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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

Brian J. Wing
Commissioner

: INFORMATIONAL LETTER :

TRANSMITTAL: 00 INF-21

TO: Commissioners of
Social Services

DIVISION: Temporary Assistance

DATE: November 6, 2000

SUBJECT: Policy Clarification on TANF Funded Assistance

SUGGESTED

DISTRIBUTION: Temporary Assistance Directors
Food Stamp Directors
Medical Assistance Directors
CAP Coordinators
Staff Development Coordinators
Forms Coordinators

CONTACT PERSON: Central Regional Team Representative at
(518) 474-9344

ATTACHMENTS: Attachment LDSS-4403: Determination of Eligibility
for Emergency Assistance (not available on line)

FILING REFERENCES

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|-----------------------|-----------------------|-------------|---|-------------|------------|
| 00 OCFSADM3 | 93 INF-48 | Part 369.1 | | PASB | |
| 97 ADM-20 | 92 ADM-2 | Part 372 | | X-all | |
| 94 LCM-52 | | | | VIII-all | |
| | | | | IX-G | |
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OTDA-329EL (Rev. 11/98)

"providing temporary assistance for permanent change"

97 ADM-20 provided local districts with changes in the provision of TANF funded recurring and emergency temporary assistance. This release provides further clarification of policy relating to the granting of Family Assistance (FA) and Emergency Assistance to Needy Families with Children (EAF). This policy clarification results in the cancellation of two previous releases: 93 INF-48 entitled "EAF Policy Clarification, New EAF Authorization, and Questions and Answers on Training on Federal Maximization of ADC and EAF for PG-ADC Cases" and 92 ADM-2 entitled "ADC For Children Living With Non-Related Adults". This release also transmits a revised "Determination of Eligibility for Emergency Assistance to Families (EAF)" form (DSS-4403).

Policy Clarifications

TANF funded assistance, both FA and EAF, cannot be provided to needy children who are not currently living with a related caretaker. This means that children being provided FA based on the policy in 92 ADM-2 must be re-categorized to Safety Net Assistance (SNA). Additionally, EAF cannot be provided on behalf of children unless they are currently living with a related caretaker. Therefore, SNA cases containing children who do not live with a related adult can no longer be claimed to EAF, even when the need for temporary assistance was the result of an emergency. The exceptions to this living arrangement policy are EAF foster care, preventive services, child protective services and juvenile justice services, which operate according to the rules in effect prior to federal welfare reform.

EAF must not be used to pay for work/employment related child care because all child care is now paid under the Child Care Block Grant (CCBG). However, if a temporary need arises for 24-hour care for a child whose parent or caretaker relative is temporarily absent from the home due to an emergency such as admittance to a hospital or other medical facility, EAF can then be used to meet the emergency need.

Although State law and Office regulations provide that the child may be eligible for EAF if he or she resided with a relative within the past 12 months, federal funding cannot be provided. Social Services Law 350-j (i) authorizes EAF "...so long as federal aid is available...". Therefore, these changes must be made prior to the pending regulatory changes being filed.

EAF Program Authorization Form (LDSS-4403)

The LDSS-4403 (Attachment A) has been revised to reflect the federal changes and clarifications. Please discontinue using the form with a revision date of 10/94 immediately. All local equivalents approved prior to the implementation of PROWRA will need to be re-submitted for subsequent approval and must contain at minimum the information contained in the Office version attached to this document. Districts must reproduce Attachment A locally until a supply of forms can be distributed to your agency.

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Districts must use this form or an approved local equivalent when authorizing payments under EAF other than EAF foster care, preventive services and juvenile justice services. Authorization for these EAF child welfare and juvenile justice services must be made in accordance with 94 LCM 52 and 00 OCFS-ADM 3. The Public Assistance Source Book section X-E 1.B will be amended to reflect this change.

Delivery of this form to the Albany warehouse is expected sometime in November, 2000. Upstate districts will not automatically receive copies.

Since NYC/HRA is currently using a local equivalent for this form, supplies will not automatically be shipped to New York City.


All requests for the LDSS-4403 (Rev. 08/00) should be submitted on Form DSS-876 (rev 2/96) and should be sent to:

New York State Office of Temporary and Disability Assistance
Document Services
P. O. Box 1990
Albany, New York 12201
Attention: Office of Systems Development

Questions concerning the ordering of forms should be directed to the Office of Systems Development (OSD) by calling 1-800-342-3715, Extension 6-6223.

Food Stamp Implications

Any one time payment made under EAF for a special need is excluded as income in determining eligibility for food stamps.


Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance

DETERMINATION OF ELIGIBILITY FOR EMERGENCY ASSISTANCE TO FAMILIES (EAF)

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

| | |
|---------------------|-------------------|
| CASE NAME: | CASE COMPOSITION: |
| CASE NUMBER: | |
| TYPE OF EMERGENCY: | |
| ONSET OF EMERGENCY: | |

I. THIS CRISIS SITUATION IS DUE TO THE FOLLOWING CIRCUMSTANCES(S):

- ☐ Fire or other disaster.
 ☐ Eviction by Landlord
- ☐ Asked to leave shared apartment by relative or friend who is prime tenant.
 ☐ Other (Specify): _____
- ☐ Medical emergency causing need for assistance.
 ☐ Sudden loss of employment.
- ☐ Victim of Domestic Violence (Adult and/or Child)

II. EAF ELIGIBILITY DETERMINATION CHECKLIST**IN ORDER TO DETERMINE CLIENT ELIGIBILITY FOR EAF, RESPOND TO EACH OF THE FOLLOWING ITEMS:**

1. Is there at least one child under the age of 18 who is currently residing with a relative listed in 18 NYCRR 369.1 or age 18 and attending full time secondary school who is currently residing with a relative listed in 18 NYCRR 369.1? ☐ YES ☐ NO

2. Is there a woman of any age with a medically verified pregnancy? ☐ YES ☐ NO

If you can check "Yes" to either Number 1 or Number 2 above, proceed

3. Does the family have resources to meet their needs? ☐ YES ☐ NO
4. If the client is on public assistance, was mismanagement of the PA grant the **only** cause of the emergency? (Do not answer "YES" if there were any other contributing factors to the emergency.) ☐ YES ☐ NO
5. Will the emergency grant being applied for duplicate or replace a public assistance grant already made under 18 NYCRR 352? ☐ YES ☐ NO
6. Did the emergency arise in whole or part from the refusal of an individual to cooperate with public assistance requirements? ☐ YES ☐ NO
7. Did the emergency arise because an employable child or relative refused, without good cause, to accept employment or participate in work activities or community service? ☐ YES ☐ NO

*To be eligible for EAF, All answers to 3-7 above must be "NO"***III. IS THIS CASE ELIGIBLE FOR EAF?**☐ YES ☐ NO

This family is eligible to receive payments and services necessary to address this emergency under the EAF program. In accordance with 18 NYCRR 372.4(d), services which can be determined as necessary to cope with the emergency situation include counseling, securing family shelter, if available, and any other services which meet needs attributable to the emergency situation.

| | |
|------------------------|------|
| ELIGIBILITY SPECIALIST | DATE |
| SUPERVISOR | DATE |

IMPORTANT: IF YOU HAVE DETERMINED THAT THIS CASE IS ELIGIBLE FOR EAF, HAVE YOU:

- Completed all Questions on this form?
- Signed and dated this form, and obtained your supervisor's signature?

NOTE: Attach any documentation and the history sheet containing information about this determination to this form and file in case record. Annotate case record to indicate this case is being claimed EAF.