



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 1, 2014

Temporary Assistance for Needy Families Manual

Transmittal # 55

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 October 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:

Page(s) Changed	Significant Changes
Section 201.1, page 2a	Workers now have access to the Virginia Immunization Information System (VIIS). This immunization registry maintains information regarding vaccinations for individuals of all ages. As such, VIIS can now be used to verify the receipt of immunizations. While VIIS is widely used, because it's not mandatory, some immunization information may not have been entered in VIIS. If there is no information in VIIS, or if the client disagrees with the information, then the Childhood Immunization Certification Form is to be used.

Page(s) Changed	Significant Changes
Section 201.3, p. 4a	We have changed the contact information for Learnfare technical assistance.
Section 201.5, page 1a	In some situations, we allow a caretaker to establish relationship with a child based on a notarized statement. We believe that formal verification of relationship should be established as soon as possible and have revised guidance to require that the child’s birth certificate or other specified documentation be provided no later than the next renewal.
Section 201.5, page 3	We clarified that the Virginia Immunization Information System (VIIS) cannot be used to verify living arrangements because the information may not be current. Only current verification documentation can be used.
Section 201.10, p. 2a	We have expanded the definition of DCSE non-cooperation to include the client’s refusal or failure to sign the Attesting to the Lack of Information (ATL) form after the client also states that she is unable to provide the name and other identifying information about the non-custodial parent.
Section 201.10, p. 3	We have emphasized that non-cooperation, including non-cooperation based on the failure or refusal to sign the ATL, must be documented on the comment screen for the Absence Documentation (AEMCAG) screen in ADAPT.
Section 201.10, pages 4a and 4b	We have corrected an error in the reference to the reasons for noncooperation at B.2.a. The reference now reads correctly as “1.a – i.” The current Notice of Cooperation and Good Cause allows only one claim of good cause. If there are multiple fathers, multiple forms have to be completed. We have revised the form so the client must let us know for each absent parent

Page(s) Changed	Significant Changes
Section 304, Appendix 1	<p>whether or not she is claiming good cause for not cooperating with DCSE. All absent parents are to be listed on the Notice of Cooperation and Good Cause.</p> <p>The following seven agencies have been moved to Group III: Caroline, Fauquier, James City, King George, Spotsylvania, Stafford, and Newport News.</p>
Section 305.1, pages 2 and 9; Section 305.4, pages 38, 39, 40 and 41	The Federal Poverty Levels and standard deduction amounts have been updated to reflect the 2014 amounts.
Section 401.3, page 6, 6a, 6b, and 6c	Cases in which Interim Reports are due will now be closed, rather than suspended, in the sixth month. References to suspension have been removed in Section G, item 6, and the numbering of subsequent items adjusted. References in Section H to suspension in the sixth month have been replaced with references to closure. The requirement in Section H.2.b. to send the Interim Report Form – Request for Action - if the Interim Report is not returned to the agency has been removed. The Automatic Closure Example in Section H.2.b. has been expanded.
Section 901.2, page 3	We have eliminated the 12-month trial period for volunteers who wish to participate in VIEW. Volunteers may still participate to the extent funding is available but will give up their exemptions and become mandatory participants subject to all program requirements and penalties for non-cooperation. If the TANF case closes and the individual reapplies, her new exempt or mandatory status will be determined as part of the eligibility process.
Section 901.11-901.13, pages 10a, 11, and 11a	We have moved item D, Section 901.12, from the top of page 11 to the bottom of page 10a. We

	<p>have also clarified in Section 901.13 that an individual can be eligible for a VTP even when she is not currently assigned to a VIEW component as long as she has a current APR and a currently open TANF case. As an example, a client whose employment allows her to cure a sanction can be eligible for a VTP even though the income from employment would close the TANF case for the next month. At the time she cures the sanction, she is a VIEW client and eligible for VTP.</p> <p>On page 11a, we have included a reminder that the TANF case should not be closed to establish a VTP before making sure that the ESPAS enrollment is open. The VIEW worker will not be able to open the VTP enrollment in ESPAS once the TANF case has been closed.</p>
Section 900, Appendix 2, pages 1-5, and Appendix 3, page 1	<p>The Federal Poverty Levels and standard deduction amounts have been updated to reflect the 2014 amounts.</p>
Section 1000.6, p. 20	<p>We have eliminated the 12-month trial period for volunteers who wish to participate in VIEW and made other changes as outlined above in Section 901.2, p. 3.</p>
Section 1000.11, p. 29	<p>In order to address situations in which the participant insists on being assigned to a particular component, despite the fact that the assignment is not appropriate based on guidance, we have added a statement clarifying that the final decision regarding assignments is the responsibility of the local agency.</p>
Section 1000.13, pages 52, 54, 55 and 56	<p>Guidance in 1000.13 has been revised to explain the process for Workers' Compensation when a client does not have Medicaid and is injured on a CWEP site.</p> <p>On page 54, at item 2, guidance was revised in</p>

reference to a participant injured on a CWEP site and who wishes to file a Workers' Compensation claim. A list of three physicians must be provided to the participant in writing. The form for listing the three physicians was given a new internet link. A link was also provided to obtain a list of physicians to provide to the CWEP participant. A contact person is given at the Department of Human Resources (DHRM) if the ESW is unable to obtain a list of three physicians for the panel.

On page 54, at item c, the Employer's Accident Report was given a new link. At item 2, under c, the requirement that the Employer's Accident Report had to be completed on a tan form was eliminated.

On page 55, at item d.1, several minor wording changes have been made and the wording "clients who do not have Medicaid" has been added to guidance.

On page 56, at item C, guidance has been revised to state that if a client loses his Medicaid while in a PSP placement, the VIEW worker can change PSP placement to CWEP or assign the client to another component following reassessment.

Section 1000.24, page 88

Guidance has been updated at 1000.24 F.1. to reflect the standard deduction amount for 2014.

Section 1000, Appendix H, pages 5,6.7 and pages 14 and 15

We notified agencies via the TANF listserv on May 19, 2014 that in order to receive federal participation credit for OJT, the component assignment had to be entered into ESPAS both as OJT and as Unsubsidized Employment. We have incorporated those instructions into Appendix H, Coding of VIEW Assignments in ESPAS. We have also emphasized the fact that OJT is always a paid activity.

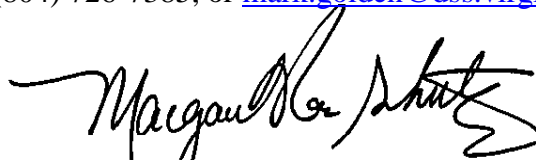
Page(s) Changed

Significant Changes

	<p>Additionally, we have updated Appendix H to reflect changes effective July 2014, Transmittal 54, for reporting participation for participants who are 18 or 19 years old and enrolled in high school or GED. So that the agency receives credit in federal reporting, 35 hours should be entered both as assigned hours and actual hours as long as the participant is meeting attendance requirements.</p>
<p>Section 1000, Appendix I, pages 1-4</p>	<p>The contact information for local agencies served by Refugee Social Services Employment Programs (RSSEP) was updated to show localities served and to provide provider contact information.</p>
<p>Form 032-02-0330-04</p>	<p>The VIEW Assessment, Part I, Section A, has been revised to support the focus on increasing educational and workforce credentials mandated by Executive Order 23 which established The New Virginia Economy Workforce Initiative. Comprehensive information can now be captured about the client's educational and apprenticeship credentials, attainment of a Career Readiness Certificate (CRC), and occupational licensing. The form instructions have been revised to support the changes to Section A.</p>
<p>Form 032-03-0036-20</p>	<p>The Notice of Cooperation and Good Cause was revised to allow the client to indicate for each absent parent whether or not she claims good cause. The instructions for completing the form were updated to reflect this change. Minor changes to wording and sentence structure were also made to the form.</p>
<p>Form 032-03-0355-17</p>	<p>The TANF/VIEW Grant Calculation form has been updated to reflect the 2014 Federal Poverty Level.</p>
<p>Form 032-03-0355A-15</p>	<p>The TANF-UP/VIEW Grant Calculation form has been updated to reflect 150% of the 2014 Federal</p>

Page(s) Changed	Significant Changes
Form 032-03-0376-09	<p>Poverty Level.</p> <p>The Hardship Exception Determination Form was updated to reflect the 2014 standard deduction amount.</p>
Form 032-03-0646-15	<p>The Notice of Intentional Program Violations and Penalties form has been updated to reflect changes in income levels. Household income exceeding the levels must be reported.</p>
Form 032-03-0675-02	<p>We corrected the wording in the first sentence of the Notification of Workers' Compensation Requirements and Procedures by replacing "<i>employers</i> of the Commonwealth" with "<i>employees</i> of the Commonwealth."</p>
Form 032-03-0750-06	<p>In the Notice of Personal Responsibility for the TANF Program, we have made it clear that the client's responsibility in cooperating with DCSE includes listing each absent parent on the Notice of Cooperation and Good Cause and telling us for each absent parent whether or not she is claiming good cause.</p>
Form 032-03-0453-00	<p>A new form, the Medical Evaluation Letter, has been added to the forms drawer. The letter can be sent to the physician along with the Medical Evaluation in order to explain the purpose of VIEW and how VIEW program participation can prepare the client for self-sufficiency before the end of her TANF eligibility. Use of the letter is optional.</p>

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



Margaret Ross Schultze
Commissioner

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

4. **VERIFICATION** - Workers should attempt to use the **Virginia Immunization Information System (VIIS) to verify childhood immunizations whenever possible. When the VIIS verification has returned no results, or when the client disagrees with the VIIS results, then workers should use the** Childhood Immunization Certification form (032-03-0960) to verify receipt of immunizations. Physicians or medical personnel should complete this form indicating that the child is age appropriately immunized, medically exempt, or in the process of being brought up to date.

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

5. **EXEMPTIONS** - If the eligible child meets any one of the following criteria, he is exempt from immunization verification requirements:
 - a. The child is enrolled in school (public school, private or parochial school, or Head Start classes operated by the school division), or has been enrolled in school up to grade six;
 - b. The child is enrolled in a licensed family day home or a licensed child day center;
 - c. The parent of the child objects on the grounds that the administration of immunizing agents conflicts with his religious tenets or practices; or
 - d. The parent or guardian of the child presents a statement from a physician licensed to practice medicine in Virginia which states that the physical condition of the child is such that the administration of one or more of the required immunizing agents could be detrimental to the health of the child.
 - (1) If a child is exempt from meeting the immunization requirements under part d. above, then the caretaker/ relative shall provide the local department of social services with a plan developed by the child's physician or the local health department for completing the immunizations.
 - (2) The caretaker/relative must verify compliance with the plan for completing the immunizations at subsequent redeterminations of eligibility for TANF until the child has received all required immunizations. If a child is not in compliance with the plan for completing immunizations, the worker must reduce the TANF grant.

Guide for School Systems can be accessed on SPARK under TANF/VIEW Training. The Guide provides detailed information for the school system in identifying truant children who are TANF recipients and in sharing that information with the local agency.

Note: Local agency staff who encounter technical issues related to the Learnfare program can contact Evelyn Robinson at (804) 726-7393 or at evelyn.robinson@dss.virginia.gov (primary contact) or Sandra Davis at (804) 726-7347 or at sandra.davis@dss.virginia.gov (secondary contact) for assistance.

2. The local department of social services and local school division may develop an alternate method (local option) for identifying TANF children who are truant, provided the method is mutually acceptable.

Note: If the agency receives notification from a source other than the school, such as the applicant/recipient, the agency must verify truancy through the school.

- C. Notifying the Applicant/Recipient of Truancy - The local department of social services must do the following when notified by the school of truancy:

Notify the caretaker, in writing, of the truancy of a member of the assistance unit. Exception: When the caretaker is a minor parent whose TANF payments are made to a protective payee, the notice must be sent to the protective payee.

The notice must include the following:

1. that the truant recipient is in jeopardy of losing eligibility for TANF benefits;
2. that the caretaker must contact the local department within five working days of the notice to cooperate in developing a plan to achieve compliance with compulsory school attendance laws; and
3. that failure to contact the local department may result in the truant recipient's ineligibility for TANF due to noncooperation.

Note: The "Advance Notice of Proposed Action" form must not be used to meet this notification requirement.

- D. Development of and Cooperation with the Plan - If the caretaker contacts the agency, the agency is to work with him to establish a plan to resolve the child's truancy and to bring him into compliance with school attendance laws.

Each local agency and local school division shall mutually develop a model plan which the agency must follow in developing individual case plans. The model plan shall allow the school and local agency flexibility in fitting the plan to the truant child's situation. The model plan must include the following:

1. a determination of the reason for non-attendance;
2. a time frame for achieving compliance;

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

The following documents may be used to establish relationship:

- Birth certificate
- Hospital certificate
- Adoption papers or court record of adoption
- Baptismal certificate
- Hospital or physician's record
- Church record
- Bureau of Vital Records/Health Statistics record
- Marriage record
- Court support and/or divorce orders which clearly identify the relationship of the caretaker/relative to the children
- Court document identifying an individual as a relative of the child
- Genetic testing document identifying relationship based on DNA match

Documents must be adequate to trace relationship completely, except that, if the applicant is the mother, initial eligibility can be established based on birth verification for the child.

In the case of a relative **who will be the caretaker** (though not a father not married to the child's mother, or a relative of such a father), a notarized statement by an individual, other than the applicant/recipient, who has sufficient knowledge to attest to the relationship **may be used to establish initial eligibility. A copy of the child's birth certificate or other documentation used to establish relationship must be obtained no later than the next renewal.**

If the applicant is a father not married to the child's mother, or relative of such father, evidence of paternity must be provided. The following documents may be used as evidence of paternity:

- Court record establishing paternity
- Court order stating that child is living with paternal or maternal relative
- Birth certificate from any state where father's name is included

A father, not married to the child's mother, who does not have one of the documents listed above at the time of application, will be given a Referral to Division of Child Support Enforcement From Local DSS form (032-03-0431-00) and will be referred to the Division of Child Support Enforcement District Office so he can obtain DNA testing that will establish his relationship to the child. If the applicant father is otherwise eligible, and produces results of the DNA testing that verify relationship, the TANF application will be approved. If he is not able to establish relationship within the standard processing period, the application must be denied. The father will be required to reapply if he subsequently secures verification of relationship.

If the caretaker is a relative of the father who is not married to the child's mother, the relationship between the relative and the father must be established once evidence of paternity has been provided.

The primary source for verification of living arrangements for children who attend school, including nursery schools, pre-schools, or child care centers, is the school record which shows the name of the child, the name of the relative the child lives with and the address where they reside. For pre-school age children who are not in nursery school, pre-school, child care, etc. the following documents can be used to verify living arrangements as long as the **documents are current and contain** the child's name, the relative's name, and their residence address: hospital or physician's record, court or public agency record, or military record. (These records may also be used as secondary sources of verification for children attending school or primary verification for children who are home schooled.) If these documents are not available, the worker can verify living arrangements for a pre-school age child through contact with the landlord, public housing authority, or a friend or family member who can attest to the living arrangements. In all cases, the case record must be documented to reflect the verification obtained. Client statement cannot be used to meet the verification requirement.

Note: While VIIS is a public agency record, it cannot be used to verify living arrangements as there is no requirement to update the child's address in the VIIS system.

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

If the agency is unable to verify the child's presence in the home, and the applicant/recipient continues to maintain that the child lives in the home, the agency must evaluate any evidence provided by the individual before taking action to exclude the child.

- C. Living with a Relative for a Part of Each Month or Year – It is the responsibility of the local department of social services (LDSS) to determine whether a child who is in the home of the applicant/recipient for part of a month or part of a year should be included as a member of the TANF assistance unit. The child must actually live in the home, not simply be in the home temporarily for a few days a week, or for a weekend, or for a vacation, in order to meet the "living with" requirement.

The "living with" determination will require an evaluation of both the child's presence in the home and the parent's responsibility for the child while in the home and may include information about

- the child's entry into the applicant/recipient's home;
- the child's status in the home as a resident or as a visitor;
- the extent of the parental responsibilities the applicant/recipient will exercise on behalf of the child while the child is in the home; and
- the applicant/recipient's responsibility to maintain a home and meet the basic day-to-day needs of the child for food, shelter, and clothing.

1. Visits and Vacations: A minor child who usually lives with a custodial parent or caretaker relative, and who is visiting the other parent (or other caretaker relative), is considered to be temporarily absent from the home of the custodial parent and does not meet the "living with" requirement in the other home. (Note: the custodial parent may or may not be a current TANF recipient).

information required in [201.10 A.1.a.](#) and/or b. is not provided and no penalty is to be imposed. If the applicant/recipient cannot provide the name of the noncustodial parent and at least three pieces of identifying information, she must sign an Attesting to The Lack of Information (ATL) form (032-03-0423). **The client will be considered to be not cooperating if she states that she is unable to provide the name and other identifying information for a noncustodial parent but also refuses or fails to sign the ATL.** (Note: A separate ATL form must be completed for each noncustodial parent.) When an ATL is completed, a code “75” will be entered in the “Good Cause” field on the Absence Deprivation/ Paternity Absent Parent Data – Screen 1 (AEDEP1) in ADAPT. This code will be pre-filled on the “Good Cause” field on the Absence Documentation (AEMCAG) screen. This coding will ensure that a referral on this noncustodial parent will not be sent to DCSE.

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

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

2. Appearing at an office of the local department of social services or the Division of Child Support Enforcement, as requested, to provide:
 - a. verbal or written information, or
 - b. documentary evidence known to, possessed by, or reasonably obtainable by the applicant/recipient about the noncustodial parent.
3. Appearing as a witness at judicial or administrative hearings or proceedings.
4. Appearing for a scheduled appointment to have testing completed to establish paternity.
5. Paying to DCSE any money directly received from the noncustodial parent after approval of the TANF case.
6. Paying for all additional genetic testing after the first five potential fathers have been tested and excluded as the father of the child.

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

- B. ACTION TO BE TAKEN UPON DETERMINATION OF NONCOOPERATION - Noncooperation may occur with respect to an individual's failure to cooperate with either the local department of social services or DCSE.
1. Noncooperation exists in the following circumstances. The applicant/recipient:
 - a. failed to provide identifying information, including the first and last name of the father or of all individuals who may be the father of the child(ren), and at a minimum three additional informational items to identify the parent, and the exception in Section [201.10 A.1.c.](#) is not applicable, **or the exception in Section 201.10A.1.c is applicable but the client fails or refuses to sign the ATL**; or
 - b. failed to respond to two consecutive requests to provide information; or
 - c. missed two consecutive scheduled appointments (other than genetic testing and court appearance) and did not contact the worker to reschedule them; or
 - d. failed to appear in court for a scheduled paternity, establishment of support, or enforcement hearing and did not contact DCSE to reschedule (one occurrence); or
 - e. missed a scheduled appointment for genetic testing and did not contact DCSE to reschedule (one occurrence); or
 - f. does not name another individual who may be the father after the only man named as the putative father is excluded; or
 - g. the putative fathers listed on the "List of Putative Fathers" form are excluded from paternity as a result of genetic testing; or
 - h. fails or refuses to pay for further genetic testing after DCSE has paid for the first five potential fathers to be tested; or
 - i. otherwise fails to comply with the requirements in Section [201.10 A.](#)
 2. The finding of noncooperation, **including noncooperation for failure/refusal to sign the ATL after attesting to a lack of information**, must be documented on the Comment screen for the Absence Documentation (AEMCAG) screen in ADAPT.
 - a. Noncooperation must be due to one of the reasons listed in **1.a. - i.** above.
 - b. If noncooperation was determined by DCSE, the DCSE worker will update the noncooperation indicator in APECS. On a monthly basis, a list of the individuals who are not cooperating and the noncooperation reason(s) will be available (in ADAPT) to the Eligibility Worker. This new "DCSE Noncooperation Work List" will also contain the names of individuals who failed to cooperate in the past but have begun to cooperate. A report regarding the action taken on the case based on this list will be available in Data Warehouse.

- D. CLAIM OF GOOD CAUSE FOR NOT COOPERATING WITH THE DIVISION OF CHILD SUPPORT ENFORCEMENT - If an applicant/recipient believes that cooperation would be harmful to the child or himself, he may claim good cause for not cooperating. The applicant/recipient must provide evidence to support the claim to be excused from cooperating. If the claim is substantiated, no attempt will be made to establish paternity or collect support.

The local agency may determine that cooperation would be harmful to the child only if one or more of the following circumstances exists:

1. The agency believes that the applicant/recipient's cooperation will result in:
 - a. physical or emotional harm to the child; or
 - b. physical or emotional harm to the caretaker which would impair ability to care for the child.
2. The agency believes that proceeding to establish paternity or to secure support would be detrimental to the child because one of these circumstances exists:
 - a. the child was conceived as a result of forcible rape or incest;
 - b. legal proceedings for the adoption of the child(ren) are pending; or
 - c. the caretaker, assisted by a public or licensed private adoption agency, is deciding whether to keep or relinquish for adoption the child for whom aid is requested.

- E. ADVISING THE CLIENT OF THE RIGHT TO CLAIM GOOD CAUSE - At the time of application or redetermination, the agency must advise each applicant or recipient of the right to explain all reasons for refusing to cooperate in establishing paternity or securing support. The agency must explain the provisions in the "Notice of Cooperation and Good Cause" (form 032-03-0036) to the applicant/recipient. The applicant/recipient and eligibility worker must sign the form indicating **for each absent parent** whether or not the client claims good cause for refusing to cooperate.

A signed copy of the "Notice of Cooperation and Good Cause" shall be filed in the case record and a duplicate copy will be given to the applicant/recipient. If the applicant/recipient wishes to change the claim **for one or more absent parents** after signing **the** "Notice of Cooperation and Good Cause," then he must sign another form indicating the change of claim. Otherwise, only one "Notice of Cooperation and Good Cause" is necessary per case record unless the case is closed and another application is made subsequently. Because the notice outlines the rights and responsibilities of the applicant/recipient, the eligibility worker shall review each condition with the applicant/recipient to assure a complete understanding. The agency must also advise the applicant/recipient that if a finding is made **for any absent parent that good cause for cooperating does not exist**, cooperation will be required.

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

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

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

1. Incest Or Rape - Birth certificates or court, medical, criminal, child protective services, social services, or law enforcement records which indicate that the child was conceived as the result of incest or rape;
2. Adoption - Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction or a public or licensed private adoption agency is currently assisting the applicant/recipient to place the child for adoption and such discussions have not gone on for more than three months. The agency must obtain a written statement from the adoption agency.
3. Physical Or Emotional Harm - Court, medical, criminal, child protective services, social services, psychological, law enforcement records, sworn statements from individuals other than the applicant or recipient with knowledge of the circumstances which provide the basis for the good cause claim, or a written statement from a domestic violence services program or sexual assault crisis center professional indicating that the putative father or noncustodial parent might inflict physical or emotional harm on the child or caretaker-relative.

GROUPING OF LOCALITIES

GROUP I

Counties

Accomack
Alleghany
Amelia
Amherst
Appomattox
Bath
Bedford
Bland
Botetourt
Brunswick
Buchanan
Buckingham
Campbell
Carroll
Charles City
Charlotte
Clarke
Craig
Culpeper
Cumberland
Dickenson
Dinwiddie
Essex
Floyd
Fluvanna
Franklin
Frederick
Giles
Gloucester
Goochland
Grayson
Greene
Greensville
Halifax
Hanover
Henry
Highland
Isle of Wight
King & Queen
King William
Lancaster
Lee
Louisa
Lunenburg
Madison

Mathews
Mecklenburg
Middlesex
Nelson
New Kent
Northampton
Northumberland
Nottoway
Orange
Page
Patrick
Pittsylvania
Powhatan
Prince Edward
Prince George
Pulaski
Rappahannock
Richmond County
Rockbridge
Russell
Scott
Shenandoah
Smyth
Southampton
Surry
Sussex
Tazewell
Washington
Westmoreland
Wise
Wythe

Cities

Bristol
Buena Vista
Clifton Forge
Danville
Emporia
Franklin
Galax
Norton
Suffolk

GROUP II

Counties

Albemarle
Chesterfield
Henrico
Loudoun
Roanoke
Rockingham
Warren

Cities

Chesapeake
Covington
Harrisonburg
Hopewell
Lexington
Lynchburg
Martinsville
Norfolk
Petersburg
Portsmouth
Radford
Richmond
Roanoke
Virginia Beach
Williamsburg
Winchester

GROUP III

Counties

Arlington
Augusta
Caroline
Fairfax
Fauquier
James City
King George
Montgomery
Prince William
Spotsylvania
Stafford
York

Cities

Alexandria
Charlottesville
Colonial Heights
Falls Church
Fredericksburg
Hampton
Manassas
Manassas Park
Newport News
Poquoson
Staunton
Waynesboro

- b. for TANF-UP, unemployment compensation benefits;
- c. the earned income of a child (under age 18 or, if age 18, is scheduled to graduate no later than the month he/she turns 19) who is a full or part-time student.

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

1. Screening at the Standard of Assistance

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

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

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

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

The standard deduction**, the same amount used in the standard deduction for the SNAP program, and 20% of the remainder is deducted from the gross earnings.*** (Refer to Section 305, [Appendix 3](#), Step 2, and to Section [305.3.B.](#))

Assistance Unit	Standard Deduction
1-3 members	\$155
4 members	\$165
5 members	\$193
6 or more members	\$221

c. Ongoing Cases

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

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

- 1) all income specifically disregarded in [305.4.A](#);

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

At each renewal, all income of the assistance unit must be verified, regardless of whether a change has been reported. If a change is identified, a prospective determination must be conducted in accordance with [Section 305.1.A.](#) to establish ongoing eligibility.

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

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

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

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

B. Handling Changes in Income (Earned and Unearned)

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

The income limits are as follows:

Report Income Change When Household Income Exceeds These Amounts				
Household Size	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-Monthly Amount
1	\$1,265	\$ 292	\$ 584	\$ 633
2	1,705	394	787	853
3	2,144	495	990	1,072
4	2,584	597	1,193	1,292
5	3,024	698	1,396	1,512
6	3,464	800	1,599	1,732
7	3,904	901	1,802	1,952
8	4,344	1,003	2,005	2,172
Each additional Person	+ \$440	+\$102	+ \$203	+ \$220

Exceptions: The needs of an individual(s) who is not in the assistance unit due to an IPV penalty, failure to comply with SSN requirements, or failure to cooperate with DCSE will not be allowed.

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

Verify by statement from the stepparent.

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

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

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

Verify by statement from the stepparent.

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

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

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

Step 2 - Eligibility Determination For the Children When the Parent's Needs Must Be Excluded From the Grant - Determine the child(ren)'s eligibility and grant amount by counting the parent's income, the child(ren)'s income, and that portion of the stepparent's gross income in excess of 150% of the poverty level for two persons (the parent and stepparent), which is **\$1,967.00**. The latter is a standard amount and must be used in all cases regardless of the actual number

of dependents the stepparent has. Countable income is to be deducted from the standard of assistance for the assistance unit.

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

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

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

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

Note: A lump sum payment received by an eligible child's stepparent is considered available to the assistance unit as described at [305.4C](#).

EXAMPLE #1:

Ms. P. is applying for TANF for herself and her 3 children. Ms. P. receives unearned income in the amount of \$50 per month, and each of the 3 children receives unearned income in the amount of \$50 per month, as well. Ms. P.'s husband (not the children's father) is employed and earns **\$1,974.00** per month. Mr. P. has no other dependents.

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

Mr. P.'s income	\$1,974.00
Less \$90 deeming disregard	<u>- 90.00</u>
	\$1,884.00
Less standard of need for 1 (group II)	<u>-174.00</u>
Amount deemed available to Ms. P.	\$1,710.00
Standard of assistance for 4 person AU	\$ 382.00

Since the portion of Mr. P.'s income which is deemed available to Ms. P. exceeds the standard of assistance for 4 persons, she is not eligible to be included in the AU.

1. To determine the 3 children's eligibility, and, if eligible, the grant amount:

Stepparent's (Mr. P.'s) income	\$1,974.00
150% of poverty guidelines for 2 (monthly)	<u>-1,967.00</u>
Amount greater than 150% poverty guidelines	\$ 7.00
 Standard of assistance for 3-person AU	 \$ 320.00
Less total countable income (\$7.00 - amount of Mr. P.'s income which exceeds 150% of poverty guidelines, plus \$50 - Ms. P.'s unearned income, plus \$150 - the children's unearned income for a total of \$207 in countable income)	 - <u>207.00</u>
Grant amount	\$ 113.00

EXAMPLE #2:

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

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

Mr. J.'s income	\$ 800.00
Less \$90 deeming disregard	- <u>90.00</u>
	\$ 710.00
Less standard of need for 1 (group II)	- <u>174.00</u>
	\$ 536.00
Less support paid by Mr. J. to non-household dependents	- <u>400.00</u>
Income deemed available to Ms. J.	\$ 136.00
 Standard of assistance for 3-person AU	 \$ 320.00

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

2. To determine the grant amount:

Standard of assistance for 3-person AU	\$ 320.00
Less countable income (Ms. J.'s income)	- <u>100.00</u>
Grant amount	\$ 220.00

EXAMPLE #3:

Ms. L. is applying for TANF for herself and her 2 children. Ms. L. works 10 hours per week, and earns \$50 weekly. Her husband (not the children's father), Mr. L., is employed and earns \$2,074 per month. Mr. L. has 1 child, who lives in the household also.

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

Mr. L.'s income	\$ 2,074.00
Less \$90 deeming disregard	<u>- 90.00</u>
	\$ 1,984.00
Less Standard of need for 2 (group II) to include Mr. L. and his child	<u>- 257.00</u>
Income deemed available to Ms. L.	\$1,727.00
Standard of assistance for 3-person AU	\$ 320.00

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

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

Stepparent's (Mr. L.'s) income	\$2,074.00
150% of poverty guidelines for 2 monthly	<u>-1,967.00</u>
Amount <u>exceeding</u> 150% of poverty guidelines	\$ 107.00
Standard of assistance for 2-person AU	\$ 254.00

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

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

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

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

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

* 45 CFR 233.20(a)(3)(xviii)

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 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).
7. A lump sum is received. (See [305.4C](#))

* 45 CFR 233.34(d)

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 **close** the case's eligibility effective the **last day of the sixth** 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 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 **closure** 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, **the case will close as scheduled at the end of the sixth month** as long as the EW has **taken no action to rescind the closure**. 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. **The Interim Report Form – Request for Action, completed as instructed in 401.3H, serves as adequate notice when sent prior to case closure to clients who failed to take required action or failed to supply requested verifications.**

Automatic Closure Example:

A TANF case is approved and assigned a certification period of December 2004 through November 2005. An Interim Report is mailed on or about the 20th of April. **The automatic closure of the case will take place effective May 30th, the sixth month, if the client does not return the Interim Report in time for ADAPT to be updated by cutoff.**

If the client returns the Interim Report **after the 20th of month six but before the end of the month, and the case remains eligible, the closure will be rescinded for month seven.**

If the client returns the Interim Report in month seven, and if the case remains eligible, the closure will be rescinded and benefits will be issued, without proration, for month seven.

If the client returns the Interim Report after month seven, the client must reapply.

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 **close** 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.

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. (Note: The APR cannot be signed **before** the initial VIEW assessment except when it must be signed prior to TANF approval as a condition of eligibility).

An individual who is exempt from participation can volunteer for VIEW only if she is able to meet the same participation requirements as a mandatory recipient. Volunteers unable to meet VIEW program requirements will not be enrolled in VIEW. An exempt individual who volunteers for VIEW gives up her exempt status and becomes a mandatory participant subject to the same participation requirements and penalties for non-participation as other mandatory VIEW participants. The EW will update the AEGNFS screen with VV and the date the APR was signed. The VW code will not be used.

If the TANF case of an exempt client who volunteers for VIEW closes, and the client reapplies, the client's exemption status will be determined as part of the eligibility process. The client will be referred to VIEW if she is no longer exempt. If the client's previous exemption was for a temporary medical condition (V5) or for caring for a disabled household member (V7), she must secure a new medical if she states she is unable to participate in VIEW for either of those reasons. If the client is determined to be exempt at reapplication and again wishes to give up her exemption and participate, she may do so if funding is available.

Note: A non-parent caretaker who meets the financial requirements of Section 304.2 and is included in the assistance unit must participate in VIEW unless otherwise exempt. These individuals are mandatory VIEW participants, not VIEW volunteers. However, they are not subject to sanction for failure to participate as required. Instead, the non-parent caretaker will be removed from the TANF grant and the TANF case will remain open as a child only case. If the case closes and the family reapplies for TANF, the non-parent caretaker who was removed from the TANF grant for failing to participate in VIEW must be referred to VIEW (unless otherwise exempt) if the individual wishes to be included on the TANF grant.

be required annually. In addition, when the medical professional has indicated a specific duration that the caregiver will be needed, the eligibility worker will request verification of the need for the caregiver at the end of the anticipated duration as noted on the Statement of Required Presence of Caregiver form.

The TANF case is to be closed as soon as administratively possible upon verifying that the caretaker is able to work or is no longer needed to care for a disabled family member living in the home. Once the TANF case is closed, the 24-month POI will resume.

Example: Mrs. Waters began her 24-month POI on August 1, 2008. On October 15, 2008 she applied for TANF. On the date of application, she provided a medical form verifying she was expected to be disabled from September 20, 2008 to June 30, 2009. She is approved for TANF beginning October 15. Since any month the client receives TANF is not counted toward the 24-month POI, October will not be a POI month.

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

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

- A. All attempts should be made to transfer the benefit and VIEW record together within 5 working days of notification.
- B. When a VIEW case with no earned income and not in a sanction transfers to another agency, the VIEW time clock stops until such time as the VIEW worker in the receiving agency completes an assessment and re-starts the clock. The receiving agency is responsible for adjusting the clock after the assessment. The 60-month clock continues to advance for each month TANF is received.
- C. When a VIEW case with earnings transfers to another agency, the VIEW clock continues. In the case of a UP household in which one participant is employed, there will be no break in the months on the individual's clock. When the new agency opens the client's ESPAS enrollment, the ESW should make sure the appropriate months are reflected on the 24-month clock. The clock for the other participant will stop unless she was in a sanction at the time of the transfer. Her clock will resume in the month after the ESW completes an assessment and updates her APR.

Example: Mr. and Mrs. Waters' case is transferred from locality A to locality B on May 26. Mr. Waters is employed when the case transfers. Locality B will restart his clock beginning with the month of June. Mrs. Waters is participating in VIEW but is not employed and not sanctioned. Locality B will restart her clock the month after an assessment is completed and the APR is updated.

- 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. **An individual is considered a VIEW participant if she has a current APR and an open TANF case, even if she does not have a current component assignment. (Note: It is important that the EW confirm that the VIEW worker has opened the ESPAS enrollment before closing the TANF case to establish the VTP. The VIEW worker will not be able to open the VTP in ESPAS once the TANF case has been closed.)**
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.

When the client is eligible for a VTP, the EW will contact the VIEW worker to make sure that the ESPAS enrollment is open prior to closing the TANF case. The EW will then 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.

VIEW GRANT CALCULATION

Example 1 - Earnings

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

Step (1) - Screening at Federal Poverty Level

\$ 456.00	Gross Monthly Earnings <
<u>\$1,311.00</u>	Monthly Federal Poverty Level for 2

Step (2) - Unearned Income

\$254.00	Standard of Assistance for 2
- 0	Unearned Income
<u>\$254.00</u>	TANF Deficit

Step (3) - Earned Income Disregards

\$456.00	Gross Monthly Earnings
- 155.00	Standard Deduction for 2
<u>\$301.00</u>	x 20% = 60.20
- 60.20	
<u>\$240.80</u>	Net Earned Income

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

\$240.80	Net Earned Income
+254.00	TANF Deficit
<u>\$494.80</u>	< Monthly Federal Poverty Level for 2
\$254.00	= VIEW Payment (TANF Grant)

Example 2 - Earned and Unearned Income

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

Step (1)	-	Screening at Federal Poverty Level	
			\$ 305.00 Gross Monthly Earnings <
			\$1,311.00 Monthly Federal Poverty Level for 2
Step (2)	-	Unearned Income	
			\$254.00 Standard of Assistance for 2
			<u>-120.00</u> Unearned Income
			\$134.00 TANF Deficit
Step (3)	-	Earned Income Disregards	
			\$305.00 Gross Monthly Earnings
			-155.00 Standard Deduction for 2
			\$150.00 x 20% = 30.20
			<u>- 30.20</u>
			\$120.80 Net Earned Income
Step (4)	-	Add Net Earned Income and TANF Deficit	
			\$120.80 Net Earned Income
			+134.00 TANF Deficit
			\$254.80 < Monthly Federal Poverty Level for 2
			\$134.00 = VIEW Payment (TANF Grant)

Example 3 - Earnings Result in Ineligibility

Assistance unit of 4 in a Group III locality. Mom earns \$1,988 monthly gross income.

Step (1)	-	Screening at Federal Poverty Level	
			\$1,988.00 Gross Monthly Earnings =
			\$1,988.00 Monthly Federal Poverty Level for 4
			Ineligible.

Example 4 - Maximum Reimbursable

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

Step (1) - Screening at Federal Poverty Level

\$ 457.00	Gross Monthly Earnings <
\$2,665.00	Monthly Federal Poverty Level for 6

Step (2) - Unearned Income

\$470.00	Standard of Assistance for 6
<u>- 0</u>	Unearned Income
\$470.00	TANF Deficit

\$443.00 Maximum Reimbursable Amount

Step (3) - Earned Income Disregards

\$457.00	Gross Monthly Earnings
<u>- 221.00</u>	Standard Deduction for 6
\$236.00	x 20% = 47.20
<u>- 47.20</u>	
\$188.80	Net Earned Income

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

\$188.80	Net Earned Income
<u>+443.00</u>	Maximum Reimbursable TANF Deficit
\$631.80	< Monthly Federal Poverty Level for 6

\$443.00 = VIEW Payment (TANF Grant)

Example 5 - Earned Income Case with Immunization Penalty

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

Step (1)	-	Screening at Federal Poverty Level	
		\$ 966.00	Gross Monthly Earnings <
		\$1,311.00	Monthly Federal Poverty Level for 2
Step (2)	-	Unearned Income	
		\$323.00	Standard of Assistance for 2
		<u>- 60.00</u>	Unearned Income
		\$263.00	TANF Deficit
Step (3)	-	Earned Income Disregards	
		\$966.00	Gross Monthly Earnings
		- 155.00	Standard Deduction for 2
		\$811.00	x 20% = 162.20
		<u>- 162.20</u>	
		\$648.80	Net Earned Income
Step (4)	-	Add Net Earned Income and TANF Deficit	
		\$648.80	Net Earned Income
		<u>+263.00</u>	TANF Deficit
		\$911.80	< Monthly Federal Poverty Level for 2
		\$263.00	= VIEW Payment (TANF Grant)
Step (5)	-	Apply Immunization Penalty	
		\$263.00	VIEW Payment
		<u>- 50.00</u>	Immunization Penalty
		\$213.00	Net VIEW Deficit
		\$213.00	= VIEW Payment (TANF Grant)

Example 6 - TANF-UP Household

Assistance unit of 4 in a Group II locality. Dad earns **\$1505** gross income.

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

\$1,505.00	Gross Monthly Earnings <
\$2,981.00	150% of the Monthly Federal Poverty Level for 4

Step (2) - Unearned Income

\$ 382.00	Standard of Assistance for 4
<u>0.00</u>	Unearned Income
\$ 382.00	TANF Deficit

Step (3) - Earned Income Disregards

\$1505.00	Gross Monthly Earnings
- 165.00	Standard Deduction for 4
\$1340.00	x 20% = \$268.00
<u>-268.00</u>	
\$1072.00	Net Earned Income

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

\$1072.00	
<u>+ 382.00</u>	TANF Deficit
\$1454.00	< 150% of the Monthly Federal Poverty Level for 4

\$ 382.00 = VIEW Payment (TANF Grant)

2014 FEDERAL POVERTY LEVELS

<u>Size of Family Unit</u>	<u>Monthly Poverty Guideline</u>
1.....	\$ 973.00
2.....	\$ 1,311.00
3.....	\$ 1,650.00
4.....	\$ 1,988.00
5.....	\$ 2,326.00
6.....	\$ 2,665.00
7.....	\$ 3,003.00
8.....	\$ 3,341.00

For each additional person add \$339

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

<u>Size of Family Unit</u>	<u>150% of the Federal Poverty Level</u>
1.....	\$ 1,459.00
2.....	\$ 1,967.00
3.....	\$ 2,474.00
4.....	\$ 2,981.00
5.....	\$ 3,488.00
6.....	\$ 3,995.00
7.....	\$ 4,502.00
8.....	\$ 5,009.00

For each additional person add \$507

1000.6 VIEW VOLUNTEERS

- A. To the extent that funding is available, agencies may serve TANF recipients who are exempt from VIEW and choose to volunteer. **An individual who is exempt from participation can volunteer for VIEW only if she is able to participate for the required number of weekly hours after any needed accommodations are provided. (See 1000.7). It should be made clear to these individuals that by volunteering, the individual gives up her exempt status and becomes a mandatory participant subject to the same participation requirements and penalties for non-participation as other mandatory VIEW participants.**
- B. **If the TANF case of an exempt client who volunteers for VIEW closes, and the client reapplies, the client's exemption status will be determined as part of the eligibility process. The client will be referred to VIEW if she is no longer exempt. If the client's previous exemption was for a temporary medical condition (V5) or for caring for a disabled household member (V7), she must secure a new medical if she states she is unable to participate in VIEW for either of those reasons. If the client is determined to be exempt at reapplication and again wishes to give up her exemption and participate, she may do so if funding is available.**
- C. Applicants can volunteer for VIEW only after the TANF application has been approved. They are eligible for the VIEW enhanced disregards in the month following the month the VIEW APR is signed at the initial assessment. Note: The APR cannot be signed prior to the initial assessment except when it must be signed prior to TANF approval as a condition of eligibility. (See [1000.9](#))

1000.11– VIEW ACTIVITY AND SERVICE PLAN

- A. Based on the information obtained during the assessment, the ESW and participant will develop an Activity and Service Plan. **While the development of the Activity and Service Plan is a joint activity, the local agency, in accordance with program guidance, will make the final decision regarding which component assignments are made and the sequence of assignments.**

The Activity and Service Plan will detail:

- 1) the participant's current assignments, and specific responsibilities of the participant and the agency, including but not limited to the expected levels of a) participation, b) attendance and/or c) the requirement to return information to the ESW and report changes which impact employment and/or participation.
- 2) the supportive services needed by the individual to comply with program requirements. The Activity and Service Plan may take the place of a service application for child care.
- 3) a statement explaining the reason(s) for assignment to Pending or Inactive, if applicable, and a list of the steps planned to resolve the issues leading to that assignment.
- 4) a description, begin and end dates, and planned weekly hours of the participant's assignment or assignments.

Note: The Activity and Service Plan developed at the initial assessment will include any assignments for the month of the assessment (which may be a partial month), and the next three full months. The ESW will explain to the client that the assignments, beyond the initial job search, are designed to increase her employability if she does not find employment during the job search. Additionally, the ESW will explain to the client that the Activity and Service Plan will be updated to show employment as her VIEW component if her job search is successful.

- 5) the requirement that the participant contact the ESW if she is considering quitting a job or, if she believes she is in danger of being fired from a job. This information will enable workers to either help the participant retain that position or obtain other employment.
 - 6) Reasonable accommodations needed by an individual to fulfill participation requirements based on recommendations developed as part of an evaluation by a qualified professional.
- B. The ESW must complete a new Activity and Service Plan at initial assessment, reassessment, or whenever there is a change to the participant's activity assignments. Modifications to the Activity and Service Plan due to changes in assignments will not affect the TANF two-year time limitation.

- d. The weekly number of hours of a CWEP assignment equal the total TANF dollar amount plus the SNAP benefit amount divided first by the federal minimum wage and then by 4.33.
 - e. The number of hours of a CWEP assignment is calculated at the time of the placement and is fixed. They do not vary from week to week or month to month. The hours are recalculated at each reassessment and at any time there is a change in the size of the assistance unit which also changes the benefit amount. Note: Mass changes to the SNAP allotment amounts and changes to the federal minimum wage amount will be addressed at the next reassessment after the change.
 - f. CWEP hours are not reduced by travel time to and from the placement. All CWEP hours are to be worked; meals and breaks can be included with hours worked or can be subtracted based on how they are treated for paid employees of the work site.
 - g. Calculation of Work Hours for TANF and TANF-UP Cases: Combine the total TANF dollar amount with the SNAP benefit amount received by members of the TANF household. Do not include the value of SNAP benefits received by household members who are not included in the TANF grant. Divide the total of the TANF grant plus SNAP benefits by the federal minimum wage, to determine the number of CWEP hours to be worked each month. Divide that result by 4.33 and round the final result down to the next whole number to determine the number of hours to be worked each week in the CWEP assignment.

CWEP placements cannot exceed 32 hours a week. The weekly CWEP assignment will be reduced to 32 hours if the calculated hours exceed that number.
 - h. CWEP Assignments for TANF-UP Cases: Both parents in a TANF-UP case may be placed in CWEP. In that circumstance, each will be required to participate the calculated hours. For example, if the calculation requires 25 hours of participation, and if both parents are assigned to CWEP, each individual will participate 25 hours a week. Additionally, each individual will have to be assigned to another activity for an additional 10 hours per week to meet his/her VIEW participation requirement.
5. Referral of the Client to the Work Site: After the client's hours of CWEP participation are determined, and a good work site match is made, the ESW will work with the client and the work site to schedule an appointment for the client to be interviewed for a position. The ESW will complete the VIEW Referral To Work Site **form** (032-02-3000), make a copy for the record, and give the referral to the client to take to the interview. The work site supervisor will complete the bottom portion of the form, copy it for the work site, and send it back to the ESW showing the outcome of the interview. If the work site accepts the client for the placement, the worker will proceed with putting the client in CWEP and in arranging any needed supportive services.

If the client does not have Medicaid coverage, the worker will provide both the client and the work site supervisor with a signed copy of the Notification of Workers' Compensation Requirements and Procedures form (032-03-0675) and will explain the responsibilities of all parties should there be an injury at the work site.
 6. Concurrent Assignments: Since it is not possible for a CWEP assignment to meet the 35 hour participation requirement, all participants assigned to CWEP must also be assigned to another component that will enhance employability.

- (1) Submit the name, case number (legacy number and ADAPT case number), and Begin and End date for the individual assigned to CWEP. The CWEP Placements Without Medicaid Coverage form must be completed online at: <http://www.localagency.dss.state.va.us/divisions/bp/tanf/forms/view.cgi>.
- (2) **If the client is injured on the work site and wishes to file a claim with Workers' Compensation, the ESW must provide to the client in writing a list of three physicians from whom the client may choose to seek medical attention. The list of three physicians must be entered on the Panel Physician Form and given to the client. The form can be located at ' <http://www.covwc.com/clientimages/48008/forms/panelphysicianform.pdf>'. Print the form.**

To obtain a list of physicians, access the WellComp Managed Care Services website from the Rockport Healthcare link, at '<http://www.rockporthealthcare.com/YORKS/Searchbyzip.aspx>.' This site will provide a list of doctors who can be on the physician panel. The physicians listed provide care under the Worker's Compensation Act. The site allows the worker to find physicians by zip code, city, county, proximity and specialty.

If the worker is unable to provide a panel from the site, the worker may contact Chad Smith at the Department of Human Resource Management to obtain a panel of doctors for her area. The contact information is chad.smith@dhrm.virginia.gov

- c. The CWEP work site supervisor must immediately complete an Employer's Accident Report form when an accident occurs. This **Virginia Workers' Compensation Commission** form can be accessed on line at <http://spark.dss.virginia.gov/divisions/dhrm/vdss/forms/index.cgi>. **Scroll down to Workers' Compensation. Click on Employer's Accident Report form. Print the form.**
 1. The supervisor must investigate the claim, document work place hazards/conditions involved in accident and complete 'Employer's Accident Report' based upon his investigation.
 2. List the employer as CWEP and the agency number as 997.
 3. The original form must be sent to:

Virginia Department of Social Services
Division of Benefit Programs
Economic Assistance and Employment Unit
Attn: CWEP Placements without Medicaid Coverage
801 E. Main Street
9th Floor
Richmond, VA 23219-2901

- d. The Economic Assistance and Employment Unit of the Division of Benefit Programs at VDSS must:
1. Maintain **case names and numbers** received from local agencies of persons **who do not have Medicaid** and provide **that information** to the Department of Human Resource Management (DHRM).
 2. Pay premiums per individual in a CWEP placement to DHRM.
 3. Maintain a file of all Employers' Accident Reports.
 4. Notify the local department of social services of the disposition of the **Workers' Compensation** application.
- e. DHRM's claims administrator (Managed Care Innovations):
1. Will notify VDSS when a claim for **Workers' Compensation** has been filed.
 2. Contact both the injured worker and the work site supervisor for information about the accident.
 3. Notify both the injured worker and VDSS home office of the disposition of the claim.
- f. The VIEW participant must:
1. Immediately notify the work site supervisor in writing of workplace accident facts.
 2. Inform the doctor when the visit is necessitated by an injury at work and that a claim for Workmen's Compensation has been filed. The doctor should submit a medical report and bills to MCI.
- g. Workers' Compensation Hearings
1. When a request for Workers' Compensation has been denied, the VIEW participant may request a hearing. The request must be made to the Virginia Workers' Compensation Commission.
 2. The Office of the Attorney General represents the state on cases in litigation. Managed Care Innovations will manage and coordinate the defense of the case with the Office of the Attorney General. Should any witnesses or supervisory testimony be required, the Office of the Attorney General will provide immediate notification **to that individual**.

C. PUBLIC SERVICE PROGRAM (PSP)

The public service program (PSP) shares many of the characteristics of CWEP. It provides an unpaid work placement in a public or private non-profit organization with the goal of improving the participant's employability. Unlike CWEP, the PSP placement must provide a clearly defined public service. Examples of public service activities include court-ordered unpaid work, as well as participation in other programs or placements that benefit the community.

PSP assignments may be made for a maximum of 35 hours, with the exception of court-ordered assignments which will be made at the discretion of the court and may be for more than 35 hours. Participants assigned to PSP for less than 35 hours must also be assigned to another work activity order to meet the 35 hour participation requirement. Each assignment to PSP should be for a period of six months.

VIEW participants placed in PSP are not considered employees of the Commonwealth for purposes of the Worker's Compensation Act. PSP placements can be made only for participants with Medicaid coverage unless the PSP site agrees to provide coverage under its own Workers' Compensation plan. **If a client is assigned to a PSP site and loses his Medicaid coverage, he is to be reassessed. If an unpaid work placement continues to be appropriate, the client can be assigned to CWEP. Assigned hours will be based on CWEP guidance at 1000.13. The former PSP site can be used for the CWEP placement, or the client can be assigned to another CWEP site. Alternately, the client can be assigned to a different component.**

The development of PSP worksites, assignment and referral of participants to PSP worksites, limitations on the PSP positions, and PSP worksite monitoring follow CWEP guidance, with the exception that the public service provided through the placement must be a consideration in development of the site, and must be clearly documented in the record.

D. ON THE JOB TRAINING (OJT)

On-the-job training is a type of paid employment in which an employer provides training to an employee in order to increase the employee's skills on the job.

1. The following are examples of on-the-job training that may be counted as a work activity in the VIEW Program:
 - (a) On-the-job training offered through the WIA;
 - (b) Work study offered through a community college or a four year college program;
 - (c) Apprenticeship programs;
 - (d) Paid internships offered by colleges or training providers in which the participant receives a wage or stipend for working and receiving training while on the job;
 - (e) AmeriCorps Program placements in which the participant receives a stipend for living expenses; or
 - (f) Sheltered workshop employment

Note: A number of occupations, including cosmetologist, automobile mechanic, and dental assistant, can be trained either as a paid apprenticeship or as unpaid vocational education and training or as unpaid job skills training. Apprenticeship combines paid OJT and a specified number of classroom training hours. (Information about apprenticeship requirements, apprenticeable occupations, and employers offering apprenticeship opportunities in Virginia is available at http://www.doli.virginia.gov/apprenticeship/registered_apprenticeship.html)

Whether training is classified as apprenticeship (OJT), or as vocational education and training, or as job skills training, is based on the specific nature of the training program and whether it is paid or unpaid, not on the occupational title.

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

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

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

1. The client is actively seeking but is unable to find employment
 - a. The participant is enrolled in a job seeking activity and has been satisfactorily participating, but has been unable to find employment that, in combination with all other income (this includes earned and unearned income) or sources of assistance available to the individual, would pay an amount equal to or exceeding the TANF cash benefit plus a standard deduction of **\$155**.
2. The client has been employed but has lost employment due to factors not related to job performance.
 - a. The participant has applied for unemployment compensation from the Virginia Employment Commission and has been denied.
 - b. The participant is able to provide a copy of the determination of ineligibility for unemployment compensation from the Virginia Employment Commission.
 - c. The Virginia Employment Commission determination of ineligibility verifies that eligibility for unemployment compensation would have existed if the participant had worked sufficient hours to qualify.

G. Responsibilities of the ESW – Decision on Exception Request

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

Examples of Possible Assignments	Type of Work Activity	How the Assignment Should Be Entered in ESPAS	How the Hours Will Be Reported in the TANF Data (Federal) Report	How the Hours Should Be Documented in the VIEW Case Record
<p>Subsidized Employment</p> <p>* Full Employment Program (FEP) is the only subsidized employment assignment.</p>	<p>Core</p>	<p>Component 26; descriptor required. The first digit will always be 0; the last two will be chosen from the list on Page 10 of Chapter B.</p> <p>Employment Type will be 5.</p>	<p>Subsidized Private Sector Employment</p>	<p>At each assignment to FEP: Statement from Employer to verify wages and hours; or Paystubs; or Printout from the Work Number</p> <p>Monthly VIEW Attendance /Performance Rating Sheet and Job Follow-Up Contact form or VIEW Job Follow-Up form</p>
<p>On-the-Job Training (OJT)* *OJT is always paid employment that includes training</p> <p>With the exception of sheltered workshop employment, an OJT position that pays less than minimum wage does not meet the definition of employment and is not a countable work activity.</p>	<p>Core</p>	<p>Component 19; descriptor required.</p> <p>Also enter as paid employment (either full time or part time depending upon OJT hours) at the bottom of the ESPAS enrollment.</p>	<p>On-the-Job Training</p>	<p>At initial employment and every 6 months thereafter: Statement from Employer; or Paystubs; or Printout from the Work Number</p> <p>Monthly Job Follow- Up Contact form or VIEW Job Follow-Up form</p>
<p>Paid apprenticeship offered by college or training program</p>	<p>Core</p>	<p>Component 19; descriptor required. Also enter as paid employment at the bottom of the ESPAS enrollment.</p>	<p>On-the-Job Training</p>	<p>At initial employment and every 6 months thereafter: Statement from</p>

Examples of Possible Assignments	Type of Work Activity	How the Assignment Should Be Entered in ESPAS	How the Hours Will Be Reported in the TANF Data (Federal) Report	How the Hours Should Be Documented in the VIEW Case Record
				Employer; or Paystubs; or Printout from the Work Number Monthly Job Follow-Up Contact form or VIEW Job Follow-Up form
Paid College Work Study Programs offered by college or training program	Core	Component 19 ; descriptor required. Also enter as paid employment at the bottom of the ESPAS enrollment.	On-the-Job Training	At initial employment and every 6 months thereafter: Statement from Employer; or Paystubs; or Printout from the Work Number Monthly Job Follow-Up Contact form or VIEW Job Follow-Up form
Paid Internships offered by college or training program (Ex: student teaching)	Core	Component 19 ; descriptor required. Also enter as paid employment at the bottom of the ESPAS enrollment.	On-the-Job Training	At initial employment and every 6 months thereafter: Statement from Employer; or Paystubs; or Printout from the Work Number Monthly Job Follow-Up Contact form or VIEW Job Follow-Up form

Examples of Possible Assignments	Type of Work Activity	How the Assignment Should Be Entered in ESPAS	How the Hours Will Be Reported in the TANF Data (Federal) Report	How the Hours Should Be Documented in the VIEW Case Record
<p>Paid Sheltered Workshops</p> <p>*Wages for these assignments may be less than minimum wage.</p>	Core	Component 19 ; descriptor required with 5 as the first digit. Also enter as paid employment at the bottom of the ESPAS enrollment.	On-the-Job Training	<p>form</p> <p>At initial employment and every 6 months thereafter: Statement from Employer; or Paystubs</p> <p>Monthly Job Follow-Up Contact form or VIEW Job Follow-Up form</p>
Paid Training offered through WIA	Core	Component 19; descriptor required with 8 as the first digit. Also enter as paid employment at the bottom of the ESPAS enrollment.	On-the-Job Training	<p>Statement from WIA representative</p> <p>Paystubs</p>
Vocational Education and Training	Core	Limited to 12 months in a lifetime.	Vocational Educational Training	
<p>Associate degree programs and post-secondary baccalaureate level programs directly related to employment (for up to 12 months). Note: This will include self-initiated education programs.</p> <p>Up to one hour of unsupervised study or homework time can be counted for each hour of scheduled class time.</p>	Core	<p>Component 09; descriptor required.</p> <p>First digit of the descriptor for Associate degree programs will be 3.</p> <p>First digit of the descriptor for post-secondary baccalaureate level (4 yr) programs will be 2.</p>	Vocational Educational Training	<p>VIEW Education and Training Activities Attendance Report</p> <p>Statement from instructor to verify expected hours of unsupervised homework/ study time</p> <p>Proof of grades at the end of the semester/ quarter/ course</p>

Examples of Possible Assignments	Type of Work Activity	How the Assignment Should Be Entered in ESPAS	How the Hours Will Be Reported in the TANF Data (Federal) Report	How the Hours Should Be Documented in the VIEW Case Record
<p>English as a Second Language (ESL)</p> <p>Up to one hour of unsupervised study or homework time can be counted for each hour of scheduled class time.</p>	<p>Non-Core</p>	<p>Component 05; descriptor required.</p>	<p>Education Directly Related to Employment for Individuals with No High School Diploma or Certificate of High School Equivalency</p>	<p>VIEW Education and Training Activities Attendance Report</p> <p>Statement from instructor to verify expected hours of unsupervised homework/ study time</p> <p>Proof of progress every three months</p> <p>Copies of Certificate Received</p>
<p>General Education Development (GED)</p> <p>Up to one hour of unsupervised study or homework time can be counted for each hour of scheduled class time.</p>	<p>Non-Core</p>	<p>Component 06; descriptor required.</p> <p>For participants who are 18 or 19 and meeting attendance requirements, enter 35 hours for assigned hours <u>and</u> for actual hours so that this component can be counted in meeting federal participation requirements.</p>	<p>Satisfactory School Attendance for Individuals with No High School Diploma or Certificate of High School Equivalency</p>	<p>VIEW Education and Training Activities Attendance Report</p> <p>Statement from instructor to verify expected hours of unsupervised homework/ study time</p> <p>Proof of progress every three months</p> <p>Copies of Certificate Received</p>

Examples of Possible Assignments	Type of Work Activity	How the Assignment Should Be Entered in ESPAS	How the Hours Will Be Reported in the TANF Data (Federal) Report	How the Hours Should Be Documented in the VIEW Case Record
<p>Adult Basic Education (ABE) or homework time can be counted for each hour of scheduled class time.</p>	<p>Non-Core</p>	<p>Component 07; descriptor required.</p>	<p>Education Directly Related to Employment for School Diploma or Certificate of High School Equivalency</p>	<p>VIEW Education and Training Activities</p> <p>Statement from instructor to verify expected hours of unsupervised homework/ study time</p> <p>Proof of progress every three months</p> <p>Copies of Certificate Received</p>
<p>Secondary/ High School</p> <p>Up to one hour of unsupervised study or homework time can be counted for each hour of scheduled class time.</p>	<p>Non-Core</p>	<p>Component 08; descriptor required.</p> <p>First digit of the descriptor will be either 1 or 4.</p> <p>For participants who are 18 or 19 and meeting attendance requirements, enter 35 hours for assigned hours and for actual hours so that this component can meet federal participation requirements.</p>	<p>Satisfactory School Attendance for Individuals with No High School Diploma or Certificate of High School Equivalency</p>	<p>VIEW Education and Training Activities Attendance Report</p> <p>Statement from instructor to verify expected hours of unsupervised homework/ study time</p> <p>Copies of Certificate or Diploma received</p>

Contact Information
Local Agencies Served by Refugee Social Services Employment Programs

VDSS Region	Localities Served by RSSEP	RSSEP Provider Contact Information	Localities Not Served by RSSEP
Central	Amelia Caroline Chesterfield Goochland Hanover Henrico Hopewell Petersburg Powhatan Richmond City	<p>Refugee Resettlement and Immigrant Services Program of Commonwealth Catholic Charities</p> <p><u>Richmond Office</u> 1512 Willow Lawn Drive, Suite A Richmond, VA 23230 <u>Phone (804) 545-6289</u></p>	Buckingham Charles City Cumberland Essex Fluvanna King & Queen King William Lancaster Lunenburg Middlesex New Kent Northumberland Nottoway Prince Edward Richmond County Westmoreland
	Chesterfield Goochland Hanover Henrico Powhatan Richmond City	<p>Church World Service Immigration and Refugee Resettlement Program</p> <p><u>Richmond Office</u> 3314 N. Parham Road Suite B Richmond, VA 23294 <u>Phone (804) 658-5279</u></p>	
	Caroline	<p>Migration and Refugee Services of Commonwealth Catholic Charities</p> <p><u>Fredericksburg Office</u> 325 B Wallace Street Fredericksburg, VA 22401 <u>Phone (540) 899-6507</u></p>	

VDSS Region	Localities Served by RSSEP	RSSEP Provider Contact Information	Localities Not Served by RSSEP
<p>Eastern</p>	<p>Chesapeake Franklin City Hampton Isle of Wight Newport News Norfolk Portsmouth Suffolk Surry Virginia Beach Williamsburg York-Poquoson</p>	<p>Refugee Resettlement and Immigrant Services Program of Commonwealth Catholic Charities</p> <p><u>Hampton Office</u> 12284 Warwick Boulevard Suite I-A Newport News, VA 23606 <u>Phone: (757) 247-3600</u></p>	<p>Accomack Brunswick Dinwiddie Franklin City Gloucester Greenville-Emporia Mathews Northampton Prince George Southampton Sussex</p>

VDSS Region	Localities Served by RSSEP	RSSEP Provider Contact Information	Localities Not Served by RSSEP
Northern Virginia	Alexandria Arlington Fairfax Falls Church Loudoun Manassas City Manassas Park	<p>Migration and Refugee Services of the Commonwealth Catholic Charities</p> <p><u>Arlington Office</u> 80 North Glebe Road Arlington, VA 22203 <u>Phone: (703) 841-3876</u></p> <p>Refugee Employment and Training Program of the Lutheran Social Services of the National Capital Area</p> <p><u>Falls Church Office</u> 7401 Leesburg Pike Falls Church, VA 22043 <u>Phone: (703) 698-5026</u> <u>Extension 110</u></p>	Clarke Fauquier Frederick Greene King George Louisa Madison Page Warren Winchester
	Culpeper Fredericksburg Orange Prince William Spotsylvania Stafford	<p>Migration and Refugee Services Catholic Charities of the Diocese of Arlington</p> <p><u>Fredericksburg Office</u> 325 Wallace Street Fredericksburg, VA 22401 <u>Phone: (540) 899-6507</u></p>	
	Harrisonburg/Rockingham	<p>Virginia Council of Churches Refugee Resettlement Program</p> <p><u>Harrisonburg Office</u> 250 East Elizabeth Street, Suite 109 Harrisonburg, VA 22802 <u>Phone: (540) 433-7942</u></p>	

VDSS Region	Localities Served by RSSEP	RSSEP Provider Contact Information	Localities Not Served by RSSEP
Piedmont	Albemarle Charlottesville	International Rescue Committee <u>Charlottesville Office</u> 609 East Market Street, Suite 104 Charlottesville, VA 22902 <u>Phone: (434) 979-7772</u>	Alleghany- Covington Amherst Appomattox Bath Bedford Botetourt Campbell Charlotte Craig Danville Franklin County Halifax Henry-Martinsville Highland Lynchburg Mecklenburg Nelson Pittsylvania
	Roanoke City Roanoke County	Refugee Resettlement and Immigrant Services Program of Commonwealth Catholic Charities <u>Roanoke Office</u> 820 Campbell Avenue SW Roanoke, VA 24016-3536 <u>Phone (540)-342-7561</u>	
Western	None	None	All

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM
 Assessment TANF
 Reassessment TANF-UP

Participant Name: _____
Case Name: _____
Case Number: _____
Telephone Number: _____
Email Address: _____
Date: _____

VIEW ASSESSMENT – Part 1

A. EDUCATIONAL BACKGROUND

Last Grade Completed _____ Date Completed _____ School/Location _____
Date of H.S. Diploma _____ Date of GED _____ Date of Career Readiness Certificate (CRC) _____
Post-Secondary Degree/Field/Date _____ (AS/Biology, BSW/Social Work, etc.)
Certificate/Field/Date: _____ (Pre-Nursing, Dental Assistant, Welding, etc.)
Apprenticeship/Date: _____ (Electrician, Cosmetologist, Dental Assistant, etc.)
Occupational License/Expiration Date: _____ (Real Estate, Barber, Esthetician, etc.)
Other (training, education, test results, and dates) _____
Agency Use Only: Functional Education. Level _____ Date Determined _____ Method _____

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

1. Employer _____ Job Title _____
Duties _____
Date Started _____ Date Left _____ Highest Pay _____
Reason for Leaving _____
2. Employer _____ Job Title _____
Duties _____
Date Started _____ Date Left _____ Highest Pay _____
Reason for Leaving _____
3. Employer _____ Job Title _____
Duties _____
Date Started _____ Date Left _____ Highest Pay _____
Reason for Leaving _____
4. Employer _____ Job Title _____
Duties _____
Date Started _____ Date Left _____ Highest Pay _____
Reason for Leaving _____
5. Employer _____ Job Title _____
Duties _____
Date Started _____ Date Left _____ Highest Pay _____
Reason for Leaving _____

Most favorite job _____ Why? _____
Least favorite job? _____ Why? _____

C. VOLUNTEER WORK/ HOBBIES/ INTERESTS (*Transferable skills*): _____

D. GENERAL INFORMATION:

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

Name	Relationship to You	DOB	Child Paternity Established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

2. Do you have a current driver's license? _____

3. Is your license currently suspended? _____ Explain: _____

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

5. Have you ever been convicted of a crime? _____

Felony or misdemeanor? _____ Explain _____

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

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

Explain _____

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

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

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

10. Are you registered with a temporary employment agency? _____

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

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

will you study? _____ Where? _____

E. CONSIDERATIONS IN EMPLOYMENT PLANNING:

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Homeless | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Legal/Criminal | <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Work History | <input type="checkbox"/> Family Abuse* |
| <input type="checkbox"/> Limited English | <input type="checkbox"/> Illness/Disability | |
| <input type="checkbox"/> Other _____ | | |

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

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

Participant Name: _____

Case Number: _____

Date: _____

VIEW ASSESSMENT – Part 2

F. EMPLOYMENT GOALS/ OTHER GOALS:

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

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

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

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

**Core Activities**

___ Currently employed part-time or full-time at _____

___ Job Search _____

___ Job Readiness at _____

___ Full Employment Program (FEP) at _____

___ On-The-Job-Training (OJT) at _____

___ Community Work Experience (CWEP) or Public Service Program (PSP) at _____

___ Vocational Education and Training at _____
Field of Study _____

Non-Core Activities

___ Job Skills Training at _____

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

___ Education Below Post-Secondary at _____

Other Work Activities (not credited toward participation)

___ Other Locally Developed _____

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

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

VIEW ASSESSMENT

FORM NUMBER - 032-02-0303-05-eng

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

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

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

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

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

PART 1

- A. **EDUCATIONAL BACKGROUND** - Information about the last school attended and last grade completed is obtained from the VIEW participant during the assessment interview. The worker will use this part of the form to record functional education level testing. Record any training, special schooling or post-secondary education. **Be sure to list certificates and degrees obtained, fields of study, and dates. Provide information about apprenticeships and occupational licenses, and relevant dates.** Information about test results may be recorded at the time initial assessment, if known, or may be added at the time of reassessment.
- B. **EMPLOYMENT HISTORY** - The "Employment History" section provides space for a chronological listing of the VIEW participant's employment. Information about the VIEW participant's duties on the job, reasons for leaving, and job preferences are important for employability planning and merit thorough discussion.
- C. **VOLUNTEER WORK/HOBBIES/INTERESTS** - In this section, include any information which could assist the on-going employability planning process. Information about volunteer work, hobbies and interests will allow identification of transferable skills which are useful in planning for participants with limited skills/employment.
- D. **GENERAL INFORMATION:** This section provides space for the worker to list the members of the client's household, their ages, and school status. The client's family situation may help or hinder her program participation. Subsequent questions are designed to help the VIEW participant think about some of the issues which will affect employability as well as the ability to be self-sufficient. Each question needs to be completed as thoroughly as possible and discussed with the VIEW participant at the time of the interview.
- E. **CONSIDERATIONS IN EMPLOYMENT PLANNING:** This section is designed to allow the VIEW participant and worker to identify issues which may impact the client's progress toward self-sufficiency. If problems are identified, the VIEW participant has an opportunity to decide how these issues will be resolved.

PART 2

- F. **EMPLOYMENT GOALS/OTHER GOALS:** This section is designed to record short and long term employment goals, as well as other long term goals. Knowledge of these goals can help as the client and worker plan her participation in VIEW.
- G. **PLANNED PROGRAM ASSIGNMENTS BASED ON GOALS:** This section is designed to list the components to which the participant may be assigned during the course of VIEW program participation. Assignments should directly assist the participant in achieving her employment and other goals. Use the spaces next to the activities to number the activities in anticipated order of assignment.
- H. **WHAT ACTIONS WILL YOU TAKE...?** Use this section to list the actions the participant will take on her own behalf in reaching her goals.
- I. **WHAT OUTCOMES DO YOU EXPECT ...?** This section is used to record the outcome the client envisions as a result of her VIEW participation.

Case Name
Case Number
Worker Name

NOTICE OF COOPERATION AND GOOD CAUSE

To be eligible for Temporary Assistance for Needy Families (TANF), you are required by law to cooperate in establishing paternity and/or collecting child support to which you or your child may be entitled.

WHAT IS MEANT BY COOPERATION?

- **Providing information about the identity of the father of any child applying for/receiving assistance or identifying all individuals who may be the father.**
- **Providing other information or documentary evidence, as requested, to help establish legal paternity of a child or locate an absent legal parent.**
- Appearing at a local Department of Social Services office, a Division of Child Support Enforcement (DCSE) office, Court, or other hearing, or proceeding as requested.
- Helping establish paternity by keeping scheduled appointments for genetic testing.
- Helping obtain child support or any other money or property owed to you or a child receiving assistance.
- **Paying to DCSE any money received directly from the absent parent after your TANF case has been approved.**
- Providing verbal or written information, as requested, OR stating under penalty of perjury you have no knowledge of the information requested.

WHAT ARE THE BENEFITS OF COOPERATION?

Your cooperation could result in the following benefits:

- Locating an absent parent.
- Legally establishing paternity for a child.
- Obtaining child support that may be higher than your TANF grant or receiving a support disregard payment of up to \$100.00 per month in addition to your TANF grant.
- Obtaining rights to future **Social Security**, veteran's, or other government benefits, including medical support.

WHAT IS MEANT BY "GOOD CAUSE" FOR NOT COOPERATING?

If you believe that your cooperation would be harmful to you or your child, you may claim good cause for not cooperating. If you can provide evidence to support this claim, you **will** be excused from cooperating, and no attempt will be made to establish paternity or collect support.

WHAT IF YOU DO NOT COOPERATE AND GOOD CAUSE HAS NOT BEEN DETERMINED?

- You will be ineligible for assistance if you do not cooperate in establishing paternity.
- Your TANF case will be closed if paternity is not established after six months of assistance and you are not cooperating.
- You will be ineligible for assistance but your children will continue to be eligible if you do not cooperate for any other reason, such as failure to keep scheduled appointments or cooperate in providing information about a legal parent.
- A protective payee may be appointed to receive the TANF check.

WHAT IF YOU CHOOSE TO COOPERATE AND NOT CLAIM GOOD CAUSE?

You may go directly to the end of this notice, check (√) the block indicating you do not wish to claim good cause and will cooperate with DCSE, and sign your name.

WHAT IF YOU WISH TO CLAIM GOOD CAUSE FOR NOT COOPERATING?

- **You must identify the parent of any child for whom you are applying or receiving assistance.** After you provide this information, you may claim good cause for not cooperating at any time by telling your worker.
- **You must provide evidence that good cause exists within 20 days after claiming good cause.**
- If you need help obtaining the necessary evidence, you may ask your worker for assistance.
- Based on the information you provide, and on investigation of your claim, your agency will determine if good cause exists.
- Good cause for not cooperating will be determined to exist **only if you claim good cause for one of the following reasons and provide clear and convincing evidence to support your claim:**

WHAT IS GOOD CAUSE AND HOW DO YOU PROVE IT?

<p>You claim good cause for one of these reasons:</p>	<p>And you provide clear and convincing evidence, such as:</p>
<p>You anticipate that cooperating will result in physical or emotional harm to you or your child.</p>	<ul style="list-style-type: none"> ✘ Court, medical, criminal, child protective services, psychological, or law enforcement records or a written statement from a domestic violence services program or sexual assault crisis center professional indicating the alleged or absent father might inflict physical or emotional harm on you or the child. ✘ Medical records which indicate the emotional health history and present health status of you or the child for whom support would be sought. ✘ A written statement from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child.
<p>The child was conceived as a result of rape or incest.</p>	<ul style="list-style-type: none"> ✘ Birth certificates or medical or law enforcement records which indicate the child was conceived as the result of rape or incest.
<p>Legal proceedings are going on for adoption of the child.</p>	<ul style="list-style-type: none"> ✘ Court documents or other records which indicate that legal proceedings for adoption are pending in court. ✘ A written statement from a public or private agency confirming that you are being assisted in resolving the issue of whether to keep or give up the child for adoption.

WHAT HAPPENS AFTER A DETERMINATION IS MADE?

- You will be notified of the results of the agency's investigation and whether or not good cause for not cooperating exists.
If good cause exists, no attempt will be made to establish paternity or collect support.
If good cause does not exist, you will be required to cooperate with your agency and the DCSE, unless you withdraw your application or request your case be closed.
- The DCSE Office may review the determination.
- You may request a hearing if you disagree with the determination. The DCSE Office may participate in the hearing.
- Your good cause claim will be reviewed periodically to determine if good cause continues to exist.

- **I have read this notice and understand my right to claim good cause for refusing to cooperate with DCSE. Check (☐) one of the boxes for each absent parent:**

Name of absent parent: _____	<input type="checkbox"/> I do not wish to claim good cause and will cooperate with DCSE. <input type="checkbox"/> I wish to claim good cause for not cooperating
Name of absent parent: _____	<input type="checkbox"/> I do not wish to claim good cause and will cooperate with DCSE. <input type="checkbox"/> I wish to claim good cause for not cooperating
Name of absent parent: _____	<input type="checkbox"/> I do not wish to claim good cause and will cooperate with DCSE. <input type="checkbox"/> I wish to claim good cause for not cooperating

Signature of Applicant/Recipient

Date

- **I have provided the applicant/recipient with a copy of this notice.**

Signature of Worker

Date

NOTICE OF COOPERATION AND GOOD CAUSE

FORM NUMBER – 032-03-0036-20-eng

PURPOSE OF FORM – (1) To advise an applicant/recipient of his/her right to claim good cause for refusing to cooperate with the Division of Child Support Enforcement Programs; and (2) to verify whether good cause was claimed.

USE OF FORM – To be reviewed with applicants/recipients who must cooperate with the Division of Child Support Enforcement Programs.

NUMBER OF COPIES – Two.

DISPOSITION OF FORM – File the original in the case record and give a copy to the applicant/recipient.

INSTRUCTIONS FOR COMPLETING THE FORM – The eligibility worker explains the form. The applicant/recipient indicates **for each absent parent listed whether or not** good cause is being claimed. **The applicant/recipient** signs and dates the form after explanation by the eligibility worker. The worker signs and dates the form to document that a copy was given to the applicant/recipient.

VIEW Grant Calculation - TANF

Case Name: _____

Pay Date	Employer	Gross Pay

Average = _____ **Total Gross** _____
 Converted _____

Step 1 - Screening

1. Total Earnings _____
 (Including Student Income if applicable)

2. Federal Poverty Level
 For AU of _____ \$ _____

If Line 1 is Larger: Ineligible
 If Line 2 is Larger: Go to Step 2

Step 2 - Unearned Income

1. Standard of Assistance
 For AU of _____ \$ _____

2. Total Countable Unearned - _____

3. TANF Deficit = _____
 (Not to exceed maximum reimbursable payment)

If Line 1 is Larger: Go to Step 3
 If Line 2 is Larger: Ineligible

2014 100% FEDERAL POVERTY LEVEL

Size	Monthly Amt
1	\$ 973
2	1,311
3	1,650
4	1,988
5	2,326
6	2,665
7	3,003
8	3,341
Each Additional	\$ 339

Step 3 - Earned Income Disregards

1. Total Earnings of AU \$ _____
 (Step 1, Line 1)

2. Minus Standard Deduction - _____

Subtotal: = _____

3. Minus 20% Disregard: - _____

Subtotal: \$ _____

4. Minus Total Adult or
 Child Care Cost: - _____

5. Net Earnings \$ _____

Step 4

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

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

3. Total AU Income \$ _____

⇒ If Step 4, Line 3, is **less** than
 Federal Poverty Level _____

VIEW Payment * = Step 2, Line 3
 \$ _____

⇒ If Step 4, Line 3 is **greater** than
 Federal Poverty Level

Federal Poverty Level = \$ _____

Minus Step 3, Line 5 - _____

Equals VIEW payment = \$ _____

*No payment less than \$10.00 issued

VIEW GRANT CALCULATION – TANF

FORM NUMBER - 032-03-0355-17-eng

PURPOSE OF FORM - This form is a worksheet which can be used to screen a VIEW (TANF) case for financial eligibility and, if eligible, to calculate the grant.

USE OF FORM – To screen the case and calculate the VIEW payment (TANF grant), the eligibility worker must follow the four steps on the form.

NUMBER OF COPIES - One.

DISPOSITION OF COPIES – The completed form is filed in the case record.

INSTRUCTIONS FOR PREPARING FORM NUMBER OF COPIES – The worker enters the case name at the top of the form, completes the screening (step 1), compares countable unearned income to the assistance unit's Standard of Assistance (step 2), calculates net earnings (step 3), and calculates total income of the assistance unit (step 4). Total net income is then compared to the applicable federal poverty level to determine the VIEW payment.

VIEW Grant Calculation - TANF-UP

Case Name: _____

Pay Date	Employer	Gross Pay

Average = _____ **Total Gross** _____
Converted _____

Step 1 - Screening

1. Total Earnings _____
(Including Student Income if applicable)

2. Federal Poverty Level
For AU of _____ \$ _____

If Line 1 is Larger: Ineligible

If Line 2 is Larger: Go to Step 2

Step 2 - Unearned Income

1. Standard of Assistance
For AU of _____ \$ _____

2. Total Countable Unearned - _____

3. TANF Deficit = _____
(Not to exceed maximum reimbursable payment)

If Line 1 is Larger: Go to Step 3

If Line 2 is Larger: Ineligible

150% OF 2014 FEDERAL POVERTY LEVEL

Size	Monthly Amt
1	\$1,459
2	1,967
3	2,474
4	2,981
5	3,488
6	3,995
7	4,502
8	5,009
Each Additional	\$ 507

Step 3 - Earned Income Disregards

1. Total Earnings of AU \$ _____
(Step 1, Line 1)

2. Minus Standard Deduction - _____

Subtotal: = _____

3. Minus 20% Disregard: - _____

Subtotal: \$ _____

4. Minus Total Adult or
Child Care Cost: - _____

5. Net Earnings \$ _____

Step 4

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

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

3. Total AU Income \$ _____

⇒ If Step 4, Line 3, is **less** than
Federal Poverty Level _____

VIEW Payment * = Step 2, Line 3
\$ _____

⇒ If Step 4, Line 3 is **greater** than
Federal Poverty Level

Federal Poverty Level = \$ _____

Minus Step 3, Line 5 - _____

Equals VIEW payment = \$ _____

*No payment less than \$10.00 issued

VIEW GRANT CALCULATION – TANF-UP

FORM NUMBER - 032-03-355A-15-eng

PURPOSE OF FORM - This form is a worksheet which can be used to screen a VIEW (TANF-UP) case for financial eligibility and, if eligible, to calculate the grant.

USE OF FORM – To screen the case and calculate the VIEW (TANF-UP) grant), the eligibility worker must follow the four steps on the form.

NUMBER OF COPIES - One.

DISPOSITION OF COPIES – The completed form is filed in the case record.

INSTRUCTIONS FOR PREPARING FORM NUMBER OF COPIES – The worker enters the case name at the top of the form, completes the screening (step 1), compares countable unearned income to the assistance unit's Standard of Assistance (step 2), calculates net earnings (step 3), and calculates total income of the assistance unit (step 4). Total net income is then compared to the applicable federal poverty level to determine the VIEW payment.

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

Participant Name: _____

Case Number: _____

ESW: _____

HARDSHIP EXCEPTION DETERMINATION FORM

I. HARDSHIP REQUESTED (Check One)

Factors Related to Job Availability are Unfavorable

- Actively Seeking Employment Yes No

Employment-related Education/Training

- Loss of Employment Unrelated to Job Performance Yes No

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

Excluding any sanctions improperly imposed:

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

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

Application was timely: Yes No
Date Request Received: _____/_____/_____

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

Required Copy of Request Attached Yes No

Does the participant meet all qualifying criteria? Yes No

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

III. EVALUATION OF ELIGIBILITY FOR HARDSHIP EXCEPTION

Meets the conditions of a 90 day hardship? Yes No

A. 90-Day Hardship Conditions

1. Actively Seeking Employment

Unable to find employment that, when combined with all other sources of income, equals or exceeds the TANF grant plus the \$155 standard deduction.

TANF Grant	_____	Employment:	_____
Standard Deduction:	<u>\$155</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 (10/14)

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.

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

AGENCY USE ONLY
Case Name
Case Number
Eligibility Worker Number

NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

Virginia law requires TANF applicants and recipients to let the local department of social services know of certain changes that might cause a change in his or her assistance. If you withhold information or give false information, you may be prosecuted for perjury, larceny, or welfare fraud. You may be subject to a disqualification hearing. If you are found guilty, you will be ineligible to receive TANF for yourself for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

The following changes must be reported within 10 days of the day they occur, but at the latest, you have until the 10th day of the following month to report the change. If you are not sure whether to report a particular change, please discuss the change with your worker.

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

Number of People in your Household	Report Income Change When Household Income Exceeds These Amounts			
	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$1,265	\$292	\$ 584	\$ 633
2	1,705	394	787	853
3	2,144	495	990	1,072
4	2,584	597	1,193	1,292
5	3,024	698	1,396	1,512
6	3,464	800	1,599	1,732
7	3,904	901	1,802	1,952
8	4,344	1,003	2,005	2,172
For each additional Person	+ \$440	+\$102	+ \$203	+ \$220

These amounts are good through 9/30/2015.

I have read this notice and understand my responsibility to report the above changes by the 10th day of the month following the change.

Applicant/Client Signature _____ Date _____

Worker Signature _____ Date _____

NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

FORM NUMBER – 032-03-0646-15-eng (10/14)

PURPOSE OF FORM – The purpose of the form is to advise the client of Intentional Program Violations (IPV) and the penalties. It also informs the client of the TANF and VIEW changes that must be reported.

USE OF FORM – The form advises the client of the types of information that must be reported, and the IPV penalties that may be imposed, and the time period of the penalties.

NUMBER OF COPIES – Two.

DISPOSITION OF THE FORM – The eligibility worker will explain the notice to the applicant when processing a TANF application. The eligibility worker and client will sign the form and date it. The original is filed in the TANF record and a copy is given to the client.

INSTRUCTIONS FOR PREPARATION OF FORM – Explain the information on the form to the client. The client and the worker are to sign the form and date it.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM

Notification of Workers' Compensation Requirements and Procedures

Virginia Initiative for Employment not Welfare (VIEW) participants not eligible for Medicaid assigned to the Community Work Experience Program (CWEP) and placed at a site shall be deemed **employees** of the Commonwealth for the purposes of the Workers' Compensation Act.

The VIEW participant should in the event of a covered injury at the CWEP placement:

1. Immediately give notice to the employer or his designee, in writing, of the injury or occupational disease and the date of the accident or notice of the occupational disease.
2. Promptly seek treatment from one of their TANF health care providers. If assistance is needed in finding a doctor, contact your VIEW worker.

The employer should:

1. At the time of the accident, determine the name of the TANF participant's health care provider and immediately set up an appointment for them to see the physician. However, if the injury is of a critical nature, arrange for the employee to be sent to the hospital.
2. Investigate the accident facts, taking note of who witnessed the accident and whether the facts appear correct.
3. Complete the Employer's Accident Report form from the employer's perspective and submit completed form to:

Virginia Department of Social Services
Division of Benefit Program
Economic Assistance and Employment Unit
801 E. Main Street
Richmond, VA 23219-2901

Worker	Telephone	For Free Legal Advice Call
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Notification of Workers' Compensation Requirement and Procedures

FORM NUMBER - 032-03-0675-02-eng (10/14)

PURPOSE OF FORM - This form provides notification requirements and procedures in the event of a covered injury to a VIEW participant in a CWEP placement.

USE OF FORM - This form is used to ensure understanding between the VIEW participant and the work site regarding covered injuries for VIEW participants in a CWEP placement not eligible for Medicaid.

NUMBER OF COPIES - Original and two copies

DISPOSITION OF COPIES – Copy remains on file in agency. One copy is retained by the work site and one given to the VIEW participant in a CWEP placement and who is not eligible for Medicaid.

INSTRUCTIONS FOR PREPARING FORM - After discussion with the VIEW participant and the work site representative, this notice will be completed so that both parties have an understanding of their mutual responsibilities.

A separate notice is required for each participant and/or CWEP placement.

CASE NAME

CASE NUMBER

Notice of Personal Responsibility for the TANF Program

Please Read the Following Explanations of your Personal Responsibilities Carefully

Minor Parent Residency

- If you are an unmarried minor parent and have a dependent child in your care, you must reside in a home maintained by your parent or guardian to be eligible for TANF, unless an exception applies.
- The exceptions are: (1) you are married, (2) neither of your parents is living or their whereabouts are unknown, (3) or living with either parent will jeopardize you or your dependent child's physical or emotional health or safety.
- If an exception applies, your worker will tell you whether you may live with an adult relative, legal guardian, or an individual standing in place of your parent.
- If none of the above living arrangements exist, the agency will search for an adult-supervised supportive living arrangement for you and require you to live there.

Family Cap

- If you give birth to or adopt a child ten months after your first TANF payment is issued, that child will not be added to your TANF case.
- As a custodial parent, you will receive any child support collected for the child ineligible under this family cap provision. The child support will not be counted as income in your TANF case.
- If you are a minor, any additional child you have or adopt during the time period described above will not be added to your TANF case.

Compulsory School Attendance

- Any child between the ages of 5 and 18, including a minor parent, must attend school to be eligible for TANF unless he/she has a high school diploma or a GED.
- The school will notify the agency if he/she is not attending school regularly unless he/she has an excused absence.
- After this notification, the worker will contact you to develop a plan to help your child comply with attendance requirements.
- If you or your child do not cooperate with the plan, your child will be ineligible for TANF.

Immunizations

- A child must receive his/her immunizations as required by Virginia law for you to receive your total TANF check. A doctor, the agency, or the health department will help you comply with this requirement.
- "Shot Records" are sufficient to verify that the child has received his/her required immunizations. The worker can provide a form to take to the doctor or the health department if you do not have the "shot records".
- If a child has not received immunizations due to medical reasons, you must provide a written explanation from a doctor or the health department. If the child has not received immunizations for other reasons, you should tell your worker.
- Failure to meet the immunization requirements will result in the TANF check being reduced by \$50 for one child and \$25 for each additional child until the immunization requirements are met.

Cooperation in Obtaining Support

- You must cooperate in identifying and locating the absent parent of any child for whom TANF is requested, establishing paternity of any child born out of wedlock, and in obtaining support payments for yourself and for any child for whom TANF is requested or received.
- If you do not know the absent parent's name or other identifying information, you should tell your worker. You may be required to sign an "Attesting to the Lack of Information" form which declares, under penalty or perjury, that you have no knowledge of the information requested.
- Your worker will review the "Notice of Cooperation and Good Cause" form with you and answer any questions you may have about the cooperation requirements, situations in which cooperation is not required (good cause), and penalties for not cooperating without good cause. You must complete this form and indicate **for each absent parent** whether you agree to cooperate or wish to claim good cause not to cooperate.
- If you do not cooperate and do not meet an exception to cooperating, your TANF benefits will be reduced or terminated.

The Agency has explained each of the above provisions to me. By signing this form, I acknowledge that I have read this form and understand each of the above provisions.

Signature _____

Date _____

NOTICE OF PERSONAL RESPONSIBILITY FOR THE TANF PROGRAM

FORM NUMBER – 032-03-0750-06-eng

PURPOSE OF FORM – To insure that applicants and recipients understand the major program requirements.

USE OF FORM - This form must be completed at the time of application. The form must be explained and signed during a face-to-face interview.

NUMBER OF COPIES – Original and one copy.

DISPOSITION OF FORM – The original is given to the applicant and the copy is filed in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM – The form must be signed and dated by the applicant.

Date: _____

RE: _____ [Client name]

To: _____ [Physician name]

The individual named above meets the criteria to participate in VIEW, the Virginia Initiative for Employment not Welfare. VIEW is Virginia's education, training, and employment program for recipients of public assistance. VIEW provides individuals with the opportunity to develop skills and work experience so they can support their families once they have reached Virginia's 24 month limit on cash assistance.

Like most of the working population, individuals receiving temporary public assistance often have one or more medical conditions requiring treatment or monitoring. The individual named above has told us that (s)he has such a condition and that it might impact participation in activities offered through the VIEW program. We have attached a medical evaluation to obtain your professional opinion about the individual's health and how we can best engage the individual in becoming self-sufficient before eligibility for temporary public assistance ends. The statement is for our use only and will not be shared outside the agency.

Education, training, and work experience often have positive impacts on an individual's health and well-being even though the activities may be embraced only reluctantly at first. We would like to work with you and the individual to provide these types of VIEW program opportunities in keeping with any health limitations you identify.

We look forward to receiving the medical evaluation back so we will know best how to work with the individual. If you believe the individual has a medical condition that may affect participation in VIEW, we will ask for updated medicals on a regular basis in order to adjust participation requirements as needed. If you conclude that the individual's condition is totally incapacitating, and that no level of education, training, or work activity is possible, we will work with the individual to pursue eligibility for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI).

Thank you for your help. Please feel free to contact me with any questions or concerns you might have.

Yours truly,

_____ [worker name]

_____ [worker telephone]

_____ [worker FAX]

Medical Evaluation Request Letter

FORM NUMBER - 032-03-0453-00

PURPOSE OF FORM - This letter may be used to explain the purpose of the VIEW program when requesting a medical evaluation from a medical doctor (including a psychiatrist), a doctor of osteopathy or from a physician's assistant or nurse practitioner working in the practice of a medical doctor or doctor of osteopathy.

USE OF FORM - This letter is used to facilitate the medical evaluation of a VIEW participant who may have health issues which preclude or limit participation by explaining the program and the various options it offers.

NUMBER OF COPIES - Original and one copy

DISPOSITION OF COPIES – Original is sent to the medical professional evaluating the client's medical condition. A copy will be placed in the client's file.

INSTRUCTIONS FOR PREPARING FORM – Copy letter onto agency letterhead. Complete client identification and worker contact information.