

102 - SHORT-TERM SERVICES AND BENEFITS

Change #3-2010

April 1, 2010

I. BENEFIT DIVERSION

Benefit Diversion is a cash payment alternative to traditional Work First Family Assistance (WFFA). Work First offers some families **Benefit Diversion** in lieu of WFFA. It is an optional package of services that may include:

- A one-time payment of up to a maximum of three months of WFFA benefits;
- Medicaid for the months in the Benefit Diversion period; and
- Referrals to child support, child care assistance, and other community and agency resources.

Advise the applicant if Benefit Diversion is offered to the family, the family members will receive Medicaid. The family members may apply for Medicaid prior to being evaluated for Benefit Diversion or instead of Benefit Diversion. The caseworker will advise the applicant that any information provided as a part of the Benefit Diversion assessment will automatically be used as a part of the Medicaid application, including social security numbers, citizenship, immigration status and identity. The caseworker must ask if the applicant wishes to continue with the Benefit Diversion evaluation or if there are individuals in the household who only want to apply for Medicaid. The caseworker must document the applicant's response in the case file.

Counties determine the families to whom Benefit Diversion is offered, but the family must choose whether it is appropriate for them. If the family decides not to accept Benefit Diversion, continue with the interview. Consider other services or benefits as described in [Section 101](#).

NOTE: Families receiving Benefit Diversion are not precluded from receiving other services such as emergency or energy assistance or one-time work-related expenses.

While families may apply for Work First Family Assistance at any time, they cannot receive cash assistance until the Benefit Diversion period has expired.

A. The Purpose of Benefit Diversion

Benefit Diversion is defined as nonrecurring short term benefits that must meet the following criteria to be excluded as assistance.

1. Are designed to deal with a specific crisis situation or episode of need;
2. Are not intended to meet recurrent or ongoing needs; and
3. Will not extend beyond 3 months.

If the benefit does not meet all three of the criteria, the benefit meets the definition of assistance, and the applicant will be subject to all of the requirements associated with Work First Family Assistance.

Benefit Diversion provides an opportunity for families to receive **immediate** help *and* preserve their independence from public assistance. Benefit Diversion helps to ensure that:

- Families have an opportunity to avoid long-term public assistance dependency;
- Resources are quickly made available to resolve the family situation; **and**
- Adult family members can keep or accept jobs or access other income sources.

Benefit Diversion is intended to be a **one-time** service for families. Benefit Diversion can only be provided once within a twelve-month period. Therefore, the caseworker should provide referrals to agency and community resources that will help the family avoid the need for further cash assistance in the future. Benefit Diversion does not have to be repaid.

In most situations, a Benefit Diversion package can be authorized the same day as the initial interview. In any case, the Benefit Diversion application should be approved as quickly as possible.

B. What Type Of Situations Can Benefit Diversion Help Resolve?

Benefit Diversion is designed to meet a specific family crisis or episode of need through the use of nonrecurring short term benefits. The Benefit Diversion package may be used for families who are employed, soon-to-be-employed, or between jobs experience different types of work-related circumstances. Many need help with rent and utility payments or with food expenses. While others have a combination of needs.

Benefit Diversion is for families with a bona fide specific family crisis or family episode of need, rather than a chronic or continuing situation. The crisis situation or episode of need, as well as supportive services that can be provided to address such situations may:

- Be related to maintaining or accepting employment;
- Have occurred during a short break between jobs; or
- Be related to receipt of other income that will meet the family's needs (such as SSI, child support, insurance settlement, etc.).
- Employment, school, or training related needs: purchasing appropriate work or school attire, uniforms, or tools; moving expenses to accept a job offer or to be closer to work; automotive repair integral to accepting or maintaining employment or to attending work or training activities; fee for job placement services.
- The threat of possible or persistent homelessness, eviction and or utility disconnection: paying overdue rental and/or utility

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- arrearages and utility payments to prevent evictions/cutoffs; payment of security deposits; payment of first month's rent; budget and/or other counseling.
- In the case of disaster victims: furniture and clothing replacement; help with securing new or temporary housing(payment of security deposit, first month rent, moving expenses).

Benefit Diversion can not be used to temporarily divert a family for 3 months and then move the family into ongoing Work First Family Assistance.

C. Which Families Are Potential Candidates For Benefit Diversion?

A family must meet the eligibility criteria for WFFA in order to receive Benefit Diversion. Benefit Diversion is a program option under WFFA. However, not every family is a candidate for Benefit Diversion. Some families may be better served by WFFA. Examples include families who require extensive assistance and services such as caretakers who are incapacitated, or anticipate no new income source within four months, or caretakers who have serious barriers to employment.

During the initial screening process, the caseworker will determine the families to whom the Benefit Diversion package should be offered. If the screening of the applicant indicates the family's needs may extend beyond the Benefit Diversion period, an application should be taken for Work First Family Assistance. Benefit Diversion should not be offered as an option.

The use of Benefit Diversion to "divert" families from public assistance rolls by providing short term benefits that can resolve family problems is allowable as long as it is based on all three criteria as outlined in 1. B above. Examples of families that are likely candidates for Benefit Diversion **include, but are not limited to:**

- A family with a caretaker on sick or maternity leave who is receiving little or no pay. The caretaker is expected to return to work within a few weeks and needs help with household expenses to prevent homelessness.
- A family with a caretaker who will likely receive a job offer. The caretaker needs financial assistance with work related expenses.
- A family with a caretaker who is recently employed. The caretaker will not get his first check in time to cover rent, utilities, and child care costs.
- A family with a caretaker who will begin working in three months. The caretaker needs help with (for example) rent and car insurance until employment begins to prevent a crisis situation.
- A family who is anticipating the receipt of income, whether or not related to employment, that will help meet their needs. This income may include child support, an inheritance, insurance settlement, etc.

D. Presenting The Benefit Diversion Package

Once a prospective family is identified, decide whether to offer Benefit Diversion. Assess the family's stated needs, existing resources, and income prospects. This assessment must identify a specific family crisis or family episode of need and provide a *reasonable assurance* that Benefit Diversion will:

- Accomplish the immediate goal of sustaining the family until other readily identifiable income becomes available, and
- Prevent the family from needing *WFFA* in the foreseeable future.

If the assessment of an applicant is that the family will likely have ongoing needs beyond the Benefit Diversion period, an application should be taken for Work First Family Assistance and the option of Benefit Diversion should not be offered. The caseworker is not required to offer Benefit Diversion just because an applicant asks for it.

E. Completing An Application For Benefit Diversion

1. Eligibility

- a. To be eligible for Benefit Diversion, families must meet the following Work First eligibility requirements as described in other sections of this manual:
- (1) Who may apply and be included in the family unit ([Section 104](#));
 - (2) Income guidelines ([Section 114](#));
 - (3) Resource limits ([Section 115](#));
 - (4) Minor parent rules ([Section 107](#));
 - (5) State/county residence ([Section 108](#));
 - (6) Age rule for children ([Section 109](#));
 - (7) Rule to have or apply for a Social Security Number ([Section 110](#));
 - (8) Citizenship ([Section 111](#)); **and/or** Identity;
 - (9) Qualified Immigration status ([Section 111](#)); and
 - (10) Kinship/living with rule ([Section 112](#)).

No other Work First Family Assistance eligibility requirements apply to Benefit Diversion cases.

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- b. Time limits do not apply to Benefit Diversion. The caseworker may provide Benefit Diversion, if appropriate, to applicants whose time limit(s) have expired.
- c. Benefit Diversion may be provided once per twelve-month period. This means twelve months from the first month of the Benefit Diversion period. For example, if the Benefit Diversion period is June through August, another Benefit Diversion period could begin no earlier than June of the next year.
- d. To determine income eligibility, key a budget in EIS as is done for a WFFA application. If a budget calculation for any month within 45 days of the date of application results in eligibility for a WFFA payment, the family is monetarily eligible for Benefit Diversion. Establish the Benefit Diversion period starting the first month of eligibility.

NOTE: This budget calculation is for eligibility purposes only. If the family is eligible, determine the Benefit Diversion payment amount according to the discussion in F.

The caseworker can accept the family's statements as verification of their situation. If the family's statements are questionable, the caseworker should request appropriate third-party verification.

- e. After the Benefit Diversion package is presented and the family has decided to apply use the [DSS-8124](#) to complete the application. Use the DSS-8125 to approve Benefit Diversion or the [DSS-8124](#) to deny Benefit Diversion. See the instructions in the Work First User's Manual on how to complete both the [DSS-8124](#) and DSS-8125.
- f. If referral to Child Support is part of the benefit package, complete a manual referral. **Do not** make an automated referral via EIS.
- g. Document the family's eligibility in the same way eligibility is documented for WFFA applicants.

2. The Benefit Diversion Agreement

To ensure the applicant understands the Benefit Diversion package, the caseworker must explain the Benefit Diversion Agreement ([DSS-8657](#)). The adult caretaker signs and is given the original copy of this agreement, which contains the following information.

- Acknowledgment that Benefit Diversion is the benefit package offered and accepted by the applicant.
- The payment amount and duration of the Benefit Diversion period.

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- The effective and ending dates of Medicaid, include whether retroactive Medicaid is approved or denied.
- A statement documenting the specific family crisis or episode of need that is to be met by the Benefit Diversion payment.
- Hearing and appeal rights.

This Benefit Diversion Agreement is the family's legal notice of benefits.

- a. If the caseworker approves the Benefit Diversion while the applicant is still in the agency, complete the Benefit Diversion Agreement, including the Notice of Benefits portion. Enter the 60th calendar day following the date the notice is given to the applicant in the space provided on the back of the Agreement. Have the caretaker sign the Agreement, and give it to the applicant. Maintain a copy of the Agreement and document approval of Benefit Diversion and the amount of the cash payment in the case record.
- b. If the caseworker does not complete the Benefit Diversion request while the applicant is still in the agency, complete the agreement through the Caretaker's Signature line. Do not complete the Notice of Benefits portion of the Agreement. The caretaker must sign the Benefit Diversion Agreement. Upon approval of Benefit Diversion, complete the Notice of Benefits, and enter the 60th calendar day following the date the notice is mailed to the family in the space provided on the back of the Agreement. Mail the Benefit Diversion Agreement to the family. Document the approval of Benefit Diversion and the amount of the cash payment in the case record. Also maintain a copy of the Agreement in the case file.
- c. If Benefit Diversion is denied, complete the Notice of Denial section of the Benefit Diversion Agreement. Write on the notice that Benefit Diversion is denied and the reason for the denial. Enter the 60th calendar day following the date the notice is mailed to the family in the space provided on the back of the Agreement. Mail the Benefit Diversion Agreement to the family. Document the denial of Benefit Diversion and the reason in the case record. Also maintain a copy of the Agreement in the case file.

If the Benefit Diversion is denied, evaluate each family member for Medicaid eligibility using the original application date.
- d. Most requests/applications for Benefit Diversion should be completed the same day as the request. If the request

cannot be completed that day, complete the request as soon as possible but no later than 45 days from the request/application. Remember that Benefit Diversion should help relieve an immediate need.

NOTE: Due to the Citizenship / Identity mandates some families may not be able to meet the eligibility requirement within the 45 day timeframe. In such instances Benefit Diversion may not be appropriate in meeting the family's immediate need. If this situation occurs, the County may explore alternative funding sources, such as Emergency Assistance.

F. Determining The Amount Of Benefit Diversion To Give To The Family

The amount of the Benefit Diversion payment is not determined using the family's income as with a WFFA family. The Benefit Diversion payment will vary according to the needs and circumstances of each family.

When determining the payment amount, consider the family's current and anticipated income and financial needs. Financial needs can include, for example, past due rent, utilities, car insurance, and other overdue or anticipated debts related to a specific episode of need or family crisis.

Based on the assessment the caseworker and the family makes about the family's situation, determine the amount of cash that is needed and the length (one to three months) of the Benefit Diversion period. Determine a reasonable amount of cash needed to resolve the current need *and* prevent a future need for WFFA. Ideally, the Benefit Diversion payment will enable the family to meet all their financial obligations that will become due before they begin receiving income from their anticipated employment or other income source. Document in the case record how the caseworker and the family determined the amount of Benefit Diversion.

The amount cannot exceed the maximum payment amount of three months of WFFA benefits for a family of their size. See the chart below for payment standards.

NOTE: Family Cap policy does not apply to Benefit Diversion cases. A child who is subject to the family cap for WFFA should be included in the family size for the purpose of setting the limit for a Benefit Diversion payment.

Number In Family	1	2	3	4	5	6
Payment Standard	\$181	\$236	\$272	\$297	\$324	\$349
Maximum Benefit Diversion Payment:	\$543	\$708	\$816	\$891	\$972	\$1047

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Number In Family	7	8	9	10	11	12
Payment Standard	\$373	\$386	\$406	\$430	\$448	\$473
Maximum Benefit Diversion Payment:	\$1119	\$1158	\$1218	\$1290	\$1344	\$1419

NOTE: If an overpayment occurs due to client error or fraud, repayment will be the responsibility of the participant. Refer to Section 263, Financial Responsibility.

G. The Retroactive Medicaid Requirements For Benefit Diversion

Advise the family members that they may request up to three months of retroactive Medicaid with their request/application for Benefit Diversion. The family members must:

- Have had a medical need during that time, (refer to the [Family and Children's Medicaid Manual](#)), and
- Qualify for traditional WFFA or for another Medicaid category in each month of request

Document in the case record whether the family members express a need for retroactive Medicaid or if there are individuals in the household who only want to apply for Medicaid. The worker will advise the applicant that any information provided as a part of their application for Benefit Diversion will automatically be used as part of their Medicaid application, including citizenship and/or identity, immigration status, and social security numbers.

If the family members meet these conditions, complete the retroactive Medicaid request with the request for Benefit Diversion. (See EIS instructions in the [Work First User Manual](#)). If it appears the family may not qualify for traditional WFFA, the family members must make a separate Medicaid application for coverage in another aid/program category.

H. Authorizing Medicaid During Benefit Diversion

Complete an inquiry on each individual to determine if the family member is currently receiving Medicaid.

1. If no one in the family is receiving Medicaid, authorize Medicaid for everyone effective the same month(s) as the Benefit Diversion period.
2. When at least one family member receives Medicaid, take the following actions.
 - a. When the caseworker is ready to approve the Benefit Diversion, any existing Medicaid case must be terminated the day prior to entering the approval in EIS.

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- b. The effective date on the DSS-8125 screen is the first month **all** family members are eligible for Medicaid. This will ensure that duplicate Medicaid cards are not issued.
 - c. Follow the EIS instructions in the [Work First User Manual](#) for the DB/PML process to authorize Medicaid for family members for any month before the Medicaid effective date on the DSS-8125 screen.
3. Follow instructions in the [Work First User Manual](#) to authorize retroactive Medicaid.

EXAMPLE: John and Sarah Smith are approved for Benefit Diversion for March, April, and May. Their child is receiving MIC, but the parents do not receive Medicaid. Terminate the child's MIC case effective March 31. Authorize Medicaid on the Benefit Diversion case for April and May (April is the first month all members are eligible.). Use the DB/PML process to authorize Medicaid for Mr. and Mrs. Smith for March.

I. Transitional Medicaid After The Benefit Diversion Period Ends

At the end of the Benefit Diversion period, if new or increased earnings of the parent make the family financially ineligible for Work First, evaluate for Transitional Medicaid.

If the family has verification of anticipated income that is sufficient to cause ineligibility for WFFA by the end of the Benefit Diversion period, the caseworker may authorize Transitional Medicaid following the Benefit Diversion period without any further contact from the family.

If the amount of new income is not known at time of application, ask the family to provide verification of the change in income (i. e., the first pay stub or a statement from the employer). Agree with the family on a date the verification will be returned. Enter that date on the Benefit Diversion Agreement.

When the verification is received, calculate a budget to determine that the verified income causes ineligibility for WFFA. If the family is ineligible for a WFFA payment, then authorize them for Transitional Medicaid. If at the end of the Benefit Diversion Period the family remains financially eligible for a WFFA payment, evaluate the family members for Medicaid eligibility in other aid/program categories.

Refer to the instructions in the [Family and Children's Medicaid Manual](#) on how to authorize Transitional Medicaid.

If the family does not qualify for Transitional Medicaid and the caseworker is not able to determine the family's ongoing eligibility for Medicaid, transfer the family to one-month Medicaid while their eligibility is being determined.

The instructions for authorizing Medicaid are found in the [Work First User Manual](#). Also, refer to the [Family and Children's Medicaid Manual](#).

II. EMERGENCY ASSISTANCE

Emergency Assistance is designed to assist with families' sporadic emergency needs, such as a utility cut-off or an eviction notice. All counties are required to operate Emergency Assistance Programs. The procedures for determining eligibility for and providing Emergency Assistance are described in each county's Work First Plan.

To be eligible for Emergency Assistance:

- The family must have a child who lives with a relative as defined for Work First Family Assistance and who meets the age limit for Work First Family Assistance.
- Total gross family income must be at or below 200% of federal poverty, or a lower limit, if specified in the County Work First Plan.
- The caseworker may accept the family's statement regarding U.S. citizenship, unless it is questionable. If in doubt, request appropriate verification from the individuals applying for benefits.
- The applicant(s) for benefits must meet all other eligibility requirements for Emergency Assistance that are included in the County Work First Plan.

Benefits provided through Emergency Assistance must not meet the TANF definition of assistance. Emergency Assistance is limited to:

- Nonrecurring, short-term benefits designed to deal with a specific episode of need;
- Not intended to meet recurring or ongoing needs; and
- Not extending beyond four months.

Document eligibility for emergency assistance in the family's case record or in a separate emergency assistance file.

III. WORK FIRST SERVICES FOR LOW-INCOME FAMILIES (BELOW 200% OF POVERTY)

A. Introduction

1. Work First services described in this section may be provided to any family (that currently does not receive a Work First check) with income at or below 200% of poverty, provided there is a child in the household who meets the age, kinship, and citizenship and immigrant rules. The caseworker may accept the family's statement regarding the U.S. citizenship, unless it is questionable, of those applying for benefits.
2. All counties must provide services to families with income at or below 200% of the federal poverty level.
3. For counties to serve such families, local resources must be prioritized to ensure that all Work First Family Assistance recipients who are subject to the work requirements are receiving intensive employment services.

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To provide services to low-income families, counties must develop local procedures and collaboration efforts. Counties are strongly urged to use the following strategies when working with these families:

- a. Assess the family members' skills, abilities, and needs, including the children's needs, as with Work First Family Assistance recipients. Using the tools and the staff skills available, identify the barriers and challenges including physical, mental and learning disabilities which may be preventing the family from maintaining self-sufficiency. To be entitled to a reasonable accommodation for a disability, a caretaker need not be receiving or be eligible for SSI or other disability benefits.
- b. Develop jointly with the family members a plan for how the adults will stay employed. The Mutual Responsibility Agreement could be a useful tool for this purpose. The caseworker cannot apply sanctions for non-compliance as with Work First Family Assistance recipients, so strike through the wording on the Agreement pertaining to sanctions. Keep in mind that the processes and standards set for families to receive services should be applied equitably to every family served. Decisions not to serve certain families should be made equitably and consistently.
- c. Some of the families served may receive food and nutrition services and be mandatory Food and Nutrition Employment and Training (E&T) participants. Work First employment services may be a resource for support services to help families meet their E&T requirements while gaining the skills and work histories needed to stay employed or get a better job. Coordination with the Food and Nutrition Services Unit should be helpful in this process.

B. Eligibility for Services

To Determine Eligibility for Services:

1. Complete the Eligibility Worksheet [DSS-8225](#). File the worksheet in the case record. The applicant's signature on this form represents his/her statement for those elements for which the caseworker may accept an applicant's statement.
2. Determine whether the family's income is at or below 200% of the federal poverty level (or a lower limit if specified in the County Work First Plan). Use the family's total gross monthly income.

Countable income is the same as for Work First Family Assistance. Refer to [Section 114](#), Income and Budgeting. Compare the gross total family income to the income shown by family size on the [DSS-8225](#).

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The caseworker may accept the family's statement of the family's income unless it is questionable. If in doubt, request appropriate verification.

3. Use the same criteria for determining who may apply as used for current Work First participants. Refer to manual Section 104.I, Who May Apply.

4. Determine that at least one child in the family meets the age, citizenship/immigrant, kinship, and living with rules for Work First. Refer to manual Sections 109, 111, and 112. You may accept the family's statement unless it is questionable. If in doubt, request appropriate verification from those who are applying for benefits.

C. Application and Authorization

The application for Work First Services is Form DSS-5027. This form serves as the application and the notice of rights and services. Complete sections A, B, C, G, and H. Give the applicant the copy that serves as the notice. Instructions for completing Form DSS-5027 are in the Services Information System (SIS) Manual.

Open a case in SIS for each family. When opening the case in SIS and when authorizing payment for services, use the service codes that apply to families with income at or below 200% of poverty, as defined in Appendix B of the SIS Manual.

The maximum authorization period is 12 months, but the case can be authorized for less than 12 months. If the family receives food and nutrition services, notify the food and nutrition caseworker of the authorization period.

NOTE: Work First workers must communicate effectively with food and nutrition case workers as the certification for services will affect food and nutrition services benefits.

D. Available Services

Work First services are designed to:

- Support job retention and advancement;
- Strengthen the family;
- Promote the healthy development of children and parents; **and/or**
- Encourage the formation and maintenance of two-parent families.

Services may be provided to enable families to participate in a wide range of activities that will prepare them to seek and retain employment or enrich the family's life, including, but not limited to:

- Short Term Housing;
- Education (ABE, HS, GED & ESL);
- Job Search;

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- Skills Training;
- On-the-Job Training;
- Job Readiness;
- Child Enrichment Activities;
- Various Counseling Activities;
- Parenting Skills;
- Transportation;
- Child Care;
- Work-related Expenses;
- Domestic Violence Services (See F. below.);
- Case Management; and
- Child and Family Enrichment.

E. Definition of Assistance

Do not provide services that meet the federal definition of assistance stated below.

Services that have cash value (are cash-like) and are intended to meet basic, ongoing needs are defined as “assistance.”

Services are not considered assistance if they are:

- Nonrecurring, short-term benefits designed to deal with a specific episode of need;
- Not intended to meet recurring or ongoing needs; and
- Not extending beyond four months.

Services also are not considered assistance when provided to persons who are employed.

Employed: For purposes of the definition of assistance, a person is considered employed if they are experiencing a temporary period of unemployment between jobs. For example, the caseworker may continue to provide services to support a parent’s job search activities while the family is between jobs without it being “assistance.” These services may continue for up to four months of unemployment.

Services that are not cash-like (such as counselling, case management, peer support, information, and referral, etc.) do not meet the definition of assistance.

EXAMPLES: Transportation is generally an ongoing need, and paying for or providing transportation would constitute “assistance” (except for employed persons). But, if the participant has a “specific episode of need,” the caseworker may be able to provide transportation that does not count as “assistance.” If the client’s car breaks down, transportation while the car is being repaired would be “non-recurrent, short-term benefits designed to deal with a specific episode of need” and, therefore, not assistance.

Or, if the participant is riding with someone to a class and the driver's car breaks down or the driver drops out of class, the caseworker might provide the participant with transportation until he/she arranges another ride. Then (if it does not exceed four months) it is not "assistance," because it deals with a specific episode of need.

F. Domestic Violence Funds

The General Assembly appropriates a portion of the state's TANF Block Grant for the purpose of providing domestic violence services to families who meet the eligibility requirements of WFFA or Work First Services for low income families. Each county has a plan developed by the department of social services and a local domestic violence service provider. The plan describes the services that will be provided using TANF domestic violence funds. This is a funding source that counties can use as an alternative to using their County Work First Block Grant.

If a family meets the eligibility requirements described in III. B., above, the family is eligible for domestic violence services using the specially designated TANF domestic violence funds.

NOTE: The family does **not** have to be authorized for any other Work First Services to receive domestic violence services.

Access these funds by using service codes 350 and 351 when authorizing services via Form DSS-5027 as described in C. above. See the SIS Manual for further instructions.

IV. EMPLOYMENT SERVICES FOR NON-CUSTODIAL PARENTS

A. Introduction

Counties may provide **Work-Related Services** to the non-custodial parents of children in a Work First family. The non-custodial parent's gross monthly income must be at or below 200% of federal poverty. The non-custodial parent must be an U. S. citizen or qualified immigrant as defined in manual Section 111. This policy applies only to counties that have decided to provide these services and have submitted a local plan indicating the decision. The purpose of these services is to increase the non-custodial parent's ability to pay child support and assist the parent with obtaining and maintaining employment.

Counties must consider available resources when determining whether to provide employment-related services to non-custodial parents. For counties that choose to serve non-custodial parents, local resources must be prioritized to ensure that the county has the capacity to provide intensive employment services to all Work First cash assistance recipients who are subject to the work requirements.

To provide employment-related services to non-custodial parents, counties must develop local procedures and collaboration efforts. Counties are strongly

encouraged to use the following strategies when working with non-custodial parents:

- The child support office is the primary source for names of non-custodial parents and identifying information with which to locate them. In an effort to prioritize, the caseworker should try to work with non-custodial parents who are behind in their child support payments.
- Coordinate with the child support office to encourage the court system in the county to require participation in employment services with DSS as part of the support order. If another service provider is serving non-custodial parents, encourage them to do the same.

B. Eligibility for Services

To determine a non-custodial parent's eligibility for services:

1. Complete the Eligibility Worksheet (DSS-8225). Be sure to document that the non-custodial parent's child is a current recipient of Work First Family Assistance. Accept applicant's statement for Citizenship, identity and qualified immigrant status.
2. Determine whether the non-custodial parent's family income is at or below 200% of the federal poverty level. Use the family's total gross monthly income.

Countable income is the same as for Work First Family Assistance. Count the income of the non-custodial parent's family members as with Work First cash assistance family members. See Section 114, Income and Budgeting, of the Work First Manual. Compare the gross total family income to the income shown by family size on the DSS-8225.

The caseworker may accept the non-custodial parent's statement of the family's income unless it is questionable. In doubt, request appropriate verification. Always verify the child's receipt of Work First Family Assistance.

Maintain in a case file the completed eligibility worksheet to document the non-custodial parent's eligibility for employment-related services.

C. Application and Authorization

The application for Work First Services is Form DSS-5027. This form serves as the application and the notice of rights and services. Complete sections A, B, C, G, and H. Give the applicant the copy that serves as the notice. Instructions for completing Form DSS-5027 are in the Services Information System (SIS) Manual.

When opening the case in SIS and when authorizing payment for services, use the service codes that apply to non-custodial parents, as defined in Appendix B of the SIS Manual.

The maximum authorization period is 12 months, but the case can be authorized for less than 12 months. If the family receives food and_nutrition services, notify the food and nutrition caseworker of the authorization period.

NOTE: Information must be shared with food and nutrition services caseworkers regarding the authorization of services and benefits. Send information transmittals to food and nutrition caseworkers when an individual is authorized for services and when services end.

D. Definition of Assistance

Do not provide services that meet the federal definition of assistance stated below.

Services that have cash value (are cash-like) and are intended to meet basic, ongoing needs are defined as “assistance.”

Services are **not** considered assistance if they are:

- Nonrecurring, short-term benefits designed to deal with a specific episode of need;
- Not intended to meet recurring or ongoing needs; **and**
- Not extending beyond four months.

Services also are **not** considered assistance when provided to persons who are employed.

Employed: For purposes of the definition of assistance, a person is considered employed if they are experiencing a temporary period of unemployment between jobs. For example, the caseworker may continue to provide services to support a parent’s job search activities while they are between jobs without it being “assistance.” These services may continue for up to four months of unemployment.

Services that are not cash-like (such as counselling and case management) do not meet the definition of assistance and may be provided as needed.

EXAMPLES: Transportation is generally an ongoing need, and paying for or providing transportation would constitute “assistance” (except for employed persons). But, if the participant has a “specific episode of need,” the caseworker may be able to provide transportation that does not count as “assistance.” If the client’s car breaks down, transportation while the car is being repaired would be “non-recurrent, short-term benefits designed to deal with a specific episode of need” and, therefore, not assistance.

Or, if the participant is riding with someone to a class and the driver’s car breaks down or the driver drops out of class, the caseworker might provide the participant with transportation until he/she arranges another ride. Then (if it does not exceed four months) it is not “assistance,” because it deals with a specific episode of need.

WORK FIRST
Short-Term Services and Benefits

Change No. 3-2010

April 1, 2010

E. Available Services - Services may be provided to enable non-custodial parents to participate in a wide range of activities that will prepare them to seek and retain employment, including, but not limited to:

- Employment;
- Education (ABE, HS, GED, ESL);
- Job Search;
- Skills Training;
- On-the-Job Training;
- Job Readiness;
- Various Counseling Activities;
- Parenting Skills;
- Transportation;
- Child Care;
- Work-related Expenses; and
- Case Management.