



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

**July 1, 2014**

### **Temporary Assistance for Needy Families Manual**

#### **Transmittal # 54**

This transmittal includes changes to the Temporary Assistance for Needy Families (TANF) Program and the Virginia Initiative for Employment not Welfare (VIEW) Program. The purpose of this transmittal is to provide new 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, 2014.

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:

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Page(s) Changed	Significant Changes
Section 102.1-102.2, page 1	The form name, Notice of Intentional Program Violations and Penalties, was corrected and a form number added. The instruction to access the form on the DSS Intranet site was deleted.
Section 102.2-102.3, page 2	The Notice of Intentional Program Violations and Penalties was added to the list of forms providing notification of disqualification penalties.
Section 200, Table of Contents, page 2	The Conditions of Eligibility reference at 203.1 was changed to Conditions of

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Section 201.1, page 1a	<p data-bbox="792 344 1317 411">Eligibility/Categorical Eligibility in the Table of Contents for Chapter 200.</p> <p data-bbox="792 453 1317 667">The guidance reference at item 2 was corrected, a new guidance reference was added to item 3, and a minor wording change was made to the final sentence in item 3. The Code of Virginia citations were updated.</p>
Section 201.1, page 3a, 3b, 3c	<p data-bbox="792 709 1354 888">In Section G, we clarified that the 60 month clock will reflect each month for which a TANF payment is issued, even if it is a partial payment. Guidance was adjusted on subsequent pages.</p> <p data-bbox="792 930 1354 1035">In the same section, we clarified that TANF-UP parents who are minors will each have a 60-month clock.</p> <p data-bbox="792 1077 1354 1182">A note has been added to Section G explaining which months were counted on the 60-month clock prior to March, 2008.</p> <p data-bbox="792 1224 1354 1398">Information about individuals who are not subject to the 60-month clock has been moved to page 3b, and the note at the bottom of page 3b has been moved to page 3c.</p>
Section 201.5, page 2	<p data-bbox="792 1440 1330 1619">Section B was revised to change “mental” hospital to “psychiatric” hospital, and to expand the definition of such a hospital to include a psychiatric ward in a general hospital.</p>
Section 201.10, page 5a, 6	<p data-bbox="792 1661 1341 1873">Section J was updated regarding referral to support enforcement and good cause. Guidance now outlines the minimum information needed for the 501 series screens if the agency has determined that the client has good cause for not</p>

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Section 203.1, page 1	<p>cooperating. The requirement for the agency to involve DCSE in the good cause process has been eliminated. The headings of Sections J through L were revised to include a reference to good cause.</p> <p>The heading, “Conditions of Eligibility,” was corrected to “Categorical Eligibility.”</p>
Section 305.4, page 25	<p>Section A was rewritten to clarify which monthly benefits are exempt from being counted as income. A reference was added to 305.2(B), the section that explains when gross monthly benefits are counted and when actual benefits received are counted.</p>
Section 401.3, page 5, 6, 6a, 6b, and 6c	<p>A new item has been added to Section F explaining the circumstances under which the case name can be changed in a TANF-only or TANF-UP-only case when the individual who is the case name leaves the household or dies. Subsequent items have been relettered and pages adjusted.</p>
Section 502.6, pages 6 and 7	<p>The form number for the Notice of Transfer was added. In Section C, the receiving agency responsibilities were clarified and changed to a list format. Minor wording changes were made to the paragraph addressing the client notification responsibilities of the receiving agency.</p>
Section 500, Appendix I, pages 5-7	<p>The requirement to complete two Wells Fargo Bank forms as part of the lost or stolen check affidavit process was added to guidance.</p>
Section 500, Appendix I, pages 11-18	<p>The Affidavit on Check Endorsement Form was restructured as one form with three sections. The sections are Affidavit on Check Endorsement, Stolen/Lost Check Report and Wells Fargo Bank. The</p>

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Section 500, Appendix III, page 8	<p>instructions have been put in the back of the form. The form is used when the local agency is requesting a check to replace the check that has been lost or stolen. The form has been added to guidance and put into the forms drawer (032-02-0118-09-eng).</p>
Section 602.1-602.3, page 1	<p>Guidance has been added explaining the process the worker should follow when the client reports non-receipt of EPPICard benefits. A note has also been added explaining that benefits cannot be removed from the debit card by VDSS once they have been posted.</p>
Section 701.3-701.4, page 2	<p>Section 602.2 was expanded to describe the types of child support typically paid on behalf of TANF custodial parents and how each type of support is treated for TANF eligibility purposes.</p>
Section 801.5, page 2	<p>A reference to “capped child” and the family cap provision was added to the guidance citation in the note at 701.3 to clarify that the family may continue to be eligible for TANF-UP even if the only child in common is a “capped child” as long as there are other eligible children in the AU.</p>
Section 801.5, page 2	<p>A statement was added to 801.5.A clarifying that clients referred for a VIEW sanction, as well as clients already in a VIEW sanction, are ineligible for Diversionary Assistance (DA). Additionally, statements were added clarifying that sanctioned individuals cannot become eligible for DA by curing the VIEW sanction nor can individuals ineligible because of DCSE non-cooperation become eligible by</p>

Page(s) Changed	Significant Changes
Section 901.1 – 901.2, pages 1, 2, 2a, 2b, 2c	<p>cooperating.</p> <p>Item B at 901.2 was changed to explain that a minor 17, or under, who is a parent on his/her own case is exempt from VIEW and should be made exempt using Code V3. Subsequent items have been relettered.</p> <p>In section H, a statement has been added to clarify that the V1 exemption is limited to a 12-month lifetime limit effective 7/1/2011.</p>
Section 901.2, page 3	<p>A statement has been added to the TANF-UP section explaining that TANF-UP parents who are minors are exempt from VIEW participation, and should be exempted with Code V3. The statement that these minor TANF-UP parents can volunteer for VIEW was incorrect and has been removed. A new statement was added to the section on Volunteers to clarify that individuals under the age of 18, and ineligible aliens, including lawful permanent residents in the country for less than five years, cannot volunteer for VIEW.</p>
Section 901.6, page 7a; Section 901.7, page 8; Section 901.8 – 901.9, page 8a	<p>A new item, 901.6.L, was added to explain that benefits will be reinstated to a sanctioned assistance unit if the individual responsible for the sanction leaves the home. An example illustrating reinstatement the month after the sanctioned individual leaves was added at L. Subsequent sections have been relettered and pages adjusted.</p>
Section 901.11, pages 9b	<p>Section 901.11.A, item 6, was revised for clarity.</p>
Section 901.12 – 901.13, pages 11, 11a, and 12	<p>The description of transitional benefits at 901.13 has been rewritten for clarity.</p>

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Page(s) Changed

Significant Changes

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	<p>Section A has been revised to clarify that a VTP payment should not be made earlier than the first VTP payment month as established by ADAPT or before TANF closure. A VTP example and reminder were added. These changes resulted in adjustment to subsequent pages.</p>
<p>Section 1000.1, page 7</p>	<p>A statement has been added explaining that 35 hours are to be entered in ESPAS as assigned hours and as actual hours for VIEW participants age 18 or 19 who are enrolled in high school or GED programs. This will allow participation for these individuals to be counted for federal participation. Additionally, a statement was added explaining that 18 and 19 year old participants assigned to this activity do not have to meet the core work activity requirement.</p>
<p>Section 1000.2, pages 12, 13, 14, 14a</p>	<p>A brief introductory paragraph was added to the federal work participation examples in Section E. The examples were revised for clarity and a reference was added to a new Appendix J which provides more detailed examples. A reference to the Actual Hours Calculator on SPARK was added to Section G and a link was provided.</p>
<p>Section 1000.20, page 78</p>	<p>A statement was added to item 9 explaining the timeframe for reinstating a case after a sanctioned individual leaves the home.</p> <p>The final three sentences of item 10, relating to individuals in comparable fixed VIEW and fixed SNAPET sanction periods were removed as obsolete since SNAPET is now an entirely voluntary program.</p>

Page(s) Changed	Significant Changes
Section 1000.22, pages 81 and 82	Clarification was added to the Transitional Services information in Section A, to clarify that eligibility for all transitional services, with the exception of TET, is limited to former VIEW participants who are employed. Additionally, references to the three-month limit for most transitional services were added to the sections on Medical/Dental, Work-Related Expenses, and Emergency Intervention.
Section 1000.22, pages 83 and 83a	New guidance has been added to Section B clarifying that neither parent in a TANF-UP household is eligible for VTP if one parent has been sanctioned. This addition caused subsequent guidance to shift to page 83a.
Section 1000, Appendix J	A new appendix, Understanding Federal Participation, was added to Chapter 1000. The appendix contains examples of how an individual's actual hours of participation are used to determine her average weekly hours of participation.
Form 032-02-0305-02	A field has been added to the "Attendance/Performance Rating Sheet" for the report month.
Form 032-03-0643-01	The "VIEW Sanction Reminder Notice" has been updated to include removal of "Mr., Mrs. And Misses" and the space for a worker telephone number in the second paragraph. A line was added in the header for the VIEW Worker's Name. The instructions for locating a printable copy of the form were updated.
	Worker "#" in the header was changed to "phone number."

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Page(s) Changed

Significant Changes

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Form 032-02-0118-09

The Affidavit on Check Endorsement Form was restructured as one form with three sections. The sections are Affidavit on Check Endorsement, Stolen/Lost Check Report and Wells Fargo Bank. The instructions for each section are at the back of the combined form. The form is used when the local agency is requesting a check to replace the check that has been lost or stolen. The form has been added to guidance and put into the forms drawer (032-02-0118-09-eng).

Form 032-03-0376-09

The "Notice of Hardship Exception Determination" form was updated to include guidance language restricting eligibility to participants who have not been sanctioned more than one time for failing to satisfactorily participate in assigned activities.

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](mailto:mark.golden@dss.virginia.gov).



Margaret Ross Schultze  
Commissioner



102.1 **INTENTIONAL PROGRAM VIOLATION (IPV)** means any action by an individual for the purpose of: 1) establishing or maintaining the family's eligibility for Temporary Assistance for Needy Families (TANF)\* (diversionary and ongoing assistance) or Virginia Initiative for Employment not Welfare (VIEW); or 2) increasing or preventing a reduction in the amount of the grant; or 3) establishing eligibility for VIEW supportive or transitional services.\*\* For an IPV to exist, the action by the individual must be: 1) an intentionally false or misleading statement or misrepresentation; 2) a concealment or withholding of facts; or 3) an act intended to mislead, misrepresent, conceal or withhold facts or propound a falsity.\*\*\* Whoever obtains or attempts to obtain, or aids or abets any person in obtaining, by means of a willful statement or representation, or by impersonation, or other fraudulent device, assistance or benefits from TANF and other programs designated under rules and regulations of the State Board of Social Services is committing an IPV.

In determining whether an IPV exists, the worker must determine if the individual's actions were the result of a disability such that the person did not have the intent to make a false or misleading statement or misrepresentation. In such cases, an IPV cannot be found. Instead, the local agency will work with the individual to ensure that a similar problem does not arise in the future. This may require that the agency put in place steps to assist the individual to provide the worker with the needed information on a timely basis.

102.2 **RESPONSIBILITIES OF LOCAL DEPARTMENTS** - The local agency has the following responsibilities in relation to IPV:

- A. During the TANF application and VIEW assessment the agency must ensure and document that a clear and full explanation is given to the applicant/ recipient of the eligibility requirements for the type of assistance and services being requested or received; of his responsibility to give complete and accurate information related to his eligibility and to report promptly and fully any changes in his circumstances; and of the provisions of the law with respect to knowingly giving false information or deliberately withholding information which would affect his eligibility for assistance or the amount thereof. The worker must explain fully to the recipient what types of changes in his circumstances would have an effect on the grant and services provided. At TANF application, the agency must explain IPV to the applicant/recipient and explain the Notice of Intentional Program Violations and Penalties (**Form 032-02-0646**). A copy is to be given to the applicant/recipient and a copy is filed in the eligibility record. The assistance unit must report all required changes within 10 calendar days from the date the unit knows of the change but is reported timely if reported by the tenth of the following month.
- B. The local agency must conduct an investigation of an allegation that an individual committed an intentional program violation, regardless of the TANF payment or VIEW Program status. A determination as to whether an IPV has occurred must be based on careful consideration of the

\* 45 CFR 235.112

\*\* 2002 Acts of Assembly, Item 362

\*\*\* Code of Virginia 63.2-522

agency. This agreement shall include information on how and under what circumstances cases will be accepted for possible prosecution. Additionally, it will contain any other criteria set by the prosecutor for accepting cases for prosecution, such as a minimum for the overpayment which resulted from the IPV. The local agency will refer for prosecution all individuals meeting the criteria established by the Agreement.

**102.3 IPV DISQUALIFICATION PENALTIES** - An individual found to have committed an IPV by a court of appropriate jurisdiction, or pursuant to an administrative disqualification hearing (ADH), or by waiving his right to an administrative disqualification hearing is subject to IPV penalty periods of six months for the first offense, twelve months for the second offense, or permanently for the third offense. Notice of the disqualification penalties for IPV is included in the Application for Benefits (032-03-824), the Statement of Facts, **and the Notice of Intentional Program Violations and Penalties (032-03-0646)**.

If found to have committed an IPV pursuant to an ADH, and at some later point it is determined that the individual had a disability that interfered with his or her ability to file accurate and timely information, or with his or her capacity to have the intent to defraud or otherwise provide improper information to the state, or has limited English proficiency that impaired his or her ability to provide accurate and timely information, the worker must delete the IPV and prospectively reinstate benefits.

**NOTE:** No individual can be disqualified for a TANF IPV that was committed prior to December 1, 1992 or an IPV committed in the VIEW Program prior to April 1, 2003. IPV's committed prior to this date can be referred for prosecution; however, no disqualification period can be imposed if found guilty. Additionally, the ADH process is not applicable to IPV's committed prior to December 1, 1992.

Family Cap Provision	201.12
Child Support for the Child Subject to the Cap Provision	201.12 A.
Minor Mothers	201.12 B.
Adoptive Parents	201.12 C.
Income of the Capped Child	201.12 D.
Children Who Move into the Home of the Parent	
Receiving TANF	201.12 E.
Other Caretaker/Relatives	201.12 F.
Duration of the Family Cap	201.12 G.
Client Notice of Family Cap Provision	201.12 H.
Child Conceived as a Result of Verified Rape or Incest	201.12 I.
Medicaid Coverage for the Child Subject to the Family Cap	201.12 J.
Child Capped in Another State	201.12 K.
Appendix I	- Nonimmigrant Admission Codes
Appendix II	- Documentation for Qualified Aliens by Alien Group
Appendix III	- Evidence of U.S. Citizenship and Identity
Appendix V	- Document Verification Request Form (G-845S)
Appendix X	- Noncooperation Penalty Calculation
Emergency Assistance - Conditions of Eligibility/ <b>Categorical Eligibility</b>	203.1
Emergency Assistance for Natural Disaster	
or Fire and Total Loss of Earnings	203.2
Authorization for TANF-EA	203.3
Referral for Service	203.4

4. Comply with the compulsory school attendance requirement if he is a child or minor parent.\* (201.3)
  5. Cooperate in identifying the parents of a child, establishing paternity, and obtaining support unless he is a child.\*\* (201.10)
- C. The parent or caretaker/relative shall be eligible for TANF unless one of the exceptions specified in 302.7.D. or E. is applicable. Eligibility of the caretaker/relative may exist even though:
1. The only eligible child in the home receives SSI. The SSI child must meet all of the eligibility criteria listed in 201.1.A. and B. (school attendance) for the caretaker to be determined eligible for TANF.
  2. The only eligible child in the home receives an adoption assistance payment. Even though the child who receives an adoption assistance payment may not be eligible to have his needs included in the TANF grant amount, he is deemed eligible for TANF for purposes of qualifying the caretaker-relative for TANF.\*\*\* (Refer to **302.7.C.4.**)
  3. The only eligible child in the home receives a federal, state, or local foster care maintenance payment. Even though the child who receives a foster care maintenance payment is not eligible to have his needs included in the TANF grant amount, he is deemed eligible for TANF for the purpose of qualifying a non-parent caretaker, but not a parent, for TANF. (**Refer to 302.7.C.5**) (See 201.5.B. regarding ineligibility of the natural parent or other caretaker-relative to receive TANF for this child in his prior home.)

\* Code of Virginia, Section 63.2-606

\*\* Code of Virginia, Section 63.2-602

\*\*\* ACF, Region III, IM 93-6

- 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, **even if it is a partial payment.** 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, **including minor parents**, will have a 60- month clock regardless of marital status. **(Note: Prior to March, 2008, the 60-month clock was not based on months of TANF receipt in Virginia. Instead, only VIEW months, including months in a VIEW sanction, and months of TANF received in another state, were counted on the clock. The individual 60-month clocks of parents in TANF-UP or TANF two-parent households were identical in terms of months counted that were based on VIEW participation; months of TANF counted in another state may have been different for each parent.)**

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.
- 3) a non-parent caretaker who has been removed from the TANF grant due to VIEW non-compliance.

A month in which an individual received TANF benefits in another state (which for the purposes of determining the months of TANF assistance includes the District of Columbia and the territories of Guam, Puerto Rico, and the Virgin Islands) counts toward the 60-month limit. If an applicant states on the application for TANF benefits that he received assistance in another state, the eligibility worker must verify any TANF months to be counted by contacting the appropriate state and recording those months in the ADAPT system.

Note: The effective date for TANF implementation will vary from state to state. When contacting other states to verify the number of months already accrued, the worker should request the number of months counted by that state toward the 60-month limit. If the other state tracks days of receipt instead of months, the EW will need to verify the exact dates of receipt of TANF. The EW will then count any month in which the individual received TANF as a month toward the 60-month limit. The following website identifies each state's contact person: <http://dpaweb.hss.state.ak.us/training/map/map.html>

If contacted by another state to verify TANF benefits received in Virginia, the worker should provide the number of months countable under Virginia's TANF program since February 1, 1997. Prior to March, 2008, these would have only been months that were included on the VIEW 24-month clock. Beginning March, 2008, these would be months in which a TANF payment was issued (and may or may not have been countable on the 24-month VIEW clock).

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

- 1) Months of receipt of Aid to Families with Dependent Children (AFDC). Thus, months of financial assistance received in Virginia prior to February 1, 1997 do not count;
- 2) Any months that an individual receives assistance as a minor child (not a caretaker);
- 3) Months during which the adult lived on an Indian reservation during the month;
  - (a) at least 1,000 individuals were living on the reservation; and
  - (b) at least 50 per cent of the adults living on the reservation were unemployed;
- 4) Months in which the case was a "control" case. (Petersburg, Portsmouth, Prince William, Wise, and Lynchburg were research sites for the VIP evaluation. Cases in these localities were assigned a research or control status.)
- 5) Months that the TANF case is suspended and no payment is issued.
- 6) Months in which the individual received Diversionary Assistance.

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

Example 1: Client moved to Virginia 7/10/00 and subsequently applied for TANF. She indicated receipt of TANF in North Carolina approximately six months prior to this application. EW contacts the local agency in North Carolina and verifies that client received TANF there from February 1999 through January 2000. The EW will add February 1999 through January 2000 to the 60-month clock because these months are on the client's federal 60-month clock in that state.

Example 2: Client is participating in VIEW and her clock has run from April 2007 through July 2008. On July 8, 2008 the VIEW worker placed the client in an Inactive status. The ESW places the client back in an active status on August 22, 2008. July will count as a month on her 24-month and 60-month clocks. August will not count on the 24-month clock because of the inactive status on the first of the month. August will count on the 60-month clock because the client received a TANF payment for the month. The 24-month clock count will resume with the month of September.

Example 3: Client and her three children received 60 months of TANF, with the March 1, 2003 payment. The TANF case was closed effective March 31, 2003. On April 12, 2003 the client was incarcerated and her three children moved in the grandmother's household. The grandmother applied for TANF for the three children on May 1, 2003. The TANF application was approved on May 29, 2003. Note: the AESANC screen with the 60-month POI information will have to be deleted for each child. The screen should be copied before it is deleted so that it can be re-entered if the grandmother's case closes. The children are eligible because they now live with an adult who is not included in the grant and does not have a 60-month clock. In March, 2008, the grandmother becomes financially needy and requests to be added to the AU. When she is added to the AU, she will become subject to a 60-month clock.

Example 4: Client and her two children have 60 months on her 60-month clock as the result of federal clock months from another state and/or months in Virginia. As long as the children remain in the home with this client, this family of three have reached their lifetime limit of TANF and will not be eligible again unless the client becomes totally disabled or becomes needed on a substantially continuous basis to care for a disabled family member who is living in the household.

Example 5: The children in example #4 leave the client's home and go to live with their father. The father has been a TANF recipient but has less than 60-months on his clock. The father and children can receive TANF until he has reached his 60-month time limit.

Note: the EW will have to delete the AESANC screen with the 60-month POI information for each child. The EW should copy the screen prior to deleting it as the screen should be re-entered if the father's case closes.

Example 6: Client receives TANF for herself and three children. The client has cycled in and out of TANF/VIEW and reaches her 24-month and 60-month limits. If the children go to live with their father or any relative, no one can receive TANF for the children during the two year period of ineligibility due to the VIEW limit. Note: The client may become eligible to receive TANF assistance again during the two year period of ineligibility due to the VIEW limit if she becomes totally disabled or becomes needed on a substantially continuous basis to care for a disabled family member who is living in the household.

- B. Living in a Home\* - A home is the family setting maintained, or in the process of being established, by the relative, as evidenced by the presence of the child. A home may exist in situations where the assistance unit lacks a fixed home address or is otherwise considered homeless.

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

Exception:

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

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

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

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

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

If the caretaker fails to report the change within the required time frame as described above, the caretaker or the child who is absent from the home is ineligible. If the absent child is the only child in the home, the case will also be ineligible. (See [502.4](#) regarding establishment of an emergency payee when the caretaker is absent from the home.)

\* Public Law 104-193



- H. Advising the Client of the Good Cause Determination - The agency must advise each applicant/recipient who claims good cause for not cooperating of the final determination using the Notice of Action form. If the agency determines that good cause does not exist, it must refer the case to the Division of Child Support Enforcement. The agency must inform the applicant/recipient that cooperation will be required and provide a clear explanation of what is expected under the cooperation provision. The agency must allow him the opportunity to withdraw the application or request termination. Should the Division of Child Support Enforcement notify the local agency of evidence of failure to cooperate, the local agency must act upon such information in accordance with Section 201.10 B and C.
- I. Time Frame for Determining Good Cause - The agency must make the final determination that good cause for refusing to cooperate does or does not exist with the same degree of promptness as any other determination or redetermination of eligibility. However, the agency must not delay, deny, or discontinue assistance for the caretaker and children pending a determination of good cause if the applicant/recipient furnishes the required documented evidence or information necessary for the agency to obtain such. **EXCEPTION:** If the applicant/recipient reapplies following denial or closure due to noncooperation in establishing paternity, the agency cannot approve the application unless good cause has been verified, the applicant has cooperated, or the information not previously provided has been received from another source.
- J. Referral to Support Enforcement When the Client Has Claimed Good Cause - When the recipient has claimed good cause for not cooperating, the local agency will **make the final decision regarding good cause. The worker will document the record explaining the approval or denial of the good cause claim.**

**If the agency has determined that the client has good cause, the following information must be entered on the AEDEP1 screen in ADAPT: name, sex, race, the appropriate good cause code (codes 30 or above only). Additionally, the field regarding the AP's receipt of benefits must be completed on AEDEP2, the fields regarding crimes/convictions and probation/parole must be completed on AEDEP3. The worker can transmit through the other AEDEP screens to access AEMCAG where the absence reason must be entered. The good cause code entered on AEDEP1 will have populated the good cause field on AEMCAG. As long as the good cause code entered is 30 or above, no DCSE case will be opened.**

On a newly approved case in which the applicant has claimed good cause and the recipient has previously received public assistance or DCSE services, the worker must complete the "Good Cause Communication Form" and send it to the appropriate DCSE district office. If the information is questionable as to whether the client has previously received public assistance or DCSE services, the form must be completed and sent to the DCSE district office.

- K. Fair Hearings Related to Good Cause Claims - The appeal procedures are equally applicable in this section and, upon notification of the decision, the Division of Child Support Enforcement will have the opportunity to participate in any hearings that result from an appeal of any action required by this section.

- L. **Periodic Review of Good Cause Claims** - The agency must review evidence used in making the determination of good cause at least as frequently as each redetermination. This review is to determine whether good cause for not cooperating continues to exist. If good cause no longer exists, the eligibility worker must notify the client of this determination using the Notice of Action. The eligibility worker must allow the applicant/recipient the opportunity to request termination of assistance, advise him of the cooperation requirement, and enter the new information on the Absence Deprivation/Paternity 501 series screens in ADAPT.

203.1 Emergency Assistance – Emergency assistance may be provided to needy families with children who are eligible for TANF or are receiving TANF (including recipients whose TANF case is currently suspended due to a VIEW sanction), when the family has experienced a natural disaster or a fire which has destroyed items necessary for maintaining the household or the home itself. Natural disasters may include, but are not limited to, a tornado, hurricane, or flood. The EW should note that the applicant does not simply declare an event a disaster.

The application for Emergency Assistance must be made no later than 30 days from the date the disaster or fire occurred. If the applicant has been hospitalized during the 30 day period following the disaster or fire, the application for emergency assistance must be made within 60 days from the date the disaster or fire occurred.

**Conditions of Eligibility/Categorical Eligibility:**

When the family has experienced a natural disaster or fire within the timeframes listed above, and all of the following conditions exist, EA must be granted immediately:

- A. The family includes at least one child who is under eighteen years or if 18 but not yet 19 is enrolled full time in a secondary school or vocational/technical school equivalency from which the child is expected to graduate prior to attaining age 19.
- B. The child is a resident of Virginia, as defined in Section 201.6.
- C. The child, and all members of his family for whom assistance is provided must be a citizen of the United States or, if an alien, meet requirements, specified in Section 201.7. A child may be eligible for or receive TANF or Emergency Assistance even when other members of the family are ineligible.
- D. The child is living with a relative in a place of residence maintained by the relative as his own home. (See Section 201.5 B.)
- E. The emergency assistance is necessary (1) to avoid destitution of the child or (2) to provide living arrangements for him in a home (203.2).
- F. For current TANF recipients, needs can be met through EA in addition to the regular assistance payment. The EA payment does not affect the regular TANF payment. An EA payment may not be issued, however, to replace money lost by the recipient or for the loss of earnings.

- A. Income From Social Security and Other Benefits - Monthly benefits received or anticipated to be received by members of the assistance unit, or individuals required to be in the assistance unit, must be counted as income.

**Exceptions:**

1. **Educational benefits** received from Veterans Administration. (See 305.4.A.10.)
2. Medicare Part B premium deducted from the Social Security or Railroad Retirement benefits of an individual who is also receiving Medicaid. **In that case, the** amount of benefits actually received, plus the amount of the Part B premium, is counted as income since Medicaid will pay the premium during the time the individual receives Medicaid.

**See 305.2.B. to determine whether the gross monthly benefit or the actual benefit received should be counted for Social Security, Veterans' benefits, Railroad Retirement or other retirement benefit, or Unemployment Compensation.**

- B. Lump Sum Payments – A lump sum is a nonrecurring payment which is received by a member of the assistance unit, or by an individual such as a stepparent or a parent of a minor caretaker, whose income must be considered in determining the eligibility of the AU.

Lump sum payments include payments for the accumulation of benefits for a prior period, including Social Security and Workers' Compensation benefits; payments in the nature of a windfall, e.g., inheritances or lottery winnings; personal injury awards; a life insurance settlement; or income from any other nonrecurring source. Money received from the sale of a resource is not considered a lump sum.

Lump sum payments for casualty property losses for the repair or replacement of damaged/lost property will not be considered as countable income since the payment is designated to replace or repair the property. A casualty property loss is a loss caused by a sudden, unexpected event such as a car accident, fire, flood, or earthquake.

A lump sum payment which exceeds 130% of the federal poverty level for the household (AU plus other required members; see 401.2), or which causes the total income for the household to exceed 130%, must be counted as income. If the amount of the lump sum and the date it is to be received are reported in advance, the lump sum will be counted in the month it is to be received. Otherwise, the lump sum will be counted in the month following receipt or as soon as administratively possible following the report of the payment.

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. **Changing the case name in a case receiving only TANF (or TANF-UP) when the parent or caretaker relative who is the case name leaves the household for any reason or dies. When a parent who is the case name is no longer in the home, the case name can be changed to that of another parent who remains in the home with the children. Likewise, when a caretaker relative who is the case name is no longer in the home, the case name can be changed to that of another caretaker relative who remains in the home.**

**Note: The case name cannot be changed from a parent to caretaker relative, or vice versa, even if both were residing in the home with the child. A new application will be required. A new application will also be required when an individual not already living in the home wishes to join the household and become the case name.**

**Example A: The father in a two-parent TANF or TANF-UP household leaves the household. The case can be put in the mother's name.**

**Example B: A grandmother and grandfather are both in the home with the grandchildren. Neither is needy and neither is part of the assistance unit. Following the death of the grandmother, the case can be put in the grandfather's name as payee.**

**Example C: A grandmother and grandfather are both in the home with the grandchildren. Both grandparents are needy, but only the grandmother is included in the AU. (The grandfather is excluded based 302.3 and 302.7 and is not an EWB, 302.6). Following the death of the grandmother, the grandfather can be added to the AU and the case put in his name.**

3. 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.
  4. Emergency Assistance is granted to a current recipient of TANF.
  5. The action to deny an application is reversed by a hearings decision.
  6. 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.](#))
- G. Suspension of Assistance\* - The grant will be suspended for one month when the agency has reason to believe that ineligibility will exist for only that month. The grant will be suspended for two consecutive months only when the reason for suspension in the second month is different than the reason for the suspension in the first month. For example, a case is suspended the first month because the recipient fails to complete the renewal interview. If the recipient then completes the interview but needs to return information to establish continued eligibility, the case is suspended for a second month to allow the recipient time to furnish the information.

There shall be no instances in which a case is suspended for more than two consecutive months. If the information needed to establish continued eligibility is not provided or renders the case ineligible, the payment for the following month will be terminated and the case closed.

Suspension of a payment is appropriate when:

1. Actual income is being used to calculate the payment according to Section [305.1.B.2.](#) and it is anticipated the recipient will receive a periodic extra pay check in the payment month.
2. Anticipated income causes ineligibility for one month.
3. The agency cannot contact the recipient and contact is necessary to establish continuing eligibility and the recipient cannot be located or agency mail to the recipient has been returned by the post office. The case must be documented on agency efforts to locate the recipient. Suspension shall occur as soon as administratively possible.
4. Information needed to verify a change in circumstances or to substantiate eligibility is not provided in time to impact the next payment. (See [401.2.B.2.](#))
5. The recipient fails to complete the renewal process.
6. The recipient fails to return an Interim Report (not applicable to FEP cases).
7. The current net monthly support exceeds the current TANF benefit (ADAPT will automatically close the case when net support exceeds the TANF benefit for two consecutive months).

\* 45 CFR 233.34(d)

8. A lump sum is received. (See 305.4C)

Exception: The full grant is sanctioned (i.e., the case is eligible for \$0 grant) when a VIEW participant is not in compliance with VIEW work requirements. Since the TANF case is not closed for a VIEW sanction, the sanction is imposed by a suspension of the grant using the appropriate suspension code.

- H. Interim Reporting - Interim report filing is required for all cases, unless they are exempt from filing as noted below. Assistance units

subject to interim reporting must file an Interim Report by the sixth month of the renewal period. Household composition and financial circumstances at the time of application will be the basis of the TANF benefit amount for the first half of the renewal period unless the assistance unit (AU) reports a change prior to the date the Interim Report is generated. The assistance unit composition and financial circumstances reported on the Interim Report will be the basis of the TANF benefit amount for the remainder of the renewal period, unless the AU reports additional changes after filing the Interim Report.

1. Exemption from Filing

The following households will be exempt from filing an Interim Report:

- a. All assistance units that are homeless (lack a fixed address and regular nighttime residence). Refer to the Definitions Section of the SNAP Manual for a complete definition of persons considered homeless; and
- b. All assistance units that contain an adult member who is a migrant or seasonal farm worker (worker who has to travel to do farm work and who is unable to return to his permanent residence in the same day while doing farm work on a seasonal or temporary basis). Refer to the Definitions Section of the SNAP Manual for complete definitions of migrant and seasonal farm workers.

All other assistance units are subject to interim report filing.

2. Interim Report Filing

An assistance unit that is required to file the Interim Report must have a 12-month renewal period. On or about the twentieth of the fifth month of the renewal period, the Virginia Department of Social Services will create and mail the Interim Report to all required assistance units identified in ADAPT. Upon identifying cases due an Interim Report and producing the information for the Interim Report each month, the ADAPT system will suspend the case's eligibility effective the first day of the seventh month of the renewal period. A list of cases that were sent an Interim Report and a copy of the Interim Report for the case will be available online (through SPARK) to the local agency.

- a. Recipient Responsibilities

The assistance unit must complete the Interim Report and return it to the local agency by the fifth day of the sixth month. If a change in circumstances is reported, the assistance unit must supply verification of the changed elements. The assistance unit must provide additional information or verifications as requested by the local agency within the time allowed. In TANF only cases, the caretaker (parent or relative with whom the child is living) or an authorized representative designated by the caretaker must complete the Interim Report. In

joint TANF/SNAP households, the form may be completed and signed by any responsible household member or authorized representative.

b. Agency Responsibilities

The agency must compare the list of Interim Report cases to the returned forms to determine if a form has not been returned. If the assistance unit fails to return a completed Interim Report timely, the agency must send the Interim Report Form - Request for Action form (032-03-649). The agency must provide another Interim Report if the assistance unit requests it. The assistance unit will have 10 days from the mail date of the Request for Action form to return the Interim Report.

Additionally, the agency must evaluate the returned Interim Report forms for completeness, accompanied verifications and reported changes. If the returned Interim Report is incomplete or lacks required verifications of reported changes, the agency must send the Interim Report Form - Request for Action form and the original Interim Report to the assistance unit. The agency must photocopy the incomplete Interim Report before sending the original form back to the assistance unit. The assistance unit will have 10 days to supply information, verification(s), and/or complete the form.

The EW must use reasonable judgment to determine if the Interim Report is incomplete. For example, if the assistance unit indicates that no changes have occurred for income but supplies new pay stubs, the report should not be considered incomplete.

The agency must consider the report incomplete if:

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

If a completed Interim Report and required verification are returned within the required time frame, the EW must access all available systems (i.e. the State Online Query-Inquiry System (SOLQ-I); SPIDeR which includes Division of Child Support Enforcement (DCSE) records, the Virginia Employment Commission (VEC), the Work Number (TALX) etc.). Note: The Work Number should only be used when you do not have information to verify employment and cannot obtain the information through other means.

The EW must document the results of the systems inquiries in the comment box on the AEAUTA screen or other appropriate ADAPT screen (for example, unemployment income would be documented on the comment screen attached to that income screen instead of on the Authorization screen).

The EW must rescind the suspension and reinstate the case in ADAPT then make adjustments, as needed, to reflect information from the Interim Report in eligibility or benefit amount effective the seventh month. The EW must notify



the assistance unit of the benefit calculation based on the Interim Report for the second half of the renewal period after the evaluation of the Interim Report. The agency must provide an adequate notice to notify the assistance unit of the benefit calculation.

If the assistance unit fails to return the completed Interim Report or fails to provide all needed verifications, ADAPT will automatically close the case at the end of the seventh month as long as the EW has taken no other action on the case while the case has been suspended for Interim Reporting. In order for the automatic closure to occur, the EW must leave the case suspended for the seventh month. The agency does not need to send either an advance or an adequate notice when the assistance unit fails to submit a completed Interim Report or fails to take required actions or fails to supply requested verifications. The Interim Report Form – Request for Action, completed as instructed in [401.3H](#), serves as an adequate notice in this instance.

Automatic Closure Example:

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

1. Suspend the TANF payment effective June 1<sup>st</sup>.
2. Close the case effective June 30<sup>th</sup>, if the worker does not update the system based on information received on the Interim Report.

Note: If a participant in the Full Employment Program (FEP) meets the criteria for interim reporting during the FEP placement, an Interim Report will be sent to the participant. However, ADAPT will not suspend the FEP case if the Interim Report is not returned and/or completed. This is so the issuance of the stipend to the employer will not be interrupted. (See [901.14](#) for guidance regarding FEP.)

c. Verification Requirements

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

1. Proof of changed earned or unearned income amounts or source;
2. Proof of a change in the assistance unit members; and
3. Proof of other elements. The assistance unit may need to verify other eligibility elements reported on the Interim Report as needed.

Note: The AU does not need to verify exempt income or submit verification of self-employment or contract income that has been averaged.

**B. Transferring Agency Responsibility**

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

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

- The case has a suspension status due to Interim Reporting. Resolve any issues related to the Interim Report then transfer the case to the new locality if the AU remains eligible.

Note: If the AU fails to return the Interim Report to the transferring agency prior to contacting the new locality, the new locality will provide the client with a copy of the Interim Report and receive the returned form as well as the required verifications. The new locality should then process the IR.

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

Cases that have been sanctioned for non-compliance with a VIEW requirement must be transferred, including cases that have been reopened so that benefits can be issued during an appeal of the sanction.

The transferring agency must send the recipient a Notice of Transfer (**032-03-0658**) providing notice that their case has been transferred and listing the name, address, and telephone number for the receiving agency. If any changes during the desk review result in ineligibility or a decrease in the grant, procedures with respect to the Advance Notice of Proposed Action (032-03-018) are applicable.

The transferring locality will specify on the Case Record Transfer Form that the month following the month in which they send the form and case record to the new locality is the last month for which they will make payment. If the TANF case was receiving SNAP benefits, the transferring locality must note the impact of the transfer on the SNAP case on the Case Record Transfer form. If the case is open to services, the transferring locality will immediately notify the service worker

of the client's move and new address, and upon completion of the Case Record Transfer Form, will forward a copy to the service worker. Verification of changes which could not be made for the next payment, due to the advance notice requirements, will be included in the case record and will also be specifically noted on the Case Record Transfer Form under additional remarks. The receiving locality will take the necessary action to make the change(s) and send the Advance Notice of Proposed Action immediately.

Grant adjustments necessary to conform with the standard of assistance in effect in the locality to which the recipient has moved must be made effective for the month following the recipient's move. If the adjustment results in a decrease or termination of assistance, timely notice must be given to the client. It is the responsibility of the transferring locality to give timely notice. (See 502.6 D.2. for detailed instructions regarding transfers between Loudoun County and other agencies.)

### C. Receiving Agency Responsibility

The receiving locality is responsible for completing a desk review within 5 working days of receiving the case and acknowledging receipt to the transferring agency using the Case Record Transfer form.

#### 1. **For an on-going TANF case, the desk review must verify the following:**

- **the presence of an eligible child in the home**
- **new employment earnings**

**Additionally, if the client is a VIEW participant, any change that might impact VIEW participation, including changes in employment, education/training, or child care, must be reviewed.**

#### 2. **For an open VTP case, the EW must determine if the client continues to meet all of the eligibility requirements to continue to receive the VTP.**

The receiving agency must impact these changes, affecting eligibility or payment for the first of the month following the month in which the transferring locality specifies as the last month they will make payment. This is the payment month for which the receiving locality will assume responsibility for the accuracy of the payment.

If the receiving locality **determines that the case is no longer eligible, or is eligible for benefits in an amount** less than the prior payment, **the receiving agency is** responsible for sending the Advance Notice of Proposed Action (ANPA) to the client. If the case is a VTP case and the client is no longer eligible to receive the payment, the **receiving agency** is not required to send an ANPA. In these instances, the EW will send the client a Notice of Action stating that the VTP will end.

There are no circumstances under which it is permissible for the receiving locality to return the case to the transferring locality (other than **if** the recipient subsequently moving back to the original locality).

3. Check Reported Lost/Stolen by Payee

a. The payee reports non-receipt of a TANF check:

A payee must report that a check has been lost or stolen within 45 days of issuance in order to be eligible for a replacement check. Additionally, the payee must complete three affidavits (which will include a Lost Check Report or Stolen Check Report **and two Wells Fargo Bank forms**) within 45 days of issuance of the original check. In the case of a Stolen Check Report, the payee must also file a police report and provide the LDSS with a copy of the report, or the report number, (within 45 days of issuance of the original check) in order to receive a replacement check.

Responsible  
Party

Action

LDSS

- The pay FIPS reflected on the Public Assistance Payment History (CHPAH1) is the LDSS responsible for the check, regardless of the present locality of residence. The original locality will initiate the stop payment action, and issue the replacement check. Note: A FEP recipient check must be a State-issued check. If locally written, no reimbursement is available.
- Before initiating any action, the EW must look up the payment history to be sure a check was written and sent (CHOADD) and to make sure that the check has not been cancelled, undelivered, re-issued, mutilated or stopped. If any of these appear, refer to the appropriate procedures. Note: CHOADD will not display for direct deposit.
- To check the payment history, access Option 8 on the ADAPT Main Menu to bring up the Check Handling Menu (CHMENU). On CHMENU, access Option 1. This presents the Public Assistance Payment History (CHPAH1) screen where the status of the check is displayed. To view payment details, enter a “Y” beside the lost/stolen check and the PA Specific Payment History (CHSPHS) screen will display. When you transmit from CHSPHS CHOADD will display.

b. Obtain three signed affidavits and the police report or police report number:

Responsible  
Party

Action

LDSS

- If a check was issued, have the payee complete and sign three State affidavits **and two Wells Fargo Bank forms** (Form 032-06-0118). The entire affidavit (including the Lost/Stolen Check Report **and Wells Fargo Bank form**) must be completed **in full**. The EW should allow the payee to complete (fill out) as much of the report as

possible. The EW must ensure that all questions are answered. The EW must also ensure that the payee is aware that by signing the affidavits/reports, he/she is agreeing to cooperate with the Department of Social Services and any law enforcement agencies in the investigation and/or prosecution of any person(s) who may be responsible.

If the payee is reporting the check as stolen, the payee must agree to file a police report and provide a copy of the report, or the report number, within 45 days of issuance of the original check to the LDSS in order to be eligible to receive a replacement check.

The EW should contact FPU to determine if a copy of the cashed check can be faxed to the LDSS while the payee is in the office to complete the affidavits. If not, schedule an appointment for the payee to return to the LDSS within 48 hours of receipt of the Lost/Stolen Check Report **and the Wells Fargo Bank form**. The payee must return to the LDSS to review the signature on the check prior to the LDSS issuing a replacement check.

- The affidavits must be notarized and stamped with the notary seal. (See Section E for mutilated check procedures.)
- If the affidavits are incomplete, incorrect, or are photocopies, FPU will return them to the LDSS for correction. FPU will not make corrections to the forms. All three affidavits **and two Wells Fargo Bank forms (Form 032-06-0118)** must be original copies with an original signature.

Note: The payee for the check is the only person allowed to sign the affidavits. If the payee and recipient are two different people, be sure the payee is signing the affidavits.

- Send two of the affidavits (which will include the Lost Check Report or Stolen Check Report containing the police report number **and two Wells Fargo Bank forms**) to the FPU in a large envelope. The affidavits **and forms** must not be folded. Send the affidavits via overnight pouch to:

Margretta Patterson  
VDSS Home Office  
Division of Finance  
Fiscal Processing Unit

- File the third affidavit (which will include the Lost Check Report or Stolen Check Report with police report/ police report number) in the eligibility record.
- Furnish the police report to the Fraud unit upon request.

c. Enter stop payment request in ADAPT:

<u>Responsible Party</u>	<u>Action</u>
LDSS	<ul style="list-style-type: none"> <li>• After the fourth mail delivery day from the check date (same as the mail date), if the payee still has not received the check and the check has not been reported by the FPU as undelivered, initiate action to stop payment.</li> <li>• <u>Note:</u> If the payee reports that the check has been lost or stolen <u>after</u> receipt, the stop payment procedures still apply.</li> <li>• The EW accesses the ADAPT Main Menu, selects Option 8, Check Handling Menu (CHMENU), then selects Option 2 on CHMENU to access the Public Assistance Payment History (CHPAH1) screen.</li> <li>• On CHPAH1, place a "Y" in the field beside the TANF check for which the stop payment is appropriate. This brings up the Check Status Update (CHSTAT) screen.</li> <li>• On CHSTAT, enter the appropriate stop payment code in the Status Update Reason Code field. <u>Note:</u> A supervisor must authorize this function.</li> <li>• This information is sent to FPU through the Check Actions Due Listing, notifying FPU of the stop payment request.</li> <li>• Under no circumstances should an LDSS request a stop payment without having two completed affidavits with original signatures.</li> </ul> <p>An LDSS that requests a stop payment without first obtaining affidavits risks nonreimbursement of a locally issued replacement check.</p>

<u>Responsible Party</u>	<u>Action</u>
FPU	<ul style="list-style-type: none"> <li>• FPU checks ADAPT Action Due Listing at least once a day for stop payments initiated by the LDSS.</li> <li>• Upon receipt of two correctly completed affidavits (which will include the Lost Check Report or Stolen Check Report, the stop payment request through ADAPT, <b>and two Wells Fargo Bank forms</b>, FPU takes action to stop payment on the check, then updates the Public Assistance Payment History (CHPAH1)screen to show the check status "Stop Resolved."</li> </ul>



**COMMONWEALTH of VIRGINIA**

*Department of Social Services*

**Affidavit on Check Endorsement**

Locality: \_\_\_\_\_ ADAPT Case No: \_\_\_\_\_

Category: \_\_\_\_\_ Worker Name/ No.: \_\_\_\_\_

I hereby state that the Commonwealth of Virginia, Department of Social Services Assistance Check No. \_\_\_\_\_, dated \_\_\_\_\_, in the amount of \$ \_\_\_\_\_, made payable to me, \_\_\_\_\_, by the Treasurer of Virginia, was not endorsed by me. I also state that I did not authorize any other person to endorse my name thereon. I further state that I have not received payment or benefit of the said check directly or indirectly in any way, shape or manner, nor authorized anyone to receive payment of the said check.

I understand and agree to notify and return to the Department of Social Services the original check in the event I receive it after signing this statement.

I agree by signing this affidavit, to cooperate with the Department of Social Services and any law enforcement agencies in the investigation and/or prosecution of any person(s) who may be responsible. If I am reporting the said check stolen, I agree to file a police report and provide a copy of the report, or the report number, within 45 days of the original check issuance to the Department of Social Services in order to receive a replacement check.

I have read the above statement, or it has been read to me, and I state this information is true and correct. I understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

\_\_\_\_\_  
Signature of Payee/Client Date

SSN: \_\_\_\_\_ Address: \_\_\_\_\_

Subscribed and sworn to me, a Notary Public for the City/County of \_\_\_\_\_ in the State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_.

Notary Public

**Stolen Check Report**  
**All questions must be answered**

Date of Report \_\_\_\_\_ Payee \_\_\_\_\_

Address of Payee \_\_\_\_\_

\_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date of Check \_\_\_\_\_

Were any other items, such as identification, taken?  Yes  No

If so, what type \_\_\_\_\_ ID Number \_\_\_\_\_

Where did the theft occur?  Home  Work  Auto  Other \_\_\_\_\_

Do you have any idea who may have taken this check?  Yes  No If so, who? \_\_\_\_\_

Description of Suspect: Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Address of Suspect \_\_\_\_\_

\_\_\_\_\_

Why do you suspect this person? \_\_\_\_\_

\_\_\_\_\_

How do you know this person? \_\_\_\_\_

\_\_\_\_\_

Is this person related to you?  Yes  No If so, what relation is this person to you? \_\_\_\_\_

Have you moved in the last 60 days?  Yes  No

Please attach a separate piece of paper that lists all other adult household members in the home at the time of the theft.

**A police report must be filed when a Stolen Check Report is made.**

Police report number: \_\_\_\_\_

**I agree by signing this report to cooperate with the Department of Social Services and any law enforcement agencies in the investigation and/or prosecution of any person(s) who may be responsible. (This information will be supplied to the financial institution who negotiated the check and law enforcement agencies to assist in prosecution.) Additionally, I state that this information is true and correct, and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.**

Please sign your name on the following lines:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Lost Check Report**  
**All questions must be answered**

Date of Report \_\_\_\_\_ Payee \_\_\_\_\_

Address of Payee \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date of Check \_\_\_\_\_

Did you receive the check?  Yes  No

If yes, where did the loss occur?  Home  Work  Auto  Other \_\_\_\_\_

Are any other items, such as identification, lost/missing?  Yes  No

If so, what type? \_\_\_\_\_

**I agree by signing this report to cooperate with the Department of Social Services and any law enforcement agencies in the investigation and/or prosecution of any person(s) who may be responsible. (This information will be supplied to the financial institution who negotiated the check and law enforcement agencies to assist in prosecution.) Additionally, I state that this information is true and correct, and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.**

Please sign your name on the following lines:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



NAME OF PAYEE	WELLS FARGO ACCOUNT NUMBER OF MAKER OF CHECK	DATE
---------------	--	------

**Endorsement Forged**  
My endorsement on the reverse of the check listed below is a forgery, missing, or not as drawn. I did not sign the check and I did not authorize the signature.

**PLEASE RETURN THE COMPLETED CLAIM FORMS, ALONG WITH THE ORIGINAL CHECK (OR A PHOTOCOPY IF THE ORIGINAL CHECK IS NOT AVAILABLE) TO:**  
101 Greystone Blvd., 1<sup>st</sup> Floor

MAC: D3035-014  
Columbia, SC 29210

- If you have any questions about completing the forms, please call us at 1-800-278-6256 Monday through Friday 7:30 a.m. to 5:30 p.m. PT.
- If you are claiming more than one check as “Endorsement Forged”, please make photocopies of this form and submit each check with a separate signed affidavit page.
- Please include the following information for the fraudulent check:

Check #	Date	Amount	Made payable to:
---------	------	--------	------------------

**BY SIGNING BELOW, YOU—THE PAYEE—IS MAKING THE FOLLOWING DECLARATIONS:**

- The statement(s) indicated above are true.
- I did not receive any benefit or value from the proceeds of the check(s) listed above.
- I have not arranged with the person(s) who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(s).
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

***I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE.***

**PAYEE/ENDORSER SIGNATURE (FORGED ENDORSEMENT CLAIMS ONLY)**

Form needs to be notarized once completed. (If affiant located outside U.S., foreign notarized document must be “authenticated” at U.S. Consulate.)

Payee Name and Title	Date
Payee Signature:	
Address (Street/City/State/ZIP)	Phone Number

Place Notary Stamp Here:

**NOTARY INFORMATION**

State of: \_\_\_\_\_ County of: \_\_\_\_\_  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

Signature of Notary Public

### AFFIDAVIT ON CHECK ENDORSEMENT

FORM NUMBER- 032-06-0118-09-eng (7/14)

PURPOSE OF FORM – This is a three part form which includes sections for the Affidavit on Check Endorsement, Lost or Stolen Check Report and Wells Fargo Bank. These forms are to be completed when requesting a stop payment. The form should be completed by the payee (as much as possible) to allow the Fraud Investigator to compare the handwriting on the form to the payee’s signature.

USE OF FORM – To be used by the local social services agency when a check is reported lost or stolen to secure the payee’s statement that he or she did not endorse the check.

NUMBER OF COPIES – Three original signed affidavits.

DISPOSITION– Submit two original signed affidavits (which will include the Lost Check Report or Stolen Check Report) to the VDSS home office, Division of Finance, Fiscal Processing Unit (FPU). File the third original signed affidavit (which will include the Lost Check Report or Stolen Check Report in the eligibility record). Additionally, when a copy of the police report is provided for a Stolen Check Report, file the report in the eligibility record and give a copy to fraud unit in the local agency upon request.

#### INSTRUCTIONS FOR PREPARATION OF AFFIDAVIT ON CHECK ENDORSEMENT

Locality	Locality that listed check on warrant register
Category	Type of check issued
ADAPT Case No.	Complete case number
Worker Name and #	Complete worker’s name and number
Check No.	Complete 8-digit check (warrant) number
Dated	Show date on the check
\$	Entire amount of the check, including cents
Payable to	Payee name
Signature	Only PAYEE signature
Date	Date the affidavits are signed
SSN	Payee’s social security number
Address	Address as shown on the warrant register. Must have City, State and Zip
Notary	Blanks must be completed with Notary information, signed by Notary, and imprinted with the Notary seal.

**STOLEN/LOST CHECK REPORT**

**The client must complete a lost or stolen check report as part of the affidavit. In the case of a stolen check, a police report must be filed.**

**Instructions For Preparation Of Stolen Check Report**

Date of Report	Date affidavit is signed
Payee	Name of person check is made payable to
Address of Payee	Address as shown on warrant register, including City, State and ZIP
Home Phone	Payee's home telephone number
Work Phone	Payee's work telephone number
Cell Phone	Payee's cell phone number
Check Number	Complete 8 digit check (warrant) number
Amount	Entire amount of check, including cents
Date of Check	Date on check
Other ID taken	Check YES or NO
If so, what type	List each piece of stolen ID
Where did theft occur	Check appropriate box, Home – Work – Auto – Other
If Other	Indicate where
Idea Who?	Check YES or NO
If YES box is checked, complete the following 7 questions:	
If so, Who:	Person's name
Description	Best possible description of suspect
Address of suspect	Address of the suspect, including City, State and Zip
Why this Person	Reason this person is suspected
How person is known	How payee knows the suspect
Related	Check YES or NO

What Relationship	If YES box is checked, answer how suspect is related to payee
Moved in last 60 days	Check YES or NO
Police report number	Number given to police report by local police department MUST BE COMPLETED
Sign name	10 original payee signatures

**Instructions For Preparation Of Lost Check Report**

Date of Report	Date affidavit is signed
Payee	Name of person check is made payable to
Address of Payee	Address as shown on warrant register, including City, State and ZIP
Home Phone	Payee's home telephone number
Work Phone	Payee's work telephone number
Cell Phone	Payee's cell phone number
Check Number	Complete 8 digit check (warrant) number
Amount	Entire amount of check, including cents
Date of Check	Date on check
Check Received	Check YES or NO
Where did the loss occur	Location of where check was lost
Other ID lost/missing	Check YES or NO
If so, what type	List each piece of lost identification
Sign name	10 original payee signature

**WELLS FARGO AFFIDAVIT OF CHECK FRAUD BY PAYEE FORGED ENDORCEMENT**

**PURPOSE OF FORM-** To be completed when requesting a stop payment on the original check issued and when requesting a duplicate check that has been lost, stolen, non-receipt or mutilated. The form should be completed by the payee and the EW will forward to Virginia Department of Social Services (VDSS) Fiscal Processing Unit who forwards to Wells Fargo Bank.

**USE OF THIS FORM-** To be completed by the local social services agency when a check is reported lost or stolen to secure the payee's statement that he or she did not endorse the check.

NUMBER OF COPIES –Two original signed affidavits.

DISPOSITION– Submit signed affidavits through the VDSS Fiscal Department who will forward to a Wells Fargo Bank Representative.

**INSTRUCTIONS FOR PREPARATION OF AFFIDAVIT OF CHECK FRAUD BY PAYEE FORGED ENDORSEMENT**

Endorsement Forged	The payee should check the box if check was not signed or authorized by the payee
Check No.	Enter the complete 8-digit check (warrant) number
Date	Enter the date on the check
Amount	Enter the entire amount of the check, including cents
Made Payable to	Enter the payee name
Payee Name and Title/Signature	Enter the payee printed name then signature
Date	Enter the date the affidavit is signed
Address	Enter the current address (as shown in ADAPT) City, State and Zip Code
Phone Number	Enter payee telephone number
Notary	Blanks must be completed with Notary information, signed by Notary, and imprinted with the Notary seal

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 check AECASE in ADAPT to review the “case name/person number” the card was assigned to.**

**If the “case name/ person number” is the client’s number, the EW will advise the client to call EPPICard Customer Service at 1- 800-961-8423. If the “case name/person number” belongs to someone else on the case, the EW must put in a ticket to the help desk at 1(866) 537-8482 or [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov) in order for the situation to be researched.**

**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](mailto:vccc@vita.virginia.gov), in order for home office to research the situation.**

**The client must report non-receipt of benefits to his EPPICard account within 45 days of the issuance date. If the client does not report non-receipt of benefits within 45 days of issuance, no assistance will be offered by the agency to obtain the benefits.**

**Note: Once benefits are posted to a debit card, the benefits cannot be taken off the debit card by VDSS.**

602.1 REDIRECTION OF SUPPORT MONIES FROM NON-CUSTODIAL PARENTS - Federal regulations\* state that in cases where an assignment of support is effective, support payments shall be made to Support Enforcement. The assignment is effective upon case approval. Therefore, any child support, including court ordered support, paid to the assistance unit from the non-custodial parent subsequent to case approval must be redirected to Support Enforcement. Once this support is redirected, it will not be considered in determining the amount of payment, until such time as the net support, when added to other countable income, is sufficient to meet the total needs of the assistance unit.

602.2 TREATMENT OF SUPPORT - **There are three types of support that are routinely paid to TANF custodial parents which must be considered in determining initial and on-going TANF eligibility:**

- A. **Current support paid by the non-custodial parent on behalf of TANF eligible children in the AU. Current support paid directly to the client during the application process will be treated as income with the exception of a disregard of up to \$100. Following case approval, current support will be redirected to DCSE. Up to \$100 of the current support payment will be sent by DCSE to the client and will be disregarded in determining the on-going TANF benefit. (See 305.4(E)2 for treatment of support for SSI children and capped children not the AU, and for situations in which support must be prorated for eligible and non-eligible children).**
- B. **Arrearages paid by the non-custodial parent for periods in the past when the client received TANF. If, during the application process, arrearage payments are made directly to the client, and the period for which the payments are made was a time during which the client received TANF benefits, the payments will be treated as income. For an on-going case, the absent parent should make all child support payments directly to DCSE, including arrearage payments. Arrearage payments made on behalf of eligible children when the custodial parent received TANF on their behalf are retained by DCSE to discharge the non-custodial parent's debt to the state.**
- C. **Arrearages paid by the non-custodial parent for periods in the past during which the custodial parent did not receive TANF. Such an arrearage payment made directly to the client during the application process will be treated as income. For an on-going case, any arrearage payment which is made to DCSE for a period during which the client did not receive TANF will be sent by DCSE to the client. If the payment is non-recurring, it should be treated as lump sum payments in accordance with 305.4C. If recurring, such payments will be treated as unearned income.**

The following sections will outline when support received from a non-custodial parent in cash or in-kind is to be considered available to the assistance unit and counted accordingly. The term "total needs" used in the following is the statewide standard of assistance. The local worker's responsibility is limited to determining the amount of support received by the applicant/recipient from non-custodial parents, and determining eligibility and amount of assistance payment based upon the policy set out below.

602.3 SUPPORT FROM NON-CUSTODIAL PARENTS ABSENT FROM THE HOME

During the initial determination of eligibility, the first \$100 of **current** monthly child support received, or expected to be received, by the applicant will be disregarded in the eligibility screen and grant calculation. If the amount received or expected to be received is less than \$100, the entire amount is to be disregarded. All remaining **current** support (net countable) will be considered as income for computing the amount of any payment made to the family for a period prior to the first TANF assistance payment. This procedure applies to A., B., C., and D. below.



### 701.3 ASSISTANCE UNIT TANF-UP

- A. The assistance unit is required to include one able-bodied natural or adoptive mother and one able-bodied natural or adoptive father, with at least one child in common and all minor siblings of that child(ren) who meet the categorical requirements listed in Section [201.1.A](#).

A putative father cannot be included in the TANF-UP assistance unit unless paternity has been established.

If one or both parent(s) meet the exemption criteria at [901.2. C. or D.](#) or if one of the parents is a putative father for whom paternity has not been established, the case is a TANF case, not a TANF-UP case.

Note: If the only child in common is **ineligible based on the family cap provision at [201.12](#), the family may remain eligible for TANF-UP as long as there are other eligible children in the assistance unit.**

- B. If, after receipt of TANF-UP benefits, one parent leaves the home and another parent enters the home who has a child in common with the custodial parent and who qualifies for TANF-UP, a new assistance unit is established.

### 701.4 FINANCIAL CRITERIA

- A. All countable earned and unearned income of the assistance unit will be considered in determining financial need.
- B. The case is to be closed if the income of the assistance unit causes ineligibility.

## 801.5 ELIGIBILITY FACTORS

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

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

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

The conditions of eligibility in [201.1.B](#) do not have to be met (provision of a social security number, compliance with the school attendance requirement, participation in VIEW, and cooperation with DCSE) to be eligible for diversionary assistance, but citizenship or alien status of each applicant or other adult who will be included in the assistance unit for Diversionary Assistance must be verified prior to case approval. (Note: The legal presence provision that allows up to 90 days for an applicant age 19 and over to verify his status ([201.7.D](#)) does not apply to Diversionary Assistance.)

The caretaker shall be eligible for TANF unless one of the exceptions specified in 302.7. D or E is applicable. The caretaker does not have to meet the conditions of eligibility (including VIEW participation and cooperation with DCSE). However, if the caretaker **has been referred for or is in a VIEW sanction or if the TANF case was previously closed due to DCSE noncooperation and the caretaker is not in good standing with DCSE at the time of the DA application**, the entire assistance unit is ineligible for diversionary assistance. **The client cannot "cure" the sanction, or begin to cooperate with DCSE, in order to become eligible for Diversionary Assistance.** Note: Case closure due to failure to sign the Agreement of Personal Responsibility (APR) is not a VIEW sanction. Therefore, a diversionary assistance case may be approved after a TANF case was closed for failure to sign the APR.

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

- B. The assistance unit meets TANF income limits based on Diversionary Assistance guidelines for the treatment of terminated and anticipated income at [801.6](#);

The Virginia Initiative for Employment not Welfare Program (VIEW) is a program of employment opportunities to assist individuals in attaining the goal of self- sufficiency.\*

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

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

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

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

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

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

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

- A. Any child, (including minor caretakers) coded as PC. Use Exemption Code V3 – EXEMPT, Age 17 and under, on the ESP/VIEW/FSET (AEGNFS) screen.
- B. Any minor, age 17 and under, who is a parent on his/her own case, and is coded as PR. Use Exemption Code V3 – EXEMPT, Age 17 and under, on the ESP/VIEW/FSET (AEGNFS) screen.**
- C. Individuals at least 18, but no more than 19 years of age, coded as a PC who are enrolled full-time in elementary or secondary school, including vocational or technical school programs. The vocational or technical school must be equivalent to secondary school. For these individuals, use Exemption Code V4 – EXEMPT, 18 to 19 enrolled in school full time, on the ESP/VIEW/FSET (AEGNFS)screen. At no time is the V4 Exemption Code to be used for an individual coded PR on the case.

\* Code of Virginia, Section 63.2-609

- D.** Individuals unable to participate because of a temporary medical condition that prevents entry into at least 20 hours per week of employment and training activities, as determined by a medical professional. For these individuals, use Exemption Code V5 – Exempt, Temporary Medical Condition, on the ESP/VIEW/FSET (AEGNFS) screen. (Note: Pregnancy does not exempt an individual from participation. However, complications of pregnancy, as diagnosed by a medical professional, may result in a medical exemption).

A medical professional is defined as a medical doctor, including psychiatrist, or doctor of osteopathy, or a licensed physician's assistant or nurse practitioner working under the auspices of a medical doctor or doctor of osteopathy. This definition of medical professional also applies in [901.2F](#) below.

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

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

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

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

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

If the individual is unable to participate in VIEW for at least 20 hours per week because of a temporary medical condition substantiated by a medical statement, the eligibility worker must obtain a new medical and reevaluate the exempt individual's incapacity immediately following the

anticipated end of the incapacity as originally noted. If the duration indicated on the form is for more than 12 months, or is identified as permanent, a new form must be obtained every 12 months. Disability is defined at 101.1D and in Chapter 1000, VIEW definitions).

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

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

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

The eligibility worker must provide all applicants/recipients who have a permanent incapacity with information about services provided by the Department of Rehabilitation Services (DRS) to assist SSI/SSDI recipients in finding employment. This information is available at [www.vadrs.org/downloads/drsflyer.pdf](http://www.vadrs.org/downloads/drsflyer.pdf).

Note: If there are two parents in the assistance unit and one parent is exempt because of a permanent incapacity as determined by receipt of Social Security Disability benefits or Supplemental Security Income, the case is a TANF case rather than a TANF-UP case.

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

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

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

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

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

- H.** 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.

**Virginia implemented the federal 12-month lifetime limit on V1 exemptions effective 7/1/2011. Beginning with that date, an individual is eligible for no more than 12 months of V1 exemptions in a 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.

**TANF-UP** - In a TANF-UP case, both parents must be referred for participation, unless one meets an exemption; only one parent can be exempt. If both parents meet an exemption criterion, they must decide who will be referred for participation. If the household's situation changes and the recipients wish to change the VIEW participant, they may do so upon request and after advisement from the ESW or EW. Exception: The recipients may not switch VIEW participants in order to avoid termination of the case or in order to avoid or cure a sanction.

When both parents **in a TANF-UP case** are under the age of 18, they are exempt. **Use Exemption Code V3. (See 901.2B)**

**Volunteers** – **TANF recipients under the age of 18 cannot volunteer for VIEW. Additionally,** recipients of SSI benefits and **ineligible aliens cannot be included** in the TANF assistance unit and therefore cannot volunteer to participate in VIEW. **Ineligible aliens include individuals who are in the country illegally and those who are lawful permanent residents who have been in the country for less than five years.**

To the extent that funding is available, agencies may serve TANF recipients who are exempt from VIEW and who choose to volunteer. Applicants can volunteer for VIEW only after the TANF application has been approved. They are eligible for the VIEW enhanced disregards in the month following the month the VIEW APR is signed. The eligibility worker must advise all volunteers that once they enter VIEW by signing the Agreement of Personal Responsibility they have the same rights and responsibilities as mandatory participants. If the individual is not able to meet the same participation requirements as a mandatory recipient, the individual will not be enrolled in the VIEW program.

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

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



The eligibility worker will not issue a payment until notified by the ESW that the client has complied.

**EXAMPLE:** The client failed to complete her job search assignment and was sanctioned for one month beginning 4/1. She notified the worker on 4/12 that she had moved and was now living out of state. Her case was closed effective 4/30. On 8/15, the client reapplied for assistance. Because the sanction was still in place, she was instructed to contact the VIEW worker in order to cure the sanction. She agreed to complete a job search assignment, but because she did not do so by the end of the 30-day processing timeframe, her application was approved in a suspended status (case approved for the first month in ADAPT; those benefits immediately deleted so they will not be issued; then, case suspended for future months). The client successfully completed the job search assignment on 10/27 thereby curing the sanction. The VIEW worker notified the EW of the client's compliance on that date, the suspension was lifted and the client's benefits began 10/27, the date she completed the activity.

In both sanction situations, the time clock for the twenty-four month time limit, which includes months in which partial payments were made, resumes at reapproval. The client is still allowed the VIEW disregards when employed and in a sanction.

**K.** Sanctions when a client moves to another case: When a sanctioned individual moves from one case to another, the sanction continues uninterrupted. The sanction always follows the adult VIEW participant; it does not follow the children or the case.

**L.** **When a sanctioned VIEW participant leaves the household in a sanctioned month, the grant for the remaining household members will be reinstated for the following month. The agency must verify the date on which the sanctioned individual left the home.**

**EXAMPLE:** Household consists of mom, father, and three children. The father of the children was sanctioned effective 7/ 1 for non-compliance with VIEW. The payment to the family is suspended as a result of sanction. The father leaves the household 7/ 8 and this is verified by the landlord. The month of July remains a sanctioned month. The grant is reinstated effective 8/ 1 as long as the father has not returned to the home.

**M.** VIEW Appeal Procedures: The following procedures must be followed at all appeals involving VIEW Sanctions:

1. A representative from the Employment Services Program Service Staff (VIEW) must be present during the appeal hearing.
2. The hearing officer will notify Employment Services Staff of the date and time of the appeal hearing.
3. The summary of facts must be prepared jointly by the Eligibility Staff and Employment Services Staff to ensure that both ESP eligibility and participation issues are stated in the summary.
4. If the appeal is filed timely and benefits continue pending the hearing decision, the sanction must be imposed as soon as administratively possible when the decision sustains agency action. There is no overpayment in this situation.

901.7 VIEW PAYMENT CALCULATION - To reward work, a VIEW participant may earn up to the assistance unit's federal poverty level (or up to 150% of the federal poverty in the case of TANF-UP households) and remain eligible for TANF for up to twenty-four months from the date that the initial Agreement of Personal Responsibility is signed.

- A. The VIEW payment calculation applies to the following:
1. Unsubsidized employment and,
  2. On the job training or subsidized training listed in [Chapter 1000](#), Section 7.C.4.
- B. This calculation does not apply to the following:
1. FEP Program in [Chapter 1000](#), Section 7.C.2, and
  2. Hardship cases (Section [901.9](#)).

The VIEW payment calculation differs from the grant calculation located in [Appendix 3](#) to 305.

An individual who is working when they sign the Agreement of Personal Responsibility is entitled to the VIEW earned income calculation the month following the month in which they sign the Agreement. If it is not administratively possible to impact that payment, a supplement must be issued.

For those VIEW participants who obtain unsubsidized employment during VIEW participation, the VIEW earned income calculation is to be used for grants effective the month following the month when employment begins. If it is not administratively possible to impact that payment, a supplement must be issued.

VIEW participants do not have earned income screened at 185% and the standard of assistance. They may receive the standard deduction from gross income and 20% of the remainder,\* and child or adult care costs as disregards.

To calculate the VIEW payment (TANF grant), the eligibility worker must follow the steps in [Appendix 1](#) to this chapter.

See Chapter 900, [Appendix 1](#) for the VIEW Grant Calculation, [Appendix 2](#) for VIEW Income Examples, and [Appendix 3](#) for the Federal Poverty Level table.

A TANF recipient who enters the VIEW program erroneously, i.e., the recipient did not report earnings that he received or expected to receive prior to entering VIEW that would have made the case ineligible for assistance using the 185% and standard of assistance income screenings, must have continuing eligibility determined by using 185% and standard of assistance screenings (see Section [305.1.A.](#)) If the case does not pass the 185% and standard of assistance screenings, the case must be closed as soon as administratively possible. If the case is eligible at the standard of assistance screening, the VIEW grant calculation is appropriate for the month following the month in which the earnings were reported to the agency. Overpayments should be calculated per [503.7](#).

Note: For a case that contains an individual who is a VIEW participant, the VIEW grant calculation applies to the total countable earnings of all required assistance unit members.

\*22 VAC 40-295-60

901.8 VEHICLE VALUE LIMIT – Repealed effective December 1, 2003.

901.9 TWENTY-FOUR MONTH LIMIT FOR TANF ELIGIBILITY - An assistance unit participating in the VIEW Program is limited to twenty-four months of TANF eligibility. The twenty-four months of eligibility is an accumulated period of time, which includes any month that an individual was a mandatory participant on the first day of the month.

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

An assistance unit (AU) that had time left on the clock when the TANF case closed begins a new twenty-four month period if the AU did not receive TANF for at least twenty-four months after case closure. (Note: This does not apply to cases that were not closed but were in a suspended status. For TANF purposes, a suspended TANF case is considered to be an open TANF case even though no benefits are issued for the month of suspension. Therefore, if the reason the AU did not receive TANF for a particular month was due to suspension instead of closure, that month will not be included in the count of months in which the AU did not receive TANF.) Sanctions will not carry over into a new twenty-four month period.

Hardship Exception to the Twenty-Four Month Time Limit:

The VIEW worker may grant a hardship exception according to the hardship criteria found in Section 1000.24. The VIEW worker must notify the eligibility worker when the hardship exception is to end, allowing time for the ten-day Advance Notice of Proposed Action to be mailed by the eligibility worker to the participant. The eligibility worker must close the TANF case. A hardship exception is an extension of the time limit and cannot be granted during the period of ineligibility (see 901.11).

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

24-Month Time Limit Rules for Two-Parent Cases:

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

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

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

Note: When either parent reaches 24 months on the VIEW clock, the TANF case will close. All family members in the household at the time of the TANF case closure will be subject to a VIEW period of ineligibility.

## 901.11 PERIOD OF INELIGIBILITY

- A. A VIEW participant, and all other adults and children in the assistance unit at the time of TANF case closure due to receipt of twenty-four months of assistance, is ineligible for TANF (including Diversionary Assistance) for a period of twenty-four months. The period of ineligibility (POI) begins with the effective date of TANF case closure. Individuals subject to the twenty- four month VIEW period of ineligibility include:
1. A parent who is a VIEW participant;
  2. A non-parent caretaker who is a VIEW participant. (Note: In no circumstance can the non-parent caretaker be removed from the assistance unit after the 60-day ANPA has been sent in order to create a child-only case for the purpose of avoiding imposition of the period of ineligibility);
  3. Any other adult who is part of the VIEW participant's assistance unit, including a second caretaker or a person considered essential to well-being (EWB);
  4. An individual whose needs are not included on the grant due to a penalty but who otherwise is a required member of the assistance unit;
  5. All children in the assistance unit. (See [305.4A\(36\)](#) for treatment of income of a child who is ineligible for assistance as the result of a VIEW POI);
  6. All natural or adoptive children of the participant who move into the participant's home during the period of ineligibility, even if the child did not receive TANF with the participant during VIEW participation or received assistance only for part of the time. **The same child will no longer be subject to the POI if he/she subsequently leaves the participant's home;**
  7. A baby who is born to the participant or to a minor caretaker who is part of the assistance unit during the period of ineligibility. (Note: See Exception (2) at [901.11A](#) for child of a minor parent who applies in her own right after becoming 18); and,
  8. A child subject to the family cap provision.

The 24-month period of ineligibility status remains with any participating family member who moves out of the caretaker's home during the period of ineligibility unless the individual meets one of the exceptions outlined in 901.11B.

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

Example #1: Ms. Smith's TANF case was closed effective January 1998, due to expiration of the period of eligibility while she was participating in the VIEW Program. Her son, Joe, who was an assistance unit member while Ms. Smith participated in the VIEW Program, moved to his grandparent's home in June 1998.

In that same month, Joe's grandmother filed an application for TANF, for herself and Joe. The application for TANF is denied due to the fact that Joe was an

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

**901.13 TRANSITIONAL BENEFITS - A VIEW participant may be eligible for transitional services for up to 12-months beginning with the month following TANF case closure. VIEW transitional services are child care, medical/dental services, work-related expenses, emergency intervention services, transportation, Transitional Employment and Training Services (TET) and the VIEW Transitional Payment (VTP). The exact period of eligibility will depend on the specific service and the client's employment status.** Eligibility criteria for transitional child care paid from Child Care funds are located in the Child Care Guidance Manual. **Eligibility for all other transitional services, including transitional child care paid from VIEW funds,** is located in Chapter 1000 of this manual.

A. VIEW Transitional Payment (VTP)

The purpose of the transitional payment is to encourage job retention. The amount of the VTP is \$50 for each VIEW participant who meets the criteria listed below. The VTP amount is \$100 for a two parent household in which both parents meet the VTP criteria. If one parent leaves the home, the payment must be reduced by \$50.

Criteria for Receipt of the VTP:

1. The TANF case closes for any reason other than no eligible child in the home (including a child ineligible due to truancy) or because the client cannot be located.
2. The TANF recipient must not be in an IPV penalty period for TANF at the time of the TANF case closure.
3. The TANF recipient is a VIEW participant at time of the TANF case closure.
4. The VIEW participant must be employed at least 30 hours per week, and earning at least minimum wage at the time of TANF case closure. (Note: If the client's scheduled hours of employment for a given week fall below 30, a VTP may still be established as long as the average weekly scheduled hours for the month are 30 or more).

Note: Prior to establishing a VTP, the EW must verify the client's wages. For previously reported employment, the wage verification cannot be more than 30 days old. If the wage verification is more than 30 days old, the client must provide current verification of employment prior to the effective date of the TANF case closure. For new employment, the client will have 10 days from the date the new employment is reported to verify the employment. This 10 day period may extend beyond the effective date of the TANF case closure. (For example, TANF case is closing effective April 30. Client reports new employment on April 29. The client will have until May 9 to provide verification of the new employment. The client may be eligible for VTP if he/she meets all other VTP eligibility criteria.) Client statement may be used for prospective calculations to determine ongoing TANF eligibility but not for the establishment of the VTP. In all instances, a VIEW case must already be open prior to the establishment of a VTP.

**The first of the twelve VTP payment months should be the month established by the ADAPT system following TANF case closure. This will be either the month immediately after the TANF case is closed or the next month.**

**Example: The EW enters the TANF case closure on February 14 effective February 28.**

**The EW does not enter the VTP until February 27, after the February 26 cut-off date. The VTP period will then begin April 1, the first month when the action can be implemented. The client will not receive a TANF payment or a VTP payment for March. However, the client will be entitled to a full twelve months of VTP as long as she continues to meet VTP eligibility criteria. The VTP period will run from April 1 through March 31.**

**Reminder: VTP payments cannot be established retroactively. Once a VTP is established, the TANF closure should not be rescinded in order to manipulate the VTP date.**

5. The VIEW participant must not be referred for a VIEW sanction or be in a VIEW sanction at time of the TANF case closure. Note: In a two parent household, if either parent has been referred for a VIEW sanction or is currently in a VIEW sanction at the time of the TANF case closure, the entire household is ineligible for a VTP.

The EW will enter information in ADAPT to establish the VTP and generate the monthly payment. The EW will print and mail the Notice of Action (NOA) to notify the individual of the VTP approval and reporting requirements.

If a client who is approved for, and begins receiving a VTP, appeals the TANF case closure and requests that the TANF grant be reinstated during the appeal, the VTP will be stopped. If the client loses the appeal and the TANF case is closed, the EW will again evaluate eligibility for a VTP following VTP guidelines. If the client is eligible for VTP, the 12 month VTP eligibility period will begin with the month after the second TANF case closure.

If the client relocates to another locality in Virginia, the agency will transfer the VTP case. The client will continue receiving VTP as long as VTP eligibility requirements are met. If the client is no longer eligible, a notice must be sent to advise the client of this.

Criteria for Termination of VTP:

1. The client is no longer working at least 30 hours per week.
2. The client's earnings fall below the current federal minimum wage.
3. There are no TANF eligible children in the home.  
Note: If the only eligible child(ren) in the home at the time the TANF case closed reaches the age of 18 (or has already reached the age of 18 but had remained eligible for TANF because he/she was scheduled to graduate before reaching age 19 and he/she has now graduated) during the VTP period, the caretaker's eligibility for VTP will not be affected.
4. The client files a TANF reapplication.

Note: If the VTP closes for any of these reasons, a notice is not required prior to case closure. If the VTP closes per client request, a notice is required.

When employment ends, hours fall below 30 per week, wages decrease to below the current federal minimum wage, or the only eligible child leaves the home, the VTP must be closed and cannot be re-established. The VTP must be terminated if there is a job change causing a break in employment which results in the average hours for the month falling below 30 per week. The VTP must also be ended if the employment is with an educational or training institution and the job ends because the employer closes for summer break (lasting more than thirty days).

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

Instructions on how to establish, reinstate, reissue, close and cancel a VTP is located in the ADAPT Training Materials located at <http://spark.dss.virginia.gov/support/adapt/training.cgi>.

**901.14 FULL EMPLOYMENT PROGRAM** - The Full Employment Program (FEP) is a subsidized, training-oriented employment activity for VIEW participants who have been unable to find a job on their own. FEP uses government funds to directly subsidize wages paid by the employer. Wages are paid through the regular employee payroll based upon hours worked in lieu of TANF benefits. A monthly stipend is issued to the employer for the duration of the FEP placement.

The FEP placement and stipend periods are a fixed six-month period unless the case will reach either the 24-month or 60-month limit on the receipt of TANF. Under those conditions, a shorter placement (of at least three months) can be established so that the placement end will coincide with the end of the receipt of TANF benefits. The placement begins the month FEP employment begins and ends on the last day of the final month of the placement, e.g., placement begins June 10 and continues through November 30, and the corresponding stipend period begins on July 1 and ends on December 1. The begin date of placement cannot be a date within the last 11 days of the placement month due to notification requirements for TANF recipients (as the TANF payment is suspended during the FEP placement).

Any caretaker who is participating in VIEW may participate in FEP. Generally, only one person in a case should be in FEP at any time. However, if the employer agrees (in writing) to accept one stipend for two case members who will be assigned to an FEP placement for the same time period, the ESW can enroll more than one person in FEP. No member of a case serving a VIEW sanction can participate in FEP unless the minimum sanction period has elapsed.

- A. **TANF PAYMENT DIVERTED TO EMPLOYER** – When notified by the VIEW worker of the FEP placement, the eligibility worker must take action in ADAPT to enroll the individual as a FEP participant and divert monthly payments to the employer. The EW must send an Advance Notice of Proposed Action (032-03- 0018-29) informing the recipient that the TANF payment will be suspended. Note: Suspension in the context of FEP participation means that no monthly payment will be issued to the FEP participant while in the placement. It does not mean that action to suspend the payment should be taken in ADAPT, as this would prevent issuance of the monthly stipend to the employer. The recipient is enrolled in FEP by completing the VIEW Full Employment Program (AEVFEP) and Case Information 2 (AECAS2) screens in ADAPT. The AEVFEP screen must be completed first. In order for the stipend to be issued to the employer, AECAS2 must be completed using a payee type of FP.

If the Eligibility worker receives notification of a FEP placement during the 10 day notice period, the ADAPT system should not be updated until the first of the following month. It will be necessary to issue the initial employer stipend out of Benefit Adjustment. The EW should act on the reported change within 3 business days whenever possible. However, the EW must act on the reported change within 10 days.

Example: On May 23 the Eligibility Worker receives the FEP Communication Form from the VIEW Worker indicating a FEP Placement began on May 18. The Eligibility Worker should wait until June 1 to enter the information into the ADAPT system. A TANF payment will be made to the client for June. This is not an overpayment since the Eligibility Worker was not able to provide timely notice. The initial employer stipend for the month of May should be issued out of TANF Benefit Adjustment at the beginning of June. The June employer stipend will be issued through the monthly batch process and will be received by the employer at the beginning of July.

- B. **TANF ELIGIBILITY DURING FEP PLACEMENT** – A participant remains eligible for TANF for the duration of the FEP placement, with two exceptions:

## 1000.1 The Virginia Initiative for Employment not Welfare (VIEW)

The Virginia Initiative for Employment not Welfare (VIEW) is a program providing employment, education, and training opportunities to recipients of Temporary Assistance to Needy Families (TANF). VIEW is based on the conviction that all citizens deserve the opportunity to progress to self-sufficiency.

VIEW offers Virginians living in poverty the opportunity to:

1. Obtain work experience and work skills necessary for self-sufficiency
2. Contribute to the self-sufficiency of their families
3. Achieve economic independence

In addition to the program and client goals listed above, the Virginia Department of Social Services and local agencies must meet federal requirements regarding types and intensity of client participation in VIEW in order to maintain federal block grant funding.

The VIEW Program offers a number of education, training, and work components designed to meet the individual needs of the TANF recipients required to participate in VIEW and to meet federal requirements. These components, referred to generically as work activities, are divided into core and non-core work activities.

Participants who are age 18 or 19, and who are enrolled in high school or GED programs, and who are meeting attendance requirements are considered to have met all VIEW program requirements. **In order for their participation to be captured for federal reporting, 35 hours must be entered into ESPAS for assigned hours and for actual hours.**

Unless full-time employed, including employment in On the Job Training (OJT) positions, each client referred to VIEW must be assigned to a minimum of 35 hours per week in work activities to ensure that the client's actual hours of participation can be counted in Virginia's participation rate calculation. In all situations (**with the exception of participants age 18 or 19, enrolled in high school or GED and meeting attendance requirements**) the first 20 of these hours must be in a core work activity or combination of core work activities. Additional hours needed to meet the participation requirement can be made up of additional hours from the same core work activity or activities, a different core work activity, or a non-core activity.

### A. Core Work Activities

The core work activities, and any limitations on their use for federal participation rate calculations, are described below.

- Job Search/ Job Readiness. The initial assignment for most VIEW clients will be to job search. Clients may also be assigned to job readiness before, during, or after a job search assignment.

Job search includes applying for and interviewing for jobs through participation in group job search or job club, or through individual job search.

Job readiness includes many of the activities that are part of structured job search programs such as group job search or job club – instruction in work place expectations, help in developing resumes and interviewing skills, and life skills training. Additionally, federal regulations allow job readiness to include substance abuse treatment, mental health treatment, and rehabilitation services necessary to help a participant become job ready.

Limitations: For purposes of the federal work participation rate calculation, an assignment to job search and/or job readiness (including job readiness for the purpose of substance abuse, mental health, or rehabilitation services), cannot count for more than 4 consecutive weeks.



- On-the-job training (OJT);
  - Job search and job readiness;
  - Public Service Program;
  - Vocational education and training;
  - Job skills training (including post-secondary education directly related to employment);
  - Education below post-secondary – high school, ABE, GED.
- (2) An individual counts as engaged in work for a month for the overall rate if:
- she participates in work activities during the month for an average of at least 30 hours per week; and
  - At least 20 of the above hours per week come from participation in the core activities:
    - unsubsidized employment
    - subsidized employment (FEP)
    - CWEP
    - on-the-job training
    - job search and job readiness assistance
    - PSP
    - vocational education and training
- (3) Above 20 hours per week, additional core activities or the following non-core work activities may count as participation:
- job skills training (including post-secondary education directly related to employment)
  - below post-secondary education
- (4) Post-secondary education not directly related to employment and locally developed components do not count toward the work participation rate.
- (5) An individual counts as engaged in work for the month for the two-parent rate if:
- an individual and the other parent in the family are participating in work activities for an average of at least 35 hours per week during the month, and
  - At least 30 of the 35 hours per week come from participation in core activities.
  - Above 30 hours per week, non-core activities may also count.

If the family receives federally funded child care assistance, then the participants must be engaged in work activities for an average of at least 55 combined hours per week to count as a two-parent family engaged in work for the month. At least 50 of the 55 hours per week must come from participation in core work activities. Above 50 hours per week, non-core activities may also count as participation.

### Federal Work Participation Rate Examples

**Whether or not a client is counted in meeting the federal participation rate for a given month is dependent on the actual hours of participation entered into ESPAS. The following examples illustrate in a general way how hours count or do not count toward participation. See Appendix J, Understanding Federal Participation, for detailed examples.**

Example 1 **Month 1:** Ms. A participates in job search for 36 hours in week 1; 33 hours in week 2; 24 hours in week 3; and 39 hours in week 4. She counts toward the participation rate for the month because she participated in core activities averaging at least 30 hours per week.

**Month 2:** Ms. A continues job search. In week 1, she is in job search for 33 hours. She is in job search in week 2 for 36 hours. She then gets a job and works for 30 hours each in weeks 3 and 4. **Job search which counts for federal participation is limited to no more than four consecutive**

**weeks. Because Ms. A had four weeks of job search in month 1, her first week of job search in month 2 cannot be counted. She will not count toward the work participation rate for month 2 because her hours for the month will average less than 30 a week.**

**Month 3:** Ms. A works 35 hours per week throughout the month. She counts toward the work participation rate.

Example 2 **Month 1:** Ms. B starts receiving assistance on **January 25** and is referred to VIEW. For January, she is included in the denominator, but does not count toward the work participation rate because **she has not yet become a VIEW participant and has not been assigned to any activities.**

**Month 2:** On February 13, Ms. B is assessed and assigned to job search. She participates in job search for 36 hours per week for the remainder of February. Her two weeks of job search in February are not enough to **allow her to count** toward the work participation rate in February.

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

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

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

#### F. Limitations/Special Provisions

- Vocational education and training may count for only a total of 12 months for any individual. This is a lifetime limit.
- In counting individuals for each participation rate, not more than 30 percent of individuals engaged in work in a month may be included in the numerator because they are:
  - Participating in vocational educational training; or
  - Individuals deemed to be engaged in work by participating in educational activities.
- Hours spent in post-secondary education not directly related to employment do not count toward the work participation rate.
- An individual's participation in job search and job readiness assistance counts for a maximum of 120/180 hours in any 12-month period. At any time, only four weeks of job readiness/job search may be consecutive.

#### G. Data Reporting

Data from ADAPT and ESPAS is sent to the federal government on a quarterly basis. It is very important that all information in ADAPT and ESPAS is accurate and entered in a timely manner. Actual hours of

participation are to be entered into ESPAS. States are required to provide data on a quarterly basis. This data is used to compute federal work participation rates as well as to determine Virginia's compliance with other federal requirements. To meet the federal deadline for reporting, data will be extracted from the system on the first day of the second month following the end of a calendar quarter.

To make sure that the locality and state get credit for all of the cases that are engaged in work activities and to avoid the possibility of a sanction, it is imperative that work participation data is accurately entered into ESPAS by the 15<sup>th</sup> of the following month. When recording participation hours in ESPAS, the final result of calculated hours must be rounded up or down using the standard rounding rules (.50 or greater is rounded up; .49 and below is rounded down). Virginia will not receive credit for the cases that do not have current work participation rate data entered into ESPAS. **Utilize the Actual Hours Calculator on SPARK, <http://spark.dss.virginia.gov/divisions/bp/tanf/training.cgi>, for the quick and accurate calculation of hours to be entered into ESPAS.**

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

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

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

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

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

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

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

- court dates
- appointments with CPS or Division of Child Support Enforcement (DCSE) which cannot be scheduled outside participation hours
- unavailability of the scheduled activity due to strike, lockout, or shutdown

- unavailability of the scheduled placement site due to closures for holidays not included in the list of the ten holidays specified by federal requirements
- unavailability of the scheduled placement site due to closures due to weather or natural disasters
- illness or medical need of the participant or family member residing in the home
- interruptions in child care arrangements
- domestic violence issues
- transportation problems or auto accident funeral or death of a family member

For clients who have not participated in VIEW in the past and who sign the APR on or after October 1, 2009, the 12-month period begins the month after the APR is signed. For current VIEW clients, or former VIEW clients returning to the program, the 12-month period includes the current month and the preceding 11 months. No more than 16 hours of excused absences may be approved in any month. In order for the excused absence to be considered as actual hours of participation, the client must have been scheduled to participate in the activity for that time period. The decision to consider an absence as excused and to include it in determining actual hours of participation will be made by the local agency within the limitations described above.

Example 1: Mr. A signed the initial APR on October 16, 2009 and was assigned to a job readiness workshop for the period October 23, 2009 – November 30, 2009. In November, he missed 18 hours of job readiness class, 16 hours of which were counted as excused absences. Beginning December 1, he was placed in a PSP position with the Extension Service. During his 6-month placement, he had absences of 8 hours in December, 23 hours in January, 8 hours in February, 19 hours in March, 16 hours in April, and 16 hours in May. Because his countable excused absences from November through April totaled 80 hours, neither the May absences nor absences for other months in the 12-month period (November 2009, the month after he signed the APR, through October 2010) can be counted as participation. The first month in which excused absences can again be counted as participation is November 2010. At that time, the preceding 12-month period is November 2010 back through December 2009 and the 16 hours of excused absences counted for November 2009 are no longer included in the 80 hour allowable maximum.

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

Example 2: Ms. B was enrolled in VIEW from February 2008 until December 2008 when she moved to New York. Ms. B had excused absences of 16 hours for October 2008, 16 hours for November 2008, and 16 hours for December 2008. Ms. B returned to Virginia in April 2009 and reapplied for TANF. She was approved for TANF and was referred to VIEW effective April 2009. She signed a new APR on April 5, 2009 and was assigned to a Work Experience placement effective June 2009. (See 1000.4C for reasons for exemption from initial job search). Ms. B had excused absences of 16 hours for June 2009 and 16 hours for July 2009. She also missed 20 hours for August 2009 but those hours could not be counted toward participation since Ms. B had already used the maximum 80 hours of excused absences in the period August 2009, back through September 2008.

In September 2009, Ms. B will still have used a maximum 80 hours within the previous 12 months (September 2009 back through October 2008). In October 2009, 64 hours will have been used (October 2009 back through November 2008; the October 2008 hours are no longer counted) and up to 16 hours of excused absences are available for that month.

Ms. B misses 3 hours in October which are counted for a total of 67 hours in the 12-month period. In November 2009, 51 of the maximum 80 hours will have been used in the 12-month period (November 2009 back through December 2008; the November 2008 hours are no longer counted.) Ms. B has 30 hours of absences for that month; 16 hours, the maximum for one month, can be counted. For the November 2009 back to December 2008 12-month period, absences will again total 67 hours.

See completed Holidays and Excused Absences for Participants in Unpaid Activities form for Example 2:  
<http://spark.dss.virginia.gov/divisions/bp/tanf/tools/view.cgi>

Mom later leaves the home, the TANF case will be reinstated for the remaining household members **the following month after the sanction month** and Dad will continue to participate in VIEW.

Note: If Mom moves into another TANF household or applies for assistance, she will still be subject to the sanction she incurred while residing with Dad.

- 10) Beginning 1/1/12, participation in the SNAP Employment and Training program (SNAPET) is voluntary. If an individual fails to participate in the SNAPET program, the household's SNAP benefits will not be reduced the SNAPET enrollment will simply be closed and all SNAPET supportive services will be terminated. Due to this elimination of sanction in the SNAPET program, VIEW participants who are subject to a VIEW sanction will no longer be subject to a comparable sanction for SNAP purposes.

## 1000.22 - TRANSITIONAL SERVICES

Former VIEW participants are eligible for transitional services once they leave TANF, either because they have reached the end of the two-year time period, or because the TANF case has closed for another reason. **Except for Transitional Education and Training (TET)**, eligibility for specific transitional services is based on the client's employment status. During the first three months after TANF case closure, a client may receive transitional services, with the exception of TET or a VTP, if otherwise eligible, even if the case was referred for a VIEW sanction, or closed while in a VIEW sanction. For a two parent household with both parents enrolled in VIEW, the participant's eligibility for Transitional Supportive Services listed in 1000.22A will be evaluated on an individual basis. This may result in one parent receiving these services while the other parent is ineligible due to sanction.

Eligibility for transitional services starts the first day of the month after TANF case closure and may continue through the last day of the 3<sup>rd</sup> month after TANF case closure, or through the last day of the 12<sup>th</sup> month after TANF case closure, depending upon the specific transitional service. Note: an individual who is participating in VIEW while residing in a two parent household will not be eligible for transitional services if he leaves the home.

An ESPAS record must be opened for three of the transitional services - Transitional Transportation (TT), (TET), and the VIEW Transitional Payment (VTP). ESPAS is accessed through the ADAPT main menu, option 14. For detailed instructions, refer to the ESPAS Manual at <http://localagency.dss.virginia.gov/support/adapt/files/espas/espasmanual.pdf>.

If a client with a closed TANF case reapplies and is found eligible for TANF, she will no longer qualify for transitional services. VTP enrollments are closed at reapplication rather than at TANF case approval and are not reopened even if the application is denied. Clients who are referred to or volunteer for VIEW after TANF case approval are eligible for VIEW supportive services. (See 1000.12). If the TANF case closes again, the client may again be eligible for transitional services.

The local agency should include guidance regarding the use of, and any limitations on, transitional services in its Standard Operating Procedures contained in the VIEW Annual Plan. The ability of a local agency to pay for transitional supportive services and (TET) is based on the availability of VIEW funds.

Non-parent caretakers whose needs have been removed from the TANF grant for any reason (e.g. noncompliance, excess income for an AU of 1, etc.) are not eligible to receive transitional services if they are still receiving a TANF payment for the child.

## A. Transitional Supportive Services

1. Transitional Child Care paid from Child Care funds – 12 month maximum. Child care assistance may be provided for up to twelve consecutive months, after the TANF case closes, to any former TANF recipient (VIEW or non-VIEW) who meets the eligibility requirements outlined in child care guidance (Vol. VII, Section II, Chapter D). Child care can be provided for employment, and, if allowable by Child Care guidance, for education. Transitional child care can start no earlier than the first day of the month after the month of TANF case closure. The eligible participant will be required to pay 10% of monthly gross income as a fee, unless the locality has been approved to use an alternative child care fee scale.

2. Transitional Child Care paid from VIEW funds – 3 month maximum. If the participant is determined ineligible for transitional child care based on income, and needs child care in order to work, the agency may pay for child care from VIEW funds for up to 3 months beginning with the month after TANF case closure. The client will not have to pay the 10% fee but will be required to pay any amount over the maximum reimbursable rate.
3. Transitional Medical/Dental Services – 3 month maximum. **VIEW funds may be used to pay for transitional medical/dental expenses for a working client for up to 3 months, beginning with the month after TANF case closure, when the services relate directly to employment.** Payment for medical or dental services **will be limited to services** not covered by the state Medical Assistance Plan (Medicaid). Services include medical statements or other necessary medical verifications, dentures, glasses, orthopedic shoes, or other items needed to maintain or upgrade employment.
4. Transitional Work-Related Expenses – 3 month maximum. **VIEW funds may be used to pay for transitional work-related expenses for a working client for up to 3 months, beginning with the month after TANF case closure, when the services will help the client retain or upgrade employment. Transitional Work-Related Expenses include one time and on-going expenses.** Examples of work related expenses include: fees for birth certificates, professional and license fees; registration/graduation fees; picture IDs; uniforms or other required clothing or shoes; safety equipment or tools; car repairs and insurances.
5. Transitional Emergency Intervention Services – 3 month maximum. **VIEW funds may be used to pay for transitional emergency intervention services for up to 3 months, beginning with the month after TANF case closure, to help a working client experiencing an emergency situation retain employment.** Examples of emergency intervention services include the provision of food or help with shelter costs when the need for such services arises from an emergency situation and the client's employment will be jeopardized if the services are not provided. Automobile expenses are not allowable as an emergency intervention service.
6. Transitional Transportation – 12 month maximum. Transitional transportation may be used to pay for any employment-related transportation expense **for working clients** which is allowed under VIEW guidelines for open TANF cases. (Section 1000.12 contains guidance about the provision of transportation services as a supportive service for participation in any VIEW assignment. Transitional transportation is limited to transportation related to paid employment, **including OJT**, only.)

A former VIEW participant may apply for transitional transportation any time during a **fixed** 12 month period following TANF case closure. **A client who applies** after the 12 month period has started will be eligible only for the remaining months in the period.

A client whose case was referred for a VIEW sanction, or closed while in a VIEW sanction, must have or find employment of at least 20 hours a week at minimum wage or greater within 3 months of TANF case closure in order to be eligible for Transitional Transportation.

Evaluation of continued eligibility and the need for transitional transportation will be made every six months. Minimally, the re-evaluation will verify the former VIEW participant's employment hours. The client's failure to respond to requests for information will result in termination of transitional transportation services. Adequate documentation supporting reasons for termination shall be filed in the case record. When transitional transportation services are terminated, a written Services Notice of Action (032-02103) or letter must be sent at least 10 days in advance of the effective date of action.

B. VIEW Transitional Payment (VTP)

1) Eligibility for VTP

The VTP is an incentive payment designed to encourage job retention. The VTP will be provided to employed VIEW participants whose TANF case is closed for any reason, except no eligible child in the home or unable to locate, and whose case is not in a VIEW sanction or referred for a VIEW sanction or in an IPV. **Neither participant in a TANF-UP household is eligible for a VTP payment if the other participant is in a VIEW sanction or has been referred for a sanction.**

The case must contain at least one VIEW participant who at time of TANF case closure was employed at least 30 hours per week with hourly wages of at least the current federal minimum wage. The VTP payment for one participant is \$50. When both parents in a two-parent case are VIEW participants and are each employed at least 30 hours per week with hourly wages of at least the current federal minimum wage, the payment is \$100. If one parent leaves the two-parent household, the payment will be reduced to \$50 dollars.

The VTP is initiated in ADAPT by the EW. A one time notice is sent to the client by the EW that informs the client that her case is eligible for the payment, the reason for the payment and conditions that will terminate the payment. (See 901.13.) Once the EW opens a VTP, an ALERT will be sent to the ESW informing her that a VTP is open in ADAPT and to open a VTP record in ESPAS. The VTP should be opened within 5 days, but no later than 30 days after the effective date of the TANF case closure.

The ESW must have a copy of the previous month's pay stubs or verification of employment (not over four weeks old) before opening the VTP record. If the worker does not have the previous month's pay stubs or verification of employment, the ESW is to get the pay stubs or verification from the EW. The number of pay stubs will vary based on the client's pay schedule. Once the VTP is opened in ESPAS, the ESW is to send the VIEW participant a new Activity and Service Plan with the appropriate boxes checked for VTP.

If the ESW determines the EW opened the VTP in error (Example: client not working 30 hours per week at federal minimum wage) the ESW is to immediately send a communication to the EW to close the VTP and provide the reason. The ESW should leave the VIEW record open and continue regular job follow-up if necessary.



If a client who is approved for a VTP appeals the TANF case closure and requests that the TANF grant be reinstated during the appeal, the VTP will be stopped. In the event that the client would like to continue participating in VIEW during the appeal and no VTPs have been issued, the VTP will be closed using closure code 22. This closure code will allow the ESW to then reopen the previous VIEW enrollment. If the client loses the appeal and the TANF case is closed, the EW will again evaluate eligibility for a VTP following VTP guidelines. If the client is eligible for VTP, the 12 month VTP eligibility period will begin the month after the second TANF case closure.

If a client who is approved for VTP relocates to another locality in Virginia, the agency will transfer the VTP case. The Eligibility Worker in the receiving agency will determine if the client will continue to meet all of the VTP eligibility requirements after she relocates. If the client will no longer be eligible for VTP, the EW will send the client a Notice of Action regarding the VTP case closure.

2) When to open and close a VTP

a) VTP should be opened when:

1. the client is in VIEW at TANF case closure;
2. the TANF case is closed for any reason, except when no eligible children are in the home, or when the agency is unable to locate the client;
3. the VIEW participant is employed an average of 30 hours or more per week;
4. the VIEW client is earning the federal minimum wage or higher;
5. the VIEW participant is not in a sanction or referred for sanction at case closure.

b) VTP must be closed when:

1. the client reapplies for TANF;
2. the VTP recipient fails to provide verification of employment by cutoff in month six of the VTP period;
3. there are no eligible children in the home (including a child who is ineligible due to truancy);
4. the worker is unable to locate the client;
5. the client requests closure of the VTP;
6. the client is no longer working or client's hours decrease to less than 30 hours per week.
7. the client's wages decrease to less than the federal minimum wage;
8. the VTP recipient moves to another locality that is not in Virginia; or
9. the twelve-month VTP period ends.

**Understanding Federal Participation .....2**

## Understanding Federal Participation – Examples

Whether a client is counted as meeting the federal participation rate for a given month is dependent on the actual hours of participation entered into ESPAS. The following examples are designed to provide, in a general way, an understanding of how the participation rate calculations in ESPAS work. They do not show what should be entered into ESPAS - actual hours of participation are always entered - but do illustrate scenarios under which an individual's participation might or might not meet levels needed to meet participation. The calculator is available at <http://spark.dss.virginia.gov/divisions/bp/tanf/training.cgi>.

**Example 1: Month 1:** Ms. A is assigned to job search, a core activity, beginning May 1 through May 31. Ms. A participates in job search for 36 hours in week 1, 33 hours in week 2, 24 hours in week 3, and 39 hours in week 4. She returns her completed job search forms, which verify a total of 132 hours completed during the month.

**Calculating Participation for Month 1:** Calculate the total number of participation hours for the month and divide by the number of days in the month to get a daily average. For Ms. A, divide 132 hours by 31 days to get an average of 4.25 hours per day. Then, multiply the daily average by 7 to get the average actual weekly hours. For Ms. A,  $4.25 \times 7$  equals 29.80 which rounds up to 30. If Ms. A's information is entered correctly and timely into ESPAS, Ms. A will count toward the participation rate for the month because she met the requirement for participation in a core activity and averaged 30 hours a week of actual participation.

**Month 2:** The next month, June, Ms. A continues her job search. In week 1, she is in job search for 33 hours. She is in job search in week 2 for 36 hours. She then gets a job and works for 30 hours each in weeks 3 and 4. Because Ms. A had 4 consecutive weeks of job search in May, the first week of this month is not a countable activity. (Federal regulations require that job search can be counted for only 4 consecutive weeks, after which there must be a break of at least a week before additional job search hours can be counted.)

**Calculating Actual Participation for Month 2:** For Ms. A because more than four consecutive weeks of job search don't count toward participation, the 33 hours for the first week of job search in Month 2 are not counted. Count only the second week of job search, 36 hours, plus the 60 employment hours to arrive at the total actual participation hours for the month. Divide 96 hours by the 30 days in June to get a daily average of 3.2 hours. Multiply this by 7 for average actual weekly hours of 22.4. Ms. A has not met the overall participation rate requirement of 30 hours, so her participation will not count for this month.

**Month 3:** In July, Ms. A works 35 hours per week throughout the month. She verifies that she worked a total of 161 hours altogether.

**Calculating Actual Participation for Month 3:** Divide the total participation hours of 161 by 31, the total days in July, to arrive at the daily average of 5.19 hours. Multiply the daily average by 7 to arrive at 36 for the average weekly actual hours. Because employment is a core activity, and because Ms. A had average weekly actual hours exceeding 30, she met federal participation for the month.

**Example 2:** Ms. B starts receiving assistance on January 15 and is referred to VIEW. For January, she is included in the denominator, but does not count toward the work participation rate because she has not yet become a VIEW participant and has not been assigned to any activities. February will be her actual first month in the program.

**Month 1:** On February 13, Ms. B is assessed and assigned to job search from February 13<sup>th</sup> through March 31. Her job search forms verify that she completed 72 hours of job search in February.

**Calculating Participation for Month 1:** Divide the total participation hours of 72 by 28, the number of days in the month to arrive at an average of 2.57 hours per day of participation. Multiply 2.57 by 7 to arrive at average weekly hours of 17.99, rounded up to 18. Her two weeks of job search in February are not enough to allow her to meet the core requirement or the work participation rate for February.

**Note:** When actual hours of job search or job readiness participation are entered in to ESPAS, and it determines that the hours will not count toward federal participation, those hours of job search are not counted against the 12-month maximum. Ms. B can still be assigned to up to 180 hours of job search during the next twelve months. Because the job search was not counted, no break in participation is needed before she can be assigned to job search again.

**Month 2:** Ms. B continues in job search for the month of March. Her job search forms verify a total of 160 hours of job search. She counts toward the participation rate because she met the core component requirement and averaged 36 hours of job search per week.

**Calculating Actual Participation for Month 2:** Divide the total participation hours of 160 by the number of days in the month. For Ms. B., divide 160 hours by 31 = 5.16; multiply by 7 for total weekly average of 36.13 which rounds down to 36.

**Example 3:** **Month 1:** Ms. C participates in unsubsidized employment of 20 hours per week and 15 hours per week in vocational education and training for the entire month of August. Both are core activities. She counts toward the work participation rate because she had participation of at least 30 hours per week.

**Calculating Participation for Month 1:** Ms. C has 140 total participation hours for the month. Divide the total participation hours of 140 by 30, the number of days in June. Multiply Ms. C's daily participation average of 4.66 by 7 to arrive at the weekly average of 32.

**Example 4:** Ms. D participates in CWEP for 18 hours per week and GED for 17 hours per week in September. Though she participated in activities averaging at least 30 hours per week (140 hours/ 31 = 4.51 average hours per day; 4.51 multiplied by 7 = 32), she did not have at least 20 hours per week in a core work activity and therefore will not count toward the work participation rate.

## VIEW ATTENDANCE/PERFORMANCE RATING SHEET

Work Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Additional Contact: \_\_\_\_\_

**Performance Evaluation**  
(Rating Guide: 0=Poor, 1=Fair, 2=Good, 3=Very Good, 4=Excellent)

Knowledge of Assignment _____	Safety Habits _____
Punctuality _____	Quality of Work _____
Attitude _____	Initiative _____
Cooperation _____	Grooming _____
Works Well with Others _____	Accepts Supervision _____
	Overall Performance _____

LIST SKILLS PARTICIPANT HAS MASTERED \_\_\_\_\_  
\_\_\_\_\_

LIST SKILLS THAT PARTICIPANT NEEDS TO IMPROVE \_\_\_\_\_  
\_\_\_\_\_

DO YOU RECOMMEND THAT THE PARTICIPANT CONTINUE IN THIS ACTIVITY?: \_\_\_\_\_  
WHY? \_\_\_\_\_

Date and Hours Worked				For the Month of _____			
Date	Hours	Date	Hours	Date	Hours	Date	Hours
1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

TOTAL HOURS WORKED THIS MONTH:	<input style="width: 40px; height: 20px;" type="text"/>	TIMES TARDY:	<input style="width: 40px; height: 20px;" type="text"/>
TOTAL NUMBER OF SCHEDULED WORK HOURS THIS MONTH:	<input style="width: 40px; height: 20px;" type="text"/>	NUMBER OF UNEXCUSED ABSENCES:	<input style="width: 40px; height: 20px;" type="text"/>

THE WORK SITE SUPERVISOR MUST COMPLETE THIS FORM EACH MONTH AND MAIL IT TO THE AGENCY BY THE 5TH CALENDAR DAY OF THE FOLLOWING MONTH TO: \_\_\_\_\_

WORK SITE SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ATTENDANCE/PERFORMANCE RATING SHEET

FORM NUMBER: 032-02-0305-02-eng

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a VIEW participant's progress and attendance in a CWEP, PSP or FEP placement on a monthly basis.

USE OF FORM - This form is used by the work site supervisor to record the **participant's** attendance and evaluate performance in the CWEP, PSP or FEP position. **It may also be completed by the ESW based upon information provided by the employer verbally.** The form is also used by the worker/case manager to evaluate satisfactory participation (attendance) and any need for intervention to enhance the VIEW participant's progress. Usage of the forms with FEP placement is optional. The ESW may contact the FEP employee for a verbal update. Information obtained must be noted in the VIEW record.

NUMBER OF COPIES - Original

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

### INSTRUCTIONS FOR PREPARING THE FORM

The agency will be responsible for informing the work site supervisor of his responsibility to prepare the form monthly. **A six-month supply of the form may be given to the employer at the time the agreement is completed. Identifying information should be completed by the Case Manager prior to giving this form to the employer.**

**For CWEP and PSP placements,** the agency will be responsible for informing the work site supervisor of the number of hours the participant will be assigned each month.

All sections of the form need to be completed in their entirety to enable the worker/case manager to evaluate performance and monitor attendance.

The work site supervisor will be responsible for completing, signing, dating, and mailing the form to the agency by the fifth calendar day after the close of the report month.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
**TEMPORARY ASSISTANCE FOR  
NEEDY FAMILIES (TANF) PROGRAM**  
**VIRGINIA INITIATIVE FOR EMPLOYMENT  
NOT WELFARE (VIEW)**

Case Name \_\_\_\_\_

ADAPT Case # \_\_\_\_\_

VIEW Worker Phone # \_\_\_\_\_

VIEW Worker Name \_\_\_\_\_

### **VIEW SANCTION REMINDER NOTICE**

Date:

Client Name  
Client Address

Dear \_\_\_\_\_:

Your TANF benefits are currently suspended because of a sanction imposed for non-participation in the Virginia Initiative for Employment not Welfare (VIEW) Program. You may have your grant reinstated. To do this, you must participate in the VIEW Program.

If you wish to end your sanction, contact your VIEW Worker at \_\_\_\_\_. If you do not contact the VIEW Worker, your sanction will continue. Months that you are in sanction will count toward your 24-month time period. If you do not wish to end your sanction, you may request your Eligibility Worker to close your case.

## VIEW SANCTION REMINDER NOTICE

FORM NUMBER - 032-03-0643-01-eng

PURPOSE OF FORM - The purpose of this notice is to advise the client who is in a sanction that the minimum time period for the sanction is about to end. The notice is generated by ADAPT 15 days before the minimum time period is up for the sanction. A second letter is generated 90 days after the first notice if the case is still open in ADAPT and in a VIEW sanction.

USE OF FORM - A **Word-fillable** version of the **notice** is available **in the Forms Drawer accessed through SPARK**. The **notice should be printed from the Forms Drawer** when the ADAPT notice is not available.

NUMBER OF COPIES - Two. The worker is to send the client the original and make a copy to place in the VIEW file.

DISPOSITION OF THE FORM - The ADAPT notice should be mailed to the client upon receipt by the local agency. If the **Forms Drawer** version is used, it should be mailed at least 15 days prior to the end of the minimum time period for a sanction.

INSTRUCTIONS FOR PREPARATION OF THE FORM - This notice is generated by ADAPT and sent to the **local agency printer** for mailing to the client. **A copy of the notice is to be placed in the client's record**. The **Forms Drawer** version of the notice should be used only when the ADAPT notice is not available.





# COMMONWEALTH of VIRGINIA

*Department of Social Services*

**Affidavit on Check Endorsement**

Locality: \_\_\_\_\_ ADAPT Case No: \_\_\_\_\_

Category: \_\_\_\_\_ Worker Name/ No.: \_\_\_\_\_

I hereby state that the Commonwealth of Virginia, Department of Social Services Assistance Check No. \_\_\_\_\_, dated \_\_\_\_\_, in the amount of \$ \_\_\_\_\_, made payable to me, \_\_\_\_\_, by the Treasurer of Virginia, was not endorsed by me. I also state that I did not authorize any other person to endorse my name thereon. I further state that I have not received payment or benefit of the said check directly or indirectly in any way, shape or manner, nor authorized anyone to receive payment of the said check.

I understand and agree to notify and return to the Department of Social Services the original check in the event I receive it after signing this statement.

I agree by signing this affidavit, to cooperate with the Department of Social Services and any law enforcement agencies in the investigation and/or prosecution of any person(s) who may be responsible. If I am reporting the said check stolen, I agree to file a police report and provide a copy of the report, or the report number, within 45 days of the original check issuance to the Department of Social Services in order to receive a replacement check.

I have read the above statement, or it has been read to me, and I state this information is true and correct. I understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

\_\_\_\_\_  
Signature of Payee/Client \_\_\_\_\_  
Date

SSN: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
Subscribed and sworn to me, a Notary Public for the City/County of \_\_\_\_\_ in the State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My commission expires \_\_\_\_\_, 20\_\_\_\_.

Notary Public

**Stolen Check Report**  
**All questions must be answered**

Date of Report \_\_\_\_\_ Payee \_\_\_\_\_

Address of Payee \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date of Check \_\_\_\_\_

Were any other items, such as identification, taken?  Yes  No

If so, what type \_\_\_\_\_ ID Number \_\_\_\_\_

Where did the theft occur?  Home  Work  Auto  Other \_\_\_\_\_

Do you have any idea who may have taken this check?  Yes  No If so, who? \_\_\_\_\_

Description of Suspect: Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Address of Suspect \_\_\_\_\_

\_\_\_\_\_ Why do you  
suspect this person? \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Is this person related to you?  Yes  No If so, what relation is this person to you? \_\_\_\_\_

Have you moved in the last 60 days?  Yes  No

Please attach a separate piece of paper that lists all other adult household members in the home at the time of the theft.

**A police report must be filed when a Stolen Check Report is made.**

Police report number: \_\_\_\_\_

**I agree by signing this report to cooperate with the Department of Social Services and any law enforcement agencies in the investigation and/or prosecution of any person(s) who may be responsible. (This information will be supplied to the financial institution who negotiated the check and law enforcement agencies to assist in prosecution.) Additionally, I state that this information is true and correct, and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.**

Please sign your name on the following lines:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lost Check Report**  
**All questions must be answered**

Date of Report \_\_\_\_\_ Payee \_\_\_\_\_

Address of Payee \_\_\_\_\_

\_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date of Check \_\_\_\_\_

Did you receive the check?  Yes  No

If yes, where did the loss occur?  Home  Work  Auto  Other \_\_\_\_\_

Are any other items, such as identification, lost/missing?  Yes  No

If so, what type? \_\_\_\_\_

**I agree by signing this report to cooperate with the Department of Social Services and any law enforcement agencies in the investigation and/or prosecution of any person(s) who may be responsible. (This information will be supplied to the financial institution who negotiated the check and law enforcement agencies to assist in prosecution.) Additionally, I state that this information is true and correct, and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.**

Please sign your name on the following lines:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



NAME OF PAYEE	WELLS FARGO ACCOUNT NUMBER OF MAKER OF CHECK	DATE
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**Endorsement Forged**  
 My endorsement on the reverse of the check listed below is a forgery, missing, or not as drawn. I did not sign the check and I did not authorize the signature.

**PLEASE RETURN THE COMPLETED CLAIM FORMS, ALONG WITH THE ORIGINAL CHECK (OR A PHOTOCOPY IF THE ORIGINAL CHECK IS NOT AVAILABLE) TO:**

*101 Greystone Blvd., 1<sup>st</sup> Floor*

MAC: D3035-014

Columbia, SC 29210

- If you have any questions about completing the forms, please call us at 1-800-278-6256 Monday through Friday 7:30 a.m. to 5:30 p.m. PT.
- If you are claiming more than one check as “Endorsement Forged”, please make photocopies of this form and submit each check with a separate signed affidavit page.
- Please include the following information for the fraudulent check:

Check #	Date	Amount	Made payable to:

**BY SIGNING BELOW, YOU—THE PAYEE—IS MAKING THE FOLLOWING DECLARATIONS:**

- The statement(s) indicated above are true.
- I did not receive any benefit or value from the proceeds of the check(s) listed above.
- I have not arranged with the person(s) who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(s).
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

*I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE.*

**PAYEE/ENDORSER SIGNATURE (FORGED ENDORSEMENT CLAIMS ONLY)**

Form needs to be notarized once completed. (If affiant located outside U.S., foreign notarized document must be “authenticated” at U.S. Consulate.)

Payee Name and Title	Date
Payee Signature:	
Address (Street/City/State/ZIP)	Phone Number

Place Notary Stamp Here:

**NOTARY INFORMATION**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Signature of Notary Public

## **AFFIDAVIT ON CHECK ENDORSEMENT**

FORM NUMBER- 032-06-0118-09-eng (7/14)

PURPOSE OF FORM – This is a three part form which includes sections for the Affidavit on Check Endorsement, Lost or Stolen Check Report and Wells Fargo Bank. These forms are to be completed when requesting a stop payment. The form should be completed by the payee (as much as possible) to allow the Fraud Investigator to compare the handwriting on the form to the payee’s signature.

USE OF FORM – To be used by the local social services agency when a check is reported lost or stolen to secure the payee’s statement that he or she did not endorse the check.

NUMBER OF COPIES – Three original signed affidavits.

DISPOSITION– Submit two original signed affidavits (which will include the Lost Check Report or Stolen Check Report) to the VDSS home office, Division of Finance, Fiscal Processing Unit (FPU). File the third original signed affidavit (which will include the Lost Check Report or Stolen Check Report in the eligibility record). Additionally, when a copy of the police report is provided for a Stolen Check Report, file the report in the eligibility record and give a copy to fraud unit in the local agency upon request.

### INSTRUCTIONS FOR PREPARATION OF AFFIDAVIT ON CHECK ENDORSEMENT

Locality	Locality that listed check on warrant register
Category	Type of check issued
ADAPT Case No.	Complete case number
Worker Name and #	Complete worker’s name and number
Check No.	Complete 8-digit check (warrant) number
Dated	Show date on the check
\$	Entire amount of the check, including cents
Payable to	Payee name
Signature	Only PAYEE signature
Date	Date the affidavits are signed
SSN	Payee’s social security number
Address	Address as shown on the warrant register. Must have City, State and Zip
Notary	Blanks must be completed with Notary information, signed by Notary, and imprinted with the Notary seal.

### **STOLEN/LOST CHECK REPORT**

**The client must complete a lost or stolen check report as part of the affidavit.**

Note: A police report must be filed when a stolen check report is completed.

INSTRUCTIONS FOR PREPARATION OF STOLEN/LOST CHECK REPORT

Date of Report	Date affidavit is signed
Payee	Name of person check is made payable to
Address of Payee	Address as shown on warrant register, including City, State and ZIP
Home Phone	Payee's home telephone number
Work Phone	Payee's work telephone number
Cell Phone	Payee's cell phone number
Check Number	Complete 8 digit check (warrant) number
Amount	Entire amount of check, including cents
Date of Check	Date on check
Other ID taken	Check YES or NO
If so, what type	List each piece of stolen ID
Where did theft occur	Check appropriate box, Home – Work – Auto – Other
If Other	Indicate where
Idea Who?	Check YES or NO
If YES box is checked, complete the following 7 questions:	
If so, Who:	Person's name
Description	Best possible description of suspect
Address of suspect	Address of the suspect, including City, State and Zip
Why this Person	Reason this person is suspected
How person is known	How payee knows the suspect
Related	Check YES or NO
What Relationship	If YES box is checked, answer how suspect is related to payee
Moved in last 60 days	Check YES or NO
Police report number	Number given to police report by local police department <b>MUST BE COMPLETED</b>

Sign name 10 original payee signatures

The LOST Check Report also has the following fields:

Where did the lost occur Location of where check was lost

Are any identification missing Indicate what other identification is missing

If so, what type List each piece of lost identification

Sign name 10 original payee signature

### **WELLS FARGO AFFIDAVIT OF CHECK FRAUD BY PAYEE FORGED ENDORCEMENT**

PURPOSE OF FORM- To be completed when requesting a stop payment on the original check issued and when requesting a duplicate check that has been lost, stolen, non-receipt or mutilated. The form should be completed by the payee and the EW will forward to Virginia Department of Social Services (VDSS) Fiscal Processing Unit who forwards to Wells Fargo Bank.

USE OF THIS FORM- To be completed by the local social services agency when a check is reported lost or stolen to secure the payee's statement that he or she did not endorse the check.

NUMBER OF COPIES -Two original signed affidavits.

DISPOSITION- Submit signed affidavits through the VDSS Fiscal Department who will forward to a Wells Fargo Bank Representative.

### INSTRUCTIONS FOR PREPARATION OF AFFIDAVIT OF CHECK FRAUD BY PAYEE FORGED ENDORSEMENT

Endorsement Forged The payee should check the box if check was not signed or authorized by the payee

Check No. Enter the complete 8-digit check (warrant) number

Date Enter the date on the check

Amount Enter the entire amount of the check, including cents

Made Payable to Enter the payee name

Payee Name and Title/Signature Enter the payee printed name then signature

Date Enter the date the affidavit is signed

Address Enter the current address (as shown in ADAPT)  
City, State and Zip Code

Phone Number Enter payee telephone number

Notary Information Blanks must be completed with Notary information, signed by Notary, and imprinted with the Notary seal

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 \$149 standard deduction.

TANF Grant	_____	Employment:	_____
Standard Deduction:	<u>\$152</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 - 032-03-0376-09-eng (7/14)

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.