than one year of full time enrollment if the exception is granted.

- c. In the case of a participant with a verified disability, or a household member with a verified disability cared for by the participant, the participant must have been enrolled for at least 6 months out of the previous 12 months, have been satisfactorily participating for those 6 months, and be able to complete the course of study in no more than one year if the exception is granted. The ESW will work with the participant and the educational institution or skills training program to arrange any accommodations needed by the participant in order to complete the course.
- d. For purposes of this hardship exception, the following education activities are not considered “employment-related education or training”: adult basic education (ABE), General Educational Development (GED), English as a Second Language (ESL, ESOL), High School.

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

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

1. The client is actively seeking but is unable to find employment.

The participant is enrolled in a job seeking activity and has been satisfactorily participating, but has been unable to find employment that, in combination with all other income (this includes earned and unearned income) or sources of assistance available to the individual, would pay an amount equal to or exceeding the TANF cash benefit plus a standard deduction of **\$167**.

2. The client has been employed but has lost employment due to factors not related to job performance.
 - a. The participant has applied for unemployment compensation from the Virginia Employment Commission and has been denied.
 - b. The participant is able to provide a copy of the determination of ineligibility for unemployment compensation from the Virginia Employment Commission.
 - c. The Virginia Employment Commission determination of ineligibility verifies that eligibility for unemployment compensation would have existed if the participant had worked sufficient hours to qualify.

G. Responsibilities of the ESW - Decision on Exception Request

1. The ESW will notify the participant within 5 working days that the request for a hardship exception has been received. The notification to the participant will provide the date by which a decision will be made. The date will be no longer than 30 days from receipt of the client’s hardship exception request.

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM**

Participant Name: _____

Case Number: _____

ESW: _____

HARDSHIP EXCEPTION DETERMINATION FORM

I. HARDSHIP REQUESTED (Check One)

Factors Related to Job Availability are Unfavorable

- Actively Seeking Employment Yes No

Employment-related Education/Training

- Loss of Employment Unrelated to Job Performance Yes No

II. GUIDANCE REVIEW (check applicable statement(s))

Excluding any sanctions improperly imposed:

Has not been sanctioned more than one time for failing to satisfactorily participate in assigned activities (components, required interviews, assessments, etc.)

Has never been sanctioned for leaving employment while in the VIEW Program

Application was timely: Yes No

Date Request Received: _____/_____/_____

- Within 60 days Yes No
- Not within 60 days due to disability reason Yes No

Required Copy of Request Attached Yes No

Does the participant meet all qualifying criteria? Yes No

If yes, continue to Section III and IV. If no, the participant is ineligible for a hardship exception.

III. EVALUATION OF ELIGIBILITY FOR HARDSHIP EXCEPTION

Meets the conditions of a 90 day hardship? Yes No

A. 90-Day Hardship Conditions

1. Actively Seeking Employment

Unable to find employment that, when combined with all other sources of income, equals or exceeds the TANF grant plus the \$167 standard deduction.

TANF Grant	_____	Employment:	_____
Standard Deduction:	<u>\$167</u>	Other Income:	_____
Total:	_____	Total:	_____

Satisfactorily participated in all job searching activities while in VIEW.

III. EVALUATION OF ELIGIBILITY FOR A HARDSHIP EXCEPTION - CONT'D

2. Loss of Employment Unrelated to Performance

Has applied for unemployment compensation

Has lost employment for reasons other than performance (If sufficient quarters of employment existed, client would be eligible for unemployment compensation.)

Yes No Meets the conditions of a 12 month hardship?

B. 12-Month Hardship Conditions

1. Employment-Related Education/Training

Enrolled in employment-related education/training for at least 9 of the last 12 months.

Is making satisfactory progress in education or training.

Education/training is expected to be completed in 12 months or less.

Request is not for any of the following educational components: ABE, GED, ESL, High School.

2. Factors Related to Job Unavailability

Participant has been actively seeking employment.

Unemployment rate in locality for last 2 quarters of available data has been 10% or greater.

IV. DISPOSITION

Yes No Eligible for hardship exception? If not, why? _____

Approved: One year hardship for (Reason): _____

From: ____/____/____ To: ____/____/____

Approved: 90 Day hardship for (Reason): _____

From: ____/____/____ To: ____/____/____

ESW Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Comments: _____

HARDSHIP EXCEPTION DETERMINATION FORM

FORM NUMBER - 032-03-0376-12-eng (10/20)

PURPOSE OF FORM - This form is designed to help the ESW determine if a VIEW participant is eligible for a Hardship Exception to the TANF 24 month time limit.

USE OF FORM - The form is completed when a request for a hardship exception has been received by the agency.

NUMBER OF COPIES - One original in case record.

INSTRUCTIONS FOR COMPLETION OF FORM - Section I documents which hardship exception is being requested. A copy of the request should be attached to the form.

Section II documents the exclusion of sanctions improperly imposed. To qualify for a hardship, all three qualifying criteria must be met.

Section III documents the particular policy requirements for individual 90 day and 12 month hardship exceptions. To qualify for a hardship exception, the conditions must be met.
(Check "yes").

Section IV documents the final determination of whether a VIEW participant who has reached the end of the 24 month time limit is eligible for a particular hardship exception.

The Hardship Exception Determination Form must be signed by both the VIEW worker and VIEW supervisor.

**Commonwealth of Virginia
 Department of Social Services
 Temporary Assistance for Needy Families**

AGENCY USE ONLY
Case Name
Case Number
Eligibility Worker Number

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. Changes of address (also let us know if your telephone number changes so we can contact you if needed)
2. Changes in the household composition resulting from one of the following individuals entering or leaving the home:
 - An eligible child, including a newborn, or
 - The father or mother of an eligible child, including a newborn
3. Changes that may affect VIEW participation including changes in the need for transportation, child care, or any other supportive services.
4. Income from your household that goes over the limit below.

Number of People in your Household	Report Income Change When Household Income Exceeds These Amounts			
	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$1,383	\$ 321.62	\$ 643.25	\$ 691.50
2	1,868	434.41	868.83	934.00
3	2,353	547.20	1,094.41	1,176.50
4	2,839	660.23	1,320.46	1,419.50
5	3,324	773.02	1,546.04	1,662.00
6	3,809	885.81	1,771.62	1,904.50
7	4,295	998.83	1,997.67	2,147.50
8	4,780	1,111.62	2,223.25	2,390.00
For each additional Person	+\$486	+\$113.02	+\$226.04	+\$243

These amounts are good through 9/30/2021.

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 - 032-03-0646-20-eng (10/20)

PURPOSE OFFORM-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.

INSTRUCTIONS FOR PREPARATION OFFORM-Explain the information on the form to the client. The client and the worker are to sign the form and date it.

Commonwealth of Virginia
 Department of Social Services
 Temporary Assistance for Needy Families

AGENCY USE ONLY
Case Name
Case Number
Eligibility Worker Number

AVISO DE VIOLACIONES INTENCIONAL DEL PROGRAMA Y SANCIONES

La ley de Virginia requiere que los solicitantes de TANF y receptores para que el departamento local de servicios sociales sabe ciertos cambios que podrian causar un cambio en su asistencia. Si usted oculta informacion o dar falsa informacion, que puede ser procesado por perjuria, hurto o fraude del bienestar. Usted puede estar sujeto a una audiencia descalificacion. Si se le encuentra culpable, usted no sera elegible para recibir TANF par si mismo para seis meses par la primera ofensa, 12 meses par la segunda ofensa, y pemanentemente par la tercera ofensa.

Los siguientes cambios deben ser reportados dentro de los 10 dias del dia en que se producen, pero a mas tardar, que tienen hasta el dia 10 del mes siguiente para reportar el cambio. Si usted no esta seguro si debe informar de un particular, cambiar, por favor discutir el cambio con su trabajador.

- I. Los cambios de direccion (tambien haganoslo saber si su numero de telefono cambia para que podamos contactar con usted si esnecesario)
2. Cambios en la composicion de los hogares como consecuencia de una de las siguientes personas que entren o salgan de la casa:
 - Un niño elegible, incluyendo un recién nacido, o
 El padre o la madre de un niño elegible, incluyendo un recién nacido
3. Los cambios que puedan afectar a la participacion VISTA incluyendo cambios en la necesidad de transporte, cuidado de niños, o cualquier otro servicio de apoyo.
4. Los ingresos de su hogar Balon por encima del limite por debajo.

Number of People in your Household	Report Income Change When Household Income Exceeds These Amounts			
	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$1,383	\$ 321.62	\$ 643.25	\$ 691.50
2	1,868	434.41	868.83	934.00
3	2,353	547.20	1,094.41	1,176.50
4	2,839	660.23	1,320.46	1,419.50
5	3,324	773.02	1,546.04	1,662.00
6	3,809	885.81	1,771.62	1,904.50
7	4,295	998.83	1,997.67	2,147.50
8	4,780	1,111.62	2,223.25	2,390.00
For each additional Person	+\$486	+\$113.02	+\$226.04	+\$243.00

Estas cantidades son buenos traves 09/30/2021.

He leído este aviso y entiendo mi responsabilidad de informar de los cambios mencionados par el decimo dia de lames siguiente al cambio.

Solicitante/Firma Cliente _____ Date _____

Firma del trabajador _____ Date _____

AVISO DE VIOLACIONES intencional del programa Y SANCIONES

FORMULARIO NUMERO- 032-03-0646-20-spa (10/20)

PROPOSITO DE LA FORMA - El propósito de la forma es asesorar al cliente de Violaciones Programa intencional (IPV) y las sanciones. También informa al cliente de los TANF y ver los cambios que deben informarse.

USO DE LA FORMA - La forma informa al cliente de los tipos de información que deben informarse, y las sanciones IPV que se pueden imponer, y el periodo de tiempo de las sanciones.

NUMERO DE COPIAS - Dos.

DISPOSICION DE LA FORMA- El trabajador de elegibilidad le explica la notificación al solicitante cuando se procesa una solicitud de TANF. El trabajador de elegibilidad y el cliente firman el formulario y salen con él. El original se archiva en el expediente TANF y una copia se entrega al cliente.

INSTRUCCIONES PARA LA PREPARACION DE LA FORMA - Explicar la información en el formulario para el cliente. El cliente y el trabajador deben firmar la solicitud y la fecha.

VIEW Grant Calculation - TANF

CaseName: _____

Pay Date	Employer	Gross Pay
Total Gross		_____
Average=	_____	Converted= _____

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 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 4

1. Net Earnings \$ _____
 (Step 3, Line 5)

2. Plus TANF Deficit Amount + _____
 (Step 2, Line 3)

3. Total AU Income \$ _____

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

⇒ 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

2018 100% FEDERAL POVERTY LEVEL

Size	Monthly Amount
1	\$1,063
2	1,437
3	1,810
4	2,183
5	2,557
6	2,930
7	3,303
8	3,677
Each Additional	\$ 373

VIEW GRANT CALCULATION -TANF

FORM NUMBER - 032-03-0355-22-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.

VIEW Grant Calculation – TANF-UP

CaseName: _____

Pay Date	Employer	Gross Pay
Total Gross		_____
Average=	_____	Converted= _____

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 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 4

1. Net Earnings \$ _____
 (Step 3, Line 5)

2. Plus TANF Deficit Amount + _____
 (Step 2, Line 3)

3. Total AU Income \$ _____

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

⇒ 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

2018 150% FEDERAL POVERTY LEVEL

Size	Monthly Amount
1	\$1,595
2	2,155
3	2,715
4	3,275
5	3,835
6	4,395
7	4,955
8	5,515
Each Additional	\$ 560

VIEW GRANT CALCULATION -TANF

FORM NUMBER - 032-03-355A-22-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.