



FAMILY
INDEPENDENCE

FI POLICY MANUAL

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All revisions can be found in the What's New section link below:

[See What's New](#)

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Chapter 1

Introduction to Family Independence

1.1 Legal Basis and Program Purpose

The South Carolina Family Independence Act of 1995 forms the legal basis for the establishment of Family Independence (FI), the current welfare program in the State.

1. Federal Funding

Federal funding for the FI Program is provided through the Personal Responsibility, Work Opportunity Reconciliation Act (PRWORA), Title I, Temporary Assistance for Needy Families (TANF) and the Deficit Reduction Act of 2005.

TANF funds are provided to meet four specific purposes. These are:

- A. To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
- B. To end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.
- C. To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.
- D. To encourage the formation and maintenance of two-parent families.

2. Primary Goals of TANF

The primary goals of TANF are to:

- A. Reform welfare so that disadvantaged individuals can be prepared for employment and find jobs.
- B. Remove barriers for clients and assist them in finding employment.

3. Program Purpose

It is the mandate of the Department of Social Services (DSS) to assist all eligible individuals in maximizing their strengths and abilities in order for families in poverty to become socially and economically independent.

A common goal must exist between those who receive benefits and the taxpayers of the State. This goal requires an emphasis on employment and training, which assists families in achieving and maintaining self-reliance.

1.2 Objectives of the FI Program

DSS and the recipient must enter into a reciprocal agreement outlining a plan to assist families to become self-reliant.

DSS is mandated to assist the recipient in obtaining the tools necessary to achieve and maintain economic independence, and to deter abuse of the system through fair and meaningful sanctions.

The FI Program consists of three main elements:

- A. Work requirements
- B. FI cash benefits
- C. Support services

Child support, Supplemental Nutrition Assistance Program (SNAP) and Medicaid may also play an important part in the family achieving self-reliance.

1. Types of FI Cases

In order to serve the whole family through enhanced case management, the Family Independence program includes the following types of FI cases

- A. Families receiving cash benefits
- B. Families eligible for or receiving transitional support services (TSS/TCC)
- C. Families receiving case management services following TSS/TCC

1.3 Basic FI Program Elements

1. Work Requirements

FI Work Requirements focus on helping the recipient achieve self-reliance and must be met by all Work Eligible Individuals, adults and teen parents, in an FI benefit group (BG).

2. Benefit

The FI cash benefit is the money payment a recipient is eligible for when meeting all eligibility criteria of the FI Program.

3. Support Services

Support Services are types of assistance, such as childcare and transportation, which are provided to promote self-reliance.

4. Child Support

The Child Support Enforcement Division (CSED) is a separate organizational unit within DSS responsible for the administration of the child support program. Cooperating with CSED and providing minimum information on any absent parent (AP) of a child(ren) in the BG are requirements for initial and continuing eligibility.

Applicants and recipients (A/R's) must provide specific information on any absent parent(s) of a dependent child(ren).

5. Supplemental Nutrition Assistance Program (SNAP)

In most situations, an FI eligible BG is also eligible for SNAP, and eligibility for SNAP is usually determined during the FI application process. SNAP assistance helps in meeting the nutritional needs of the needy families.

6. Family Eligibility

An eligible family must contain a dependent child(ren) related to a caretaker within a specified degree of relationship.

7. Teen Parents

Teen parents, under the age of 18, must live with a parent or guardian, with certain exceptions.

8. Financial Eligibility

Each BG must meet established resource and income criteria.

9. Initial Job Search

An initial job search must be completed by Work Eligible Individuals prior to approval of the FI case, with certain exceptions.

10. FI Agreement

Each Work Eligible Individual in the BG must sign an agreement with DSS outlining a plan to become self-sufficient.

11. School Attendance

Full time attendance for all recipients under age 18 is required.

12. Family Life Skills

Each Work Eligible Individual, adult and teen adult, must attend Family Life Skills training classes if deemed necessary.

13. Time Limits

The receipt of FI cash benefits is limited to 24-months in a 10-year period, and 60 months lifetime, with certain exceptions.

14. SNAP and FI Cases with same BG Composition

For SNAP BGs consisting solely of individuals included in the FI BG, the FI policies are used for the SNAP eligibility determination. SNAP policies apply for budgeting and benefit issuance.

15. SNAP and FI Cases with different BG Composition

When there are non-FI individuals living with FI individuals and they make up one SNAP BG, the SNAP policies must be used for SNAP determinations.

1.4 Limited English and Sensory Impaired Individuals

It is the policy of DSS to require and embrace a strong commitment to providing services to, and ensuring program accessibility in participation and benefits for all eligible families. There shall be no distinction based on the previous categories either in eligibility determination or accessibility to programs and services. This policy applies to all agency units and to all agency services provided, including our Limited English Proficient (LEP) and Sensory Impaired clients, whether services are delivered by DSS staff or by contracted vendor.

1. Responsibility of Initial Contact

DSS staff who are responsible for the initial contact with the client are responsible for determining the language and mode of communication preferred by the client. The local Client Special Services Coordinator (CSSC) must assure that the client is informed of his/her right to an interpreter, to other auxiliary aids, or to other resources at no cost to the client.

2. Client Special Services Coordinator

DSS will use its Client Special Services Coordinator (CSSC) position in the state office as the primary point of contact for situations involving LEP and sensory impaired clients at the state level. Each county will designate a local CSSC for each office from which client services are provided. The local CSSC, along with the county director, are responsible for ensuring that the county office complies with the Americans with Disabilities Act and other federal laws that guarantee service access to all eligible individuals. The state office CSSC will keep an active list of all local CSSCs.

3. CHIP Coding

CHIP screen INRD must be coded to indicate if an A/R does not speak English and needs an interpreter. One of the following codes should be entered into the "Interpreter Needed For" field:

CH - Chinese

OT - Other

RU - Russian

SL - Sign Language

SP - Spanish

VN - Vietnamese

4. Use of Interpreters

Clients cannot use family members or friends as interpreters. Agency policy for use of qualified interpreters is set forth in the Policy and Procedures Guide for Services to Person with Limited English Proficiency or Sensory Impairment available with the Office of Individual and Provider Rights.

Anyone accompanying the client for the purpose of interpreting may, upon client's request, serve the client in the role of advocate while the agency uses a qualified interpreter to facilitate communication at no cost to the client. The client must still be advised that a free interpreter will be made available at his/her request. Whenever possible, a qualified bilingual employee should be used to facilitate bilingual communication.

5. When to Provide Information

The Economic Services Intake Center (ESIC) Worker or Eligibility Worker must provide the A/R with a DSS-Br2416, Civil Rights Brochure, at each application and redetermination.

6. Case Record Documentation

The ESIC worker or eligibility worker should document that a brochure has been provided to the A/R by notating it on the Documentation Tool or in Folder Notes. The DSS-1672, Documentation Form/Interactive Interview, can be used if the Documentation Tool is not accessible.

7. Civil Rights Procedure

In the event an A/R expresses an interest in filing a discrimination complaint (in writing or verbally), the worker must assist the individual in completing a DSS-2601, Civil Rights Complaint Form. The DSS-2601 is then forwarded along with a summary of the complaint to the Appeals Unit for investigation. Refer to the Civil Rights Chapter 26 for additional information.

8. Time Frame

The Appeals Unit must inform the A/R and the worker of the disposition made within 14 working days of receipt of the complaint and summary.

9. Display of Poster

Each county office must display the DSS-2047, Nondiscrimination Poster, in order to ensure that A/Rs have access to non-discrimination statutes and policies.

10. Legal Rights of Adults with Learning Disabilities

Individuals with Learning Disabilities have the right to:

- A. Equal access to programs, services and jobs for which they are qualified
- B. Reasonable accommodations in job programs or service activities
- C. Disclosure or non-disclosure of disabilities; however, the choice to not disclose is basically a waiver of accommodations

1.5 Confidentiality and Program Compliance

Federal and state laws and regulations limit the use and disclosure of confidential information concerning Applicants/Recipients of economic assistance programs to purposes directly related to the administration of these programs.

1. Agency Volunteers

Agency volunteers (non-DSS employees) may be used in non-certification related activities such as:

- A. Helping with outreach
- B. Assisting in program promotion
- C. Teaching nutrition education
- D. Providing transportation to the county office
- E. Assisting in completing the application.

2. Public Information

County offices are required to maintain program policy handbooks/manuals and make them available for examination by the public upon request. The public has the right to examine:

- A. Rules and regulations governing eligibility
- B. Need/benefit tables
- C. Recipient rights and responsibilities
- D. Types of services offered.

3. Confidential Case Information

The following case information is considered confidential and must be safeguarded:

- A. All information obtained in the course of interviews with the A/R
- B. All information obtained while verifying eligibility for the A/R
- C. Name, address, and SSN of the A/R
- D. Information on the economic, social or medical circumstances of the A/R
- E. The FI benefit amount received by the recipient.

4. Disclosing Confidential Information

Confidential information may be disclosed in the following situations:

- A. **Verification-** When the ES is attempting to verify eligibility and must disclose a minimum of information limited to the facts required to determine eligibility
- B. **Federal Assistance-** When another agency administering a federal or federally assisted program, which provides needs based assistance directly to individuals is attempting to assist an A/R and requests information directly related to that agency's programs
- C. **Audit-** When a legislative body or designated audit body certifies the information is needed for audit purposes
- D. **Federal Program Investigation-** When any investigation, prosecution, or criminal/civil proceeding is being conducted in connection with the administration of federal programs administered by DSS
- E. **Child Abuse/Neglect** When child abuse and/or neglect is suspected
- F. **Foster Care-** When information directly related to the administration of the IV-E Foster Care and Adoption Assistance Programs is requested
- G. To disclose information or when the A/R or his/her authorized representative request to view information in the A/R's case file.

EXCEPTION: The A/R may not view confidential medical reports from third parties nor give consent for this information to be disclosed.

- H. **Fugitive Felon-** When any state or local law enforcement officer requests the address of a fugitive felon the requesting officer must provide the recipient's name and SSN and demonstrate that:
 - 1. The recipient is a felon
 - 2. The location or apprehension of the felon is within the officer's official duties
 - 3. The request is made in the proper exercise of these duties

- I. **Criminal History Results-** The State criminal history results (SLED checks) can be shared with potential employing agency/work site. Counties are required to keep a secondary log of all re-disseminations of the state criminal history results to these work sites that required SLED checks. The result given to the work site must be disseminated timely (within 60 days) and used only for the purpose for which the record was requested. Clients should be made aware, in writing, that their criminal history results may be shared with requesting work sites. [\(See 19.11 #10\)](#)
- J. **Memorandum of Understanding-** When DSS has a contract or Memorandum of Understanding with an agency or entity that provides services to recipients to enable them to become independent and self-sufficient.
- K. **Subpoena-** When a county receives a subpoena to obtain information from an A/R case record, the county attorney should be contacted for advice on what should be done about providing confidential information.

5. Retention of Records

All records must be retained for audit and review purposes through the current federal fiscal year and three additional fiscal years.

NOTE: The federal fiscal year is October 1 through September 30.

6. Actions on Cases of Relatives

The Eligibility Worker is responsible for determining eligibility and the Case Manager is responsible for the work program. To prevent a conflict of interest, the Eligibility Worker and Case Manager should not be given the responsibility for any case involving a person related to him/her or any case where a conflict of interest exists and should not take any action on these cases. Any case assigned to an eligibility worker that represents a conflict of interest should be brought to the attention of the supervisor. The supervisor is responsible for assigning the case to a Eligibility Worker or Case Manager who is not related to nor has a conflict of interest with any person included in the case.

7. Lifeline Assistance Program

The Lifeline Assistance Program offers assistance to qualified residential telephone customers. It is designed to ensure that basic telephone connection (hook-up) and service remain affordable to low-income South Carolina residents.

The Lifeline Assistance Program provides a discounted rate (for one line only, landline or cellular) on the monthly residential telephone bill. Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Medicaid recipients may qualify for Lifeline assistance.

FI or Supplemental Nutrition Assistance Program (SNAP) recipients may complete the Lifeline Application (DSS-12113) at either the local DSS office or telephone company. Some phone companies may not accept the DSS-12113 Lifeline Application. Therefore, the worker should use the documentation the phone company requires. The application will serve as verification that the individual is receiving FI or Supplemental Nutrition Assistance Program (SNAP) and the telephone is listed in the recipient's name. The telephone company will determine the discount available to the recipient.

Chapter 2

FI Application Process

2.1 General Application Process

The application process for FI cash benefits begins with the filing of a signed DSS-3800, Application for Family Independence, Supplemental Nutrition Assistance Program (SNAP) and Refugee Assistance Program, and ends with the notification of the BG's eligibility or ineligibility for the program.

NOTE: *An inquiry does not constitute an application.*

1. Non-Discrimination Compliance

DSS employees, including FI Eligibility Specialists and FI Case Managers must not discriminate against an applicant/recipient (A/R) in any aspect of program administration for reasons of

- A. Race
- B. Age
- C. Sex
- D. Handicap
- E. Religious creed
- F. National origin
- G. Political beliefs
- H. Ancestry
- I. English language proficiency
- J. Sensorial or visual impairment

For additional information, refer to Chapter 26 - Civil Rights.

2. Required Application Forms

To apply for Family Independence benefits, applicants must complete the DSS 3800, Application for Family Independence, Supplemental Nutrition Assistance Program (SNAP) and Refugee Assistance Program.

3. Application Covers All DSS Program Areas

In the application process, applicants are evaluated for FI and SNAP without filing separate applications. All programs must be explained to each applicant. An applicant may apply for FI and/or SNAP by checking the appropriate box on the DSS-3800 after this explanation has been provided.

4. Availability of Application

The county office must make the application readily available to potentially eligible households and to interested groups and organizations. Any person expressing an interest in applying for FI must be given an application form to complete.

5. Legal Document Uses

The signed application forms are the county's legal documents that:

- A. Provide the county office with sufficient information to begin an accurate determination of eligibility or ineligibility.
- B. Advise the applicant of his/her rights and responsibilities.
- C. Advise the applicant of the policy on exchange of client information with other government agencies and serve as a release of information to non-governmental agencies.
- D. Inform the applicant that the toll-free number shown on the DSS-3800 may be used to obtain the address and phone number of the local DSS office to report changes in circumstances if calling from outside their local calling area (e.g., long distance).
- E. Inform the applicant of his/her responsibility to provide complete and accurate information.
- F. Provide a document that may be introduced as evidence in court when fraud is suspected.
- G. Inform the applicant that at the time of application or redetermination, information that is available through the Income and Eligibility Verification System (IEVS) will be requested and used. If discrepancies are found, the information will be verified. Such information may affect the BG's eligibility and level of benefits. [\(See 7.2\)](#)

6. Same Day Filing

Each individual has the right to file an application on the same day he/she contacts the county office.

7. Application Submission

The application must be submitted to a county DSS office either:

- in person
- by an authorized representative

- by fax
- by mail, or
- by electronic submission (completing an on-line application).

8. Application Submission to County of Non Residence

Each individual has the right to file an application at any county DSS office. The individual does not need to be a resident of the county just to file an application.

9. Validity

Any application, even if incomplete, is valid as long as it contains the name and address of the applicant and is signed by a responsible BG member or the BG's authorized representative. [\(See 2.1.17\)](#)

10. Recording Filing Date

The county office must record on the application the date it is received in the county. The filing date is the date a valid application is presented/received in any county office.

11. Prescreening

If a county office uses a prescreening process, the individual completing the prescreening must be knowledgeable of all program areas and be able to explain each program.

NOTE: If the applicant chooses not to apply for any program based on information received from the screener, he/she should sign the DSS-3800 on page two, indicating "decided not to apply". The application must be filed in the case record as documentation that the applicant was allowed to apply.

12. System Registration

Once filed, the application must be registered in CHIP defined in the following chart:

Type of Application	Registration Procedure
Mailed-in Application	Register the application for FI and/or SNAP and set up appropriate case files.
Application dropped off	Register the application for FI and/or SNAP and set up appropriate case files.
Application completed in person	Follow county procedures. Register the application for FI and/or SNAP after having explained all programs. Set up appropriate case files.

13. Applications Filed At The Wrong County Office

If the applicant contacts a county in which he/she does not reside, the applicant must be given the address and phone number of the office in the appropriate county. The county office shall also offer to forward the BG's application to the appropriate office that same day if the BG completed enough information on the application to file or forward it the next day by any means that ensures the application arrives at the appropriate county office the day it is forwarded.

If the applicant mails the application to the wrong office, that county office must mail the application to the appropriate county on the same day it was received or forward it no later than the next day by any means that ensures the application arrives at the appropriate county office the day it is forwarded. The filing date is the date the valid application is received in any county office.

14. ES Interview

The interview by the ES will occur after the application is registered. Interviews may be conducted over the telephone, at the residence county office or other mutually acceptable location. The agency must grant a face-to-face interview to any applicant/recipient that requests one.

EXCEPTION: *ES will go to the domestic/family violence shelter or to a mutually agreed upon safe setting to conduct the interview if the applicant would be at risk if required to come to the DSS office to apply.*

15. Mailing Application

If the applicant contacts the county office by telephone or mail but does not wish to come to the office to file the application, he/she may request the application be mailed. The county office must mail an application within one working day of the date the written request or telephone call is received. The individual must be advised that the application will not be considered filed until it is received in the county office.

16. Assisting Applicant

The ES must assist the applicant in obtaining information that cannot be readily obtained and will be responsible for sharing information and verification between all DSS program areas.

17. Authorized Representative

The applicant may be represented by an individual of his/her choice in the application process and/or the redetermination of eligibility.

18. Types of Benefits to Apply For

An applicant/recipient (A/R) potentially entitled by law to other cash benefits, e.g. Social Security Survivors benefits, VA benefits, retirement, unemployment compensation, workers' compensation, etc., must take action to seek these benefits. The ES should refer the individual to the appropriate agency; however eligibility determination must not be delayed beyond the normal processing time frame after referral. The ES should follow-up on the referral after approval. The individual must apply, cooperate in the determination process, and accept the benefits for himself/herself or for any member of the BG for continued eligibility. Failure to meet this condition of eligibility will result in ineligibility of the entire BG.

NOTE: *Individuals who are eligible for both FI and SSI benefits can elect in which of these programs they wish to participate.*

The ES must assist the A/R in any way possible to apply for other benefits. Assistance at a minimum requires a written referral to the appropriate agency.

2.2 Special Application Situations

The following chart gives special FI application situations and how they should be treated:

Type	Special Treatment
Incompetent or incapacitated individual	An application may be made by someone acting responsibly for the applicant/recipient (A/R) with or without his/her consent. Benefits are issued only to the protective payee. (See 11.3)
Foster child returned home	An application must be made in the county where the child now lives. Duplicate foster care and FI cash benefits must not be issued in the same month.
Foster child prior to return home	An application may be made if DSS has custody or a voluntary placement agreement. An application is made in the child's county of residence by the parent/caretaker relative. Human Services Worker (HSW) verifies in writing that plans are being made to return the child home. ES verifies all FI criteria except living in the home and notifies HSW by memorandum of eligibility. HSW returns child to his/her home and notifies ES in writing within five days. ES certifies the case within five days. Benefits are effective the date of return to the home.
Special Needs Applicants	DSS staff should utilize available resources in their county to help applicants with special needs. If additional help is needed, contact local Client Special Services Coordinator (CSSC) for guidance and resources. (See 1.4.2)
Limited English Proficiency Applicants	DSS staff should utilize available resources to help applicants with language barriers. Contact local CSSC for additional guidance and resources. CHIP screen INRD must be coded to indicate if an applicant does not speak English and needs an interpreter. One of the following codes should be entered into the "Interpreter Needed For" field: CH – Chinese OT – Other RU – Russian SL – Sign Language SP – Spanish VN – Vietnamese (See 1.4.2)

<p>Applicant is being sheltered by a Domestic Violence Advocate or safe home</p>	<p>DSS staff may go to the domestic/family violence shelter to take the application if the applicant would be at risk if required to come to the DSS office to apply. Note: <i>If the DVA does not allow this, then a mutually agreed upon safe setting for the interview shall be identified.</i></p>
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2.3 Requirements of an Interview

1. The Interview:

The interview may be conducted by telephone, at the local DSS office or a mutually agreed upon location. The interview should be a confidential discussion of the household circumstance.

2. Required Explanations During Interview

The interview must include an explanation of:

- A. An overview of the FI and SNAP programs
- B. An overview of the Medicaid program

NOTE: *If the A/R is not currently receiving Medicaid benefits and would like to apply for Medicaid, provide the A/R with a copy of the DHHS Form 910ME, Application for the South Carolina Partners for Health Medicaid Program. The ES should assist the A/R in completing the Medicaid application if necessary. Follow county office procedures for forwarding the completed application to Medicaid staff.*

- C. The FI eligibility requirements ([See Chapter 4](#))
- D. The timeliness standards ([See 2.6.3](#))
- E. The applicant's rights and responsibilities as stated on the application
- F. The Income and Eligibility Verification System (IEVS) ([See IEVS Process 7.3](#))
- G. The requirement that the BG must cooperate in obtaining verification and completing the application ([See 2.26](#))

CAUTION: *The ES must allow the applicant at least 10 days from the initial request to provide the requested information.*

- H. The applicant's rights under the National Voter Registration Act (NVRA) ([See 2.12](#))
- I. The requirement that the A/R report the following changes within 10 days:
 - 1. BG composition
 - 2. Residence/address
 - 3. Employment status (obtaining or losing a job)
- J. The requirement that applicants must provide proof of age appropriate immunizations for their child(ren) ([See 2.25](#))

CAUTION: *FI cash benefits cannot be denied for failure to comply with this requirement.*

- K. The requirement that limits the amount of time a BG receives FI cash benefits to 24 months, with certain exceptions. [\(See 10.1.5\)](#)
- L. The requirement that, with certain exceptions, an incremental increase in FI cash benefits is not granted to a BG when a family cap child is born to a BG member 10 or more months after the case approval date. [\(See 8.10\)](#)
- M. The requirement that all adult BG members, all minor parents, and all teen parents, whom the CM determines would benefit by attendance, participate in Family Life Skills training classes. Failure to participate in Family Life Skills is sanctionable only when listed on the Employment Plan. [\(See 16.2.3\)](#)
- N. The requirement that, with certain exceptions, as a condition of eligibility, an applicant who is required to participate with FI Work Requirements must also complete an initial job search. A minimum of five employer contacts are required. [\(See 2.5\)](#)
- O. The availability of Applicant Support Services for potentially eligible families in order for the adult to conduct the initial job search, obtain employment, or maintain employment. [\(See 19.6\)](#)
- P. The requirement that all adult BG members, all minor parents and all teen parents, identified as Work Eligible Individuals, must participate as required with the FI Work Program.

NOTE: *The ES must inform all A/R's of the following elements:*

- a. Program activities/requirements*
- b. Available support services*
- c. Participant's rights and responsibilities*
- d. DSS' rights and responsibilities*
- e. A/R's right to a fair hearing regarding FI Work Requirements*

- Q. The requirement that any WEI BG member that is sanctioned due to enumeration or child support non-cooperation is also required to comply with the FI Work Requirements. [\(See 12.3\)](#)
- R. The requirement that all Work Eligible Individuals must undergo an assessment by Case Manager. [\(See Assessments 14.1\)](#)
- S. The prohibition against a work program sanction when appropriate childcare is unavailable. [\(See Legal Cause Criteria 18.2\)](#)
- T. Some of the rules for getting FI may not apply to the applicant if he/she is a victim of domestic/family violence. These rules include time limits, Work Program requirements, or helping the State collect child support. The ES must review the DV Information Notice, DSS-3733, with the applicant and must discuss the information contained in the pamphlet "Family Independence Applicant Information" DSS-3735. [\(See Referrals for Additional Services 14.12\)](#)

NOTE: *If an applicant is identified as being a victim of domestic/family violence, code "Y" to indicate domestic/family violence case on CHIP screen INRD.*

- U. The availability of the Lifeline Program for discounted telephone service for one phone listed in the applicant's name.
- V. A basic Learning Disability screening must be completed as appropriate for A/R's.

2.4 Initial Job Search

All applicants, over the age of 18, and not attending high school or equivalent, with the exception of those who meet the sanction exemption criteria must conduct an initial job search. The applicant(s) must make and document a minimum of five employer contacts during the application process. It should be indicated to the applicant that the job search be completed within two weeks, although extensions will be given until the end of the application pending period. Applicants already employed at the time of application must also complete the initial job search.

1. Individuals not required to complete Initial Job Search

The following groups of individuals are not required to complete the initial job search:

- A. Ineligible aliens
- B. Child only cases
- C. Individuals required in the home (medical statement needed)
- D. Only parent with a child under age one (YCP's over 18 must complete IJS)
- E. Pregnant (seventh month)
- F. Incapacitated (verified by physician)
- G. Teen Adult in high school or equivalent
- H. Victims of family domestic violence (prevents IJS)
- I. Individuals that reapply to cure a sanction within sixty days after the closure

2. Failure to Complete Job Search

Failure to complete the initial job search, without good cause, during the application process will result in the denial of the application.

3. Documentation

The document used to record initial job search contacts is the DSS-3708, Self-Directed Job Search/Job Leads Worksheet. The contact sheet contains the name of the employers contacted, the date of the contact, and the telephone number of the individual with whom the applicant spoke. The county may verify any questionable contacts and may require additional contacts if necessary.

4. Referral to DEW

FI applicants should be referred to the Department of Employment and Workforce (DEW) for a listing of job leads. The ES will recommend this during the initial interview.

2.5 Processing Period

The processing period for FI begins the day after a signed application is received by the county office. When additional information is requested from the applicant and is not provided timely, the ES must allow the full processing time to elapse before the application can be denied for failure to provide needed information.

1. Delay Cause

The reason for any delay in processing the application beyond the timeliness standards must be documented in the case file as either:

- A. Applicant caused delay
- B. Agency caused delay

2. New Resident

When an FI recipient from another state moves to South Carolina and applies, the ES must:

- A. Not delay action on the application due to the other state's failure to notify this State of their termination date.
- B. Notify the other state of the approval date so that his/her case can be closed.

3. Timeliness Standard

To meet the timeliness standard, no more than 30 days must elapse between the date of application and:

- A. The date the first FI benefit is authorized
- B. The date the notice denying the application for benefits is sent to the BG

NOTE: If the 30th day is a weekend or holiday, the timeliness due date becomes the next working day.

EXCEPTION: A timeliness standard of 35 days is allowed when a BG is curing a full family sanction. When processing the application between the 30th and 35th day, an untimely notice code of "SC" (sanction code) will need to be entered on CHIP screen AFED.

4. Prompt Application Processing

DSS encourages the completion of application processing as soon as all required verification has been received. The timeliness standard period is not to be used as a waiting period before granting benefits.

5. Exceptions to Timeliness Standards

The only exceptions allowed for failure to meet the timeliness standards are the following:

- A. Necessary information regarding eligibility was requested timely and there is evidence that information will be received in the near future.

- B. Needed information was not received, and the delay was caused by an administrative error or an emergency which could not be prevented.

6. Required Action

Failure to meet the timeliness standards requires the actions given in the following chart:

Type of Delay	Instructions and Action Required
Applicant Caused Delay	<p>Applicant has failed to complete the application process and DSS has taken all possible action to assist him/her. In these cases the BG:</p> <ul style="list-style-type: none"> • Loses its entitlement to benefits for the month of application. • Is sent a notice of denial on the 30th day following application. • Is eligible for prorated benefits from the date required information is received provided it is within the second 30 days (time period subsequent to the initial 30 days). A benefit pro-ration date and a prorate reason of "VR" (Verification) must be entered on APMA. • Must file a new application after 60 days from original filing date in order to receive benefits.
DSS (ES) Caused Delay	<p>ES failed to process the application within the initial 30 days from the date the application was filed and/or failed to take all possible action to assist the BG. In this case, the ES must:</p> <ul style="list-style-type: none"> • Take immediate corrective action. Do not deny application. If approval is anticipated beyond the 30th day, override the automatic denial on CHIP screen INRD. • Notify the BG by the 30th day following application that the application is still pending. Include any action that DSS has overlooked and the applicant must take to complete the application process. The applicant is entitled to at least 10 days to provide the requested information • Provide the BG with benefits from the date of application if the application is approved.

2.6 Disposition of Application

All applications must be disposed of in one or more of the following ways:

1. Approval

The ES approves the application for the appropriate programs when it is determined that all eligibility criteria are met.

2. Denial

The following are reasons for denial of an FI case:

- A. Failure of the applicant to meet one of the eligibility criteria, including initial job search
- B. Failure of the applicant to furnish necessary information within the timeliness standard
- C. Inability to locate the applicant
- D. Withdrawal requested by the applicant

CAUTION: *The ES must document the case file with the reason for withdrawal and send written notification to the applicant to confirm withdrawal for each program from which the applicant withdrew. The written notice is not necessary if the application is withdrawn prior to CHIP registration.*

- E. Death of the applicant

CAUTION: *In the case of death of the applicant, the case file must be documented.*

NOTE: *If the ES denies the FI application or client withdraws the FI application, the application should continue to be processed for SNAP eligibility.*

3. Auto-Denial

CHIP will automatically deny the application at the end of the appropriate processing time frame if:

- A. An interview date has not been entered on the INRD screen
- B. The ES did not approve or deny the application and did not override the auto denial process

2.7 Notice Standards

Written notification of eligibility or denial must be sent to the applicant by the 30th day following the application filing date, or the 35th day when an application is taken to cure a full family sanction.

1. Approval Notice

The notice of eligibility must include:

- A. Prorated benefit amount for first month
- B. Full monthly benefit amount

NOTE: *DSS-12117, FI Change Report Form, must be provided when application is approved.*

2. Denial Notice

The notice of denial must include the denial reason.

2.8 Accrual Rights

When an applicant meets all of the eligibility criteria, the right to FI cash benefits starts the date of application or the date requested verification was provided if provided within the 2nd 30 days following the application date.

1. Ineligible First Month

Due to anticipated changes, the BG may be ineligible for the month of application but eligible for the subsequent month. If this occurs, benefits will begin the first day of the second month. The benefit proration date must be changed to the first day of the second month on CHIP screen, APMA. A benefit prorate reason of "OT" (Other) must be entered. The ES must send a denial notice for the 1st month and an approval notice for the 2nd month.

2. Eligible First Month – Ineligible Subsequent Months

Due to anticipated changes, the BG may be eligible for the month of application, but ineligible for the subsequent month. The application should be approved for the month of application and closed for the subsequent month. The ES must send an approval notice for the 1st month and a closure notice for the 2nd month. A 10 day notice requirement is not needed for this situation.

2.9 Benefit Use

Use of FI cash benefits cannot be limited or restricted by policy. A/R's have the right to make their own decisions and to manage their own finances.

EXCEPTION: *When FI cash benefits are not used in the best interest of the child(ren), a protective payee should be considered. (See 11.3)*

2.10 Time Limit

A BG may only receive cash benefits from the FI Program for 24 months in a 10 year period and 60 months in a lifetime.

2.11 Voter Registration

The National Voter Registration Act (NVRA) requires that voter registration services be provided to all A/R's at application, redetermination and when a change of address is reported. These services include:

1. Distributing voter registration forms;
2. Providing assistance in completing voter registration forms;
3. Completing registration via CHIP system for clients desiring to vote; and
4. Offering State of South Carolina Voter Registration by Mail applications to clients desiring to register to vote who do not want the agency to register them electronically.

NOTE: *These applications are not DSS forms; therefore, they must be downloaded from the South Carolina Election Commission's Website at <http://www.scvotes.org>.*

Local DSS county offices will forward completed paper voter registration forms weekly (or as scheduled) to the local Election Commission office.

When providing voter registration services, the Agency must not:

1. Seek to influence an individual's political preference or party registration
2. Express or display any political preference or party allegiance
3. Discourage the individual in any manner from registering to vote
4. Indicate or imply that registration or non-registration will influence the availability or amount of DSS assistance or benefits.

PROCEDURE

At initial application and at annual redetermination, the interviewer should ask the client if he/she is registered to vote and record the answer in the appropriate spot on the documentation tool. If the client is not registered to vote, the following should occur:

1. The interviewer should ask the client if he/she wants to register to vote.
2. If the PI indicates that he does not wish to register, CHIP Screen ADDR should be coded "D", declined to register.
3. If the PI indicates that he does wish to register, the interviewer will inform the client that:
 - a. DSS can register the client to vote (worker should offer to register the client during the interview); **OR**
 - b. If the client does not want DSS to register them to vote, DSS can mail the client a South Carolina Voter Registration – Mail Application. Since this is not a DSS form, the interviewer can locate this form at the website: <http://www.SCvotes.org>.
4. CHIP screen ADDR should be coded "A" (registering) if the client indicates that he/she wishes DSS to register them to vote. No further action is necessary by the worker. Registration information will be transmitted electronically to the SC Election Commission.
5. CHIP screen ADDR should be coded "C" (registration by mail given) if the client indicates that he/she wishes to complete the mail-in registration form to register to vote. The interviewer must mail the Voter Registration application to the client for completion.

2.12 Confidentiality

Federal and state laws and regulations limit the use and disclosure of confidential information concerning A/R's of economic and medical assistance programs to purposes directly related to the administration of these programs.

2.13 Social Security Number Requirement

As a condition of eligibility, the A/R must provide or apply for a SSN for each BG member.

2.14 Child Support Assignment

DSS is required to take action to collect child support and established spousal support monies from responsible absent parents (AP's) whose child(ren) is receiving FI cash benefits. If an SSI child is a dependent child, the child support referral needs to be completed on the SSI child's absent parent. If parental rights have been terminated, a referral to CSED should not be made.

DSS may take action to collect support from the child(ren)'s maternal and paternal grandparents if:

1. The child(ren)'s parent(s) receives FI cash benefits
2. The child(ren)'s parent(s) is unmarried
3. At least one parent is under 18 years of age.

When the A/R accepts FI cash benefits, support monies are assigned to DSS. Action to collect child/spousal support from the AP(s) and/or grandparent(s) will be taken with or without the participant's permission. The participant may be called as a witness if court action is necessary to secure child support. DSS will retain collected child support up to the amount allowed under federal regulations. Automatic assignment of support is required by S.C. Law, Section 43-5-65.

1. Cooperation Requirements

The A/R must cooperate in locating the parent(s) of, establishing the paternity of and obtaining support for the child(ren) in the BG.

2. Failure to Cooperate

Failure to cooperate may make the recipient and his/her child(ren) ineligible for cash benefits.

3. Good Cause

If the recipient claims good cause, he/she may not be required to cooperate, provided DSS decides that the recipient's claim of good cause is justifiable. The ES must provide the pamphlet "Family Independence Applicant Information" DSS-3735 during the application process.

2.15 Work and Training Requirements

Every WEI must meet FI work/training requirements as a condition of eligibility for FI cash benefits. Failure to meet the requirements may cause the recipient and his/her BG to lose FI cash benefits.

2.16 Home Visit

A DSS representative may call or visit the A/R's home.

2.17 Collateral Contacts

A DSS representative may contact other people including the A/R's neighbors, banks, employers, and federal agencies, etc., in order to verify the A/R's circumstances:

- a. Income
- b. Checking/savings accounts
- c. Alien status
- d. Insurance/disability/retirement benefits (SSA/SSI/VA, etc.)
- e. Medical history
- f. Other facts relevant to the A/R's eligibility for participation in programs administered by DSS

2.18 Verification

Information the A/R gives DSS is subject to being verified by staff members of the county and state offices. The A/R may be asked to verify information and the ES will assist, if necessary, in obtaining the verification.

1. A/R Cooperation

The A/R must cooperate fully with all state workers.

2.19 FI Fraud Penalties

The A/R may be subject to prosecution for fraud if the A/R knowingly gives false, incorrect, or incomplete information in order to receive, try to receive, or help someone else receive FI benefits. The A/R may be required to repay FI benefits that the recipient was not entitled to receive even though the benefits were received through no fault of the recipient (Agency Error).

If the A/R misuses or ineligibly receives any support services benefits, the recipient may have to repay the benefits.

1. Child Support Fraud Penalties

The A/R may be subject to prosecution for fraud if the A/R knowingly gives false, incorrect or incomplete information concerning the identity of any non-custodial parents/grandparents who are or may be legally responsible for providing child support for any minor child(ren) included in the BG.

2.20 Applicant Reporting Requirements

The applicant must report any change(s) which has occurred in their circumstances since filing the application at the interview; however, reportable changes which occur after the interview must be reported by the BG within 10 days of the change.

1. Recipient Reporting Requirements

The applicant/recipient must report the following changes to DSS within 10 days:

- A. Obtaining a job
- B. Losing a job
- C. Change in residence or address
- D. Change in BG composition

EXCEPTION: *When it is determined that a BG member temporarily living away from home will not return to the home, the recipient must report the change within five days.*

2. Method of Report

The A/R may write a letter, phone the ES or use the Change Report Form, DSS-12117, to report changes between redeterminations.

3. Failure to Report

Failure to report changes as required is considered to be withholding of information. DSS may recover any benefits paid in error.

2.21 Fair Hearing Rights

If the A/R does not agree with the decision made on any matter concerning his/her case, he/she has a right to ask for a fair hearing.

1. Method of Requesting Fair Hearing

The A/R can make this request in writing or orally to the county or state DSS office. DSS will notify the A/R of each action it takes in the case.

2. Time Frame for Requesting

The A/R has 60 days from the time he/she is notified of an action to request a fair hearing.

2.22 General Verification and Documentation Criteria

In order to determine eligibility for the FI Program, various pieces of information must be verified during the interview process. Verification may include documentary evidence, third party information, or in some instances, a client statement.

If during the interview, the applicant indicates that a BG member has any of the following, or if there is evidence to the contrary, verification of the amount must be provided:

1. Resources
2. Unearned Income
3. Earned Income

The following criteria must be verified for all BG members. Unless questionable, a client statement may be used for those marked with an asterisk:

1. Residence
2. BG composition *
3. Identity
4. Date of Birth *
5. SSN
6. Relationship *
7. US Citizenship*
8. Alien status
9. Living with specified relative *

Note: *Non applicants and ineligible BG members are not required to provide SSNs, information about citizenship, immigration status or other nonfinancial criteria required for persons applying for benefits.*

Depending on the BG composition and other case specific circumstances, the following must be verified:

1. Student status
2. Work program requirements
3. Minimum child support information
4. Assignment of right to child support
5. Initial job search contacts

2.23 Immunization Verification

The ES must request proof of a child(ren)'s immunizations at the application interview. Sources of verification include, but are not limited to, a physician's statement, health department immunization card, or certificate of immunization.

NOTE: *If a child(ren) has attended five year old kindergarten or a higher grade in South Carolina, the ES may assume the child(ren) has been appropriately immunized and no proof is necessary.*

1. Immunization Schedule

The following chart shows the immunization schedule for specific age levels:

Age	Immunizations	Remarks
Birth	HepB#1 (only if mother is HbsAg negative)	Total of 3 vaccines. Schedule depends on start date.
2 months	HepB#2, DtaP, Hib, IPV, PCV	Total of three or four Hib vaccines are given depending on vaccine type.
4 months	DtaP, Hib, IPV, PCV	HepB given if first vaccine was given at one-two months.

6 months	DtaP, Hib, PCV, Influenza	Influenza may be given yearly starting at age six months.
12 months	HepB#3, Hib, IPV, MMR#1, PCV, Varicella, Influenza	Hep#3 may be given anytime between 12 months and 18 months. Hib catch-up may be given anytime between 12 and 15 months. IPV catch-up may be given anytime between six months and 18 months. MMR#1 may be given anytime between 12 months and 15 months. Varicella may be given anytime between 12 months and 18 months. PCV make-up may be given anytime between 12 months and 15 months.
15 months	DTaP, HepB#3, Hib, IPV, MMR#1, Varicella, PCV, Influenza	DTaP#4 may be given anytime between 15 months and 18 months.
24 months	PCV, Hepatitis A Series, Influenza	Hepatitis A series may be given anytime between 24 months and 18 years.
4-6 yrs.	DtaP, IPV, MMR#2, Hep B Series, Varicella, PPV, Hep A Series	
11-12 yrs.	Hep B Series, Td, MMR#2, Varicella, PPV, Hep A Series, Influenza	Td is recommended every 10 years.
13-18 yrs.	Td, MMR#2, PPV, Hep A Series, Influenza	
IPV: Oral Polio Vaccine (whooping cough) Hep A: Hepatitis A (German Measles) Hepatitis B Hib: Haemophilus Influenza b		DtaP: Diphtheria – Tetanus - Pertussis MMR: Measles – Mumps – Rubella PCV: Pneumococcal Td: Tetanus – Diphtheria Booster

2.24 Verification Responsibility

The A/R and the ES are responsible for verifying the elements of eligibility. Verification(s) on file must be used unless information is believed to be inconsistent, inaccurate, or incomplete. The ES must not deny an application solely because of the failure of a non-BG member to cooperate in providing needed verification.

NOTE: An A/R who is a victim of domestic/family violence and is being sheltered in a safe home or other residence, may not be able to obtain documentary evidence to establish eligibility. The ES should assist with the verification to the extent possible. The application should not be denied solely on the basis of failure to provide verification.

1. Documentary Evidence (Primary)

The preferred method of verification for all elements of eligibility is documentary evidence, a written confirmation of a BG's circumstances. Documentary evidence can be supplied in person, through the mail or by an authorized representative. When documentary evidence cannot be obtained or is insufficient, the ES must use alternative sources of verification, such as collateral contacts or home visits.

2. Home Visit (Secondary)

A home visit to the A/R may be made at the discretion of the ES or supervisor. Written or oral notice should be given. Advance notification is not required when assisting the client in obtaining necessary information or providing services that would be beneficial to the family.

3. Collateral Contact (Secondary)

A collateral contact is not restricted to a particular individual. However, the collateral is advised of the necessity to reveal his/her identity to the A/R on request if the information provided results in an adverse action. If the collateral does not agree to have his/her identity revealed, the information obtained is considered as a lead toward securing other evidence and no case action is taken.

4. Collateral Documentation (Secondary)

Verbal information from a collateral requires the ES to document the case file with the following:

- A. Collateral's name, address and/or telephone number
- B. Relationship to A/R
- C. Date of contact
- D. Statement made

2.25 Identification of Pregnant Individuals

An FI applicant/recipient (A/R) who is pregnant may be eligible for services through the Women, Infants, and Children (WIC) Program. WIC is administered by the Department of Health and Environmental Control (DHEC) and provides nutritional assistance to women, infants, and children who are at nutritional risk and who have income below 185% of the Federal Poverty Limit. Many FI recipients meet eligibility criteria for WIC services.

1. CHIP Procedures

CHIP has been modified to include a field to indicate whether the A/R is pregnant. The ES must enter a "P" for pregnant under the Special Category (SPCAT) field on CHIP screen SSDO for any FI recipient who is pregnant.

EXCEPTION: If the individual is also disabled, the ES must enter a "D" for disabled instead of "P" for pregnant in the FI field.

The "P" code is for identification only; it has no effect on FI eligibility or participation rate calculation.

2. Monthly File - DHEC

A monthly file of individuals coded as pregnant will be sent to DHEC for use in their outreach efforts.

Chapter 3

Benefit Group / Family Composition

3.1 Benefit Group Definition

The benefit group (BG) is a group of individuals whose income, resources, and/or needs impact eligibility and the amount of FI cash benefits. BG members include sanctioned and disqualified individuals, as well as, family cap children. Same sex spouses must be considered as married and part of benefit group for FI eligibility purposes if the marriage is recognized in the jurisdiction (state) where their marriage occurred.

3.2 Required BG Members

The BG must include the following individuals who reside together and meet the FI eligibility requirements:

- A. The dependent child(ren) for whom assistance is requested
- B. Parent(s) of the dependent child(ren). The parent may be a biological, legal, an adoptive parent.
- C. Stepparent(s) of the dependent child(ren) The parent and stepparent must be legally married.

CAUTION: *Common-law marriages are not recognized for FI purposes.*

- D. Minor sibling(s) of the dependent child(ren)
- E. Adoptive siblings and half-siblings of the dependent child are required to be in the same BG. This does not include step-siblings when a caretaker relative applies for benefits. [\(See 3.6\)](#)

1. BG Composition Verification

A client statement may be used as verification unless contradictory information becomes known to DSS. When further verification is needed, the DSS 1665 Benefit Group Composition Verification Form may be used.

2. Teen Parent

A teen parent(s) under the age of 18 in the home may make application for himself/herself and child(ren) only if the major parent is not receiving FI cash benefits for the teen parent's sibling(s).

Deemed parents (DP= Family Affiliation Code), are not considered BG members although a portion of their income is deemed to the teen parent/adult. [\(See 8.16\)](#)

3. Optional BG Members

The following individuals are optional BG members:

- A. When a parent is not in the home, the BG may also include a caretaker relative who resides in the home, meets the eligibility requirements and chooses to be in the BG. If so, and if living in the home, the spouse and/or dependent child(ren) of the caretaker relative must also be included in the budget.
- B. When a teen parent is included as a dependent child, the teen parent's child may or may not be included at the discretion of the A/R.

4. Prohibited BG Members

When determining which individuals may or may not be in the BG, be aware that certain individuals are prohibited from being included due to State or Federal requirements.

NOTE: When the only child in the BG is sanctioned or disqualified, the entire family is ineligible for FI benefits.

The following individuals are not allowed to be included in the BG:

- A. Relative(s) other than parent of dependent children Participation code = OU on SEPA

EXCEPTION: Eligible caretaker relative(s) when no parent is in the home may be included.

- B. Non-relative(s) Participation code = OU on SEPA
- C. Child(ren) receiving subsidized adoption payments

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Participation code = SS on SEPA

D. SSI recipient(s) Participation code = OU on SEPA

***EXCEPTION: Child(ren) receiving SSI payments.
Participation code = SS (See 5.1.4) Caution.***

E. Individual(s) not meeting the citizenship/alien status. Participation code = DI AL on SEPA [\(See 4.4.3\)](#)

F. Fleeing felon(s) Participation code = DI FF on SEPA [\(See 4.15\)](#)

G. Foster child(ren) receiving foster care payments Participation code = SS on SEPA

H. Individual(s) sanctioned for:

1. Failure to meet enumeration requirements. The participation code =DI SS on SEPA [\(See 4.7\)](#)
2. Failure to comply with child support requirements. The parent or caretaker relative (if included in the BG) and the child(ren)'s (for whom the non-cooperation applies) participation code = DI CS on SEPA [\(See 5.1\)](#)
3. Failure to comply with school attendance requirements. Participation code = DI DS on SEPA [\(See 4.13\)](#)

I. Individual(s) convicted of a controlled substance felony for a violation which occurred after August 22, 1996. Participation code = DI DC on SEPA [\(See 4.14\)](#)

J. Child born to an FI BG, 10 or more months after the case approval date. Participation code = DI CB on SEPA

NOTE: If the only child in the BG is a family cap child, the family is ineligible for FI benefits. (See 8.10)

K. Individual(s) convicted of fraudulently misrepresenting his/her identity or residence in order to receive benefits in more than one state or county. The individual will be disqualified for 10 years.

NOTE: To process the disqualification on CHIP the following data must be entered into the system:

1. ***Participation code = DI RE on SEPA***
2. ***Enter date of conviction as month and year***
3. ***If disqualification causes ineligibility for FI, deny/close using code DR***

4. *If date of conviction needs to be changed it can be accessed by a supervisor on the CLMA screen*
5. *If individual is granted a presidential pardon or if the conviction is overturned, the date of conviction should be removed*

- L. The biological parent, whose parental rights have been terminated through the adoption process, cannot receive benefits for that child. ([See 3.4](#) and [See 3.6](#))

3.3 Right to Choose Other Programs

An individual who is eligible for either FI cash benefits or SSI benefits has the right to elect in which of these programs he/she wishes to participate.

1. Communication Between DSS and Social Security Administration

The individual may participate in only one program; it is usually more advantageous to receive SSI. The individual is free to apply for SSI and FI simultaneously or at different times. A determination under either program may affect the determination under the other. Therefore, communication between the county office and the local SSA is essential.

2. FI Recipient Approved for SSI

When an FI recipient applies for and is approved for SSI, the SSA will contact the county office to:

1. Advise of the recipient's SSI eligibility
2. Determine the first month in which FI will terminate
3. Request written confirmation of the termination date if given orally
4. Obtain information as to the amount of FI paid for each month the recipient is eligible for SSI.

3. Rebudget Required

The CM will take appropriate action to remove the SSI individual and adjust the FI cash benefit, or close the case and confirm the action in writing to the SSA office.

4. Termination Date

SSA considers a recipient removed from the BG effective with and based on the FI cash benefit termination date provided orally by the county office. If the termination date given by the county office differs from the actual termination date, an FI overpayment will occur and it must be recouped.

3.4 Living with Relatives

In order to receive FI, a child must live with one of the following relatives:

1. Blood relatives such as father, mother, brother, sister, uncle, aunt, cousin, 1st cousin once removed, nephew or niece. This includes a blood relationship to a person denoted by the prefix of grand, great, great-great or great-great-great and those of half-blood. This list is not all inclusive.
2. Stepparent, stepbrother or stepsister.
3. Legally adoptive parent or other relative whose relationship to the child's parent is established by legal adoption. Adoption establishes a legal relationship to a new set of relatives. The adoptive relatives may qualify to receive benefits for an adoptive child.
4. Spouse, including same-sex spouse, of any person in the above groups even after the marriage ended in death or divorce.

EXCEPTION: *Policy concerning required BG members supersedes the requirement that the caretaker relative be related to the child within the specified degree. For example, a grandmother may receive cash benefits for her grandchild and the grandchild's half-siblings, even though the grandmother is not related to those half-siblings. (See 3.2)*

1. Legal Guardian

Unless related to the child within the specified degree, a legal guardian/custodian cannot be payee.

2. Emergency Exception

If an emergency situation arises such as the sudden death, desertion, or physical or mental illness of a parent/caretaker relative and other plans for a child's care cannot be made immediately, a change of payee may be made to an unrelated person in place of the parent or relative. [\(See 9.3\)](#)

3. Relationship Verification

The relationship of the applicant/recipient (A/R) to the dependent child must be verified. If the A/R is a specified relative other than the parent, the relationship of the specified relative to the parent must be established. Identity of the applicant and dependent child must be verified.

Sources of relationship verification include, but are not limited to:

- A. Birth Certificate

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- B. DSS-3249, Verification of Application for SSN, completed and signed by a hospital official.
- C. Insurance records
- D. DSS-1223, Request for Information from School Records
- E. DSS-1209, Statement of Paternity
- F. Marriage Certificate
- G. Court action which provides relationship information

CAUTION: A Deed to Child transfers only custody to a child; it is not an adoption decree and cannot be used to establish relationship.

- H. Baptismal records
- I. Census records
- J. Age verification that specifies relationship
- K. Affidavit of physician, midwife or unrelated person who attended the birth
- L. If other sources of verification are not readily available and there is no contradictory information, a client statement may be used.

CAUTION: Verification for which there is a fee charged to DSS must not be used.

NOTE: When a caretaker relative is applying as an adoptive relative and the A/R is the person involved as the parent in the adoption, he/she must provide verification of the adoption. A statement from the A/R is not sufficient verification in this situation. If the A/R is not involved as the parent in the adoption, he/she may not have access to adoption records and a statement from the A/R will suffice as verification of the relationship.

3.5 Paternity Situations

Paternity must be established to determine BG composition. Paternity is established for FI purposes if any of the following exist:

1. Legal Paternity

The biological father is also the legal father of the child if:

- A. The father and mother were married at the time of the child's birth
- B. Paternity has been established by court action.

CAUTION: The biological father in the home must be included in the BG regardless of legal paternity being established. If the mother was legally married to someone else when the child was born, legal paternity of the biological father must be established by court action.

2. Not Married/Mother Available

If the mother was not legally married to someone else at the time of the child's birth and she is willing to give a statement, the person she names is considered to be the child's father for FI purposes.

3. Married/Mother Unavailable

If the mother was not legally married to someone else at the time of the child's birth but she is not available, i.e. deceased, whereabouts unknown, etc., paternity can be established by one of the following:

- A. The child's birth certificate or DSS-1207, Vital Statistics Verification, listing the father's name
- B. A written statement from the alleged father acknowledging paternity
- C. Written evidence that paternity has been proven in a judicial proceeding (e.g., divorce decree, child support orders, etc.)
- D. The subsequent marriage of the alleged father to the mother and his acknowledgment that he is the father of the child.

CAUTION: Common-law marriages are not recognized for FI purposes.

- E. Prior case file documentation of the mother's statement of paternity, including DSS- 2700, Child Support Referral, DSS-3816C, Child Support Referral Custodial Parent Data, or other statements signed by the mother
- F. Prior case file documentation of the alleged father's acknowledgment of paternity, including DSS-1209, Statement of Paternity, DSS-1216, Voluntary Child Support/Contributions Form, or other statements signed by the alleged father
- G. SSA records showing that benefits are being paid on the alleged father's account for the child

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H. Court records showing the mother had, under oath, asserted the father's identity

CAUTION: *None of the above applies if the court found the man not to be the father.*

3.6 Possible Benefit Groups

The following are possible types of BGs:

- A. Child(ren) and biological, adoptive parent or legal parents
- B. Child(ren) and caretaker relative(s) other than parent
- C. Dependent child(ren) only
- D. Parent/caretaker relative(s) only when the child(ren) receives SSI, subsidized adoption payments, or federal, state or local foster care payments.
- E. Caretaker relative(s) other than a parent has a choice as to whether he/she is included in the BG.

1. Case Consolidation

The ES must explore the living arrangement of the individuals who are applying to determine the appropriate composition of the BG. Cases must be consolidated when an individual living in the household is required to be in two or more BGs; however, consolidation of cases that may legitimately receive benefits as separate BGs under FI policy is not required. The ES should set BGs up to the advantage of the individual unless the individual requests otherwise.

2. Special BG Situations

The following chart gives special situations and how they should be treated:

Living Arrangement	Treatment
Parent is in and out of the home where the caretaker relative and the child(ren) live.	Document the parent's failure to demonstrate an intent to establish a home for the child(ren). The caretaker relative will be the payee; the parent is excluded.
Parent lives in the home with child(ren) and a caretaker relative who has custody of the child(ren).	Include parent in BG. If it is not in the best interest of the child(ren) for the parent to be the payee, the relative with legal custody will be the payee.
Parent is temporarily absent from the home due to school attendance.	Include parent in BG as long as his/her permanent residence remains that of the FI Family.
Parent incapable of money management and lives in the home with the child(ren).	Appoint a protective payee. (See 11.3)

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Living Arrangement	Treatment
Both parents live in the home – child(ren) in common (living in the home).	Include both parents in one BG. If parents are not married and the mother was legally married to someone else when the child(ren) was born, include the alleged biological father unless the legal father is also in the home. CAUTION: <i>Include both parents in the BG even if the child is a family cap child.</i>
Multiple parents living in the same household – child(ren) in common.	When the household consists of more than one group of children, the determination of which child(ren) will comprise one benefit group is based on legal responsibility. Child(ren) for whom the applicant has legal responsibility will make up one benefit group. All other children in the home will make up the second benefit group.
Stepparent lives in the home.	Include the stepparent in the BG.
Teen parent is a dependent child in a BG with siblings.	If an application is made for the teen parent’s child(ren), add him/her to the major parent’s BG.
Teen parent, under the age of 18, has a child(ren) born out of wedlock. (See 8.16 Treatment of Teen Parent Cases)	<i>An unmarried teen parent under the age of 18 must live in the home of his/her parent, legal guardian, other adult relative or in an adult supervised supportive arrangement to be eligible to receive FI unless one of the following circumstances exists:</i> <ul style="list-style-type: none"> <i>*The teen parent has no parent or legal guardian whose whereabouts is known.</i> <i>*No parent or legal guardian of the teen parent allows the teen parent to live in his/her home.</i> <i>*The teen parent lived apart from his/her own parent or legal guardian for a period of at least one year before either the birth of the dependent child(ren) or the teen parent’s having applied for benefits.</i> <i>*The physical or emotional health or safety of the teen parent or dependent child(ren) would be jeopardized if they resided in the same residence with the major parent or legal guardian.</i> <i>NOTE: The ES will determine if this allegation is justified.</i> <ul style="list-style-type: none"> <i>*There is otherwise good cause for the teen parent and dependent child(ren) to receive assistance while living apart from the major parent, legal guardian, another adult relative or an adult supervised supportive living arrangement.</i> <i>CAUTION: Documentation of good cause includes, but is not limited to written statements from at least two corroborating persons showing that it is not in the best</i>

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	<i>interest of the teen parent to live with his/her parents or legal guardian or in an adult supervised supportive living arrangement. One of these corroborating persons should be a professional, such as a school counselor, social worker or mental health professional. When this living arrangement is required for a teen parent under the age of 18, and his/her dependent child(ren), the FI cash benefits must be paid when possible, in the form of a protective payment.</i>
Child who is a teen parent in foster care receives regular foster care board payment.	Exclude a child who is a teen parent, his/her income, resources and foster care board payment in determining benefits for his/her child(ren). CAUTION: The individual has the option to receive benefits under either program.
Child(ren) receives federal, state or local foster care payments.	Exclude the foster child(ren), his/her income, resources and foster care board payments in determining benefits for other BG members. (Treat the same as an SSI child).
Child(ren) for whom subsidized adoption payments are received lives with adoptive parent(s).	Exclude the child(ren), his/her income, resources and subsidized adoption payment.
Adoptive child(ren) returns to the home of the biological parent(s).	The biological parent(s) is not eligible for benefits for the child because the parental rights have been terminated through the adoption process. CAUTION: Once a child has been adopted, relationships to all blood relatives are severed along with the birth parents.
Child(ren) lives in the home with the biological parent(s) and the adoptive parent(s).	The biological parent(s) is a non-BG member. The adoptive parent(s) is the mandatory BG member and the biological parent cannot be included. EXCEPTION: If the biological parent is also a dependent child of the adoptive parent, he/she must be included as a dependent child.
Child(ren) lives in a joint custody situation.	If short, alternating periods of custody (i.e., every other day, week, month), child(ren) must reside with the A/R 51% of the time. If extended, alternating periods of custody (i.e., three months or more), child(ren) must reside with the A/R when the case is approved.
Caretaker relative and spouse live in the home and receive for child(ren).	Include caretaker relative and spouse if the caretaker chooses to be in the budget; exclude both if caretaker relative chooses not to be in budget.
SSI child is the only child in home.	Include parent(s) as only BG member(s). Code SSI child with a participation code = SS on SEPA.
SSI recipient lives with BG.	Exclude the SSI recipient, his/her income, resources and SSI payments in determining benefits for other BG members.

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	CAUTION: <i>The individual has the option to receive benefits under either program.</i>
Child(ren), whose cash benefits were terminated due to time limits in parents' BG, has been placed in the home of a caretaker relative by Child Protective Services (CPS).	Child(ren) is eligible for FI cash benefits. If the caretaker relative is to be included in the BG, code AF (alternative to Foster Care) on CHIP screen FAIP. ES must have written confirmation from CPS on DSS-1600 that DSS is involved in the placement of the child(ren) with the caretaker relative.
Child(ren), whose cash benefits were terminated due to time limits in parents' BG, has been abandoned and is living with another caretaker relative who makes application for FI. (See 10.1.5, Time Limit Exceptions)	Child(ren) is eligible for FI cash benefits when abandonment has been determined. If the caretaker relative is in the BG, code AF on FAIP. Obtain a signed statement from the caretaker relative which includes the circumstances under which the child(ren) was left with the caretaker relative. Verify these circumstances to the fullest extent possible. A home visit prior to approval of the application will be conducted to determine that abandonment does exist. If a parent(s) has voluntarily abandoned a child(ren), the parent(s) must be referred to CSED.
Child(ren), whose cash benefits were terminated due to time limits in parents' BG, has been abandoned and is living with the other parent who makes application for FI.	Child(ren) is eligible for FI cash benefits when abandonment has been determined. Obtain a signed statement from the new custodial parent which includes the circumstances under which the child(ren) was left with the parent. Verify these circumstances to the fullest extent possible. A home visit prior to approval of the application will be conducted to determine that abandonment does exist. If the former custodial parent has voluntarily abandoned a child(ren), the parent must be referred to CSED.

3.7 Temporary Absence

Temporary absence from the home may be due to reasons related to work, educational and vocational training, institutionalization, joint custody arrangements, or some other circumstance.

1. Time Frame for Reporting Permanent Absence

When it is reported that a BG member is temporarily living away from home, the ES should advise the recipient that if the BG member does not return, the recipient must notify DSS within five days of this change. [\(See 9.10.2\)](#)

2. Work Related Temporary Absence

If a BG member is temporarily absent from the home due to a work related assignment, including military, he/she is considered part of the BG unless a separate legal residence is established.

3. Temporary Absence due to Educational/Vocational Training

Individuals temporarily absent due to participation in an educational or vocational program remain eligible while enrolled in the program as long as his/her permanent residence remains that of the FI family. Examples of educational/vocational training include colleges, technical schools, and training centers.

If a parent/caretaker relative is the individual away at the educational/vocational facility, he/she remains eligible unless another relative who is caring for the child(ren) applies for benefits.

NOTE: If the relative making application is the second parent in a two-parent family or the spouse of the caretaker relative, the parent/caretaker relative remains a BG member.

3.8 Temporary Absence Due to Institutionalization

A person temporarily out of the home and living in an institution may be eligible for FI, based on the institution and the type of care he/she is receiving. It is necessary to determine the type of facility and care the institution provides in order to determine FI eligibility.

1. Youth Services or Correctional Facility

An individual admitted to a youth services or correctional institution is ineligible for FI benefits.

2. Medical/Residential/Group Home Facilities

An individual admitted to a medical facility is eligible for FI the month of admittance and the following month. Afterwards, he/she must be removed from the BG if he/she remains in the institution. Examples of medical facilities include hospitals, rehabilitation centers, residential treatment or group homes, facilities for the mentally retarded, maternity homes, nursing homes, and substance abuse treatment centers.

NOTE: The above policy refers to FI recipients only—not applicants.

If an individual applies for FI while hospitalized, or for medical reasons, has to leave a new baby for extended care, it is the interviewer's responsibility to reasonably anticipate the applicant's or baby's release date by requesting information from the physician or hospital. If the release date is within the 30 day period of the application file date, an interview should be granted based on the

anticipated release date. If the applicant or new baby is not released within a 30 day time frame of the application date, the application would be denied.

3. Admitted With Child(ren)

In a situation where the parent and child(ren) remain together while undergoing treatment or rehabilitation, the BG will remain eligible as this living arrangement does not constitute temporary absence. 6743

The FI case should not be transferred while at the treatment facility. If the recipient relocates after the treatment ends, the case should then be transferred to the appropriate county.

Note: The counties will need to coordinate case management activities to obtain participation hours each month while the recipient is in treatment.

4. Temporary Absence Unrelated to Work, Education Training or Institutionalization

If the individual is temporarily absent from the home due to a reason unrelated to work, joint custody, or institutionalization, the BG member must not be, or expect to be, absent from the home for a period of 30 consecutive days or more. The ES may extend the eligibility period for up to an additional 60 days if it is determined that a longer absence would serve the best interests of the family. [\(See Joint Custody 3.6.2\)](#)

3.9 Sanctions and Disqualifications

Individuals may be subject to sanctions or disqualifications for failure to meet FI program requirements. Sanctions are curable; however, disqualifications are not curable.

1. Sanctioned Due to Work Requirements

Failure of an adult or teen parent/adult to comply with the FI Work Requirements can result in an individual sanction or full family sanction.

2. Sanctioned BG Receiving SNAP

SNAP benefits will not increase if an individual or full family sanction is imposed. The SNAP benefits will be calculated using the benefit amount the BG would have received if the FI benefit had not been decreased due to non-compliance with FI requirements. [\(See 18.13\)](#)

3. FI Case Closed Due To Full Family Sanction

When the full family sanction denial/closure reason is entered on AFED/AFPDP; (FA, AT, RJ, FS, or JF). CHIP will automatically enter an income of "SA FI" on UNIN. The FI benefit amount received in the last month of eligibility will continue to count on UNIN.

4. Sanctioned Other than Work Requirements

Individuals are sanctioned due to:

- A. Failure to meet enumeration requirements
- B. Failure to comply with child support requirements
- C. Failure to comply with school attendance requirements
- D. Caretaker relative, who is included in the budget, participating in a strike

5. Individual Sanction Imposed In FI Case

ES must determine the amount by which the FI benefit has been reduced due to removal of the individual. The benefit amount prior to sanction minus new benefit amount = "RB" income. (Enter the "RB" code and amount on UNIN and reauthorize SNAP case.)

NOTE: When changes occur after an individual sanction has been imposed and "RB" income has been budgeted, the ES must determine what the FI benefit amount would be based on the reported change without the sanction to determine the benefit amount prior to sanction.

6. Disqualification Reasons

Individuals are disqualified due to:

- A. Ineligible or questionable alien/citizenship status
- B. Fleeing felon status
- C. Drug conviction status
- D. Conviction for fraudulently misrepresenting residency or identity in order to receive benefits in more than one state or county

7. Action Taken on Disqualified or Sanctioned

The disqualified or sanctioned member is not included when determining the BG's size.

NOTE: The resources, income and deductions for disqualified or sanctioned individuals may affect the FI benefits.

8. Notification for Disqualification or Sanction

If cash benefits are reduced/terminated, a timely notice must be issued which informs the BG:

- A. Individual/family is being disqualified or sanctioned
- B. Reason for the disqualification or sanction
- C. Eligibility and benefit level of remaining BG members
- D. Actions the BG must take to end the sanction

3.10 Student Definition

A student is a dependent child who is attending a school, college, university, or a course in vocational/technical training, designed to prepare him/her for gainful employment.

1. Enrollment Status

The enrollment status of a student begins on the first day of the school term of the educational institution. Once enrolled, student status continues through normal periods of class attendance or vacation and recess unless the student graduates, is expelled or drops out. This includes a student not in school during summer recess who intends to return to school the next term.

2. Eligibility

For initial and continued eligibility, a dependent child or teen parent without a high school diploma, GED or certificate of completion, must be a full-time student in primary or secondary school, or equivalent vocational/technical training. If otherwise eligible, a dependent child may receive benefits until he/she turns age 19 if a full-time student.

NOTE: Secondary education or equivalent level of vocational or technical training approved by the South Carolina Department of Education includes education programs which lead to high school diploma, certificate of completion, or GED. This includes high schools, career and technology centers, alternative schools, Adult Education, etc.

3.11 Striker Definition

A striker is anyone involved in a strike or concerted work stoppage by employees, including a stoppage by reason of the expiration of a collective bargaining agreement. Any concerted slow down or other concerted interruption of operations by employees is also included.

1. Non-Striking Individual

The following individuals are not considered strikers:

- A. Employee affected by a lockout
- B. Striking individual exempt from work requirements.

2. Special Striker Policies

Participation in a strike does not constitute good cause to leave employment or to refuse to seek or accept employment.

FI cash benefits are denied to any family for any month in which the natural or adoptive parent included in the BG with whom the child(ren) is living is participating in a strike.

When a caretaker relative included in the BG is participating in a strike on the last day of the benefit month, that individual is ineligible and should be sanctioned.

A recoupment is required for any month in which benefits were received and a parent or individual participated in a strike on the last day of the benefit month.

3.12 FI Family Definition

The FI Family includes all of the following individuals, if living in the household:

- A. BG members
- B. Biological, legal, adoptive or same sex parent(s) of a dependent child in the BG
- C. Caretaker relative(s) of a dependent child in the BG not included in the budget, such as the SSI parent, or grandmother/grandfather
- D. Minor siblings of a dependent child in the BG, such as the SSI sibling
- E. Deemed parent

1. FI Affiliation CHIP Coding

The FI Affiliation indicates the individual's role in the FI Family. Each household member's primary role must be identified on the CHIP screen FIAF (FI Affiliation).

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The following affiliation codes are entered on the FIAF screen to identify each household member's primary role in the FI Family.

- A. PA, CR and TA are codes for adults in the FI Family. These codes can be used regardless of the individual's participation code on SEPA.
 - 1. PA - parent/adult - must be 20 years of age or older
 - 2. TA - teen parent/adult - must be under 20 years of age
 - 3. CR - caretaker relative

- B. DP is the code for a major parent when the minor parent is acting as the adult in the FI Family. The deemed parent must have a participation code on SEPA of DP and must be 20 years of age or older.

- C. DC and PD are codes for dependent children in the FI Family. Dependent children must be 18 years of age or younger.
 - 1. DC - dependent child
 - 2. PD - dependent child who is a parent of a child in the FI Family

- D. NF is to be used for household members who are not included in the FI Family. These individuals must have an FI participation code of "OU" on SEPA.

2. Identifying Parent(s)/Caretaker Relative(s)

The parent(s) or caretaker relative(s) of each dependent child (affiliation code = DC or PD), must be identified on the FIAF screen. Beside each household member coded DC or PD, enter the position number of his/her parent(s) in the parent column (parents include biological, adopted or stepparent in the household). If no parent exists in the home, enter the position number of his/her caretaker relative(s) in the caretaker relative column.

Chapter 4

Eligibility Requirements

4.1 Residency Requirement

To receive benefits, the benefit group (BG) must be certified by the county in which it resides. A BG can be considered a resident of a particular county without:

- A. A fixed residence in a permanent dwelling, e.g., homeless
- B. A time limit on residency in the county.

EXCEPTION: *Individuals solely in the county for vacation purposes are not considered residents.*

1. Dual Participation

No individual can receive benefits in more than one state, county or case simultaneously.

2. Location of Address

At application, if the applicant provides a mailing and/or residence address, the applicant must give the exact location of the home.

3. Non-residence

Absence from the state for a period of 30 days or longer will result in ineligibility.

4.2 New Resident

When a TANF recipient from another state moves to South Carolina and applies, the Eligibility Specialist (ES) must:

- A. Not delay action on the application due to the other state's failure to notify this State of their termination date.
- B. Contact the other state to determine the number of countable TANF months used.

- C. Change the benefit pro-ration date on CHIP to the first day of the following month if the client received benefits in the other state during the month of application in SC.

1. Residence Verification Requirement

Residence must be verified and documented at each application. Verification of residence is not required at redetermination unless a change has occurred.

2. Residence Acceptable Verification

Residence must be verified with the use of documents or a statement from an individual who knows the applicant's address or by DSS home visits. Appropriate documents include, but are not limited to:

- A. Current SC driver's license
- B. Current highway department ID card
- C. Non-relative landlord's statement
- D. Rent/mortgage receipt showing the residence address
- E. Utility bills
- F. Employer's statement
- G. Current voter registration card.

4.3 Identity Verification Requirement

Identity must be verified for all members of the BG; however, the identity of a dependent child(ren) under age six may be verified by a client statement.

1. Acceptable Identity Verification

Documents that verify identity include, but are not limited to:

- A. Driver's license
- B. Highway Department ID card
- C. Any other picture ID
- D. Birth Certificate
- E. Voter registration card
- F. School records
- G. Immigrant Community Access Point (ICAP) Identification Card
- H. Government issued ID card

NOTE: The ICAP card may be used for identification purposes only, and does not provide verification of any other information, including the immigration status.

4.4 Citizenship Requirement

In order to receive benefits, an individual must be a citizen of the United States (U.S.) or meet certain alien status requirements (qualified aliens).

NOTE: Non applicants and ineligible BG members are not required to provide SSNs, information about citizenship, immigration status or other non-financial criteria required for person applying for benefits.

1. U.S. citizens include the following people:

- a. A person born in the U.S.;
- b. A naturalized citizen;
- c. A person born outside of the U.S. but whose parents (both mother and father) are U.S. citizens;
- d. A person born outside of the U.S. who is over 18 years of age, but who has at least one parent who is a U.S. citizen. The person must either have a certificate of U.S. citizenship or meet one of the following criteria:
 - i. Born on or after December 24, 1952, and prior to November 14, 1986, and their citizen parent was physically present in the U.S. or its outlying possessions for 10 years or more, at least five of which were after age 14;
 - ii. Born on or after November 14, 1986, and their citizen parent was physically present in the U.S. or its outlying possessions five years or more, at least two of which were after age 14.
- e. A child born outside of the U.S. who is under 18 years of age and has at least one parent who is a U.S. citizen. The child is residing in the U.S. in the legal and physical custody of the citizen parent pursuant to a lawful admission for permanent residence;
- f. A person lawfully adopted by U.S. citizens;

The U.S. is defined as:

- a. The 50 states
- b. The District of Columbia
- c. Puerto Rico

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- d. Guam
- e. U.S. Virgin Islands
- f. Northern Mariana Islands (Saipan, Tinian, Rota and Pagan)
- g. American Samoa Nationals
- h. Swains Island Nationals

2. Eligible Aliens

The Personal Responsibility and Work Opportunity and Reconciliation Act of 1996, (PRWORA) substantially restricted immigrants' eligibility for means-tested benefit programs including TANF. In particular, with few exceptions, PRWORA restricts eligibility for such programs to "qualified aliens." Currently the statute limits eligibility for Federal TANF welfare benefits to a select group of legal immigrants.

In addition to U.S. citizens, certain "qualified" aliens may also be eligible for benefits. Veterans of the U.S. Armed Services or persons on active duty and their spouse and their unmarried dependent children are eligible to receive benefits if they meet all other eligibility requirements. A discharge certificate (Form DD-214) may be used as verification.

Note: After one (1) year, most refugees and asylees are eligible for Lawful Permanent Resident (LPR) status. Refugees and Asylees remain eligible for FI and SNAP benefits after they attain Lawful Permanent Resident Status. They are exempt from the LPR five (5) year residency requirement.

3. Qualified Alien Eligibility

The following groups of aliens may receive benefits if all other requirements are met, for up to five years from either the date of entry or the date the status is granted. These "qualified" immigrants are defined by PRWORA, as amended, and include:

<u>Refugee</u> A person who is admitted into the US as a refugee under section 207 of the Immigration and Nationality Act (INA).	I-94 stamped "Admitted under Section 207 of the INA" or I-551 stamped RE-6, RE5, RE7, RE8, RE9
<u>Asylee</u> A person granted political asylum under section 208 of the INA.	I-94 stamped "Granted Asylum under Section 208 of the INA." or I-551
<u>Cuban/Haitian Entrant</u>	I-94 stamped "Cuban/Haitian Entrant or I-94 stamped parole status (i.e., Cubans who entered the U.S. illegally between April 15, 1980 and October 10, 1980 and Haitians who entered the U.S. illegally before January 1, 1981).

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<p><u>Amerasian</u> A person fathered by a U.S. citizen and born in Vietnam between January 1962 and January 1, 1976 and close family members admitted as immigrants.</p>	<p>I-94 stamped: "Processed for I-551" with codes AM1, AM2 or AM3, or I-551 is stamped with codes AM6, AM7 or AM8.</p>
<p><u>Deportation Withheld</u> A person whose deportation is withheld under Section 241(b) (3) or 243(h) of the INA.</p>	<p>I-688B: Employment Authorization Card; or I-766: Employment Authorization Document</p>
<p><u>Lawful Permanent Resident (LPR)</u> A person lawfully admitted for permanent residence under the INA; and has worked 40 qualifying quarters under Title II of the Social Security Act.</p>	<p>I-151, Alien Registration Receipt Card, or I-551, Alien Card or I-327, Re-entry Permit</p>
<p><u>Conditional Entrant</u> A person granted conditional entrant refugee status before April 1, 1980.</p>	<p>I-94 is stamped "Refugee-Conditional Entry" and cites INA Section 203(a)(7)</p>
<p><u>Parolee</u> A person granted parole for at least one year under §212(d)(5) of the INA.</p>	
<p><u>Victims of severe forms of trafficking</u> A person forced into prostitution, slavery, and forced labor through coercion, threats of physical violence, psychological abuse, torture and imprisonment.</p>	<p>Victims of trafficking will have a letter of certification from the Office of Refugee Resettlement, Washington D.C. or I-94: stating admission under Section 212(d)(5)</p>
<p><u>Battered aliens</u> A person (whose child or parent) has been battered or subjected to extreme cruelty in the U.S.</p>	<p>As defined in section 431 of the PRWORA, and amended by section 501 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, P. L. 104-208 (IIRIRA), and amended by 5571 of the Balanced Budget Act of 1977, P. L. 105-33 (BBA), section 1508 of the Violence Against Women Act of 2000, P. L. 106-386.</p>

4. Ineligible Alien Exclusion

An ineligible alien is excluded from the BG (participation code on SEPA = DI AL), but may receive benefits for a child(ren) in his/her case if the child meets all eligibility requirements. The income and resources of ineligible aliens may affect eligibility.

NOTE: Immigrants that are "Not qualified" are barred from receipt of "Federal Public Benefits; therefore, non-applicants and ineligible BG members are not required to provide SSNs, information about citizenship, immigration status, or other non-financial criteria required for persons applying for benefits.

5. Eligible Aliens with Special Immigrant Status

Iraqi and Afghan aliens granted Special Immigrant Status under section 101(a)(27) of the Immigration and Nationality Act (INA) are eligible for the same benefits available to refugees admitted under section 207 to the same extent, and for the same periods of time, as such refugees.

Families may apply for TANF benefits, single individuals may only apply for Refugee Cash Assistance. The date of eligibility for benefits of the Iraqi or Afghan Special Immigrant is the date the immigrant was admitted to the U.S. as an Iraqi or Afghan Special Immigrant, not the date of application for benefits and services. The Iraqi or Afghan Special Immigrant is eligible for benefits for up to five years from the date of admission to the U.S.

Example 1: A Special Immigrant who arrives in the U.S. on March 1, 2008, and first applies for benefits and services on December 21, 2009, is eligible to receive benefits and services for up to five years from the date of admission to the United States, February 28, 2013.

There is no provision for retroactive eligibility of benefits for that time period after the Special Immigrant reached eight months in the U.S., but before December 19, 2009.

Example 2: A special Immigrant who arrives in the U.S. on January 1, 2008. His eligibility for benefits and services ended on August 31, 2008, eight months from the date of entry to the U.S. For the period of September 2008 to December 18, 2009, he was not eligible for benefits and services because he had already passed his eight month mark in the U.S. in Special Immigrant status. On December 19, 2009, the effective date of the new law, the Special Immigrant will become eligible again for benefits and services for the same period as a refugee, up to December 31, 2013, five years from the date of admission to the U.S.

The following documents will confirm both status and date of entry for Iraqi and Afghan Special Immigrants:

Applicant	Documentation
Principal Applicant, spouse, or unmarried Child Under 21 Years of Age, Iraqi or Afghan Special Immigrant	Iraqi or Afghan passport with an immigrant visa stamp noting that the individual has been admitted under IV (Immigrant Visa) Category SI1 and DHS stamp or notation on passport or I-94 showing date of entry
Principal Applicant, spouse, or unmarried Child Under 21 Years of Age of Iraqi or Afghan Special Immigrant in P6 Category Iraqi or Afghan Special Immigrant Principal Adjusting Status in the U.S.	DHS Form I-551 (“green card”) showing Iraqi or Afghan nationality (or Iraqi or Afghan passport), with an IV (immigrant visa) code of SI6

4.5 SAVE Program

If the applicant fails to provide the required documentation as listed in section 4.4.3 and citizenship is questionable, alien status must be verified for each person applying for benefits identified as an alien on the application. Non applicants or those ineligible members of the BG are not required to provide SSNs, citizenship or immigration status and therefore are not subject to the SAVE process.

Verification is accomplished through the Systematic Alien Verification Entitlement (SAVE) Program.

Counties should have a process in place where inquiries for alien status are forwarded to a designated "SAVE USER", who will be responsible for inquiring on the immigration status on non-citizen applicants.

NOTE: Non applicants and ineligible BG members are not required to provide SSNs, information about citizenship, immigration status or other non-financial criteria required for persons applying for benefits.

1. SAVE Verification Process

To verify the individual's alien status, the county SAVE USER must complete the following procedure for each BG member identified as an alien.

- A. Login to the SAVE System on Internet Explorer using correct User ID and password.
- B. Select the "Initial Verification" function of the Navigation Frame.

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- C. Using the information provided by the applicant, enter the "Alien Number" and type of benefits applied for.
- D. Circle the "Submit Initial Verification" button, which should result in a system response within three to five seconds. This will provide the current immigration status of the individual.

NOTE: Once the system responds with the current alien status, program policy must be followed to determine eligibility.

2. Additional SAVE Verification

If the Initial System Response is unsuccessful, or if the system requests "Institute Additional Verification", more detailed information must be entered into the system, including first and last name, date of birth, and any known additional information. This information will automatically be forwarded to an Immigration Status Verifier. The response time for additional verification is three to five days, and may be found by logging back into the system after that time frame.

3. SAVE System Unavailable

If for any reason the SAVE System cannot be accessed, the paper SAVE forms, the G845 and G845-S may still be used.

4. Eligible Pending G845-S

In those instances when the G845 or G845-S must be sent to US Citizenship and Immigration (USCI) for verification of the alien's legal status, the alien may be included in the BG until a response is received.

5. Included Alien Removed

If the response to the G845 or G845-S sent to USCI indicates the individual is not a qualified alien of the U.S., he/she must be removed from the BG as soon as all timely notice has expired. The income and resources of this individual may affect the benefits.

4.6 Sponsor Definition

A sponsor is any person, or public/private agency or organization that executed an affidavit(s) of support or similar agreement on behalf of an alien (who is not the child of the sponsor or the sponsor's spouse) as a condition of the alien's entry into the U.S.

1. Sponsor Contributions

Any contributions provided to the BG by the sponsor must be counted as unearned income.

2. Verification Requirements

Qualified alien status of all BG members who are applying for benefits must be verified. Non applicants or those ineligible members of the BG are not required to provide citizenship or immigration status information.

3. Verification Document Sources

Documents that verify citizenship and alien status include, but are not limited to the following:

- A. Birth Certificate
- B. DSS-1207, Vital Statistics Verification
- C. Adoption papers
- D. Naturalization papers
- E. Passport records
- F. Medical records (hospital/clinic/physician/drug)
- G. Baptismal record with place/date of birth shown
- H. Family Bible with place/date of birth shown
- I. Government records (military)
- J. Indian census records
- K. Recipient's name/place of birth on child's birth certificate
- L. Voter registration card
- M. INS I-94, Arrival/Departure Record, with appropriate notation
- N. INS I-151, Alien Registration Receipt Card
- O. INS I-551, Resident Alien Card
- P. INS I-688, Temporary Resident Card
- Q. Other government issued ID Card

4.7 Enumeration Requirement

Enumeration is the procedure used to assign SSNs. Furnishing or applying for a SSN for each BG member is an eligibility requirement which must be met prior to receiving benefits. If any BG member has more than one SSN, all numbers must be provided. The ES must decide with the A/R which SSN to enter into CHIP; in general, the ES should use the SSN associated with previous employment. Refer the A/R to SSA to resolve multiple numbers. The ES should research all SSNs in CHIP at application and at redetermination for possible benefits.

1. Methods of Application

If a BG member does not have a SSN, there are three methods by which the BG can apply for one. These methods are:

A. Completion of SS-5 at the county office

The ES must assist the applicant in completing an SS-5. Refer to the Social Security Enumeration Manual for detailed instructions on completing the SS-5.

The SS-5, along with original documentation of age, citizenship and identity must be sent to the local SSA for processing. SSA will return the original documentation to the A/R. A copy of the completed SS-5 and the documentation must be retained in the case file.

B. Application at the SSA office

If the applicant does not wish to relinquish the original documentation or the BG member is over age 17 and has never had a SSN, the ES must refer the A/R to the local SSA office for an interview. In these instances, the ES must complete the SS-5, including obtaining the A/R's signature and entering the state's welfare identification number in the "NPN" box.

A copy of the SS-5 and an official receipt from SSA must be retained in the case file. The A/R will take the original SS-5 and documentation to SSA.

C. Hospital Enumeration for newborns

When the mother of a newborn child chooses to request enumeration by checking the SSN block on the birth registration form while in the hospital, the ES should:

1. Require proof of SSN application made at the hospital
2. Inform the BG of the responsibility to report receipt of SSN no later than the next redetermination or six months, whichever comes first
3. Set an alert on CHIP for six months from the date of SSN application
4. Determine if the SSN has been reported when the alert appears, and if not, obtain the SSN from the BG if it has been received.

CAUTION: *In these cases, the ES must not complete an SS-5 as this could result in a child being issued duplicate SSNs.*

2. CHIP Processing

On CHIP screen SSDO, in lieu of the SS-5 date, the ES must enter the date the birth registration form was signed by the parent, or the SSA-2853 or DSS-3249 was signed by the hospital official. CHIP will alert the ES at the approximate time the SSN should be received by the parent.

3. Application Time Frame

If the mother of a newborn child does not choose to apply for the child's SSN while in the hospital, she must apply for the child's SSN prior to the first day of the second month after the birth of the child or mother's discharge from the hospital.

4. ES Responsibilities

When verification of an application for a SSN is recorded, the ES should:

- A. Inform the A/R of the responsibility to report receipt of the card within 10 days
- B. Set an alert on CHIP for 30 days from the date of application

NOTE: *CHIP will also produce an alert 90 days from the SS-5 date.*

- C. Contact the A/R when the alert appears in order to:

1. Obtain the SSN if it has been received
2. Remind the A/R of the reporting requirement if the SSN has not been received

D. Contact the A/R and obtain the SSN when the CHIP produced alert appears

5. Non-Cooperation

The ES must explain to the A/R that failure to provide or apply for an SSN for each BG member will result in a sanction. The person for whom the SSN is not furnished is sanctioned until the requirements are met or good cause is established.

The income and resources of the individual sanctioned for failure to comply with enumeration requirements will be counted.

6. Chip Coding

The participation code on SEPA for the person for whom the SSN is not furnished should be DI SS.

7. Good Cause Considerations

To determine if good cause exists for failure to comply with SSN requirements, the ES must consider all information provided by the A/R, the case file and SSA. A determination by the ES that the A/R has made every effort to comply with SSN requirements would satisfy the good cause provision.

4.8 Participation Pending SSN Application Completion

If the BG member can show good cause why an application for an SSN has not been completed in a timely manner, the individual shall be allowed to participate for one month in addition to the month of application.

1. Assisting the BG

If the BG member applying for an SSN has been unable to obtain the documents required by SSA, the ES should make every effort to assist the individual in obtaining these documents.

2. Monthly Follow-Up

Good cause for failure to apply must be shown monthly in order for a BG member to continue to participate. Good cause does not include delays due to:

- A. Illness
- B. Lack of transportation
- C. Temporary absence

4.9 SSN Validation Methods

Verification of the SSN is accomplished through the SSA process. The following sources may be used to obtain the SSN for validation:

- A. Copy of Social Security card
- B. Copy of any official document from SSA that includes the SSN
- C. SDX listing
- D. Bendex System
- E. SSA validation displayed on CHIP screen SSDO

1. SSN Verification Sources

Application for an SSN must be verified. Appropriate sources include:

- A. Copy of SS-5
- B. Receipt from SSA
- C. SSA-2853
- D. DSS-3249, Verification of Application for SSN

2. Validation Error Report

Any SSN not validated by SSA will appear on the Validation Error Report (CR 510).

3. ES Actions

The ES must take appropriate action to correct each identified error within 30 days of receipt of the report by:

- A. Researching the case to determine if the master file information has been verified
- B. Submitting a completed SS-5 and original verification to SSA for correction of name, date of birth or other critical information
- C. Reentering data in CHIP after it is verified as correct

4.10 New Number Assignments

SSA will assign an individual and his/her child(ren) a new SSN when evidence shows that the individual(s) has been harassed, abused or endangered and if the original SSN played a role in the harassment, abuse or life endangerment.

1. Use of SSN in CHIP

When an individual indicates that the use of his/her SSN plays a role in the domestic/family violence to which he/she is subjected or has been subjected, the ES will document the SSN in the case record to show that the A/R met the requirement to furnish an SSN and will enter the SS-5 date in CHIP on the SSDO screen. The A/R will be advised to go to the Social Security Office to apply for a new number.

2. Time Frame to Provide New SSN

The recipient will be allowed three months to apply for a new SSN. If the new SSN or proof that the number has been applied for, is not provided to the ES at the end of three months, then the recipient's original SSN must be entered into CHIP.

If the recipient has good cause for not providing the new number, then a reasonable amount of additional time may be allowed to complete the process.

4.11 Age Requirements

A dependent child must be unmarried and under the age of 18 unless he/she is a full-time student in a secondary school or equivalent. Secondary school includes high school or schools with equivalent levels of vocational or technical training.

If a child is otherwise eligible and is a full-time student in a secondary school, he/she may receive benefits until age 19. A dependent child under age 18 that has attained a high school diploma, GED or certificate of completion remains eligible until age 18. ([Also See Education Requirements 4.13](#))

NOTE: Once married, verification of divorce, marriage annulment, or the death of the spouse must be provided in order to revive status as a dependent child. If verification is obtained, the client has the option of continuing as is, or reverting back to dependent status. The pros and cons of each option should be discussed with the client.

1. Required Age Verification Documents

Documents that verify age include, but are not limited to:

- A. Birth Certificate
- B. DSS-3249, Verification of Application for SSN
- C. Baptismal record
- D. Confirmation papers
- E. Hospital records
- F. School records
- G. Immigration or naturalization records
- H. Adoption records
- I. State or federal census records
- J. Family Bible
- K. Physician's records
- L. Vaccination or health department record, if over one year old
- M. Records from other agencies dated one or more years before application
- N. Midwife's record of birth or affidavit

- O. Affidavit from an unrelated person giving substantial evidence that person has personal knowledge of individual's age
- P. A physician's written statement estimating age of child. If there is conflicting information concerning age, it must be resolved

4.12 Initial Job Search Requirement

All adult BG members, all minor parents and all teen parents, identified as Work Eligible Individuals, must conduct an initial job search, with certain exceptions. ([See 2.4.1 Individuals not required to complete Initial Job Search](#))

1. Minimum Expectations

The applicant must contact a minimum of ten employers and document these contacts on the DSS-3708, Self-Directed Job Search/Job Leads Worksheet.

2. Failure to Participate

Failure to participate in the initial job search, without good cause, will result in denial of the application.

3. Verification

The document that is used to record initial job search contacts is the DSS-3708, Self-Directed Job Search/Job Leads Worksheet. This contact sheet contains:

- A. Name of the employers contacted
- B. Date of the contact
- C. Name and telephone number of the individual contacted

NOTE: *The County may verify questionable contacts.*

4.13 Education Requirement

Dependent children under age 18 of FI applicants and recipients, must be enrolled in school and maintain satisfactory attendance as defined by the local school district as required by the South Carolina Department of Education (SCDE). If not enrolled or attending at application, the dependent child should be enrolled within 30 days to be included in the BG.

NOTE: *Dependent children under age 18 that have attained a high school diploma, GED or certificate of completion remain eligible until age 18. ([Also See Age Requirements 4.11](#))*

BG members who do not maintain satisfactory attendance will have their needs removed from the BG (participation code DI DS on SEPA screen) until compliance with the school attendance requirement is met, unless a physical or mental disability prevents attendance. Close attention must be given to children experiencing difficulties in school in order to correct the identified problems and ensure attendance and satisfactory progress.

FI teen adult applicants under the age of 18 without a high school diploma, GED or Certificate, must be enrolled in school or willing to enroll in order to receive benefits. If not enrolled or attending at application, the teen adult should be enrolled within 30 days. The county must assist the teen in their effort to reenter school. Once approved for benefits, enrollment must continue in compliance with the YISSP. If attending high school, the teen adult must meet satisfactory attendance as defined by the local school district as required by South Carolina Department of Education (SCDE). If enrolled in Adult Education, the teen adult must meet attendance requirement set by the Adult Education site.

1. Home Schooling

If the A/R states that he/she is home schooling the child(ren), verification must be provided. Verification from the local school district that the child is being home schooled, or verification of membership in the South Carolina Association of Independent Home Schools or other home school association must be provided.

2. Secondary Education or Equivalent

Secondary education or equivalent level of vocational or technical training approved by SCDE includes education programs which lead to a high school diploma, certificate of completion, or GED. This includes high schools, career and technology centers, alternative schools, Adult Education, etc.

3. Suspended Students

A child who has been suspended from school may still be eligible to be included in the FI budget. A suspension is normally for a specified period of time with the expectation that the child will return.

4. Expelled Students

A child under age 18 who has been expelled from school must have his/her needs removed from the BG (participation code of DI DS on SEPA) until he/she is enrolled in and maintaining satisfactory attendance in a secondary school or equivalent.

5. Dropout Defined

For FI purposes, a school dropout is a BG member under age 18 who has not graduated from high school or received a GED and:

- A. Is not registered in school
- B. Withdraws from school
- C. Fails to attend school as required by SCDE

6. School Dropouts

School dropouts will:

- A. Be removed from the budget
- B. Be referred to a school dropout intervention program

4.14 Drug Conviction Policy

Any individual convicted of a felony for a violation which occurred after August 22, 1996, which is due to possession, use or distribution of a controlled substance, is ineligible to be included in the FI benefit. A guilty plea is the legal equivalent of a conviction after trial. Therefore, any individual who pleads guilty to a felony drug charge is ineligible to be included in the FI benefit.

1. Chip Coding

Individuals ineligible due to a felony drug related conviction must be coded DI DC on SEPA. If this results in the BG's ineligibility for FI, use closure code CD.

NOTE: Do not enter a date in the "Date of Conviction" field on SEPA. This field applies only to conviction for misrepresenting residency/identity in order to receive duplicate benefits.

2. Methods of Determination

There are two ways an ES may learn of the conviction:

- A. During the interview, the ES must ask if any BG member has been convicted of a drug related felony due to a violation which occurred after August 22, 1996, and may accept the response of the A/R as verification. The response must be documented in the case record.
- B. Upon receipt of the "Report of S.C. Court Administration, A.D. 8333", which shows the recipient listed in the "court admin. name" column.

NOTE: If the conviction is overturned or expunged from the client's record, or the client is pardoned in state or federal court, the disqualification ends.

3. ES Actions

If the A/R is convicted of a felony drug related offense which occurred after August 22, 1996, the ES will take the following actions:

- A. Disqualify the individual, allowing timely notice. The income of the disqualified individual is counted in its entirety, less the earned income disregard, if applicable, in determining the eligibility of the remaining BG members.
- B. Set up a protective payee if the individual is the parent/caretaker relative. [\(See 11.3\)](#)
- C. Notify Child Welfare Services of the conviction on DSS-1601, Referral to Human Services.

4.15 Fleeing Felon Policy

Any individual meeting the definition of fleeing felon is ineligible to be included in the FI benefit.

1. ES Actions

If the A/R is a fleeing felon, the ES will take the following actions:

- A. Disqualify the individual, allowing timely notice. The income of the disqualified individual is counted in its entirety, less the earned income disregard, if applicable, in determining the eligibility of the remaining BG members.
- B. Set up a protective payee if the individual is the parent/caretaker relative. ([See 11.3](#))
- C. Notify Child Welfare Services of the situation on DSS-1601, Referral to Human Services.

2. Chip Coding

Individuals ineligible due to fleeing felon policy must be coded DI FF on SEPA. If this results in the BG's ineligibility for FI, use closure code FF.

3. Methods of Determination

During the interview, the ES must ask if any BG member is avoiding prosecution or custody, or is in violation of probation or parole, and may accept the response of the A/R as verification. The response must be documented in the case record.

The Department of Probation, Parole and Pardon Services (PPP) will also provide DSS a tape of individuals who are fleeing felons.

This tape will be matched monthly against CHIP recipients and a CHIP alert, "(Client's SSN) - Flee Felon" will be produced on all SSNs which appear on both the PPP tape and on CHIP as active. Upon receipt of this alert, the ES must access the Fleeing Felon Inquiry (FLFI) screen through the State Inquiry Menu (STIM) on CHIP.

4. FLFI Screen

The following information as obtained from PPP will also be displayed:

- A. Name
- B. SSN
- C. Date of birth
- D. Sex
- E. Ethnic code

In addition, the name, date of birth, sex, ethnic code and SSN shown on CHIP will be displayed on this screen. A CHIP code of "OT" will be displayed for any individual with a PPP ethnic code of "Other". The ES should also access this information at application and reapplication.

5. ES Action on PPP Report

The ES should compare CHIP information with the PPP information to ensure that this individual is our A/R. In making this comparison, the ES should be aware that the match from PPP would not ensure that their information on name and date of birth agrees with the CHIP information. However, if this comparison leads the ES to believe that this individual is our recipient, the ES must contact the Fugitive Information Offender Surveillance (FIOS) Central Office at (803) 734-9301 to ensure that the individual in question is a fleeing felon.

6. ES Action and Notification

Upon verification from FIOS Central Office that the individual is a fleeing felon, the following action must be taken:

- A. For a one-person BG, the ES must close the case by using the denial/closure reason "FF" - Fleeing Felon. A notice of adverse action must be sent to the BG to state the reason for closure. If the BG can provide information that shows he/she is not a fleeing felon during the 10-day notice of adverse action period, the case should be reverted to open on CHIP and benefits continued.
- B. For a BG with more than one person where the PPP verifies that a BG member is a fleeing felon, the ES must remove this individual from the FI budget by coding the individual "DI FF" (Disqualified - Fleeing Felon) on CHIP screen Set-Up Participation (SEPA). A notice of adverse action must be sent to the BG to notify them of the decrease in benefits. If the BG can provide information that shows the BG member is not a fleeing felon during the 10-day notice of adverse action period, the individual should be added back to the FI budget.

NOTE: No action should be taken on cases where the PPP verifies that the A/R is not fleeing felon. (See 1.5#4 Disclosing confidential information)

Chapter 5

Child Support

5.1 Child Support

In FI cases when one or both parents are absent, FI eligibility requires that each parent/caretaker relative assign support rights and cooperate in child support procedures.

1. Termination of Parental Rights

A court action that terminates parental rights of either or both parents severs the legal relationship of the child to the biological parent(s). When this occurs, a referral to CSED should not be made on the parent(s) whose rights were terminated.

2. Assignment of Rights

By applying for, accepting and receiving FI benefits, the parent/caretaker relative automatically assigns to the State any rights he/she has to child support monies and already established spousal support monies.

3. Child Support Cooperation Requirement

The ES must explain to the parent/caretaker relative that cooperation in obtaining child support is required, and failure to cooperate without good cause will result in a sanction.

4. Minimum Parent/Caretaker Relative Requirements

The parent/caretaker relative must provide the following information about the absent parent (AP) and any putative father for whom assistance is being sought:

- A. The first and last name of the AP and any known licenses which might be subject to revocation
- B. At least two of the following items for each named AP:
 1. Date of birth (if exact date is not known, age or year of birth may be accepted)
 2. SSN

3. Last known home address (or specific directions to that address)
4. Last known employer's name and address (or specific directions to that address)
5. Either of the AP's parents' name and address (or specific directions to that address)

CAUTION: *The parent of a family cap child or SSI child will be required to provide the minimum child support information on the AP and otherwise cooperate with the Child Support Enforcement Division (CSED).*

EXCEPTION: *If a grandparent or other non-parent is the specified relative of the dependent child, the above information must be provided on the AP to whom the caretaker is related. Obtain information on other AP's when available.*

5. Additional Parent/Caretaker Relative Requirements

The parent/caretaker relative is also required to cooperate with CSED in:

- A. Identifying and locating the AP
- B. Establishing the paternity of a child(ren) born out of wedlock
- C. Obtaining support payments due the parent or child(ren)
- D. Paying to CSED any child support payment covered by the assignment
- E. Appearing as a witness in court hearings or proceedings as necessary
- F. Submitting to blood test requirements
- G. Obtaining any other payments or property due the parent/caretaker relative and the child(ren)

6. Third Party Liability Requirements

The parent/caretaker relative is required to cooperate with third party liability by:

- A. Identifying any third party who may be liable to pay for medical care and services
- B. Providing relevant information to assist in pursuing any potentially liable third party resources

5.2 Information to Provide to the A/R

ES has the responsibility to discuss child support requirements which would include the following:

1. Good Cause

Explain the requirements for claiming good cause at application and at redetermination.

2. Sanction

Failure by the parent/caretaker relative to give minimal required information on the AP, or failure to cooperate with CSED after referral, without good cause, will result in a sanction. The parent/caretaker relative and the child(ren) of the AP will be removed from the budget.

CAUTION: *If the child for whom assistance is being sought is the child of a teen parent, under the age of 18, and the major parent or caretaker relative is making application for a three person BG, there are no eligible children if the required information is not provided.*

3. Cooperation with CSED

If the parent/caretaker relative subsequently expresses a desire to cooperate, the ES will refer the parent/caretaker relative to CSED. CSED will notify the ES by letter when the individual has complied.

4. Grandparent Information

When a child(ren) is born to parents, either or both of whom are unmarried and under age 18, the ES must explain to the parent/caretaker relative that information regarding the child(ren)'s grandparents will be gathered during the interview and forwarded to CSED for pursuit of support.

This information will be gathered on the DSS-27176, Grandparent Referral Form, and forwarded manually to the county office of child support. Unlike capturing information on the AP, there are no minimum reporting requirements. Any information gathered will be forwarded to CSED without the threat of sanction.

5.3 Good Cause Claim for Child Support

The parent/caretaker relative has the opportunity to claim a valid reason, or "good cause", for failing to provide required information or refusing to cooperate. A photocopy of the signed DSS-3816C, Child Support Referral or Section 3 of the signed DSS 3800, Absent Parent Information, with proof of the good cause verification attached, will be completed and sent to CSED within two working days of approval. The following chart gives circumstances which should be considered for good cause and verification sources:

Good Cause Circumstances	Evidence/Verification
Physical and/or emotional harm to the child	Court, medical, criminal, Child Protective Services (CPS), social services, psychological or law enforcement records indicating the

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	possibility of physical or emotional harm by the absent parent (AP)
Physical and/or emotional harm to the parent/caretaker relative limiting his/her capacity to adequately care for the child, or where providing such information would endanger the parent/caretaker relative.	Medical records indicating emotional history and current emotional health status of the A/R. Court, medical, criminal, CPS, social services, psychological or law enforcement records indicating the possibility of physical or emotional harm by the AP. <i>NOTE: If the parent/caretaker relative is in a domestic/family violence situation, and unable to obtain this verification, the parent/caretaker relative can provide a signed statement that he/she is a victim of domestic/family violence.</i>
Child conceived as a result of incest or rape	Medical or law enforcement records indicating conception resulted from incest or rape.
Legal adoption proceedings are pending in court.	Court documents indicating that adoption is pending in court.
Public or private social agency is assisting the parent in the decision whether to keep the child or release him/her for adoption and discussion has not exceeded three months.	Written statement from the public or private social agency assisting the parent.
Physical or mental incapacity which prevents the parent/caretaker relative from having sufficient knowledge to provide required information.	Documentation from health care professional and/or social service agency which indicates limitations severe enough to preclude specific knowledge concerning the AP.
The caretaker relative making application is not the parent of the child.	The caretaker relative must provide required information on the parent to whom the A/R is related, and must provide any known information on the other AP. <u>(See 5.1.4 EXCEPTION)</u>
All of the previous good cause circumstances.	Sworn statements from individual(s) with knowledge of good cause claim circumstances.

1. ES Responsibility (Good Cause Child Support)

The good cause determination is made by the ES and reviewed by CSED. The ES responsibilities include the following:

- A. Notify the parent/caretaker relative to provide evidence within 10 days from the date the claim was made
- B. Review all information and available evidence
- C. Request additional evidence from the parent/caretaker relative if necessary

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D. Conduct an investigation to obtain evidence when:

- a. Claim is based on anticipated physical harm
- b. Supporting evidence is not submitted
- c. Claim is credible but supporting evidence is unavailable

In conducting an investigation, the ES will:

1. Contact the AP only if good cause cannot be established by evidence provided by the parent/caretaker relative
2. Notify the parent/caretaker relative in advance when it is necessary to contact the AP, to give the parent/caretaker relative the opportunity to:
 - i. Present additional evidence to establish good cause without contacting the AP
 - ii. Withdraw the application
 - iii. Request that cash benefits be terminated

E. Document good cause determination in the case file

F. Forward determination materials to supervisor for approval

G. Attach copy of decision to copy of the DSS-3816C and send to CSED

H. Notify the parent/caretaker relative of one of the following final decisions:

- a. Good cause claim approved. CSED will not proceed to establish paternity/obtain support.
- b. Good cause does not exist, and CSED will establish paternity/obtain support without the A/R's cooperation; the A/R has the choice to cooperate, withdraw the application, have the cash benefits terminated, or receive benefits without cooperating or being included the budget.

2. CSED Responsibility (Good Cause Child Support)

The CSED responsibilities are:

- A. Review the good cause decision made by the ES
- B. Make recommendations if necessary
- C. Participate in any hearing concerning good cause
- D. Attempt to establish paternity and collect support if there is no risk to the A/R and child(ren)

5.4 Automated Referral to CSED

Coordination with the Child Support Enforcement Division (CSED) for FI cases with a referral reason of continued absence is accomplished through the automated child support referral. This process includes:

- A. DSS-3816A, Child Support Referral Child Data, for each child, if not completing an interactive interview
- B. DSS-3816B, Child Support Referral Absent Parent Data, for each AP, if not completing an interactive interview
- C. DSS-3816C, Child Support Referral Custodial Parent Data, for the custodial parent (CP)

NOTE: A copy of DSS-3816C is used as a transmittal form to send any information to CSED; however, the original DSS-3816C will remain in the case file.

- D. Completing the required data elements and entering into CHIP

1. CHIP Actions on Child Support Referral Situations

The following chart identifies referral situations and the required CHIP entry actions:

Situation	Required Actions
FI application with referral reason of continued absence.	Enter referral prior to authorization of FI benefit for each AP who is either an alleged or legal parent. NOTE: Any available documents such as legitimation/paternity orders, divorce decrees or signed statements of putative fathers should be attached to a photocopy of DSS-3816C and sent to CSED within two working days of approval.
Both parents are absent.	Complete a referral on each parent. (See 5.1.4 EXCEPTION)
Parent/caretaker relative thinks the AP is deceased but ES cannot verify death.	Complete a referral indicating that AP may be deceased. NOTE: If death is verified, do not complete a referral.
Disabled parent receives SSA disability benefits but his/her alleged child(ren) does not receive SSA benefits on his/her record.	Complete a referral on the disabled parent. Refer parent/caretaker relative to SSA to apply for benefits for the child(ren).
Situation	Required Actions
Disabled AP receives SSI benefits.	Complete a referral on the disabled parent.

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Specified relative changes.	Complete a new DSS-3816C signed by new payee. <i>NOTE: CHIP screens must be updated as necessary.</i>
FI cash benefit case is closed and then reopened.	Complete an updated DSS-3816C and update CHIP screens.
A child(ren) is added to an FI budget or a family cap child is born to a BG.	Complete a referral and have payee sign DSS-3816C.
Parent/caretaker relative refuses to cooperate.	Complete a referral with as much information as possible. Inform parent/caretaker relative that CSED will apply child support requirements unless good cause is established. If good cause is established, send copy of DSS-3816C with documentation to CSED.
AP data changes.	After original referral, enter only the information that has changed on the DSS-3816B and update the AP referral data screens on CHIP.
Parental rights are terminated.	The parent whose parental rights are terminated should not be referred to CSED. Parental rights must be terminated through legal system.

5.5 Child Support Sanction

Child Support sanction reasons include the following:

- A. Failure to provide minimum required information about the AP
[\(See 5.1.4\)](#)
- B. Non-cooperation with CSED as determined by CSED

NOTE: When the sanction is due to non-cooperation with CSED, code the parent or caretaker relative (if included in the BG) and child DI CS on SEPA.

1. Minimum FI Cash Benefit Reduction

When a child support sanction is imposed, the FI cash benefits will be reduced by a minimum of 25% in accordance with federal guidelines. The reduction is automatically calculated when the sanction is imposed.

2. Third Party Liability Sanction

Failure to provide required information about the third party results in a sanction for the parent/caretaker relative and child(ren) of the AP, unless good cause is established. [\(See 5.1.6\)](#)

3. ES Determination Of Non-Cooperation

To determine non-cooperation at application, when adding a newborn, or providing the minimum child support information for a family cap child, the ES must:

- A. Attempt to secure more information about the AP
- B. Document in the case file the reason given for the lack of information
- C. Evaluate the explanation and determine if non-cooperation exists. If non-cooperation does exist, impose the sanction by removing the parent and child(ren) for whom paternity is being sought from the FI budget

4. Fair Hearing Requests

Fair Hearing requests for failure to provide basic information about the AP are processed by the ES, and the ES will represent DSS at the hearing. Fair Hearing requests based on actions taken by CSED will be processed by the ES. It will be necessary for the ES to coordinate the completion of the DSS-2633 with the Parent Locate Specialist (PLS) or the Child Support Specialist who referred the recipient for sanction. The PLS or CSS will represent DSS at the hearing.

5. Blood Test Denies Paternity

If the named AP denies paternity and requests a blood test or genetic test, the test results are reported to CSED. If the results indicate the named AP is not the father, CSED will allow the recipient to review the test results and to name another AP.

If a new AP is not named, the ES will be notified by CSED to impose a sanction. If a new AP is named, CSED will email the ES worker the following information:

1. Recipient name
2. CHIP number
3. Name of excluded AP
4. Name and date of birth of child
5. Name of new AP

The ES will meet with the recipient to complete a referral. The recipient must provide required information for the new AP and sign a DSS 3816 – C. The ES will enter the AP data into CHIP. [\(See 5.1.4\)](#)

CAUTION: Blood tests or genetic tests which exclude the alleged AP as the father of a child are considered to be 100% accurate. The sanction may not be waived if the recipient contends the blood test or genetic test was inaccurate.

If the putative father named during the second opportunity is excluded through a blood test or genetic test, CSED will notify the ES and the recipient and the child(ren) will be sanctioned until the State establishes paternity for the child(ren). The sanction must be imposed after sending a Notice of Adverse Action. The sanction will continue until the ES is notified by CSED that paternity has been established.

6. Action Prior to Sanction Request

Prior to a sanction request, CSED will take the following actions:

- A. Provide the recipient an opportunity to provide the requested information
- B. Allow the recipient to provide good cause for failure to keep a scheduled appointment or appear in court proceedings

7. Sanction After Blood Test

When non-cooperation based on blood test or genetic test results has been made, the parent/caretaker relative and child(ren)'s needs are excluded from the benefit determination.

8. CSED Sanction Request

A sanction for non-cooperation may be imposed when CSED sends a sanction request based on the parent/caretaker relative's failure to:

- A. Provide sufficient information to CSED to establish paternity/secure support
- B. Provide requested information/documentation to CSED
- C. Keep a scheduled appointment with CSED
- D. Appear in court proceedings

9. When to Lift a Sanction

The sanction period is lifted when:

- A. The parent/caretaker relative complies with child support requirements
- B. The involved child(ren) leaves the BG
- C. The involved child(ren) is not a BG member when the ES receives the non-cooperation referral
- D. Paternity is established and support is secured without the recipient's cooperation as long as child support is received for all children of the AP

NOTE: *Add the recipient's (parent and/or child) needs to the BG effective the month after compliance, if otherwise eligible.*

10. Cooperation With CSED

If the reason for sanction is failure to cooperate with CSED after referral, and the parent/caretaker relative subsequently expresses a desire to cooperate, the ES must refer the parent/caretaker relative to CSED. CSED will notify the ES by letter when compliance is met.

5.6 Definition of Non-FI Child Support Cases

Non-FI child support cases are those cases in which the custodial parent (CP) does not receive FI cash benefits. These cases include:

- A. Closed FI cash benefits cases
- B. Voluntary cases initiated by CPs who complete and send DSS-2700-1, Application for Child Support Services, with the appropriate fee to CSED.

NOTE: *These forms are available in the county office. County staff should emphasize that the CP's SSN must be included on the DSS-2700-1.*

CSED will continue to provide all child support and medical support enforcement services without an application, unless the CP requests in writing that CSED discontinue services or provide only medical support enforcement services if the CP receives MAO.

1. Application Procedures for Non-FI Child Support

When a non-FI child support recipient applies for FI, the ES will apply the following child support procedures:

- A. Obtain as much child support information as possible from applicant.
- B. Obtain copies of any child support documents (e.g., court orders, CSED application, etc.) from applicant.
- C. Verify and budget child support received through family court or directly from AP.
- D. Enter child support referral into CHIP with a notation that this is a non-FI child support case through CSED.
- E. Send copy of DSS-3816C and child support documents to CSED.

CAUTION: Upon receipt of referral, CSED will file the assignment and notify the ES when to remove the child support income from the FI budget.

5.7 Child Support Verification Documents

Documents that verify child support include:

- A. DSS-3816A, DSS-3816B and DSS-3816C
- B. Court records
- C. DSS-1211, Request for Child Support Information
- D. DSS-1209, Statement of Paternity
- E. DSS-2722, Action Verification Document
- F. Police records

Chapter 6 Resources

6.1 Resource Types

Resources are cash or other assets that are owned by a person(s) and can usually be turned into cash. Resources are classified as either:

- A. Liquid
- B. Non-liquid

6.2 Resource Value

The value of the benefit group's (BG's) total countable resources is used to determine if the resources are within the eligibility limits. Resources are counted unless specifically excluded by FI policy, or determined to be inaccessible to the BG.

6.3 Equity Value

Equity value is the current fair market or cash value of a resource, less any indebtedness, and is counted toward the resource limit.

6.4 Maximum Resource Limit

The resource limit for FI is \$2,500 per BG.

6.5 Resources to Count

Count the total value of resources owned by: [\(See 3.1\)](#) [\(See 3.9\)](#)

- A. BG members
- B. Disqualified individuals
 - 1. Ineligible alien parents
 - 2. Illegal alien
- C. Sanctioned individuals

6.6 Applicant BGs

For applicant BGs, count resources:

- A. Available as of the application filing date
- B. Anticipated to be received after the filing date but before approval

6.7 Treatment of Liquid Resources

The following chart describes types of liquid resources and how they are treated.

Type	Counted	Special Treatment
Bank/financial accounts	Y	Exclude current month's income. (See Jointly Owned Resources 6.10.9)
Burial insurance (cash value)	N	
Cash	Y	Exclude current month's income.
Cash from sale of real property	Y	If property has been excluded, cash received is excluded in month of sale; money remaining the month following sale is counted as a resource.
Cash received from estate settlements	Y	
Deferred compensation pension funds	N	Exclude until the employee withdraws funds.
Earned Income Credit (EITC)	N	Exclude EIC payments.
Federal/State Income Tax Refunds	N	Exclude as income and resources permanently, effective January 2012
Individual Development Account (IDA)	N	Exclude as a resource for applicant/recipients (A/R's) up to \$10,000 deposited in an IDA. Count as a resource any funds transferred or withdrawn for a non-allowable purpose. Withdrawals used for education, job training, to start a business, to purchase a home or to purchase a vehicle are allowable and not counted. IDA accounts are regular savings accounts opened by the recipient with the lump sum amount and will only be used for that designated purpose.
Individual Retirement Account (IRA)/Keogh	Y	Total cash value of an IRA or Keogh account less early withdrawal penalty

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		is counted. If Keogh Plan contains a contractual agreement with a non-BG member, it is totally inaccessible and excluded.
Life insurance (cash value)	N	
Lump sum payments	Y	<p>Retroactive lump sum SSI and FI payments are disregarded.</p> <p>*If an optional BG member receives a lump sum and requests to be removed from the FI BG, this resource will no longer be attributed to the remaining BG members.</p> <p>*If the lump sum includes a payment for the current month, the amount of that payment must be deducted from the lump sum before it is counted as a resource.</p> <p>*A resource coded as a lump sum should be updated to reflect the appropriate resource type, i.e., savings account, checking account, etc. at the next review.</p> <p>*If the addition of another resource makes the BG ineligible, the BG should be asked to update the value of the lump sum resource before closing the case due to excess resources.</p> <p>*Earmarked lump sum payments designated for a specific purpose are disregarded for 60 days. If not expended within 60 days, without good cause, count as resource.</p> <p>*Exclude amount deposited into Individual Development account (IDA) within 30 days of receipt; deposit cannot exceed \$10,000.</p>
Prepaid burial contract	Y	Exclude up to \$1,500 equity value plus any interest accrued per BG member.
Refunds of security deposits	Y	
Revocable trust account	Y	
Saving certificate	Y	If jointly owned; count the value unless inaccessibility can be proven.
Stocks/bonds	Y	
Vacation pay	N	Treat as income.

6.8 Treatment of Non-Liquid Resources

The equity value of non-liquid resources is counted toward the resource limit.

The following chart describes types of non-liquid resources and how they are treated.

Type	Counted	Special Treatment
Vehicles	See Remarks	See Treatment of Vehicles. (See 6.9)
Building(s) not associated with homestead	Y	Count the value of the building(s) on the property other than the homestead residence and its normal outbuildings. (See 6.10)
Non-homestead property	Y	Count equity value unless there is a good faith effort to sell. (See 6.10)
Lifetime rights to property	N	Exclude the value of lifetime rights; count the income derived by holder of rights as income.
Income-producing property	N	Exclude the value of property if rental/lease income is consistent with prevailing rate of return for similar property in the area.
Property essential to employment or self-employment	N	Exclude if property is being used in an employment situation.

CAUTION: *If a non-liquid resource is converted to a liquid resource (cash), it retains its status as a resource.*

6.9 Treatment of Vehicles

1. Ownership

Once ownership of a vehicle(s) has been determined, a decision must be made as to the fair market and equity value of the vehicle. It also must be determined whether or not the vehicle is totally exempt.

2. Vehicle Exemption

One licensed/registered automobile per licensed driver in the BG (passenger car or other motor vehicle) is excluded.

3. Determining Fair Market Value

The fair market value of a vehicle(s) will be determined by the wholesale value (Trade-In) of the vehicle as listed on NADA.com. Using “add” or “deduct” factors cannot change the basic value of a vehicle.

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Any A/R who claims the NADA value does not apply to his/her vehicle must be given the opportunity to obtain verification of the true value from a reliable source. The value may be less than that stated in the NADA due to condition of the vehicle.

4. Leased Vehicles

A leased vehicle is excluded as a resource as the owner retains the title. At the point in time that the A/R actually buys the vehicle, it becomes a resource for the BG. Any dollar value accrued in the lease is counted as a lump sum at the point in time it is refunded to the A/R.

5. Valid License and Registration

In order to receive this exemption, both the license and registration must be issued in South Carolina. If an A/R moves to South Carolina from another state, they must apply for a SC driver's license and must register their vehicle in SC. An A/R with a valid driver's license issued by another state will be given 90 days to obtain a South Carolina driver's license. The A/R will be given 45 days to transfer their out of state vehicle registration to South Carolina.

NOTE: Military personnel from out-of-state are not required to obtain a current SC Driver's License or registration.

6. Additional Vehicle Exclusions

The following vehicles are also excluded:

- A. Registered vehicles owned by or used to transport a disabled person
- B. Vehicles essential to self-employment
- C. Income producing vehicles
- D. Vehicles used as a home

NOTE: A BG member may own more than one vehicle as long as the number of vehicles does not exceed the number of licensed drivers. A learner's permit is not considered a valid driver's license.

7. Non-Excluded Vehicles

If the BG owns an unlicensed/unregistered vehicle, or any other non-exempt vehicle, the equity value of the additional vehicle(s) is applied to the resource limit.

8. Entering Vehicles on CHIP

When entering more than one vehicle on CHIP, the vehicle with the highest equity value should be the vehicle excluded.

NOTE: For each vehicle in the BG, enter the vehicle use code as appropriate. If a vehicle is countable for FI, it must be entered a second time, with code "FC" on VEHI to count towards FI eligibility.

6.10 Treatment of Excluded Resources

The total value of the resources listed in the following chart is excluded in determining eligibility unless otherwise specified:

Resource Type	Treatment
Homestead Property	The home and surrounding property not separated by intervening property. Exclude if temporarily uninhabitable, unoccupied due to employment, training for future employment or illness, if the BG intends to return to the home. Public right-of-ways do not change a property's status as homestead property.
Household/personal goods	Exclude. Examples are furniture, appliances, clothing, jewelry, etc.
Indian lands	Exclude. If held jointly with the tribe, or land can be sold only with the approval of the Bureau of Indian Affairs.
Livestock, poultry and home produce	Exclude if produced for home consumption or is income producing.
Earmarked government payment	Exclude if used for its intended purpose, e.g., restore home or replace damaged contents due to a disaster.
Burial plot	Exclude one burial plot for each BG member.
Property being sold	A good faith effort to sell real property at current market value of other property in the same geographical area must be demonstrated (does not apply to personal property).
Federal disaster funds to farmers	Exclude.
USDA Settlement to African American Farmers	Exclude as income and resources.
Family Self-Sufficiency (FSS) escrow accounts	Exclude accounts established by Housing and Urban Development (HUD) and any interest paid on them until the funds are paid to the BG.
Property used for vehicle maintenance	Only if directly related to the maintenance or use of a vehicle that is income producing or used to transport a physically disabled BG member.

CAUTION: *An excludable resource when converted to cash retains its character as an excludable resource in the month of conversion. Any converted cash remaining in any subsequent month is applied to the resource limit.*

1. Federal Payments Excluded as Resources

The payments/benefits received from the following are excluded as resources by federal law:

- A. Federal assistance under Title IV of the Higher Education Act, or any program administered by the Secretary of Education or Bureau of Indian Affairs
- B. Radiation Exposure Compensation Act
- C. Disaster Relief and Emergency Assistance Amendments of 1988
- D. Agent Orange payments

CAUTION: *Veterans benefits authorized under the Agent Orange Act of 1991 are not excluded as a resource.*

- E. Wartime Relocation payments
- F. Interest or funds of individual Indians, distributed per capita or in trust, or restricted lands
- G. Income awarded to the Red Lake Band of Chippewa Indians
- H. Income awarded to the Assiniboine Tribe of the Fort Belknap Indian Community and the Assiniboine Tribe of the Fort Peck Indian Reservation
- I. Benefits paid under Title II of the Uniform Relocation and Real Property Assistance Act of 1970
- J. Restitution made under the Civil Liberties Act of 1988 or the Aleutian Islands Restitution Act

6.11. Types of Inaccessible Resources

Resources that are inaccessible to the BG are not counted toward the resource limit. If the resource becomes accessible to the BG member, it is then counted. The following resources may be excluded as inaccessible:

- A. **Security Deposits**
Security deposits being held on rental property or by utilities.
- B. **Resources in Litigation**
 - 1. Property in probate or awaiting probate (include property of individuals who die without a will/interstate).

CAUTION: *Licensed vehicles that the BG is prevented from selling due to a court injunction or probate may be excluded from countable resources during the period of time that the BG is legally prevented from selling the vehicle.*

2. Property in bankruptcy is inaccessible unless exempted from bankruptcy proceedings by the Bankruptcy Court.

C. Equitable Trust

Property in Equitable or Existing Trust is where a BG member holds the title of property but a non-BG member pays the purchase price, including monthly payments, and is responsible for the general upkeep of the property. The titleholder must prove that such arrangement exists and that he/she does not possess ownership of the property. This principle applies to both liquid and non-liquid resources.

D. Resource used as Collateral

Any non-liquid resource, such as land, crops, buildings, farm equipment or machinery, which is used for collateral to secure a business loan if the loan agreement stipulates that the BG is prohibited from selling the resource until such time the loan is paid in full.

E. Unknown Resource

A resource, which is unknown to the BG, is considered inaccessible for the period the BG can prove that no BG member was aware of its existence. Once the BG discovers the resource, it must be counted.

F. Irrevocable Trusts

Irrevocable trusts are inaccessible resources. Count any money paid to the BG from an irrevocable trust as income in the month received.

G. Jointly Owned Bank Accounts

Jointly owned bank accounts are considered available to each owner unless inaccessibility can be proved. To determine ownership, the ES should request information from the A/R and the financial institution, which includes:

1. Name(s) of owner(s) of the account

NOTE: *If the names on the account are joined by "or", the account is accessible to each person. If the names are joined by "and", accessibility must be determined.*

2. SSN used to report interest
3. Any restriction for redemption or withdrawal
4. Statement from the other owner(s) regarding ownership participation
5. If inconclusive, statement from A/R regarding ownership participation

H. Accessibility of Jointly Owned Property

The value of property jointly owned by separate BGs is considered available to each BG unless inaccessibility can be proven. In that case, only the amount accessible can be counted.

Property in probate proceedings, divorce litigation or subject to a legal separation agreement is considered inaccessible.

Divide the equity value of the property by the number of owners to determine the BG's pro rata share unless inaccessibility is established. To determine inaccessibility, the A/R must provide verification that the other owner(s) refuses to sell the property or buy out the A/R's interest.

I. Resources of Battered Women

Resources jointly owned by residents of shelters for battered women/children and members of their former household are considered inaccessible if access to the value of the resources is dependent on the agreement of the joint owner.

6.12 Reasons for Disqualification/Transfer of Resources

A BG that has transferred countable resources may be ineligible for up to one year if:

- A. The resource(s) was transferred within the three-month period immediately preceding the application filing date and was transferred for the purpose of qualifying for benefits.
- B. The resource(s) was transferred at any time after approval for benefits.

1. Determining Disqualification Periods

The length of the disqualification period is based on the amount by which non-exempt transferred resources, when added to other countable resources, exceed the allowable resource limits.

For applicant households, the disqualification period would begin with the month of application. For participating BGs, the disqualification period would begin the month after the timely notice expired.

The following chart is used to determine the disqualification period:

Amount in Excess of the Resource Limit	Period of Disqualification
\$0 - \$249.00	1 month
\$250 - \$999.99	3 months
\$1,000 - \$2,999.99	6 months
\$3,000 - \$4,999.99	9 months
\$5,000 - and up	12 months

2. Reasons for Non-Disqualification/Transfer of Resources

Transfer of resources will not result in a disqualification in the following circumstances:

- A. The resource(s) would be excluded.
- B. The resource(s) was sold or traded at the approximate fair market value.
- C. The resource(s) was transferred to another eligible or disqualified BG member.
- D. The resource(s) was transferred for a reason other than qualifying for benefits.

NOTE: *If an A/R spends a resource, this is not considered a transfer of resources.*

6.13 When to Verify Resources

Ownership and value of resources must be verified at application or when a new resource is reported. At redetermination, resources must be re-verified if the value has changed or is questionable.

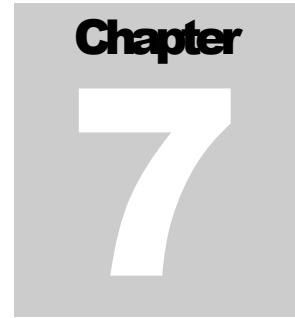
1. Sources of Verification

The following chart details verification sources for resources and vehicles:

Liquid/Non-Liquid Resources	Vehicles
Contracts	NADA Used Car Guide
Court records	Department of Motor Vehicles (DMV)
Current bank statements	Registration
Employer	Statement from a reliable car dealer
Request for Financial Investigation, DSS-1253	Vehicle registration
Internal Revenue Service match	Tax receipt
Real estate company records	
Refund checks	
Tax receipt	
Tax forms	

A client statement is acceptable verification, unless contradictory information is known to the agency.

NOTE: *Verification for which there is a fee charged to DSS must not be used.*



Chapter 7

Income and Exclusions

7.1 Definitions of Income Sources

The following chart describes various sources of income and their definitions:

Term	Definition
Income	Money received by a benefit group (BG) member(s) from any source. Money received is classified as either earned or unearned income. EXCEPTION: Bona fide loans
Earned Income	WAGES —All money earned by a BG member(s) through receipt of wages, salary, tips or commissions as an employee. SELF-EMPLOYMENT —Income earned directly from one’s own business, trade or profession rather than from a salary or wage paid by an employer.
In-Kind Income	Any gain or benefit not in the form of money given to a BG member, such as meals, clothing, home produce, public housing, etc.
Unearned Income	Any income not defined as earned income
Garnished Income	Money due a BG member, which is diverted under court proceeding or by provision of law to a third party as payment on a debt.

7.2 Definition of IEVS

Income and Eligibility Verification System (IEVS) is the automated system by which the following types of income are matched with other state and federal agencies:

1. Types of Income Matched

- A. Wages
- B. Unemployment compensation

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- C. Special benefits
- D. SSA and SSI benefits
- E. IRS records of unearned income

2. IEVS Matching Situations

All BG members must be matched at the following times:

- A. At application prior to approval
- B. Any face-to-face interview for redetermination
- C. Any system generated notification (alerts or disposition listings)
- D. As necessary to determine eligibility and income changes

3. Certification Process Not Delayed

The certification process must not be delayed beyond the processing standards if the IEVS data is not available. If information is received after certification, the ES must take immediate action to effect any changes.

NOTE: Use information provided by the individual if more current and/or accurate than available IEVS information.

7.3 IEVS Process

The following chart describes the process for using IEVS data as verification:

Information	Benefit Types
Information considered verified by IEVS	SSA and SSI benefits Unemployment Compensation Benefits (UCBs) Interest paid by IRS
Information not considered verified by IEVS data (lead information)	Unearned income reported by IRS or SSA from other sources Wage information from SSA and Department of Employment and Workforce Questionable IEVS obtained information “Prior year refunds” -verify through SC Department of Revenue

1. Verification

Income and benefit information not considered verified upon receipt of IEVS data must be verified through other sources. The ES must obtain independent verification by either:

- A. Contacting the applicant/recipient (A/R) in writing about the information which was received and requesting the A/R to respond within 10 days
- B. Contacting the appropriate source verbally or in writing to secure verification

2. Recipient Notification

Upon receipt of the independent verification, the ES must properly notify the A/R of any action to be taken on the case. If the A/R fails to respond timely, the ES must send the A/R a timely notice for failure to cooperate in establishing continued eligibility.

3. IEVS Time Frame

The ES must initiate and complete case action(s) on IEVS information within 45 days of the information. Procedure for case actions include:

- A. Reviewing the information and comparing it to case file information
- B. Contacting the A/R and/or appropriate source to resolve discrepancies for all new or previous unverified information
- C. Notifying A/R of pending adverse action

4. IEVS Matches

The following chart describes the IEVS matches:

Benefit Type	Method(s) of Access
SSA	CHIP automatically requests information from the Beneficiary Data Exchange (BENDEX) and the Beneficiary Earnings Exchange Record System (BEERS). Data is returned to the county office through CHIP screens.
IRS Match	CHIP will automatically request information. Data is returned to the county office through CHIP screens.
Department of Employment and Workforce (DEW)	Applicants-query for all possible wages or benefit information prior to approval. Do this for all household members and any individual living in the household who may affect benefits. Recipients-check the SCDEW match of wages, benefits and special benefits. Take appropriate action if necessary. NOTE: Refer to IEVS Interface Guide for additional information.

7.4 Types of Benefits to Apply For

An A/R potentially entitled by law to other cash benefits, e.g. Social Security Survivors benefits, VA benefits, retirement, unemployment compensation, workers' compensation, etc., must take action to seek these benefits.

The ES should refer the individual to the appropriate agency; however eligibility determination must not be delayed beyond the normal processing time frame after referral. The ES should follow-up on the referral after approval. The individual must apply, cooperate in the determination process, and accept the benefits for himself/herself or for any member of the BG for continued eligibility. Failure to meet this condition of eligibility will result in ineligibility of the entire BG.

NOTE: *Individuals who are eligible for both FI and SSI benefits can elect in which of these programs they wish to participate. (See 3.3)*

1. ES Assistance

The ES must assist the A/R in any way possible to apply for other benefits. Assistance at a minimum requires a written referral to the appropriate agency.

2. When the A/R Must Apply for Other Benefits

An A/R must follow the criteria listed below:

- A. An applicant must apply for benefits readily available to them at the time of application prior to FI approval.
- B. A recipient must apply within 30 days from the time he/she becomes potentially entitled to the benefits.

3. Social Security Disability

If an absent parent (AP) is disabled and receiving SSA benefits, the ES must refer the parent/caretaker relative to SSA to apply for Social Security benefits for the FI child(ren).

7.5 Counting Individual's Income

The income of the following individuals is counted when determining eligibility and benefit level:

Individual	Special Instructions
Dependent child(ren)	Earned income of a dependent child(ren) is excluded.
Minor	The earned income of any minor is excluded.
Teen Parent Adult	All earned and unearned income of the teen adult parent is counted unless specifically excluded.
Parent(s) in the home	All income is counted unless specifically excluded.
Caretaker relative other than child's parent	Count income if needs is included in the benefit calculation unless specifically excluded. If married, and caretaker relative is included in BG, both spouse and caretaker relative living in the home must be included in the BG.
Stepparent in the home	All income is counted unless specifically excluded.
Disqualified or sanctioned BG member(s)	The income of any disqualified/sanctioned individual is counted, with allowable disregards, when budgeting FI cash benefits

	for the remaining BG member(s). Income which is exempt from the budgeting process continues to be exempted for a disqualified/sanctioned individual.
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1. Budgeting Cash Payments/Shared Living Arrangement

If a BG receives cash payments from any non-BG members who share responsibility for the BG expenses through an informal arrangement, the cash payment designated for household expenses is not counted as income to the BG. This policy also applies when two or more BGs living in the same household have a shared living arrangement.

2. Verification

If a shared living arrangement is questionable, the BG and the non-BG member must sign a statement(s) indicating that household expenses are shared. A statement(s) secured for SNAP purposes will be acceptable.

3. Obligated SSI Payment

In situations where a non-BG member who receives SSI is also obligated to pay rent, usually under a third party agreement, and gives that specified portion to the BG to pay the landlord, that obligated amount will not be counted as income to the FI recipient.

4. Unearned Income

Any amount given to the BG that exceeds the SSI recipient's obligated portion will be counted as unearned income. A copy of the agreement showing the obligated amount for each party must be in the case file.

EXCEPTION: When the SSI recipient is a parent or child who would be in the BG if not receiving SSI, the policies stated above do not apply. All SSI income is disregarded in these situations.

7.6 State Directory of New Hires

The State Directory of New Hires will provide information received from the Child Support Enforcement Division (CSED) on individuals who have recently become employed and are receiving FI or SNAP benefits. A CHIP alert, "(Client's SSN) New Hire", will be produced on all Child Support database SSNs which match SSNs on CHIP where the individual has started a new job or the employment information that was previously reported has changed.

Upon receipt of this alert, the ES must access the Child Support New Hire (CSNH) screen through the State Inquiry Menu (STIM) on CHIP. The information detailed on CSNH is as follows:

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- A. Client name
- B. SSN
- C. Client address
- D. Employer number
- E. Employer
- F. Employer address
- G. Client hire name
- H. Client hire birth date

CSNH may also include the following optional information:

- 1. Client's birth date
- 2. Client's hire date
- 3. Employer's phone number

Staff should access this information for all applications, reapplications, re-certifications and when an alert is produced.

1. Verification

The new hires information cannot be considered information verified upon receipt. Income and benefit information not considered verified upon receipt must be verified through other sources. The ES must obtain independent verification by:

- A. Contacting the A/R in writing about the information which was received and requesting the A/R to respond within 10 days
- B. Contacting the appropriate source verbally or in writing to secure verification

2. Notification

Upon receipt of the independent verification, the ES must properly notify the A/R of any action to be taken on the case. If the verification is not received timely, the ES must send the A/R a timely notice for failure to cooperate in establishing continued eligibility.

3. SSN/Name Discrepancy

A situation may occur where the interface shows our A/R's SSN and someone other than the A/R's name on the CSNH screen. It is possible that the employer may be using an incorrect SSN for their employee.

In these situations, the ES must send a DSS-1245, Request for Wage Information, to the employer indicated on CSNH requesting that the employer verify whether the A/R is employed and asking them to resolve any discrepancies in the SSN. Dependent upon the verification supplied by the employer, the ES may need to contact the A/R for additional information regarding employment or may need to

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re-verify the SSN. If it is found that both individuals are using the same SSN, the A/R must be instructed to contact SSA to resolve this.

7.7 Sources of Income

The following chart details various sources of income and how they are to be treated in the FI budget:

Income	Type	Count	Remarks
ABC payments for providing child care	Earned	Y	ABC payments paid to a provider on behalf of a BG member is not considered income to the client.
Adoption subsidy	Unearned	N	Exclude the child(ren)'s income and resources
Advances (on wages)	Earned	Y	
Advances, travel meals	Unearned	N	
Agent Orange payments made by Aetna Life and Casualty	Unearned	N	Exclude Federal Income CAUTION: Veterans' benefits authorized under the Agent Orange Act of 1991 are not excluded as income.
Agriculture payments	Earned	Y	Count total amount (annualize for self-employed BG).
Alaska native claims	Unearned	N	Exclude Federal Income-Alaska Native Claim Settlement Act
Alimony (spousal support)	Unearned	Y	Verification: Contribution checks/money order, Court records, DSS-1211, Request for Child Support Information; DSS-1216, Voluntary Child Support/Contributions Form
Blood (sale of)	Earned	Y	Self-employed
Board Payments	Earned	Y	Self-employed - Deduct verified actual costs of providing room and/or board and add remainder to other earned income. (See 8.8.8)
Bonuses	Earned	Y	Count as income if reasonably anticipated.
Capital gains (from sale of self-employment goods or equipment)	Earned	Y	Any capital gains income derived from the sale of raw material or machinery used by the self-employment enterprise is calculated by counting the amount of the capital gains, minus depreciation, as income. Add capital gains income to other self-employment income (averaged or anticipated).
Capital gains (other)	Unearned	Y	
Cash contributions	Unearned	Y	
Census income (temporary)	Earned	N	
Charitable donations (based on need from private nonprofit charitable organizations)	Unearned	N	
Child support/direct	Unearned	See Remarks	A BG may receive either voluntary or court ordered support directly from an absent

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			<p>parent (AP) or through the court. The amount of the support, excluding any court cost, is counted as unearned income.</p> <ul style="list-style-type: none"> • Child support paid to a BG member for a non-BG member—Count as unearned income for the BG except that amount given/expended for the non-BG member. • Child support paid to a non-BG member in the household for a BG member—Count as unearned income. <p>NOTE: <i>If Child Support is intended for a BG member and a non-BG member, the portion for the non-BG member should not be counted.</i></p> <ul style="list-style-type: none"> • Child support paid to a non-BG member not in the household—Count only that portion made available to the BG. <p>CAUTION: <i>Child support arrearages are not considered in the calculation of prospective income unless the court has ordered the AP to pay the arrearage in increments added to the current month’s obligation. Child support arrearages would then be counted in the month received.</i></p> <p>Verification: Absent parent’s statement, Contribution checks/money orders, DSS 1211, Request for Child Support Information, DSS-1216, Voluntary Child Support/Contributions Form</p>
Child support Gap payments issued by Child Support Enforcement Division	Unearned	N	
College Assistance Migrant Program (CAMP) for student whose families are engaged in migrant and seasonal farm work	Unearned	N	Exclude Title IV Income

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Community Service Employment Programs under the Older Americans Act including: *Green Thumb *National Association for Spanish Speaking Elderly *National Council on Aging *National Council on Black Aging *National Council of Senior Citizens *National Urban League *U.S. Forest Service	Earned	N N N Y Y Y Y	
Community Service/Work Experience	Unearned	N	
Disability and Special Need Family Support Benefit	Unearned	N	
Disaster Relief and Emergency Assistance Amendments of 1988	Unearned	N	Exclude Federal Income
Domestic Volunteer Services Act of 1973, Title I	Earned	N	See also VISTA
Domestic Volunteer Services Act of 1973, Title II including: *Foster Grandparents Program *Retired Senior Volunteer Program **Senior Companion Program Income	Earned	N	
Earned Income Credit (EITC)	Earned	N	As of January 2012, with passing of The American Taxpayer Relief Act of 2012, tax refunds are to be excluded as income and resources permanently.
Educational loans, grants, scholarships and benefits (federal and state). Does not include GI Educational Benefits.	Unearned	N	Any educational grant, loan, scholarship, fellowship or benefit made to an undergraduate student intended to pay for tuition, books, fees, supplies, transportation and child care. The student must be attending at least half time as defined by the institution. Any duplication of funds must be counted as unearned income. Verification: Loan agreement, Receipt/statement from person making loan, Schools/clubs/organizations/institutions Award letters DSS-16156, Educational Income/Deduction Verification
Family Self-Sufficiency (FSS) escrow accounts	Unearned	See Remarks	Exclude these accounts and any interest paid on them until the funds are paid to the BG.

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Farm income	Earned	Y	Considered self-employment income if the farmer/ fisherman is not an employee
Farmers Home Administration utility reimbursements	Unearned	N	
Federal Disaster Fund to farmers	Unearned	N	
FI payments	Unearned	N	
Food assistance (value of) under Child Nutrition Acts	In-kind	N	
Food assistance (value of) under National School Lunch Act	In-kind	N	
Food commodities	In-kind	N	
SNAP benefits (value of)	In-kind	N	
Foster Care payments (including accelerated board payments)	Unearned	N	
Gap payments	Unearned	N	
Garnished income	Earned or Unearned	N	Earned from wages/salaries. Unearned from all other sources.
GI Educational Benefits	Unearned	See Remarks	Exclude cost of tuition and mandatory fees and count the remainder.
Gifts (of cash)	Unearned	See Remarks	Exclude if non-recurring and less than \$100/qtr.
Governmental rent/housing subsidies	Unearned	N	
Home Energy Assistance payments	Unearned	See Remarks	Exclude payments or allowances including: *Energy assistance provided under any federal law *Federal or state one-time assistance for weatherization or emergency repair or replacement of heating or cooling devices *Energy assistance payments provided through the Department of Health and Human Services' Low-Income Energy Assistance Program and the Community Services Administration's Energy Crisis Assistance and the crisis Intervention Program.
Housing and Urban Development (HUD) payments	Unearned	N	
In-kind income	Unearned	N	
Income maintenance insurance (including disability insurance)	Unearned	Y	
Indian assistance from the Bureau of Indian Assistance, better known	Unearned	N	

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as Higher Education Grant Program or Scholarship Grant Program			
Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation	Unearned	N	
Indian assistance from the Maine Indian Claims Settlement Act of 1980	Unearned	N	
Indian assistance from the disposition of funds to the Grand River Band of Ottawa Indians	Unearned	N	
Indian assistance awarded to the Red Lake Band of Chippewa Indians	Unearned	N	
Indian assistance for relocation to the Navajos and Hopis	Unearned	N	
Indian assistance awarded to the Assiniboine Tribe of the Fort Belknap Indian Community and the Assiniboine Tribe of the Fort Peck Indian Reservation	Unearned	N	
Interest, dividends and royalties	Unearned	Y	Up to \$400 per BG annually is excluded. Income above \$400 must be averaged over the period of the remaining 12 mo.
Irregular or infrequent gifts or income	Unearned	See Remarks	Any non-recurring income not exceeding \$100 per quarter is excluded.
Jury duty	Unearned	Y	
Job Corps	Earned	N	
Job Creation (WtW)	Earned	Y	
Kinship Care	Unearned	N	
Life Scholarships	Unearned	N	
Loans	Unearned	See Remarks	Any bona fide loans, from private individuals and commercial institutions, are disregarded in the eligibility and benefit determination. Verification: Loans/repayment agreement Copy of check Contribution statement Third party statement Receipts/statement from creditors DSS-1216, Voluntary Child Support/Contributions Form
Lump sum payments	Unearned	See Remarks	Disregarded as income. See 6.7 Lump Sum Payments Liquid resources.

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			Verification: Check, Award letters Receipts Bank statements Statement from agencies, organizations, companies
Lutheran Family Service Refugee Match Grant	Unearned	See Remarks	Ineligible for FI for 120 days from entry into country.
Military allotments	Unearned	Y	
Military payments	Earned or Unearned	See Remarks	Military housing and subsistence allowances are counted as earned income if shown on the individual's wage statement.
National and Community Service Trust Act (NCSTA) payments for: *AmeriCorps-NCAA *AmeriCorps-USA *Learn and Serve programs *The Senior Corps *The Youth Corps	Unearned or In-kind	N	
Non-recurring lump sum	Unearned	N	Treat as a resource.
On-the-Job Training (DSS)	Earned	Y	
On-the-Job Training (WIA)	Earned or Unearned	See Remarks	Type of income must be verified. Dependent child: Disregard earned and unearned income. CAUTION: A minor parent must be included as a dependent child to be eligible for this disregard. *Count earned income with appropriate disregards. *Disregard unearned income payments for training expenses. *Case file must contain written verification from WIA for the reason payments are made.
PASS-Amounts necessary for fulfillment of a plan for achieving self-support (PASS) under Title XVI of the Social Security Act	Unearned	N	
Payments for Indian tribes	Unearned	See Remarks	Exclude up to \$2,000 per year of income received by individual Indians that is derived from interests in trust.
Payments to protective payee	N/A	N	
Pension	Unearned	Y	See also Retirement Pay
Personal property (sale of car/boat, etc.)	Unearned	See Remarks	Exclude as income: treat as resource.
Radiation Exposure Compensation Act	Unearned	N	
Recoupments	Unearned	See Remarks	Money withheld from any income source to repay a previous overpayment from the same source is excluded.
Reimbursements	Unearned	See Remarks	Reimbursements for past and future expenses are excluded unless the reimbursement is for

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			<p>normal living expenses such as rent, mortgage, personal clothing and food eaten at home. If the reimbursement exceeds the expense, the gain or profit is counted as unearned income. Excludable reimbursements include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Reimbursements for job or training related expenses 2. Reimbursements to volunteers for out-of-pocket expenses incurred in the course of their work 3. Medical or dependent care reimbursements 4. Non-federal reimbursements to students for specific educational expenses 5. Reimbursements received to pay for services provided by Title XX of the SSA.
Relocation assistance payments	Unearned	N	
Rent payments (directly engaged in management of property less than 20 hours per week)	Unearned	Y	Deduct cost of doing business (if appropriate).
Rent payments (directly engaged in management of property 20 or more hours per week)	Earned	Y	Deduct cost of doing business and appropriate earned income deductions. Count as self-employment.
Representative payee (client) funds received for care and maintenance of non-BG member	Unearned	See Remarks	Portion retained by representative payee for his/her benefit is counted as income. See SSA Benefits
Retirement Pay (Railroad Retirement, Civil Service, etc.)	Unearned	Y	
Retroactive payments (SSA, VA, etc.)	Unearned	N	Treat as a lump sum resource
Self-employment income	Earned	Y	Deduct cost of doing business and earned income deductions. Verification: Most recent state and federal income tax records Current business receipts/records/books
Severance pay	Unearned	See Remarks	Treat as a lump sum
Sick pay benefits paid by employer	Earned or Unearned	See Remarks	Count as earned income if the employee is to return to work. If not, count as unearned

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Sick pay benefits from a non-employer	Unearned	Y	
SSA benefits	Unearned	See Remarks	Count gross amount. This includes Medicare premium but does not include recoupments. SSA benefits paid to a representative payee: 1. Representative payee living in the home: The SSA benefits paid on behalf of the BG member are counted in their entirety to the BG. 2. Representative payee living outside the home: *Secure and file a signed statement from the representative payee verifying the amount available to the BG in the case file. *Count only that portion actually paid to or used on behalf of the beneficiary by the representative payee. CAUTION: When an FI payee is a representative payee for a non-BG member, the SSA benefits are excluded as income in the benefit computation unless the representative payee retains a portion of the funds for his/her personal use. The case file must contain a signed statement from the representative payee and the SSA beneficiary verifying the amount made available to the beneficiary.
Social Security (SSA/RSDI): employee's share of taxes paid by employer	Earned	Y	Verification: Award letter, Bendex (IEVS), State Verification and Exchange System (SVES), SDX and Contact with SSA officials or Railroad Retirement Board
SSI benefit	Unearned	See Remarks	Exclude the SSI recipient, his/her income, resources and SSI payments in determining benefits for other BG members.
Strike pay or benefits	Unearned	See Remarks	Any BG in which the parent (natural or adoptive) is involved in a strike is ineligible for FI.
Sub-marginal Land Bill held in trust by the US	Unearned	N	Exclude Federal Income
Subsidized federal, state or local adoption payments	Unearned	See Remarks	Exclude the child(ren), his/her income, resources and subsidized adoption payment.
Third party/vendor payments	Unearned	Y	All vendor payments are excluded as income in the FI Program except:

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			<ol style="list-style-type: none"> 1. Wages earned by a BG member that are garnished or diverted by an employer and paid to a third party for a BG's expense are counted as income. 2. Trust funds paid to a third party are counted as unearned income if the BG can receive the funds directly, but requests payment to the third party.
Trade readjustment allowance	Unearned	Y	Count the same as unemployment compensation benefits (UCB).
Training allowances.	Earned	N	
Training allowance, Work Experience WTA)	Unearned	N	
Transitional Child Care (TCC) paid to provider.	Earned	Y	
Travel advances	Unearned	N	
Tribal Development Assistance Revolving Loan Program	Unearned	N	
TRIO Grants (to organizations or institutions for students from disadvantaged backgrounds): *Upward Bound (some benefits go to students) *Student Support Services *Robert E. McNair Post-Baccalaureate Achievement Income	Unearned	N	
Unemployment compensation benefits (UCB)	Unearned	Y	Verification: Award letter, Dept. of Employment and Workforce and IEVS (UNID Screen)
Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970	Unearned	N	Exclude Federal Income
USDA Settlements to African American Farmers	Unearned	N	Treat as a lump sum payment
Vacation Pay	Earned	Y	Count actual/anticipated vacation pay in the month it is to be received.
Veterans (VA) benefit	Unearned	Y	CAUTION: Exclude VA benefits for educational purposes. Verification: Award Letter Contact with VA officials
Victim's Compensation	Unearned	See Remarks	Disregard victim's compensation paid by the State Office of Victim's Assistance, (including any lump sum payment) for the first six months of receipt. EXAMPLE: Victim receives a lump sum in August for June, July and August and then receives a monthly amount. DSS will disregard all payments, including the lump sum received August through January.

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VISTA, University Year for Action and Urban Crime Prevention Program (Title I of Domestic Volunteer Service Act of 1973 payments)	Earned	N	
Vocational Rehabilitation (VR) payments	Earned/ Unearned	See remarks	Count earned income received for VR-OJT. Count earned income for work training. Allowance received for job readiness classes is excluded.
Wages, salaries, commissions and tips	Earned	Y	Verification: See DSS-1245, Request for Wage Information; Wage stubs; Training allowances (school or company); Employer's records (previous); State and federal income tax records (self-employment) CAUTION: <i>The earned income of a dependent child(ren) or minor in the BG will be excluded.</i>
Wartime relocation payments Income	Unearned	N	
Work Experience (WEP) training allowance (DSS)	Unearned	N	
Workers' compensation payments	Unearned	Y	Verification: Attorney's statement Claims adjuster statement Check Industrial Commission Award letter IRS match (for possible claims, as data is not current year information) Contact with employer
Workforce Investment Act	Earned or Unearned	See Remarks	Dependent child: Disregard earned and unearned income CAUTION: <i>A minor who is not a dependent child will not be eligible for the disregard of unearned income. Earned income of all minors is disregarded. Adult: Count earned income with appropriate disregards. CAUTION 1: Disregard income payments for training expenses. CAUTION 2: Case file must contain written verification for the reason payments are made.</i>
Work Study Funds	Unearned	N	Exclude Title IV Income

Chapter 8

Budgeting Procedures

8.1 Budgeting Procedures

1. Definition/Prospective Eligibility

Prospective eligibility is the use of anticipated and/or actual income and circumstances to determine eligibility for the benefit month. All FI cases are budgeted prospectively.

2. Prospective Eligibility Determination

Prospective eligibility is determined each month prior to authorizing benefits. If prospective ineligibility is determined; the FI cash benefits must be terminated at the earliest possible date.

3. Entry on CHIP Screens

Permanent changes in income and expenses must be entered on CHIP.

4. Rounding Prohibited

Do not round at any step of the FI calculation. Determine monthly income and expenses; enter into CHIP in dollars and cents.

5. Prospective Calculation

The calculation of prospective income is based on the combination of the income received in the previous four consecutive weeks and any changes, which have occurred or are expected to occur in the BG's income up to the point of certification.

6. Prospective Budgeting Procedure

The ES will use the following budgeting procedures to determine prospective income:

To determine representative income, verify all income received in any four consecutive weeks within a budget month or the month prior to the budget month. The budget month is the month an application, reapplication or reported change of income is received.

A. Best Estimate

If it is impossible to verify the income, a signed and dated statement from the A/R may be used as a "best estimate". Document the case file with the reason this income verification is not available.

B. Receipt Date

To determine the number of times this income was received, use income receipt date (not pay period ending date). If receipt date of mailed income is unknown or questionable, consider mailed income received on the fifth postal working day after the mail date (day one is the first postal working day after the mail date).

C. Countable Income

To determine countable income, the ES must use four consecutive weeks of income within a budget month or the month prior to the budget month unless one or more of those pay dates is determined by the ES to be not representative. This would include pay dates in which the BG received income, which is significantly higher or lower than usual. Such a break or difference in income might be due to illness, a death, vacation, emergency, overtime, etc. If the pay for one or more of these weeks is not representative, disregard that week(s) of income.

NOTE: The ES must determine if non-receipt of income in the four-week period is representative.

D. Determining Average Income

Add the weeks of representative pay and divide the total income by the number of representative pay dates to obtain the average income per pay date.

E. Conversion Procedures

Multiply the average income per pay date according to the frequency of receipt:

Weekly income x 4.33

Biweekly income x 2.16

Semimonthly income x 2

Monthly income x 1

F. Income Intended to Cover One Year

Annualize the income and average over 12 months. For information regarding self-employment earnings ([See 8.8](#)) Earned Income/Self Employment.

G. Income Intended to Cover Less than One Year

Income intended as support for periods less than a year but received less often than monthly, must be prorated over the period the income is intended to cover. For information regarding self-employment or contracted employment ([See 8.8](#)) Earned Income/Self Employment.

8.2 Change in Income

If the BG had no income in the previous four weeks and begins receiving income or has a change in circumstances, the ES must determine and document a best estimate of monthly income based on the following actions:

1. Application/Reapplication

For application/reapplication, use actual or anticipated actual income for any month in which less than a full month of income is received. If a full month of income is anticipated, use conversion procedures. Use income received from the new source to determine average income and convert based on anticipated frequency of receipt.

2. Redeterminations

For redeterminations, a new source of income will not affect the month of report. Use averaged and converted income in the following months.

3. Changes During Receipt of Benefits

For reported changes, a new source of income will not affect the month of report. Use averaged and converted income in the following months, beginning with the month following the month in which the Notice of Adverse Action expires.

4. Concurrent Changes

If there is more than one change occurring at the same time resulting in a decrease in benefits, the change should not be made until the month following the notice of adverse action.

8.3 Verification

Verification of income is determined as follows:

1. Earned Income

Use available pay stubs, if representative or contact the employer to verify the following if pay stubs are not available:

- A. Hourly pay rates
- B. Pay dates/frequency of pay
- C. Number of hours BG is expected to work each pay period

NOTE: *Under some circumstances, employers charge a fee for income verification. DSS does not pay for this verification. If no other source is available, an A/R statement may be used.*

2. Unearned Income

Use available verification (e.g., award letter, copy of check, etc.) if income has been received or contact income source to verify the following if verification is not available:

- A. Estimated amount
- B. Frequency of receipt

3. Terminated Income

If the BG reports income from a terminated source, the ES must determine monthly income based on the actions in the following chart:

Reported	Treatment
Application/reapplication	Count actual income received in the month of application/reapplication, provided this is the last month the income will be received. Count converted income in the month of application/reapplication, if income from the terminated source will be received an additional month. Count any actual income to be received in the month following application.
Redetermination	A terminated source of income will not affect the month of report. Count any actual income to be received in the following month.
During participation	A terminated source of income will not affect the month of report. Count any actual income to be received in the following month.

8.4 Added Individual Treated as Applicant

An individual added to an eligible BG is considered an applicant in all respects, except for accrual rights and the requirement of completing the initial job search. An application must be reviewed/signed before adding the individual. The income of the individual being added is budgeted prospectively.

CAUTION: *The ES must test for prospective eligibility prior to inclusion of the individual in the new BG. The individual cannot be added to the new BG until he/she has been removed from the old BG (if appropriate).*

1. Budgeting an Added Individual

Add the individual's needs, income and resources in determining the BG eligibility effective the month following the month the change was reported or discovered.

2. Overpayment

If income and/or resources of the added individual causes an overpayment or ineligibility, recoupment is required for any month in which an overpayment or ineligibility occurred.

3. Technical Factors

The following will not be required prior to issuing benefits to cover the needs of the added mandatory BG member:

- A. Technical factors for eligibility or Work Requirements
- B. Assignment of rights to child support
- C. Citizenship/alienage declaration

Benefits will be issued during the period technical factors are being verified.

4. Enumeration

If the parent/caretaker relative refuses to cooperate with the enumeration requirement or agrees but fails to follow through, benefits for the added individual begin on the date the requirement is actually met.

5. Accrual Rights

An individual required to be a BG member accrues rights to benefits as of the month following the month the change is reported or discovered and all other eligibility criteria are met.

8.5 Definition/Family Cap Child

A family cap child is a child born to a BG 10 or more months after the family begins to receive FI cash benefits.

The child's presence will not result in an increase in the FI cash benefit; see "Exceptions to Benefit Cap" later in this section.

NOTE: *If a child is born to an FI family member who is not included in the BG due to receipt of SSI, that child is also considered a family cap child if born 10 or more months after the family began to receive FI cash benefits.*

To determine if a child is subject to a family cap, the child's month of birth should be counted as month 10, and count backwards to month zero. If the BG received benefits in month zero, that child is not eligible for a cash benefit.

NOTE 1: *If the family received benefits in month zero, and a child was born to a caretaker relative who was not included in the BG in month zero, the baby would not be considered a family cap child.*

NOTE 2: *If the BG received benefits in another state in month zero, that child is not a family cap child in South Carolina.*

NOTE 3: *If the BG was totally ineligible for month zero and the FI cash benefits are being recouped, then that child is not considered a family cap child.*

1. Identifying Family Cap at Application

For all children born September 1997 or after, the ES must determine if the child is subject to the family cap policy at application.

2. Family Cap Child Considered FI Recipient

The family cap child will be considered an FI recipient and processed as a mandatory BG member for all purposes except for money payments. Code DI CB in the participation field on SEPA.

NOTE: *If a family cap child is the only child in the home, the cash benefits should be terminated because no eligible child exists in the home. Use closure code CB.*

If a child support sanction is imposed for a family cap child, code the child DI CS in the participation field on SEPA.

3. Use of Vouchers

Vouchers may be used to pay for goods and services and support the needs of the child, in order to permit the custodial parent to participate in education, training and employment-related activities.

4. Exceptions to Benefit Cap

The benefit cap will not apply in the following instances:

- A. The child was conceived as a result of verifiable rape, sexual assault or incest.
- B. The child was conceived in a month when the FI cash benefit case was closed.
- C. The child is the first-born (including all children in the case of a multiple birth) of a minor included in a BG.
- D. Parental custody of the child has been legally transferred. This includes:
 1. Legal transfer of custody or guardianship sanctioned by a state court

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2. Voluntary private placement of a child by his/her parent(s), which resulted in a legal transfer of custody or guardianship
 3. Placement made by DSS
- E. The child is no longer able to live with his/her parent(s) as a result of the following:
1. Incapacity of the child's parent(s) as documented by a physician, such that the parent(s) cannot care for the child
 2. The custody of the child is legally transferred to another individual
 3. The child is no longer cared for by the parent or caretaker relative due to abandonment
- F. The child was premature and the BG did not receive benefits in the month of conception as verified by a doctor's statement.

8.6 Prospective Eligibility - Removing an Individual

When removing an individual from a BG, the ES must test to see if the BG remains prospectively eligible based on the new BG's situation.

1. Budgeting – No Reduction in Benefits

If the removal of a BG member does not cause a reduction in benefits, remove the member and his/her income and deductions the month following the month of the reported change.

2. Budgeting – Reduction in Benefits

If the removal of a BG member will reduce the benefits, a timely notice must be sent. The ES must remove the member and his/her income effective the month following the reported change. If this is not possible, a claim must be established.

CAUTION: *If the change was not reported timely, a claim may need to be established for additional months.*

8.7 Direct Child Support

Child support paid directly to the BG is budgeted until verification is received indicating that the absent parent is ordered to pay the child support to CSED. At this time, the court should begin sending the child support to CSED.

1. Child Support Distribution

Payments on a support obligation collected by CSED are distributed to the custodial parent (CP) of an FI case in accordance with child support regulations. This distribution includes the calculation and payment of a Gap payment.

CAUTION: *If a BG is receiving child support through CSED at FI application, the amount distributed should not be counted as income. The automatic CHIP/CS interface will budget child support collected and distributed by CSED as appropriate.*

2. Prospective Ineligibility/Child Support

When child support is collected, the CSED computer system interfaces with CHIP to determine prospective eligibility for FI. If the net income plus the collected child support is greater than the need standard, the ES will receive the alert, "Ineligible Due to CS Income". This alert means the FI case is prospectively ineligible according to CHIP.

3. Ineligibility Procedure

If the case appears to be prospectively ineligible, the ES must take the following actions:

- A. Evaluate case situation
- B. Review prospective UNIN screen(s)
- C. Send timely notice as required
- D. Close case, if appropriate

CAUTION: *If change in income occurs, enter new/changed income on prospective screens and evaluate for continued eligibility.*

4. Cash Benefits Terminated Due to CSED

When FI cash benefits are terminated due to information from CSED and the child support payment is not received, the case may be reinstated effective the month of closure.

5. Reinstatement Procedures

The ES will take the following actions:

- A. Contact CSED Financial Services to determine if a child support check was issued
- B. If the check was not issued, review last application with the individual to ensure all information is current and correct
- C. Have the individual re-sign and date the last application
- D. Reinstate case on CHIP
- E. Submit a DSS-3816C, Child Support Referral Custodial Parent Data, marked "change" with a reason for reinstatement in comments section

8.8 Earned Income/Self-Employment

Earned income from self-employment is the total profit from a business enterprise as calculated by subtracting the cost of doing business from gross income receipts.

1. Income Received Less Often than Monthly

Self-employment income received less often than monthly is annualized and averaged over 12 months. Individuals receiving self-employment income from a farm operation but who incur irregular expenses to produce such income have the option of annualizing these expenses.

NOTE: 1. No change in actual circumstances: Use last year's tax return or other source of verification and annualize to determine anticipated amount of income to be counted.

NOTE: 2. Substantial increase/decrease in business: Use earnings from four weeks prior to application amount of income to be counted.

2. Income Intended to Cover Less than One Year

Contracted or self-employment income intended as support for periods less than a year must be prorated over the period the income is intended to cover provided the income from the contract is not received on an hourly or piecework basis.

3. Capital Gains

Any capital gains income derived from the sale of raw material or machinery used by the self-employment enterprise is calculated by counting the amount of the capital gains, minus depreciation, as income. Add capital gains income to other self-employment income (averaged or anticipated).

4. New Business – Less than a Year

Average the income received from a business enterprise that has been in existence less than a year over the period of time the business has been in operation.

5. Budgeting Net Income/Self-Employment

To arrive at the net income to be budgeted, the ES must consider any cost of producing the self-employment income by the BG.

6. Allowable Self-Employment Costs

The following list details allowable costs:

- A. Identifiable cost of labor (i.e., salaries, employer share of Social Security Insurance)
- B. Stock, raw materials, seed, fertilizer and feed for livestock
- C. Cost of feed for work stock
- D. Rent and costs of building maintenance
- E. Business telephone cost

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- F. Cost of operating a motor vehicle required in connection with the operation of the business
- G. Interest paid to purchase income-producing property

CAUTION: *Principal is not an allowable cost.*

- H. Insurance premiums and taxes paid on income producing property
- I. Interest access fees incurred for businesses selling their goods through the internet

7. Non-Allowable Self-Employment Costs

The following list details costs not allowed:

- A. Payment on the principal portion of the purchase price on income producing real estate and capital assets, equipment and machinery
- B. Net losses from previous providers
- C. Cost of producing home produce intended for family consumption
- D. Family living expenses
- E. Entertainment expenses
- F. Personal debts
- G. Depreciation expenses (except those reported on a federal tax return)

8. Self Employment Income from Boarders/Roomers

BGs that are in the business of taking in boarders, roomers, or who operate commercial boarding homes are considered self-employed. Treat the income as follows:

- A. Verify boarder/roomer payment
- B. Deduct verified actual costs of providing room and/or board
- C. Add remainder to other earned income

NOTE: *If the ES cannot determine that the A/R is in the business of providing boarding or lodging, count the income as a cash contribution with no earned income disregards.*

8.9 Treatment of Teen Parent Cases

Teen parents under the age of 18 are permitted to file applications for themselves and their child(ren) only if they meet the criteria outlined in “Benefit Group/Family Composition”. These BGs may consist of the teen parent and their child(ren) only. ([See 3.6.2](#))

NOTE: *All earned or unearned income received by the teen parent adult must be considered when budgeting the case unless specifically excluded. (See 7.5)*

1. Living Arrangement of Teen Parent

An unmarried teen parent under age 18 must live in the household of a parent, legal guardian, other adult relative or in an adult supervised living arrangement in order to receive FI cash benefits unless he/she meets certain exceptions.

2. Eligibility Information Requirement

A teen parent applicant must be informed about FI eligibility requirements and it must be determined whether one or more of the exceptions listed in section 3.6.2 apply to his/her situation. DSS will assist the teen in obtaining the necessary verification if one or more of these exceptions exist.

3. Budgeting Income for the Teen Parent

Income in teen parent cases is budgeted as follows if the teen parent is under age 18 and unmarried:

A. Living with Parent / Deemed Income

Income of the parent(s), including stepparents, must be deemed to the teen parent BG. To calculate the amount to budget:

1. Add total gross income of the major parent(s)
2. Subtract the total amount of child support paid outside the home
3. Subtract gross income limit for the family size minus the teen parent and teen parent's child(ren)

NOTE: *The family size includes all dependents of the deemed parent(s) living in the home. Dependents temporarily absent may affect the family size.*

4. Add income remaining from the deeming computation to teen parent's countable income

CAUTION: *Remove the income deemed from the parent effective the month following the month the teen parent turns 18 years of age or gets married.*

B. Not Living with Parent

1. Verify and document any money received from parents, relatives or friends
2. Secure written, signed statements from potential contributors
3. Count cash contributions as unearned income

4. Special Teen Parent Budgeting Procedures

The following procedures must be followed for teen parents, under the age of 18.

- A. If the parent of the teen parent is an SSI recipient, do not deem the income of the parent
- B. If the parent of the teen parent has a child receiving SSI, that child is included in the family size in the deeming process

8.10 Gross and Need Standards

To be eligible, the BG must:

- A. Pass the gross income test
- B. Not exceed the need standard for the number of persons in the BG after budgeting disregards

NOTE: (See 8.15) Gross Income and Need Standard Table.

8.11 Child Support Deduction

The amount of child support an adult pays to an individual outside the household will be deducted as income to the BG if coded on CHIP screen EXNS.

1. Budgeting Child Support

Any child support paid outside the home will be subtracted from the gross earned income after any other budget calculations on CHIP.

If the BG has no earned income, the amount of child support paid will be deducted from any unearned income budgeted toward the BG.

2. BG with No Income

If the BG has no income, no child support deduction will be given.

8.12 Fifty Percent Disregard

A/R's may be entitled to a disregard of 50% of their earned income.

1. Receipt In Another State

Receipt of any disregard in another state does not affect the eligibility for the disregard in this state.

2. Four Months Lifetime Counting Months

Recipients are eligible for the disregard for four months lifetime, provided they pass the gross income test. The disregard begins the first month earned income is budgeted for each individual in CHIP, and is granted for the first four months that earned income is budgeted, regardless of the month of earnings.

NOTE: Overpayments or underpayments due to incorrect months being given the 50% disregard will not be recalculated.

3. Benefits Less than \$10

The disregard is considered received even when a benefit of less than \$10 results in no benefit.

4. Disqualified or Sanctioned Individuals

Disqualified or sanctioned individuals will have the disregard applied to any earned income budgeted.

5. \$100 Disregard

A recipient is eligible for a \$100 earned income disregard following the fourth month of the 50% disregard. This is a disregard continuing for all future months of eligibility.

6. Option to Refuse Disregard

Recipients will have the option to refuse the application of an earned income disregard in the budgeting procedure if the absence of disregards would result in termination of cash benefits. Termination of cash benefits for this reason would allow for eligibility of the same transitional services as if the cash benefits were terminated due to increased earned income.

NOTE: This is not an option for the initial month of benefits.

8.13 Income Treatment for Disqualified/Sanctioned Individuals

The countable income of any disqualified/sanctioned individual is budgeted, with allowable disregards, when determining FI cash benefits for the remaining BG member(s). Income, which is exempt from the budgeting process, continues to be exempted for a disqualified/sanctioned individual.

EXAMPLE: A 17-year-old dependent child is employed, but has been sanctioned for not attending school. The earned income of the dependent child is excluded.

8.14 CHIP Calculation

CHIP will calculate the amount of prorated benefits for the initial month.

1. Proration of Initial Month

The benefit amount for the initial month is prorated from the date of application. Proration also applies to individuals added to the budget. If the prorated benefit amount is less than \$10, no benefit will be paid.

2. Manual Proration Calculation

To calculate the prorated amount manually, use the formula below:

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Prorated Benefit Equals (# of days in app. mo. + 1) (- app. date) (x full FI benefit amount) (divided by # of days in app. month)

Example: Application date 1/08/15
(31 days in January) 31+1= 32
32-8 (app. date) = 24
24x165 (full FI benefit amount for 1 person) = 3960
3960 divided by 31(# days in month of application) = 127
\$127 is the prorated amount for initial month

8.15 Need Standard Table

The following table lists the Need Standards for FI effective October 2015:

Number in Benefit Group	Annual Federal Poverty Guidelines 2015	200% Monthly Federal Poverty Guidelines 2015	Monthly Federal Poverty Guidelines	Gross Income Limit (185% of Need)	Need Standard (50% of Poverty)	Payment Standard (33.72% of Need with no income)
1	\$11,770	\$1,960	\$980	906	\$490	165
2	\$15,930	\$2,654	\$1,327	1226	\$663	223
3	\$20,090	\$3,348	\$1,674	1548	\$837	282
4	\$24,250	\$4,040	\$2,020	1868	\$1010	340
5	\$28,410	\$4,734	\$2,367	2188	\$1183	398
6	\$32,570	\$5,428	\$2,714	2510	\$1357	457
7	\$36,730	\$6,120	\$3,060	2830	\$1530	515
8	\$40,890	\$6,814	\$3,407	3150	\$1703	574

NOTE: For family sizes over 8, \$173 is added to the Need Standard for each additional person. To determine Gross Income, multiply 1.85 and drop the cents. To determine Payment Standard/Award, multiply Need Standard by .3372 and drop the cents.

8.16 Manual Benefit Calculation

Occasionally, it may be necessary for the ES to manually calculate a BG's monthly benefits. The following procedures must be used when manually calculating FI cash benefits:

- A. Determine the gross earned income (from employment and self-employment) of each person in the BG.

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- B. Exclude the earned income of each dependent child and minor BG member.
- C. Subtract from each person's income, 50% of any earned income, provided the person is eligible for this disregard.
- D. Subtract from the remaining earned income of any adult, the amount of actual child support paid outside the home.
- E. Add together the net earned income of each person included in the BG.
- F. Subtract from the unearned income, child support paid by any adult not deducted from the earned income in Step D.
- G. Determine the remaining unearned income of all persons in the BG and add it to the Income subtotal in Step E to arrive at the total net monthly income.
- H. Compare total net income to the total need standard for the number of persons in the BG.
 - 1. If net income is less than the total need standard, go to Step I.
 - 2. If net income is equal to or greater than the total need standard, send a denial notice.
- I. Subtract the total net monthly income in Step H from the total need standard for the number of persons in the BG, multiply the result by the percentage of need. No FI cash benefits are made for less than \$10, unless when combined with an FI supplemental payment the two total \$10 or more.



Chapter 9

Redeterminations and Changes

9.1 Definition/Redeterminations

Every FI benefit group (BG) must have eligibility reestablished at least every 12 months. FI cases are subject to two types of review:

- A. Annual redetermination
- B. County initiated review or determination

9.2 Types of Reviews

Redeterminations may be selected annually by CHIP or, as needed, by the Eligibility Specialist (ES). At least one interview must be conducted for each BG once in every 12 months.

1. Annual Redetermination Actions

The following chart describes actions required by the ES on redeterminations selected by CHIP:

Redetermination Type	Actions Required
Annual: selected by CHIP 10 months from the last certification date for all FI cases	<ol style="list-style-type: none"> 1. The CHIP System generates a DSS 3807A, Notice of Expiration, to the client. 2. The client is required to complete and mail the DSS 3807A back to the Centralized SCAN Center, PO Box 100203, Columbia, SC 29202-3203, by the specified due date (during month of redetermination). 3. When the DSS 3807A is received by the Centralized Scan Center, clerical staff will register the application.

	<p>4. Once the application is registered, a X090, Application Interview Notice, is generated to the client requesting them to call in for an interview within 10 days.</p> <p>If the client comes into the local county office (LCO), a 3807A or a DSS 3800 can be completed. Once completed, clerical staff will register the 3807A or the DSS 3800 and scan it into the Annual Recertification/Redetermination folder.</p> <p>5. When the client calls the Intake Center, a worker will conduct the interview and document information using the Documentation Tool located in SCCHIP. If SCCHIP is unavailable, the DSS Form 1672, Documentation Form/Interactive Interview, will be used.</p> <p>If a client visits the LCO and requests a redetermination interview, one can be conducted by:</p> <ul style="list-style-type: none">a) Allowing the client to use a LCO telephone, if available; orb) By granting a face-to-face interview, if requested. Clerical will assign the interview to the next available worker through RSW/county rotation. <p>6. Any information requested by the Intake Worker during the Interactive Interview will be documented in the Documentation Tool in SCCHIP.</p> <p>7. The interviewer will reverify all eligibility requirements subject to change using the "Pend-less" Rules and any questionable information.</p> <p>8. Update CHIP as required.</p> <p>9. Send CHIP notification to recipient if additional information is needed.</p> <p>10. Notify recipient of change reporting requirements</p>
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	11. Explain and mail the required/appropriate pamphlets to recipient. If the client is interviewed in the LCO, give and explain the above.
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The Case Manager must ensure that the following are completed in coordination with the Annual Redetermination:

- A. Review the Family Plan and the family’s status in movement toward a goal of financial independence. Update activities and support services as needed
- B. Update PATS as required

2. County Initiated

County initiated redeterminations are those scheduled by the ES without previous notification of selection by CHIP.

9.3 Authorized Representative

An authorized representative of the recipient's choice may represent him/her in the eligibility aspect of the redetermination process. The A/R cannot update or change the family plan.

9.4 Failure to Comply with Interview

If the recipient or authorized representative fails to keep or reschedule the interview appointment, the ES must close the case on CHIP and send a timely notice giving the reason "failure to comply with the interview requirement to establish continued eligibility".

1. Good Cause/Missing Interview

If the recipient responds within the 10-day notice period, the ES will determine good cause, which includes, but is not limited to:

- A. Hospitalization
- B. Visiting out of state
- C. Serious family emergency
- D. Accident on the way to the appointment
- E. Situations beyond the recipient's control

If a good cause determination is made, the ES will revert the case to open and reschedule the interview.

9.5 Termination of Cash Benefits

Once the cash benefits are terminated, the applicant may reapply at any time.

9.6 Review of Good Cause Domestic/Family Violence Waiver at Redetermination

A review of a good cause domestic/family violence waiver must be completed every six months. If the individual is a victim of domestic violence, the CM should:

- A. Staff the case with the DVA
- B. Determine continued eligibility for waiver for the following program requirements:
 1. Work program requirements
 2. Child support requirements
 3. Time limit requirements
- C. ES must reauthorize FI cash benefits for full month upon completion of the review

9.7 Change of Payee

The ES must take the following actions when a change of payee is required:

- A. Complete actions required under Annual Redeterminations [\(See 9.2\)](#)
- B. Verify and document relationship requirements of child(ren) to new payee
- C. Determine if new payee should be included in the BG, and if so determine appropriate work requirements [\(See 12.3\)](#)
- D. Complete child support referral process

NOTE: *If previous payee died and was eligible for an uncashed check, the check may be endorsed "without recourse" to the payee's spouse or nearest adult relative by the county director. [\(See 11.4\)](#) Contact the Division of Finance for additional procedures when benefits are issued through ePAY. [\(See 11.2.6\)](#)*

1. Change of Payee – Emergency Non-Relative

When it appears that a non-relative must be made the payee due to an emergency situation, the following actions must be taken by the ES:

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- A. Determine existence of emergency situation: sudden death, desertion or physical/mental illness of parent/caretaker relative
- B. Determine what plan is being made for the child (notify Human Services) [\(See 14.13\)](#)
- C. Make change of payee to the unrelated caretaker pending final determination of child's placement

CAUTION: *The following conditions must exist:*

1. *The child is a recipient at the time the emergency arises*
2. *Payments are made only for a period of time necessary to carry out the development of a plan for the child's continuing care, usually no more than three months*

9.8 Reporting Changes

All recipients must report certain changes in their circumstances. A change may be reported to the ES or the CM. A change in circumstances may require a re-computation of the prospective income to determine a best estimate of income anticipated to be received in future months. [\(See 8.1\)](#)

NOTE: *For FI recipients required to file a Mailed Recertification Form (MRF) for SNAP purposes, treat the MRF as a change report for FI purposes. Follow up on reported changes, verify information, if required, and enter changes into CHIP.*

1. Collect Calls to Report Changes

The county office must accept collect calls from recipients who wish to report changes in this way.

2. Changes Which Must be Reported

Change in FI cases must be reported within 10 days. The BG is only required to report a change in:

- A. BG composition

EXCEPTION: *When it is determined that a BG member temporarily living away from home will not return to the home, the recipient must report within five days of learning of the change.*

- B. Residence or address
- C. Employment status (starting or losing a job)
 1. Starting or losing a job

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- 2. Hours of employment
- 3. Rate of pay

D. New Source of income

3. Acting on Changes

Any changes in circumstances resulting in an increase in benefits must be made effective the month following the month the change is reported. Any changes in circumstances resulting in a decrease or ineligibility must be made effective the month following the expiration of the timely notice period.

The following chart describes changes and actions required by the ES or CM:

Change	Required Action
Increased/Decreased Income	Verify change in income. Enter changes into CHIP and PATS as appropriate and send notice of change of benefit level if benefits increase/decrease.
Addition of person to BG (See 8.5)	List new person on current or new application/addendum/workbook. Have recipient sign/re-sign and date application. Update most current workbook and verify all eligibility requirements. Complete DSS-3816C, Child Support Referral Custodial Parent Data, if appropriate. Determine Work Program requirements. Add new data to CHIP and send appropriate notice.
Removal of person from BG	Verify and document reason for removal. Determine effect of removal on remaining members' eligibility. Update CHIP and PATS as appropriate. Send appropriate notice and initiate recoupment, if appropriate.
Changes in BG composition: parent returns to home, marriage of payee, BG moves into another household	Document the date the change occurred/is reported. Verify and document the reported change. Update CHIP. Determine Work Program requirements. Send appropriate notice and initiate recoupment, if appropriate.
Address change	Verify and document new address and BG composition. Update CHIP and send appropriate notice.
Approval for SSI	Verify SSI approval. Update PATS, if appropriate. Update CHIP to remove the SSI recipient from the BG and send appropriate notice.
Moving out of state	Determine if recipient is visiting or has abandoned residency. If recipient has abandoned residence: Update CHIP and PATS. Notify recipient of proposed closure and the ability to apply in the new state. If contacted by the new state, inform them of the date of closure. If recipient is visiting, (See 3.7)
Closing the case	Verify closure reason.

	Obtain statement from recipient if he/she requested closure. Update CHIP and PATS. Send appropriate notice. Initiate recoupment, if appropriate.
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4. Definition/Mass Changes

Changes initiated by the state or federal government, which may affect the entire caseload or significant portions of the caseload, are defined as mass changes.

Mass changes that may affect the FI Program include, but are not limited to:

- A. Adjustments to net income eligibility standards
- B. Adjustments to income deductions
- C. Annual adjustments to SSA
- D. Periodic adjustments to FI payments
- E. Other changes in the eligibility criteria based on legislative or regulatory actions

5. Verification at Redetermination

Elements of eligibility that have changed, as well as all questionable information, must be verified at redetermination. Unearned income must be verified if the source has changed, increased or decreased by more than \$25.00. Eligibility worker must verify all information on IEVS. Accurate codes for Work Program requirements must be determined and re-entered. The ES must also request proof of age appropriate immunizations if not previously provided.

9.9 Transferring Cases

1. Transferring Cases to a County

The following steps should be taken by the sending county when notified by the recipient or county that the BG has moved to a new county:

- A. If the recipient is a Work Eligible Individual, included in the FI Work Program:
 - 1. The ES must notify the FI supervisor or designee and CM as soon as he/she is aware of the BG's move to another county.
 - 2. The FI supervisor should email the FI supervisor or designee in the receiving county the following information:
 - a. FI case number
 - b. FI case name
 - c. New address

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- d. Summary of FI Work Program status, component activity and vocational goal
 - e. CM must ensure that all participation hours are entered into PATS. Update PATS to reflect new circumstances.
- B. Prior to updating CHIP with the new county address and site code to the receiving county, the case file must be imaged. This must be done within five working days of becoming aware of the new address. All case files, FI eligibility, case management and SNAP must be imaged.
- C. ES must notify the FI supervisor or designee who must update CHIP with the new county address and site code.

NOTE: Case transfers should not be delayed beyond the five working days time period. Changes that can be acted upon immediately should be completed by the sending county; changes resulting from the move should be acted on by the receiving county.

- D. The sending county must notify the BG via a C018, County Transfers, FI and/or FSP Notice, that the FI case is being transferred. They should also inform the BG that:
1. The new county will contact them regarding their new residence.
 2. The BG should contact the new county office if the new county office fails to contact them.

2. Receiving a Case Transferred from Another County

A CHIP alert will be generated on transferred cases which states, "Case transferred to (site code)". This alert will be shown in caseload 99, as this is the caseload specified for site code transfers. The receiving county must take the following action:

The ES/designated FI supervisors in the new county will act on this alert within 10 days by reviewing the case file information and contacting the BG via the C019, Relocation From Another County Notice, to request verification regarding any changes that resulted from the move to the new county that is needed to determine continued eligibility. If the BG fails to provide required verification, the case must be closed the first possible effective date after the notice of adverse action time period has expired.

If the BG provides required verification, any necessary changes should be documented in the case file and reflected on CHIP. The FI benefits will be re-budgeted based on any changes and notification of any change in benefit amount must be sent to the BG. For an increase in benefits, a change must be effected the subsequent benefit month. For a decrease or termination of benefits the

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change must be effected the first possible effective date after the notice of adverse action time period has expired.

CM/designated FI supervisor must coordinate with sending county regarding the participant's work program requirements, if appropriate.

CM must review case file from sending county and contact the recipient regarding an appointment date for an interview to update the Family Plan and PATS as appropriate.

9.10 Notification Requirements

The ES is required to notify recipients in writing when there is:

- A. A request for information to determine continued eligibility (the BG must be allowed at least 10 days from the initial request to provide the requested information)

CAUTION: *Do not use a timely notice for this purpose.*

- B. An increase in benefits
- C. A reduction in benefits
- D. A termination of benefits

1. Timely Notice

A timely notice is a notice which must be mailed at least 10 days before the date the proposed action is to be effective when benefits are to be reduced or terminated.

The 10-day count is a strict calendar day count beginning the day after the notice is mailed. (Notices are not mailed on Saturdays, Sundays or holidays.)

CHIP freezes the case once the denial/closure reason is entered and timely notice is sent.

If the BG provides the requested information or requests a fair hearing and continued benefits within the timely notice period, the case must be recalculated or reverted to open immediately.

NOTE: *If the timely notice period ends on a weekend or holiday, a fair hearing request is timely if received the next working day.*

- A. Content of Timely Notice

The notice must contain the following information:

1. The proposed action
2. Reason for the proposed action

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3. Fair hearing rights
4. Conditions for continued benefits
5. BG liability for benefits received during the fair hearing process
6. Availability of free legal representation
7. Telephone number and name of person to contact for additional information

B. Timely Notice Exceptions

In cases of suspected fraud when the ES has verified facts indicating proposed termination, reduction or suspension of benefits, the notice is timely if received by the date the action would become effective.

C. Checks Routed to Office

Checks may not be routed to the county office without sending a timely notice to the recipient.

2. Adequate Notice

An adequate notice informs a recipient of a reduction or termination no later than the date they receive or would have received their benefits.

A. Content of Adequate Notice

The notice must contain the following information:

1. The proposed action
2. Reason for the proposed action
3. Fair hearing rights
4. Conditions for continued benefits
5. BG liability for benefits received during the fair hearing process
6. Availability of free legal representation
7. Telephone number and name of person to contact for additional information

B. Adequate Notice Situations

The BGs in the following situations must be notified of the reduction or termination of cash benefits no later than the date they receive or would have received their benefits:

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1. The ES has factual information confirming the death of the recipient or the FI payee when there is no relative available to serve as the payee
2. The ES receives a clear written statement signed by a recipient that he/she no longer wishes assistance
3. The recipient gives information, which requires termination or reduction of cash assistance, and the recipient has indicated in writing that he/she understands that this must be the consequence of supplying such information. This includes the cancellation of a check returned by a recipient when he/she requests in writing that his/her cash benefits be terminated
4. The recipient has been admitted or committed to an institution in which the individual is not eligible for FI cash benefits
5. The recipient has been placed in skilled nursing care, intermediate care or long-term hospitalization
6. The recipient's whereabouts are unknown and DSS mail directed to him/her has been returned by the post office indicating no known forwarding address. The recipient's benefits must be made available if his/her whereabouts become known before the last day of the month
7. The recipient has been accepted for benefits in another state and that fact has been established by the county office previously providing benefits
8. An FI child has been removed from the home as a result of a judicial determination or voluntarily placed in foster care by his/her legal guardian
9. The recipient will receive an increase in benefits.
10. When changes in either state or federal law require automatic benefit adjustments for classes of recipients, timely notice of such benefit adjustments shall be given which shall be "adequate" if it includes a statement of:
 - a. The intended action
 - b. The reason(s) for such intended action
 - c. A statement of the specific change in law requiring such action

- d. A statement of the circumstances under which a hearing may be obtained and benefits continued

9.11 Reinstatement Situations

Reinstatement procedures will be used to restore benefits in the following situations:

- A. An application was denied in error
- B. Cash benefits were terminated in error
- C. A hearing decision determines that the BG was eligible
- D. The recipient begins compliance to cure a full family sanction during the month the CM initiates a full family sanction and the recipient completes the 30-day compliance period
- E. A case action review determines that the cash benefits were denied or terminated in error
- F. Requested information is provided or a request for a fair hearing is received within timely notice period
- G. Reinstatement procedures will also be used to restore cash benefits when an FI cash benefit is terminated due to information from the Child Support Enforcement Division, but the BG does not receive the child support payment in the month of termination of cash benefits



Chapter 10

Benefit Time Limits

10.1 Federal Requirement

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) requires states to limit the number of months a family receives assistance paid through the Temporary Assistance for Needy Families (TANF) block grant. South Carolina has its own time limit restrictions outlined in the Family Independence Act. Both federal and state time limit restrictions have been in effect since TANF funding began October 1, 1996.

1. Time Limit Types

FI recipients in South Carolina are under two different types of time limit requirements. The two types are:

- A. State - The Family Independence Act
- B. Federal - Temporary Assistance for Needy Families (TANF)

2. State Time Limit

The Family Independence Act limits certain BGs (those not meeting the state time limit exception criteria) receiving benefits from the FI Program to 24-months in a 10-year period. These BGs may be eligible for a time limit extension.

Months counted towards the family's limit will be based on the adult, minor head of the BG, or minor married to the head of the BG, who has received the most countable months.

When a family is ineligible for FI cash benefits due to state time limits, use the closure code of "TL" on CHIP screen AFED.

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Unless meeting a time limit exception, months in which the recipient is disqualified due to alien status, fleeing felon, drug conviction, or misrepresenting residence count toward the state time limit. Sanctioned individuals in an open case count toward state time limits.

3. Federal Time Limit

The federal TANF requirement has a five-year time limit on all families containing an adult in the BG, with a 20% limit on those families who can be extended beyond the five years. Federal time limit policy began October 1996.

Months counted towards the family's limit will be based on the adult, minor head of BG, or minor married to head of BG, who has received the most countable months.

- A. Unless meeting a federal time limit exception, months in which the recipient is disqualified due to alien status, fleeing felon, drug conviction, or misrepresenting residence does not count toward the federal time limits. Sanctioned individuals in an open case count toward federal time limits.
- B. Any TANF assistance paid in another state must be counted towards the TANF time limit.
- C. A teen parent, under the age of 18, in an adult's case may apply for benefits independently even though the adult's cash benefits terminated due to time limits. The federal time limit starts when the teen begins receiving his/her own FI benefits, turns 18 or graduates from high school, whichever comes first.
- D. Months received as a dependent child do not count against the state or federal time limit if the individual applies as an adult.
- E. Individuals or BGs may be under one or both time limits simultaneously, and may lose eligibility based on either state or federal time limits, whichever occurs first. When a family is ineligible for FI cash benefits due to federal time limits, use the closure code of "FL" on CHIP screen AFED.
- F. Any month in which a family cap voucher or transportation is paid to an unemployed FI family not receiving FI benefits due to less than 10 dollars, counts toward the federal time limit only. The following tracking codes must be used:
 - 1. Use tracking code "TO" on CHIP screen FITL when the case is open but zero benefits were issued and transportation assistance was provided.
 - 2. Use tracking code "FC" on CHIP screen FITL when the case was open but zero benefits were issued and a family cap voucher was provided.

4. Benefits Received in Another State

TANF assistance received in another state does not count toward SC's 24-month time limit, but does count toward the Federal 60-month limit.

NOTE: *The months counted toward a family's time limit will be based on the adult in the BG who has received the most countable months of assistance. Changes in household composition may affect the family's time limit.*

A family that received benefits in another state but has not reached the Federal 60 month limit may receive benefits up to 24 months in SC if otherwise eligible. If the case closes for any reason after reaching the federal 60 months, but state 24 months have not been exhausted; the family is ineligible for any additional state months, unless the family meets a time limit exception.

5. Time Limit Exceptions

BGs are granted an exception to the State 24-month time limit for the following reasons:

- A. An adult FI Family member is determined to be mentally or physically disabled, and the disability is expected to last 90 days or more (FAIP code DI). This exception is effective at the point in time the disability was diagnosed. If more than one adult is in the FI Family, code the other adult(s) AE-Adult in Exempt Household on FAIP unless he/she meets another exception reason. This also applies to a two-parent family with one SSI parent.
- B. A disability may be physical or mental, and must be verified by a physician or other health professional which include:
 1. Physician Assistants
 2. Nurse Practitioners
 3. Psychologists
 4. Psychiatrists
 5. Physical Therapists
 6. Other professionals qualified to make a clinical diagnosis

The medical incapacity is subject to reevaluation at intervals that are specific to each recipient's circumstances, at a minimum, at annual redetermination. (FAIP code DI, DC, or RH)

- C. An adult FI Family member is providing full-time care for a disabled family member living in the home, whose disability and need for care

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have been verified by a physician or other health professional. (FAIP code RH.) If more than one adult is in the FI Family, code the other adult(s) AE-Adult in Exempt Household unless he/she meets another exception reason.

- D. The teen parent/adult under the age of 18, has not completed high school and receives benefits for a child(ren). This also applies if both parents are teens in a two-parent household. Code the teen parent adult "MM" on FAIP until he/she turns 18 or completes high school. Once he/she turns 18 or completes high school, code "AD" on FAIP unless meeting another time limit exception. Assistance will be provided for a period of up to 24 months after the parent turns age 18 or completes high school, whichever occurs first.

NOTE 1: The time limit does not apply to dependent children. If the teen parent is a dependent child, use FAIP code "CI".

NOTE 2: In a two parent teen/adult household if one of the parents does not meet the above criteria (or any other time limit exception), code him/her as "AD".

- E. A BG member is a victim of family/domestic violence. To be eligible for this exception, the BG member must be in a program supervised by a recognized Domestic Violence Advocate.
- F. The caretaker relative is not the parent of the dependent child and is not included in the FI cash benefits.

NOTE: If the caretaker relative who is included in the BG reaches the time limit and is not eligible for an extension, remove the caretaker relative from the BG and continue benefits for the child(ren).

- G. An adult FI Family member is providing a home for and caring for a child(ren) whom the State has determined to be abandoned by his/her parents and for whom the alternative placement is foster care. (FAIP code AF.) If more than one adult is in the FI Family, code the other adult(s) AE-Adult in Exempt Household unless he/she meets another exception reason.
- H. Childcare or transportation is not reasonably available for participation in meeting work requirements. (FAIP codes CC and LT).
- I. Any month in which the benefit is not paid due to it being less than \$10 will not count against the 24-month time limit.

6. Federal Hardship Extensions

TANF legislation allows for up to 20% of the state FI caseload to be extended beyond the federal 60 months, due to "hardship". If one or more of the following criteria are met, an extension beyond the 60th month should be given:

- A. A family member is a victim of family/domestic violence. In order to be eligible for this extension, an FI family member must be in a program supervised by a recognized Domestic Violence Advocate. (CHIP extension code "HV")
- B. The family has an open case with Child Protective Services. (CHIP extension code "HA")
- C. As a result of the Family Plan, an adult BG member is active in a recognized substance abuse treatment program. (CHIP extension code "HA").
- D. The family has reached the federal time limit, but has not reached the State 24-month time limit due to months benefits were received in another state. Benefits may be extended to allow DSS to continue to work with the family in the Work Program until the State time limit is reached. (CHIP extension code "HA")

NOTE: This is an extension reason only. If an applicant is ineligible in another state due to a federal time limit, he/she must meet a SC time limit exception to become eligible for FI.

- E. An adult in the BG is working a full-time job (30 or more hours a week) but is still eligible for an FI cash benefit. (CHIP extension code "HA")

10.2 Adjusting Time Limit Tracking Codes

When it is discovered that tracking codes are incorrect on FAIP/FAIH, the tracking code must be corrected for the appropriate months on the FITL screen.

- A. When correcting time limit cases coded in error due to disability, the system should be adjusted (coded DI) back to the point in time that a disability was diagnosed or other exemption verified.
- B. When an application is determined to be denied in error, the case should be reverted to open and benefits authorized from the date of application so that the tracking of months will be accurate.
- C. If a client returns a check to be canceled, the month should be restored. Restoring a month of benefits on CHIP requires a tracking code be changed to "RM" on screen FITL.

10.3 Special Time Limit Situations

Caretaker Relative	<p>If the caretaker relative who is included in the BG reaches the time limit and is not eligible for an extension, remove the caretaker relative from the BG and continue benefits for the child(ren).</p> <p>NOTE: During the 22 month staffing, the CM must discuss the option of having the non-parent caretaker relative removed from the budget in order for the case to become "child only".</p>
Teen Parents	<p>Teen parents under the age of 18 receiving as a dependent child, whose benefits are terminated due to time limits, may apply for and receive benefits for themselves and child(ren).</p>
Dependent Children	<p>Dependent children, who have received benefits and whose cash benefits are terminated due to an adult reaching the time limit, may not receive cash benefits in the case of another caretaker relative unless determined to be abandoned. Months counted towards time limits as a dependent child do not count toward the individual's time limit as an adult.</p>

10.4 Verification of TANF Benefits from Another State

During the application process, ask the applicant, and document, if he/she or any adult member of the BG lived in another state or US Territory since October 1996 and if so, if they received any federal TANF assistance.

1. Negative Response

If the answer is no during an initial application:

- A. Do not count any out-of-state TANF assistance months for this BG.
- B. Document the case record accordingly.
- C. Send DSS-1262 or contact the appropriate agency for verification of benefits. Do not delay case approval beyond 30 days while awaiting a response.

2. Positive Response

If the answer is yes during an initial application:

- A. Ask in which county and state the assistance was received.
- B. Send DSS-1262 or contact the appropriate agency to determine the number of months benefits were received. Do not delay case approval beyond 30 days while awaiting a response.
- C. Enter countable federal time limit months as appropriate on CHIP screen FITL using tracking code "AS".

3. Ongoing Cases

If an active BG is currently receiving FI cash benefits in this state and it appears that an adult in the case may have received countable TANF months in another state any time after October 1996, send the DSS-1262 or contact the other state for verification.

4. CHIP Coding

Enter countable federal time limit months as appropriate on CHIP screen FTTL using tracking code "AS".

10.5 State Social Service Agencies

The following is a listing of state social service agencies:

Alabama Dept. of Human Resources Family Assistance 50 Ripley Street South Gordon Persons Building Montgomery, AL 36130-4000 Phone: 334-242-1773 Fax: 334-242-0513	Alaska Dept. of Health & Social Services Division of Public Assistance P.O. Box 110640 Juneau, AK 99811-0640 Phone: 907-465-3347 (Clerical Staff) Fax: 907-465-5154
Arizona Dept. of Economic Security Welfare Verification 400 West Congress Tucson, AZ 85701 Phone: 520-628-6810; option #0, Ask For Family Assistance Fax: 520-628-6862	Arkansas Dept. of Human Services Division of County Operations P. O. Box 1437 Little Rock, AR 72203-1437 Phone: 501-682-8993 (Client Assistance Office) or 1-800-482-8988
California Dept. of Social Services Information Line 744 P Street Sacramento, CA 95814 MS16-23 Phone: 916-651-8848; option #1, then option #7 Fax: 916-651-8866 Email: piar@dss.ca.gov Must have name of City or County where the client resided	Colorado Dept. of Human Services Office of Self-Sufficiency 1575 Sherman Street Denver, CO 80203-1714 Phone: 303-866-3122 Fax: 303-866-5098 Email: Patrick.lopez@state.co.us
Connecticut Dept. of Social Services 25 Farmington Avenue Hartford, CT 06105 Fax request on agency letterhead to 860-566-2022	Delaware Health & Social Services Division of Social Services P. O. Box 906 DHSS Campus-Lewis Building New Castle, DE 19720 Phone: 302-255-9659 Yvonne Smith-Rahama Email: yvonne.smith-rahama@state.de.us Fax: 302-255-9659

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Florida Dept. of Children & Families Call Center/ Fax Number	Servicing Counties
Jacksonville Phone: 1-866-762-2237 Fax: 1-866-873-0473	Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, Gulf, Liberty, Franklin, Gadsden, Leon, Wakulla, Jefferson, Madison, Taylor, Hamilton, Suwannee, Lafayette, Columbia, Dixie, Levy, Gilchrist, Alachua, Union Bradford, Baker, Clay, Putnam, Duval, Nassau, St. John
Tampa 1-866-325-6023	Marion, Flagler, Citrus, Hernando, Sumter, Lake, Volusia, Pasco, Polk, Orange, Seminole, Pinellas, Hillsborough, Osceola, Manatee, Hardee, Highland, Brevard, Charlotte, Glades, Lee, Hendry, Collier, Desoto
Miami 1-866-658-4135	Indian River, Okeechobee, St. Lucie, Martin, Palm Beach, Broward, Dade, Monroe
ACCESS Florida Program	D11_SFL_CallCenter@dcf.state.fl.us
Georgia Dept. of Human Resources Dept. of Family & Children Services DHR-ESS Section Personal Advocate 2 Peachtree St., NW, Suite 21-486 Atlanta, GA 30303 Phone: 1-877-423-4746 Fax: 1-888-740-9355 Email inquiry is the preferred method advocate@dhr.state.ga.us	Hawaii Dept. of Human Services 820 Mililani Street, Suite 710 Honolulu, HI 96813 Attention: Marie Muller Phone: 808-586-5732 Fax: 808-586-5735 Fax: 808-586-5744
Idaho Dept. of Health & Welfare 450 W State Street, 2nd Floor Boise, ID 83720-0036 Phone: 208-334-5815 Fax: 1-866-434-8278 Email: mybenefits@dhw.idaho.gov	Illinois Dept. of Human Services Office of Community Operations 401 South Clinton, 7th Floor Chicago, Illinois 60607 Phone: 312-793-4131 Fax: 312-793-5019
Indiana Family & Social Serv. Adm. Division of Family Resources 402 West Washington St., RM W-392 Indianapolis, IN 46207-7083 Phone: 317-233-0864 or 317-233-4454 (Secretary's Office) Fax: 1-800-232-4510	Iowa Dept. of Human Services Integrity Claims Recover Unit P.O. Box 36570 Des Moines, IA 50315 Phone: 1-877-855-0021 (option #2) Fax: 515-564-4095 Email: icru@dhs.state.ia.us
Kansas Dept. of Soc. & Rehab Services Economic & Employment Support 915 SW Harrison St., Room West Docking State Office Building Topeka, KS 66612 Phone: 785-368-8129 Debbie Newcomer (EBT) Email: Debbie.newcomer@dcf.ks.gov	Kentucky Cabinet for Families & Children Department for Community Based Services Division of Family Support 3CC 275 East Main Street Frankfort, KY 40621 Phone: 502-564-3440 Fax: 502-564-0405 or Email: outofstateinquiries@ky.gov

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<p>Judy.kennedy@dcf.ks.gov Fax: 785-296-6960 Email: ebtmail@dcf.ks.gov</p>	
<p>Louisiana Dept. of Social Services Information Office of Family Support 627 North 4th Street, 8th Floor Baton Rouge, LA 70804 Phone: 225-342-2342 (Inquiry Services) Fax: 225-219-4729; Fax: 225-342-9833 Email Cara Shields @ cara.shields@la.gov</p>	<p>Maine Dept. of Health & Human Services Office of Family Independence 11 State House Station, 19 Union Street Augusta, ME 04333 Phone: 207-624-4130 Fax: 207-287-3455 Toll Free: 1-800-442-6003 Email: desk.aceshelp@maine.gov</p>
<p>Maryland Dept. of Human Resources 311 West Saratoga Baltimore, MD 21201 Phone: 1-800-332-6347 (Ask for Constituent Services) Fax: 410-333- 3331</p>	<p>Massachusetts Dept. of Transitional Assistance 600 Washington Street Boston, MA 02111 Phone: 617-348-5502 Fax: : 617-889-7847</p>
<p>Michigan Dept. of Human Services Specialized Action Center 235 South Grand Avenue Lansing, MI 48933 Ph.: 517-373-3908 (Inquiry & Concerns) Fax: 517-335-6236 DHS-ICU-customer-service@michigan.gov Use one or the other not both phone call or email</p>	<p>Minnesota Dept. of Human Services Program Assessment & Integrity Division 444 Lafayette Road St. Paul, MN 55155-3845 Phone: 651-431-2000 Fax: 651-282-6120</p>
<p>Mississippi Dept. of Human Services 750 North State Street Jackson, MS 39202 Phone:1-800-948-3050 Email: ea.CustomerServices@mdhs.ms.gov</p>	<p>Missouri Dept. of Social Services Division of Family Services P. O. Box 88 Jefferson City, MO 65103 Phone: 573-751-3221 or 1-800-392-1261 (Wait for menu and then select 0) Fax: 573-526-4837</p>
<p>Montana Dept. of Public Health & Human Services Public Assistance Bureau P.O. Box 202952 Helena, MT 59620-2952 Phone: 406-444-064 0 (Pam Barragato) Email: PBarragato@mt.gov Fax: 406-444-0617</p>	<p>Nebraska Dept. of Health & Human Services Public Assistance/Food Program 220 South 17th P.O. Box 95026 Lincoln, NE 68509-5026 Phone: 402-471-9325 (Roxy) Fax: 402-471-9286</p>
<p>Nevada Dept. of Human Resources Welfare Division 2527 North Carson Street Capital Complex Carson City, NV 89706 Phone: 775-684-0800 Fax: 775-684-0844</p>	<p>New Hampshire Dept. of Health & Human Services 129 Pleasant Street Concord, NH 03301 Phone: 603-271-9700 (Client Services) Fax: 603-271-4230</p>

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<p>New Jersey Dept. of Human Services Division of Family Development P.O. Box 716, Building 6 Trenton, NJ 08625 Ph.: 609-588-2401; Fax: 609-584-4404 Attn: Out of State Inquiry</p>	<p>New Mexico Human Services Dept. Income Support Division P. O. Box 2348 Santa Fe, NM 87504-2348 Phone: 505-827-7250 Fax: 505-827-7203</p>
<p>New York State Dept. of Family Assistance Office of Temporary & Disability Assistance 40 North Pearl Street Albany, NY 12243 Fax: 518-486-6935 Fax: 518-474-8090</p>	<p>North Carolina Dept. of Health & Human Services - Division of Social Services Economic Independence Section 325 North Salisbury Street 2420 Mail Service Center Raleigh, NC 27699-2420 Ph.: 1-866-719-0141, Fax: (252)-789-5395 ebt.csc.leads@dhhs.nc.gov</p>
<p>North Dakota Dept. of Human Ser. Public Assistance Division 600 E Boulevard Avenue, Dept. 325 Bismarck, ND 58505-0250 Fax: 701-328-1060</p>	<p>Ohio Dept. of Job and Family Services 30 East Broad Street, Floor 32 Columbus, OH 432-43215 Phone: 614-466-4815 Fax: 614-466-1767</p>
<p>Oklahoma Dept. of Human Services Oklahoma County 55C P.O. Box 25352 Oklahoma City, OK 73125-0352 Phone: 405-521-4391 SNAP Deangelo Crawford 405-521-3444 TANF Timmie Smith 405-521-2877</p>	<p>Oregon Dept. of Human Services 500 Summer Street Salem, OR 97301 Phone: 503-945-5600 Fax Only: 503-373-7032 Attn: DHS</p>
<p>Pennsylvania Dept. of Public Welfare Office of Income Maintenance Bertolino Building, 1401 N 7th St P.O. Box 2675 (Zip Code 17105-2675) Harrisburg, PA 17120 Phone: 717-787-3119 Fax: 717-705-0040 Email: ra-dpwoimnet@pa.gov Web: www.dhs.state.pa.us</p>	<p>Rhode Island Dept. of Human Services Providence Family Regional Office 206 Elmwood Avenue Providence, RI 02907 Phone: 401-415-8200 Fax: 401-415-8372 (Attn: Supervisor, Beatrice Braisted)</p>
<p>South Dakota Dept. of Social Services Economic Assistance Office 700 Governor's Drive Pierre, SD 57501 Phone: 605-773-4678 Fax: 605-773-7183</p>	<p>Tennessee Dept. of Human Services Family First 400 Deaderick, 1st Floor Citizens Plaza Nashville, TN 37248 Phone: 615-313-5790 or 1-888-863-6178 Fax Only: 615-687-5535</p>
<p>Texas Health & Human Services Commission P.O. Box 814600 Midland, TX 79711 Phone: 1-877-541-7905 Fax: 1-877-447-2839</p>	<p>Utah Dept. of Workforce Services 140 E 300 South Salt Lake City, UT 84111 Phone: 801-526-0950 Option# 5, then #2 Fax: 1-877-313-4717</p>

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Vermont Dept. of Social Welfare 103 South Main Street Waterbury, VT 05671-1201 Phone: 1-800-287-0589 Fax: 802-871-3239	Virginia Dept. of Social Services 801 E. Main Street Richmond, VA 23219 Phone: 804-726-7380 Fax: 804-726-7357 Phone: 804-726-7378 Maryellen O'Hare Fax: 804-726-7669 Email: VAoutofstateverifications@dss.virginia.gov
Washington Dept. of Social & Health Services, Public Assistance Reporting Info System, Office of Program Integrity & Quality Assurance Attention: PARIS Unit P.O. Box 45410 Olympia, WA 98504-3491 Phone: 1-855-927-2747 Fax: 1-888--212-Email: csdcru@dshs.wa.gov	West Virginia Dept. of Health & Human Resources P.O. Box 2590 Fairmont, WV 26555 Phone: 304-356-4619 (Ask for Worker of the day) Fax: 304-558-2059 Email: dhhrbcfbenefitver@wv.gov
Wisconsin Dept. of Children & Families, Div. of Welfare Services 201 E. Washington Avenue, Suite A200 Madison, WI 53703 Phone: 608-264-1656 Press Option 3 Fax: 608-327-6125	Wyoming Dept. of Family Services 2300 Capital Avenue, 3rd Floor Cheyenne, WY 82002-0490 Phone: 307-777-5846 (Annette Jones) Email: annette.jones@wyo.gov Fax: 307-777-6276

10.6 Reapplication Due to Time Limit Exceptions

Individuals who reapply for benefits after a termination of cash benefits due to the 24-month limit may be eligible to receive FI cash benefits again by meeting and verifying one of the following exception reasons:

1. Disability

An adult FI Family member is determined to be mentally or physically disabled, and the disability is expected to last 90 days or more (FAIP code DI). This exception is effective at the point in time the disability was diagnosed. If more than one adult is in the FI Family, code the other adult(s) AE-Adult in Exempt Household on FAIP unless he/she meets another exception reason. This also applies to a two-parent family with one SSI parent.

A disability may be physical or mental, and must be verified by a physician or other health professional which include:

- A. Physician Assistants
- B. Nurse Practitioners
- C. Psychologists
- D. Psychiatrists

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- E. Physical Therapists
- F. Other professionals qualified to make a clinical diagnosis

2. Required in the Home

An adult FI Family member is providing full-time care for a disabled individual living in the home, whose disability and need for care have been verified by a physician or other health professional. (FAIP code RH.) The medical incapacity is subject to reevaluation at intervals that are specific to each recipient's circumstances, at a minimum, at annual redetermination. If more than one adult is in the FI Family, code the other adult(s) AE-Adult in Exempt Household unless he/she meets another exception reason.

3. Caretaker Relative

The caretaker relative is not the parent of the dependent child and is not included in the FI cash benefits.

NOTE 1: *If the caretaker relative who is included in the BG reaches the time limit and is not eligible for an extension remove the caretaker relative from the BG and continue benefits for the child(ren).*

NOTE 2: *A caretaker/relative caring for children who have been abandoned may be eligible for FI.*

Use the appropriate time limit tracking code (DI, RH, MM, AE, AF, CC, LT) on CHIP screen FAIP.

4. Domestic/Family Violence Waiver Criteria

Individuals who are victims of domestic/family violence who reapply for benefits after a termination of cash benefits due to the 24-month time limit may be eligible to receive FI again if all of the following conditions are met:

- A. The domestic/family violence situation is verified in one of the following ways:
 - 1. Proof of services from or referral by a domestic/family violence agency
 - 2. A temporary protective order
 - 3. A law enforcement report of domestic/family violence
 - 4. Documentation of domestic/family violence from an agency, professional, friend, or relative from whom the individual has sought assistance in dealing with domestic/family violence.

NOTE: *In the absence of documentary evidence it is acceptable to obtain the applicant's signed statement that he/she is a victim of domestic/family violence.*

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- B. At least one FI program requirement is being waived due to a current domestic/family violence situation in the applicant's life.
- C. A Family Plan is developed which includes the requirement that the individual must cooperate with the Domestic Violence Advocate Agency.
- D. DSS-3734, FI Domestic Violence Waiver Assessment is completed.

NOTE: *In the event an applicant meets one of the time limit exceptions and meets criteria to receive a DV waiver, the 24-month time limit exception policy takes precedence.*

Use CHIP Code FV, "Family Violence" on FAIP for reapplications that occur after the expiration of the 24-month time limit.

10.7 Chip Code Changes During Extension

If the client's status changes during an extension period from being eligible for an extension to meeting an exception to the time limit, it will be necessary to change the extension tracking code to the correct exception code on FAIP.

1. Ineligible After 24th Month for Other Reasons

If the BG is eligible for a time limit extension and becomes ineligible for FI cash benefits for a reason other than time limits or failure to cooperate with the work requirements, close the case on CHIP using the closure code which best reflects the closure reason.

The closure notice should indicate that the BG's time limit for FI cash benefits has expired.

2. BG Requests Closure After 24th Month

If the BG requests termination of FI benefits after the 24th month of time-limited benefits has expired, use the "TL" (State Time Limit) closure code.

10.8 Reapplication after 10-year time Period

Family Independence Act limits certain BGs (those not meeting the state time limit exception criteria) receiving benefits from the FI Program to 24 months in a 10-year period, beginning in October 1996. In order to determine if a family is eligible to reapply at the end of the 10-year period, the ES must review the FITC screen.

The first potential month of eligibility will be shown on CHIP CAP2 screen for cases that are in a closed status with a TL (time limit) closure code. The CHIP CAP2 screen should be printed prior to registering the case at reapplication.



Chapter 11

Benefit Issuance Procedures

11.1 Benefit Issuance

FI benefits may be issued in the form of a check or electronically into a payment account. Recipients that are subject to electronic issuance must have specific demographic information available on CHIP for the Primary Individual (PI). If the demographic information is not available for the PI, the recipient will be issued a check.

1. Required Demographic Information for Electronic Payments

The following information is needed by the vendor, XEROX, to establish debit accounts:

- A. PI name
- B. PI SSN
- C. PI mailing and/or residence address
- D. PI date of birth
- E. PI phone number, if entered on CHIP

2. Identifying Benefit Issuance

Workers will be able to identify the benefit issuance method by reviewing the warrant number on the AFDC Issuance History (AFIH) screen on CHIP. If the first two numbers are “02”, the benefit was issued as an Electronic Funds Transfer (EFT). If the first two numbers are “03”, the benefit was issued as a check.

11.2 Electronic Benefit Issuance

An electronic debit account will be setup as the payment method for FI recipients when required demographic information is available in the CHIP system. (See 11.1). The debit account is called ePAY. Benefits will be deposited monthly into the debit account for eligible recipients. The only deposits allowed in the ePAY accounts are funds deposited electronically by DSS. A debit card will be issued and must be used to access funds deposited into the ePAY account. These ePAY deposit accounts are governed by the FDIC banking regulations.

FI benefits are deposited into the account 2 days after case approval for newly approved cases. For ongoing cases, benefits are available the 1st of each month.

The following cases are not eligible for Electronic Issuance:

- A. Protective Payee cases – benefits are paid to someone other than the FI recipient.
- B. Some child only cases – no adult is included in the payment amount.

NOTE: *Child only cases with the required demographic information on the CHIP system will receive benefits electronically.*

1. ePAY Debit Cards

The ePAY debit card is used to access monies which are deposited into an ePAY account by DSS. The ePAY debit cards are plastic and have the MasterCard logo. The ePAY debit cards can be used at any location that accepts MasterCard.

Cards are created and mailed to the recipient within 7-10 business days of case authorization in the following situations:

- A. Initial case approval
- B. New PI has been identified in CHIP

All ePAY debit cards are mailed from Indiana and cards that are undeliverable by the US Postal Service will not be forwarded to the county or state DSS offices. The undelivered cards will be returned to:

**PO Box 80529
Austin, TX 78708**

The ePAY debit card is still valid after the FI case closes. The card may be used after a case closes and benefits remain in the account. If the client reapplies after case closure. A new ePAY debit card will not be issued unless one is requested by the recipient.

NOTE: *The ePAY debit card has no link to the SNAP EBT card.*

2. ePAY Debit Card Activation

The recipient must activate the ePAY debit card prior to initial use. To activate the ePAY debit card, the recipient must:

- A. Call Customer Service at 1-855-270-4445
- B. Have the ePAY debit card in hand; Must give card number
- C. Know social security number
- D. Know date of birth
- E. Select a 4 digit Personal Identification Number (PIN)
- F. Sign name on back of card in ink. (Signature included as step 2 under activation steps; probably as a measure of reminding clients that without signature, card cannot be used.)

3. ePAY Access

The ePAY account is a debit account and is subject to banking rules. DSS staff will not have access to information regarding individual card usage. Recipients have the right to make their own decisions on where to use their ePAY debit card. Due to the Middle Class Tax Relief and Job Creation Act of 2012 (P.L. 112-96) states are required to maintain policies and practices that restrict the use of TANF funds.

A. Family Independence benefits are not to be accessed by electronic transaction using a point-of-sale (POS) device, automated teller machine (ATM) or an online system to withdraw funds or process a payment for merchandise or a service at any of the following locations:

- Liquor Stores – this means any retail establishment that primarily sells intoxicating liquor;
- Casinos, gambling casinos, or gaming establishments; and
- Businesses that provide adult-oriented entertainment in which performers disrobe or perform in an unclothed state.

Use of FI benefits at these locations are subject to South Carolina Penalties.

B. Federal law requires the agency to ensure that clients have adequate access to their FI benefits. If a client says there is no place other than a prohibited location where they may use or access their FI benefits, it is the responsibility of the agency to explore options with the client for using and accessing FI benefits in a transaction. Consideration of the client's strengths and barriers should be noted since adequate access to FI benefits may vary on a case by case basis. If determined that a client does not have adequate access to FI benefits, a paper check may be issued. Email the client's name, case number and reason for proposed change in issuance to the FI Policy Monitors.

4. ePAY Transaction Penalties

The use of an ePAY card to withdraw FI benefits or process a payment for merchandise or service in the locations listed in section 11.2 #3A is prohibited. The transaction amount will be considered an overpayment and a claim must be established against the household and the claim investigated by DSS Benefit Integrity staff. The Benefit Integrity staff work in concert with the DSS Law Enforcement agents to obtain required bank transaction records to establish the claim.

When the agency receives a report of access or use of FI benefits in a prohibited location, the worker is required to:

- A. Complete a DSS 1680, Possible Claims Referral form and follow referral procedures outlined in Chapter 23, Recipient Claims
- B. Forward a copy of the report to the FI Policy Monitors via email. Once the report is received, FI Policy will forward to the Division of Finance for additional investigation.

If a client is found to be in violation the recipient's issuance will be changed from an ePAY debit card to a paper check. The eligibility worker (EW) will send an appropriate notice to the client indicating how future benefits will be issued.

NOTE: *If it is determined that benefits are not used in the best interest of the child(ren), a protective payee should be considered. (See 11.3)*

5. Non-Receipt of ePAY Debit Cards

If the county receives a report of non-receipt of the ePAY debit card, the EW must research and verify the following:

- A. FI benefits have been authorized
- B. The mailing address is correct on CHIP
- C. There has been sufficient time between approval and issuance 7-10 business days.

If the research shows that all required actions are correct in the CHIP system, the EW will refer recipients to www.GoProgram.com. Recipients can also contact the customer service helpline for additional assistance, 1-855-270-4445. Fees may apply.

6. Electronic Issuance Notice Requirements

A notice is sent to recipients upon case approval through the CHIP system. The Eligibility Worker will make a selection on the appropriate notice to indicate how benefits will be issued. The notice informs the client when to expect a paper check or the ePAY debit card for electronic benefits.

7. Special Issuance Situations

There are situations where benefits are authorized for a payee but because of circumstances, a change is necessary. Benefits deposited into an ePAY account are governed by banking regulations and cannot follow the cancellation and reissuance procedures outlined in Section 11.4. The EW should contact the Division of Finance for additional procedures when benefits are issued into an incorrect ePAY debit account.

11.3 Protective Payee

A protective payee is an individual, other than the parent or caretaker relative, who is interested in or concerned with the welfare of the recipient and assumes the responsibility to assure that FI cash benefits are spent for the needs of the family.

1. Protective Payee Situations

The following chart describes the general policies governing protective payments in these situations:

Protective Payee Reason	General Policies
Failure, inability or mismanagement of funds	FI cash benefits may be paid to a protective payee when the parent/caretaker relative fails to use benefits in the best interest of the child. This occurs when the parent/caretaker relative has misused funds to the extent that a threat to the health or safety of the child exists. The eligible parent/caretaker relative’s needs are not removed from the budget. ES/CM must provide the parent/caretaker relative counseling services aimed at improving money management. The protective payment is terminated when the parent/caretaker relative is considered able to manage funds.
Teen parent, under the age of 18	When a teen parent under the age of 18 meets the eligibility criteria and is eligible for a benefit, the benefit must be paid, whenever possible, in the form of a protective payee.
Drug related conviction	When the parent or caretaker relative is disqualified due to a drug related conviction, the benefit must be paid in the form of a protective payee.

2. Review of Protective Payment Cases

A review of all protective payment cases must be made at least every 12 months to determine the manner in which the protective payee's responsibilities are being

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carried out. More frequent reviews may be needed in some case situations and should be made at the CM's/ES's discretion with approval of the supervisor.

3. Dual Responsibility

The individual who agrees to act as protective payee for a recipient assumes a dual responsibility to the recipient and to DSS. In accepting an appointment, the protective payee assumes the obligation to see that the FI payment is spent for the benefit of the family and to work cooperatively with DSS in fulfilling this role.

4. Non-Responsibilities

The protective payee is not responsible for:

- A. Providing eligibility information
- B. Reporting changes
- C. Completing the application

5. Criteria for Selecting Protective Payees

The following chart shows criteria used in selecting individuals to be protective payees:

Criteria	Actions Required by Protective Payee
Interest or concern in the welfare of the family	Demonstrate interest in the well-being of a BG by regular and frequent visits, efforts to help at times of crisis and evidence of friendship beyond that of ordinary neighborly concern.
Ability to help the family make proper use of the benefits	Have ability in ordinary household budgeting, experience in purchasing food, clothing and household supplies within a restricted income, and the knowledge of effective household practices.
Accessibility to the family	Work closely with the recipient in matters concerning the daily needs of the BG. The protective payee must be geographically close or have transportation to maintain close contact with the recipient.
Ability to establish and maintain a positive relationship with the family	Inspire confidence to increase a recipient's ability to manage household affairs adequately. The individual receiving the payment must offer help within the context of a positive relationship, one that motivates a desire for change and the acquisition of new skills.
Good character and reliability	Handle money vital to the BG's well-being and deal with highly confidential family information. The protective payee must be responsible and dependable.

6. Notice Requirement for Protective Payee

Protective payees will be selected by the recipient or with his/her consent to the extent possible. When a decision is made that payment must be made in the form of a protective payment; the recipient must be notified in writing.

7. Opportunity for Fair Hearing

A 10-day advance notice must be given before the form of payment is changed. The recipient must be given the opportunity for a fair hearing both on the determination that payment must be made as a protective payment and the selection of the protective payee.

8. DSS Personnel as Protective Payee

If a DSS staff member is to be the protective payee, it is preferable that a person be chosen from the Human Services staff.

9. Exceptions

A protective payee may be any person interested in the recipient's welfare except:

- A. The director of the county office
- B. The CM/ES responsible for the case
- C. Any staff member handling fiscal processes related to the individual case
- D. Landlords, grocers or other vendors of goods or services dealing directly with the recipient

CAUTION: *A protective payee may not be paid for his/her services or be included in the benefits.*

10. Procedures for Assigning Protective Payees

When it is determined that a protective payee is needed, the protective payee and ES must complete and sign DSS-1220, Protective Payee Agreement, and forward the document to the county director or appointee for approval.

CAUTION: *The ES must retain a copy of the DSS-1220 in the case file.*

11.4 Endorsement of Checks

There are situations where an individual other than the payee needs to endorse the check. Based on the reason, the following chart shows the procedures, which should be used:

Reason	Procedure
Death of recipient	When an FI payee dies on or before the first day of the month for which a benefit check has been issued, the

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	check may be endorsed “without recourse” to the payee’s spouse or nearest adult relative by the county director.
Death of recipient	Endorsement is accomplished by having the following statement typewritten single spaced on the reverse side of the check in the top 1 ½ inches: (Name of Client)____, died on____(MMDDYY of Death)____therefore, in compliance with S.C. Code, Title 43, 5-200 (1978), is payable to____(Name of Spouse/Relative)____without recourse.____Name and Title of County Director)____(Endorsement of Spouse/Relative)____ This statement authorizes the bank to cash the check without liability for doing so.
Emergency situation	When emergency situations arise and the recipient is incapable or unavailable to cash a benefit check (i.e., hospitalized, jailed, etc.) the county probate judge may issue an order authorizing a guardian or other person to endorse the check. When this is not possible, it is necessary to return the check to the state DSS office for re-issuance in the name of the spouse, legal guardian or other responsible person.

1. Cancellation of Check

In the two situations below, the check must be canceled and reissued in the correct amount based on the new situation:

- A. Death, desertion or commitment to a public institution of an FI payee before the first day of the month for which the check is issued when the new payee is ineligible to be included in the FI benefit but the child(ren) remains eligible.
- B. Removal of an FI child from the home before the first day of the month for which the check is issued and his/her placement in foster care when the other child(ren) in the home remains eligible.

2. County Procedures for Check Reissuance

When a check must be canceled and reissued, the county must follow the procedures listed below:

- A. Stamp "cancel" on the face of the check and send a DSS-1104, Request for Cancellation of Check, to DSS Treasury.
- B. Make corrections on appropriate CHIP screens when alert message, "MM/YY/AF benefit canceled", is received
- C. Recalculate the benefit month of cancellation and authorize benefits.

3. CHIP Procedure

CHIP will send reissued checks to the current specified relative rather than the previous payee.

If a recipient does not receive an FI check, or if the check is lost, stolen or destroyed prior to cashing, the ES may authorize a replacement check in the amount of the original check.

4. Time Frames for Replacement

The courts have directed that the recipient must receive a replacement check within 20 days after notification of non-receipt when the check has not been cashed or 30 days if the check has been cashed. The ES must complete the following procedures as soon as possible after the report of non-receipt.

- A. If check is outstanding on CHIP screen AFIH, ES keys in non-receipt information on Screen NORR. This action notifies the Division of Finance to stop payment on the check and automatically requests replacement of the non-received benefits.

EXCEPTION: Non-receipt can be deleted prior to the close of business the day it is entered, if necessary.

- B. If screen AFIH indicates check has been redeemed, ES completes and forwards DSS- 1101, Request of Check Copy, to the Division of Finance.
- C. Division of Finance sends copy of the cashed check and DSS- 1144 to the county office.
- D. ES contacts recipient to verify endorsement. The ES must impress on the recipient that false statements may constitute fraud for which legal action may be taken. If the ES and recipient agree that the signature is not that of the recipient, a DSS-1152A, Client's Affidavit, must be signed by recipient and ES, and must be notarized.
- E. Recipient must file a police report indicating the endorsement is fraudulent and must provide a copy of the report to the ES.
- F. ES sends copy of check, DSS-1152A and DSS-1144, with Section A completed to the Division of Finance.
- G. Division of Finance sends replacement check and form letter DSS-1107 to the county office.

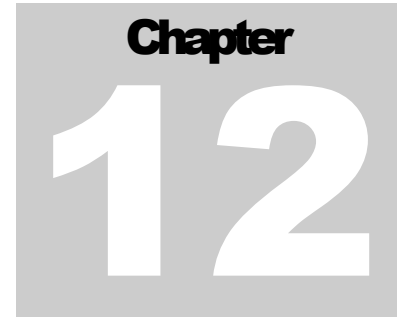
CAUTION: The ES should not handle returned checks.

- H. Recipient signs DSS-1107 in return for replacement check.
- I. DSS-1107 is returned to the Division of Finance

- J. If the ES believes the signature to be that of the recipient, procedures found in Chapter 4 of the Finance Policy and Procedure Manual must be followed.

11.5 Returned Benefits/Undeliverable

When an FI check is returned to the county office as undeliverable, the returned benefit can be recorded in CHIP on screen RERB (Returned/Redirect Benefits) as returned (RT/UD). If the benefit is then reissued by the county to the client, either in person or by mail, the reissuance (RM-reissued manually) can be recorded on the RERB screen as well.

A graphic with a grey background. At the top, the word "Chapter" is written in a bold, black, sans-serif font. Below it, the number "12" is written in a very large, white, bold, sans-serif font.

Chapter 12

Introduction and Purpose of the FI Work Requirement

12.1 Introduction and Purpose of the FI Work Requirement

The Family Independence (FI) Work Requirements are designed to assist FI recipients to become employed and thus achieve self-reliance.

The FI Work Requirements are based on a reciprocal agreement between the FI recipient and DSS. All adult/teen parent adult recipients must complete and sign a Family Plan. The Family Plan includes the DSS 1015 A, Work Readiness Assessment, DSS 1015 B, Assessment Summary and DSS 1022, Individual Employment Plan. All TANF Work Eligible Individuals (WEI's) must also sign an Individual Employment Plan (IEP) which describes the actions he/she must take and the time frame required to become employed. DSS agrees to assist with needed services to aid in the employment process.

Note: Refusal or failure of WEI's to cooperate in the development of the Family Plan without good cause will result in case closure. Closure for failure to develop the Family Plan applies to new approvals or re-applications for WEI's. The conciliation process outlined in Chapter 18 must always be followed after the Family Plan has been signed by the WEI.

12.2 Job Placement Goals

The goal for able-bodied work eligible participants is a job placement within 24 months commensurate with the individual's abilities.

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Work activities should lead to employment which:

Is full-time

- A. Exceeds minimum wage
- B. Provides health benefits
- C. Includes the potential for advancement
- D. Is in the participant's home community unless relocation is an option the participant will accept [\(See 19.11.9\)](#)

12.3 WEI-Subject to FI Work Requirements

All TANF Work Eligible Individuals (WEI) are subject to FI Work Requirements. A WEI individual is an adult or minor parent head-of-household receiving assistance under TANF or a non-recipient parent living with a child receiving such assistance. These include:

- A. Adults/teen parent adult BG members
- B. Adults/teen parent adults sanctioned due to enumeration or child support requirements
- C. Adults/teen parent adults disqualified due to felony drug conviction after August 22, 1996
- D. Adults/Teen Adults identified as a fleeing felon after August 22, 1996

The following individuals are excluded from TANF Work Program requirements:

1. A minor parent and not the head-of-household
2. A Family with two or more parents in the BG
3. An alien who is ineligible to receive assistance due to his or her immigration status.
4. Individuals with incapacity lasting 90 days or more

Note: The medical incapacity is subject to reevaluation at intervals that are specific to each recipient's circumstances, at a minimum, at annual redetermination. (FAIP code DI, DC or RH)

5. A parent providing care for a disabled family member living in the home. A medical statement from a physician must support the need for care.
6. While this individual is exempt as work eligible, he/she must be coded "RH" on the EMPR screen and referred to the Case Manager for

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development of the Family Plan. When coded "RH", the disability of the person in need of care must be for a minimum of (90) days.

Note: To meet the exception for required in the home, the caretaker must provide written verification from a medical practitioner that they are required to be the caretaker of the disabled family member.

The following definitions apply when determining who qualifies for the “RH” exclusion:

1. A family member is defined as an individual related to any member of the benefit group by blood, marriage or through legal documents.
2. An adult is defined as an individual age 19 or older or 18 years old if not attending fulltime secondary school or the equivalent or an individual 16 to 18 years old legally emancipated by marriage or legal action.
3. Disability is defined as the inability to engage in any substantial activity because of a physical or mental impairment as certified by a licensed health professional. Disabilities may be short-term or long-term. Long-term is defined as expected to last for a continuous period of not less than 90 days

The DSS form 1247A, “Required in the Home” verification, must include all of the following:

1. Identification of the person who is to be cared for.
2. Specifics of the period of disability.
3. A prognosis of the disabled family member’s recovery, or the date of reexamination.
4. Description of the amount of time (daily) and the length of time that the caretaker is needed to care for the disabled family member.

12.4 Work Program Compliance

Compliance with FI Work Requirements is mandatory for initial and continued FI eligibility. The Eligibility Specialist (ES) will refer all new approvals to the FI Supervisor in the applicant’s county of residence. The FI Case Manager will determine if the applicant must complete a Family Plan and will send the appropriate notice.

1. A/R Notifications

At the time of application/redetermination, the ES must inform all A/R of the following work program elements:

- A. Required program participation
- B. Cooperation with FI Case Manager
- C. Available support services
- D. Participant's rights and responsibilities
- E. DSS' rights and responsibilities
- F. Time limited benefits
- G. A/R's right to a fair hearing regarding FI Work Requirements

12.5 EMPR Codes for Work Programs

The following is a list of work program codes to be entered on CHIP. All adults/teen adults must be referred to a FI Case Manager for case management, development of Family Plans and participation in the appropriate program:

- A. TANF Work Program
- B. State funded C.A.R.E.S or Two Parent Program

The Eligibility Specialist (ES) should determine which EMPR code is best suited for WEI's based on the individual circumstance as it relates to TANF participation.

The appropriate EMPR code must be entered on the CHIP screen in order for the case to be listed in the Participation and Tracking System (PATS).

The EMPR code may be changed when necessary, but after case approval, the code should remain the same for the entire month. If the individual no longer meets the EMPR code, it must be changed effective the following month.

These codes apply to individuals identified as TANF Work Eligible Individuals (WEIs):

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MA	Applies to a WEI for the FI Work Program - Will need an average of 30 hours per week to meet the All Family participation requirement. <i>Note: This code also applies to participants in the State Two Parent Program.</i>
PC	Applies to a WEI who is the only parent/caretaker relative in the FI family of a child under the age of six. Will need an average of 20 hours per week to meet the All Family participation. This code should also be used if a Young Custodial Parent (YCP) has a child under age one.
PW	Applies to a WEI who is the only parent in FI family with a child under age one, parent personally providing care for his/her child under age one. Parent coded PW is required to participate 20 hours per week. This does not apply to a young custodial parent (YCP). If the YCP has a child under age one, code "PC" on EMPR.
DC	Applies to a WEI who is a parent providing care for a disabled child attending school. The need for care must be supported by medical documentation
FV	Applies to a WEI who is identified as a victim of Domestic/Family Violence. NOTE: Documentation will be recorded on DSS-3734, FI Domestic Violence Waiver Assessment.
MC	Applies to a WEI who is unable to participate because childcare cannot be provided as needed.

The following EMPR codes are used to identify other BG members that are not WEIs and those included in State Funded CARES or Two-Parent Program.

CH	Applies to a child recipient
YP	Applies to a dependent child that is a parent
RH	Applies to an individual providing care for a disabled family member living in the home; that prevents the individual from participating in FI work activities. The disability of the person in need of care must be for a minimum of ninety (90) days. A medical statement from a physician must support the need for care.
IN	Applies to individuals who are determined to be incapacitated and unable to participate in work activities based on medical documentation. The incapacity must be total and expected to last 90 days or more. Single disabled parent in CARES Program or second parent in the Two Parent Program
DC	Applies to a parent in a two parent family that is providing care for a disabled child attending school. The need for care must be supported by medical documentation.

While individuals coded “RH” & “IN” are exempt as a TANF WEI, he/she must be referred to the FI Case Manager. Case management services must be provided to the family, as well as development of the Family Plan.

In a case with two adult BG members, if either adult is coded "IN", "RH" or "DC" on EMPR, the second adult must be coded "MS" (unless a disability or in-home requirement exists for the individual also).

12.6 Non-Custodial Parent Requirements

1. Court Order Required

An unemployed non-custodial parent (NCP) of a child(ren) receiving an FI benefit may be court ordered to comply with FI Work Requirements. The Child Support Services Division (CSSD) will notify the county where the NCP resides when such a court order is issued.

2. County Communication

Each county will be responsible for assigning a contact person to whom CSED may transmit the referral, as well as internal procedures for case management of the NCP participant.

3. NCP Referral Procedures

The following procedures should be followed to assure participation and tracking of FI Work Components:

A. Children in Active FI Case

An NCP will only be referred by CSED after being court ordered or administratively ordered to participate, and only if the child(ren) is in an active FI case on the date of the order. (Once referred, DSS will continue to work with the NCP even if the child(ren)'s case closes.)

B. Referral Form

The NCP FI Work Requirements Referral will be attached to the court order and forwarded to the designated FI worker for the county in which the NCP resides.

C. Assignment to Designated Worker

The case will be assigned to the appropriate FI Case Manager in the county. This individual may be a CM or other designated individual, as this process does not involve an eligibility determination.

D. Eligible Activities

Since the purpose of court ordered participation is to assist the NCP in securing employment as quickly as possible, the NCP is only eligible to participate in the following activities:

1. Self-directed job search
2. Employment
3. On-the-job training

4. Short-term job skills training (three months maximum)

NOTE: *If the court order specifies a different component than those listed above, DSS must make a reasonable effort to accommodate the court order. If the request is unreasonable, the CM should contact CSED asking to have the court order amended.*

E. Scheduling the Interview

The FI CM must schedule an interview with the NCP within 30 days of the court order, with the purpose of developing an Employment Plan (DSS-1222, IEP) explaining the participation requirements of the program. The NCP will be required to participate in a component activity as defined in the IEP, but will not impact the participation rates.

F. Transmission of Referral Form

Once the Employment Plan is completed, the FI CM should complete the NCP FI Work Requirements Referral indicating the results of the interview, and forward the acknowledgment to the address listed on the form.

G. Communication with CSED

When the NCP completes the work components or maintains employment of 30 or more hours per week for three months, the results should be documented on the NCP FI Work Requirements Status Report and forwarded to the address listed on the form.

NOTE: *As long as the NCP satisfactorily participates in the work components, no feedback to CSED is required until completion of the participation requirement.*

Maintaining employment of 30 hours per week for three months is considered completion of the participation requirement.

4. NCP's Failure to Comply

If the NCP fails to show for the interview, or if the NCP fails to participate as required, the FI worker will initiate the good cause/conciliation process.

5. Communication with CSED

If the NCP fails to show good cause or conciliate, the FI CM should complete and forward the Affidavit of Noncompliance to the address listed on the NCP FI Work Requirements Status Report. This report is an affidavit sent to CSED for transmission to Family Court for appropriate action.

12.7 Additional Family Support Needs

The whole FI family is served through enhanced case management. When the family is in need of additional services, the CM must make appropriate referrals based on the need. Additional services for family members include services provided by DSS or other agencies.

1. Domestic/Family Violence Safety Plan

A plan will be completed by a Domestic Violence Advocate (DVA) when an A/R requests that certain program requirements be waived when compliance with the requirements would place the A/R at risk of acts of domestic violence. The plan will reflect the DVA's assessment, will outline counseling and support services, and will be designed to lead to work to the extent possible. It will be maintained by the DVA. Continued cooperation with the DVA will be documented on the Employment Plan.

2. School Dropouts

School dropouts will be removed from the BG, and be referred to a school dropout intervention program.

3. School Attendance Requirements

Close attention must be given to children experiencing difficulties in school in order to correct the identified problems and ensure attendance and satisfactory progress. Children that are not performing satisfactory may be referred for tutoring. The caretaker relative must make every effort to see that all school-aged children attend regularly and make progress in school.

CAUTION: *BG members under age 18 who do not meet satisfactory school attendance requirements will have their needs removed from the BG. The case should remain open if other eligible members are included in the BG.*

12.8 Young Parents Program

DSS will provide services to FI Teen Parent/Adults (TA) under age 20, in order to ensure they delay subsequent pregnancies and receive a high school diploma, GED, or Certificate of Completion.

1. YP CHIP Coding

A teen parent acting in the adult role should be coded with the appropriate FI Program EMPR code. Teen parent adults (affiliation code of TA) will be pulled into the PATS system as an FI category (based on the EMPR code) and with a "Y" for the Young Parent Program Indicator.

The CHIP code YP will only be used on the EMPR screen to identify a dependent child that is a parent.

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Combination Codes for Work Eligible Individuals

CHIP Combination Codes for Work Eligible Individuals										
		EMPR								
SEPA	FIAF	MA	DC	FV	IN	MC	MS	MT	PC	PW
IN	CR	x	x	X	x	x	x	x	x	
	TA	x	x	X	x	x	x	x	x	x
	PA	x	x	X	x	x	x	x	x	X
DI CS	CR	x	x	X	x	x	x	x	x	
	TA	x	x	X	x	x	x	x	x	x
	PA	x	x	X	x	x	x	x	x	x
DI DC	CR	x	x	X	x	x	x	x	x	
	TA	x	x	X	x	x	x	x	x	x
	PA	x	x	X	x	x	x	x	x	x
DI DS	CR	x	x	X	x	x	x	x	x	
	TA	x	x	X	x	x	x	x	x	x
DI FF	CR	x	x	X	x	x	x	x	x	
	TA	x	x	X	x	x	x	x	x	x
	PA	x	x	X	x	x	x	x	x	x
DI RE	CR	x	x	X	x	x	x	x	x	
	TA	x	x	X	x	x	x	x	x	x
	PA	x	x	X	x	x	x	x	x	x
DI SS	CR	x	x	X	x	x	x	x	x	
	TA	x	x	X	x	x	x	x	x	x
	PA	x	x	X	x	x	x	x	x	x
DI WP	CR						x			
	TA						x			
	PA						x			

Chapter
13

Chapter 13

FI Case Management

13.1 FI Case Management

The primary function of an FI Case manager involves providing employment and training opportunities through counseling and referrals to recipients of the FI program. This is done through the Case Management Process. Case Management is the process used to move participants from where they are now to increased self-sufficiency. The process will include a variety of strategies, techniques and resources designed to build on the participants' strengths and overcome their barriers. Self-sufficiency is the goal or outcome. Case Management is the process used to assist participants in moving toward that goal. Case Management work includes processing of a broad range of paperwork and entering information into a computer-based system with very time sensitive agency and legal deadlines. Case Management activities include intake, assessment, goal setting, service planning, linkage to services, monitoring, evaluation, and case closure.

NOTE: *Case Manager/client relationship is always a partnership, and the client must be active in all phases*

1. Case Manager Duties

Case Manager Duties include the following:

- A. Providing vocational and career counseling and guidance to Family Independence clients
- B. Explaining FI Program policies and procedures at initial meeting
- C. Managing caseload to provide ongoing vocational services
- D. Determining, case-by-case, the actions needed to obtain gainful employment for individuals to achieve self-reliance
- E. Monitoring and periodically reporting progress in achieving vocational goals

- F. Visiting clients in their homes to obtain and/or verify information, and to establish a positive rapport with the client and other family members
- G. Coordinating and monitoring worksites to determine level and quality of client participation
- H. Assisting clients with appointments and travel

2. Strength-based Approach to Casemanager

Case Managers must use a strengths based approach with the work eligible individuals in their assigned caseload. A strength-based approach looks at each individual to see what his or her strengths are and then builds on those strengths. This is significantly different from a barrier identification approach, which emphasizes problem identification and elimination before placing the client in employment or other work activities. A strengths based approach does not ignore or deny the existence of barriers; instead it asks where an individual's strengths or greatest potential lie and then builds on those strengths. It is a positive approach to working with participants in a more respectful and possibility-focused manner.

A strength based approach starts with the very first interaction with the participant. First interactions are very important and set the stage for all future interactions. A positive approach that encourages client participation, and emphasizes the possibility of change, will help facilitate a positive response from the participant. It is important to remember that each individual has both strengths and barriers, but it is human nature to respond more positively when the strengths are emphasized rather than the barriers. Conveying a belief that working with the FI work program is a positive experience and using a strengths based model will increase the chances for improved relationships and outcomes. As stated earlier, a strengths based approach does not ignore or deny the existence of barriers, but instead gauges the severity of the barrier compared to the individual's strengths.

Unless the barrier is overwhelming, such as severe mental or physical health, or chemical dependency issues so great that the mental, physical or chemical dependency issues put the individual at risk of harming him/herself or others, generally a strengths based approach will be more effective than pursuing a barrier identification and reduction model.

3. Philosophy and Goals of Casemanagement

Case Management provides an organized, structured process for moving participants through the process of change and toward the goal of self-sufficiency.

The process we will describe is based on the following beliefs:

- A. Case Management is a participant centered rather than a program centered approach. It starts with the participant and uses the program's resources to try to help each person achieve his goals.

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- B. Participants are capable of taking more control of their lives. They are capable of solving problems, making decisions, and setting goals. Case Management should not do for people what they can do for themselves.
- C. Participants have strengths and resources as well as weaknesses and barriers. Case Management attempts to enable participants to use their strengths and resources to overcome their weaknesses and barriers.
- D. The Case Management process should be a shared partnership between the participant and Case Manager. Although each partner brings different skills, experiences and expertise, they share in the responsibility for producing change.
- E. Participants should be actively involved in all phases of the process assessment, planning, problem solving, and finding resources. Case Management seeks to have an active participant and not a passive one.

13.2 FI Case Plan Process

The FI Program is designed to promote the self-sufficiency of program participants through intensive and continuous engagement in program activities until the client finds employment. This may result in periods during which a client may be assigned to an activity that promotes self-sufficiency but which does not contribute to the agency's overall participation rate. It is expected that each county DSS office will meet the work participation rate of 50%.

Case Management begins with the development of the Family Plan. The Eligibility Specialist should notify the Case Manager (CM) when a family is approved for FI benefits. The Case Manager will send the appropriate notice to the client for development of the Family Plan.

NOTE: The DSS 1230D Family Plan Additional Documentation Form or Case Notes in SCOSA must be used for documentation in the case management file.

13.3 FI Case Assessment Process

The CM will complete an initial assessment of the participant within 10 days if possible, but in all cases within 30 days of the referral from the Eligibility Specialist (ES). The 30 days begins with, and counts, the date the client was assigned to the component. The assessment will include an explanation of the FI program opportunities and requirements.

Note: Work Eligible Individuals should begin participation in the FI Work Program as quickly as possible after case approval. Individuals approved prior to CHIP cutoff count in the TANF denominator for the "full weeks" remaining in the report month after the approval date. If approved after CHIP cutoff the individual will not be included in the participation rate until the next month.

NOTE: A "full week" is defined as a complete Sunday through Saturday week as displayed on most calendars.

1. The Case Manager is responsible for all case management activities after the case is approved for FI benefits. All adult/teen adult recipients must cooperate in the development of the Family Plan. Refusal or failure to cooperate in the development of the Family Plan without good cause for newly approved WEI's or those who re-apply will result in case closure.

All Work Eligible Individuals (WEI) must also sign the DSS 1022, Individual Employment Plan (IEP) as an agreement to participate in FI work activities.

2. The CM will offer the client screening for learning disabilities, mental health problems, and alcohol and substance abuse if a disability determination has not been made and if it seems likely that a disability may be affecting the client's progress in the program. All FI participants must be offered the screenings within 90 days of signing the IEP. If the screening indicates that the client may have a disability, the CM will refer the client to a qualified professional for an in-depth disability evaluation. If the evaluation results indicate a disability of 90 days or more, move the participant to the CARES program.
3. The CM will review and explain the IEP individually with the participant at the time of the initial assessment. Both the CM and the client will sign the IEP when the plan is developed.

13.4 Case Referrals

Based on the assessment, the CM will assign the participant to one of the following program activities:

1. Supervised Individual Job Search
2. Group Job Search
3. Employment Preparation Program (EPP)

NOTE: These activities are limited to 240 hours or 360 hours in a 12 month period with no more than 4 weeks being consecutive.

EXCEPTION: The CM may waive the job search/job readiness assignment for a client who is working full time and earning at least minimum wage. Under some circumstances, the CM may also waive the job search for individuals who are participating in self-initiated education or training activities that meet TANF definitions.

If the participant obtains full-time employment (30 hours a week or more at minimum wage or greater), she will not be required to participate in other FI

activities. If the participant is a single custodial parent with a child under 6, employment is defined as 20 hours or greater.

While the client is not required to participate in other program activities, she is required to respond to any correspondence from the CM and to keep all appointments, including reassessment appointments.

If the participant obtains employment that is not full-time or employment at minimum wage or greater at less than minimum wage, she will be required to fully participate in FI program activities designed to help her find full-time employment. She will be assigned to activities that combined with employment hours, total at least 30 hours a week.

If the participant has not obtained unsubsidized full or part-time employment at minimum wage or greater at the completion of the job search component, she will be reassessed and placed immediately into another program activity. It is anticipated that the client's specific program assignment will be to an activity/activities that most directly leads to employment and which allows the client's participation to be included in the federal participation rate calculation.

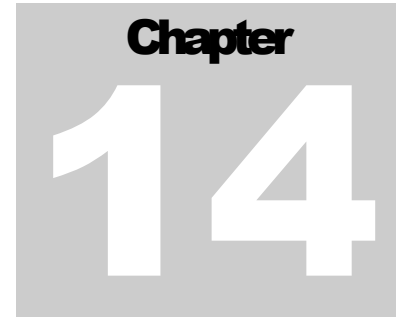
13.5 Reassessments

At the end of each component assignment, the client will be reassessed and assigned to another work activity. The focus of the reassessment will be on the client's progress in the activity, and an evaluation of the client's needs for additional program activities and services in order to secure unsubsidized employment.

The reassessment will include an exploration of any barriers, including a verified disability, limited English proficiency, lack of reasonable accommodations or support services, or other barriers, that may make it difficult for the client to search for or obtain employment.

The participant's Family Plan will be revised and updated to reflect all needed services and any accommodations relating to disabilities or other barriers to participation.

Unless the participant's is employed full time and earning at least minimum wage sixty days prior to the end of her two-year limit on assistance, the CM will reassess the client and assign her to Supervised Job Search, or EPP and to either the Sponsored Employment Program, Work Experience Program, Community Service Program, or OJT. If the participant is currently working at least 30 hours at minimum wage or greater 60 days prior to the end of the two-year limit, he/she can apply for a time limit extension during the 60-day period.



Chapter 14

FI Family Plan

14.1 Assessment Process

The Work Readiness Assessment Tool will be completed for the family of all FI Work Eligible Individuals. It will be an overall picture of the strengths and growth areas within a family unit. It is the first step for the client after case approval because it is needed to gather information necessary for the development of the Family Plan. The assessment tool should be completed in the first week after approval when possible.

The client assessment will involve gathering and analyzing information on external and internal factors that affect the client to determine the client's current level of employability and assess the needs of the family.

A. Purpose of the Tool

- Standardizes the level of comprehension
- Promotes consistency across case managers in terms of identifying untreated barriers among TANF population
- Creates an effective roadmap to guide employment planning for TANF participants
- Ensures accountability among case managers

B. The assessment process is used to:

1. Evaluate the strengths and weaknesses of the FI Work program participant
2. Identify needed services
3. Develop an appropriate family plan for the participant

C. The FI Case Manager must complete the following for work program participants:

1. DSS 1015 A, Work Readiness Assessment (WRA)
2. DSS 1015 B, Assessment Summary; and
3. DSS 1022, Individual Employability Plan (IEP).

The assessment may be done in the office or during a home visit.

1. Screenings, Evaluation and Assessments

The assessment is used to identify potential barriers that may affect the clients' ability to participate in activities. The results captured during the assessment will be used to refer individuals for additional assessments when indicated.

The following screenings must be completed by the FI Case Manager as deemed appropriate:

1. Basic Hearing - DSS Form 1321
2. Basic Vision - The individual's ability to read the DSS 3800 application and other DSS forms without difficulty.

NOTE: Based on the results of all screenings, the client may be referred for an in-depth assessment or treatment by a qualified specialist. For example, if the DSS 1015 A shows that the client may have learning disability characteristics, the client should be referred to a qualified psychologist.

A basic Learning Disability (LD) screening form, DSS 1320, is done for FI applicants by the ES.

NOTE: Do not tell a client they have a learning disability and do not refer to a client as having a learning disability. Only a qualified psychologist can diagnose a learning disability.

2. Assessment Elements

The assessment will focus on conditions of the family that impact the individual's ability to participate in the FI Work Program. During the assessment, areas to consider include, but are not limited to the following:

- Demographics
- Employment (e.g. skills, history, legal barriers, career interests, language)
- Education (e.g. highest grade level, learning disabilities, other diploma)
- Housing and transportation

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- General health
- Mental health
- Substance abuse
- Domestic violence – safety
- Child care and child well-being

3. Domestic/Family Violence Screening

The DSS 3733, Family Domestic Violence Notice will be completed by the Eligibility Specialist at application. However the CM must discuss domestic/Family violence issues with the participant when developing the Family Plan. When a recipient requests that certain program requirements be waived because compliance would put the recipient at risk of domestic/family violence, the recipient will be referred to the local Domestic Violence Advocate (DVA) for an assessment which includes completing a safety plan.

NOTE: The safety plan will be maintained by the DVA.

The assessment will evaluate the domestic/family violence situation and determine the extent of counseling and support services needed to safeguard the recipient.

The DVA will make a recommendation to the CM regarding consideration of a good cause domestic violence waiver of a program requirement(s). The DSS-3734, FI Domestic Violence Waiver Assessment, must be completed by the CM.

4. Vocational Screening

The vocational screening conducted by the FI Case Manager is used to obtain the following information in order to develop the IEP:

- A. Individual's level of functioning
- B. Career interests and abilities
- C. Barriers to employment

The information captured on the DSS 1015 A, provides an evaluation of a participant's vocational interest, work values, and abilities. Vocational tests and inventories, as well as a review of the participant's past work history, may be used to identify potential vocational areas where the participant may be successful in finding and maintaining a job. The CM must explore the participant's ideas and goals regarding self-sufficiency. These ideas and goals must be considered in the development of the IEP. The CM's must consider the following:

1. What are the participant's perceived gifts and talents? Can they be developed for specific types of careers?

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2. Are these plans realistic given the time limits of the Family Independence Program?
3. What are the participant's desires and confidence regarding his/her abilities to overcome many obstacles?
4. The CM's role in helping the participant identify personal strengths, develop realistic plans, and promote confidence in them self and the program is an important first and ongoing step.

5. Reassessment

Assessment is an on-going process and the CM should determine when additional testing is needed. Vocational tests, inventories or surveys may be used when needed to determine the client's skill and ability to secure employment. The CM may also acquire additional information from observation and data provided by the participant. This information allows the CM to better assist the participant in preparing for successful employment.

Reassessment provides the CM and the participant the opportunity to review the participant's progress in the FI program and address any problems which may present an obstacle to full-time employment. The reassessment will identify the reason the participant was unable to obtain full-time unsubsidized employment and the CM will assist the participant in resolving the identified barriers. The individual's Employment Plan will be revised to reflect this information.

The CM will conduct a reassessment whenever the participant leaves or completes a component. Reassessments may be completed prior to the end of the current component to ensure that participants are placed in new activities immediately after the end of an activity.

14.2 Family Plan

The Family Plan will be completed for the family of all FI Work Eligible Individuals. It will be an overall picture of the strengths and growth areas within a family unit. Based on educational needs and assessment results, goals will be developed for each household member with specific outcomes relating to protection, health, safety, enrichment, etc. It will contain an IEP for each work eligible individual.

1. Time Frame for Completion

The Family Plan is an on-going process and must be completed. Component activities should be initiated within two full weeks of approval. If an extended assessment has been requested and not completed, the DSS-1230 must be developed and the case documented to explain the need for an extended assessment. This time frame includes time to conduct a home visit.

The Family Plan includes:

1. DSS 1015 A, Work Readiness Assessment (WRA)
2. DSS 1015 B, Assessment Summary; and
3. DSS 1022, Individual Employability Plan (IEP).

2. Update

The Family Plan is a working document that must be updated as changes occur. It may be necessary to adjust time frames, work activities, support services, vocational goals, etc., as necessary. Document only in the area where the change occurred. It will not be necessary to complete the entire WRA in order to update changes.

14.3 Family Evaluation

The DSS 1015 A is a questionnaire that will be used by the Case Manager to ask questions and gather information on the benefit group and other household members. The Case Manager will use the DSS 1015 B to document observations, identify the family's need for services, and then make appropriate referrals. This must be done during the first face-to-face meeting with the Case Manager.

1. Home Visit

A home visit is required within the first 60 days after case approval. If not done during the assessment/evaluation, it should be done to develop the Family Plan. A home visit can be conducted in conjunction with completing the WRA, as observations made during the home visit may be helpful in identifying barriers to successful employment.

NOTE: A client has the right to refuse a home visit but must be willing to cooperate and keep scheduled office appointments. Documentation is required in the case file or any extenuating circumstances that prevent the home visit. The supervisor must concur with the reason for not completing the home visit. Negative action cannot be taken if a home visit is attempted without advance notice, and the client is not present.

2. Home Visit as an Assessment Tool

The home visit is a useful tool in the assessment of the family's home environment and needs. The home visit can be done to develop the Family Plan. Written or oral notice should be given. Advance notification is not required when assisting the client in obtaining necessary information or providing case-management services that would be beneficial to the family. However, advance notice is likely to produce a successful outcome when attempting a home visit.

3. Home Visit Checklist

One of the major objectives of the home visit is to gather information on the physical environment in which the family resides. If a home visit is made, the CM must document all information on the DSS-1226, Family Support Home Visit Check List.

Should any unsafe conditions be present, the CM and the family members can discuss solutions and/or alternatives to make the home safe.

4. Special Needs

The home visit is also used to gather information about any special needs of the family members. Any necessary referrals must be made by the CM immediately.

5. Scheduling a Home Visit

When scheduling a home visit, the CM should explain to the client the purpose of the visit and make arrangement for the home visit. This may be done by telephone, during a face-to-face contact or be arranged in writing prior to the home visit.

6. Home Visit Walk-Through

The CM should use professional judgment in determining whether he/she should walk through the house, or allow the participant to self-report regarding the condition of the home.

14.4 Individual Employment Plan (IEP)

Each WEI involved in the FI Work Program must complete a DSS 1022, Individual Employment Plan (IEP). The IEP is a contract between the client and DSS. It contains the terms and conditions of eligibility to receive TANF. Providing follow-up is a requirement of the FI program. The client must be actively involved in the development of the IEP. The IEP is an agreement between the recipient and DSS that describes the actions the recipient must take to fulfill his/her vocational goal and the time frames for completing those actions. The agreement also describes the services DSS will provide or coordinate to assist the recipient in becoming self-reliant.

The IEP must take into consideration the physical capacity, skills, education, including the results of the test measuring educational competencies, work experience, health and safety and family responsibilities, and place of residence of the individual; local employment opportunities; child care and supportive services required by and available to the applicant to allow employment opportunities and/or work readiness programs. The plan shall include a strategy for immediate employment. It should consist of preparing for, finding, and retaining employment consistent, to the extent of the individual's career objectives.

Employment Plans for WEI's should be, "Specific, Measureable, Attainable, Results-oriented, and Time-Limited (SMART)" and should contain:

FAMILY INDEPENDENCE

1. A clearly defined, realistic, and feasible employment goal. The short-term goal must be attainable in the shortest time period consistent with the recipient's skills and interests, as well as, the months remaining in the recipient's time limit. The recipient may also have a long term goal which may or may not be attainable within the recipient's remaining time with the FI program.
2. The qualifications or strengths identified during the assessment process.
3. The barriers identified during the assessment process.
4. Clearly defined activities (core or non-core) necessary to achieve the primary goal of economic self-sufficiency for the family.
5. The location and the scheduled weekly hours for each activity.
6. Actions or steps that will help the individual follow through and/or fulfill the requirements of the activities.
7. Realistic time frames for completing each activity on the IEP.
8. Signature of the participant, case manager and supervisor.

Information about the available program resources must be discussed along with supportive service(s) needs and local employment opportunities. The recipient should be involved to the maximum extent possible.

1. Identification of Core Service Activity

The Case Manager will discuss jobs generally available in the area, and identify a Core activity to meet TANF participation based on results of the WRA.

2. Partial Plan Completion

If the CM is unable to identify a specific Core activity for an unemployed client at this point, the client may be referred to the job readiness or Employment Preparation Program (EMPP). Staffing should be completed while the client is attending these activities to identify additional Core activities.

3. Supervisory Review

The FI supervisor must review all IEP'S. The supervisor's signature on the IEP indicates that he/she has reviewed the Family Plan and approves of the IEP. Supervisory approval of the IEP ensures that a strategy for immediate employment, preparing for, finding, and retaining employment is consistent with the individual's career objectives and ability. This strategy should be included in

the Family Plan. If the supervisor does not approve of the IEP, it should be revised and updated with the client.

4. Compliance with IEP

Failure or refusal of a Work Eligible Individual to complete the IEP after case approval will result in a case closure. Use "IS" closure code on CHIP when a case is closed due to the recipient's failure to sign the Family Plan or to cooperate in the development of the IEP. Use of this closure code for failure to develop the Family Plan applies only to new approvals or re-applications for WEI's. After the IEP is developed and signed by the WEI, failure or refusal to comply with FI work program requirements or with activities documented on the IEP will be a basis for sanction. The good cause/conciliation process must be completed prior to imposing a sanction.

[\(See 18.7\)](#)

CAUTION: State law prohibits certain categories of individuals with Legal Cause from being sanctioned. (See 18.2)

5. Vocational Objective

When developing the IEP, a short term vocational objective will be identified. The short term vocational objective will be based on the participant's interests and abilities, and will maximize his/her previous education, training and work history.

It is the responsibility of the CM, in conjunction with the participant, to set a reasonable, attainable short term vocational objective to be listed on the IEP. A participant may also have a long term vocational code listed on the DSS 1022. The long term goal may or may not be attainable within the recipient's remaining time on the FI program.

Only one short term vocational objective will be established; services will only be provided which will assist the participant in attaining that objective. The vocational objective can be changed, as circumstances warrant, with supervisory approval documented in the case record.

CAUTION: Considering the 24-month time limit, it is critical that the identified goal is attainable and that jobs are available in that field for placement.

6. Plan Updates

The IEP may be updated at any time. Any substantive changes (in activities, services, or time frames) must be signed and dated by the participant.

7. Documentation

Each family must be given a copy of the IEP. Documentation must be recorded on the DSS 1015 B or in case notes in SCOSA, as appropriate.

14.5 Job Ready Determination

A Determination of job ready or non-job ready will be made during the family evaluation. If an individual is considered job ready, the CM must also determine the level of job readiness; Level 1 or Level 2.

1. Job Ready Levels

A. Level 1 job ready participants:

1. Are at least 18 years of age;
2. Have graduated from high school or achieved a GED;
3. Have been employed in the last 12 months in a job lasting at least five months; and
4. Show no signs of physical, emotional, or other family problems which may interfere with job readiness activities.

B. Level 2 job ready participants:

1. Are those job ready individuals who do not meet the level 1 criteria, Examples include: High school graduate with no work experience; or
2. A person who has worked 12 months in the last 24 months, but all jobs has lasted less than three months.

2. Job Ready Client Referral

The following referrals may be appropriate for Job Ready clients:

A. Employed full-time

1. Career advancement activities
2. Referral to the Job Developer
3. Referral to other FI work components as deemed appropriate

B. Employed part-time or Unemployed

FAMILY INDEPENDENCE

1. FI activities to assist in gaining full-time employment and/or meet full FI participation
2. On-the-Job Training (OJT)
3. Work Experience (WKEP)
4. Community Service
5. Referral to Job Developer
6. Referral to Job Readiness or EMPP activities
7. Referral to other FI work components as deemed appropriate

3. Non-Job Ready Referrals

The following referrals may be appropriate for non-job ready clients:

- A. Individuals currently enrolled in education or training activities must be given options of part-time employment, EMPP, WKEP, OJT or Community Service activities needed to meet FI participation requirements.
- B. Individuals not enrolled in countable activities should be referred to appropriate component activities as identified. A participant who is assessed to be limited in English proficiency to the extent that it is identified on the IEP as a barrier to employment will be referred to adult education or area technical colleges for an English as a Second Language course.

14.6 Limited English Proficiency

A participant who is assessed to be limited in English proficiency to the extent that it is identified on the IEP as a barrier to employment will be referred to adult education or area technical colleges for an English as a Second Language course.

14.7 Educational Goals for Young Custodial Parents

Young custodial parents (YCP), under age 25 without a diploma, GED, or Certificate of completion, should participate in educational activities that will help eliminate or minimize employment barriers. The YCP participant should be referred to and enroll full time in a local accredited school or adult educational classes.

Note: *For TANF participation, schools offering distance education must be accredited by one of the following:*

- A. *South Carolina Department of Education (SCDE) if located in SC*
- B. *Department of Education of any other state in which the program is located*
- C. *US Department of Education*

1. Educational Goals/ Under Age 20 Without High School Diploma

Teen Parent adults (TA) mandatory for the FI Work Program, under the age of 20, without a high school diploma, GED, or Certificate of Completion must participate full-time at an educational institution as his/her work activity; unless a physical or mental disability prevents successful participation. Any exceptions should be discussed with the Family Assistance Division.

Note: As a condition of eligibility, FI applicants and recipients under age 18 must be enrolled in school or be willing to enroll in school in compliance with YSSIP, unless they have attained a high school diploma, GED or certificate of completion. If attending high school, the teen adult must maintain satisfactory attendance as defined by the local school district as required by South Carolina Department of Education (SCDE). If enrolled in Adult Education, the teen adult must meet attendance requirement set by the Adult Education site.

2. Educational Goals/ Age 20 - 25

A FI Work Program participant without a high school diploma, GED or Certificate of Completion and under the age of 25, may maintain full-time attendance at an educational institution designed to achieve a high school diploma or GED. Clients enrolled and wishing to participate in an educational activity should not be prohibited from doing so; however, they must be informed that this activity does not meet the TANF participation requirements. Additional activities **must be** assigned to meet TANF participation that do not interfere with the educational activity. The following criteria should be used to determine the suitability of an educational activity:

- A. Participants identified as being presently involved with substance abuse and where referrals to a substance abuse program would be more appropriate than current school attendance.

NOTE: Upon successful completion of the substance abuse program, the participant must participate in an appropriate activity.

- B. Participants who have been determined by an expert resource, (e.g., physician, Vocational Rehabilitation counselor or psychologist), to be mentally or physically disabled to the extent that continuation in educational

activities will not lead to a reasonable expectation of employment or self-reliance.

14.8 FI Participants with Legal Cause

The SC Family Independence Act allows certain individuals to claim legal cause for not meeting TANF Work Program participation requirements. These individuals are included in the TANF work eligible denominator and impact the monthly participation rate. Appropriate case documentation and case management efforts should be used to identify these individuals. They are expected to participate in countable work activities when possible. The Family Plan, including the IEP, must be developed with these individuals. The Case Manager must provide on-going case management to ensure the individual is participating in work activities unless their situation prevents participation.

14.9 Referral for Vocational Rehabilitation

Work Eligible Individuals who experience a physical or mental incapacity that interferes with employment should be referred to Vocational Rehabilitation (VR), for rehabilitative services.

1. Types of services available at SC Vocational Rehabilitation

A. *Restoration Services*

SCVRD may provide medical or other services to help clients meet physical or mental disability needs that require attention before employment goals can be reached. These services are based on individual need.

B. *Job Readiness classes*

Job readiness classes help clients prepare for employment which include: Classes that address how specific disabilities affect work ability. Pre-employment classes on how to fill out job applications, develop interview skills and develop an understanding of an employer's expectations.

Employment classes for "job ready" clients include job-seeking groups, advanced interview skills and other topics

C. *Job Readiness Training*

Job-readiness training helps develop positive work behaviors and the physical stamina needed for successful adjustment to a new job. This training involves working on outsource contracts at an SCVRD work training center. Individuals are paid for work performed.

Services vary at each SCVRD work training center. Local staff must contact the SCVRD training center to determine the type of service provided.

D. *VR On-the-job training*

On-the-job training can be provided by a prospective employer. A “job ready” client works for an hourly rate of at least minimum wage while learning the skills of the job.

If the training is successful, the client is expected to be employed in the same or a comparable position.

E. *Post-Secondary training*

Assistance with post-secondary training leading to an associate or baccalaureate degree may be provided if it is in an area of study leading to an appropriate career field.

14.10 DAODAS Referral

If a participant refuses to take a pre-employment drug test or subsequently fails a test, the CM should update the IEP and refer the participant to the Department of Alcohol and Other Drug Abuse Services (DAODAS) for an assessment. The CM should also advise the participant that some employers use random drug screenings as a continuing employment requirement.

14.11 Referral Form/Work Components

The participant must be referred to components which will help eliminate or minimize employment barriers. Each identified barrier must be addressed. The CM must complete the DSS-1234, Client Referral/Communication Form, and forward it to the appropriate staff person or provider.

1. Estimated Time Frame

When a participant is referred for services to minimize an employment barrier, an estimated time frame must be established for successful completion. Services will be provided and job placement efforts made on an individual basis.

2. Documenting Time Frame

Time frames for establishing self-reliance will be documented on the IEP; however, time frames for each component can be adjusted at any time as long as the participant makes satisfactory progress within the component.

CAUTION: *Time frames must be established to assist the family to achieve self-reliance within the 24-month time limit.*

14.12 Referrals/Need for Additional Services

The CM must be aware of the recipient’s need for various services and must provide these services or refer the individual to an appropriate source. The CM continually assesses the family relationships and the condition of the child(ren). When making home visits, the CM should be alert for any signs of child abuse or neglect.

1. Referral to Protective Services

One of the most important referrals a CM may make is to the Protective Services Unit. If the CM suspects that any BG member may have been abused or neglected, the CM must immediately refer the case. The CM is a mandated reporter; abuse and neglect does not have to be proven prior to referring the case to Human Services

2. Referral Process

Referral to Human Services may be made through DSS-1601, Referral to Human Services. This form will give the economic services case name, address, information on BG members and the reason for referral.

The CM will file a copy of the form in the case record and forward the original to Human Services for action.

3. Communication with Human Services

Child Protective Services (CPS) If there is an active CPS case, the CM must notify CPS of any changes in a family or child's situation using the DSS-1600, Communication Form.

The DSS-1600 provides a flow of information required between both program areas and should be maintained in the manner required by state statute and federal regulations. All DSS records are confidential and access is regulated. The DSS-1600 is also used to inform Human Services of any closures, approvals or any other pertinent information. The Child Protective Services Worker will use the form to relate information on removal of a child(ren), placement of a child(ren) in an open case or any other pertinent information.

The CM will work closely with the CPS worker in resolving problem situations and preserving the family unit whenever possible; however, the CM will not be responsible for making home visits or performing any other duties related to an open CPS case.

NOTE: If the CM is notified that a CPS referral/report is unfounded, all pertinent information about the CPS case must be removed from the FI case record and destroyed.

4. Special Needs Adults and Elderly

The needs of any elderly or special needs adult living in the home should be evaluated and addressed. Any signs of neglect, abuse or exploitation of the adult should be immediately referred to the Adult Protective Services (APS) Unit within the county. Other needed services for this population can also be coordinated with Adult Services and local providers.

5. EPSDT Services

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Requirements provides comprehensive and preventive health services, including

immunizations, to eligible participants under age 21. EPSDT is provided through the SC Department of Health and Human Services (DHHS).

6. Critical or Emergency Situations

The CM should access available community and DSS resources to aid the family in resolving critical problems. County Social Services Block Grant (SSBG) flex funds are available to pay for some emergency situations.

Funds must be used to preserve the family unit. Payments may be made for items such as rent, electric bills and other critical needs. Participants must meet all flex fund guidelines.

7. Referral to DVA

When a member of the family discloses to the CM that he/she is a victim of domestic/family violence, and voluntarily requests assistance, the CM will provide the individual with the phone number of the Domestic Violence Advocate which serves his/her county, and assist the individual in making this call if asked to do so.

A. Waiver of Work Program Requirements Based on Domestic Violence

A waiver of Work Program requirements based on domestic violence must not be longer than six months without a review of the situation to determine a continued need for the waiver.

B. DVA Responsibilities

The Domestic Violence Advocate will conduct an assessment of the individual's current situation and develop a Domestic Violence Safety Plan. In addition the DVA will provide crisis counseling and follow-up.

NOTE: Prior to waiver of any FI program requirements, the DVA and the CM must staff the case with the recipient.

8. Referrals for Pregnant and Parenting Adolescents

Pregnant and parenting adolescents (dependent children) are not included in the TANF denominator but need access to a wide range of services and providers to help meet the challenges they face.

In addition to services which may be available within DSS, referrals to other providers must be made to supplement the needs of the pregnant or parenting child. Due to different resource needs and availability, each county must be responsible for identifying available resources with local providers.

REFERENCE Guide

Characteristics of Adults with Learning Disabilities

NOTE: These are general characteristics that might be seen in people who have learning disabilities. No person will exhibit all of these characteristics. These characteristics may also be seen, to some degree, in people who do not have learning disabilities. Some characteristics are more prevalent than others.

Reading Characteristics	What It Looks Like in an Adult
Does not read for pleasure.	Engages in leisure activities other than reading magazines or books; prefers more active pursuits. Doesn't read stories to his/her children.
Does not use reading to gather information.	Cannot easily use materials like newspapers and classified ads to obtain information.
Has problems identifying individual sounds in spoken words.	Does not attempt to sound out words in reading or does so incorrectly.
Often needs many repetitions to learn to recognize a new or unused word.	May encounter a newly learned word in a text and not recognize it when it appears later in that text.
Oral reading contains many errors, repetitions and pauses.	Reads slowly and laboriously, if attempts at all. May refuse to read orally.
Efforts in reading are so focused on word recognition that it detracts from reading comprehension.	Loses the meaning of text, but understands the same material when it is read aloud.
Has problems with comprehension that go beyond word recognition. May have limited language skills that affect comprehension.	Does not understand the text when it is read to him/her.
Has limited use of reading strategies. Is an inactive reader; not previewing text, monitoring comprehension, or summarizing what is read.	When prompted to do so, does not describe strategies used to assist with decoding and comprehension of text.
Rarely practices reading, which may compound reading difficulties. Lacks complex language and word knowledge.	Recognizes and uses few words, expressions, and sentence structures than peers.

Characteristics of Adults with Learning Disabilities

Writing Characteristics	What It Looks Like in an Adult
Has difficulty communicating through writing.	<ul style="list-style-type: none"> • Rarely writes letters or notes. Needs help completing forms such as job applications.
Written output is severely limited.	<ul style="list-style-type: none"> • Struggles to produce a written product. • Produces short sentences and text with limited vocabulary.
Lacks a clear purpose for writing.	<ul style="list-style-type: none"> • Does not communicate a clear message. • Expresses thoughts that don't contribute to the main idea.
Does not use the appropriate text structures.	<ul style="list-style-type: none"> • Uses sentences that contain errors in syntax or word choice. • Fails to clearly indicate the referent of a pronoun.
Shows persistent problems in spelling.	<ul style="list-style-type: none"> • Spells phonetically. Leaves out letters. • Refrains from writing words that are difficult to spell.
Has difficulties with mechanics of written expression.	<ul style="list-style-type: none"> • Omits or misuses sentence markers such as capitals and end punctuation, making it difficult for the reader to understand the text.
Handwriting is sloppy and difficult to read.	<ul style="list-style-type: none"> • Has awkward writing grip or position. • Letters, words, and lines are misaligned or not spaced appropriately.
Demonstrates difficulties in revising.	<ul style="list-style-type: none"> • Is reluctant to proofread or does not catch errors. • Focuses primarily on the mechanics of writing, not on style and content.

Characteristics of Adults with Learning Disabilities

Listening Characteristics	What It Looks Like in an Adult
Has problems perceiving slight distinctions in words.	<ul style="list-style-type: none"> • Misunderstands a message with a word mistaken for a similar word. • Might say, “Pick of the grass,” instead of, “Pick up the glass.”
Has a limited vocabulary.	<ul style="list-style-type: none"> • Recognizes and uses fewer words than peers when engaged in conversation or when gathering information by listening.
Finds abstract words or concepts difficult to understand.	<ul style="list-style-type: none"> • Requests repetitions or more concrete explanations of ideas. • Frequently asks for examples.
Has difficulty with non-literal or figurative language such as metaphors, idioms, and sarcasm.	<ul style="list-style-type: none"> • Does not understand jokes or comic strips.
Confuses the message in complex sentences.	Will eat lunch first if given the direction, “Eat lunch after you take this to the mail room.”
Has difficulty with verbal memory.	<ul style="list-style-type: none"> • Doesn’t remember directions, phone numbers, jokes, stories, etc.
Has difficulty processing large amounts of spoken language.	<ul style="list-style-type: none"> • Gets lost listening in classroom or large group presentations, complaining that people talk too fast.

Characteristics of Adults with Learning Disabilities

Speaking Characteristics	What It Looks Like in an Adult
Mispronounces words.	<ul style="list-style-type: none"> • Adds, substitutes, or rearranges sounds in words, as in <i>phenomenon</i> for <i>phenomenon</i> or <i>Pacific</i> for <i>specific</i>.
Uses wrong word, usually with similar sounds.	<ul style="list-style-type: none"> • Uses a similar-sounding word, like <i>generic</i> instead of <i>genetic</i>
Confuses the morphology, or structure, of words.	<ul style="list-style-type: none"> • Uses the wrong form of a word, such as calling the <i>Declaration of Independence</i> the <i>Declaring of Independence</i>.
Has a limited vocabulary.	<ul style="list-style-type: none"> • Uses the same words over and over in giving information and explaining ideas. • Has difficulty in conveying ideas.
Makes grammatical errors.	<ul style="list-style-type: none"> • Omits or uses grammatical markers incorrectly, such as tense, number, possession, and negation.
Speaks with a limited repertoire of phrase and sentence structure.	<ul style="list-style-type: none"> • Uses mostly simple sentence construction. • Overuses <i>and</i> to connect thoughts.
Has difficulty organizing what to say.	<ul style="list-style-type: none"> • Has problems giving directions or explaining a recipe; talks around the topic (circumlocutes), but doesn't get to the point.
Has trouble maintaining a topic.	<ul style="list-style-type: none"> • Interjects irrelevant information into story. • Starts out discussing one thing and then goes off in another direction without making the connection
Has difficulty with word retrieval.	<ul style="list-style-type: none"> • Can't call forth a known word when it is needed and may use fillers, such as "<i>ummm</i>," and "<i>You know</i>." • May substitute a word related in meaning or sound, as in <i>boat</i> for <i>submarine</i> or <i>selfish</i> for <i>bashful</i>.
Has trouble with the pragmatic or social use of language.	<ul style="list-style-type: none"> • Does not follow rules of conversation like turn taking. • Does not switch styles of speaking when addressing different people.

Characteristics of Adults with Learning Disabilities

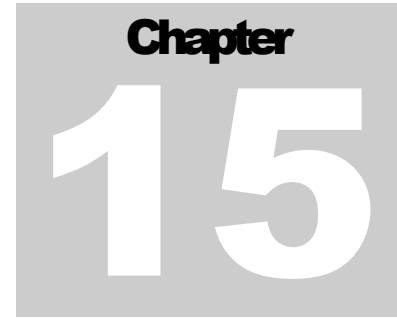
Mathematics Characteristics	What It Looks Like in an Adult
Doesn't remember and/or retrieve math facts.	<ul style="list-style-type: none"> • Uses a calculator or counts on fingers for answers to simple problems; e.g., 2 x 5.
Doesn't use visual imagery effectively.	<ul style="list-style-type: none"> • Can't do math in his/her head and writes down even simple problems. • Has difficulty making change.
Has visual-spatial deficits.	<ul style="list-style-type: none"> • Confuses math symbols. • Misreads numbers. • Doesn't interpret graphs or tables accurately. • Has trouble maintaining a checkbook.
Becomes confused with math operations, especially multi-step processes.	<ul style="list-style-type: none"> • Leaves out steps in math problem solving and does them in the wrong order. • Can't do long division except with a calculator. • Has trouble budgeting.
Has difficulties in language processing that affect the ability to do math problem solving.	<ul style="list-style-type: none"> • Doesn't translate real-life problems into the appropriate mathematical processes. • Avoids employment situations that involve this set of skills.

Characteristics of Adults with Learning Disabilities

Thinking Characteristics	What It Looks Like in an Adult
Has problems with abstract reasoning.	<ul style="list-style-type: none"> • Asks to see ideas on paper. • Prefers hands-on ways of learning new ideas.
Shows marked rigidity in thinking.	<ul style="list-style-type: none"> • Resists new ideas or ways of doing things and may have difficulty adjusting to changes on the job.
Thinking is random as opposed to orderly, either in logic or chronology.	<ul style="list-style-type: none"> • May have good ideas that seem disjointed, unrelated, or out of sequence.
Has difficulty synthesizing ideas.	<ul style="list-style-type: none"> • Pays too much attention to detail and misses the big picture or idea when encountering specific situations at home or at work.
Makes impulsive decisions and judgments.	<ul style="list-style-type: none"> • “Shoots from the hip” when arriving at conclusions or decisions. Doesn’t use a structured approach to weigh options.
Has difficulty generating strategies to acquire/use information and solve problems.	<ul style="list-style-type: none"> • Approaches situations without a game plan, acting without a guiding set of principles.

Characteristics of Adults with Learning Disabilities

“Other Difficulties” Characteristics	What It Looks Like in an Adult
Has problems with attention, which may be accompanied by hyperactivity, distractibility, or passivity.	<ul style="list-style-type: none"> • Doesn’t focus on a task for an appropriate length of time. • Can’t seem to get things done. • Does better with short tasks.
Displays poor organization skills. Doesn’t know where to begin tasks or how to proceed.	<ul style="list-style-type: none"> • Doesn’t work within time limits, failing to meet deadlines. • Workspace and personal space are messy.
Has eye-hand coordination problems.	<ul style="list-style-type: none"> • Omits or substitutes elements when copying information from one place to another, as in invoices or schedules.
Demonstrates poor fine motor control, usually accompanied by poor handwriting.	<ul style="list-style-type: none"> • Avoids jobs requiring manipulation of small items. • Becomes frustrated when putting together toys for children.
Lacks social perception.	<ul style="list-style-type: none"> • Stands too close to people when conversing. • Doesn’t perceive situations accurately. • May laugh when something serious is happening or slap an unreceptive boss on the back in an attempt to be friendly.
Has problems establishing social relationships. Problems may be related to spoken language disorders.	<ul style="list-style-type: none"> • Does not seem to know how to act and what to say to people in specific social situations and may withdraw from socializing.
Lacks “executive functions” including self-motivation, self-reliance, self-advocacy, and goal setting.	<ul style="list-style-type: none"> • Demonstrates over reliance on others for assistance or fails to ask for help when appropriate. • Blames external factors on lack of success. • Doesn’t set personal goals and work deliberately to achieve them. • Expresses helplessness.



Chapter 15

TANF Participation Rates

The work participation requirements are designed to meet the needs of participants, assist participants in achieving self-sufficiency and to meet the federal work participation rate. In some respects, the FI work program requirements are different from the federal TANF requirements regarding work participation rate calculations.

Work participation requirements are the hours of participation required to positively impact the participation rate. The requirements are not necessarily the same hourly requirement outlined on the IEP. Participation rates are calculated for each report month. The current participation rate is 50% of the TANF denominator of WEIs. If the state fails to meet either minimum work participation rate for a fiscal year, it is subject to a severe financial penalty. [\(See Chapter 16\)](#)

15.1 Federal Participation Rate Requirements

A participation rate is a ratio. The federal work participation rate represents who is participating in work activities out of all those expected to participate. To count toward the numerator of the monthly participation rate, a TANF recipient must be in an allowable activity for at least a minimum average number of hours per week:

- A. 20 hours per week for single parents with children under 6
- B. 30 hours per week for all other families

1. Families Included in the All-Family Participation Rate

FI families which include at least one adult member that is a WEI is included in the All Family participation rate with the following exceptions:

If the only adult in the BG is an only parent of a child under one and the parent did not meet the hourly participation requirement, the family may be excluded in

the participation rate calculation. There is a 12-month lifetime limit on this exception.

2. Newly Approved Cases

Newly approved FI families that meet the criteria for All Family will be included in the participation rate for the report month. The report month is the month of approval if the approval occurs before CHIP Cutoff. Cases approved after CHIP Cutoff will be included in the participation rate for the report month following the approval month.

EXAMPLE: *For an FI application approved 10/10; the family will be included in the participation rate for October. For an FI application approved 10/25, the family will not be included in the participation rate for October, but will be included in November's rate.*

3. Participation Requirements for New Approvals

Newly approved families, approved prior to CHIP Cutoff, meet the participation requirements for the report month. The report month is the approval month, if the family meets the minimum hourly requirement for the "full weeks" remaining in the report month after the approval date. Only hours for the "full weeks" after the approval date are countable toward the participation requirement. The total hours for the "full weeks" are divided by the number of "full weeks" remaining in the report month to determine if the family averaged the required weekly hours.

NOTE: *A "full week" is defined as a complete Sunday through Saturday week as displayed on most calendars. ([Report Month Dates by Week Chart](#)) & see manual attachment.*

EXAMPLE: *An FI application approved on 10/10 has two "full weeks" remaining after the approval date - the weeks of 10/15-10/21, 10/22-10/28. If the family is required to participate an average of 30 hours per week and the total hours of participation in the two "full weeks" is 60 or greater, the family meets the participation requirement.*

NOTE: *FI families approved after CHIP Cutoff will not be included in the participation rate until the next report month.*

4. All Family Participation Requirement

Minimum required participation in TANF countable work components for all families is an average of 30 hours per week.

NOTE: *In order to meet the minimum 30-hour per week criteria, more than 30 hours per week should be scheduled for the component.*

5. Exceptions to All Family Participation Requirement

The only parent/caretaker relative of a child under the age of six, as identified on EMPR with codes of PW or PC, must average only 20 hours per week.

Teen parent/adults (TA's) must average 20 hours per week in education directly related to employment or be satisfactorily attending secondary school or its equivalent. PATS Coding: Satisfactory participation for TAs should be keyed as 20 hours per week or actual hours if greater than 20 hours.

15.2 Legal Cause Criteria for FI Work Program Participation

The SC Family Independence Act allows certain individuals legal cause for not meeting TANF Work Program participation requirements. Some individuals are included in the TANF work eligible denominator and impact the monthly participation rate. Appropriate case documentation and case management efforts should be used to identify these individuals. They are expected to participate in countable work activities when possible. The Family Plan, including Part C Employability section, must be developed with these individuals. The Case Manager must provide on-going case management to ensure the individual is participating in work activities unless their situation prevents participation. The following individuals will have legal cause when unable to comply with FI Work Program requirements listed on the Employability Plan and cannot be sanctioned.

NOTE: A staffing should be scheduled to discuss participation and time limits when these individuals fail to comply with work program requirements.

Individual's Status	Legal Cause Criteria
Only Parent in FI Family with Child under age one	Parent personally providing care for his/her child under age one will be expected to participate, but cannot be sanctioned if this is the only parent in the FI family. This does not apply to a young custodial parent (YCP). CHIP Coding: EMPR registration code is "PW". If the YCP has a child under age one, code "PC" on EMPR. Persons coded "PW" can be excluded from the participation rate calculation for up to 12 months in a lifetime.
Pregnant	Verified pregnancy beginning in the seventh month and continuing until six weeks after the birth of the child.
Incapacitated	Incapacitated or disabled and unable to participate in FI work activities. The verified incapacity must be total and expected to last 90 days or more.
Required in the home to care for incapacitated family	Parent providing care for a disabled family member living in the home. A medical statement from a physician must verify the need for care.

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member. (In or out of school)	
Unavailable Childcare/ Transportation	Individual is unable to participate because childcare and/or reasonable transportation cannot be provided as needed. CHIP Coding: The EMPR registration codes are "MC" - if mandatory but childcare unavailable; "MT" - if mandatory but transportation unavailable.
A/R is identified as a Victim of Domestic/Family Violence	A signed statement by the A/R that he/she is a victim of domestic family violence is acceptable verification for a temporary deferral from participation in FI Work Program requirements. NOTE: Documentation will be recorded on DSS-3734, FI Domestic Violence Waiver Assessment. A/R will be referred to the local Domestic Violence Advocate (DVA) for an assessment and safety planning. The assessment determines that the A/R cannot participate in Work Program requirements because compliance would put the A/R at risk of further domestic/family violence. A case staffing must be held when determining the extent to which Work Program requirements will be waived. CHIP Coding: "FV" code on EMPR should be used when the A/R is exempt from participation in the FI Work Program due to domestic/family violence. Also add a "Y" to indicate that a waiver was granted on CHIP screen INRD.

The case manager must not rely on the EMPR code to determine if an individual meets the Legal Cause criteria and not subject to sanctioning. The determination to allow Legal Cause must be based on the family situation and documentary evidence in the FI case management file.

NOTE: The medical incapacity is subject to reevaluation at intervals that are specific to each recipient’s circumstances, at a minimum, at annual redetermination.

Possible Change of Status Reasons

The BG's legal cause status may change due to circumstances such as, but not limited to, the following:

- A. Additional BG members
- B. Loss of BG members
- C. Change in health conditions of the participant or family member

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If the change results in a change in the recipient's FI work status, the CM must document the change in the case record and notify the ES to make appropriate changes in CHIP. The Participation and Tracking System (PATS) must be updated effective the following month.

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TANF Work Activities

TANF Reauthorization regulations clearly define the 12 acceptable work activities allowed that are considered in the TANF participation rate. Of the 12 activities, nine are considered Core work activities or components. Core Components are allowable TANF activities that may completely satisfy the TANF participation requirement. At least 20 hours per week of participation must come from Core Components. Vocational Education and Job Readiness are two Core Components that have restrictions on the amount of time each can be counted as TANF participation. Participation in all activities must be supervised and verified to count in the TANF participation rate. Listed below are the components identified by TANF as Core Components:

16.1 Employment (EMPL)

1. Unsubsidized Employment

Unsubsidized employment includes all paid employment in which no government funds are used to directly subsidize the individual's salary. Full-time employment is employment of 30 hours per week or greater. A participant employed at least 30 hours per week and earning at least minimum wage is not required to participate in any other FI assignment, but the participant must respond to all correspondence from the case manager and keep all scheduled appointments for redeterminations.

2. Part Time Employment

Part-time employment is employment of at least 10 hours, but less than 30 hours per week. This includes "in-kind" or "barter income" in exchange for property or services. A participant working part-time must be assigned to a concurrent program activity in order to meet the 20 or 30 hour participation requirement.

Note: College work study is part time employment although the income may be excluded from the budget.

3. Self-employment

If a participant becomes self-employed, the participant must provide documentation to show he/she is legitimately engaged in self-employment. The information could include, but is not limited to the following information: the kind of business, location, hours of operation, source of funding, prospective customer base, earnings, business license, if applicable, and lease or agreement if space is rented.

If a participant enters the FI program and states he/she is self-employed and has been self-employed for less than a year, the participant must provide the above documentation including copies of rent receipts, appointment books or any other documentation that will show the participant is engaging in a legitimate business. If the participant states he/she has been self-employed for a year or more, a copy of the previous year's income tax return will suffice to show that the participant is engaged in a legitimate business. If the tax return is provided and the worker is satisfied with the documentation, the up-front job search can be waived if the participant is engaged in self-employment for 30 or more countable hours of self-employment per week. For self-employment to be a countable activity for FI, the participant need not earn minimum wage. Countable weekly hours for self-employment are determined by the actual self-employment income (gross income less business expenses) divided by the Federal minimum wage.

4. Subsidized Employment – Sponsored Employment Program (SEP)

Subsidized employment is employment in which government funds are used to directly subsidize the participant's wages. Subsidized employment is designed to provide training while the participant works on the job. The Sponsored Employment Program is a work activity in which a participant is placed in a public or private sector job and is paid an hourly wage for the work done. The Department of Social Services will pay the employer a predetermined, fixed stipend per month. TANF benefits are not paid to the participant during the time the employer is receiving a stipend except when the participant has not worked his scheduled hours for reasons beyond his/her control.

5. Subsidized Employment Timeframe

Subsidized employment will generally be limited to a period of 6 to 12 months, unless a longer period is identified as beneficial to the individual. An extension of the time limit must be based on an individual needs assessment.

6. On-the-Job Training (OJT)

Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work that provides knowledge and skills essential to the full and adequate performance of the job.

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Participants in DSS/OJT are compensated at the same rate of pay, including benefits and periodic increases as other employees performing the same job function. DSS/OJT participants must earn at least the Federal Minimum Wage.

In return for providing intensive supervision and training for the participant, the employer will receive a wage subsidy to compensate for the additional employment costs and the trainee's nonproductive time. Fifty percent of the trainee's gross wages for the period of the contract will be reimbursed to the employer. At the end of the contract period, the employer should have a well-trained and "experienced" employee. The DSS form 3767, OJT Training Agreement must be signed by the participant.

On-the-job training (OJT) can be provided by Vocational Rehabilitation (VR). Prospective employers outsource work to participants at VR. Individuals that a VR "job ready" category work for an hourly rate of at least minimum wage while learning the skills of the job. If the training is successful, the client is expected to be employed in the same or a comparable position.

7. DSS/OJT Timeframe

A DSS/OJT contract is generally approved for a period of 6 months or 24 weeks. If an extension is needed it must be based on the complexity of the job and the extent of the training process, but no more than an additional 30 days. The participant must have achieved satisfactory performance on the DSS form 3769, Attendance/Performance Report and had no more than one absence without good cause in order to be considered for an extension. The employer must request a contract extension and sign a new agreement with the Job Developer or other county representative.

16.2 Job Search and Job Readiness Assistance (JOBR)

Job Search and Job Readiness Assistance activity is limited by statute to 240 hours or to 360 hours in a 12 month period, which is the equivalent of **20 hours per week for a single-parent with a child under age six and 30 hours for all other work-eligible individuals** (no more than four consecutive weeks may count toward the work participation rates). The four "consecutive" week limitation will be measured on a weekly basis. A week is defined as 7 consecutive days. In other words, any hours of participation in JS/JR during the course of a 7-day period triggers a week for the 4-week limit. Once an individual has 4 consecutive weeks of participation, that individual's participation in JS/JR may not count for 1 week, i.e., 7 consecutive days. These limits will no longer be based upon the federal fiscal year. The year will begin when a client starts the job readiness/job search activity.

Supervised job search is an organized and monitored job seeking activity. There is an initial orientation with the participant to provide an overview of available job search resources, followed by frequent check-in (no less than weekly). Individuals in this activity must maintain and submit a DSS 1319 Supervised Job Search Log as evidence of employer contacts.

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Job search and job readiness may be assigned as appropriate and recorded in PATS, but the combined hours of job search and job readiness assignments will count toward the work participation rate for no more than 4 consecutive weeks. Only actual time spent doing job search will be counted in PATS. Assignments to any additional hours, of job search and/or job readiness which are allowed in a 12 month period, should be made in conjunction with other program activities, when appropriate or necessary, so that both the core work activity requirement and the overall participation requirement are met. A total of 240 hours or 360 hours of job search and/or job readiness assistance are allowed in a 12 month period.

1. Job Search Contacts

All participants must register with the nearest One-Stop Center (SCDEW) during the job search activity. Registration with the One-Stop Center will be considered as one employer contact.

The participant will report to the CM during the job search period and must sign the FI Supervised Job Search Log, DSS Form 1319, attesting to the number of employer contacts made and the time spent doing the job search.

The CM may contact any employer listed on the FI Supervised Job Search Log to verify that the participant made a contact.

To qualify as an employer contact, five conditions must be met:

- A. The participant must present himself/herself to an employer as being available for work;
- B. The place of employment must be geographically accessible to the client on a regular basis. Contact with an employer located in another community or state out of commuting range from the client's place of residence will not count as an employer contact;
- C. The employer must ordinarily employ persons in areas of work for which the participant is reasonably qualified by means of experience, training or ability;
- D. The participant cannot count the same employer more than once during a given job search period unless she applies for different positions.

Employer's signatures are not required on the FI Supervised Job Search Log.

2. Types of Job Search

There are two types of recipient job search: Group Job Search, and Individual Job Search. They are both supervised daily.

- A. Group job search brings participants together for group activities and/or classroom instruction related to job search and job retention. Classroom instruction provides the participant with sound skills for finding and keeping employment. The participant in group job search is bound by the participation requirements of the specific group activity.

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The number of weeks and employer contact hours required of a participant in group job search cannot be less than the requirements of individual job search.

- B. Individual Job Search is job search carried out by the participant. For individual job search to be successful, it is necessary for the CM and/or JD to assist the participant in understanding the elements of a successful job search. At a minimum, the JD should assist the client in developing a resume, in learning how to accurately complete a job application, and in utilizing proven job seeking methods and interview techniques.

3. Job Readiness Activities

The purpose of job readiness training is to prepare the participant for employment or program component participation so that the client can be competitive and succeed in the labor market. Job readiness training may be offered before, in conjunction with or after the job search assignment. Job readiness training includes activities to assist the participant by helping him/her recognize and overcome personal and family problems which may be a barrier to accomplishing his/her employment and training goals.

Job readiness activities also prepare the participant for work by assuring that he/she is familiar with general work place expectations, work behaviors, and attitudes necessary to compete successfully in the labor market. Job readiness should also address the economic benefits of going to work. These include wages above the TANF grant, and the Federal Earned Income Tax Credit.

Job readiness topics may include, but are not limited to, communication skills, life skills, motivational training, problem solving, assertiveness, nutrition, money management, time management training and other activities that enhance specific work place expectations and behaviors.

Life skills training, including basic life skills that helps participants to succeed in the workforce will be offered. Activities consist of: balancing life and work; budgeting; household management; interpersonal skills; decision making skills; and time management.

Job readiness training may be conducted through treatment programs, other providers, as well as, through one-on-one counseling.

- A. Treatment, detoxification or therapy that is determined to be necessary will be considered job readiness assistance. A health care provider must complete a DSS 1247 C "Certification of Necessary Treatment" form that describes the nature of treatment or therapy and includes a certification that such treatment or therapy is necessary for the person to be able to participate in current or future activities.
- B. Mental health services, including medical or mental health treatment, therapy, counseling, and other services to address mental or emotional disorders that can interfere with an individual's ability to work or look for work will be considered job readiness assistance.

These services are provided by qualified medical/mental health professionals who determine the necessity and modality of treatment.

- C. Rehabilitative services that provide medical or other rehabilitative services to address clients' physical or mental disability before employment goals can be reached will be considered job readiness assistance. These services are offered by SCVR based on individual need.

Job readiness training may be conducted through workshops or seminars, such as, the FI Employment Preparation Program (EPP) and through treatment programs, as well as, through one-on-one counseling.

16.3 Employment Preparation Program Description (EMPP)

The Employment Preparation Program (EPP) is a 4 week job readiness activity sponsored by DSS. The curriculum provides activities that enhance job readiness and life skills. Services can be accessed on an individual basis according to need.

The training agenda is composed of two weeks of employment assistance services designed to enable participants to have the necessary skills to secure and maintain employment. Topics covered include: career plans, vocational assessment, understanding the labor market, superior resumes and cover letters, effective interview skills, networking tactics, interpersonal and teamwork skills, job skills to help keep the job and get promoted, and accurate employment applications.

Two weeks will cover life skills activities, - a continuum of knowledge and aptitudes that are necessary for a person to function independently and to avoid interruptions of the employment experience. The training plans are devised to provide advanced training for those people who are preparing to go to work, but need further training to be successful on the job. Topics covered include: Social Skills, Family Responsibilities, Problem Solving, Communication Skills, Transportation, and Health issues. The intent of life skills activities is to help clients develop skills and attitudes that are part of the standard expectations for the workplace and for successful daily living. The recommended schedule for EPP class is 30 hours per week

1. Referrals to Employment Preparation Program

FI participants may be referred to EPP based on their need for services. EPP may serve as a prerequisite for participation in FI Core components such as Work Experience, OJT and Community Service. It is recommended that all non-Job Ready participants be referred to EPP prior to referral to the Job Developer or Supervised Job Search.

16.4 Vocational Educational Training (VOCE)

Vocational educational training consists of organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring training including postsecondary study leading to a baccalaureate degree.

Vocational Education may be short or long term but cannot be counted for more than 12 months with respect to any recipient. Vocational educational training programs are limited to activities providing knowledge and skills to perform a specific trade, occupation, or other particular vocation.

Vocational educational training programs are provided by employment and training providers contracted by the South Carolina DSS. They may also be provided by accredited vocational-technical schools, certificate programs at accredited secondary, proprietary schools, non-profit organizations, secondary schools that offer vocational education, post-secondary educational institutions, colleges, universities, or through distance learning at accredited Internet-based institutions intended to prepare the participant for specific occupations.

See the list in the reference section of this chapter as a tool to help identify Types of Vocational Education Available to TANF Clients and in Chapter 17. This list does not include all types of vocational education training available to recipients.

16.5 Work Experience (WKEP)

A work activity, performed in return for welfare which provides an individual with an opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain employment. The purpose of work experience is to improve the employability of those who cannot find unsubsidized employment.

Participants in work experience activities must be compensated according to the Fair Labor Standards Act (FLSA). Work Experience Program participants who sustain an injury at a work site are subject to established workers' compensation guidelines.

1. Work Experience Time Frame

Work Experience placements are limited to a total of six (6) months or 24 weeks. At the end of 90 days, the client must be evaluated to determine if he/she will benefit by continuing at the site or needs additional training. The bi-weekly performance and attendance report should be reviewed by the CM to address any issues identified by the work site supervisor. Close follow-up is needed to determine if the participant is ready for OJT, subsidized or unsubsidized employment. The participant maybe allowed an additional four (4) weeks if the provider and DSS agree that the participant will be employed with additional training.

Placement in private for profit businesses must be limited to a maximum of 3 months (90 days). A Work Experience participant who has completed a for-profit assignment may be assigned to another for-profit work site or to a private nonprofit or public work site for an additional 3 months (90 days).

16.6 Community Service Programs (COSP)

Structured programs in which TANF recipients perform work for the direct benefit of the community under the auspices of public or nonprofit organizations.

Community service programs must be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and childcare. Community service programs are designed to improve the employability of recipients not otherwise able to obtain employment. Participants in work experience activities must be compensated according to the Fair Labor Standards Act (FLSA).

Community Service Programs fall under FLSA guidelines. The following self-initiated Community Service Programs are allowable but exempt from FLSA guidelines.

- A. Student teaching
- B. Student nursing
- C. Internship or practicum for participants enrolled in higher education
- D. Court Ordered Community Service Placements

Community Service Time Frame

Community service placements are limited to a total of 6 months or 24 weeks. At the end of 3 months (90 days), the client must be evaluated to determine if he/she will benefit by continuing at the site or needs additional training. The bi-weekly performance and attendance report should be reviewed by the CM to address any issues identified by the work site supervisor.

16.7 Work Experience & Community Service Referral/Placement

Work Experience and Community Service placement offers the following benefits for the participant:

- A. Opportunity to obtain on-the-job experience and training
- B. Improvement of his/her employability in the competitive job market
- C. Knowledge of basic work habits
- D. Application of skills learned in classroom training
- E. Acquisition of on-the-job experience to create recent work history with references
- F. Determination of suitability for a given job category

The CM uses the DSS-1234, Client Referral/Communication Form, to refer a suitable candidate to the JD and/or designated FI staff member who will consider all available resources in the community.

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Work Experience assignments can be at public, private nonprofit and private for-profit agencies, businesses or institutions. The JD will be the primary contact person for all providers of Work Experience slots.

Community Services assignments must be in structured programs at public or nonprofit organizations.

1. Participant Agreement

A participant agreement is completed with the participant's signature indicating agreement with the assigned placement. The WKEP or COSP site supervisor must agree to submit a biweekly report, DSS 1246 or DSS 12119 on performance and attendance to DSS.

2. WKEP/COSP Workers' Compensation

WKEP/COSP participants who sustain an injury at a work site are subject to established Workers' Compensation guidelines. The following steps should be taken when an injury occurs.

- A. The WKEP/COSP participant must report the injury immediately to the WKEP/COSP site supervisor who is responsible for completing the attendance and performance report.
- B. The WKEP/COSP site supervisor should immediately contact the local DSS office to report the injury.
- C. The local DSS Human Resource representative must be informed of the injury and make a report to CompEndium according to Chapter 22 of the SC DSS Personnel Administrative Policy and Procedures Manual.

3. Compensation for Work Experience and Community Service

Although WKEP and COSP are unsalaried, the federal Fair Labor Standards Act (FLSA) requires that welfare recipients who are required to participate in WKEP or COSP be compensated for the hours of participation. FLSA allows compensation to be provided in the form of certain benefits a family might receive due to their economic status.

NOTE: The TANF assistance and benefits that work experience or community service participants (WTA) receive are not considered wages for Social Security purposes, nor are they considered taxable income for purposes of the federal income or the Earned Income Tax Credit.

4. Work Training Allowance (WTA) Calculation Procedures

WEP and CS participants will be paid a (WTA) if the number of monthly hours of WEP or CS participation multiplied by the federal minimum wage exceeds the combined dollar value of SNAP and FI benefits for the month of WKEP/COSP participation. If the family is entitled to a WTA allowance, it must be provided as a

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supplemental FI benefit. The automated *FI WTA Budget Sheet in Excel* must be used to calculate the WTA allowance. The automated work sheet is designed to calculate the WTA in the following manner.

- A. Determine number of Work Experience or Community Service hours for the report month of participation based on verification from provider. Participation data should be available by the 10th of the month following participation on the appropriate verification.
- B. Multiply hours of participation in WKEP/COSP by federal minimum wage to determine the total WTA compensation due. Excused absences and holiday hours cannot be used in the WTA calculation.
- C. Determine the gross SNAP allotment for the month of participation. Check the "AMI" field on FSBH.

NOTE: If two FI BG members are participating in WKEP/COSP for the same month, the amount of SNAP benefits needs to be divided by two to determine the amount to be applied to each WKEP/COSP participant.

- D. Check CHIP screen FSBH for the FI case number. If no SNAP allotment exists for the month of WKEP/COSP participation, research by the participant's SSN to determine if the participant received SNAP in an associated case number.
- E. If the FI BG does not match the SNAP BG, follow these instructions:
 1. If a member of the SNAP BG is an FSE&T participant involved in SNAP Work Experience for the month of WKEP/COSP participation, disregard the SNAP allotment from the WTA calculation since the entire SNAP allotment is used in determining the FSE&T participation hours.

NOTE: For WTA calculation, the FI family includes: a cap child, sanctioned or disqualified individual whose income and resources must be included in the FI benefit calculation.

2. If no member of the SNAP BG is an FSE&T participant involved in Workfare, SNAP Work Experience or Voluntary Services for the month of WKEP/COSP participation, divide the SNAP allotment by the BG size on FSBH. Multiply that amount by the BG size on AFBH to determine the amount of SNAP benefits which can be used in calculating the WTA amount.

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- F. Determine the gross FI benefit amount for the month of WKEP/COSP participation. Check the "AFDC Amount" field on AFBH.

NOTE: If two FI BG members are participating in WKEP/COSP for the same month, calculate the WTA separately for each adult. The FI benefits need to be divided by two to determine the amount to be applied to each WKEP/COSP participant.

- G. Determine the total amount of benefits received for the month of WKEP/COSP participation. Add the SNAP and FI amounts.
- H. Subtract the total amount of benefits received from the total WE/CS compensation due to determine the amount of the WTA. If the amount of benefits received is equal to or greater than the total WKEP/COSP compensation due, a WTA should not be issued. At this step, round to the nearest dollar amount. (.50 -.99 round up, .01 -.49 round down).
- I. Enter the WTA amount on CHIP screen UNAU in the "WEP AMT" field. Enter the month of WKEP/COSP participation in the "ERROR MONTH" field. The WTA supplemental must be authorized by the last day of the month following the WKEP/COSP participation month.

NOTE: The WTA amount must be counted in SNAP budget only.

16.8 Providing Child-care Services to an Individual who is Participating in a Community Service Program

Providing child care services to an individual who is participating in a Community Service Program is a structured program in which individuals provide child care for recipients in approved TANF community service program activities.
South Carolina does not plan to use this work activity at the present time.

16.9 TANF Non-Core Activities

“Non-Core” activities are activities which can be included in the federal participation rate calculation once a minimum 20 hour assignment to a core activity has been made if the total hours equal the federal requirement.

Listed below are the acceptable TANF secondary (non-core) components.

1. Job Skills Training Directly Related To Employment (JSTL)

Training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace.

Job skills training is generally provided in a work place atmosphere with limited classroom activity.

Such activities may include both customized and general training to prepare an individual for employment, including literacy and language instruction. Job Skills Training must be directly related to a specific job.

Such activities would be short term (less than 3 months) and may include, but not limited to the following:

- A. Business machine operations
- B. Fork lift operator
- C. Safety/First Aid classes
- D. Food preparation

2. Education Directly Related To Employment (EMED or TAEE)

Education related to a specific occupation, job, or job offer.

Participants should make “good or satisfactory progress” as determined by the standard of the institution or program. Basic remedial education and ESL maybe counted under Education Directly Related to Employment. Examples of Education Directly Related to Employment may include, but not limited to the following:

- A. Key board
- B. Short term computer training
- C. Basic child development
- D. Graphics
- E. Multi-Media presentations
- F. Auto maintenance

NOTE: For a teen parent adult (TA's) 20 hours of participation in this activity meet the TANF participation requirement. For all other adults this is considered a non-core activity.

3. Satisfactory Attendance at Secondary School or in a GED Program (TASS or SSSA)

Regular attendance, in accordance with the requirements of the secondary school or course of study, at a secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate.

NOTE: Teen Adults who are satisfactorily participating in secondary school attendance (according to the Department of Education) will be considered to meet satisfactory participation.

Enter 20 hours per week or actual hours of participation, whichever is greater, on the PATS components screen for high school (TASS/ HISC), adult education (TASS/ADED) or GED program (TASS/GEDP).

A teen parent adult meets the participation requirement by satisfactorily attending school as defined by the South Carolina Education Department. This activity must be supervised on an ongoing basis no less frequently than daily.

4. Non-Countable Work Activities (WANC)

The FI Program is designed to promote the self-sufficiency of participants through intensive and continuous engagement in various program activities until the client finds employment. This may result in periods during which a client may be referred or assigned to a needed service or activity that promotes self-sufficiency but the activity is not countable in the TANF participation rate. The need for the service or activity is determined through assessment and development of the Family Plan.

16.10 Types of Vocational Education Available to TANF Clients

There are a variety of types of vocational education programs that would be allowed under the definition of vocational educational training (core activity 20 hours per week) job skills related to employment, and education related to employment non-core (10 hours per week).

These include:

1. Vocational associate degree programs

These programs consist of both academic and vocational for credit course work that usually requires about 60 credits. Completion of these programs can provide an associate of arts (AA), associate of science (AS) or associate of applied science (AAS) degree in fields defined as vocational. Common fields of study include: agricultural business and production, business, computer and information science, engineering, health-related professions, communication technologies, personal services, protective services, construction, automotive technology, and transportation. Associate degree programs can take two or more years to complete. Because they generally combine coursework with actual work, some portion could be counted as vocational educational training, while some could be counted as on-the-job training (if paid) or work experience (if unpaid).

2. Instructional certificate programs

These programs are generally programs designed to upgrade job related skills. These programs generally require about one year to complete and, compared to associate degree programs, involve far less, if any, academic courses. However, certificates can be of varied duration and can be earned for quite diverse activities. Examples range from a floral arranging program lasting only a few weeks to a two-year certificate program in airframe and power plant. Like associate degree

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programs, these certificates are awarded by institutions based on credits accumulated.

3. Industry skill certifications

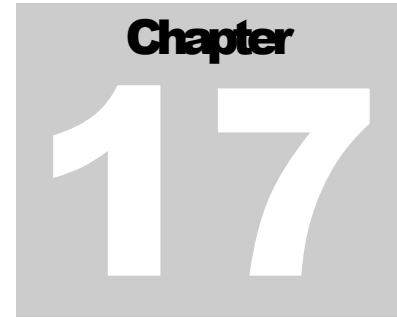
These programs are industry-developed certificates for students who demonstrate specific skills, often through a test. Preparation for these tests includes self-study and courses offered at postsecondary institutions and other training providers.

4. Noncredit course work

This course is designed to accommodate those who want specific job-related skills. For example, this could include: Introduction to Windows 98 (3 hours), Introduction to Fiber Optics (20 hours), Catering and Food Preparation (96 hours), and Real Estate License Exam Preparation (20 hours). The amount of time to complete the coursework for a specific skill can vary significantly and can consist of stand-alone courses or sequenced courses in a non-degree-granting program.

5. Illustrative Offerings of Vocational Associate and Certificate Programs

<u>Associate in Science</u>	<u>Vocational Certificate</u>
Accounting	Airframe and Power Mechanics
Architectural Design	Auto Collision Repair
Automotive Service Management	Automotive Machine Shop
Aviation Operations	Automotive Service Technician
Building Construction Technology	Barbering
Business Administration	Brick Masonry
Business Marketing Management	Carpentry
Civil Engineering Technology	Child Care Center Operator
Computer Engineering	Corrections Officer
Criminal Justice Technology	Cosmetology
Culinary Management	Credit Union Service Marketing
Dental Hygiene	Dental Assisting
Drafting and Design	Electricity
Early Childhood Management	Facials Specialty
Electronics Technology	Heating and Air Conditioning
Fire Science Technology	Massage Therapy
Graphic Design Technology	Medical Secretary
Interior Design	Nails Specialty
Legal Assisting	Network Support Services
Medical Laboratory Technician	Office Systems Specialist
Nursing, Registered Nurse (RN)	Paramedic
Radiography	Plumbing
Respiratory Care	Practical Nursing
	Teller Training
	Travel Agency Operations
	Webmaster and Web Development



Chapter 17

Verification, Monitoring and Supervision

17.1 Verification, Monitoring and Documentation

1. Work Verification Plan

In response to the Deficit Reduction Act of 2005 and the HHS interim final TANF regulations issued June 29, 2006, new rules were established for Family Independence policy on work activities. As part of the interim TANF regulations, states are now responsible for providing the federal government with a "Work Verification Plan" -- a document containing status verification and updates on recipient participation in work activities. On February 5, 2008, we received the Final TANF Regulation. The final version made several changes to the rules contained in the interim version. The information contained in this chapter of the manual reflects verification requirements according to SC's Work Verification Plan. Failure to adhere to the Work Verification Plan will negatively impact the TANF participation rate and the amount of federal funds received by the state.

2. Supervision, Verification and Documentation

Supervision, verification and documentation are key elements in meeting TANF participation requirements. The Case Manager (CM) must monitor the client's participation to verify and document all activities of the work eligible individual and family members. This includes, but is not limited to, follow-up on referrals and updates to the Family Plan. This continuous evaluation process will allow the CM to provide valuable counseling, guidance and support to recipients. The CM is responsible for the verification and documentation in the case record to support the electronic documentation in PATS. All work program activities must be verified and documented appropriately in the case file and in the PATS system in order to count in the participation rate.

3. Employment Plan Compliance

Monitoring of compliance with the Employment Plan begins when a recipient is referred to a component and begins participating. Time frames for components

completion are established at the time the Employment Plan is developed. The CM will monitor the participant's attendance and progress in the assigned component, and ensure that the time frame established is reasonable.

4. Subsequent Components

A participant completing an assigned component should be referred to subsequent components, as appropriate. The Employment Plan is updated periodically through personal contact with the recipient as his/her participation is reassessed. Changes to the Family Plan should be documented on the appropriate section and PATS should be updated to indicate dates that the Family Plan changed.

5. Monitoring Requirements

The CM is responsible for verifying and recording client participation in components, activities, and their progress on an ongoing basis, while providing encouragement to those demonstrating good progress and counseling to those showing deficiencies.

6. Documentation of Weekly Attendance

In order to monitor program participation, the CM will be responsible for documenting each participant's weekly attendance in the assigned activity and entering this information monthly into PATS.

7. Employment and OJT

When participants become employed or involved in OJT, a county designee will obtain verification of hours and income from the employer. (A designee may be the Case Manager or the job developer.) Once verified the hours may be entered in PATS for up to six (6) months per verification. If the CM becomes aware of changes in hours, he/she must obtain new verification and update the PATS system. After six months of activity, hours must again be verified.

NOTE: The CM must key the countable hours each month during the six month period.

8. Training Activities

Participants in training activities such as Work Experience, Community Service and Vocational Education must be supervised daily by the site supervisor. The CM will obtain verification of hours from the supervisor a minimum of every two (2) weeks. Satisfactory progress applies to these training programs. Progress is evaluated to assure that the training programs offered will result in an increase in the participant's skills and competencies.

9. Educational Activities

Participants involved in educational activities must demonstrate satisfactory progress in order to receive continuing benefits/support services. Satisfactory progress is defined as a standard that includes a qualitative element (e.g., grade

progression, grade point ratio) and a quantitative element (i.e., time frame for completion of the program or course of study and attendance requirements).

NOTE: *Educational activities count as a core activity for individuals coded as Teen Adults (TAs), without a high school diploma, GED or certificate of completion.*

10. Failing to Comply

Participants failing to meet satisfactory progress requirements are subject to good cause, conciliation and sanction procedures.

17.2 Rebudgeting and Follow-Along

Once a participant is placed in employment, the ES will rebudget the case. Should the cash benefits terminate, the CM may make periodic contact to help prevent and/or eliminate problems the participant may experience after becoming gainfully employed.

17.3 Purpose of a Case Staffing

The staffing is the method used to gather key individuals together to review, discuss and monitor the Family Plan and the family's status in movement toward a goal of self-reliance.

A staffing is needed while a client is participating in a core activity or as the client progresses from one activity to another to determine whether the Employment Plan needs to be revised, or whether additional services are needed. Staffing is also needed when a client fails to participate in an activity as required. Staffing can be held at any other point it is determined to be necessary for the client's progress.

The CM, ES, Supervisor, Human Service Worker, JD and any other individual involved with the family may participate in a staffing. If an allied agency is involved in the case, a representative should be invited to participate in the staffing. The CM must meet with the recipient(s) following the staffing to discuss recommendations for the family and to complete or update the Family Plan as needed.

1. Required Staffings

FI Families with an adult or teen parent/adult BG member must be staffed at least three times during the first 24 months the family receives FI cash benefits. Other staffing can be held at any other point it is determined to be necessary for the client's progress. The required staffing times are:

- A. Upon approval for FI, after the completion of the Family Evaluation, but prior to the development of the Responsibility Plan and Employment Plan.
- B. In conjunction with the annual redetermination of eligibility (12th month of the 24 month time period).

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C. Prior to closure/extension of FI due to the time limit.

NOTE: Families exempt from time limited benefits will continue to be staffed at annual redetermination.

A summary of all mandatory staffing activities will be documented on DSS-3707, FI Staffing Summary. During the initial staffing, the following should occur:

1. Review the family situation as identified through the family evaluation process
2. Identify all barriers to the achievement of family self-reliance.
3. Document recommendations for the family that are realistic based on the screenings and assessments conducted.
4. These recommendations should be directed to removing barriers and moving a work program participant to the desired vocational objective;
5. Determine support services needed by the family.

For the initial staffing, complete the FI Staffing Summary, DSS-3707.

At the 12-month staffing the case must be reviewed by the CM, supervisor and anyone else involved with the participant to determine the following:

- a. If the participant is on track with goals outlined in the Employment Plan
- b. If family and DSS are taking appropriate action(s) based on the Responsibility Plan
- c. If months toward the time limit have been counted correctly
- d. If tracking codes and component activities are up-to-date
- e. Document any recommended changes to the Family Plan

For the 12-month staffing, complete the FI Staffing Summary, DSS-3707.

By the end of the twenty two (22nd) month of eligibility, a two-step staffing must be completed to determine if the recipient meets the criteria for an extension of benefits.

The two-step staffing process involves:

Step 1 - A case review in the 21st month involving the completion of the DSS-3707, FI Staffing Summary, including the 21st month review section.

Step 2 - A face-to-face interview in the twenty-two (22nd) month to review extension criteria and ongoing eligibility requirements, or to review with the recipient his/her plans (including the future well-being of the children)

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after the FI benefit ends. Completion of the 22nd month case staffing section on the DSS-3707.

If the recipient does not respond to the appointment notice for the twenty two (22nd) month staffing, a personal contact (telephone call or home visit) must be made in an attempt to reschedule the appointment.

If the recipient fails to participate in the 22nd month staffing, an extension cannot be considered and the FI cash benefits will terminate at the end of the 24th month due to time limits.

NOTE: *If it is determined that the recipient's whereabouts are unknown, the cash benefits should be terminated for that reason, not due to time limits.*

2. Domestic/Family Violence Staffing

When an A/R requests a waiver of program requirements due to being a victim of domestic/family violence and is referred to the DVA for assessment and counseling, the CM will staff the case with the DVA prior to granting approval of the waiver. [\(See 14.1.3\) \(14.13.7\)](#)

NOTE: *Due to the distance between a county DSS office and a DVA, this staffing can be done over the phone.*

A. Who Should Attend a Staffing?

The ES, CM, Supervisor, Human Service Worker, JD and any other individuals involved with the family may participate in a staffing. If an allied agency is involved in the case, a representative should be invited to participate in the staffing. The CM must meet with the recipient(s) following the staffing to discuss recommendations for the family and to complete or update the Family Plan as needed.

B. CWS Case Staffing

For families receiving DSS Child Welfare Services (CWS) a coordinated staffing will be held to include appropriate staff from each county.

C. Communication Process with CWS

In order to assist in the staffing process each county should develop a communication procedure to ensure participants for each program are identified. DSS-1600 Communication Form may be used.

D. Joint FI/HS Staffings

To ensure effective communication and planning takes place with clients who are served by both FI and Human Services (HS), joint staffings will be held when the following situations occur: [\(See 14.1\)](#)

1. An HS treatment plan is being established.

2. A family court action is being planned or has been initiated due to an emergency.
3. A child is removed from the home, placed with relatives or returned to the home.
4. The need of a referral for a drug and alcohol assessment has been identified.
5. A Family Plan is being developed.
6. A conciliation is scheduled prior to a full family sanction.
7. The FI 22-month staffing is scheduled.

17.4 Monitoring Requirements

The CM is responsible for verifying and recording client participation in components, activities, and their progress on an ongoing basis, while providing encouragement to those demonstrating good progress and counseling to those showing deficiencies. The CM should monitor the participant's activities on a weekly basis.

1. Failing to Comply

Participants failing to meet participation and/or satisfactory progress requirements are subject to good cause, conciliation and sanction procedures.

2. Progress Reports

An individual progress report is needed for each participant. Progress report must be given monthly by providers for each activity. The report should be reviewed by the CM to determine if satisfactory progress is being made and then filed in the case record.

3. Good Cause/ Conciliation

If it is determined that satisfactory progress is not being made, the CM will determine good cause. A good cause determination may result in the referral to a more appropriate component if, for example, the participant has a learning disability. If good cause does not exist, the CM will begin the conciliation process.

4. Completed Activities

Just prior to the completion of any major activity, the CM should schedule a meeting with the participant to discuss what the next step in the Employment Plan will be.

5. Subsequent Activities

The participant should be assigned to the next required activity with no break in services.

Referrals to subsequent activities will follow the same procedure as initial referrals to activities. The participant will be evaluated and reassessed on a continuing basis. This reassessment process will allow the CM to provide valuable counseling, guidance and support to every participant.

6. Documentation of Weekly Attendance

In order to monitor program participation, the CM will be responsible for documenting each participant's weekly attendance in the assigned activity and entering this information monthly into PATS. An individual timesheet is required for participants in group activities. The signed timesheet must be maintained in the participant's file.

7. Gathering Information Consistently

Counties are responsible for establishing consistent methods for gathering information about attendance and participation hours.

8. Supervisory Monitoring and Case Reviews

County supervisors are responsible for ensuring that the FI Program is operated in compliance with State and Federal policies and regulations. The supervisor is expected to review all case management actions as mandated to assist FI recipients in obtaining the tools necessary to achieve and maintain economic independence. The supervisors must ensure services are provided in a manner that is fair and meaningful to all recipients.

The Supervisory Case Review Guide will be used to ensure that case managers:

- A. Develop with the FI participant's in-put, an appropriate client specific plan for the individual to participate in actions needed to obtain gainful employment to achieve self-reliance within 24 months.
- B. Verify and record client participation in components, activities, and document their progress on an ongoing basis.
- C. Monitor client participation and provide encouragement to those demonstrating good progress.
- D. Counsel and conciliate participants that show deficiencies or are not participating as required.
- E. Record all client activity in PATS

Note: Supervisory Case Reviews must be completed on all cases prior to imposing a sanction and all cases before the 22 month time limit staffing.

9. Recording Supervisory Reviews

Supervisor Case Reviews should be recorded in PATS on the documentation screen by using the ‘Supervisory Review’ type. Supervisors can document in the system that the case was correct or indicate corrective actions needed by the Case Managers.

Supervisor Case Reviews are critical to managing the Family Independence Program. The reviews validate our system and reported data while ensuring that supervisors and case managers understand the program.

County Directors and Supervisors can monitor cases reviewed through the following PATS reports:

- FI 501 – Cases Reviewed During the Month
- FI 502 – Open Cases Not Reviewed in Six Months
- FI 503 – Case Review Summary by Caseload
- FI 504 – Case Review Summary by County

17.5 Definition/Scheduled Hours

Scheduled hours are defined as the number of hours per week the recipient is expected to participate in a specific component. Educational and training institutions define scheduled hours based on the specific activity (e.g., literacy classes, GED classes or nurse's aide training). Scheduled hours of other components, such as the Employment Preparation Program are based on the curriculum established for each component.

1. PATS Entry

Actual hours of participation for **each week** in the report month must be entered on the Units of Service (UOS) screen in PATS.

Actual verified hours for employment and OJT must be **entered monthly** for up to 6 months. Hours must be re-verified at the end of six months.

Note: Changes in hours will be recalculated based on FI budget policy. When attendance in secondary education for teen adults, coded TASS/GEDP and TASS/HISC is verified, enter 20 hours per week or actual if greater than 20 hours.

2. Calculating Weekly UOS

If a client participates in different components during the same week, total the daily hours for each component separately then enter weekly hours for each component on PATS.

3. Time Frames

Each activity will have a specific time frame. The CM and participant shall discuss the time frame. If the participant's time frame for completion needs to be extended, the Employment Plan will be updated and signed.

17.6 Methods of Verification and Documentation

The following information defines the allowable TANF work activities and the methods South Carolina will use to count and verify participation hours, as well as the type and frequency of supervision required to meet the TANF Work Verification requirements.

1. Unsubsidized Employment

Unsubsidized Employment includes all paid employment that is not subsidized by TANF or any other public program. This includes self-employment when money is earned for work performed. Individuals may be employed and earn less than the Federal Minimum Wage.

Part-time employment is employment of at least 10 hours, but less than 30 hours per week. This includes “in-kind” or “barter income” in exchanges for property or services.

A. *Countable Hours:*

The countable hours will be based on the number of verified hours a recipient is employed. When calculating countable hours toward the TANF participation rate, employment hours will be projected up to six months, based on documented actual wages and hours, if those are representative of continuing circumstances.

To determine countable hours, we will use recent representative pay stubs. Pay stubs not considered representative include pay dates in which the recipient received income that is significantly higher or lower than usual. Such a break or difference in hours might be due to illness, a death, vacation, emergency, overtime, etc. If the pay or non-receipt of pay for one or more of these weeks is not representative, that week's pay stub will be entered as actual hours. In lieu of pay stubs, a wage form signed by the work supervisor will be accepted.

We will add the weeks of representative hours and divide the total hours by the number of representative pay dates to obtain the average number of hours per pay week.

B. *Verification of hours:*

The State will use pay stubs, employer reports, or other employer-issued documentation from work-eligible individuals or employers to verify actual hours of participation. Documentation and verification of hours worked are retained in the participant's case file.

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Recipient's pay stubs will be the primary source of verification of hours.

Verification of hours is determined as follows:

The State will use available representative pay stubs or contact the employer to verify the number of hours the recipient is expected to work each week.

Acceptable forms of documentation will be:

1. Request for Wage Information (DSS 1245)
2. Wage Stubs
3. Employment/Employer Records (e.g. time sheets)
4. Copy of check, money order, or other payment form

Once verification is determined, documented hours may continue to be counted for up to six (6) months. Changes in hours will be recalculated based on Family Independence budgeting policy.

C. Countable Hours-Self Employment:

In the case of self-employed individuals, the gross income (less business expenses) divided by minimum wage, is a reasonable mechanism for imputing countable hours of employment. The hours for self-employment are countable when the participant income records substantiate proof of gross income minus business expenses.

For self-employed individuals, the State will use the most recent State/Federal income tax records, current business receipts/records/books, or a signed and dated statement from the recipient may be used when it is not practical to verify the hours using other means. The case file will be documented with the reason for the need for self-declaration. All documentation and verifications will be retained in participant files.

Once verification is determined, documented hours may continue to be counted for up to six (6) months. Changes in hours will be recalculated based on Family Independence budgeting policy.

To calculate hours, add the weeks of representative hours and divide the total hours by the number of representative pay dates to obtain the average number of hours per pay week and divide by minimum wage.

1. Verification of hours:
If a participant enters the FI program and states he/she is self-employed and has been self-employed for less than a year, the participant must provide the above documentation including copies of receipts, appointment books or any other documentation that will show the participant is engaging in a legitimate business. If the

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participant states he/she has been self-employed for a year or more, a copy of the previous year's income tax return will suffice to show that the participant is engaged in a legitimate business.

2. Acceptable forms of documentation will be:
 - a. State/Federal Income Tax Records
 - b. Employment/employer records
 - c. Signed and Dated Statement from the Recipient

Once verification is determined, documented hours may continue to be counted for up to six (6) months. Changes in hours will be recalculated based on Family Independence budgeting policy.

2. Subsidized Private Sector Employment

Subsidized Private Sector Employment is employment in a private company or organization that receives a subsidy from TANF or other funds.

Subsidized employment will generally be limited to six to twelve months, unless a longer period is identified as beneficial in a needs assessment.

An example of subsidized private sector employment is a temporary staffing agency, serving as employer of record and paid a fee by DSS to cover salary, expenses and success in placing employees.

Contact with employers will be made to determine if they are receiving monies from any public program in order to determine if they meet the description of subsidized employment.

A. Countable hours

When calculating countable hours toward the TANF participation rate, the State will project hours based on recent representative pay stubs, or when a new job is reported, countable hours will be based on the number of hours the employer expects the recipient to work.

To determine countable hours, we will use recent representative pay stubs. Pay stubs not considered representative include pay dates in which the recipient received income that is significantly higher or lower than usual.

Such a break or difference in hours might be due to illness, a death, vacation, emergency, overtime, etc. If the pay or non-receipt of pay for one or more of these weeks is not representative, that week's pay stub will be counted as actual hours. In lieu of pay stubs, a wage form signed by the work supervisor will be accepted.

B. Projection of Hours

We will add the weeks of representative hours and divide the total hours by the number of representative pay dates to obtain the average number of hours per pay week.

C. Verification of hours

Recipient's pay stubs will be the primary source of verification of hours.

Verification of hours is determined as follows:

SC will use available representative pay stubs or contact the employer to verify the number of hours the recipient is expected to work each week.

1. Acceptable forms of documentation will be:
 - a. Request for Wage Information (DSS 1245)
 - b. Wages Stubs
 - c. Employment/Employer Records(e.g. time sheets)
 - d. Copy of check, money order, or other payment form

Once verification is determined, documented hours may continue to be counted for up to six (6) months. Changes in hours will be recalculated based on Family Independence budgeting policy.

Subsidized employment will be supervised at the worksite according to the requirements of the employer.

3. Subsidized Public Sector Employment

Subsidized Public Sector Employment is employment in a public company or organization when the employer receives a grant or allotment to pay all or a portion of the employee's wage. Subsidized employment will generally be limited to six to twelve months, unless a longer period is identified in a needs assessment as beneficial.

An example of subsidized public sector employment is supported work for individuals with disabilities in an integrated setting, sponsored by Vocational Rehabilitation.

Contact with employers will be made to determine if they are receiving monies from other public programs in order to determine if they meet the description of subsidized employment.

A. Countable Hours

When calculating countable hours toward the TANF participation rate, the State will determine hours based on recent representative pay stubs, or when a new job is reported based on what hours the employer expects the recipient to work.

To determine countable hours, we will use recent representative pay stubs. Pay stubs not considered representative include pay dates in which the recipient received income that is significantly higher or lower than usual. Such a break or difference in hours might be due to illness, a death, vacation, emergency, overtime, etc.

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If the pay or non-receipt of pay for one or more of these weeks is not representative, that week's pay stub will be counted as actual hours. In lieu of pay stubs, a wage form signed by the work supervisor will be accepted.

We will add the weeks of representative hours and divide the total hours by the number of representative pay dates to obtain the average number of hours per pay week.

B. Verification of Hours

Recipient's pay stubs will be the primary source of verification of hours.

Verification of hours is determined as follows:

Use available representative pay stubs or contact the employer to verify the number of hours the recipient is expected to work each week.

Acceptable forms of documentation will be:

1. Request for Wage Information (DSS 1245)
2. Wages Stubs
3. Employment/Employer Records(e.g. time sheets)
4. Copy of check, money order, or other payment

Once verification is determined, documented hours may continue to be counted for up to six (6) months. Changes in hours will be recalculated based on Family Independence budgeting policy.

C. Method of Supervision

Subsidized employment will be supervised according to the requirements of the employer.

4. Work Experience

Work Experience is a work activity, performed in return for benefit payments, that provides an individual with an opportunity to acquire the general skills, training, knowledge and work habits necessary to obtain employment.

Placements in unpaid positions are for the express purpose of providing participants with the experience of work so they may acquire the general skills, training, knowledge, and work habits necessary to obtain employment.

A Work Experience Program placement is daily supervised training that is based on a participant's vocational objective. Work Experience assignments can be at public, private non-profit and private for-profit agencies, businesses or institutions.

Although Work Experience Programs are unsalaried, the federal Fair Labor Standards Act (FLSA) requires that welfare recipients who are required to participate in a Work Experience Program be compensated for the hours of participation. FLSA allows compensation to be provided in the form of certain

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needs-based benefits.

Work Experience Program participants will be paid a Work Experience Training Allowance (WTA) if the number of monthly hours of Work Experience participation multiplied by the federal minimum wage exceeds the combined dollar value of Supplemental Nutrition Assistance Program (SNAP) and TANF benefits for the month of Work Experience Program participation. South Carolina implemented a simplified Supplemental Nutrition Assistance Program (SNAP) Program effective October 1, 2006. Work Experience Program participants who sustain an injury at a work site are subject to established workers' compensation guidelines.

A. Countable Hours

Actual hours of participation in work experience will be countable. Hours will be documented biweekly by the work experience supervisor. Work experience participants may also be eligible for unpaid holidays or excused absences as determined by DSS policy.

B. Verification of Hours

The Work Experience Program site supervisor will submit a Work Experience Attendance and Performance Record to DSS bi-weekly. This document will serve as verification of hours worked. Acceptable forms of documentation are:

1. Work Experience Attendance and Performance Record
2. Worksite/Supervisor Records

C. Method of Supervision

Participants will be supervised daily by a Work Experience Program site supervisor. Documentation of attendance and performance will be submitted bi-weekly on an individual attendance sheet. The requirement for daily supervision is part of a formal agreement between the DSS and a work experience provider. The work experience provider agrees to notify the DSS immediately if the individual does not perform satisfactorily and/or fails to arrive at the work site at the agreed upon time. In addition, the work experience provider agrees to notify the TANF case manager at any point if barriers to employment, such as problems with child care or the need for accommodations, become apparent. The TANF case manager will work closely with the individual and the work experience provider to ensure that the placement is beneficial to the individual and that all required work hours are performed satisfactorily.

5. On-the-Job Training (OJT)

On-the-Job Training (OJT) is training in the public or private sector that is given to a paid employee engaged in productive work. OJT provides knowledge and skills essential to the full and adequate performance of the job.

Participants are placed in a paid position for the purpose of providing them specific training to learn a specific job skill that provides knowledge and abilities essential to the full and adequate performance of the job.

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On-the-Job Training (OJT) is a full-time subsidized employment activity. It is skills training provided by an employer at an employer's place of business, and may be combined with classroom training. On-the-Job-Training contracts should be written for occupations that have a high potential for sustained demand or growth.

The Family Independence Program authorizes the creation of two kinds of full time OJTs, (1) learning new skills, and (2) wage progression with new job duties.

Participants in DSS/OJT are compensated at the same rate of pay, including benefits and periodic increases, as other employees performing the same job function. DSS/OJT participants must earn at least the Federal Minimum Wage.

In return for providing intensive supervision and training for the participant, the employer will receive a wage subsidy to compensate for the additional employment costs and the trainee's nonproductive time. Fifty percent of the trainee's gross wages for the period of the contract will be reimbursed to the employer. A DSS/OJT contract (DSS 3768) is generally approved for a 6 month period, renewable for additional periods as appropriate.

A. Countable Hours

Hours in which the recipient satisfactorily participated in OJT are countable and will be documented by the work site supervisor using an OJT Attendance and Performance Record.

B. Verification of Hours

The employer will be given a supply of OJT Attendance and Performance Record Forms DSS 3769, to complete on a monthly basis to document hours. Acceptable forms of documentation will be:

1. On-the-Job Training Attendance and Performance Record
2. Request for Wage Information (DSS 1245)
3. Wage Stubs
4. Employment/Employer Records (e.g. time sheets)
5. Copy of check, money order, or other payment form
6. Signed statement by the employer

C. Participation Hours

The countable hours of participation for OJT will be projected forward for six months. The initial projection is based on at least four consecutive weeks of wage statements/pay stubs, if those are representative of continuing circumstances. We average the reported hours of employment for these weeks; this serves as the basis

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of the projection of average weekly hours for six months, unless the State becomes aware of a change in circumstances that requires a recalculation. If the wage statements/pay stubs available are not representative of continuing circumstances, we use actual hours and do not project hours forward.

D. Method of supervision:

OJT participation will be supervised according to the requirement of the employer.

6. Job Search and Job Readiness Assistance

Job Search and Job Readiness Assistance is the act of seeking or obtaining employment or preparation to seek or obtain employment, including life skills training, substance abuse treatment, mental health treatment, or rehabilitation activities. The purpose of job readiness training is to prepare the participant for employment or other work activities so that he/she can be competitive and succeed in the labor market. Job readiness training may be offered before, in conjunction with or after the job search assignment.

Job search and job readiness activity is limited by statute to 240 hours or to 360 hours in a 12 month period, which is the equivalent of **20 hours per week for a single-parent with a child under age six and 30 hours per week for all other work-eligible individuals** (no more than four consecutive weeks may count toward the work participations rates). Hours of participation beyond the 240 hours and 360 hours, may be scheduled but will not count toward the participation rate calculation. Participants should be assigned to job readiness and/or job search activities based on their individual need. Any additional hours of job readiness and/or job search allowed in a 12 month period, (240 hours and 360 hours of job search/job readiness total) should be made in conjunction with other program activities, **when appropriate or necessary**, so that both the core work activity requirement and the overall participation requirement are met.

A. Countable Hours

Actual hours of Job Search will be countable toward the TANF participation rate. Job Search hours will include preparation, research and time spent traveling between locations, but does not include the time spent traveling to the first location or time spent returning home after the last location.

Each participant must maintain a daily log of all employment contacts.

This log must contain information on potential employers visited in person, by internet or by phone, and a daily record of the time spent engaging in such activities. The participant must submit a log of the daily contacts at least weekly. The log is reviewed by a Case Manager and, if approved, filed in the individual's case record. The log provides the date and time of contact, the type of contact, the position that was of interest, and the name of the employer and contact information.

Note: There is no specific number of internet, on-line or phone contacts allowed for job search. However, only the actual time spent on line or on the phone is countable. The time must be documented

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and verified by way of the daily contact record. The record must indicate the actual time, date, contact information and whether an application was filed.

Job Readiness Assistance hours will be actual classroom and/or supervised activities that meet the definition of Job Readiness Assistance. For job readiness activities, the service provider maintains individual attendance records and must submit these to DSS at least bi-weekly. The Case Manager reviews the reported information and files it in the individual's case record.

Countable hours for individuals participating in substance abuse, mental health treatment or rehabilitative activities are based on a treatment plan signed by a qualified medical or mental health professional. Authorized treatment providers provide, at least bi-weekly, an individual time sheet or other document specifying the actual hours of attendance. All individual time sheets and other related documents are filed in the individual's case record.

B. Verification of Hours

Verification of hours will be determined by several sources. Job search completed as part of a formal supervised program will have hours verified by the site supervisor. Directed Job Search hours will be verified through the use of the DSS Job Contact Time Sheet Form. Job Readiness Assistance hours will be verified by the site supervisor.

Client attendance at on-site sessions five days a week are verified through vendor time sheets. Other activities are reported by clients to their case managers during weekly meetings. Clients submit a job log which includes a signed timesheet. Vendors must provide a notation that a review has been completed for reasonableness and whether the log/timesheet has been accepted. Attendance in job readiness classes will be documented through attendance sheets signed by the trainer and the client. Documentation that contains an original signature is preferred.

The Case Manager or other DSS staff will ensure the accuracy of the reported information by conducting random reviews and follow-up with employers. The verification review will include contact with the employers to verify the documented information, confirmation of completed job interviews, and other related measures.

When the logs are incomplete or verification does not validate the activity, we will not report the hours for the work participation rate.

Acceptable forms of documentation will be:

1. Supervised Job Contact Log -DSS 1319
2. Attendance Records from Provider

C. Method of Supervision

For job search activities, the Case Manager provides daily supervision, including daily responsibility for oversight of an individual's participation, although this does

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not necessarily mean that there will be daily contact with the participant. Daily supervision of a job search participant may include access to a case manager or other employment services provider worker for the participant to report on progress or seek additional guidance as needed before the next regularly scheduled contact. *In person* contact between the Case Manager or other employment service providers and the participant must be no less frequent than weekly.

The Case Manager will guide and advise the participant in the appropriateness of the job contacts and can require additional job contacts, if it is determined that the participant is making inappropriate contacts or not generally performing in a good faith manner. For Job Search, the Case Manager will contact recipients at least once per week to discuss:

1. Employers contacted
2. Employers hiring
3. Recap interviews
4. Prepare for upcoming interviews
5. Identify recurring obstacles to employment
6. Discuss methods to overcome employment barriers
7. Refresh skills learned during job readiness class

For job readiness activities, the instructor or staff person leading a class, workshop or job club, or other program activity maintains a log of daily attendance by participants and provides instruction and guidance to participants and provides daily supervision.

The service (treatment) provider performs daily supervision for individuals participating in substance abuse or mental health treatment programs. TANF case managers will maintain contact with the service provider while the participant is in treatment, as appropriate.

7. Job Readiness in substance abuse treatment, mental health treatment and rehabilitation activities

At application and each redetermination, the CAGE questionnaire will be used to screen for substance abuse and to make referrals for appropriate services. The CAGE was developed by the founding director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill. CAGE is an internationally used assessment instrument for identifying problems with alcohol. In addition, employment contractors may determine that an individual has a substance abuse problem. Individuals who may be in need of substance abuse treatment and case management are referred to local agencies affiliated with the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) agencies for assessment. DAODAS providers have on staff licensed and certified health care professionals who make the decision as to whether treatment is needed. If treatment is warranted, the provider will refer the

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individual to appropriate licensed and certified service providers, who will be paid by Medicaid. DSS will obtain and report the treatment hours. In addition, individuals may be sent to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), and time spent with AA and NA will be credited.

Job readiness rehabilitative services are available from SC Department of Vocational Rehabilitation. SCVR provides medical or other rehabilitative services to address clients' physical or mental disability before employment goals can be reached. These services are offered by SCVR based on individual need.

8. Community Service Programs

Are structured programs with embedded activities in which TANF recipients perform work for the direct benefit of the community under the auspices of public or nonprofit organizations.

Community service is an activity for participants who cannot otherwise obtain employment and need to increase their employability by improving interpersonal skills, job retention skills, stress management, and job problem solving, and by learning to attain a balance between job and personal responsibilities. South Carolina will take into account, to the extent possible, the prior training, experience, and skills of a recipient in making appropriate community service assignments.

Community Service Programs fall under FLSA guidelines and must be limited to projects that serve a useful community purpose and provide a direct benefit to the community.

South Carolina may use any of the following types of entities for Community Services placements. This is not an all-inclusive list; many other opportunities may exist locally.

1. Health
2. Social service
3. Environmental protection
4. Education
5. Urban and rural redevelopment
6. Welfare, recreation
7. Public facilities
8. Public safety
9. Child care

Self-initiated Community Services Programs provide a direct community service and improve the recipient's employability. Self-initiated Community Service Programs that are allowable and meet this definition:

- a. Student teaching
- b. Student nursing

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- c. Internship or practicum for participants enrolled in higher education
- d. Court Ordered Community Service Placements

These self-initiated activities are not subject to FLSA, therefore the WTA workbook is not required.

A. Countable hours

Actual hours of participation in a Community Service Program will be countable. Hours will be verified biweekly by an on-site supervisor.

Community service providers and program participants report actual hours of participation on individual time sheets and activity logs that report hours of participation for every day of every week in each month. A participant engaged in a community service program is subject to the Fair Labor Standards Act (FLSA). Community service participants will be paid a Work Training Allowance (WTA) if the number of monthly hours of Community Service participation multiplied by the federal minimum wage exceeds the combined dollar value of Supplemental Nutrition Assistance Program (SNAP) and TANF benefits for the month of Community Service participation.

The WTA is a supplement to the TANF grant. South Carolina has received approval to operate a mini-Simplified Supplemental Nutrition Assistance Program (SNAP) Program for TANF recipients, which permits it to combine the value of TANF and Supplemental Nutrition Assistance Program (SNAP) benefits in the determination of maximum hours.

B. Verification of Hours

The Community Service Program site supervisor will submit an individual Community Service Attendance and Performance Record to DSS on a regular basis. The community service provider and the participant sign the individual time sheet or activity log attesting to the truthfulness of the information provided. This documentation is submitted to the DSS by either the participant or the community service provider no less frequently than once every two weeks.

The written verification serves as supporting documentation that the hours of participation were actually performed for the hours claimed in the community service activity. The Case Manager monitors the written verification and records the actual participation hours for participation rate purposes. This information is retained in the case file. Acceptable forms of documentation will be:

1. Community Service Program Attendance and Performance Record
2. Worksite/Supervisor Records

C. Method of Supervision

Community Service providers must provide a structured work setting with daily supervision, evidenced by documentation such as daily timesheets or activity logs. Self-initiated community service positions are governed by the same

documentation requirements. Supervision will be conducted by an on-site supervisor who will document attendance and performance on a daily basis. Participants are assigned a community service provider and receive daily supervision. The requirement for daily supervision is part of a formal agreement between the DSS and the community service provider. The community service provider agrees to notify DSS immediately if the client does not perform satisfactorily and/or fails to arrive at the work site at the agreed upon time. In addition, the community service provider agrees to notify the DSS Case Manager at any point if barriers to employment, such as problems with child care or the need for accommodations, become apparent. The DSS case manager will work closely with the individual and the work experience provider to ensure that the placement is beneficial to the individual and that all required work hours are performed satisfactorily.

9. Vocational Educational Training

Vocational Educational Training is an organized educational program that is directly related to the preparation of individuals for employment in current or emerging occupations requiring training including postsecondary study leading to a baccalaureate degree. Vocational Education may be short or long term. Clients who are in programs longer than 12 months may be counted as participating in non-core Education directly related to Employment or Job Skills directly related to employment, if they are participating in a core activity for sufficient hours.

Vocational educational training programs are provided by employment and training providers contracted by the South Carolina DSS.

They may also be provided by accredited vocational-technical schools, certificate programs at accredited secondary, proprietary schools, non-profit organizations, secondary schools that offer vocational education, post-secondary educational institutions, colleges and universities, or through distance learning at accredited Internet-based institutions intended to prepare the participant for specific occupations.

A. Countable vocational educational training placements consist of:

Technical College Certificate Programs: Computer Servicing, Accounting, Advanced Computer Programming, Architectural Design Technology, Architectural Drawing, Basic Arts , Basic Automotive, Basic Design Technician, Basic Industrial Systems Technology, Basic Residential Carpentry, Basic Video Production, CAD Drafting Applications, Child Care Management, Civil Design Technician, Commercial Refrigeration, Computer Assisted Design (CAD), Computer Networking Technology, Computer Technology, Correctional Office Administration, Correctional Training, Criminal Justice and Law, Designing HVAC Systems, Early Childhood Development, E-Commerce, General Education, Help Desk Management, Heat Pump, Hospitality Management, Infant/Toddler Care, Law Enforcement Training, Light Construction Management, Massage Therapy, Mechanical Design Technician, Medical Office Assistant, Microcomputer Programming, Multimedia Design, Network Administrator, Network Engineer, Office Applications for Business & Industry,

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Paralegal Specialist , Pre-Allied Health Studies, Relational Database Administrator, Residential Apprentice Electrician, Residential Foundations Certificate, Residential Plumbing Certificate , Small Business , Webmaster , Word Processing. Associate in Science Degrees in the following categories: Business Administration; Culinary Management; Dental Hygiene; Drafting and Design; Early Childhood Management; Electronics Technology; Interior Design; Legal Assisting; Medical Laboratory Technician; Registered Nurse; Radiography, and Respiratory Care.

Other Vocational Certificates in the following categories: Barbering; Brick Masonry; Carpentry; Child Care Center Operator; Corrections Officer; Cosmetology; Credit Union Service Marketing; Dental Assisting; Electricity; Facials Specialty; Heating and Air Conditioning; Massage Therapy; Medical Secretary; Nails Specialty; Network Support Services; Office Systems Specialist; Paramedic; Plumbing; Practical Nursing; Teller Training; Travel Agency Operations; and Webmaster and Web Development.

Note: Basic and remedial education and English as a Second Language will not be counted as Vocational Education Training but may be counted under Education Directly Related to Employment.

B. Countable hours

The actual hours of participation in vocational educational training activities are countable. Expected hours for this and other activities will be shown on the individual's Employment Plan, as will acceptable timeframes for completion.

Actual hours of participation will be reported on individual time sheets and activity logs for every day of every week in each month. Actual hours spent in class as well as time spent performing clinical requirements, lab work or other ancillary activities (e.g. special learning needs, vocational assessment and counseling and barrier removal activities) required for approved vocational educational training programs are considered to be a part of the primary activity for which it is required and is countable.

DSS will obtain a monthly report advising whether the student is regularly attending classes and whether they are performing satisfactorily. These are used to determine class attendance.

Total homework time counted for participation cannot exceed the hours required for or advised by the educational program/institution. A statement must be obtained from the educational program/institution that indicates the amount of homework required for each class. Actual time spent in supervised study halls, monitored study and homework sessions will be counted, if documented and verified by a signed time sheet or record of attendance. Up to one hour of unsupervised homework time can count for each hour of class room time.

Note: Homework can be a combination of supervised and unsupervised time.

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Any distance learning participation must be documented by on-line participation or completion of instructional learning packets or workbooks. Mechanisms for verifying and documenting actual hours of supervised participation may include on-line tracking of time participating in the educational activity, combined with intermittent review of work assigned to and completed by the student or reasonable approximations of the time required to complete work packets as determined by the education provider and approved by DSS. Detailed records of the instruction provided, dates when student packets were sent out and received, performance on the assigned work, as well as, the assignments completed by all students on the roster must be maintained.

Distance learning components must be supported by instructional support and include mechanisms for providing reports that document progress and the time the student is accessing the online training program. Holidays and limited excused absences will also count as hours of participation.

C. Verification of hours

Attendance participation will be recorded on an individual report provided by the institution documenting hours of attendance on a daily basis and verified every two (2) weeks.

Acceptable forms of documentation will be:

1. Log-in and log-out records
2. Time sheets and attendance logs
3. School Records certified by a designated school official

Contractors and educational providers are responsible for daily supervision of assigned clients and must submit documentation of total hours of participation in their program on a bi-weekly basis to DSS. A daily attendance record is used to reflect actual hours of attendance; this form is signed by the client and the contractor or class instructor.

The documentation issued by the distance learning institution to verify the student attended the session will be used as verification in cases where a client is participating in a distance learning program, via internet.

Client attendance records are maintained by DSS. The TANF caseworker provides overall supervision and monitoring of client progress and compliance during the monthly case management visit.

The Agency's work participation computer system Participation and Tracking System (PATs) is programmed to limit the amount of months of countable Vocational Education for an individual, The 12 month period of countable participation is tracked by the recipient's social security number.

D. Method of Supervision

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Supervision will be conducted by an instructor at the institution on a daily basis. Records from the institution will document hours of attendance and progress in the activity.

The 12-month limit on vocational educational training is strictly monitored using a counter in South Carolina's automated data processing system, PATS. Once the counter reaches 12 months, the activity no longer counts toward the Federal participation rates.

Basic and remedial education and ESL can only count if the vocational educational provider submits a statement indicating that a participant in an otherwise approved vocational educational and training activity requires such instruction to participate in the program and that such instruction accounts for no more than ten hours per week.

10. Job Skills Training Directly Related to Employment

Job Skills Training Directly Related to Employment is training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace. For the most part, individuals in job skills training directly related to employment will be in short-term skills training programs similar to those utilized by WIA. In addition to other kinds of job skills training directly related to employment, South Carolina may place individuals in this component if they are participating in a vocational certificate program that lasts more than one year, and they have already used up their one year of Vocational Educational Training eligibility. For example, some nursing certificate programs last two years.

Job Skills Training is generally provided in a work place atmosphere with limited class room activity. These activities may include both customized and general training to prepare an individual for employment, such as literacy and language instruction. Job Skills Training activities would be short term (usually less than 3 months) and may include but are not limited to the following:

1. Business machine operations
2. Fork lift operator
3. Safety/First Aid classes
4. Food preparation
5. Landscaping
6. Auto maintenance

Job Skills Training must be directly related to a specific job. Personal enrichment classes, such as home and garden, money matters, dance and music would not be acceptable for Job Skills Training directly related to employment. Barrier removal

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activities, such as substance abuse counseling and treatment, may not be included.

A. Countable hours

South Carolina will report actual hours of participation in job skills training directly related to employment activities. Expected hours for this and other activities will be shown on the individual's Employment Plan, as will acceptable timeframes for completion. South Carolina will obtain from the institution a weekly report advising whether the student is regularly attending classes and whether they are performing satisfactorily.

These are used to determine class attendance. Job skills training providers and program participants report actual hours of participation on time sheets and activity logs that report hours of participation for every day of every week in each month. Actual hours spent in class as well as time spent performing clinical requirements, lab work or other ancillary (e.g. special learning needs, vocational assessment and counseling and barrier removal activities) activities required for approved vocational educational training programs are considered to be a part of the primary activity for which it is required and is countable.

Holidays and excused absences will be counted towards participation. In addition only structured, monitored study and home work sessions will be counted if documented and verified.

In some instances, Job Skills training will be completed as part of distance learning. Training hours will count in participation only when the time spent can be monitored by the institution in reported to the case manager. Only structured and monitored study sessions which can be verified and documented in the case file will be counted.

B. Verification of Hours

The actual hours of clients assigned to job skills training activities must be verified. Documentation will include hours of attendance, participation, and satisfactory progress.

Documentation of attendance and satisfactory progress will be signed by the training agency/work location and the trainee. Activity hours must be entered into automated PATS system.

Participation hours will be recorded on an individual report provided by the institution documenting hours of attendance on a daily basis and verified every two (2) weeks. Acceptable forms of documentation will be:

1. Attendance Records from Provider

C. Supervision

Job Skills Training directly related to employment must be supervised on an ongoing basis no less frequently than daily. The work site supervisor or training instructor provides supervision and appropriate documentation of supervision. Contractors and training providers are responsible for assigned clients and must

submit documentation of total hours of participation in their program on a bi-weekly basis to DSS. A daily attendance record is used to reflect actual hours of attendance; this form is signed by the client and the contractor or training provider. Attendance records are maintained by the contractors/training providers as well as DSS. The contractor or training provider must notify the DSS of client progress and compliance via telephone, meetings, or written communication. The Case Manager provides overall supervision and monitoring of client progress and compliance.

11. Education Directly Related to Employment

This is education related to a specific occupation, job, or job offer. Education directly related to employment must be supervised on an ongoing basis no less frequently than daily. This component may include adult basic education and English as a second language, where required, as a prerequisite for employment. Education Directly Related to Employment is generally provided in a class room atmosphere, it must be directly related to a specific job and must be short term (usually less than 3 months). Personal enrichment classes, such as home and garden, money matters, dance and music would not be acceptable for Education Directly Related to Employment. Basic remedial education and ESL may be counted under Education Directly Related to Employment.

Participants should make “good or satisfactory progress” as determined by the standard of the institution or program. For a teen parent adult, 20 hours of participation in this activity meets the TANF requirement. For all other adults, this is considered a non-core activity. Examples of Education Directly Related to Employment may include but are not limited to:

1. Key board
2. Short term computer training
3. Basic child development
4. Graphics
5. Multi-Media presentations
6. Auto maintenance

A. Countable hours

Actual hours will be counted towards participation as will holidays and excused absences. In addition only structured, monitored study and home work sessions will be counted if documented and verified.

In some instances, the Education Directly Related to Employment will be completed as part of distance learning. Participation will count toward vocational educational training hours only when the time spent can be monitored by the institution and reported to the case manager. Only structured and monitored study sessions which can be verified and documented in the case file will be counted.

B. Verification of hours

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The method of verification of actual hours will be dependent upon the activity and the student composition of the class. For instructional activities comprised entirely of TANF students, class attendance sheets will be used to verify attendance. For activities which include non-TANF students, individual timesheets will be signed by the faculty member, supervisor, or other appropriate individual as well as the student or documented in electronic tracking systems, as appropriate. Attendance records will be documented every two weeks and maintained in the provider's students' files, as well as, with the case file.

Participation hours will be provided by the institution documenting hours of attendance on a daily basis and verified every two (2) weeks. Acceptable forms of documentation will be:

1. Attendance Records from Provider

C. Method of supervision

Faculty, instructors, instructional aides, lab supervisors, study hall supervisors, and supervisors of work-based learning activities provide daily supervision for the hours of education and will document hours of attendance and progress in the activity.

D. Good and Satisfactory Progress

South Carolina defines good or satisfactory progress as a passing grade, or its equivalent according to the standards set by the educational institution. It is documented in the participant's case file at the end of every marking period, by means of a report from the educational institution.

12. Satisfactory Attendance at Secondary School

Satisfactory attendance by a recipient at a secondary school or in a course of study leading to a certificate of general equivalence is regular attendance, in accordance with the requirements of the secondary school or the course of study. This activity must be supervised on an ongoing basis no less frequently than daily.

Participants involved in educational activities must demonstrate satisfactory progress taking into account appropriate accommodations needed by a person with a disability, in order to receive continuing benefits/support services.

Satisfactory progress is defined as a standard that includes a qualitative element; this will be determined by the standard of the institution or program.

For Teen Parent Adults, satisfactory participation in such a program will meet all TANF work requirements. For all other adults, this will count as a non-core activity.

A. Countable hours

Actual hours will be counted towards participation as will holidays and excused absences. Attendance and satisfactory progress in high school education will be determined according to the standards set forth by the school district. In addition

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only structured, monitored study and home work sessions will be counted if documented and verified.

In some instances, the educational training will be completed as part of distance learning. Participation will count toward educational hours only when the time spent can be monitored by the institution and reported to the case manager. Only structured and monitored study sessions which can be verified and documented in the case file will be counted.

Note: *For teen adults meeting satisfactory progress, continue to count hours of participation during school breaks, including summer when the students intends to return to school the next term.*

B. Verification of hours

The method of verification of actual hours will be dependent upon the activity and the student composition of the class. For instructional activities comprised entirely of TANF students, class attendance sheets will be used to verify attendance.

For activities which include non-TANF students, individual timesheets will be signed by the faculty member, supervisor, or other appropriate individual as well as the student or documented in electronic tracking systems, PATS, as appropriate. Attendance records will be documented every two weeks. Acceptable forms of documentation will be:

1. Attendance Records from Provider

C. Method of supervision

Faculty, instructors, instructional aides, lab supervisors, study hall supervisors, and supervisors of work-based learning activities provide daily supervision for the hours of education.

D. Good and Satisfactory Progress

Good or satisfactory progress is defined as a passing grade, or its equivalent, according to the standards set by the educational institution. It is documented in the participant's case file at the end of every grading period by means of a report from the educational institution.

13. Excused Absences

A maximum of 80 hours of excused absences are allowed in a 12 month period for each individual, with no more than 16 of these hours reported in any month. The excused absence policy applies to unpaid activities only. This includes work experience and community service, where there is an "employer" but no wages. Absences will be documented and excused up to the first 80 hours, allowing no more than 16 per month. If absences exceed 16 hours in any month, the additional hours will not be excused for purposes of participation, regardless of

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the reason for the absence. If total absences exceed 80 hours in the 12 month time period, only the first 80 will be considered excused.

Participants in the TANF Program are expected to participate in assigned activities for the number of hours specified in the Individual Employment Plan (IEP) per week. However, participants in unpaid work activities often have appointments, meetings, or family emergencies that may conflict with scheduled activities.

To address this issue, we allow up to 80 hours (no more than 16 hours in a month) of excused absences in a 12- month time period, of excused absences a year in addition to 10 observed state and federal holidays. Participants in Work Experience and Community Service activities must have absences approved by the site supervisor. Case Managers will determine excused absences on an individual basis. An absence will be considered “excused” if the participant has received permission from his or her case manager or site supervisor. For participants in unpaid work activities other than Work Experience or Community Service, an absence is only “excused” if approved by the case manager. For example, if an individual is participating in Work Experience and needed to be excused for two hours for a doctor’s appointment, then the case manager should key the two hour as excused for work experience.

The Participation and Tracking System (PATS) will be used to track the number of excused absences used by each recipient. The PATS system will not permit absences of more than 16 hours in a month to be counted as “excused”; and no more than 10 days 80 hours will be counted as “excused” in a 12-month period for each participant. Case managers will also track excused absences manually by means of the Excused Absence Log maintained in the case file. If total absences exceed 80 hours in the 12- month time period, only the first 80 will be considered excused.

The following criteria will be used for granting excused absences from scheduled unpaid work activities:

- A. Illness
- B. Medical appointments of the participant or family member
- C. Court-appearance
- D. Attendance at school functions for children, i.e. parent/teacher conferences.
- E. Attendance at required meetings with social service agencies
- F. Required in the home due to illness of another family member
- G. Family emergency, using reasonable standards of an employer
- H. Bad weather, using reasonable standards of an employer
- I. Absent or late due to participant’s or spouse’s job interview, when the hours cannot be counted as job search
- J. Governor-declared “state of emergency” for the county or locality, either where the participant resides, or where assigned to participate

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In order to count an excused absence as actual hours of participation, the individual must have been scheduled to participate in an allowable work activity for the period of the absences.

To control the usage of excused absence hours, a DSS system change request has been initiated for the Participation and Tracking System (PATS) that will not permit more than two days in a month to be counted; and no more than 10 days will be used in a 12-month period. Case managers will also track excused absences manually by means of the Excused Absence Log maintained in the case file.

14. Allowable Holidays

Allowable holidays will be considered as participation for unpaid activities.

For recipients who are unable to participate during hours for which they were scheduled, we will excuse scheduled hours with respect to the following 10 official State holidays:

1. New Year's Day
2. Martin Luther King Jr. Day
3. President's Day
4. Memorial Day
5. Independence Day
6. Labor Day
7. Thanksgiving Day
8. Day After Thanksgiving
9. Christmas Day
10. Day After Christmas

When any of the holidays listed fall on a Sunday, the following Monday is observed as a holiday. Saturday holidays are observed on Friday.

Some work sites provide for more than the 10 holidays recognized as excused by SC. For example, some work sites are closed for a period of time, such as a semester break or a week between Christmas and New Year's Day. Case managers will need to ensure the participants meet their hourly work requirements during holidays or breaks not excused by DSS.

Example: A recipient is scheduled to participate at a work site for 20 hours per week in a Work Experience activity. The work site will be closed for Halloween on October 31. The case manager and work site supervisor can schedule the participant with 1 additional hour each day for the week to meet the 20 hour weekly requirement.

17.7 Participant Follow-Up for Unsatisfactory Participation

The CM must investigate each occurrence of unsatisfactory participation by determining if the participant had good cause for not participating in the assigned activity.

17.8 Keying Employment Hours

At the time the participant becomes employed, once income verification is determined, documented hours may be entered into PATS. When the actual hours of employment are verified, the hours can continue to be entered for up to six (6) months. Changes in hours will be recalculated based on Family Independence budgeting policy. An end date must be entered if the employment is terminated.

17.9 Cash Benefit Termination/Closure

There are three reasons cash benefits may terminate relating to FI Work Requirements. Each case record shall contain documentation regarding the reason for termination of cash benefits, as noted below:

1. Successful Closure

Characteristics of a successful termination of cash benefits include the following:

- a. The participant has become employed.
- b. The participant is no longer economically eligible for an FI cash benefit.

2. Full Family Sanction

Failure of the adult or teen parent/adult to cooperate with FI Work Requirements outlined on the IEP results in a full family sanction causing termination of cash benefits, unless one or more adult in the BG meet a “legal cause” reason. [\(See 18.2\)](#)

3. Closure for Other Reasons

Other reasons for termination of cash benefits include, but are not limited to the following:

- A. There is no eligible child(ren) in the BG.
- B. Participant moves to another state.
- C. The State 24-month time limit expires.
- D. Participant voluntarily requests that his/her case be closed.

NOTE: If an FI cash benefit is discontinued due to the temporary absence of a child, support services may be continued for up to 90 days so that the parent may continue in FI Program activities.

Cases that are no longer eligible should be closed on both CHIP and PATS using the appropriate codes.

17.10 Case Management Only Cases

Families in which the adult(s) in the BG are coded “RH” on EMPR will be considered a case management case prior to and after closure due to employment or time limits.

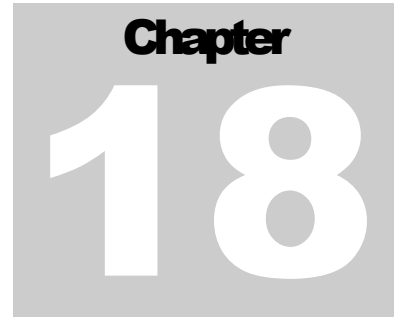
Families who lose FI cash benefits and are employed at the time cash benefits are terminated are eligible for case management services for up to 24 months after termination. Families eligible for these services include:

- A. Families eligible for and /or receiving Transitional Support Services
- B. Employed families who lost cash benefits for a reason that does not allow TSS/TCC

Case management services include the following:

1. Transitional Support Services
2. DSS OJT
3. Other work activities as appropriate
4. Referrals to other entities for services as needed.

Such services should be offered to eligible families requesting assistance.



Chapter 18

Failure to Comply with FI Work Requirements

18.1 Failure to Comply with FI Work Requirements

Full family or individual sanctions are applied to the BG when a Work Eligible adult recipient or teen parent/adult fails without good cause to:

- A. Cooperate with FI Work Requirements outlined on the Individual Employment Plan (IEP)
- B. Comply with the employment and training requirement contained in the Employment Plan
- C. Accept an offer of employment once the recipient completes the training requirements according to the Employment Plan

NOTE: *WEI's sanctioned or disqualified for other reasons are subject to full family sanction unless the individual meets Legal Cause criteria.*

The CM must exercise judgment and must make every effort to assist participants in overcoming barriers to successful participation in the program.

18.2 Legal Cause Criteria for FI Work Program

The SC Family Independence Act allows certain individuals legal cause for not meeting TANF Work Program participation requirements. The following individuals will have legal cause when unable to comply with FI Work Program requirements listed on the Employment Plan and cannot be sanctioned.

NOTE: *A staffing should be scheduled to discuss participation and time limits when these individuals fail to comply with work program requirements.*

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Individual's Status	Legal Cause Criteria
Only Parent in FI Family with Child under age one	<p>Parent personally providing care for his/her child under age one will be expected to participate, 20 hours per week, but cannot be sanctioned if this is the only parent in the FI family. EMPR registration code is PW.</p> <p><i>NOTE: PW's are required to participate but if hours are less than 20, the hours may be removed from the participation rate on PATS for 12 months in a lifetime.</i></p> <p>A Young Custodial Parent (YCP) with a child under age one is expected to participate 20 hours per week and is subject to sanction for non-cooperation. EMPR registration code is PC.</p>
Pregnant	Verified pregnancy beginning in the seventh month and continuing until six weeks after the birth of the child.
Incapacitated	Incapacitated or disabled and unable to participate in FI work activities. The verified incapacity must be total and expected to last 90 days or more.
Required in the home to care for incapacitated family member. (In or out of school)	Parent providing care for a disabled family member living in the home. A medical statement from a physician must verify the need for care.
Unavailable Childcare/Transportation	Individual is unable to participate because childcare and/or reasonable transportation cannot be provided as needed. CHIP Coding: The EMPR registration codes are "MC" - if mandatory but childcare unavailable; "MT" - if mandatory but transportation unavailable.
A/R is identified as a Victim of Domestic/Family Violence	<p>A signed statement by the A/R that he/she is a victim of domestic family violence is acceptable verification for a temporary deferral from participation in FI Work Program requirements. <i>NOTE: Documentation will be recorded on DSS-3734, FI Domestic Violence Waiver Assessment. A/R will be referred to the local Domestic Violence Advocate (DVA) for an assessment and safety planning. The assessment determines that the A/R cannot participate in Work Program requirements because compliance would put the A/R at risk of further domestic/family violence. A case staffing must be held when determining the extent to which Work Program requirements will be waived.</i></p> <p>CHIP Coding: "FV" code on EMPR should be used when the A/R is exempt from participation in the FI</p>

	Work Program due to domestic/family violence. Also add a "Y" to indicate that a waiver was granted on CHIP screen INRD.
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18.3 Failure to Comply During Extension

A full family or individual sanction cannot be applied to the BG after the 24 months of time limited benefits have expired. ([See 20.10](#))

If the recipient fails to cooperate with the work program in the 24th month or during any month of an extension, a closure notice will be mailed. This will be considered a closure due to the time limit. If the recipient provides information during the 10-day notice of adverse action that good cause exists, and the BG is eligible for an extension, the case should be reverted to open. Good cause may include meeting an exception to the time limit. No conciliation process is required during any extension time period.

18.4 NCP Non-Compliance

If the non-custodial parent (NCP) fails to show for the interview, or if the NCP fails to participate as required, the FI Case Manager will initiate the good cause/conciliation process.

Affidavit of Non-Compliance

If the conciliation process fails, the FI Case Manager must complete and forward the Affidavit of Non-Compliance to the address listed on the NCP FI Program Status Report. This report is an affidavit that is sent to the Child Support Enforcement Division for transmission to Family Court for appropriate legal action.

18.5 Examples of Failure to Comply

Examples of failure to comply with FI Work Requirements include, but are not limited to the following:

- A. Refusal/failure to comply with any requirement of the (IEP) without good cause
- B. Failure to attend any scheduled training
- C. Failure to attend a work experience placement
- D. Voluntary reduction in hours of employment
- E. Quitting a job
- F. Failure to attend a scheduled job interview

- G. Repeated tardiness for any scheduled activity

18.6 DAODAS Treatment

Participants referred to and completing an approved drug and alcohol treatment program will be monitored by the Department of Alcohol and Other Drug Abuse Services (DAODAS). DAODAS will use approved methods of assessment, including, but not limited to, random testing.

Failure to pass a random test for illegal drugs constitutes failure to comply with the (IEP) and results in the CM initiating the good cause and/or conciliation process.

CAUTION: *Failure to pass such a test for alcohol shall not constitute the basis for a sanction, but may be grounds for resumption of treatment.*

18.7 Case Management Procedures during Failure to Comply

Procedures for failure to comply with the Employment Plan are as follows:

- A. The CM determines if good cause exists.
- B. The CM initiates the conciliation process.
- C. Should conciliation fail, a timely notice is sent to the recipient that the cash benefits will be terminated
- D. and the CM processes the cash benefit closure.

1. Definition/ Good Cause

When a recipient fails to comply with FI Work Requirements, the CM must determine if good cause exists. Good cause exists if circumstances beyond the participant's control prevent the individual from successfully participating in the component. All situations are different and the CM must use prudent judgment in determining whether or not good cause exists. The CM should staff the case with appropriate personnel.

2. Examples of Good Cause

Good cause situations for refusal or failure to comply include, but are not limited to the following:

- A. The participant lacks childcare.
- B. The participant lacks transportation to the job or training site.
- C. The job or training site would require more than one hour of commuting time, or a 60-mile radius one way, and can be documented as a hardship to the participant.

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- D. The participant lacks the mental or physical capacity to perform the job or training to which he/she was referred.
- E. The participant is mentally or physically incapacitated (pending results of a comprehensive evaluation by the Department of Vocational Rehabilitation, Department of Mental Health, or a substance abuse program).
- F. The participant is offered unsubsidized employment where the job pays less than the federal minimum wage or results in a net loss of cash income to the participant.
- G. Acceptance of the job or training would expose the participant to undue danger or hazard.
- H. The A/R is a victim of domestic/family violence and compliance would subject the A/R to the risk of further domestic/family violence.
- I. Illness
- J. Illness of another household member requiring the presence of the participant
- K. Household emergency (e.g., severe acts of nature)
- L. Unavailable transportation
- M. Lack of adequate child care for a child(ren) who has reached age one but is under age 12.

3. Quit – Personal Reasons

In determining whether good cause exists for quitting a job, the CM must consider the facts and circumstances, including information submitted by the household member and the employer. Good cause includes circumstances beyond the participant's control, such as, but not limited to; the following personal reasons:

- A. Illness
- B. Illness of another household member requiring the presence of the participant
- C. Household emergency (e.g., severe acts of nature)
- D. Unavailable transportation
- E. Lack of adequate child care for a child(ren) who has reached age one but is under age 12.

4. Quit – Employment Reasons

Good cause for leaving employment shall also include:

A. Discrimination

Discrimination by an employer based on the following when supporting evidence is provided:

1. Age
2. Race
3. Sex
4. Color
5. Handicap
6. Religious beliefs
7. National origin
8. Political beliefs

B. Work Conditions

Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule or significant changes in employment that pose a hardship.

C. Retirement

Resignations by persons that are recognized by the employer as retirement, wherein the person receives retirement benefits or severance package benefits.

D. Anticipated Wages

Acceptance of employment that equates to an increase in anticipated wages, but due to uncontrollable circumstances, the job no longer exists or does not equate to the above stated standard.

E. Patterns of the Work Force

Leaving a job in connection with patterns of the work force, e.g., workers that frequently move from one employer to another, such as migrant farm labor or construction workers.

There may be circumstances where households will apply for public assistance benefits between jobs, particularly in cases where work may not yet be available at the new job site. Good cause for quitting a job may be granted even though employment at a new site has not actually begun.

5. Conciliation Definition

Conciliation is a process giving the participant an opportunity to avoid a sanction, and the CM the opportunity to counsel and instruct the participant in progressing toward self-reliance.

6. Initiation of Conciliation Process

The FI Case Manager will initiate the conciliation process whenever a participant fails to comply or refuses to cooperate with FI Work Requirements on the Employment Plan.

EXCEPTION: *If a participant fails to cooperate without good cause during a time limit extension, the cash benefits must be terminated due to time limits. The conciliation process will not be followed.*

The participant may request a conciliation if the participant feels the need to question the propriety of an administrative action or believes the terms stated in the Employment Plan are no longer appropriate for his/her individual situation.

7. Time Period

The conciliation process must not exceed 30 days. The date the FI Case Manager sends the conciliation appointment notice or the participant requests conciliation, starts the 30-day conciliation period. The FI Case Manager may terminate the conciliation process before the expiration of the 30th day.

8. Scheduling the Conciliation Appointment

The conciliation appointment is an opportunity for the participant to discuss any problems that might be related to failure to comply with FI Work Requirements. The CM should contact the client as soon as he/she becomes aware of the noncompliance by forwarding a Good Cause/Conciliation Appointment notice, CHIP Notice A004, to schedule a conciliation appointment. The referral date and start date for the conciliation component is the date the case manager sends the A004.

The CM must enter the Non-cooperation Conciliation Appointment (NONC/CONC) code on the PATS Component/Service Screen when the conciliation appointment notice is sent. The date entered for NONC/CONC should be the same for both referral and beginning dates.

9. Notification

The CM must notify the participant in writing of the conciliation appointment; the notice must include:

- A. The condition of the FI Work Requirement(s) that was not met
- B. An explanation of the sanction to be applied for failing to conciliate or for not attending the appointment
- C. The appointment time and place, the name and phone number of the CM, so that the participant may reschedule, if necessary. If client needs to reschedule, document in Case Notes in SCOSA and send another A004 Notice.

NOTE: *If a participant without good cause, fails to keep the conciliation appointment, or fails to participate after conciliation, a timely notice is sent and he/she is sanctioned as appropriate.*

10. Good Cause/Conciliation Form

The DSS-1264, Good Cause Determination/Conciliation Process form is used to determine and document good cause as well as the individual's agreement to participate. If Good Cause is established, check yes, document discussion on DSS 1264 and Case Notes in SCOSA, and conciliation ends. The client does not sign the DSS 1264 if Good Cause exists.

11. Ending the Conciliation

The conciliation process will end:

- A. If the participant establishes good cause for failing to comply with FI Work Requirements.

NOTE: *The Case Manager will document good cause and sign the top portion of the DSS-1264, Good Cause Determination/Conciliation Process.*

- B. When the Conciliation Process portion of the DSS-1264 has been signed by the client.
- C. When the participant terminates the conciliation process by failing to show for the appointment or other noncompliance.

18.8 Actions Following Good Cause/Conciliation Process

Based on the outcome of the good cause/conciliation process, one of the following actions must be taken.

1. Good Cause Exists

If the participant provides CM with evidence of good cause for failure to comply, the CM completes the "good cause section" of the DSS-1264, Good Cause Determination/Conciliation Process Form, and continues benefits. The CM refers the participant to a comparable component if the one in which he/she failed to participate in is no longer available.

NOTE: *The client does not sign the DSS 1264 when good cause exists.*

2. Conciliation Agreement

When good cause does not exist, but the client agrees to comply according to the Employment Plan, the FI Case Manager completes the DSS-1264, and the client signs the conciliation agreement. The circumstances surrounding the violation

must be considered and an appropriate remedy must be identified. The responsibilities listed on a new Employment Plan must be fully explained to and signed by the recipient. The CM should enter an end date on PATS for the NONC/CONC action. The CM refers the participant to a comparable component if the one he/she failed to participate in is no longer available. The CM must document the case file and the participant's benefits will continue.

3. No Agreement - Conciliation Failed

When the participant fails to show for conciliation appointment, fails or refuses to comply with FI Work Requirements, the CM notifies the Eligibility Specialist of noncompliance and the ES sends a timely notice and imposes the appropriate sanction.

The CM must add the Non-Cooperation Pending Sanction (NONC/PSAN) code on the PATS component service screen. The date entered for NONC/PSAN is the date that the notice of adverse action is sent.

NOTE 1. For full family sanction, the end date for NONC/PSAN is the last day of the month that the FI case is open in CHIP. For individual sanction, an end date will only be entered for NONC/PSAN when the sanction is lifted, cured, or the FI case is closed.

NOTE 2. For full family sanction of a two-parent case, the CM must add the Non-Cooperation Sanctioned Two Parent Family (NONC/SATP) code on the PATS component service screen.

4. Updating the Individual Employment Plan (IEP)

Prior to completing the conciliation process documentation on the DSS-1264, the component activity fulfilling the participant's obligation must be listed on the Individual Employment Plan (IEP). The date on the newly revised IEP must be entered on the DSS-1264 prior to signature.

5. Duration of Conciliation

Each conciliation agreement covers up to six months from the date of the DSS-1264, for all FI Work Program activities initiated prior to the date the client signed the agreement.

A contact with the participant is required prior to starting a new activity. The CM is responsible for initiating the contact with clients. The IEP must be updated to reflect start and end dates of component.

NOTE 1: The participant must always be given an opportunity to demonstrate good cause prior to imposing a sanction.

NOTE 2: If a participant fails to participate in the FI Work Program activity addressed on the conciliation agreement, without good cause,

a timely notice is sent and he/she is sanctioned as appropriate. Documentation of no good cause must be made in Case Notes in SCOSA.

18.9 Sanction Process

An individual or a full family sanction for failure or refusal of an adult or teen parent/adult to comply with FI Work Requirements without good cause, may affect FI and SNAP benefits.

If, at the conclusion of the conciliation process, the recipient has not agreed to participate, the Case Manager (CM) must notify the eligibility specialist (ES) of failed conciliation. The ES must send a Notice of Adverse Action. The WEI must be informed of the termination of cash benefits, curable, when the individual reapplies and demonstrates compliance for 30 days.

NOTE: *Participation in a countable Core Activity is not necessary to demonstrate compliance. Work Experience and Community Service must not be used to satisfy the 30 day compliance requirement. (See 18.14)*

CAUTION: *Under no circumstances should a full family sanction be imposed without prior supervisory approval.*

1. Case Review Prior to Sanction

Prior to imposing a full family sanction, a review of the case must be made to determine the following:

- A. Reasons for failure to comply with Employment Plan.
- B. Involvement with Child Protective Services
- C. Indication of active alcohol/substance abuse
- D. Prior alcohol/substance abuse.
- E. Indication of domestic/family violence

2. CPS Involvement

Any instance of an open CPS case or active investigation will require a referral to CPS for a home visit within 30 days.

3. Staffing

After reviewing the case, evidence of the following will require that a case staffing be held:

- A. Evidence of active CPS involvement

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- B. Prior or active/substance abuse
- C. In the judgment of the CM, there is good reason to believe a minor child(ren) in the household may be subject to abuse or neglect. (DSS-1601 should be completed as necessary.)

4. Staffing Participants

The case should be staffed with the FI supervisor, the CM, JD and the appropriate Human Services staff member if there is active CPS involvement.

5. Supervisory Responsibilities

Prior to imposing a sanction, the supervisor must review the circumstances of the proposed sanction to ensure that the participant has been screened for disabilities and that all aspects of the conciliation process have been followed. The supervisor must not approve the sanction if any of these steps have not been taken. The supervisor or designee must sign the FI Non-Compliance Checklist, DSS Form 1323. The responsibility of the supervisor is to ensure all aspects of the conciliation process have been followed, such as, but not limited to:

- A. Good cause has been considered
- B. Conciliation notice sent
- C. Participant appointment process completed
- D. Results of appointment documented

6. Supervisor Sign Off

Prior to a sanction, the DSS 1323, FI Non-Compliance Checklist, must be completed and signed/approved by the FI Case Manager, the Case Manager's Supervisor, and the County Director or Designee.

7. County Director Sign-Off

Once the supervisor agrees that the full family sanction is appropriate and that all circumstances have been explored and addressed, then documentation should be forwarded to the county director or designee for review, approval, and sign-off. Under no circumstance should a full family sanction be implemented without the appropriate approval.

8. Follow-Up Procedures

For cases that show no CPS involvement, counties should develop follow-up procedures to ensure the well-being of the family. For cases in which the participant has been identified as a victim of domestic/family violence, the CM will follow-up with the Domestic Violence Advocate (DVA) to establish that the participant is complying with the requirement to seek counseling.

The follow-up will also be to approve or deny the request for waiver of the Work Program requirement.

CAUTION: No FI Work Requirement related sanction may be imposed prior to the conciliation process.

9. Individual Sanction Actions

An individual sanction will be imposed on individuals coded “MS” on EMPR. The second adult or teen parent/adult in the home must be coded IN, RH, DC or is a SSI parent. If, at the conclusion of the conciliation process the recipient has not agreed to participate, a Notice of Adverse Action will be sent. Inform the family of the reduction of cash benefits, curable when the individual coded “MS” demonstrates compliance for 30 days.

10. Individual Sanction Notification

When one parent in a case with two WEI fails/refuses to comply with the terms of FI Work Requirements and no agreement is reached during the conciliation, a Notice of Adverse Action (timely notice), must be sent informing him/her of the sanction to be imposed. CHIP notice A 409, Decrease in FI – FI Individual Sanction, should be used. The notice must include:

The condition of the FI Work Requirement(s) that was not met

- A. An explanation of the sanction to be applied
- B. An explanation of how the sanction can be cured, 30 days compliance requirements

11. Notification of Full Family Sanction

When a participant fails/refuses to comply with the terms of FI Work Requirements and no agreement is reached during the conciliation, the CM must notify the ES that conciliation efforts failed and a Notice of Adverse Action (timely notice) must be sent informing the family of the sanction to be imposed. CHIP notice A 313, FI Work Program Closure, should be used. The notice must include:

- A. The condition of the FI Work Requirement(s) that was not met
- B. An explanation of the sanction to be applied
- C. An explanation of how the sanction can be cured (reapplication and 30 days compliance with requirements)
- D. An explanation of the circumstances under which the sanction would be lifted

A review and or staffing of the case must occur before a full family sanction if evidence suggests:

1. CPS Involvement;
2. Prior or active substance abuse; and

3. Possibility of neglect or abuse of the minor children in the judgement of the Case Manager.

12. Time Periods

An FI Work Requirements sanction period must begin with either the first month following the expiration of the timely notice, or the first month subsequent to the date an adverse hearing decision is rendered when the BG appeals, elects to have benefits continued and subsequently loses the appeal.

NOTE: *If the participant contacts the CM after receiving the Notice of Adverse Action, but prior to CHIP closure, the 30-day compliance period must be met before benefits are issued. The FI case should be reverted to open after the compliance period.*

18.10 Request Hearing and Continued Benefits

When the FI case is reverted to open (REPT) following a full family sanction due to a fair hearing and a request for continued benefits, the following steps should be taken on the Participation and Tracking System (PATS):

- A. If the current status is "CL" (CLOSED), delete the "CL" status code until the fair hearing decision is reached. If the current status is "RE" (Reverted to Open), leave the "RE" status code.
- B. Reopen the NONC/PSAN (Pending Sanction) component code.
- C. Update PATS as appropriate based on FI Work Program activity.
- D. If the FI cash benefits are terminated following the fair hearing determination, enter an end date for the NONC/PSAN component and enter a "CL" status code with a date equal to the last day of the last month of FI benefits.

Note: *The WEI must continue to participate in a work program activity to receive continued benefits. (See 22.7)*

18.11 Exception

In the event an individual is no longer considered a WEI or meets Legal Cause criteria while under full family sanction, the BG must reapply for benefits to become eligible, and the sanction would be lifted upon reapplication.

18.12 FI Sanction on SNAP Benefits

FI recipients who receive Supplemental Nutrition Assistance Program (SNAP) may be subject to a sanction in SNAP benefits when they fail to comply with the FI Work Program. The ES must determine whether the recipient qualifies for an exemption from SNAP work registration, if not, a sanction is imposed in their Supplemental Nutrition Assistance Program (SNAP). The applicable sanction for failure to comply with work requirements is the removal of the noncompliant individual's needs from the SNAP.

For a full family sanction, CHIP will automatically enter an income type of "SA FI" on UNIN along with the FI benefit amount received in the last month of eligibility for FI.

For an individual sanction, the ES must determine the FI benefit amount to be included in the SNAP budget and code as "RB" on UNIN.

18.13 Reapplication to Cure Sanction

When a WEI reapplies in order to cure a full family sanction, the ES will complete the application and send a referral to the CM. If the individual claims a disability the ES should request a medical statement and notify the CM.

The applicant must demonstrate compliance for 30 days and agree to comply according to the terms of the Employment Plan. The 30-day compliance period should begin with the date of application. The Employment Plan must be developed or revised, and if an acceptable component is not readily available, the participant must not be penalized. ([See 18.10](#))

1. Compliance Requirements

Compliance begins by cooperating with ES and CM at the time of application as well as participating in a work activity outlined on the Employment Plan. When the 30-day compliance is met, the CM will notify the ES and benefits are to be processed from the date of application. If the appropriate application is being processed after the 30th day, but not later than the 35th day, enter the untimely code of "SC" on CHIP screen AFED to indicate a sanction cure.

NOTE 1: *The full family sanction must be cured even if the family was income ineligible due to earned income at some point during the sanction.*

NOTE 2: *A full family sanction in another state does not follow the family to South Carolina.*

2. Failure to Cure

A sanction continues when an individual fails to cure an FI sanction. The ES should deny the application using the sanction closure code that was previously used for closure.

3. Full Family Sanctioned Adult Moves into BG

If an adult whose failure to comply with the FI Work Requirements resulted in a full family sanction moves into a BG and he/she is a mandatory Work Program participant, he/she must cure the sanction prior to being added to the BG.

If he/she cures the sanction, add the adult to the BG effective the month following the month the change in household composition was reported or discovered.

If the adult fails to cure the sanction, a full family sanction must be applied to the BG. A Notice of Adverse Action must be sent.

18.14 Restoration of Benefits

The following steps should be followed by the CM to restore benefits:

- A. Review the Employment Plan with the individual to determine if any changes are necessary to overcome barriers to self-reliance.
- B. Revise the Employment Plan or develop a new agreement.
- C. Inform the individual that childcare services and transportation assistance are available through DSS, if needed.
- D. Schedule the activity that is specified in the agreement or which best suits the participant's needs for self-reliance as soon as possible
- E. Explain to the participant that all assignments required under the new agreement must be met during the 30-day period or the application will be denied.

1. Procedure to Restore Benefits

When the 30-day compliance is met, benefits are to be processed from the date of application. If the appropriate application is being processed after the 30th day, but not later than the 35th day, enter the untimely code of "SC" on CHIP screen AFED to indicate a sanction cure.

2. Removing "RB" or "SA FI" income from Supplemental Nutrition Assistance Program (SNAP)

The "RB" or "SA FI" income amount continues to be budgeted in the SNAP benefit calculation until one of the following occurs:

- A. The FI sanction is cured
- B. The sanctioned individual meets legal cause criteria for FI Work Requirements
- C. The sanctioned individual moves out of the BG
- D. One year after FI closure
- E. The BG is no longer eligible for FI due to one of the following:
 1. Excess income
 2. Resources
 3. No eligible child(ren)
 4. Expiration of time limits
 5. Receipt of SSI

6. Disqualification due to ineligible or questionable alien/citizenship status

Lifting of the "RB" or "SA FI" code in SNAP for one of these exceptions does not cure the sanction for FI purposes. In determining if the family is ineligible for FI due to excess income, all allowable earned income disregards must be applied.

3. Compliance Begins Prior to Sanction Month

If a participant begins compliance prior to the effective month of the sanction, a new application is not required. The CM will notify the ES and the case may be reverted to open status at the conclusion of the 30-day compliance period.

4. Good Cause

In the event a sanctioned FI participant wishes to reapply, but claims the 30-day compliance cannot be met, the good cause criteria must be reviewed to determine if the participant has good cause. If good cause is determined, the case may be reopened effective the date of application, if all other eligibility criteria are met.

18.15 Reapplication to Cure Sanction/ Earnings Exceed Limit

A BG member may have obtained new employment or increased his/her earnings during the full family sanction. This increase in earnings may cause the BG to be income ineligible for FI.

1. CHIP Procedures

If the BG is income ineligible due to new or increased earnings, deny the application using the denial/closure code of "IN" (earned income exceeds limit).

2. Transitional Child Care/Transitional Support Services Referral (TCC/TSS)

BGs who are full family sanctioned and become income ineligible due to new employment or increased earnings within 24 months of the sanction are eligible to receive TCC and TSS. Eligibility continues for up to 24 months from the effective date of the sanction.

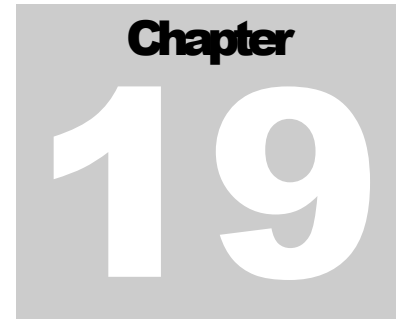
Make a referral using the DSS-1269, Request for Support Services, to appropriate staff. Indicate on the referral that the cash benefits originally terminated due to full family sanction and the application to cure was denied due to earnings from new employment or from an increase in earnings. Attach a copy of the CAP2 screen to the DSS-1269.

18.16 Change in Circumstances/ Reapplication For FI

If the FI family's circumstances change, the family reapplies for FI and appears to meet all other eligibility criteria, the adult must demonstrate compliance for 30

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days in order to cure the sanction. If the individual meet the criteria for legal cause, the case should be approved by lifting the sanction.



Chapter 19

Support Services

19.1 Support Service

DSS is required to coordinate and provide support services to eligible individuals in need of a service in order to participate in the FI Work Program. Childcare and transportation should be considered a priority because they are critical elements for meeting the objectives of self-reliance. Support services are not entitlements, but when requested by eligible individuals and determined to be needed, services should be provided to families in a fair and reasonable manner.

Support services are various elements of assistance designed to promote self-reliance. They are intended to:

- A. Help an eligible family achieve self-reliance through the payment of necessary employment or FI component related expenses.
- B. Support training, employment, and education
- C. Promote family stability
- D. Support developmental programs
- E. Enhance family's functioning
- F. Support the Family Plan

1. Purposes of TANF

Support services must be provided as necessary to comply with purposes 1 and 2 of the TANF program:

- A. Provide assistance to needy families so children can be cared for in their own homes or in homes of relatives.

- B. End the dependence of needy parents on government benefits by promoting job preparation, work and marriage.

19.2 Support Services Eligibility

To be eligible for support services, the client must be an applicant of /or participating in the FI program, need services to comply with the Family Plan, or be receiving transitional services. The support services must be employment related, needed to meet an employment related expense or needed to comply with an approved FI component/activity. Transitional services will be limited to child care only for eligible households. Support service payments must be reasonable, fair, equitable, and are allowable when:

- A. Needed to assist FI family achieve self-reliance
- B. Needed to support the Family Plan
- C. Not prohibited by FI policy and/or law

DSS is committed to providing support services for an individual who is:

1. Applying for an FI benefit
2. Participating with the FI Work Requirements including those sanctioned for enumeration or child support non-cooperation, or disqualified due to felony drug conviction or fleeing felon.
3. An FI participant whose case closes due to employment, increased earnings, or loss of disregards.
4. An FI recipient who is employed when the case closes due to the 24-month time limit.
5. An FI participant who becomes employed within 24 months after losing eligibility as a result of exceeding the 24 month time limit.
6. A Non-custodial parent (NCP) referred by court order to comply with FI Work requirements

CAUTION: NCPs are not eligible for childcare services.

7. A former FI participant in a closed FI cash benefit case who is attempting to cure a full family sanction.
8. An FI participant who is in the process of curing a sanction.
9. A BG member who becomes employed or increases earnings during a full family sanction and the earnings cause the BG to become ineligible for cash benefits.

10. An A/R who is a victim of domestic/family violence and who needs support services to obtain safe shelter and/or obtain assistance from an agency which specializes in providing support to victims of domestic/family violence.
11. An FI Teen Adult who needs assistance with educational expenses which will allow him/her to continue or complete his/her secondary education (child may also be working in conjunction with going to school).

19.3 Types of Support Services

Support services include but are not limited to:

- A. Childcare
- B. Transportation
- C. Work related expenses

NOTE: If childcare and transportation are needed, but not provided, to a Work Eligible individual, the individual is exempt from FI Work Program participation, and the family is not subject to time limit.

19.4 Priority List for Support Services

The following is a priority list for support services that has been developed to assist in accomplishing the purposes and goals of TANF. If any exception to the policy is needed, the County Director may approve additional expenditures. If the County Director does approve additional expenditures, contact the State Office Family Independence Hotline at (803) 898-0996 so that policy can be re-evaluated and, if necessary rewritten to ensure clients are able to access needed services required for self-sufficiency.

- A. Child Care
- B. Transportation
 1. Gas Vouchers/Gas Cards - This option is generally considered to be the most cost effective when a client is in need of transportation assistance and he/she has access to a vehicle. Gas vouchers should not exceed \$40.00 per voucher. If more than one voucher is needed in a month, the total amount must not exceed \$75.00 (**See 19.14.9**). Vouchers may be used by the client for their own car or given to a friend, relative or neighbor to transport the client as needed to comply with the Family Plan.

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2. Privately Owned Vehicles - Reimbursement for mileage is limited to the existing state rate, when using a privately owned vehicle. The monthly reimbursement amount must not exceed \$75.00
 3. Car Repairs/Car Insurance/Car Taxes - The total of these expenses are limited up to \$750 per state fiscal year, per licensed vehicle. The individual must be employed or in an approved FI component/activity prior to authorizing the expense payment.
 4. Bus tickets
- C. Work Related Expenses - Limited up to \$200.00 per state fiscal year per employed individual.
- D. Educational Expenses (such as books, fees, etc.) Limited up to \$200.00 per state fiscal year for FI adult/teen parent adult BG members. (This limit does not include short-term training expenses, which will be at the county's discretion).
- E. Household Expenses - DSS may assist with expenses if the individual is currently employed or attending an approved FI component/activity. Client must demonstrate that he/she can pay the remaining amount of the bill and have a means to pay for future payments.
- Utilities - Family must be two or more months overdue or have a disconnect notice. Limited up to \$500.00 per state fiscal year.
 - Rent/Mortgage – Family must be two or more months overdue or have an eviction notice. Limited up to \$750.00 per state fiscal year.

Note: *If the County Director authorizes a payment for any service above \$5000, it must first be approved by DSS procurement at the state office.*

19.5 Prohibited Expenses

TANF funds cannot be used to pay for any traffic violations, parking tickets, fines, bail, expungement fees, or to clean up criminal activities listed on Law Enforcement reports for current or former FI recipients. Funds are not allowed to purchase vehicles, make down payments or payment of sales tax, etc., or payment of vehicle expenses for a vehicle not registered in the name of the participant or other household member.

19.6 Applicant Support Services

DSS is committed to providing support services for applicants to assist in completing the required initial job search or to obtain or maintain employment. Applicant support services may include childcare and work related expenses needed to secure or maintain employment and expenses to ensure family stability while employed.

NOTE: *It is the responsibility of the ES to assist the applicant with their request and need for Applicant Support Services.*

For other support services, during the application period, counties should utilize resources available within their community. Other support services, such as non-recurring or one-time short-term assistance may be considered upon approval of the FI application.

NOTE: *Non-recurring, one-time short term assistance is:*
1. Designed to deal with a specific crisis situation or episode of need
2. Not intended to meet recurring or ongoing needs.
3. Not to extend beyond four months within a 12-month period.

Such types of assistance include, but are not limited to rent, utilities, overdue bills, etc. ([See 19.4 E](#))

1. Eligibility Criteria for Applicant Support Services

The ES must consider the following concerning eligibility for Applicant Support Services:

- A. Applicant must complete the initial interview and appear to be eligible for FI cash benefits, and in need of services to conduct the initial job search, obtain or maintain employment.

NOTE: *This determination is based on information known to the ES and supplied by the applicant. For individuals that are employed, the CHIP mini budget, AFMB, should be completed.*

- B. If the applicant obtains a job during the application period and the income from the job prevents FI eligibility, support services can be granted for up to four months, as needed (excluding child care ([see 19.7](#)) for child care guidelines)
- C. An applicant who finds employment between the time the application is filed and before he/she is interviewed may also be eligible for up to four months of support services (excluding child care).
- D. An applicant must be told that if Applicant Support Services funds are improperly used, DSS will make every effort to recoup the money expended.
- E. An applicant who is curing a sanction can receive services if needed to obtain or maintain employment.

2. Victims of Domestic/Family Violence

Victims of domestic/family violence who need support services to obtain safe shelter, and/or obtain assistance from an agency which specializes in providing

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support to victims of domestic/family violence, may also be eligible for applicant support services.

NOTE: *Victims of domestic/family violence are required to appear eligible for FI when applicant support services are needed; however, these services do not have to be needed in order to obtain or maintain employment.*

3. Guidelines For Applicant Support Services

General guidelines for Applicant Support Services are as follows:

- A. State procurement guidelines specified in the Administration Policy and Procedures Manual, Chapter 13, must be followed when making payments to providers.
- B. Applicant Support Services may not extend beyond four months from the point employment began or date of FI application, if working when the application is filed.
- C. Applicant Support Services are not intended to meet recurring or ongoing needs.

Please refer to the procurement guidelines outlined in the Administrative Policy and Procedure Manual, Chapter 13.

4. Prohibited Use of Applicant Support Services

Applicant Support Services cannot be used for the following purposes:

- A. To make direct payments to a DSS employee
- B. To match other federal funds
- C. To make child care payments for any purpose directly to the applicant, to anyone in the applicant's BG, or to anyone who has legal responsibility for the child(ren)
- D. To pay expenses, such as parking or traffic violations, or any other prohibited or unauthorized expense

5. Authorization/Approval Process

The authorization and approval process for Applicant Support Services is as follows:

- A. When the applicant appears to be eligible for and in need of services, the ES will assist in providing funds for Applicant Support Services as needed by sending a Request for Support Services, DSS-1269, to the Support Services Specialist (SSS) or designee. The authorization period begins on

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the first day services are needed and ends in four months or less, depending on circumstances.

- B. The county will establish procedures to be used for Applicant Support Services. Procurement guidelines must be followed. The county has complete authority to grant approval for expenditures.
- C. The ES must follow the county procedures to request funds. The county bookkeeper processes payment of Applicant Support Services following the instructions in the DSS Manual of County Office Accounting.
- D. The ES must complete a DSS-1269, Request for Supportive Services, and forward it to the Support Services Specialist (SSS) for input into FIFN for reimbursement to be made to the county.

NOTE: If the Support Service is needed to cure a sanction, the CM must indicate on the DSS-1269 that this service is only needed for this 30-day period.

6. Completion of the DSS-1269

The ES must complete the DSS-1269 to include the following:

- 1. Program type
- 2. Participant's name, address and telephone number
- 3. Case number
- 4. SSN
- 5. Service begin date
- 6. Actual end date
- 7. Type of service
- 8. DSS county as the provider
- 9. Amount of the check written for services

The SSS or designee must use the DSS-1269 to create an Authorization and Payment Invoice, DSS-3713, in order for the county to be reimbursed.

7. Keying into FIFN

The SSS or designee must use program type AP for applicants. The expenditure type, (18 - Applicant Support Services) should be used as appropriate.

19.7 Guidelines for Applicant Child Care Services

General guidelines for Applicant Child Care Services are as follows:

- A. Childcare may be provided for the applicant to conduct the initial job search, obtain employment, or maintain employment. Payment for applicant childcare cannot exceed the 30-day application period.
- B. Applicant childcare funds are to be used to make payments directly to the childcare provider upon billing. Payments must not be made to the participant.
- C. Payments must not exceed the prescribed local market rates. The maximum rates for childcare must be prorated for childcare services provided on an hourly or daily basis for job search activities.

1. Eligibility Criteria for Applicant Child Care Services

The ES must consider the following concerning eligibility for Applicant Child Care Services:

- A. Applicant must complete the initial interview and appear to be eligible for FI cash benefits, and in need of child care to conduct the initial job search, obtain or maintain employment.

NOTE: *This determination is based on information known to the ES and supplied by the applicant. For individuals that are employed, the CHIP mini budget, AFMB, should be completed.*

EXCEPTION: *Victims of domestic/family violence are required to appear to be eligible for FI when applicant childcare service is needed, however the service does not have to be needed in order to obtain or maintain employment.*

- B. If the applicant obtains a job during the application period and the income from the job prevents FI eligibility, applicant childcare can be granted for up to 30 days, as needed.
- C. An applicant who finds employment between the time the application is filed and before he/she is interviewed may also be eligible for up to 30 days of child care service.
- D. An applicant must be told that if Applicant Support Service funds are improperly used, DSS will make every effort to recoup the money expended.
- E. An applicant who is curing a sanction can receive services if needed up to 30 days.

2. Applicant Child Care (ACC)

Applicant Child Care (ACC) funds are available for up to one week to assist an applicant of the FI Program while he/she conducts the initial job search. A registration fee may not be paid for this type of arrangement. It is recommended that the SSS or designee discuss with the local service provider the availability of drop-in rates.

NOTE: Payments must not exceed the established maximum weekly rates. The maximum rates for childcare must be prorated for child day care services provided on an hourly or daily basis (hours less than 15).

3. Applicant Child Care (Up to 30 Days)

If childcare is needed for the applicant to obtain or maintain a job during the application period, applicant childcare may be paid for up to the 30 day application period. A registration fee may be paid in this situation. The ES should make the SSS aware if the FI case is within one week of being approved. This information is vital so that the registration fee is not paid twice, (once by DSS and secondly by the SC Voucher System). If the case is within one week of being approved, the SSS should discuss with the child care provider that the registration fee will be paid through the SC Voucher System under the FI child care eligibility category.

NOTE: Applicants who are unable to secure childcare assistance will not be mandatory for initial job search.

4. Authorization/Approval Process for ACC

The authorization and approval process for Applicant Child Care (ACC) is as follows:

- A. When the applicant appears to be eligible for and in need of services, the ES will assist in providing funds for ACC as needed by sending a Request for Support Services, DSS-1269, to the Support Services Specialist (SSS) or designee. The authorization period begins on the first day services are needed and ends in four months or less, depending on circumstances.
- B. The county will establish procedures to be used for ACC. ACC funds must be maintained in accordance with the DSS county office Accounting Policy and Procedure Manual. A separate "fund" account must be maintained for the applicant child care funds. A separate "checking" account is not required to separate applicant child care funds from other funding such as applicant transportation. Procurement guidelines must be followed.
- C. The ES must follow the county procedures to request funds. The county bookkeeper processes payment of Applicant Support Services following the instructions in the DSS Manual of County Office Accounting.

- D. The ES must complete a DSS-1269, Request for Supportive Services, and forward it to the Support Services Specialist (SSS) or designee for input into FIFN for reimbursement to be made to the county.

5. Completion of the DSS-1269

The ES must complete the DSS-1269 to include the following:

1. Program type
2. Participant's name, address and telephone number
3. Case number
4. SSN
5. Service begin date
6. Actual end date
7. Type of service
8. DSS county as the provider
9. Amount of the check written for services

The SSS or designee must use the DSS-1269 to create an Authorization and Payment Invoice, DSS-3713, in order for the county to be reimbursed.

6. Keying into FIFN

The SSS or designee must use program type "AP" for applicants. The expenditure type should be: 13 - Child Care

7. Reporting of ACC Expenditures/ Services

All deposits and expenditures will be in accordance with existing accounting procedures. A report will be produced monthly to be reconciled with the bank statement.

19.8 Disposition of the FI Application

Once the ES has received the pending information, he/she will determine eligibility for FI cash assistance. If the case is:

Approved - Current FI policy and procedures should be followed to determine what FI support services are needed for participation in the FI Work Program.

Denied due to earned income or increased earnings - The client may be eligible for up to four months of Applicant Support Services (except child care).

Denied for other reasons - Applicant Support services must be terminated.

19.9 FI Recipients Support Services

DSS is required to coordinate and provide support services to eligible individuals in need of a service in order to participate in the FI Work Program. Support services are not entitlements, but when requested by eligible individuals and determined to be needed, service should be provided in a fair and reasonable manner.

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The CM must explore the availability of resources within the local community agencies, civic organizations and private providers that may also provide support for the family.

NOTE: *If childcare and transportation are needed, but not provided to a Work Eligible individual, the individual is exempt from FI Work Program participation, and the family is not subject to time limit.*

1. Documentation of Need

If a participant is involved in an approved component, DSS may pay additional services to assist the participant in completing the component. The decision to provide needed services will be made on an individual basis.

The need for such services must be documented in the FI case record. The CM must request assistance for all support services by completing the DSS 1269 and forwarding to the appropriate individual for processing after supervisory approval.

2. Supervisory Approval

The FI supervisor or designee must approve all support services expenses such as items listed below. This is not an all-inclusive list.

19.10 Work Related Expenses

A Work Eligible Individual may receive assistance with the cost of work program expenses, which will enable him/her to accept or maintain employment or participate in work program related activities. Work related expenses are limited up to \$200.00 per employed individual per state fiscal year.

If an eligible individual needs assistance with these services, the CM must submit a completed DSS-1269, Request for Support Services, to the SSS or designee.

A CM can receive a telephone request from clients for emergency support services. The CM must indicate on the DSS-1269, in the signature box, that the request was by phone and sign their name. A supervisor must also approve the telephone request and document and sign the DSS-1269. However, for ongoing services such as transportation, the CM must have a client signed DSS-1269, revise the Employment Plan, as appropriate, and have it initialed by the client. Estimates may be required, as appropriate to ensure the most cost effective service.

1. Eyeglasses

DSS may assist with the cost of prescription eyeglasses for an eligible individual who has vision problems affecting his/her ability to progress in FI work program activities. Payment for eyeglasses must be limited to eyeglasses with durable frames at the minimum cost available. Some agencies, civic organizations and private providers may have assistance programs and should be contacted for possible help with purchasing eyeglasses.

2. Dental/Medical Exams/Tests

DSS may pay for dental services, medical exams or tests if needed for an FI participant to participate in a component. Payments are only reimbursable over and above any payments made by Medicaid.

NOTE: Client services funds can be used to pay for psychological assessment exams required to determine if other services are needed for an FI recipient.

3. Vehicle Expenses / Repairs

DSS may assist with car expenses for an FI recipient to complete any activity as listed on the Responsibility and Employment Plan. These expenses may include insurance, property taxes and registration.

The vehicle must be the client's personally owned vehicle or it may be a household car used by the client to go to work, school, training or to comply with the Family Plan. All such expenses must be pre-authorized. Expenses are limited to \$750.00 per state fiscal year per licensed vehicle. If the expenses exceed \$750.00, and an exception is made by the County Director, the county must contact FI Policy office prior to approval.

NOTE: Repairs and expenses may be paid for a vehicle registered in the name of the participant or any household member, if used by the participant. The combined total allowed for vehicle repairs and expenses is \$750.00 per state fiscal year, unless CD authorizes amount above \$750.00.

A. Estimates Required for Repairs

Counties must obtain three verbal and/or written estimates prior to commitment to pay for the repair when the repair is above \$750.00. The lowest estimate must be accepted unless the county has prior knowledge that the lowest bid may not provide quality services. The reason for not using the lowest bid must be documented. All quotes must be documented and filed in the case record. If the estimate for the repair is \$5,000.00 or greater, the county must contact the DSS Procurement Office for further instructions.

B. Shade-tree Mechanic

The client is responsible for choosing the mechanic to provide such services. The fact that the person providing the service does not possess a business license is not related to policy. Estimates for the repair should be required to ensure the most cost effective service.

C. Payment Process for Repairs

Payment must be keyed into the FIFN system via the DSS-3713. Payment must be sent directly to the vendor.

4. Car Payments

DSS may assist with car payments for an employed WEI, when needed to maintain employment. The payment may be made for a vehicle registered in the name of the FI participant or a household member, when used by the participant for work transportation. Family income and resources must be discussed and documented to ensure the family will be able to continue future payments. Car payments are limited to two times in a 12-month period. All such expenses must be pre-authorized. Expenses are limited to \$1500.00 per state fiscal year per WEI. Payment must be keyed into the FIFN system via the DSS-3713. Payment must be sent directly to the vendor.

5. Rental Home Repair

Repairs may be authorized for a rental home not in the FI client's name in order for him/her to complete any activity listed on the Responsibility or Employment Plan. Estimates must be obtained in order to ensure the most cost effective service. The CM should instruct the client to contact the landlord, etc., in an attempt to have the owner make such repairs prior to authorizing payment. If necessary, the CM should assist with this task. The limit allowed for rental home repair is \$1500 per state fiscal year.

6. Safety Supplies

DSS may pay for the purchase of hard hats, safety shoes, safety glasses, uniforms, tools, etc., in order for a participant to attend training, educational or employment component. If the participant does not need or intend to use the items after they have been purchased, the items must be returned.

7. Testing Fees

DSS may pay for a participant to take tests to receive accreditation (e.g., nursing, cosmetology, etc.).

8. Relocation Assistance

Relocation assistance may be provided to an FI recipient or a former FI recipient receiving Transitional Support Services (TSS) who chooses to relocate either in-state or out-of-state, upon approval by the CM and the County Director or designee.

NOTE: Applicants are not eligible for relocation assistance unless they are victims of domestic/family violence.

A. Relocation Assistance Guidelines

Relocation assistance may be provided for recipients or former FI recipients receiving TSS who:

1. Have a verified job offer at the relocation site.

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2. Do not have a verified offer of employment, but upon evaluation of the recipient's circumstances by the CM and the recipient, conclude that the family would be more likely to achieve self-reliance at the relocation site.
3. Need to move to provide care for an ill family member.
4. Can receive assistance at the new location that is unavailable at the present location, such as free housing or childcare.
5. Are victims of domestic/family violence.

B. Prohibitions on Relocation Assistance

Relocation expenses may be paid only once in any 24-month period. The least expensive means of travel must be utilized. Assistance may be provided to pay for the first month's rent at the new location, utility deposits, moving truck, etc. A check should be written to the vendor only.

EXCEPTION: Relocation assistance may be necessary more than once in a 24-month period to help an individual escape domestic/family violence. Some DVA's may have funds to assist with the relocation expenses.

C. Reimbursement of Funds

To receive reimbursement for relocation assistance funds spent from county funds, the SSS/designee must create an Authorization and Payment Invoice, DSS-3713, using the appropriate program type and the expenditure type 12. The invoice should be processed for the amount of the expenditure. The county DSS office should be listed as the provider.

9. General Procedures for Education or Training Support Services

Support services may be provided for FI participants or former participants on TSS, to participate in approved education and training activities. Educational expenses are limited to up to \$200.00 per state fiscal year for FI adult/teen parent adult BG members.

NOTE: This limit does not include short-term training expenses.

Guidelines for educational support services are as follows:

1. The CM should request assistance by sending a DSS-1269 to the SSS for processing.
2. The CM should ensure that education/training activities can be completed within the two-year time limit and meet TANF participation requirement (or additional time approved by County Director).

NOTE: *Services may be provided for up to two weeks prior to participation if the participant is waiting to begin an approved component or employment.*

A. Adult Education

DSS may pay fees for Teen Adults or YCP's without a diploma, GED or certificate of Completion. Support services guidelines for adult education are as follows:

1. DSS may pay the cost of text books, activities and other educational fees.
2. DSS may pay the cost for taking the GED exam.
3. DSS may pay for expenses pertaining to graduation from high school which may include, but are not limited to, graduation fees and cap/gown expenses.

CAUTION: *High school rings are not acceptable expenditures.*

4. DSS may have to pay adult education fees for literacy, as necessary. Local school districts can decide individually what they will charge for their services.

B. Post-Secondary Education

While some post-secondary education classes may be considered as vocational education, post-secondary education is defined as an educational activity that includes courses leading to a baccalaureate degree or advanced degree. Support services guidelines are as follows:

1. Costs of such education, including tuition, books and fees, do not qualify for reimbursement.
2. Costs of childcare, transportation and other support services necessary for attendance are allowable when listed on the Employment Plan.

NOTE: *Community short-term or continuing education courses that do not require a formal admission to the institution are not considered post-secondary education. Fees for such courses, as well as the costs of childcare, transportation and other support services necessary for attendance are allowable when attendance is listed on Employment Plan.*

3. Non-Allowable Educational Support Services Educational Support Services not allowed are:

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The costs of post-secondary education, including tuition, books and fees, do not qualify for reimbursement.

NOTE: *Post-secondary educational activities designed to lead to a baccalaureate or subsequent degree should not typically be used as an approved component because this will not satisfy TANF participation requirements. However, if additional post-secondary classes are listed on the Employment Plan, child care and transportation assistance may be available.*

10. Requesting SLED Criminal Checks

South Carolina Law Enforcement Division (SLED) background checks can be requested for an FI participant when required by an education/training provider or an employer for a Work Experience, OJT or Community Service Program.

Counties must access the SLED web site at <http://www.sled.sc.gov/> and follow the on-line instructions by entering the required information.

Payment of SLED Check

A State Procurement Credit card may be used by counties to pay for SLED criminal background checks, if completed via the internet. Counties will no longer be required to process reimbursements through FIFN.

A separate SLED check is not needed on the individuals having a state and federal fingerprint review because this information will be gathered through the state fingerprint review.

11. Fingerprint Review

State law requires that fingerprint reviews be completed on all prospective employees placed in day care centers. State and federal fingerprint reviews must be submitted on all FI Work Experience participants being placed in day care centers. Once a state fingerprint review has been returned revealing no convictions barring employment, the participant can be placed in the center under the supervision of a worker who has completed the fingerprinting process, (both federal and state), and has been cleared to work in a day care setting. State and federal fingerprint reviews may also be submitted when requested by the employer on clients being placed in other WKEP, OJT or Community Service sites.

A. Cover Sheet

A cover sheet must be attached to each batch of fingerprint cards. The following information must be filled in completely to ensure prompt payment for the review:

1. DSS county name
2. Address of county office

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3. Name of worker initiating review
4. Total amount to be charged to your county
5. PCA code 2U300 and county Index Code.

B. Transmittal Form

A transmittal form must be completed to include the following:

1. Name, license/registration number, address and telephone number of the childcare facility
2. Center Director's name
3. County in which the childcare provider resides

Indicate the number of cards enclosed and the total amount of money to be charged to the county client services fund. List the name (as it appears on the fingerprint card), SSN and date of birth for each participant.

C. Fingerprint Card

A fingerprint card must be completely filled out and fingerprints properly rolled on each participant. The local police department may be able to offer their services in rolling prints. The card will be reviewed by Division of Investigation to ensure it has been filled out correctly before it is sent to SLED.

D. Address

The cover sheet, transmittal form and fingerprint cards should be sent to:

South Carolina Department of Social Services
Division of Investigations
3150 Harden Street
Columbia, South Carolina 29203
Attn: Mary Randolph

E. Billing

The cover letter indicating the amount to be charged to the county will be sent by the Division of Investigation to the Division of Finance for proper billing. The county will be assessed the appropriate fee for each fingerprint review.

19.11 Qualifying for Family Cap Vouchers

The CM will be responsible for determining if a child born to a BG meets the definition of a family cap child. If it is determined that a family cap child is in the home, the CM must provide the recipient with information about available vouchers. If the family is eligible for a voucher, the voucher must be issued.

1. Eligibility

Family cap vouchers may only be used to pay for goods and services for the family cap child in order to allow the FI cash benefit recipient to comply with the FI Work Requirements. The recipient should also be encouraged to access free local services, such as food banks.

CAUTION: A recipient must participate in education, training or employment related activities to be eligible for family cap vouchers. If the parent is excluded from FI Work Program for any reason, he/she would not be eligible for a voucher unless he/she volunteers to comply with the FI Work Requirements.

2. Guidelines/Family Cap Vouchers

The guidelines to issue a family cap voucher are as follows:

- The family cap voucher must be issued to an FI recipient who has a family cap child if the individual is participating in the FI Work Program.
- The CM will have the discretion to authorize the voucher for a specified amount of time (e.g., six consecutive months); however, the voucher should be distributed each month if participating as required.

The voucher may be used to purchase items for the child that may include:

- A. Clothing for the child
- B. Diapers
- C. Cleaning products for the child or child's home
- D. Furniture/equipment for the child
- E. Emergency items as determined needed by the County Director

Each county will have the discretion to expend the appropriate amount of \$10.00 to \$57.00 per family cap child per month.

Vouchers must be approved by the County Director or designee.

The county offices will need to obtain the cooperation of local businesses to accept the vouchers.

A billing process must be developed between the county DSS offices and local businesses to ensure appropriate payment for goods and services.

A check must be written to the vendor only, not the participant.

19.12 Need for Transportation Services

Based on a determination of need, transportation assistance can be provided to mandatory FI work eligible individuals (WEI) who participate in the FI Work Program and must comply with the Family Plan. Two Parent BG members or

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CARES individuals who must comply with the FI Family Plan or participate in an approved FI Work Program component/activity may be eligible for transportation assistance.

The CM must determine, based on the client's statement and family situation, that there is a need for transportation assistance. When a CM and client develop the Employment Plan, the worker must determine if:

- A. A client currently has a means of transportation. No further action will be taken if a client has transportation and does not require assistance from DSS.
- B. A client is in need of transportation assistance. The CM must explore all transportation options for each individual client to ensure the most cost effective method is used and that the arrangement is appropriate for the client's needs.

1. Guidelines for Transportation Referrals CM Duties

Guidelines for the referral are as follows:

- A. CM's must complete the DSS-1269, Request for Supportive Services, for transportation services.
- B. The CM must complete the section of the form requiring entry of "Total Number of Miles/Trips Traveled Each Week" by entering estimated miles/trips for the requested service, destination and rate if known.

Providers with privately owned vehicles include friends, neighbors, family or the client who may be serving as a provider. The client must choose the individual that will serve as the provider. To be reimbursed for mileage, the provider must complete an odometer sheet indicating the number of miles he/she must travel to take the client to and from the destination. If reimbursing for the number of trips, the CM should enter the number of trips on the form based on the client's schedule.

- C. A monthly stipend of no more than \$75.00 will be provided to a WEI who has no other means of transportation to and from a work activity.
- D. The CM must sign for the participant and indicate telephone request if the request comes to the CM via the telephone.

2. SSS/Transportation Designee

Within two days of the authorization, the SSS/designee must complete entry of the transportation information into the Family Independence Financial System (FIFN), being sure to complete the Client Agreement screen. This screen captures miles/trips per week and the rate per mile/trip. The SSS/designee will fill in the "Rate" as appropriate for an individual.

NOTE: The FIFN Client Agreement screen must be updated to add an actual end date when services are no longer being provided.

3. Procedure

After notification from the CM that the participant has failed to participate, the SSS/designee must terminate assistance and notify the CM within five working days from the termination date.

4. Transportation Assistance

DSS will reimburse for authorized transportation expenses as determined by the type of provider.

Transportation Providers include:

- Privately owned vehicles (POVs)
- Gas vouchers
- Donated vehicles
- Transportation Stipend
- Volunteers and other agencies
- State vehicles
- Employer provided transportation

5. Privately Owned Vehicles (POV)

Reimbursement for privately owned vehicles (POV) can be given to a client, friend or neighbor chosen by the client. The reimbursement can also be used for a POV that the client has access to, and is known to use to participate in an approved work activity. The reimbursement rate will be the current rate for a state employee when using his/her vehicle. The monthly reimbursement amount should not exceed \$75.00.

The CM must determine that the miles indicated on the odometer sheet and subsequent invoices are not excessive by using Map Quest, a web site used to determine mileage, or its equivalent. (Map Quest may be accessed through the Internet at www.mapquest.com). The invoices must be monitored to ensure accurate computations.

6. Gas Vouchers

An arrangement can be made with local gas stations to accept a gas voucher from DSS via DSS form 3715. The arrangements must be documented through a Memorandum of Understanding (MOU). Coordination must take place at the

local level between the county offices and local gas stations to ensure that all parties are in agreement with the process for submitting the vouchers and obtaining the proper payment. This coordination must be documented in an MOU between the two entities and remain on file in the counties. The monthly reimbursement amount should not exceed \$75.00.

a. Purpose of the Gas Voucher

The voucher must be used for the purchase of gasoline only within a period of time indicated on the voucher, not to exceed \$40.00 per voucher. Assistance must be needed to allow the client to comply with the Responsibility and/or Employment Plan portions of the Family Plan.

b. Referral Process

The CM/designee must complete a Request for Support Services, DSS-1269, to request the gas voucher. The DSS-1269 will be used to enter the Client Agreement on the FIFN system. The client must present the gas voucher, DSS-3715 at the time of the purchase.

c. Use of the Gas Voucher

1. The gas station personnel will complete the bottom portion of the form indicating the location of the store, the amount of the gasoline purchase, and provide a signature. It is recommended that the completed voucher and a receipt be sent to the gas station's main bookkeeper to complete the Authorization and Payment Invoice, DSS-3713. The invoice must be returned to the appropriate DSS county office and the designated staff person as indicated in the MOU. The county worker must fill in the SSN of the client and review the invoice for accuracy before keying into the FIFN system.
2. To ensure the security and integrity of the FI program and that support services payments are made to the intended recipient, documentation supporting the need for and approval of the gas voucher must be attached to the DSS 3713 and forwarded to the DSS Financial Services Division each month. The supporting verification needed before payment can be approved and entered into the system include either a DSS-1269 and a copy of the DSS-3715, Gas Voucher, or a DSS 1269 and a receipt from the gas station which includes the client's name, date of service, store name and location, amount of gas purchased and the vendor's signature. The verification has to be forwarded to DSS Financial Services each month before payment can be entered into the system. Approval for the gas voucher will be limited to the time period indicated on the DSS 1269, DSS 3715 or the receipt. For example, the client is participating in a Job Search activity from August 1, 2014 to August 30, 2014, or the client is participating in Work Experience from September 15, 2014 to December 12, 2014.

7. Donated Vehicles

Participants may be referred to entities that offer car donation programs. Examples of organizations that donate cars include but are not limited to:

1. Goodwill
2. Cooperative Ministry
3. United Way
4. Kidney Foundation, etc.

Counties should coordinate with these local entities to ensure that the CMs are aware of their policy and procedures. The CM must inform the client of the local entities' process. The negotiation for the vehicle is solely the responsibility of the client and the donation entity. Repairs can be made to the vehicle by DSS if it is determined to be cost effective.

8. Transportation Stipend

A monthly stipend in the amount of \$75.00 will be provided to WEIs who comply with the FI Work Program. The CM and client will discuss the need for transportation assistance during the meeting to develop the employability plan. The stipend must be used to pay for transportation to and from an assigned work activity that is listed on the Employment Plan. If the WEI does not comply with the Employment Plan or does not attend the work activity, the worker will begin the conciliation/sanction process and will not authorize the next monthly transportation stipend.

If both parents in a two parent case are work eligible individuals and both participating in a work activity that meets the requirements, then each WEI may qualify for a \$75.00 transportation stipend, if needed. The transportation stipend will be in addition to the FI benefit received by the client and will be issued through the FIFN system. CM should inform clients of the expected date of the transportation stipend and coordinate work activities to coincide with the receipt of the stipend. Clients will be set up as Provider Type 03, client serving self. Reimbursement procedures are as follows:

1. CM will complete a Request for Support Services, DSS-1269 for the stipend. The Client Agreement will be keyed on FIFN by the CM/designee.
2. The Authorization and Payment Invoice, DSS-3713, will be completed and keyed into FIFN using Expense type 1. Total amount due should not exceed \$75.00.
3. To ensure the security and integrity of the FI program and that support services payments are made to the intended recipient, documentation supporting the need for and approval of the transportation stipend must be attached to the DSS 3713 and forwarded to the DSS Financial Services Division each month. The DSS 1269 must be attached to the DSS 3713 as verification that the \$75.00 transportation stipend was given to the client.

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Some counties may decide to issue the transportation stipend out of county funds, and be reimbursed through FIFN. In this situation, the client agreement would include the county as the provider.

First time recipients of transportation stipends will receive their first stipend within 7 to 10 working days after information is keyed into FIFN. Subsequent stipends should be entered in FIFN to coincide with the delivery of the monthly FI benefits.

9. Exception to Monthly Cap

If the distance to the work site or activity causes the cost to exceed the \$75.00 monthly cap, the worker may authorize one additional stipend to cover the entire cost of travel. The worker should verify the need for additional transportation dollars. The worker should consider the distance traveled, the various transportation methods available in the county, and any opportunities for the client to participate in an activity closer to their home. If the worker determines that it is impossible for the client to participate without additional transportation funds, the worker should document this in the case file on the DSS 1230 C and obtain their supervisor's approval to provide an increased travel stipend. Every effort should be made to locate a work site or activity close to the recipient's residence so that only one stipend per month will be needed. Prior to ePAY automation the stipend can be increased to the amount that will meet the transportation needs of the client, not to exceed \$75.00. The automated ePAY stipends must be increased in \$75.00 increments. No recipient shall receive a stipend in excess of \$150.00 per month.

10. Volunteers - Other Agencies

There are agencies, such as United Way, which transport clients voluntarily. Coordination should be established at the local level to determine if this option is available in the area. Individuals/volunteers interested in transporting clients must contact the county DSS offices for guidance and authorization.

11. State Vehicle

State vehicles may be a transportation option if there is no other viable arrangement available. This option is limited since these vehicles are used across all program areas. Another consideration for using this option must be the number of clients needing to be transported.

The vehicle operator must be DSS approved and use the PCA for client services for transportation, 2U310, when completing the travel log. Counties should use funds from the client services budget instead of county operating budgets when transporting clients.

12. Employer Provided Transportation

There are programs that may be offered by employers in the county area. The Job Developer (JD)/designee should coordinate with local employers in the area and make them aware of the programs. A system should be established to notify all CMs of the available options.

OPTION 1: (Commuter Choice)

The Commuter Choice Program offers employees a tax-free benefit to commute on public transit or in vanpools. The maximum tax-free benefit is \$65 per month. The IRS does not count the \$65 as income for the employee. There are several methods by which the employer can choose to provide the benefit. Consult the JD/designee in your county.

OPTION 2: (Buddy System)

The Buddy System is simply a ride-sharing system that is an option for employers. Contact the JD/designee for your county to inquire as to which employers participate in this program.

13. Van (Lease/Rental)

The use of leased/rented vans must only be used for short-term emergency situations. The county must contact the Procurement Office to obtain authorization to lease/rent a van. Only DSS approved drivers can operate the van. The cost for this service is paid for from client services funds

14. Bus Tickets/ Tokens

Bus tickets/tokens should be purchased through a DSS-1402, Purchasing Requisition/Direct Payment Form. The provider's name and contract number should be included on the DSS-1402 and the provider's invoice. Once the tickets are received, the county must send the original provider invoice and the DSS-1402 to the Finance Division. The Purchasing Requisition/Direct Payment Form, DSS-1402, may only be used to pay for bus tokens.

NOTE: Guidelines specified in the Administrative Policy or Procedures Manual, Chapter 13, must be followed when purchases are made by use of a DSS-1402.

19.13 Childcare Services

DSS is committed to providing child care services for FI applicants, FI participants in approved employment or education/training activities, and to those who are transitioning off of FI.

Employment and education/training activities are considered approved when listed on the signed Employment Plan or Responsibility Plan. Childcare is not an entitlement and discretion should be used when determining priority of needs.

NOTE: All childcare expenditures are funded Services through the Child Care Development Fund (CCDF). DSS does not fund any childcare through their client services funding allocation.

FI Applicants or participants eligible for services will determine the child care appropriate for their child. Applicants or participants are given parental choice to select a child care facility within reasonable travel distance that best meets the needs of their child. Informal child care arrangements chosen by an applicant or

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participant must meet the needs of the applicant or participant as well as comply with the SC Voucher Program policy and procedures. DSS is committed to providing eligible applicant or participants with affordable child care to ensure their continued participation in the FI work program.

Participants with a child under the age of six may not be subject to sanction if he/she is unable to secure child care for the child. This exception only applies to single custodial parents who have a demonstrated inability to obtain needed child care for a child under the age of six.

1. Eligible Individuals

Childcare services may be provided on an as needed basis for the following individuals:

- A. An FI applicant participating in the initial job search activity is eligible for childcare assistance, up to 30 days.
- B. Any individual who:
 1. Applies and appears to be eligible for an FI cash benefit
 2. Starts initial job search requirement
 3. Obtains employment
 4. Increases hours/wages during the pending application, and does not become eligible for or receive FI cash benefits.
- C. An FI WEI participating in approved work program activities.
- D. A dependent child in the family of the childcare applicant. This includes but is not limited to:
 1. A child who is not included in the FI BG;
 2. A child who has been removed from the BG due to a sanction;
 3. A family cap child.
- E. An FI WEI who is sanctioned for enumeration or non-cooperation with the Child Support Enforcement Division and required to participate in FI employment and training activities may receive childcare assistance.
- F. An FI participant who is in the process of curing a sanction may be eligible to receive childcare assistance.
- G. A BG member who becomes employed or increases earnings during a full family sanction and the earnings cause the BG to become ineligible may be eligible to receive Transitional Child Care (TCC).

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- H. An FI participant whose case closes due to employment, increased earnings, expiration of earned income disregards, waiver of earned income disregards or voluntary closure request when excluded income exceeds the income limit is eligible for Transitional Child Care.
- I. A former FI participant who is employed or becomes employed within 24 months after losing eligibility as a result of exceeding the 24 month time limit may receive TCC.
- J. A BG member becomes temporarily (less than six months) out of work however, he/she remains in an employed status or a job position is being held for the BG member. The SSS must verify that the individual remains employed and is on sick leave from the employer.
- K. An exempt/deferred BG member when needed to participate in activities listed on the Responsibility Plan.
- L. A parent/caretaker relative who has Family Independence Child-Only case (FI/CO).

These cases contain caretaker relatives, SSI parents, or disqualified parents. The following criteria must be used in determining child care eligibility:

1. The child must be an FI or SSI recipient.
2. The parent/caretaker relative must be employed at least part-time (15-29 hours) at the time of application and remain employed to continue eligibility. Employment may be in conjunction with training or attending school.

EXCEPTION: A parent(s) who receives SSI may be eligible for child care assistance if he/she is either employed at least part-time or participating in an activity (training or education) that will enable the parent to become employed in the future.

3. A parent/caretaker relative must meet income guidelines to be eligible for FI/CO and must pay a fee based on his/her income.

NOTE: Individuals who meet qualifications will be eligible to receive 12 months of services and may reapply for an additional 12 months, as funding permits. The application must be filed in the name of the parent/caretaker relative.

2. CM's Referral for Childcare

Upon determination that a client is in need of childcare, the CM completes and forwards at the time of request, a DSS-1269, Request for Support Services, to the appropriate SSS/designee for approval. If the participant makes a telephone request for services, the CM can sign for the participant and indicate telephone request.

NOTE: *The CM must not make any commitment to the participant or to a provider regarding childcare payments. Approval and authorization for service will be given by the SSS or other designated staff person who has assigned responsibility to process childcare assistance requests.*

3. Approval/ Denial for Childcare

Within ten working days from the date of the request, the SSS must return a copy of the completed form to the referring CM indicating approval or denial of services. The form must be filed in the participant's case record. If the request for services is denied, the SSS must notify the participant in writing of the denial.

4. General Guidelines

The general guidelines for childcare payments are as follows:

1. Within ten working days from the date of the request, the SSS will send a copy of the request form, indicating approval or denial, to the CM to be placed in the case record.
2. After approval, the CM is responsible for notifying the SSS/designee if the participant fails to participate in any activity (after the good cause/conciliation process has been completed) and CC services is to be stopped.
3. After notification from the CM that the participant has failed to participate, the SSS/designee must terminate assistance and notify the CM within five working days from the termination date

19.14 Transitional Child Care (TCC)

Eligibility for TSS, including TCC is established when an FI family loses eligibility for an FI benefit for the following reasons:

- A. Employment, increase in earned income, or loss/expiration/refusal of disregards. This includes when a combination of earned and unearned income, when added together, close the case due to excess income (EX or DX closure code).
- B. Increase in child support income when an adult BG member is employed (CX closure code).
- C. Voluntary closure request when the family has earned income and excluded income that exceeds the FI income limit.
- D. An individual is employed at the time the 24-month time limit expires or becomes employed within 24 months of the case closing due to the time limit.
- E. A BG member becomes employed or increases earnings during a full family sanction and the earnings cause the BG to become ineligible.

Note: *A mini budget must be completed to determine if excluded earned income or refusal of disregards to save FI months would cause the FI case to close. The excluded earned income must be verified prior to closure. If the mini budget indicates that the family is over the income limit, the ES should terminate the cash benefits using the closure code “DX”.*

- F. The client has earned income and has requested the removal of the earned income disregards; however, the removal of the earned income disregards does not result in the FI case closure. The client must submit a written request for voluntary case closure due to earned income. (VE closure code). Send A320 notice, “Closure Client’s Request – Earned Income”.

1. Eligibility Guidelines

To qualify for TCC the FI family member must:

- A. Be employed and not exceed income for TCC eligibility guidelines. TCC income eligibility guidelines are available in the Child Care Manual.

NOTE: *The parent may also attend school in conjunction with work. The parent must be employed at least part-time, (15-29 hours per week).*

- B. Continue to have a dependent child in the home. For TCC, there must be a dependent child under age 13 who requires childcare for a family member to work.

NOTE: *Dependent children between the ages of 13-19 with a verified, documented special needs situation may be assisted through the Department of Disabilities and Special Needs.*

- C. The family must have been eligible to receive an FI benefit immediately preceding the first month of eligibility for TCC, unless FI cash benefits were terminated due to full family sanction or time limits.

- D. For TCC, the participant must pay a small fee per child based on the household income.

2. Time Frames for TCC

Eligibility will continue for 12 consecutive months, if income eligible. Recipient must apply for the second 12 month period, if needed. Eligibility will be re-determined.

3. Time Frame/ Full Family Sanction

If a BG member becomes employed or increases earnings within 24 months of a full family sanction and the earnings cause the BG to become income ineligible, the TCC eligibility begins the effective month of the sanction.

4. Time Frame/Employed After Closure for Time Limit

If the former FI recipient becomes employed after the case closure due to time limits, the transitional child care (TCC) eligibility period begins the month the FI case closes due to time limits. The employment must be within 24 months of closure due to time limits.

5. Time Frame/Employed After Closure for Time Limit (TCC)

For individuals who become employed at least part-time (15 hours per week) after losing eligibility due to the 24 month time limit, and whose earnings meet the childcare guidelines, TCC eligibility begins the month the FI case closes due to time limits.

6. Employment Start Date for TCC

The employment start date could be from the date of case closure or anytime within the 24- month period from the date of closure. If the client becomes unemployed within the 24-month period, and obtains subsequent employment, the client will be eligible for only the number of months remaining in the eligibility period. The client is not eligible for a new 24-month eligibility period, unless they have returned to the welfare rolls and re-established their eligibility for TCC.

7. Completion of DSS-3754, Support Service Communication Form

Complete the DSS-3754 to request TCC. The case manager will scan the DSS-3754 via SCOSA to the ABC Mailbox as mail or send an email to ABCFIChildcareUnit@dss.sc.gov to report that an FI case has closed.

If the recipient completes the A300 to request a childcare application, and returns it by mail or in person to a local county office, clerical staff will scan the information via SCOSA to the ABC Mailbox as mail or send an email to ABCFIChildcareUnit@dss.sc.gov.

8. Time Limit Closure

To request TCC when a case closes due to the end of the 24-month time limit, the FI case manager will scan the DSS-3754 via SCOSA to the ABC Mailbox as mail or send an email to ABCFIChildcareUnit@dss.sc.gov to report that an FI case has closed due to time limits.

9. Full Family Sanction Termination of Cash Benefits

To request TCC during a full family sanction, verify new employment or increased earnings and complete a mini-budget to determine if income exceeds the gross and/or net income limit. All available earned income disregards must be given to determine eligibility or ineligibility. If the case is income ineligible, the FI CM will scan the DSS-3754 via SCOSA to the ABC Mailbox as mail or send an email to ABCFIChildCareUnit@dss.sc.gov to request child care.

Document on the DSS-3754 that the FI cash benefits originally terminated due to full family sanction, and that the individual is now employed or has increased earnings. Scan a copy of the mini-budget and CAP2 screen with the DSS-3754.

10. Request to Cure Full Family Sanction Denied

If the reapplication to cure a full family sanction is denied due to excess earnings, indicate on the referral that the FI cash benefits were terminated due to a full family sanction and that the application to cure was denied due to earnings from new employment or from an increase in earnings. Attach a copy of the CAP2 screen to the DSS-1269.

19.15 Support Services Change Reporting

Individuals that receive support services must report changes in their circumstances that may affect continued receipt of support services. Changes must be reported within 10 days of the change to the FI Case Manager, FI Eligibility Specialist, Supplemental Nutrition Assistance Program (SNAP) Eligibility Worker, or Support Services Specialist (SSS).

NOTE: Failure to report changes may result in an overpayment. A claim will be established whenever a BG receives benefits in excess of the amount BG was authorized to receive.

1. Changes Which Must Be Reported

Recipients must report the following changes:

- A. New employment or a new income source
- B. Loss of employment
- C. Increase or decrease in employment hours
- D. Change in rate of pay
- E. Change in BG if the individual(s) for whom services are provided is no longer in the home
- F. An individual is no longer involved in an FI work program activity or not participating in the activity in the required manner
- G. Change in residence or address.

Former FI recipients receiving Transitional Support Services (TSS) or Transitional Child Care (TCC) must report the following:

- A. Household income changes when a member:
 - 1. Loses employment

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- 2. Changes jobs
 - 3. Employment hours increase or decrease
 - 4. Receives income from a new source
- B. Household composition changes including:
- 1. Child(ren) for whom services are provided is no longer living in the home
 - 2. Change in residence or address.

NOTE: *If these changes are reported to staff other than the SSS/designee, the information must be provided to the SSS/designee immediately, but no later than five days.*

19.16 Fair Hearings

A participant may appeal any decision within 60 days from the date of the adverse action notice that results in the denial or termination of services, provided that staff did not base the decision solely on lack of available funds. Participant appeal hearings are held by the agency that makes the decision that the participant is appealing, regardless of the childcare payment system used.

19.17 Reference Need Standard Table

The following table lists the Need Standards for FI effective October 2015:

Number in Benefit Group	Annual Federal Poverty Guidelines 2015	200% Monthly Federal Poverty Guidelines 2015	Monthly Federal Poverty Guidelines	Gross Income Limit (185% of Need)	Need Standard (50% of Poverty)	Payment Standard (33.72% of Need with no income)
1	\$11,770	\$1,960	\$980	906	\$490	165
2	\$15,930	\$2,654	\$1,327	1226	\$663	223
3	\$20,090	\$3,348	\$1,674	1548	\$837	282
4	\$24,250	\$4,040	\$2,020	1868	\$1010	340
5	\$28,410	\$4,734	\$2,367	2188	\$1183	398
6	\$32,570	\$5,428	\$2,714	2510	\$1357	457
7	\$36,730	\$6,120	\$3,060	2830	\$1530	515
8	\$40,890	\$6,814	\$3,407	3150	\$1703	574

NOTE: *For family sizes over 8, \$173 is added to the Need Standard for each additional person. To determine Gross Income, multiply 1.85 and drop the cents. To determine Payment Standard/Award, multiply Need Standard by .3372 and drop the cents.*

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Chapter 20

STATE AND FEDERAL TIME LIMITS

20.1 State Time Limit

The Family Independence Act limits certain BGs (those not meeting the state time limit exception criteria) receiving benefits from the FI Program to 24-months in a 10-year period. These BGs may be eligible for a time limit extension. However, the Family Independence Act allows that, in certain situations, benefits may be extended beyond the 24-month time limit. The decision to extend benefits will be made through a two-step staffing process, which will begin, in the 21st month of eligibility.

1. Twenty Second Month Staffing

A two-step staffing must be completed by the end of the twenty two (22nd) month of eligibility to determine if the recipient meets the criteria for an extension of benefits.

The two-step staffing process involves:

Step 1 - A case review in the 21st month involving the completion of the DSS-3707, FI Staffing Summary, including the 21st month review section.

Step 2 - A face-to-face interview in the twenty two (22nd) month to review extension criteria and ongoing eligibility requirements, or to review with the recipient his/her plans (including the future well-being of the children) after the FI benefit ends. Completion of the 22nd month case staffing section on the DSS-3707.

2. Second Appointment

If the recipient does not respond to the appointment notice for the 22nd month staffing, a personal contact (telephone call or home visit) must be made in an attempt to reschedule the appointment.

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If the recipient fails to participate in the twenty two (22nd) month staffing, an extension cannot be considered and the FI cash benefits will terminate at the end of the 24th month due to time limits.

NOTE: If it is determined that the recipient's whereabouts are unknown, the cash benefits should be terminated for that reason, not due to time limits.

The county director has the authority to insure that the criteria for extension have been met. The Case Manager must complete the Time Limit Extension Summary, DSS 3704, and submit to the county director for approval. If the criteria is met, then the extension must be given. The CM is responsible for monitoring the client's participation during the extension period. The CM must also communicate with the ES to ensure that proper action is taken in the CHIP system for individuals that are receiving benefits due to time Limit Extension.

NOTE: If an extension is not granted, an individual may appeal the 24-month closure by requesting a fair hearing. However, continued benefits while awaiting the Fair Hearing is not provided for in law, and therefore not allowed by policy, as eligibility has technically expired.

20.2 Meet Exception During Extension

If the BG begins to meet an exception to time limited benefits during an extension, the time limited tracking code should be updated as appropriate on FAIP and benefits should continue as long as the BG meets all other eligibility criteria. The ES must update the CHIP screens based on notification from the CM.

1. County Approved Training Extension

An extension of up to six months is granted when the recipient is involved in a county approved training program that will not be completed by the 24th month. The training program must be listed on the Employability Plan, have a fixed beginning and ending date, and must have a job/vocational goal.

The CM must monitor the attendance and participation hours reported and the recipient must continue to comply with all FI Work Requirements.

NOTE: When the recipient completes training, he/she may be granted an additional extension under the fully Cooperating Extension.

2. In Training Extension Procedures

The following procedures are required for an In Training Extension:

- A. Staff the case and complete DSS-3704, Time Limit Extension Summary.

- B. Develop new Employment Plan with an effective date beginning with the 25th month.
- C. Enter CHIP tracking code of "EP" on screen FAIP.

3. Extensions Beyond Six Months

If the training has not been completed by the sixth month, and the recipient continues to make satisfactory progress, additional months may be given, but only with the county director's approval. The DSS-3704 must be updated and the CHIP tracking code changed to "D1".

4. In Training Completed

When a recipient completes the approved training, the case should be reviewed to determine if an additional extension for Fully Cooperating should be given.

5. Fully Cooperating Extension

If the recipient does not meet the criteria for an In Training Extension of benefits, the case will be reviewed to determine if the recipient meets the criteria for a Fully Cooperating Extension (12 month maximum). For this extension to be granted, it must be documented in the case record that the recipient has fully complied with all FI Work Program requirements including:

- A. Complying with the goals established and documented on the Employment Plan.
- B. Demonstrating a willingness to relocate
- C. Cooperating fully with referrals to all state agencies as required, and which are documented on the Employment Plan.

NOTE: Conciliations or sanction cures within the 24-month FI eligibility period shall not be held against an individual when determining if he/she is fully cooperating.

6. Declaration of Cooperation

The recipient will be asked to sign a Declaration of Cooperation, DSS 3703, during a face-to-face contact at the twenty-two (22nd) month staffing which acknowledges the conditions of the extension. If the recipient refuses or fails to sign this form, the fully cooperating extension must not be approved.

7. Fully Cooperating Procedures

The following procedures are required for a Fully Cooperating Extension:

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- A. Staff the case and complete the DSS-3707, FI Staffing Summary and DSS-3704, Time Limit Extension Summary
- B. Develop a new Employment Plan that will be effective beginning with the 25th month
- C. Enter CHIP tracking code of "CO" on FAIP

NOTE: *If the case is receiving an extension and domestic violence is the reason the recipient has not attained financial independence; the CHIP tracking code of "FV" should be entered on FAIP.*

20.3 New Employment Individual Employment Plan

As part of the staffing process, a new Employment Plan will be developed to ensure that the recipient is actively involved in education, training, or other employment related activities and working toward an achievable vocational goal within the extension period. This Individual Employment Plan (IEP) is effective beginning in the 25th month of FI.

1. Child Under Age One

A single parent with a child under age one who has not been participating in the work program must sign the (IEP) at the twenty two (22nd) month staffing and begin participation prior to the 24th month in order to receive the extension.

2. Cooperation During Pregnancy

A pregnant woman, who has not been participating in the work program because she is in the seventh month or later of her pregnancy, must sign an Employment Plan at the 22nd month staffing and begin participating in the 25th month or at the end of the six week postpartum in order to receive an extension of benefits.

3. Deauthorization

When a family has been granted an extension, the case will deauthorize at 12 months and must be reviewed to determine that all participation requirements are being met and that the recipient continues to fully cooperate. This should coincide with the Annual Review.

20.4 County Director Extension

The criteria for consideration by the county director for an extension beyond six or 12 months is as follows:

When an "In Training" extension has been granted, the total FI eligibility period may not exceed 30 months without the county director's permission. The recipient must be currently enrolled in a county approved training/educational program, and making satisfactory progress toward completion of a training/educational program for an extension beyond the 30th month.

20.5 Extension Beyond 36 Months

When the Fully Cooperating Extension ends, the recipient may be granted an additional extension. Before an additional extension is granted, it must be established that the recipient is satisfactorily participating in education, training or other employment-related activities. The future of the minor child(ren) should also be considered. An extension beyond 36 months requires the county director's approval and signature.

1. Monthly Review

The CM must review monthly all cases receiving benefits beyond 36 total months. The recipient may not receive assistance beyond the five-year limit allowed by federal law.

2. CHIP Code

Use CHIP code "D1" on the FAIP screen for any county director approved extension.

20.6 Reapplication Due to Time Limit Exceptions

Individuals who reapply for benefits after a termination of cash benefits due to the 24-month limit may be eligible to receive FI cash benefits again by meeting and verifying one of the following exception reasons:

- A. An adult FI Family member is determined to be mentally or physically disabled, and the disability is expected to last 90 days or more (FAIP code DI). This exception is effective at the point in time the disability was diagnosed. (If more than one-adult is in the FI Family, code the other adult(s) AE-Adult in Exempt Household- on FAIP unless he/she meets another exception reason). This also applies to a two-parent family with one SSI parent.
- B. An adult FI Family member is providing full-time care for a disabled individual whose disability and need for care have been verified by a physician or other health professional. (FAIP code RH. If more than one adult is in the FI Family, code the other adult(s) AE-Adult in Exempt Household unless he/she meets another exception reason).
- C. The caretaker relative is not the parent of the dependent child and is not included in the FI cash benefits.

NOTE 1: *If the caretaker relative who is included in the BG reaches the time limit and is not eligible for an extension remove the caretaker relative from the BG and continue benefits for the child(ren).*

NOTE 2: *Adults caring for children who have been abandoned may be eligible for FI regardless of the adult in the BG meeting another exception reason.*

1. CHIP Coding

Use the appropriate exemption code (DI, RH, MM, AE, AF, CC, LT) on CHIP screen FAIP.

20.7 Action When Exception to Time Limit Ends

The recipient may be given an opportunity to participate at the end of an exception period to qualify for an extension. The DSS-3704, Time Limit Extension Summary, should be signed and an IEP developed which is effective the month after the exception ends.

20.8 Domestic/Family Violence Waiver Criteria

Individuals who are victims of domestic/family violence who reapply for benefits after a termination of cash benefits due to the 24-month time limit may be eligible to receive FI again if all of the following conditions are met:

- A. The domestic/family violence situation is verified in one of the following ways:
 1. Proof of services from or referral by a domestic/family violence agency
 2. A temporary protective order
 3. A law enforcement report of domestic/family violence
 4. Documentation of domestic/family violence from an agency, professional, friend, or relative from whom the individual has sought assistance in dealing with domestic/family violence.

NOTE: *In the absence of documentary evidence it is acceptable to obtain the applicant's signed statement that he/she is a victim of domestic/family violence.*

- B. At least one FI program requirement is being waived due to a current domestic/family violence situation in the applicant's life.
- C. An IEP is developed which includes the requirement that the individual must cooperate with the DVA agency.
- D. DSS-3734, FI Domestic Violence Waiver Assessment is completed.

NOTE: *In the event an applicant meets one of the time limit exceptions and meets criteria to receive a DV waiver, the 24-month time limit exception policy takes precedence.*

1. CHIP Code

Use CHIP Code FV, "Family Violence" on FAIP for reapplications that occur after the expiration of the 24-month time limit.

20.9 Relocation as Condition for Extension

Agreement to relocate may be required as a condition of approval for an extension request. Individuals unable to obtain employment may be required to relocate, with state assistance, to another area to accept a bona fide job offer for a position that is not temporary or seasonal. Relocation may be within the same county.

1. Conditions of Relocation

Relocation must have the potential to lead to self-reliance and the recipient should have secured (with the CM's assistance), adequate housing, childcare and transportation in the area being considered for relocation before he/she is required to move.

2. Relocation to Escape Domestic/Family Violence

Relocation assistance may be provided to an FI recipient who has been identified as a victim of domestic/family violence to relocate to a safe place, away from the abuse.

3. State Assistance

State assistance may include, but is not limited to:

- A. Moving expenses
- B. Assistance in locating a place to live
- C. Finding childcare
- D. Security and utility deposits
- E. The first 30 days rent.

4. Good Cause Exemptions/Relocation

Good cause exemptions from the relocation requirement include:

- A. Individuals who receive an FI benefit in excess of the federal hourly minimum wage multiplied by 30 hours multiplied by 4.3 and reduced by \$100.00.

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- B. Individuals who receive in-kind assistance (from a government entity or other source) such as subsidized housing or child care, and the value of this in-kind benefit exceeds 50% of the federal hourly minimum wage multiplied by 30 hours multiplied by 4.3 and such in-kind assistance will not be available to the family at a new location.
- C. The recipient's personal and family circumstances such as:
 - 1. Work experience
 - 2. Family and community support
 - 3. Child's schooling
 - 4. Child custody and visitation arrangements

CAUTION: *Other good cause exemptions due to relocation will be decided on a case-by-case basis.*

20.10 Failure to Cooperate After 24th Month

If the recipient fails to cooperate with the work program in the 24th month or during any month of an extension, a closure notice will be mailed. This will be considered a closure due to the time limit. If the recipient provides information during the 10-day notice of adverse action that good cause exists, and the BG is eligible for an extension, the case should be reverted to open. Good cause may include meeting an exception to the time limit. No conciliation process is required during an extension time period.

NOTE: *A full family sanction cannot be applied to the BG after the 24 months of time-limited benefits have expired*

20.11 Code Changes

If the client's status changes during an extension period from being eligible for an extension to meeting an exception to the time limit, it will be necessary to change the extension tracking code from "EP" or "CO" on FAIP to the correct exception code.

20.12 Ineligible After 24th Month for Other Reasons

If the BG is eligible for a time limit extension and becomes ineligible for FI cash benefits for a reason other than time limits or failure to cooperate with the work requirements, close the case on CHIP using the closure code which best reflects the closure reason. The closure notice should indicate that the BG's time limit for FI cash benefits has expired.

20.13 BG Requests Closure After 24th Month

If the BG requests termination of FI benefits after the 24th month of time-limited benefits has expired, use the "TL" (State Time Limit) closure code.

20.14 Assessment Time Frame

Beginning 60 and no later than 90 days after an FI recipient's cash benefits are terminated under the time limit for receipt of benefits, the CM will make an assessment of and make recommendations, as appropriate, for the health and well-being of the child(ren) in the care and custody of the former FI cash benefit recipient. The assessment is also a way to determine the impact of the loss of the FI cash benefit on the family.

1. Follow-up Assessment Home Visit

The FI recipient should be informed of the assessment process at the 22nd month staffing held before the cash benefits case closes due to the time limit.

The CM will conduct a home visit to complete the assessment. It will be scheduled at a time when the child(ren) can be expected to be home. If the client is not home when the first visit is conducted, a second visit must be scheduled or a personal contact made. The case record must be documented to show that at least two attempts were made to conduct the assessment. The reason an assessment is not completed will be documented on the FI Time Limit Closure Follow-Up Assessment, DSS-3764.

2. Case Record Review

Prior to the home visit, a copy of the HOSU screen will be printed and the CM will become familiar with the client's situation by reviewing the case record, CHIP and other sources for the following information:

- A. Amount of SNAP received
- B. Names of those included in SNAP
- C. Amount of child support received.

The CM must also:

1. Determine if there is an open CPS case and notify HS of joint cases via DSS-1600, providing date when staffing will occur
2. Review the client's situation as presented at the 22nd month staffing.

3. Joint FI/HS Cases

The county director may choose one of the following options when deciding how the 60-90 day assessment will be conducted when the client has an active Human Services' case:

- A. FI conducts the assessment and completes the documentation.

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- B. FI staffs the case with HS. HS conducts the visit and FI completes the documentation.
- C. FI and HS conduct the visit together and FI completes the documentation

4. Voluntary Interview

Before the CM enters the home, the client must be advised that the assessment is voluntary and his/her cooperation is needed to conduct the interview. The client may choose to end the interview at any time. If the client refuses to allow the home visit to occur, the CM will document the results of the contact and file the information in the case record.

CAUTION: The CM is not to assume abuse or neglect is occurring if the client does not allow the CM access to his/her home.

5. Family Recommendations

The FI Time Limit Closure Follow-Up Assessment, DSS-3764, will be completed during the home visit. The CM must make recommendations to the family outlining a course of action to take to improve or correct the family situation for each negative response documented on the form.

6. CPS Referral

At any point the CM suspects that a child in the home has been harmed or is threatened with harm from child abuse and/or neglect, the CM will make an immediate report (by phone or in person) to Child Protective Services (CPS). The report to CPS will be confirmed in writing using DSS-1601, Referral to Human Services.

7. Supervisory Review

A supervisory review must be conducted on all assessments completed. Any questions or concerns should be resolved through a case staffing, if necessary, prior to completion of the FI Time Limit Closure Follow-Up Assessment, DSS-3764.

8. Communication With HS

A copy of the completed DSS-3764 shall be forwarded to the HS worker on all open HS cases.

9. Retention of Forms

Upon completion of the Time Limit Closure Follow-Up Assessment, the original DSS-3764 will be filed in the case record.

The canary copy of the DSS 3764 and the DSS-3765, 60-Day Assessment Tally, will be retained in a central location as designated by the county, for no less than two years following the FI report month.

20.15 Reapplication after 10-year time Period

Family Independence Act limits certain BGs (those not meeting the state time limit exception criteria) receiving benefits from the FI Program to 24 months in a 10-year period, beginning in October 1996. In order to determine if a family is eligible to reapply at the end of the 10 year period, the ES must count backwards from the current month in considering the 10 year period. If the BG has already received 24 months of benefits in the previous 119 months, the family is not eligible for benefits in the current (120th) month.

The first potential month of eligibility will be shown on CHIP CAP2 screen for cases that are in a closed status with a TL (time limit) closure code.

1. Federal 60-Month Time Limit

TANF limits the number of months assistance is paid out of TANF funds to any BG which contains an adult to 60 months in a lifetime. This is a nationwide time limit, which began on October 1, 1996.

2. TANF Assistance

TANF assistance includes any month for which:

- A. An FI benefit was received
- B. A family cap voucher was received
- C. A Work Experience Training Allowance is received
- D. Other forms of benefits (from a TANF funded agency) designed to meet a family's ongoing needs are received
- E. Support Services to an unemployed family is received.

20.16 Federal Time Limits

The following list details issues concerning the federal time limits:

- A. Child only cases are the primary exception to the TANF time limits.
- B. The law allows for 20% of the caseload to be extended due to hardship beginning in the year 2001. If one or more of the following criteria are met, an extension beyond the 60th month should be given due to hardship:
 - 1. A family member is a victim of family/domestic violence. In order to be eligible for this extension, an FI family member must be in a program supervised by a recognized domestic violence advocate. (CHIP extension code "HV")

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2. The family has an open case with Child Protective Services. (CHIP extension code "HA")
3. As a result of the Family Plan, an adult BG member is active in a recognized substance abuse treatment program. (CHIP extension code "HA")
4. The family has reached the federal time limit, but has not reached the State 24-month time limit due to months benefits were received in another state. Benefits may be extended to allow DSS to continue to work with the family in the Work Program until the State time limit is reached. (CHIP extension code "HA")

NOTE: This is an extension reason only. If an applicant is ineligible in another state due to a federal time limit, he/she must meet a SC time limit exemption to become eligible for FI.

5. An adult in the BG is working a full-time job (30 or more hours a week) but is still eligible for an FI cash benefit. (CHIP extension code "HA")
- C. Any TANF assistance paid in another state must be counted towards the TANF time limit.
 - D. Months counted towards the family's limit will be based on the adult, minor head of BG, or minor married to head of BG, who has received the most countable months.
 - E. A teen parent, under the age of 18, in an adult's case may apply for benefits independently even though the adult's cash benefits terminated due to time limits. (The time limit starts when the teen begins receiving his/her own check, turns 18 or graduates from high school, whichever comes first.)
 - F. Unless meeting a time limit exception, months in which the recipient is disqualified due to alien status, fleeing felon, drug conviction, or misrepresenting residence policy, does not count toward the federal time limits, but do count toward the state time limit. Sanctioned individuals in an open case count toward both time limits.
 - G. Months received as a dependent child do not count against the state or federal time limit if the individual applies as an adult.
 - H. Individuals or BGs may be under one or both time limits simultaneously, and may lose eligibility based on either state or federal time limits, whichever occurs first.

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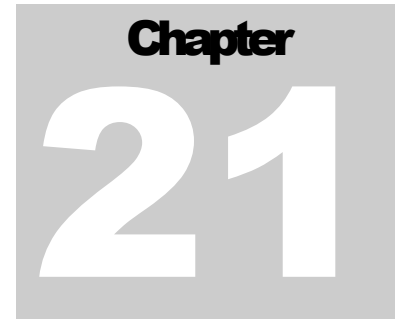
- I. Any month in which a family cap voucher or transportation is paid to an unemployed FI family not receiving an FI check due to less than 10 dollars, counts toward the federal time limit only. The following tracking codes must be used:
 1. Use tracking code "TO" on CHIP screen FITL when the case is open but zero benefits were issued and transportation assistance was provided.
 2. Use tracking code "FC" on CHIP screen FITL when the case was open but zero benefits were issued and a family cap voucher was provided.

1. Casemanager Review

When a family reaches cut-off in the 59th month of TANF Federal time limits, the case will be deauthorized and a CHIP alert will notify the ES that the case is due to close due to the Federal time limit. A review of the case must be conducted to determine that the months have been coded correctly on FAIP and if any of the hardship criteria exists.

If an individual's time limit tracking code was coded incorrectly, CHIP screen FITL must be corrected to add months back to the appropriate Federal/State time limit column and the case reauthorized. If the case was coded correctly and if one of the hardship criteria does exist, the extension code of "HV" or "HA" must be entered on FAIP and the case reauthorized. Benefits must be extended if any of the hardship criteria are met. The case must be reviewed, at a minimum, every six months.

If the case was coded correctly and the hardship extension criteria does not exist, close the case using CHIP code "FL" and send Closure Notice A-319.



Chapter 21

Job Development Functions

21.1 Introduction

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 replaced the previous Aid to Families with Dependent Children program with a program of block grants to states called Temporary Assistance for Needy Families (TANF). Under TANF, adults receiving assistance are expected to engage in work activities and develop the capability to support themselves before their time-limited assistance runs out. States are required to assist recipients in making the transition to employment. Also, they are expected to meet work participation rates and other critical program requirements in order to maintain their Sponsored Federal funding and avoid penalties. In South Carolina, the TANF program is known as Family Independence (FI).

In order to accomplish the mission of the Family Independence program, team work by the Job Developer, Supervisor, Case manager and client is imperative. The information in this chapter will be helpful in meeting the federal and state requirements.

1. Business Involvement in Welfare Reform

In order for Welfare Reform to be successful in South Carolina, local businesses, organizations, and government agencies will have to be involved in the Family Independence program. Involvement can take a number of forms, both in terms of how partnerships are structured and in terms of the business's or organization's role. Often these factors depend on where the partnerships originate and who is leading them. The following are some common approaches:

- A. Government-led efforts at the state and local levels sometimes take the form of tax credits and subsidies to businesses that hire welfare recipients.
- B. Welfare to work programs and community-based agencies generally try to develop relationships with employers to facilitate the hiring of welfare recipients.

- C. Individual employers tend to begin with their own workforce needs and look for ways to meet those needs while providing opportunities to welfare recipients.
- D. Non-profit and for-profit labor market intermediaries are likely to see their role as brokering between government and employers
- E. Job-readiness, education, and training programs often involve the business community in their design, to make sure they understand and meet the needs of employers and clients.

2. Community Partnerships

The following are groups with which partnerships should be developed:

- A. Government officials or members of task forces or commissions, who are involved in designing and overseeing welfare reform;
- B. Administrators and staff in public or contracted private agencies who are responsible for implementing and operating welfare-to-work programs;
- C. Non-profit or for-profit organizations that operate job placement programs and want to do a better job assisting welfare recipients and meeting the needs of employers;
- D. Employers who want to hire welfare recipients or be involved in other aspects of welfare reform;
- E. Business groups, such as Chambers of Commerce and industry associations, that want to establish or join welfare-to-work initiatives;
- F. Staffing agencies and other labor market intermediaries that see a role for themselves in bridging the public and private sectors and helping welfare recipients find jobs;
- G. Education and training providers that want-and need-to become more employer-focused in response to welfare reform;
- H. Community groups such as neighborhood coalitions and providers of low-income housing that want to help members of their communities find jobs and succeed in employment.

3. The Welfare Context

Many of those involved in business partnerships may be unfamiliar with the welfare world. Just as public sector partners need to learn about the needs of employers, other partners need to understand who is on welfare and how the

welfare system works---and get beyond the many myths and misconceptions that exist. Welfare recipients are a diverse group including people of different ages, ethnicity, education, work histories, and personal stories.

4. “The Hard to Serve”

Many welfare recipients have significant and/or multiple barriers to employment. These recipients are often called the “hard to serve” or “hard to employ.” While there is no universal definition, the hard to serve generally have one or more of the following characteristics:

- A. long-term welfare recipient;
- B. little or no work experience;
- C. low education levels;
- D. substance abuse populations;
- E. mental health problems;
- F. histories of domestic abuse;
- G. criminal records

It is important to recognize that while welfare recipients with these characteristics may be more likely than others to have difficulty finding employment, many will succeed (and others who do not seem at first to have significant barriers may have difficulty getting a job). Therefore, rather than using the characteristics listed above to define who is hard to serve, it makes more sense to allow these recipients to define themselves over time.

5. Building Public-Private Relationships

Relationships need to be developed over time. It helps to include business representatives, along with other partners in early discussions about the vision, strategy, and goals of the effort. Expand the discussion to include issues facing the business community. Rather than just looking for private-sector support for welfare-to-work programs, try to find win-win solutions—ways to help welfare recipients and strengthen businesses at the same time.

21.2 Job Developer Responsibilities

The county Job Developer (JD) is responsible for the development of employment opportunities for FI participants. Employment development is the process of locating and developing training experiences and job opportunities for Family Independence (FI) participants.

The job duties of the JD include the following:

- A. Develop and implement an employment, training, and placement strategy for each assigned county.

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- B. Work with employers and providers to develop part-time and full-time placements for FI participants and explore ways to remove unnecessarily rigid job entry requirements.
- C. Work with providers to develop opportunities for participants to obtain needed training and/or experience.
- D. Market the FI Program and its participants by developing a publicity/media plan for each assigned county.
- E. Create and maintain a mechanism that provides participants and case managers (CM's) access to, and awareness of, current employment and training opportunities for FI participants.
- F. Collect, compile, analyze and interpret labor market information that might be used to assist the JD, CM, and participant in identifying occupational demands and opportunities within the local labor market. Provide county DSS office with feedback on a regular basis.
- G. Coordinate with other state and local agencies - public and private - to identify job openings and collect information that could be useful in placing FI participants in work or training. Provide daily/weekly feedback to the county on job openings.
- H. Inform employers of, and vigorously promote, employer incentives for hiring FI participants, including state and federal tax credits, the On-the-Job Training (OJT) Program, Work Experience, and Community Service Programs.
- I. Meet with and assist other county FI staff in developing and using meaningful employability development/work force development techniques and approaches on behalf of FI job seekers. Meet regularly with county staff to learn what employment opportunities need to be developed
- J. Participate in case staffings upon request, when employment issues are difficult to resolve, focusing on the needs of the participant.

1. Call Planning

Call planning is the first step in the employment development.

The JD should prepare to contact employers using pre-call devices such as letters of introduction, including brochures and other printed materials describing FI program services. The JD should identify and focus their calls on the following types of employers:

- A. Small and medium size businesses that provide entry level employment opportunities;

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- B. Public employers that have frequent job openings requiring a high school diploma or less;
- C. Businesses that historically support programs similar to FI, such as Workforce Investment Act (WIA) programs;
- D. Businesses that request certification for federal and state employer tax credits;
- E. Any other employers with jobs that match the interests, experience and/or skills of specific participants.

1.1 Call planning includes the following actions:

- a. The JD should gather as much information about the employer as possible including product(s) or service(s), service area(s), work force size and occupations, organizational structure, etc.
- b. The JD should attempt to ensure that the FI participant pool can immediately (or eventually through short-term training) accommodate the work force needs of the employers they plan to call on.
- c. The JD should assist each assigned county in the development and implementation of a process with the capability to meet the time frame specified in the job order.

1.2 Start with a Prospect List:

- a. Use all resources to identify potential employers, organize your list by geographical area or other method, continue to prospect - this process never ends.
- b. To access employer use referrals and letters of introduction, telephone contacts, face-to-face contacts, Local Workforce Act (LWIA) meetings,
- c. Business-After-Hours, Chamber of Commerce, church contacts, Business Expos, etc.

1.3 Contact Your Prospects:

To make initial contacts, use a combination of tools. One of the tools you will use will be the telephone, to set up an appointment.

1.4 The Appointment:

- A. Ask for only 15-30 minutes, arrive early, come prepared, look neat and professional, introduce yourself, and begin building rapport.
- B. Communicate – Remember to listen – listen – talk – listen. Focus on their business, their hiring process and the employer's needs and problems.

- C. Your job is to learn, not to teach. Listen much more than you talk!
Exchange business cards.

1.5 Selling Tips:

- A. Sell yourself, believe in your product, be enthusiastic, and always ask the question;
- B. Know the facts about your product and service - assessment and job matching processes, number of successful placements, the benefit of your participant in comparison with a walk-in off the street, your Unique Selling Position (USP) - how you are different from your competitors;
- C. Focus on benefits not barriers like time and money savings, a ready-made interview pool, follow-up and counseling services;
- D. Increase in job retention, savings with OJT contracts and possible tax credits.

1.6 Closing the Deal:

- A. Get a starting date, be sure you agree on terms, negotiate contracts, identify points of follow-up, and make your next appointment.
- B. Say what you are going to do and do what you said.

1.7 Act on Purpose:

There should be a purpose for everything you do. Do nothing without a purpose and in all things that you do, know your purpose. For example, the purpose of direct mail is to make a phone call easier; a phone call is to set up an appointment; an appointment is to meet the employer; knowing the employer is to understand his problems; understanding problems is to develop a solution; developing a solution is to offer a benefit.

2. Employer Contacts and Outreach

Employer contacts should be made to identify job placement or training opportunities. Contacts should be made primarily through a face-to-face meeting with the employer.

Cold calls made by telephone, although considered direct contact, generally should be followed up with a face-to-face contact. Cold calls are first-time calls usually made for the purpose of establishing/generating interest and/or an appointment.

Job Developers should work through existing employer networks (workforce investment boards, chambers of commerce, faith-based organizations, local business organizations, etc.) in order to locate employers who are interested in accepting an FI placement.

The JD will schedule an interview with any employer who expresses an interest.

When an employer agrees to participate in the FI Program, the JD should take a job order containing at least the following information:

- A. Job title(s)

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- B. Name, address and telephone number of the business/agency
- C. Address and telephone number of the primary contact
- D. Job description(s)
- E. Date and number of job openings
- F. Shift hours and/or work hours
- G. Salary/wage and benefit information

3. Marketing

Marketing FI, a major activity in employment development, will have a significant impact on the overall success of the FI Program. "Marketing" is the managerial process for sending the right message to the right audience at the right time in order to elicit a favorable action or opinion.

3.1 Publicity/ Media Strategy

In marketing the FI Program, the JD must employ a publicity/media strategy that promotes a knowledge and understanding of FI, and should include FI goals and opportunities for employer participation. Approaches for employing a publicity/media strategy include the following:

- A. Develop printed materials such as brochures, pamphlets and newsletters targeting employers and other business-oriented organizations;
- B. Prepare and submit articles for the print media;
- C. Promote FI among the electronic media by way of radio and TV news items, talk show appearances, public service announcements, etc.;
- D. Make presentations to businesses and civic groups.

The development of all aspects of the FI publicity/media strategy should be coordinated with and approved by the county director in the assigned county.

4. Participant File

The JD should establish a manual or electronic participant file containing sufficient information to match participants with prospective employers based on their hiring needs and job specifications.

4.1 Participant File Content

The participant file should include at least the following participant information:

- a. Name
- b. Address
- c. Telephone number
- d. Date of birth

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- e. SSN
- f. Vocational skills
- g. Educational level
- h. Abilities
- i. Vocational interest(s)
- j. Barriers
- k. Training experience
- l. Work history.

4.2 Updating Participant File

The participant file must be updated immediately upon changes in a participant's circumstances. In order to ensure that changes are made timely, the JD and the county FI staff must establish and maintain a strict procedure for coordinating this function.

5. Job Bank (Employer File)

The JD must establish and maintain an employer file--manual or electronic (such as CERTS) - which contains employer information which will help to match participants with prospective employers based on the participant's employability characteristics and employer requirements.

5.1 Employer File Contents

Employer files should include at least the following employer/job information:

- A. Type of business
- B. Name and address of business
- C. Employer contact and telephone number
- D. Preferred vocational skills
- E. Preferred educational level
- F. Hours of work and shifts
- G. Employer's willingness to participate in:
 - 1. Work Experience Program (WEP)
 - 2. On-the-Job Training (OJT)
 - 3. Vocational training
- H. Hourly wage/salary range
- I. Benefits.

5.2 Updating Employer Files

Employer files should be updated immediately upon changes in job openings and specifications.

5.3 LMI Sources

Sources of labor market information (LMI) include, but are not limited to the following:

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- A. SC Department of Employment and Workforce (DEW)
- B. SC Department of Commerce
- C. Local Economic Development Authority
- D. Local Private Industry Council
- E. Local Chambers of Commerce
- F. Business organizations/associations

6. Interagency Coordination

For the purpose of developing employment and training opportunities for FI participants, the JD should maintain ongoing relationships with at least the following agencies:

- A. SC Department of Employment and Workforce (DEW)
- B. Department of Vocational Rehabilitation
- C. Department of Alcohol and Other Drug Abuse Services
- D. Area technical education colleges
- E. Local school district(s)
- F. Local housing authority
- G. Local health department
- H. Local Work Force Development Boards (Private Industry Councils)

7. FI Core Employment Activities

FI program components include the following core work activities – unsubsidized employment, subsidized employment, community service program, work experience, on-the-job training (OJT), job search, job readiness, and vocational education and training. All program components must be supervised daily and monitored monthly for attendance of scheduled hours. In addition, education and training activities must be monitored for satisfactory progress at periodic intervals.

21.3 Job Search

Job Search is a structured activity carried out over a defined time period during which the participant must complete job contacts.

Job search and job readiness may be assigned as appropriate and recorded in PATS, but the combined hours of job search and job readiness assignments will count toward the work participation rate for no more than 4 consecutive weeks.

The Job Search and Job Readiness Assistance activity has a limit of 20 hours per week for a single-parent with a child under age six and 30 hours per week for all other work-eligible individuals in a 12 month period,(240 hours or 360 hours of job search/job readiness total).

Assignments to any additional hours of job search and/or job readiness which are allowed in a 12 month period should be made in conjunction with other program activities, when appropriate or necessary, so that both the core work activity requirement and the participation requirement are met.

1. Overview

Job developers must work with public and private providers of job development/job placement services, including South Carolina Department of Employment and Workforce (DEW), the Workforce Investment Board (WIB), and local Departments of Economic Development to facilitate job development and job placement.

2. Outcome of the Job Search

A participant must accept a bona fide offer of employment. Participants who refuse to accept a bona fide offer of employment will be sanctioned.

If the participant finds full-time employment paying at least minimum wage, the job search will terminate.

If the participant finds part-time employment paying at least minimum wage, the Case Manager and/or JD may decide whether to terminate the job search or require the individual to continue looking for full-time employment. The participant will be required to fully participate in other work activities designed to assist her in obtaining full-time employment.

3. Assignment to Job Search

All FI WEI's that are not employed full time, including participants who are self-employed must be placed into job search. The length of the job search assignment will depend on the type of job search and the point in the month at which the assignment is made.

The job search for a participant already enrolled in a self-initiated education or training program may be waived if:

- A. the participant has been enrolled in the education or training for at least one grading period;
- B. the participant is satisfactorily enrolled and is meeting all requirements of the activity;
- C. the education or training is related to a specific employment and/or occupation;
- D. the participant can complete the education or training within one year (12 months). The exceptions outlined in b. and c. above do not remove the requirement that a client fully participate in FI. It does allow the CM flexibility to modify the job search requirement in order for the participant in self-initiated employment or training to find employment which will fully meet the work requirement.

4. Elements of the Job Search Component

When developing the Job Search assignment, the worker must incorporate the following elements based on the participant's needs:

- A. Techniques to help the participant identify good work attitudes, strengths and job skills/transferable skills;
- B. Job seeking skills to train the participant to successfully seek and obtain appropriate employment. This instruction/ guidance will enable participants to market themselves in a job interview and on the job; Subjects include, but are not limited to, development of job leads, job interviewing techniques, discussion of local labor market information, employer expectations, and accurate completion of applications;
- C. Activities and opportunities for the participant to build self-esteem. A group setting is one of the best ways to build self-esteem. Brief periodic meetings may be held to allow the group members an opportunity to report progress, discuss problems and receive specific help with job search techniques;
- D. Use of the telephone as a primary employer contact to develop job leads and obtain interviews. Developing and writing a good phone script and practicing employer contacts will be an effective aid for the participant in the job search.

5. Employer Contacts

The participant has the responsibility to arrange the number of job interviews or submit applications/resumes. The CM provides support and direction in these areas throughout the job search assignment. If, however, the individual has a verified disability or language barrier that limits the ability to arrange for the job contacts, the CM must assist the individual in arranging for these contacts, reduce the number of contacts, or both.

To qualify as an employer contact, five conditions must be met:

The participant must present herself to an employer as being available for work:

- A. The place of employment must be geographically accessible to the client on a regular basis. Contact with an employer located in another community or state out of commuting range from the client's place of residence will not count as an employer contact;
- B. The employer must ordinarily employ persons in areas of work for which the participant is reasonably qualified by means of experience, training or ability;
- C. The participant cannot count the same employer more than once during a given job search period unless she applies for different positions; and

- D. All participants must register with the nearest One-Stop Center (SCDEW). Registration with the One-Stop Center will be considered one employer contact.

6. Types of Job Search

There are two types of recipient job search: Group Job Search, and Individual Job Search. They are both supervised daily.

Group job search brings participants together for group activities and/or classroom instruction related to job search and job retention. Classroom instruction provides the participant with sound skills for finding and keeping employment. The participant in group job search is bound by the participation requirements of the specific group activity. The number of weeks and employer contacts required of a participant in group job search cannot be less than the requirements of individual job search.

Individual Job Search is job search carried out by the participant. For individual job search to be successful, it is necessary for the CM and/or JD to assist the participant in understanding the elements of a successful job search. At a minimum, the JD should assist the client in developing a resume, in learning how to accurately complete a job application, and in utilizing proven job seeking methods and interview techniques.

The following steps will help prepare a job seeker for a successful job interview: While this document was prepared specifically for a situation in which a job placement staff person set up the interview, many of the tips also apply when the job seeker has scheduled the interview.

- A. Start with a good match. You must first make a good decision in sending a person on a given interview. Consider whether or not the position meets the candidate's skills, interests and logistical needs (such as proximity to public transportation).
- B. Review with the job seeker in advance. Meet with the job seeker before the interview to review the position, its duties and any thoughts you have about what this particular employer is looking for in an employee.
- C. Do a mock interview. It's always a good idea to run a mock interview with the candidate to simulate the questions that will likely arise during the interview. This will help the job seeker to build confidence and to practice appropriate responses.
- D. Go on a test run to the interview site. If a candidate is unsure of the exact location of the job interview or is nervous about the timing, encourage him or her to go on a practice run to the interview site at the same time of day that the interview is scheduled for (and during the work week if possible). This will enable the job seeker to best estimate the amount of

time required to get to the interview site as well as to determine the best route.

- E. Check the candidate's wardrobe. If a candidate does not have adequate clothes for the interview, help him or her acquire an appropriate outfit through a church, clothes pantry or other resource.
- F. Prepare references. The candidate should have three employment references that the employer can call. Make sure that you and the job seeker have called these references in advance to confirm them and to clear up any misunderstandings or neutralize any negative experiences that may have occurred.
- G. Review the time schedule for the interview day. Make sure that the job seeker plans to arrive at the interview 30 minutes before the scheduled time to allow for any unexpected delays.

7. Drugs and Drug Screening Issues

It is our goal to refer the most appropriate clients to employers for job interviews and training. In that regard, it is important that we educate and prepare our clients on issues surrounding the use of alcohol and drugs and drug screenings conducted by employers.

The following outline provides guidance on emphasizing client education and awareness and on what specific actions should be taken when a client refuses to accept a job or job referral or fails an employer's drug test.

7.1 Education and Awareness

Counties should include drug use and drug screening discussion in Job Club with emphasis on: what qualifies as a drug; what is involved in a drug test; how drug use can impact the ability to gain employment; and how a referral to the Department of Alcohol and Other Drug Abuse Services (DAODAS) will be appropriate if drugs are a barrier to self-sufficiency.

JD's should stress drug issues related to employment and training and make clients aware of employers and worksite providers who intend to conduct a drug test. Counties should collaborate with local Alcohol and Other Drug (AOD) Commissions and other local providers (professionals and experts) in providing education on drug use and drug screening issues.

7.2 Impact of Drug Screen Results

If a client fails a drug screen, the Case Manager should revise the Family Plan to reflect a referral to the local AOD or other AOD approved providers for an assessment. If a client refuses to be assessed by DAODAS, the CM should begin the conciliation process. If a client refuses to sign the release form and/or refuses to go to a job and/or training opportunity interview (where an offer of

employment is contingent on passing a drug test) without good cause, the CM should explore the issue of alcohol and drugs as a barrier to self-sufficiency and determine if there is justification for a referral to DAODAS for an assessment. If so, the IEP should be revised to reflect the referral to DAODAS for an assessment. If drugs are seen as a barrier and the client refuses to be assessed by DAODAS, the CM should begin the conciliation process. It is important for clients to understand that SCDSS is in no way requiring them to undergo a drug screening test and that the client is knowingly volunteering for a test, in the context of satisfying a potential employer's criteria, in order to move forward toward the goal of self-sufficiency.

21.4 Job Readiness

The purpose of job readiness training is to prepare the participant for employment or other work activities so that the client can be competitive and succeed in the labor market. Job readiness training may be offered before, in conjunction with or after the job search assignment. While assignment to job readiness and/or job search should be based on the needs of the client, the combined hours of job search and job readiness assignments will count toward the work participation rate for no more than 4 consecutive weeks. The Job Search and Job Readiness Assistance activity has a limit of 20 hours per week for a single-parent with a child under age six and 30 hours per week for all other work-eligible individuals in a 12 month period, (240 hours or 360 hours of job search/job readiness total).

Assignments to any additional hours of job readiness and/or job search which are allowed in a 12 month period should be made in conjunction with other program activities, when appropriate or necessary, so that both the core work activity requirement and the overall participation requirement are met.

Job readiness training includes activities to assist the participant in program participation by helping her recognize and overcome personal and family problems which may be a barrier to accomplishing her employment and training goals. Job readiness activities also prepare the participant for work by assuring that she is familiar with general work place expectations, work behaviors, and attitudes necessary to compete successfully in the labor market. Job readiness should also address the economic benefits of going to work. These include wages above the TANF grant, and the Federal Earned Income Tax Credit.

Job readiness topics may include, but are not limited to, communication skills, life skills, motivational training, problem solving, assertiveness, nutrition, money management, time management training and other activities that enhance specific work place expectations and behaviors.

The following core employment activities are the primary responsibility of the JD to create, implement and monitor for compliance.

21.5 UNSUBSIDIZED EMPLOYMENT

1. Full Time Employment

Unsubsidized full-time employment is employment for which no government funds are used to directly subsidize the individual's salary. Full-time employment is employment of 30 hours per week or greater. A participant employed at least 30 hours per week and earning at least minimum wage is not required to participate in any other FI assignment, but she must respond to all correspondence from the case manager and keep all scheduled appointments for redeterminations.

2. Part Time Employment

Part-time employment is employment of at least 10 hours, but less than 30 hours per week, at which the participant earns at least minimum wage. A participant working part-time must be assigned to job search at least every three months, but may be assigned more frequently as needed. The job search assignment will count toward the required 35 hours of participation. If the maximum 12 weeks of job search/job readiness have already been met in terms of federal reporting, the additional hours will not be reported or counted in determining the agency's participation rate.

In addition to periodic job search assignments, a participant employed part-time must be assigned to a concurrent program activity.

3. Self-employment

If a participant becomes self-employed, the participant must provide documentation to show she is legitimately engaged in self-employment. The information could include, but is not limited to the following information: the kind of business, location, hours of operation, source of funding, prospective customer base, earnings, business license, if applicable, and lease or agreement if space is rented. If a participant enters the FI program and states she is self-employed and has been self-employed for less than a year, the participant must provide the above documentation including copies of rent receipts, appointment books or any other documentation that will show the participant is engaging in a legitimate business.

If the participant states she has been self-employed for a year or more, a copy of the previous year's income tax return will suffice to show that the participant is engaged in a legitimate business.

If the tax return is provided and the worker is satisfied with the documentation, the up-front job search can be waived if the participant is engaged in self-employment for 30 or more countable hours of self-employment per week.

For self-employment to be a countable activity for FI, the participant need not earn minimum wage. The countable hours are the number of hours derived by dividing the gross income by minimum wage, after deducting business expenses.

21.6 SUBSIDIZED EMPLOYMENT

1. Sponsored Employment Program (SEP)

Subsidized employment is employment in which government funds are used to directly subsidize the participant's wages. Subsidized employment is designed to provide training while the participant works on the job. The Sponsored Employment Program is a work activity in which a participant is placed in a public or private sector job and is paid an hourly wage for the work done. The Department of Social Services will pay the employer a predetermined, fixed stipend per month. TANF benefits are not paid to the participant during the time the employer is receiving a stipend except when the participant has not worked his scheduled hours for reasons beyond his control.

2. The Goal of SEP

The overarching goal of this work activity is for the employer to retain the participant at the completion of the training period. The placement should provide the participant the opportunity to gain work experience, develop job skills and enhance work place social skills. To increase the likelihood that the participant will be hired on a permanent basis for the job and to promote further SEP placements with the employer, the worker should make every effort necessary to insure that the participant's skills, abilities, and interests are a good match for the job description for the placement.

SEP Placements - FI participants who have been unsuccessful in obtaining unsubsidized employment and have been referred by the FI Case Manager following an extensive assessment will be screened for placement with a SEP employer.

SEP placements are required, at a minimum, to work a monthly average of at least 20 hours per week. FI participants in a SEP placement of 20 hours a week must also be assigned to 15 hours in another work activity.

3. Suitable Placement Sites

If the JD does not have a suitable SEP or on-the-job training placement available, the participant will be immediately screened for placement in a suitable work experience site.

Suitable is defined as follows:

The worker has evaluated a good match between the participant's skills, abilities, and interests and the position description;

The employer agrees to provide needed training to do the job; and

The net monthly wages (take home pay) estimated by the employer exceed the amount of monthly TANF benefits the participant was last paid. The JD can obtain the most recent TANF payment amount by accessing the participant's TANF payment history in CHIP or by contacting the FI Case Manager.

4. Criteria for the SEP Participant

- A. The participant must be able to perform the minimum requirements for entry into the job and be capable of performing the duties of the job with the provision of training by the employer at the end of the placement.
- B. The participant may participate in SEP more than one time but must not have been previously sanctioned while assigned to a SEP placement.
- C. A participant cannot enter an SEP placement if she is in the process of being referred for a 2nd or 3rd sanction.

If the participant has been referred for a 1st sanction and an SEP placement is available and the participant signs the Sponsored Employment Program Agreement prior to the effective date of the sanction, the 1st sanction can be avoided. For a participant in a first sanction, a participant may be referred for SEP participation. As long as the fixed period has been served, the SEP assignment is the verified act of compliance and the sanction may be lifted.

5. FI Referral to SEP Work Site

More than one participant may be screened and referred to an employer for an interview for the SEP positions.

The JD should complete the FI Referral to Work Site form to be given to each referred participant to take to the job interview.

After the employer indicates his selection on the participant's FI Referral to Work Site form and signs the Sponsored Employment Program Agreement for the participant's placement, the participant is to be assigned to the SEP position on the IEP and in PATS.

The JD will complete the Sponsored Employment Program Communication Form and forward it to the CM as notification of a SEP placement. The eligibility specialist is responsible for updating CHIP to pay the employer's stipend in place of the TANF grant as indicated on the Sponsored Employment Program Communication Form from the JD.

If a participant does not attend the employer interview, the JD must contact the participant to determine if good cause for the missed interview exists. The FI Notice of Sanction/Termination can be used for the purpose of contacting the participant. If the participant does not respond and/or good cause does not exist; the JD will notify the CM, who in turn will notify the ES in writing, to send an Adverse Notice of Proposed Action to sanction the participant.

NOTE: Only one person in a TANF household can be in SEP at any time. If a participant transfers to another locality, the SEP Agreement will be terminated.

6. Criteria for the SEP Employer

SEP placements may be established in public or private sector employment.

The employer must offer employment of not less than 20 hours per week at minimum wage or greater. The position offered must meet the definition of a suitable placement. Wages paid to SEP participants must be the same rate as paid to other employees who perform the same work and who have similar experience and tenure.

The employer must pay SC Unemployment Insurance tax for its employees. SEP participants may qualify for unemployment benefits if not retained as a permanent employee. Eligibility for such benefits must be determined by the SC Department of Employment and Workforce (DEW) on an individual case basis. Former SEP participants not hired permanently should be encouraged to apply.

The employer must offer a position in conformity with section 3304 (a) (5) of the federal Unemployment Tax Act which requires the following:

- A. The job offered cannot be available as a result of a strike or labor dispute;
- B. The job cannot require the employee to join, nor prohibit the employee from joining, a labor organization;
- C. The SEP participant cannot be used to displace regular workers.
- D. The employer must agree to pay the participant through his payroll system.
- E. The employer agrees to pay his share of the premiums for Social Security contributions, unemployment insurance, and worker's compensation related to the participant's wages.
- F. The employer must sign an FI Sponsored Employment Program Agreement for each participant employed in a SEP placement.

The Sponsored Employment Agreement includes:

- 1. The amount of the employer stipend;
- 2. The skills and equipment operations the participant will learn;
- 3. The hourly wage, number of hours per week the participant is expected to work, and estimated net monthly wages.
- 4. The duration of the placement and the conditions under which it will end;
- 5. Conditions under which the employer must repay SEP reimbursements;

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6. Provisions regarding termination of the SEP Agreement; and
7. Responsibility of the employer to report when a SEP participant works less than an average of 20 hours per week. If the agreement is not in effect for a full calendar month, the participant must have worked an average of at least 20 hours per week for the number of full weeks the SEP agreement was in effect during the month.

Example 1 – A participant begins employment on the July 13. Since the agreement is in effect for less than a full month, the ESW will determine the average number of hours worked by dividing the total number of hours worked by the number of full weeks (2). If the participant worked 48 hours during the period from July 13 -31, the average number of hours worked per week is 24 ($48 \div 2 = 24$).

Example 2 – A participant is employed for a full month. The employer reports that the participant worked for a total of 84 hours during the month. The average number of hours worked per week during the month was 21 ($84 \div 4 = 21$). When the participants are working at a local government agency or not-for-profit agency, the agency's insurance must cover any claims not covered by Medicaid.

The SEP employer must also agree to the following:

1. Provide on-the-job training to the degree necessary for participants to perform the duties of the job;
2. Provide sick leave, holiday, and vacation benefits to participants to the same extent provided to other employees performing the same work and having similar experience and tenure;
3. Maintain healthy, safe working conditions at or above levels generally acceptable in the industry and no less than those in which other employees perform the same work;
4. Agree not to discriminate against any person, including program participants, on the basis of race, color, sex, national origin, religion, age, or disability.
5. In addition to completing the FI Sponsored Employment Agreement, the JD will require the employer to fill out the Request for Taxpayer Identification Number and Certification Form (IRS Form W-9). File the completed form in the case record.

7. Payments to the SEP Employer

The employer stipend is a reimbursement for participation in SEP. The stipend is issued for each month of SEP participation. Two types of payments are made to an employer.

Stipend - The employer stipend is a predetermined, fixed amount of \$300 paid monthly. Stipends are paid beginning the month after the participant enters a SEP placement. SEP stipends are issued for six consecutive months, unless notified by the ES to discontinue the payments. In no instance are stipends to be paid for more than six months.

The JD is responsible for notifying the eligibility worker within five working days of making a SEP placement. Upon receipt of notification from the JD that the participant has entered a SEP placement, the eligibility specialist will complete the required CHIP screens to stop the participant's TANF payments and start the employer's stipend payments. The employer's stipend will be mailed on or about the first day of each month.

Using the Sponsored Employment Program Communication Form, the JD must notify the ES when a SEP placement is made and when changes occur during the placement including the need to issue a supplemental TANF payment, issue a replacement check to the employer, terminate the SEP placement, or reinstate TANF benefits upon completion of the placement.

Bonus- The bonus is a predetermined, fixed amount of \$500 paid to the employer if the participant is hired on a permanent basis at any time during the six-month placement period or within 30 calendar days after the placement has ended.

8. Limitations on Payments to the Employer

No employer will be paid a stipend unless the county Department of Social Services has a signed and completed a Sponsored Employment Agreement.

The employer will receive a stipend only when the participant was paid for at least 30 hours per week or an average of at least 30 hours for the number of full weeks the agreement was in effect during that month. The CM must be notified within five days that the 30 hour minimum was not met and whether a supplemental payment should be issued to the SEP participant.

The employer may receive one bonus payment per FI participant. A bonus payment cannot be issued in the same month as a monthly stipend. For example, if the last stipend payment is issued in October, the bonus will be issued in November.

9. SEP Participation

The JD will track participation by conducting a SEP follow-up by the fifth day of each month for the previous month.

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This is to be accomplished by contact with the employer to verify that the participant is satisfactorily continuing in the placement and is meeting the minimum requirements for the job, including working at least 30 hours per week or an average of at least 30 hours during a month.

The JD should also discuss any concerns the employer may have regarding the participant's performance or attendance. Hours of participation will be verified by the employer's statement. In any case, monthly contact with the employer should be part of the follow-up process to insure that the employer's needs are being met, to maintain rapport with the employer, and to insure the likelihood of future SEP placements.

The employer contact may be written or verbal. In either case, the ESW must obtain the information requested on the Attendance/Performance Rating Sheet. If the information is to be obtained in writing, the JD may provide the employer with a six-month supply of the form at the time the SEP Agreement is signed. If the contact is verbal, the JD should record the information obtained on the Attendance/Performance Rating Sheet.

If the employer recommends the termination of the Sponsored Employment placement, the JD will document the reasons in the contact log for the recommendation, determine if there are grounds for sanctioning the participant, and, if grounds exist for sanctioning, the CM will notify the ES to send the participant a FI Notice of Sanction/Termination. If grounds for sanctioning do not exist, the CM will reassign the participant to another work activity.

Employers will automatically be issued the stipend through month six unless cancelled by the JD. If the JD determines that the employer was not entitled to the stipend received for the prior month, the JD will inform the employer of his responsibility to return the check. The employer is ineligible for a stipend for any month in which the SEP participant did not work an average of at least 30 hours per week during the month. The stipend or, if the check has been cashed, a check issued by the employer should be sent to the SC Department of Social Services, Division of Finance, P. O. Box 1520, Columbia, SC 29202-1520.

If a check from the employer is used to repay the stipend the employer should reference the participant and the case number on the check. If the employer does not return the check, the DSS may pursue civil action.

The participant may work additional hours beyond the number listed on the FI Sponsored Employment Agreement. Overtime hours can be required by the employer, but only to the extent that they are required of other employees with similar positions and experience.

Whenever possible, SEP placements should begin at the first of the month.

This will allow the SEP participant to receive maximum wages to prepare financially for the suspension of TANF benefits during the SEP placement. Under no circumstances can a placement begin during the last 11 days of the month. At a minimum, the participant must have worked at least one full week for at least 30 hours for the employer to qualify for a stipend.

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For example, a participant's placement begins on April 19. The employer may qualify for a stipend for each placement month (April through September). Stipends are paid on or about the first day of the month following the month of participation, e.g., May through October in this example. If the participant does not work at least one full week for a minimum of 20 hours, the employer will not receive a stipend for participation in April.

10. SEP Employer Outreach

Case Managers should work through existing employer networks (workforce investment boards, chambers of commerce, faith-based organizations, local business organizations, etc.) in order to locate employers who are interested in accepting a SEP placement. The JD will schedule an interview with any employer who expresses an interest.

The JD will explain SEP to the employer and the advantages of entering into a SEP agreement. In addition to the reimbursement to the employer, the JD should discuss Work Opportunity Tax Credits, the supportive services FI offers to help the participant be successful on the job, and the case management services in place to support the participant's efforts.

The employer should complete a Work Site Position form. The information obtained from this form will be used to screen participants for the SEP position(s).

If a regular employee at the SEP place of business feels that he/she has been displaced and the situation should be handled through the employer's grievance process.

11. SEP Assignment

Once the agreement is signed, the JD will meet with the participant and CM to develop a new Employment Plan and to arrange needed supportive services. At a minimum, the Plan must include:

- A. Name and phone number of the SEP supervisor;
- B. Place of employment;
- C. Days and hours of work, and hourly pay the participant will receive;
- D. Notice that the participant must call the SEP placement supervisor and the JD if the participant will be absent from work;
- E. An explanation that the participant's monthly TANF benefits will be stopped for the duration of the placement, except when the participant was unable to complete the scheduled hours for a reason beyond his control, and that wages received from the SEP employer will be counted in Supplemental Nutrition Assistance Program (SNAP).
- F. Notice that the participant has the right to appeal the suspension of the participant's TANF benefits.

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- G. The CM will explain the benefits of the Earned Income Tax Credit (EITC) to the participant.
- H. The CM should assist each participant in applying with the employer to receive a monthly advance EITC payment.

12. Supplemental Payments to the SEP Participant

A supplemental payment is to be issued to the participant if monthly earned income is less than the frozen TANF benefit amount and good cause exists. Good cause includes circumstances beyond the participant's control, such as but not limited to, loss of childcare, transportation, illness of the SEP participant or a family member, or another emergency situation. Good cause is determined by the JD in concurrence with the CM. The supplemental payment to the participant will be calculated in CHIP based upon gross earnings received in the month being supplemented.

21.7 ON-THE-JOB TRAINING (OJT)

On-the-Job Training (OJT) is a full-time subsidized employment training activity in the public or private sector that is given to a paid employee engaged in productive work and provides knowledge and skills essential to the adequate performance of the job. On-the-job training must be supervised by an employer, work site sponsor, or other responsible party on a daily basis.

Participants in DSS/OJT are compensated at the same rate of pay, including benefits and periodic increases, as other employees performing the same job function. DSS/OJT participants must earn at least the Federal Minimum Wage. In return for providing intensive supervision and training for the participant, the employer will receive a wage subsidy to compensate for the additional employment costs and the trainee's nonproductive time. Fifty percent of the trainee's gross wages for the period of the contract will be reimbursed to the employer. At the end of the contract period, the employer should have a well-trained and "experienced" employee.

OJT is skills training provided by an employer at an employer's place of business, and may be combined with classroom training. On-the-Job-Training contracts should be written for occupations that have a high potential for sustained demand or growth.

A DSS/OJT contract is generally approved for six (6) months or 24 weeks, with a possible extension up to an additional 30 days.

The Family Independence Program authorizes the creation of two kinds of full time OJT's:

1. Learning new skills
2. Wage progression with new job duties

1. OJT Standards

Except as described under the “Limitations” section below, private employers, public agencies and private or non-profit companies or corporations are eligible to participate as an employer in OJT.

Wages for an OJT contract must start at minimum wage. (Counties may establish higher wage standards for their local areas).

Wages are monies paid by an employer to an employee for work the employee performs, and may not include tips or commissions, for reimbursement under the OJT contract. The employer shall provide the employee with Unemployment Insurance (UI) coverage and any other benefits required by law. The employee will receive benefits at the same level and extent provided to other persons similarly employed by the employer. The employee cannot start work or training until all parties sign the OJT contract. All On-The-Job contracts are written for full time work and full time training with full time defined as 30-40 hours per week. FI reimburses employers for a portion of the employee's wages during the OJT, which may last from one to six months but typically lasts between six and twelve weeks. Normal wage increases must be built into the OJT original contract prior to signature. Any overtime work that an employee engages in while under a signed contract will not be reimbursed.

The FI OJT contract (DSS Form 3768) will list specific occupational skills to be learned for enhancement or wage progression. The County Director must review and approve the OJT contract prior to signature between the following:

- A. DSS representative (JD)
- B. Employer
- C. DSS staff may ask the employee to sign to acknowledge the contract.

The County Director reviews the agreement to ensure it:

1. Contains a detailed description of training to be provided by the employer
2. Specifies skills to be learned and the time required to learn them
3. Provides that the OJT contract starts at a minimum of **\$7.25** an hour
4. Complies with OJT policy.

Any request for an exception to the OJT policy must have the prior approval of the Circuit Coordinator and/or Family Assistance at the State Office. The approved exception and rationale for approval must be documented and a copy of the exception and circuit approval must be attached to the original contract.

2. Wage Progression OJT Standards

A wage progression OJT is used when individuals have the opportunity to increase their earning potential. A wage progression OJT must meet the following conditions:

- A. A wage progression OJT can be used to move an employee from part-time employment to full-time employment if the other conditions are met.
- B. A wage progression OJT should successfully place an employee in a full-time position or job with increased wages, or benefits, along with new job duties (skills) to be acquired.
- C. A wage progression OJT can be developed with a different employer or in a new position with a current employer, by requiring the employee to learn specific new occupational skills.
- D. Key skills must be identified in the OJT as being essential to attaining a wage progression.

3. Responsibilities of the Employer

In the DSS/OJT Training Contract, the employer agrees to:

- A. Provide proper training and supervision of the trainee
- B. Maintain attendance, performance, and time records, and to submit properly completed invoices and records to DSS
- C. Contact the DSS representative if a decision is made to terminate the trainee during the training period
- D. Compensate the trainee with benefits and wages at the same level of similarly situated employees, but not less than the Fair Labor Standards Act requirements
- E. Retain the trainee at the conclusion of the contract in a full-time, unsubsidized job, provided the trainee performs satisfactorily during the contract period. The trainee cannot be terminated solely because the DSS/OJT contract period ends.

The employer may not displace any current employee through the use of the DSS/OJT program. If it is discovered that the employer violated this policy, no more contracts shall be signed with that employer, and violations may be reported to:

US Department of Labor
Wage and Hour Division
Strom Thurmond Federal Building
Columbia, SC 29201
Phone: (803) 765-5981 1-866-4USWAGE

4. Employer Participation and Reimbursement

Employers must be involved in the OJT construction so they understand the purpose of the OJT and their training responsibilities.

They should be consulted regularly on employee's progress and the outcome of the OJT. The employer is expected to retain the employee, unsubsidized, at the agreed-upon wages through the completion of the OJT contract. To determine if Family Independence may create a contract with an employer, you must determine how many subsidized workers and how many unsubsidized workers the employer currently has employed. DSS cannot write a contract if that results in more than 25% or 1 in 4 of the employer's workforce being subsidized. (In determining subsidized workers, consider all programs that may subsidize workers, such as WIA, Veteran programs or others). To contract with a company above the 25% level requires an approved exception by the FI Policy Division. There must be sufficient supervision for each participant in an OJT slot to ensure each worker receives the contracted training.

All reimbursement made to the employer must be supported by business receipts, time and payroll records, and other records normally kept by the employer. Reimbursement invoices and timesheets must be signed by both the employer and the employee. The original time sheets and copies of invoices must be attached to the voucher for employer reimbursement. Employers can be reimbursed for up to and including 50 percent of the total gross wages for regular hours of work and 100 percent of the initial starting wage for pre-approved release time for training. If the conditions for employment or wages change, the contract must be modified before DSS will agree to the new conditions or reimburse the employer.

5. Monitoring progress

The JD must monitor the employee's progress regularly to ensure all OJT training objectives are being met and that all parties remain satisfied with progress. For the first month of an OJT contract, JD will make weekly on-site visits to the employer and maybe more frequently if the employer and the JD mutually agree. After the first month, monthly on-site visits must occur.

Each job site visit must be documented to show the employee's progress towards meeting the goals of the OJT, including other issues or concerns raised by the employee or the employer and their solutions. All monitoring contacts must be documented including reasons an OJT contract is terminated early.

6. OJT Limitations

If the OJT employer fails to pay the employee wages or the employee's paycheck fails to clear the bank due to insufficient funds, FI funds may not be used to compensate for the loss.

The following employers may not participate in an OJT contract:

- A. Any firm or industry in violation of federal, state or local labor laws; or
- B. Employers involved in a strike, lockout, or other unusual labor condition.
- C. An employer may not hire an individual under an OJT contract if:
 1. The employee is a member of the employer's immediate family

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2. A member of the individual's immediate family is engaged in an administration capacity for the contracting agency.

The OJT assignment may not result in:

- A. The displacement of employees already working for the employer
- B. Be used to fill a position for which any other employee is on layoff from the same or any equivalent positions
- C. Where the employer has terminated the employment of any regular employee or otherwise reduced its workforce with the effect of filling the vacancy with an OJT trainee.
- D. (The term “displacement” includes alteration of an employed worker's job resulting in the reduction of skill, content, salary, or promotional opportunity).

OJT training will not be approved for the following applications:

- A. Related to political, electoral or partisan activities
- B. Depending on a commission as the primary source of income, such as real estate sales
- C. In which funding for training is available from other sources, such as certified nurse attendants
- D. An OJT contract may not conflict with a collective bargaining agreement that applies to the specific OJT position or occupation.
- E. The OJT employee will not replace a laid-off employee from the same or any substantially equivalent job or a terminated regular employee with the intention of filling the vacancy so created with an OJT employee.
- F. The OJT employee will not displace any current employees, including partial displacement such as reduction in hours, wages, or employment benefits.
- G. The OJT employee will not be involved in political activities during work hours.
- H. The OJT employee will not construct, operate or maintain a facility used or to be used for sectarian instruction or as a place of religious worship.
- I. The Employer's hiring procedures will not discriminate against any individual on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief.
- J. The working conditions will not be unsanitary, hazardous or dangerous per OSHA laws.
- K. The OJT contract will not impair existing contracts for services or collective bargaining agreements.
- L. The OJT employee must not be related to the supervisor or owner's family.

7. On-the-Job Training Job Developer Responsibilities

The FI Job Developer:

- A. Negotiates expectations, length, content and employer reimbursement regarding the proposed OJT with the employer and employee
- B. Negotiates contract extensions
- C. Provides copies of DSS-3768, OJT Training Contract and DSS-3767, OJT Training Agreement to the CM
- D. Participates in case staffings
- E. Provides Business Manager with copies of DSS-3769, Monthly Invoice
- F. Coordinates the referral of FI participants to OJT providers in his/her service area
- G. Conducts contract follow-up
- H. Works with local OJT providers to promote the OJT Program among FI employers
- I. Explains and ensures that the providers understand the Provider Agreements and Performance and Attendance Reports
- J. Assists providers with the development of each training outline. Monitor each trainee's progress and lead the resolution of any problems that occur
- K. Collects biweekly attendance forms from providers as designated by county (DSS Form 3769)
- L. Notifies the CM that an OJT has been constructed so the Employment Plan can be updated.
- M. Monitors and documents the individual's performance, requesting support services when necessary
- N. Maintains the signed original agreement in the local office for the current federal fiscal year and three additional fiscal years

21.8 UNPAID EMPLOYMENT/TRAINING

Both Work Experience (WEP) and Community Service (COSP) placements are unpaid and must not exhibit an employer-employee relationship between the provider and the trainee. Although WEP and COSP are unsalaried, the federal Fair Labor Standards Act (FLSA) requires that FI recipients who are required to participate in those activities be compensated for their hours of participation. FLSA allows compensation to be provided in the form of FI benefits, SNAP, or any other benefit a family might receive due to their economic status.

JD Responsibilities for Work Experience and Community Service

The responsibilities of the JD include the following:

- A. Serve as the primary FI contact person for WEP or COSP providers
- B. Develop the WEP and COSP placement opportunities
- C. Ensure all agreements are completed

**DSS form 12119 & 12120 for Community Service
DSS form 1246 & 1266 Work Experience**

1. COMMUNITY SERVICE PROGRAM (COSP)

Community Service (COSP) is a structured program with embedded activities in which TANF recipients perform work for the direct benefit of the community under the auspices of public or nonprofit organizations. An assignment to COSP is appropriate for participants who need to learn or improve skills or work behaviors, or to secure a job reference, in order to find paid employment.

Community Service Programs fall under FLSA guidelines and must be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and child care. Community service programs are designed to improve the employability of recipients not otherwise able to obtain employment, and must be supervised on an ongoing basis no less frequently than daily. South Carolina will take into account, to the extent possible, the prior training, experience, and skills of a recipient in making appropriate community service assignments.

The following is a list of entities that may be used for Community Services placements. This is not an all-inclusive list; many other opportunities may exist locally.

- A. Community organizations
- B. Hospitals
- C. Law enforcement agencies
- D. Schools
- E. Churches
- F. County DSS offices
- G. City, county and state government agencies

Self-initiated Community Services Programs provide a direct community service and improve the recipient's employability. Self-initiated Community Service Programs that are allowable and meet this definition:

- Student teaching
- Student nursing
- Internship or practicum for participants enrolled in higher education
- Court Ordered Community Service Placements

1.1 Community Service Work Site Development

In order to make the opportunities provided by COSP available to the FI population, the JD will develop and maintain suitable positions at public or

private non-profit organizations providing worksites. The following considerations guide the development of worksite positions:

- A. Worksite positions must provide opportunities that can be matched to client interests and abilities in order to enhance employability.
- B. Worksite positions must be located at public or private non-profit organizations which provide a useful public function. For-profit businesses or organizations cannot be worksites. Possible worksites include hospitals or other health care facilities, social service agencies and charities, environmental protection agencies, schools and colleges, libraries, urban and rural development organizations, recreational organizations, highway and transportation departments, other public or private non-profit departments, agencies or organizations.
- C. Work sites must provide reasonable working conditions and must not violate Federal, state, or local health and safety standards. The JD is not responsible for monitoring working conditions, but must work to bring the worksite into compliance with health and safety standards, or take action to terminate the agreement with the work site if violations become known.
- D. Work sites will not be developed in response to, or in any way be associated with, the existence of a strike, lockout, or other bona fide labor dispute, or violate any existing labor agreement between employers and employees.

1.2 Providing Occupation-Specific Job Skills Training in COSP

To build occupational skills training into the COSP, job developers first need to know something about the range of career aspirations of the county FI population early in the program implementation period. The best way to accomplish this is through one-on-one counseling and assessment sessions, or, most comprehensively and accurately, during the course of the EPP classes when participants are exposed to information about types of work and careers they may not be familiar with or have not considered for themselves.

Other essential elements of COSP that offers occupational skills training are:

- A. Agreements between the worksite sponsors and DSS for the COSP about the job skills that participants will be taught, along with appropriate competency measures and time frames, frequent benchmarks, and a system for both the worksite and DSS to monitor participants' progress;
- B. Agreements about who (which individuals within DSS and the worksite) will be responsible for teaching, monitoring, and supervising participants;

- C. Contingency plans and agreements for when the program is not working for the worksite or a participant;
- D. Enough knowledge of the worksite by the JD to be able to define and describe jobs at worksite locations, including the skills participants will learn, benchmarks for their progress, and measures of their skill achievement. (If these tasks are left up to worksite sponsors or employers, either the program start-up will be delayed or the documentation will often be incomplete.)

1.3 Tryout Employment

As work program options are redefined under TANF, there is no reason why a COSP job could not be used as a tryout for a "competitive" job either with the worksite employer or with other employers in the same field. For example, even though COSP in the welfare context has not been based on the expectation that participants will be hired into regular jobs with their worksite organizations at the end of their assignments, this does occasionally occur because the community service/unpaid work experience situation offers employers the opportunity to look over a worker for several weeks to several months without risk - not unlike the circumstances in the temporary worker industry. If the employer likes the participant's performance and a position becomes available, the community service/work experience assignment might result in a regular job.

The chances that a temporary, fixed-duration assignment in COSP will turn into a permanent job can be increased if the program:

- A. Helps worksite employers create positions for COSP that have not previously been performed as a single job. The COSP participants occupying those positions thus will be uniquely qualified for any such permanent positions created. Another good strategy is to create positions that are designed to showcase the particular qualities or skills needed for another class of jobs in which there is regular turnover.

For example, the competition in the health care industry is providing many opportunities for new functions that improve customer service and response. COSP "patient greeters" who are outgoing, relaxed, and personable might create a demand for their service and thus create their own permanent jobs. In the same hospital environment, many clerical and maintenance jobs require minimal qualifications but demand reliability and attention to detail. A COSP participant who demonstrates these qualities during a different type of assignment might be next in line when a permanent job opens up.

- B. Keeps in touch with worksite supervisors about participants' work and work habits — if employers agree to this — in order to intervene early in problem situations and avert dismissals. Participants who are not working out in one COSP job can be placed in another one before a problem situation ends in a firing, which can be a setback for

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participants (as well as a useful learning experience) and troublesome for the worksite. In a "real work" situation, this type of intervention would not necessarily occur, but worksite employers should be sold on the COSP program's temp-agency-like customer service for employers.

- C. Works with participants and worksite supervisors during COSP assignments to develop résumés, references, and work samples for participants that they can use later to market themselves for permanent jobs. Trying to recollect and accurately describe a past job is more difficult than doing this for a current job. Similarly, it is easier for a job candidate's references to write letters describing the candidate's performance and skills when the experience is fresh. Participants in COSP particularly need to do a good job translating their job experience into a usable résumé and references if they have spotty work histories, little work experience, or no recent work experience and recent references.
- D. One way to structure this task is to have participants keep a log or journal of their work activities with daily entries on what they did, comments on new skills learned and new tasks performed, feedback from co-workers and supervisors, and interactions with co-workers and supervisors. These journals can be used to construct a description of the COSP job for a résumé while the participant is still working, which can then be checked with the supervisor to make sure that it fits his or her understanding of the job. One or more letters of reference can be developed in the same way during the participant's time on the job and checked with supervisors.

2. Work Experience

The Work Experience Program (WEP) is a work activity performed in return for benefit payments, which provides an individual with an opportunity to acquire the general skills, training, knowledge and work habits necessary to obtain employment. It is a work-place training program designed to enhance the employability of FI participants.

The purpose of Work Experience is to improve the employability of an individual who is not otherwise able to obtain employment. It is unpaid job training at a clearly defined, well-supervised worksite. The participant should have the opportunity to:

- develop basic work habits;
- learn new skills;
- practice skills already learned in Family Independence;
- acquire on-the-job experience;
- demonstrate skills and work habits to prospective employers;
- improve interpersonal skills;
- learn to follow directions and take supervision;
- learn team work and cooperation on the job; and
- have an on-the-job mentor as a role model and support person.

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Work Experience is one of the work components of FI/TANF which requires community involvement of the DSS office with other agencies in the community. This activity places FI participants in state, local government, or non-profit agencies to gain work experience. These positions are not funded and the participant receives no pay.

A Work Experience placement is supervised training that is clearly defined based on a participant's vocational objective. Work Experience assignments can be at public, private non-profit and private for-profit agencies, businesses or institutions that provide supervision in a real work environment. (It is one of the work related activities.) This activity is used when all other efforts to find the individual paid employment have been unsuccessful. It may be assigned for a period up to six months. The activity hours will range from one to 40 hours a week, depending upon the need for structured work experience. This activity may be combined with non-core activities.

Although Work Experience Programs are unsalaried, the federal Fair Labor Standards Act (FLSA) requires that welfare recipients who are required to participate in a Work Experience Program be compensated for the hours of participation. FLSA allows compensation to be provided in the form of benefits a family might receive due to their economic status.

Work Experience Program participants will be paid a Work Program Training Allowance (WTA) if the number of monthly hours of Work Experience Program participation multiplied by the federal minimum wage exceeds the combined dollar value of Supplemental Nutrition Assistance Program (SNAP) and TANF benefits for the month of Work Experience Program participation.

Work Experience Program participants who sustain an injury at a work site are subject to established workers' compensation guidelines.

1. JD Responsibilities

The JD is responsible for ensuring that an adequate number of Work Experience slots are available to the CM. The JD (or an assigned delegate) should solicit the cooperation and continued interest of executive level staff of county government, the school system, state agencies, and non-profit agencies, to create a pool of work experience slots for use as they are needed.

2. Selecting Agencies as Potential Work Sites

The following agencies are suitable WEP sites and may be willing to provide an opportunity for Work Experience participants:

DSS Offices	School Systems
Child Care Brokers	Nursing Homes
Schools	Hospitals and VA Institutions
Colleges and Universities	Adult Basic Education Programs
Head Start Programs	Homeless Advocates
Community Action Agencies	Public Housing Agencies
Senior Citizen Centers	United Way Agencies

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City and State Parks
Health departments
Mental Health Institutions
Hunger Advocates

Legal Aid Organizations
Other State Agencies
Local Government Offices
Other Not-For-Profit Agencies

3. Recruiting Work Site Providers

The JD will fully inform each potential worksite provider about the expectations placed on the worksite employer.

Some of those expectations are as follows:

- A. The employer will provide for the health and safety of the individual while he/she is performing on the work site, including any injury claim process.
- B. The participant will not be involved in any bipartisan or political activities.
- C. The activity to which the individual is assigned will not be of a personal nature for any employee of the agency.
- D. The individual will not be discriminated against on the basis of color, race, religion, sex, age, national origin, or disability.
- E. All information learned about the individual will be kept confidential by the employer. However, information that may affect FI eligibility must be reported.
- F. Attendance records and Evaluation Forms will be completed on each employee and made available to DSS bi-weekly.
- G. DSS will be promptly notified of any accidents, failure to report to work, failure to perform, or failure to cooperate with the agency or supervisor.

4. Non-Displacement Restrictions for WEP

According to federal Regulations, a WEP placement may not replace a regular employee in a business. If it is determined that a company is displacing regular employees, DSS should stop using that business as a provider of services.

5. DSS/JD Responsibilities to the Work Experience Site

DSS must:

- A. provide supportive services and child care as needed by the participant;
- B. screen work site participants according to the wishes and needs of work site providers;
- C. furnish the work site provider with reporting requirements and forms
- D. notify the work site of any change which affects the participant's placement immediately;
- E. monitor work site placements, compliance by the participant, and the work site's attitude about the placement; and

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F. maintain the participant's confidentiality.

Examples of information that a worksite employer needs to know are:

- 1) whether or not the participant has a conviction for child abuse (if children are present at the worksite)
- 2) needs accommodation for a mental or physical disability in order to perform the work.

NOTE: If the JD has difficulty in placing individuals known to the criminal justice system, contact the local Community Corrections or Probation/Parole office and ask for guidance in the types of placements they would recommend. These offices operate community service programs for convicted felons, parolees, and probationers, and might agree to assist by letting the county use some of the worksites they have already developed.

6. Participant Work Experience Agreements

Each participant who enters a Work Experience component is required to sign a Work Experience Participant Agreement DSS Form 1246). This document specifies the position, the days and hours that the participant agrees to be at the worksite, the duration of the assignment, and the general rules of conduct for this component. The JD will sign the form specifying what DSS agrees to do. Keep a copy of this agreement in the worksite file for reference purposes. Give a copy of the agreement to both the participant and the worksite employer.

A. Trainee Vocational Objective

All placements should be based on an FI participant's vocational objective and should be located in a well supervised worksite.

B. Training Outline

The training provided by the provider should be similar to that given in vocational schools, including an outline of the skills that will be taught. In addition, the training provided by the WEP provider must be for the benefit of the trainee.

C. Time Frames

A WEP or COSP placement at a single training site may not exceed six (6) months. Participants may be assigned to the same training site or an alternative site for an additional 4 weeks if it is determined by DSS & work site that additional on-site training is needed for the participant to obtain employment.

D. Liability

The following rules apply to liability for injury on the job:

All participants are covered by Medicaid and would qualify for medical treatment with their Medicaid card. When participants are working on state property and experience an injury that results in a claim not covered by Medicaid, a claim may be filed with the State Board of Claims, if it meets the conditions for such a claim. When the participants are working at a local

government agency or not-for-profit agency, the agency's insurance must cover any claims not covered by Medicaid.

E. Workers' Comp/Tort Liability

DSS will provide Workers' Compensation and tort liability coverage for all WEP participants during the training period.

21.9 GOOD CAUSE for Quitting Employment (Paid or Unpaid)

Good cause for voluntarily quitting employment may include:

- A. acceptance of employment with at least comparable gross wages;
- B. the job paid less than the minimum wage based on the number of hours actually worked;
- C. the employee left a job in connection with patterns of employment in which workers frequently move from one employer to another, such as migrant farm workers;
- D. the individual left employment to attend an educational or training program full-time (as defined by the institution) that is consistent with allowable FI Family Plan work components;

1. NO FAULT Reasons for Terminating Unpaid Employment

Individuals who quit or are fired from unpaid employment, Community Service or Work Experience for one of the following "no fault" reasons (if verified) should be placed in another position:

- A. the job paid less than the minimum wage based on the number of hours actually worked;
- B. discrimination by the employer based on age, race, sex, color, handicaps, religious beliefs, national origin, or political beliefs was claimed;
- C. a temporary family emergency occurred, such as personal illness, death of immediate family member (follow State bereavement policy), natural disaster, or other traumatic event, and the employer refused to allow time off to attend to the emergency situation;
- D. the employee was needed in the home to care for an ill or disabled relative household member for whom it would normally be his/her responsibility to provide care;
- E. child care became unavailable and substitute child care arrangements could not be made either by the individual or the child care broker;
- F. the individual had a baby and the employer was not required to and did not grant leave in accordance with Family Medical Leave Act provisions;
- G. a medically approved incapacity, including complications from pregnancy, rendered the individual unable to work.

2. Verifications:

The following information must be verified for voluntary quit:

1. the date of the voluntary quit; and
2. the good cause reason for quitting

3. Documentation:

Document the case record with:

1. the circumstances of the voluntary quit;
2. the attempt(s) to contact the individual to discuss good cause and the outcome of the attempt(s);
3. any good cause reasons claimed by the individual;
4. and the outcome of the good cause evaluation.

Communicate the information to the CM for appropriate action by the CM.

When good cause exists, notify the CM who will notify the ES to document the case and continue eligibility.

21.10 Employer FI Incentives

Wage Subsidies

The most common type is on-the-job training (OJT). OJT offers subsidies to employers who hire and provide training to disadvantaged job seekers. Wage subsidies are temporary, and are usually limited from 3 to 6 months.

Work Experience

Work Experience is a work activity performed in return for benefit payments, which provides an individual with an opportunity to acquire the general skills, training, knowledge and work habits necessary to obtain employment.

Community Service

Community Service is a structured program with embedded activities in which TANF recipients perform work for the direct benefit of the community under the auspices of public or nonprofit organizations.

Tax Credits

Another popular approach at both the federal and state levels is to offer tax credits to businesses that hire targeted individuals. Two federal tax credits are the Work Opportunities Tax Credit (WOTC).

Support Services

Transitional benefits are an important and often overlooked incentive for employers to hire welfare recipients. Common benefits include child care, transportation, Supplemental Nutrition Assistance Program (SNAP), and medical

assistance. Most companies recognize the importance of support services in hiring and retaining employees; their current entry-level employees are likely to struggle with the same issues.

1. Job Retention

As welfare-to-work programs have become more successful at moving welfare recipients into employment, they have learned that getting a job is only part of the challenge. Many recipients leave welfare for work, only to lose their job and return to assistance. All partners can benefit from successful post-placement services. For public agencies, improving job retention means that welfare recipients who find jobs will not return as quickly to the welfare rolls. For employers, it means lower turnover costs, a greater return on the investment in hiring and training a new employee, and a more productive workforce.

2. Tax Credits

The FI Program markets a number of attractive state tax credit programs that provide lucrative cost savings for employers. Several of these tax credits specifically benefit employers who hire FI recipients. In order to qualify for any of the state's tax credits, a business must pay state income taxes.

FI employer tax credits are authorized by Section 12-6-3470 of the SC Tax Codes for employers who hire qualified FI recipients. They are available to new and existing businesses.

3. FI Employer Tax Credit Description

The following criterion describes the FI employer tax credits:

- A. The credit can be prorated on a monthly basis if the employee is not employed for the full year.
- B. The credit may be received only for each full month of employment. A full month means a full calendar month. The credit is not available for partial months.
- C. Any unused credit may be carried forward for 15 years.
- D. An employer must make health care coverage available to the qualified employee only if health care coverage is available to other employees.
- E. If an employer requires a waiting period before health care coverage becomes available to any employee, the credit is allowed from the date of hire. (Exception: An employer is not eligible for the credit if the waiting period exceeds 12 months.)
- F. An employer has until the 15th day of the first month following the end of the tax year to submit a Verification of Receipt of FI Benefits Form, DSS-12108, to the county DSS office; DSS has 30 days to reply.
- G. An employer may not terminate or force the resignation of a current employee in order to create a vacancy to obtain the credit.

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- H. A qualifying employer must attach a completed SC Department of Revenue form, SC-SCH.TC-12, to his/her tax return to claim the credit.

NOTE: *The JD must advise the employer to contact the nearest SC Department of Revenue for forms and answers to any questions regarding the credit.*

4. DSS Responsibilities

Section 12-6-3470 of the SC Tax Codes requires DSS to reply to an employer's request for certification of an employee's eligibility within 30 days. Each county DSS office must designate staff responsible for responding to an employer's request. The request should be submitted on a DSS-12108, Verification of Receipt of FI Benefits Form.

Employers may submit verification requests on a form of their own design. However, the form must include, at least, the following information:

- A. Employee's name and SSN;
- B. Employee's hire date;
- C. A consent statement signed and dated by the employee;
- D. Return information, such as name and address of employer or his/her representative.

The DSS representative verifying an employee's eligibility should complete Part III of the DSS-12108, indicating whether or not the employee received an FI benefit for at least the three-month period preceding the month in which the employee started working (hire date). If the employee is not eligible, staff should state the reason in the "Comment" section.

5. Tax Credit for Providing Child Care Assistance

Section 12-6-3440 of the SC Tax Codes provides that an employer may claim a credit against income tax, bank tax or premium tax liability for providing his/her employees childcare assistance.

6. Qualifying Criteria

This credit is available to any business which:

Builds a child care facility

- A. Operates a facility
- B. Makes payments to a licensed facility on behalf of its employees
- C. Contributes to a charitable organization for the purpose of establishing a childcare facility for its employees.

7. Credit Values

The value of the credit for building a facility shall be equal to 50% of capital expenditures not to exceed \$100,000.

The value of the credit for operating a facility or for employer payments to a licensed facility is equal to 50% of the annual cost but no more than \$3,000 per participating employee.

Contributions to a charitable organization may be claimed as a deduction or as a credit, but not both.

The total of credits claimed cannot exceed 50% of the annual tax liability; any unused credit may be carried forward for 10 years.

Covered Expenditures

Covered expenditures for the childcare credit include, but are not limited to the following:

1. Real property
2. Mortgage or lease payments for child care facilities
3. Playground and classroom equipment
4. Kitchen appliances
5. Cooking equipment.

8. Tax Credit for Two Wage Earners

In order to qualify for the SC Two Wage Earner tax credit as provided by Section 12-6-3330 of the SC Tax Codes the following criteria must be met:

- A. Wage earners must be married to each other.
- B. Both individuals must have worked.
- C. The credit is based on the earned income of both spouses.
- D. The couple must file a joint income tax return.

1. Forms

To claim the Two Wage Earner credit the couple must use the Schedule W-NR located on the back of the SC1040, the SC1040A or the SC1040EZ.

9. Earned Income Credit

The federal Earned Income Credit (EIC) is a special tax benefit for working people who earn low or moderate incomes. Single or married workers may qualify, as well as full-time or part-time workers.

The EIC is designed to:

- A. Reduce the tax burden on qualified workers

- B. Supplement wages
- C. Make work more attractive than welfare.

10. Advance EIC Payments

Eligible workers with at least one qualifying child may choose to receive a portion of their EIC in their paychecks through an "advance EIC payment."

EIC eligible workers who are not raising children in their home are not eligible for the advance payments.

In order to receive advance EIC payments, eligible workers must complete a W-5 form, Earned Income Credit Advance Payment Certificate, and give the bottom part to their employer.

Married workers must each submit a W-5 to their employer.

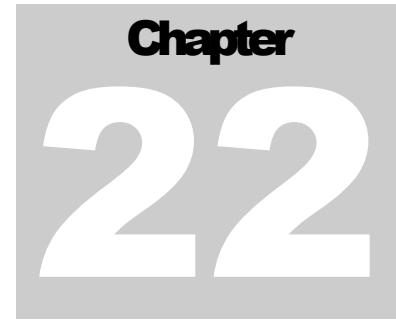
Workers who receive advance payments during the year must file a tax return after the end of the year and include the total amount received in advance payments. They must also complete Schedule EIC and attach it to their tax return.

21.11 Support Services

DSS is required to coordinate and provide support services to eligible individuals in need of a service in order to participate in approved employment or training. This should be of particular importance to employers because the agency considers childcare and transportation to be a priority.

Support services include but are not limited to:

1. Childcare
2. Transportation
3. Work related expenses
4. Relocation assistance

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Chapter 22 - Fair Hearings

22.1 Definition / Fair Hearings

The fair hearing (appeal) is the administrative mechanism to protect the applicant's/recipient's (A/R's) rights to due process of law when an adverse action is proposed or when DSS fails to take action on a change or application.

22.2 CM/ES Responsibilities

The Case Manager/Eligibility Specialist has the following responsibilities regarding the fair hearing process:

1. Inform the A/R of fair hearing rights at application, recertification or redetermination.
2. Send the timely notice or adequate notice to the A/R.
3. Conduct a pre-hearing conference, if possible, with the A/R, upon request (verbal or written) for a fair hearing to discuss proposed adverse action. Any action deemed necessary as a result of this conference must be taken immediately. A fair hearing must still be held unless the A/R withdraws the hearing request in writing as a result of the conference.
4. Inform the A/R of free legal services including the name, address and phone number of the office.
5. Explain continued benefits.
6. Forward appeal request and case summary, including documentation and evidence to support the action taken, to the Appeals Unit within two working days.
7. Make the case file including non-confidential medical information available for inspection by the A/R or his/her representative. Confidential medical and work program information from third parties must be protected from release unless it is the basis for the hearing. If essential to the hearing, this information may be subpoenaed. Provide a free copy to the A/R of the portions of the case file that are relevant to the hearing.
8. Request the Appeals Unit to subpoena documents or witnesses, if necessary, at least 14 days in advance of the hearing.

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9. Call the Appeals Unit at the appropriate time to accommodate the scheduled conference call, if the A/R requested a telephone hearing.
10. Represent DSS at the hearing

NOTE: *CSED must represent DSS when a fair hearing request is based on action taken in an FI case based on information provided by CSED.*

11. Implement the hearing results within 10 days of the final decision and notify the A/R or his/her representative and the Appeals Unit in writing of the action taken.

22.3 FI Supervisor Responsibilities

The FI supervisor has the following responsibilities regarding procedures for fair hearings:

1. Review proposed case action when the A/R requests a fair hearing to ensure that the issue cannot be resolved without an appeal.
2. Review and sign DSS-2633, Request for Fair Hearing.
3. Participate in the pre-hearing conference with the A/R and resolve the appealed issue if possible.
4. Attend the fair hearing and participate as necessary to ensure that relevant evidence and testimony are presented
5. Ensure that appropriate action is taken timely to implement the decision.

22.4 A/R Responsibilities

The A/R has the following responsibilities relating to the fair hearing process:

1. File the appeal request. (The Appeals Unit can request that the claimant be more specific about the case.) The A/R or his/her representative may request a fair hearing either orally or in writing. The request must indicate that the A/R is dissatisfied
2. Decide if he/she wants to receive continued benefits
3. Decide between a telephone hearing and a face-to-face hearing

CAUTION: *The A/R who elects to use a pay telephone for a telephone hearing must first establish that the telephone can receive the call.*

4. Present his/her case or appoint a representative to present the case

5. Request the Appeals Unit to subpoena any necessary documents or witnesses at least seven days in advance of the hearing

CAUTION: *The requester automatically accepts responsibility for all subpoena fees charged when this request is made.*

22.5 Fair Hearing Forms

When the request is received, the A/R should complete a DSS-2633, Request for Fair Hearing, if possible. If the request is made orally, the CM must complete the DSS-2633 as completely as possible.

1. Types of Hearings

The A/R may choose between a face-to-face hearing and a telephone hearing. If neither option is chosen, a telephone hearing will be scheduled. If the hearing official decides that a face-to-face hearing is necessary, one will be scheduled.

2. Submitting Request to Appeals Unit

When the action the A/R wishes to appeal is not clear, the CM/ES must ask the A/R to clarify the request; however, forwarding the request to the Appeals Unit must not be delayed beyond two working days after receipt of the request.

22.6 Fair Hearing Time Frames

The A/R must request a fair hearing within 60 days from the date the written notification is sent, giving the decision with which the A/R is dissatisfied. A hearing request may also be made within 60 days in the following instances:

1. Failure to act on an application
2. Change in benefits or method of payment
3. Failure to consider a request for adjustment in benefit amount.

22.7 Continued Benefits

In order to receive continued cash benefits for FI, the BG must request a fair hearing within the timely notice period and specifically request that benefits be continued at the level authorized immediately prior to the timely notice. If the individual is a WEI for the Work Program, the WEI must continue to participate in a work program activity to receive continued benefits.

NOTE: *Continued benefits do not apply to cases where the client is disputing a 24-month case closure.*

1. Other Changes

If a different change occurs, and the recipient fails to request a hearing with continued benefits after notice of the adverse action, cash benefits may be reduced or terminated pending the hearing decision.

2. Recovery of Ineligible Benefits

The CM/ES must explain to the BG at the time the fair hearing request is made that any benefits received ineligibly pending a decision adverse to the BG will be subject to recovery.

22.8 Denial Situations

The CM/ES cannot deny or dismiss a hearing request; however, the hearing officer may do so if any of the following situations occur:

1. The request is not received in the specified time period.
2. The request is withdrawn in writing and signed by the A/R or his/her representative; the request must also be acknowledged as withdrawn by the Appeals Unit.
3. The A/R or his/her representative fails without good cause to appear at the scheduled hearing.

22.9 Description of Fair Hearing Events / Basic Information

The CM/ES must use the DSS-2633, with any supporting documentation attached, to describe the events leading to and including the action that is in question. The following basic information must be included in the summary:

1. Case name
2. Case number
3. Benefit type
4. Name of the CM/ES
5. Date of the timely or adequate notice
6. Dates of the questioned eligibility period
7. Amount of over issuance or under issuance
8. Date of application
9. A logical, concise explanation of the county action
10. Request and/or authorization of continued benefits
11. Supporting documentation substantiating case action (e.g., notice, CHIP budget screens, etc.).

22.10 Applicable Evidence in a Fair Hearing

The burden of proof in a fair hearing generally falls on the CM/ES.

The following chart describes the types of evidence, which may be presented in a fair hearing:

Type Evidence	Definition
Best	Original or primary evidence (i.e., eye witness, receipts, wage stubs, canceled checks, etc.)
Substantial	Evidence that creates more than a mere suspicion and imply a conclusion that is attainable by any reasonable person.
Hearsay	Second hand information, Hearsay evidence is generally not admissible. EXCEPTIONS: 1. Prior statements made by a party to the hearing are admissible if they are against the party’s interest. 2. Records kept in the course of a regular activity may be admissible
Irrelevant	Evidence, which does not have a direct bearing on the issue.

22.11 Scheduling the Fair Hearing

Within 10 days after receiving a request for a fair hearing, the Appeals Unit will schedule an appointment by letter to the A/R, and send a copy of the letter to the CM/ES:

1. The date, time and place for a face-to-face hearing
2. The date and time for a telephone hearing.

1. Rescheduling

If the A/R is unable to participate at the scheduled time, alternate arrangements may be made.

22.12 Rights and Responsibilities Notice

No less than 10 days prior to the hearing date, the Appeals Unit will inform the A/R of his/her rights and responsibilities relating to the hearing. The BG may request less advance notice if an earlier hearing date is desired.

22.13 Hearing Officer Responsibilities / Telephone Interview

The hearing officer's responsibilities relating to a telephone interview are:

1. Conference the CM/ES call with the A/R.
2. Decide during the hearing, if necessary, to continue the hearing and require a face-to-face hearing
3. Conduct the telephone hearing according to face-to-face hearing responsibilities

22.14 The CM/ES's responsibilities relating to a telephone interview are: Telephone Interview

1. Arrange for any witnesses to be present at the scheduled time.
2. Notify and arrange for additional staff to be available to testify when the hearing involves other issues.
3. Call the Appeals Unit at the scheduled time.
4. Follow face-to-face hearing responsibilities.

22.15 A/R Responsibilities / Telephone Interview

The A/R's responsibilities relating to a telephone interview are:

1. Be available at the scheduled time at the telephone number given for the hearing
2. Arrange for any witnesses to be present at the scheduled time
3. Follow face-to-face hearing responsibilities

22.16 Hearing Officer Responsibilities / Face-to-Face

The hearing officer's responsibilities relating to a face-to-face interview are:

1. Administer oaths of affirmation
2. Accept testimony of the CM/ES and A/R and written evidence
3. Rule on objections
4. Question witnesses
5. Rule whether the issue is a question of judgment or regulation
6. Allow the A/R to question or refute any testimony or evidence
7. Allow the A/R to submit evidence to establish facts and circumstances in the case
8. Allow additional time, if necessary, for the A/R to obtain more information bearing on issues
9. Be impartial

22.17 CM / ES Responsibilities / Face-to-Face

The CM/ES responsibilities relating to a face-to-face interview are:

1. Arrange for any witnesses to be present at the hearing.
2. Notify and arrange for staff to testify when the hearing involves other issues.
3. Read prepared summary of circumstances leading up to the hearing.
4. Testify and present evidence to substantiate the action taken adversely against the A/R.
5. Question the A/R and/or witnesses
6. Refute any evidence or testimony presented by A/R

22.18 The A/ R's Responsibilities / Face-to-face interview:

1. Present his/her case or appoint a representative to present the case.
2. Testify and present evidence to substantiate the case.
3. Question CM/ES.
4. Examine all evidence relied upon by the county in reaching its adverse action decision
5. Refute any evidence or testimony presented by the CM, which appears to be incorrect

22.19 Responsibility of Hearing Committee

The Fair Hearing Committee has the final decision making power in fair hearings. The committee has the responsibility of reviewing the hearing record provided by the hearing officer before making the final decision.

1. Fair Hearing Retention

Decisions of the Fair Hearing Committee must comply with federal law and regulations and must be based on the hearing record. The decision is binding on the county office and must be retained in the case file for three years.

2. Notification of Results

The A/R and the CM/ES must each be notified in writing of:

1. Fair Hearing Committee's decision
2. Reasons for the decision
3. Available appeal rights
4. Appropriate status of the A/R's benefits

3. Notification Time Frames

The A/R must be informed of the decision by the Fair Hearing Committee within 90 days of the initial request by the A/R for a hearing. The CM/ES must effect any change in benefits within 10 days of receipt of the decision or by the next possible effective date, whichever comes first. Recoupment policy must be applied if appropriate.

22.20 Case Action

If the appeal was conducted as a result of a denial and the decision reverses the CM/ES action, the CM/ES must take immediate action to approve benefits in accordance with the time frame set by the hearing decision.

22.21 Motion for Reconsideration

Any party aggrieved by a final fair hearing decision may, within 10 days of the service of the order, file a written Motion for Reconsideration, which shall specify in detail the grounds for relief sought and supporting authorities. The Office of Administrative Hearings may order reconsideration on its own motion within 10 days after the service of the final order.

The filing of a motion for reconsideration shall not suspend or delay the effective date of the order, and the order shall take effect on the date fixed by the Office of Administrative Hearings and shall continue in effect unless the motion is granted or until the order is superseded, modified, or set aside as provided by law.

A Motion for Reconsideration will only be granted on the basis of:

1. A material error of law
2. A material error of fact
3. The discovery of new evidence sufficiently strong to reverse or modify the order, which could not have been previously discovered by due diligence.

The Office of Administrative Hearings may order a rehearing or enter an order with reference to the motion without ordering a hearing, and shall dispose of the motion within 30 days after it is filed. If the Office of Administrative Hearings determines, in its discretion, that a rehearing is necessary, the matter shall be set for further proceedings as soon as practicable.

If after such rehearing, it appears that the original decision, order, or determination is in any respect unlawful or unreasonable, the hearing officer/committee may reverse, change, modify, or suspend the same accordingly. Any decision, order, or determination made after such reconsideration, reversal, change, modification, or suspension of the original determination shall have the same force and effect as the original decision, order, or determination.

22.22 Appeals to Administrative Law Judges

The A/R has the right to appeal an adverse decision of the Fair Hearing Committee to the Administrative Law Judges for judicial review. This must be initiated within 30 days of the decision of the Fair Hearing Committee.

Chapter
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Chapter 23

Recipient Claims

23.1 DSS Responsibility

DSS is required to recover overpayments and to correct underpayments. It is the EW's/CM's responsibility to refer possible claims and the Benefit Integrity Claims Specialist's (BICS') responsibility to act on these referrals.

23.2 Detailed Information on Claims

Additional policy and procedures for establishing claims can be found in the SNAP/TANF Benefit Integrity Manual.

23.3 Claims Referral Procedure

Any referral made to the Benefit Integrity Unit must be made on a DSS-1680, Possible Claims Referral Form.

Any time an overpayment is detected by an Eligibility Worker (EW)/Case Manager (CM), a claim referral should be submitted. If a case is transferred from one region to another, coordination between regions on possible claims should be resolved no later than 60 days after the case is transferred to a new region.

23.4 Underpayments

An underpayment may occur due to:

- A. Agency error
- B. Client error
- C. Accrual rights of added BG member(s)

An underpayment is corrected for active cases by the EW.

If an underpayment occurred in a previous eligibility period, it can be corrected by eligibility staff when the case is reopened.

An underpayment and an overpayment may be offset in arriving at the final claim in the calculation.

A current underpayment may be used to offset a previously established overpayment.

CAUTION: *The FI supervisor must authorize correction of an underpayment.*

23.5 Overpayments

An overpayment may occur due to:

- A. Agency error
- B. Client error
- C. Fraud

The overpayment situation must be evaluated to determine if fraud is suspected.

23.6 Budgeting of Earned Income Disregards

Underpayments or overpayments due to incorrect months being given the 50% or \$100 disregard will not be processed. The 50% disregard will be given the first four months earned income is budgeted in CHIP, regardless of when earnings were received or reported.

23.7 Establishment of Claim

Federal and state law determines the amount of assistance a BG is eligible to receive. A claim shall be established whenever a BG receives benefits in excess of the amount it was entitled to receive, including overpayments resulting from benefits pending hearing decisions.

1. Amount of Claim

Investigating the case and determining the correct amount of issuance determine the amount of the claim. The difference between the amount actually received and the amount that should have been received is the amount of the claim.

2. Time Frame

Claims must be calculated according to the policies and procedures of the FI Program at the time the over issuance occurred.

23.8 Substantiated as Possible Claims

1. EW/CM Responsibilities for Possible Claims

The EW/CM has the following responsibilities regarding procedures for possible claims referral:

- A. Complete a DSS-1680. All referrals must contain complete information in Section 1. The EW/CM will indicate if the case is active or inactive and Proposed Type (claim classification). The EW/CM also assigns a potential classification to each claim based on the reasons for the over issuance. A comprehensive summary of the details must be included in the Description of Possible Claim, Sect. 1 of the DSS-1680 or attached to the form.
- B. The DSS-1680 should be scanned in the Benefit Integrity Folder; Possible Claim (1690) Sub-folder; and be sent to the Region based on the client's County of Residence (COR) no later than 10 days from the date of detection.
- C. Correct the current or future benefit issuance when it is determined that a case is improperly certified.

The EW shall verify as much information as possible about previous certification periods when verifying information for the current period of eligibility.

CAUTION: Eligibility staff should not work overpayments in correction mode on CHIP in order to avoid problems for claims staff at a later date. Overpayment determinations can be calculated using mini budget screen AFMB.

2. Benefit Integrity Claims Specialist (BICS) Responsibilities for Possible Claims

The BICS has the following responsibilities regarding procedures for possible claims referrals:

- A. Review the case file in SCOSA, copy appropriate information, evidence, documentation, etc., necessary to establish the claim from the eligibility folder into the appropriate Benefit Integrity
- B. Determine classification of claim, period of over issuance and over issuance amount

- C. Follow other BIC duties as outlined in the Online SNAP/TANF Benefit Integrity Manual.

23.9 Classification of Recipient Claims

The EW must assign a potential classification to possible claims based on the reasons for the over issuance. Claims may be assigned the following classifications:

1. Definition/Agency Error

Agency error (AG) claims, also known as administrative error claims, are generally the result of errors made by DSS personnel, which result in the improper issuance of benefits. In some instances, an over issuance must be classified as AG even if DSS is not totally at fault.

2. AG Claim Instances

Instances, which may result in an AG claim, include, but are not limited to DSS':

- A. Failure to take prompt action on a reported change
- B. Incorrect computation of the amount of benefits
- C. Issuance of benefits of an incorrect amount because of mechanical error or system processing deadlines, and the individual was not advised of the error and given the opportunity to receive the correct amount of benefits
- D. Failure to act on information received through the Income and Eligibility Verification System (IEVS) which causes an over issuance. Agency access to IEVS information does not relieve the household of its responsibility to report changes accurately.

3. Definition/Client Error

Client error (CL) claims are the result of a misunderstanding or unintentional error on the part of a BG. These claims occur when a BG fails to report circumstances correctly or fails to report a required change and the BG's failure to act or report as required is the result of a lack of understanding of program requirements or inadvertent error.

4. Definition of Suspected Fraud

Fraud is defined as a false representation of facts by words or conduct, by false misleading allegations or by concealment of that which should have been disclosed, which deceives and is intended to deceive another in order to obtain assistance illegally. A person who commits fraud violates state and federal laws.

A. Elements of Fraud

As generally accepted in South Carolina courts, the necessary elements of fraud are as follows:

1. A misrepresentation of a fact with intent to deceive:
 - a. Positive assertion of falsehood

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- b. Concealment of the truth
 - c. Suppression of the truth
 - d. Establishment of a false impression by words, actions or trickery
2. Knowledge of the falsity of the representation by the maker
 3. Materiality of the fact misrepresented
 4. Reliance on the misrepresentation by the person deceived
 5. Damage to the person deceived (benefit to the wrongdoer is normally immaterial)

B. Determination of Fraud

Fraud must be proven by evidence, which is beyond a reasonable doubt. A determination of fraud can only be made through judicial proceedings. Many claims, which DSS might believe to have been caused by fraudulent action, must be processed as CL because DSS lacks the evidence to prove the claim in court.

23.10 Liability for Recipient Claims

For claims, automated recoupment (reduction of the FI benefit), administrative actions to obtain voluntary payments, or in some cases, civil action to collect an overpayment shall be directed toward:

- A. Each person who was an adult member of the BG when the overpayment occurred
- B. A sponsor of a non-citizen BG if the sponsor is at fault
- C. A person connected to the BG, such as a caretaker relative or an authorized representative, who causes an overpayment

23.11 Requesting Fair Hearing

The EW should be aware that the recipient has a right to a Fair Hearing if he/she does not agree with the amount of claim or its classification. The recipient may request a Fair Hearing by contacting the Benefit Integrity Unit. The Benefit Integrity Unit is responsible for representing DSS in the Fair Hearing.

1. Continued Benefits

The period to request a Fair Hearing begins when the recipient receives written notification of the claim. The recipient may request continued benefits within 10 days of notification that benefits will be reduced. In order to be eligible for continued benefits the recipient must be cooperating with the work component, if mandatory.

NOTE: *Continued benefits do not apply to cases where the client is disputing a 24-month case closure.*

2. Fair Hearing Time Frame

The BG may request a fair hearing to challenge any aspect of the claim. The period to request a fair hearing is 60 days from the date of the first notification. On active cases, claims are collected by automated recoupment.

23.12 Occurrence of Offsetting

An offset occurs any time a BG is entitled to receive a restoration of lost benefits and there is an outstanding claim.

1. Calculation

The amount of restoration the BG is entitled to receive must be applied toward rePAYment of the claim. The BG may receive the balance of the benefits after the claim has been paid in full. The automated offset occurs at the point the restoration is entered into the computer by the FI supervisor. An automated offset will not occur for the current month.

NOTE: *This procedure is handled by CHIP.*

Actions must be taken to recoup an overpayment by the end of the quarter following the quarter in which the overpayment is identified.

EXCEPTION: *Any overpayment of less than \$35 is suspended for 36 months for a non-recipient unless fraud is suspected. If the individual reapplies and is approved during the 36 months, recoupment must be initiated.*

23.13 Recognizing Overpayments on CHIP

The BICS will initiate collection of overpayments on CHIP in the case. This is indicated on CHIP screen AFBH in the RECOUP column.

1. Recoupment Method

The recoupment method depends on whether the overpaid individual is a current recipient or a non-recipient.

A. Current Recipient

The overpayment is automatically recouped.

Case situation reflecting changes is entered into CHIP, which calculates the overpayment and recoupment. When a recoupment case has been taken to court, the court ordered amount is entered into CHIP and the court ordered amount reduces benefits. If the cash benefit case is closed, automated recoupment is activated each time it is reopened until full repayment is made.

B. Non-Recipient

ES initiates collection of the overpayment as follows:

1. Sends CHIP Notice C500, Overpayment Demand Letter -Client Error, or C501, Overpayment Demand Letter -Agency Error to the non-recipient.
2. Completes DSS-2627A, Repayment Agreement and Acknowledgment of Debt, when the non-recipient responds.
3. An acceptable method of payment is made to the county claims receivable clerk, who gives the individual a receipt. This may include cash, check, or money order.

23.14 Delinquent Claims

The definition of a delinquent claim is one in which the responsible party has not agreed to repayment, or has agreed to repayment and has not made restitution as agreed.

1. Tax Intercept

When any established claim becomes 90 days delinquent, the claim is referred automatically for SC income tax refund intercept, unless the case has been referred to Division of Investigation (DOI) for investigation/prosecution. Cases at DOI are not considered delinquent and will not be transferred for interception.

2. Obtaining a Judgment

When DSS has exhausted administrative means to collect a claim, DSS may collect the claim in civil court (Court of Common Pleas). After judgment is obtained, a lien can be placed on the real or personal property of the responsible party.

A. Lien on Property

After the lien is placed on the property, DSS may have the county sheriff sell the property at auction in order to obtain payment of the claim.

3. Probate Court

A claim shall be filed in the county Probate Court whenever a person owing a claim dies. If the EW becomes aware of the death of a recipient and a claim exists, the EW will need to contact the Benefit Integrity Unit.

4. Bankruptcy

Whenever a person owing a claim files for bankruptcy, the General Counsel will petition the bankruptcy court on behalf of DSS. When written notification that a person has filed for bankruptcy is received by DSS, all collection actions, including automated recoupment, will cease.

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A. Notification of Benefit Integrity Unit Fair Hearings on Automated Recoupments

If the EW becomes aware of a bankruptcy petition, he/she will need to contact the Benefit Integrity Unit. Upon notification of decreased benefits due to automated recoupment of an overpayment, the recipient has the right to request a fair hearing. If continued benefits are requested within the 10-day notification period, benefits will be continued in the same amount without recoupment.

B. Notification

The recipient must be notified that if the Fair Hearing Committee favors the recoupment, the recoupment will begin immediately after receipt of the decision.

Chapter
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Chapter 24

Refugee Cash Assistance (RCA)

24.1 Refugee Cash Assistance (RCA)

Refugees are entitled to apply for the same benefits and service programs that are available to U.S. citizens. If they meet the financial and non-financial requirements of those programs, they are eligible for Temporary Assistance for Needy Families/Family Independence, Medicaid, Supplemental Nutritional Assistance Program (SNAP), Energy Assistance Program, and any other benefit program that is offered through the Department of Social Services.

The Refugee Cash Assistance (RCA) provides time limited cash assistance to eligible populations that meet the financial criteria of the FI program, but do not meet a non-financial criterion. For example, adults with no dependent children may receive RCA. Families with minor children that meet FI eligibility guidelines may be approved for FI benefits and are not eligible for RCA.

The application for RCA must be filed within the eight month time requirement as outlined in the “**RCA Time Limits**” section of this chapter.

1. The process to determine a refugee’s eligibility for any of the public assistance programs begins when the refugee applies for benefits at the local Department of Social Services (DSS). Refugee Cash Assistance (RCA) eligibility determination and any changes, after approval, are made at the county office.
2. The refugee completes the DSS 3800 “Application for the FI Program, SNAP Program and Refugee Cash Assistance (RCA)” or the online Application for Assistance at: <https://scmapp.sc.gov/>.

3. Refugees who do not meet TANF/FI requirements, may be eligible for time limited Refugee Cash Assistance.

4. When a refugee obtains legal permanent residency status, their eligibility for TANF/FI and SNAP does not change. If otherwise eligible, they remain eligible based on the original status given by U. S. Citizens and Immigration Service (USCIS).

NOTE: For convenience, the term “refugee” will be used throughout the chapter to encompass all persons who are eligible to receive refugee program services.

24.2 Population Eligible for Refugee Cash Assistance

Individuals with the following status may be eligible for services in the RCA based on their time in the U.S.:

- A. **Refugee** is any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.
- B. **Asylees** are individuals, who, on their own, travel to the United States, apply for and receive a grant of asylum. These individuals do not enter the United States as refugees. They may enter as students, tourists, businessmen or without papers. Once they are in the United States, or at a land border or port of entry, they apply to the Immigration and Naturalization Service (INS) for asylum, a status that will acknowledge that they meet the definition of a refugee and that will allow them to remain in the United States.
- C. **Cuban and Haitian Entrants** are a national of Cuba or Haiti that has applied for asylum may be eligible to receive assistance and services as a Cuban and Haitian entrant. INS defines Cuban and Haitian entrants as:
 - (a) Any individual granted parole status as a Cuban/Haitian Entrant (Status Pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided; and

(b) Any other national of Cuba or Haiti,

(1) Who:

(i) Was paroled into the United States and has not acquired any other status under the Immigration and Nationality Act;

(ii) Is the subject of exclusion or deportation proceedings under the Immigration and Nationality Act; or

(iii) Has an application for asylum pending with the Immigration and Naturalization Service; and

(2) With respect to whom a final, non-appealable, and legally enforceable order of deportation or exclusion has not been entered.

D. **Ameriasian** is an alien who was born in Vietnam after January 1962 and before January 1, 1976 and who was fathered by a citizen of the U.S. Other individuals who will be granted Amerasian classification by United States Citizenship and Immigration Services (USCIS) include mothers of Amerasian children and other close family members.

E. **Victim of a Severe Form of Trafficking Adult** victim is an individual 18 years of age or older who has been subjected to a severe form of trafficking and has been certified by U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR). To receive a certification, an adult must be willing to assist with a trafficking case AND must have made a bona fide application for a T visa or be an individual who has received Continued Presence (CP) from the Department of Homeland Security (DHS) in order to contribute to the prosecution of traffickers in persons. Continued Presence (CP) is a type of immigration status available to a non US citizen enabling the person to temporarily remain in the United States and not be subject to removal. CP is currently granted to aliens who are the victims of human trafficking.

Severe forms of trafficking:

(a) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

(b) The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

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Child victims of severe forms of trafficking who are under 18 years of age are also eligible for benefits to the same extent as refugees, but do not need to be certified.

- F. **Special Immigrant Status:** Iraqi and Afghan aliens granted special immigrant status under section 101(a)(27) of the Immigration and Nationality Act (INA) are eligible for the same benefits available to refugees admitted under section 207 to the same extent, and for the same periods of time, as such refugees.

NOTE: *Families with minor children may apply for TANF benefits; only adults without dependent children may apply for Refugee Cash Assistance.*

24.3 Refugee Cash Assistance – Qualifying Documents

An individual applying for RCA must meet an eligible status and have qualifying documents as listed in the following chart:

Category	Documentation
Refugee	I-94 stamped with “Refugee” per Section 207 or Section 212(d)(5) of the Immigration and Nationality Act (INA)
Asylee	I-94 stamped with “Asylee” per Section 208 of the INA.
Conditional Entrant	I-94 indicates Conditional Entrant status under Section 203(a)(7) of the INA
Victim of a Severe Form of Trafficking in Persons	Certificate issued by ORR, U.S. DHHS
Ameriasian	I-94 is stamped: “Processed for I-551” with codes AM1, AM2 or AM3, or I-551 is stamped with codes AM6, AM7 or M8
Special Immigrant Applicant Principal Applicant, Spouse, or unmarried Child Under 21 Years of Age, Iraqi or Afghan Special Immigrant	Iraqi or Afghan passport with an immigrant visa stamp noting that the individual has been admitted under IV (Immigrant Visa) Category SI1 and DHS stamp or notation on passport or I-94 showing date of entry
Principal Applicant, Spouse, or unmarried Child Under 21 Years of Age of Iraqi or Afghan Special Immigrant in P6 Category Iraqi or Afghan Special Immigrant Principal Adjusting Status in the U.S.	DHS Form I-551 (“green card”) showing Iraqi or Afghan nationality (or Iraqi or Afghan passport), with an IV (immigrant visa) code of SI6

24.4 RCA/FI Relationship

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The RCA Program mirrors the FI Program in that the cash payment amount is the same; the right to appeal is the same; the collection of overpayment and repayment of underpayment is the same; the first month of assistance is prorated from the date of application. RCA applications have the same timeliness standard as FI cases. RCA benefits should be authorized no later than 30 days after the application date.

Both RCA and FI have a requirement to participate in employment activities to secure a job. For RCA applicants, the work program requirement is met through registration and participation in the Refugee Employment Services Program at an approved Refugee Employment provider. Refugee applicants are not referred to JUMMP providers.

Refugees that meet the following criteria are exempt from work registration and should be referred to Social Security Administration (SSA) to apply for Supplemental Security Income (SSI) when applying for RCA:

- Age 65 or older
- Blind
- Disabled

After RCA approval, the individuals may continue to receive benefits until approved for SSI, but not beyond the 8 month eligibility period. The RCA case must be closed when the refugee is approved for SSI. The DSS 1326, Notification of Eligibility Determination for Refugee Resettlement Program, must be sent at least 10 days before action is taken to close the case.

1. Required Verification

Verification requirements for the RCA are the same as the FI Program for the following elements:

- a) Qualified Alien status/SAVE verification
- b) Income

There is no federal requirement that RCA recipients must have a social security number or show proof of application for a social security number at the time of application.

Individuals that receive RCA are not considered in the FI caseload and are not entered on the CHIP system for case processing.

1. Financial Requirements that are Unique to RCA

- A. Only income available on the date of application is considered for RCA eligibility.

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- B. Any assets that refugees may hold in their land of origin are not considered.
- C. The income of a volunteer assisting a refugee or the resettlement office is not used in determining eligibility for the RCA program.
- D. Shelter or in-kind resources provided to the refugee by the refugee resettlement office is excluded.
- E. Cash payments made to the refugee under the Department of State Reception and Placement program are not counted as income or assets.

2. RCA Time Limits

There is an eight month time limit on the period that refugees are eligible to receive RCA benefits. The actual number of months RCA benefits will be available depends on the date of application for benefits.

The start date for the eight month eligibility period depends on the status of each applicant. Once eligibility is determined, RCA recipients who continue to meet financial requirements are eligible for RCA for up to eight months.

The eight month eligibility period will begin as described below:

- a) Refugees, and Afghans and Iraqis with special immigrant visas; eligibility period begins the date of arrival indicated on the I-94.
- b) Cuban/Haitian entrants; eligibility period begins the date of approval stamped on the I-94 or passport.
- c) Asylees; eligibility period begins the date asylum is granted.
- d) Victims of human trafficking; eligibility period begins the date indicated on the certification letter.

The eight month eligibility period may differ from the RCA benefit period. Benefits may only be issued from the date the application is received by DSS. Once the eight month eligibility period is established, and the refugee is determined eligible for RCA, the first month cash benefit is prorated from the date the application was filed.

NOTE: The RCA Calculation Workbook attached to this manual is a useful tool to assist the eligibility staff in proration of the initial RCA benefits.

3. RCA Payment Level

The (RCA) benefit is based on the refugee family composition. The family size for RCA will be considered at the same level as the eligible filing unit for the TANF/FI program. RCA is only available to **adults without dependent children**; therefore, the RCA benefit group will only consist of a family with one (1) or two (2) adults. A refugee family with dependent children must apply for TANF/FI.

The RCA family size and current monthly benefit amount:

RCA Payments	
Number in Benefit Group	Payment
1	\$ 163
2	\$ 220

NOTE: *This benefit amount will change when the TANF/FI payment amount changes.*

4. Assignment of RCA Case Numbers

The county is responsible for the assignment of RCA case numbers prior to submitting the application to Refugee Resettlement Program (RRP) for processing. If the refugee applies for SNAP benefits as well as RCA, the SNAP case number should be used for the RCA case. When the SNAP household consists of several adults, some who may apply for separate RCA benefits, the same CHIP case number should be used by adding a numbered suffix for each RCA recipient.

If the Refugee applies for RCA only, and no CHIP number is available, the county should establish a numbering system that consists of the county number as a prefix followed by the first seven (7) digits of the refugee’s social security number or use the client’s alien number.

5. RCA Eligibility Process and Forms

The county staff must use appropriate forms in the eligibility process for Refugees applying for benefits. A copy of all applicant forms must be made available to the Refugee Resettlement Program at the State Office for processing RCA payments.

NOTE: *If the refugee applied for SNAP benefits, scan the documents in SCOSA and notify State Office Refugee staff at: refugeeresettlement@dss.sc.gov.*

The following forms should be used by the county eligibility staff:

FAMILY INDEPENDENCE

1. The **DSS 3800**, Application for the TANF/Family Independence Program (FI), Supplemental Nutrition Assistance Program (SNAP), Refugee Cash Assistance Program (RCA), or online application is used for refugees applying for RCA.
2. The **DSS 1324**, Verification of Employment Registration of Refugee/Entrants is used for each person required to register for employment.

All refugees who do not meet an exemption from work registration must be referred to the Refugee Employment Service Provider. The DSS 1324 must be signed by the contracted employment service provider prior to approving RCA benefits.

The refugee must report to the Refugee Employment Service Provider each month for job search activities while receiving RCA. The Refugee Employment Service Provider and the SC Refugee Resettlement Program will monitor the work activity requirement and notify the county if the refugee fails to participate as required.

3. The **DSS 1325**, Authorization of Financial Assistance for Refugees, is used for case approvals, reviews, re-budgets, closures and denials.
4. The **DSS 1326** is used to notify refugees of their eligibility status. The refugee should be notified of eligibility as soon as possible but no later than 15 days after application.

The county eligibility staff should complete all sections of the **DSS 1326**, Notification of Eligibility Determination for Refugee Resettlement Program, prior to notifying Refugee Resettlement staff of the case approval. The RCA Calculation Workbook attached to the FI manual should be used to determine the prorated benefits for the initial month.

Instructions for use of DSS 1324, DSS 1325 and DSS 1326 are written on the back of the forms.

RCA Benefits should be authorized within 30 days after eligibility determination. RCA benefits are issued by the State Treasurer's office, which requires a ten (10) day processing time once the state office is notified of case approval.

If the RCA applicant is in the CHIP system, all documents must be scanned into the RCA Folder in SCOSA and notify State Office Refugee Staff at: refugeeresettlement@dss.sc.gov.

Once eligibility is determined, the State Office Refugee Staff will monitor the case and authorize benefits each month of the eligibility period.

24.5 Overpayment of Refugee Cash Assistance (RCA)

DSS is required to recover any overpayment that occurs in Refugee Cash Assistance payments. Recoupment of this type of overpayment is handled in the same manner that overpayments and underpayments are handled.

1. Detection and Establishment of RCA Claim

A claim may be detected by Refugee Resettlement staff at the State Office or by county staff that handle RCA cases. A claim shall be established whenever a Refugee receives RCA benefits in excess of the amount the individual was entitled to receive. If the overpayment is detected at the State level, county staff will be notified of the circumstance and the overpayment amount in order for the county to establish the claim.

2. Amount of Claim

The difference between the amount actually received and the amount that should have been received is the amount of the claim. For RCA, this will usually be the full monthly payment received by the refugee.

3. Eligibility Worker/Regional Benefit Integrity Staff Responsibilities for RCA Claims

A. The Eligibility Worker has the following responsibilities regarding procedures for RCA claims:

1. Complete a DSS-1680 with a summary of the details surrounding the claim.
2. Attach appropriate information, evidence, documentation, etc., necessary to establish the claim for county supervisory review.

B. The Regional Benefit Integrity Claims Specialist (BICS) has the following responsibilities regarding procedures for RCA claims:

3. Contact the refugee to discuss the overpayment and to obtain a signed repayment agreement, DSS 2627A, Repayment Agreement and Acknowledgement of Debt.
4. Send a copy of the summary and documentation and a copy of the signed DSS 2627A, Repayment Agreement and Acknowledgement of Debt, to the Refugee Services Unit at the State Office.
5. Inform the refugee and/or the sponsor that the RCA repayments must be sent to the Financial Services Unit at State Office.

4. Repayment of RCA Overpayment

The repayment agreement must contain due dates or time frames for the periodic submission of payments. The full amount of the overpayment should be repaid within twelve (12) months.

24.6 Fair Hearing Rights

All applicants and recipients of refugee cash assistance must be provided an opportunity for a fair hearing to contest adverse determinations. The fair hearing (appeal) is the administrative mechanism to protect the rights to due process of law when an adverse action is proposed.

A written notice in English and a written translated notice, or a verbal translation of the notice, must be sent or provided to a refugee at least ten (10) days before the date upon which the action is to become effective.

Upon notification of a proposed adverse action, the applicant or recipient has the right to request a fair hearing to contest the proposed action.

When the request is received, the individual should complete a DSS-2633, Request for Fair Hearing, if possible. If the request is made orally, the worker must complete the DSS-2633 as completely as possible.

The request for fair hearing is sent to the Office of Individual & Provider Rights within two (2) working days of the request.

24.7 Refugee Cash Assistance Case Closure

Cash benefits must be terminated for any refugee recipient who has been in the U.S. for eight months, as determined by the month and year of entry into the U.S. or eligibility date indicated on the USCIS document. The timely (10 day) notice must be sent for all closures.

Case Closure may occur for the following reasons:

1. Recipient moves out of the state
2. Recipient is eligible for SSI benefits
3. Recipient secures employment and income is over the limit
4. Recipient is determined ineligible for other reasons

1. RCA Case Closure Procedure

- A. County staff completes the DSS 1325, Authorization of Financial Assistance for Refugee showing the effective date of closure. The form may be scanned into SCOSA or sent via email to the State Office

Refugee Staff at refugeeresettlement@dss.sc.gov to notify them of the case closure.

- B. County staff sends the DSS 1326, Notification of Eligibility Determination for Refugees Resettlement Program, to the client at least 10 days before action is taken to close the case unless being closed due to the end of the eligibility period.

24.8 County Office Contact

Due to the limited number of refugees that enter the state, each county should designate staff to process the RCA application or ensure that the application and accompanying documents are completed properly and scanned into SCOSA. State Office Refugee Staff are notified that the RCA application has been approved. Each county must notify State Office Refugee Staff that the RCA application has been approved.

24.9 State Office RCA Program Support

When necessary, counties should contact the State Office Refugee Resettlement Program for guidance and assistance. The State Office RRP Staff may be reached at:

- 1-800-922-1548;
- 803-898-8073; or
- 803-898-0989.

Chapter
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Chapter 25

Civil Rights

25.1 Civil Rights

All FI applicants and recipients are entitled to information about their civil rights. They are also entitled to information about how to file a complaint if they believe they have been subjected to discriminatory treatment by a human services provider. The civil rights protections that clients have depend on applicable state and federal civil rights laws. The Eligibility Specialist must provide the A/R with a DSS-Br2416, Civil Rights Brochure, at each application and redetermination.

Rights and Responsibilities

The employment discrimination statutes prohibit discrimination on the basis of race, color, religion, national origin, citizenship status and unfair documentary practices regarding employment verification, sex, age, and disability in private and public sector employment. Depending on the circumstances, the Department may be subject to coverage under both the nondiscrimination statutes and the employment discrimination statutes.

These laws apply to:

1. state agencies that receive federal money through a block grant to conduct welfare programs
2. county and city agencies that assist in job training as part of a welfare program
3. private contractors and service providers that help welfare participants find jobs or training
4. county offices that determine eligibility for Supplemental Nutrition Assistance Program (SNAP)
5. offices that operate federally funded child nutrition programs (for example, National School Lunch Program and the Women, Infants and Children program)
6. state agencies that refer welfare recipients to businesses or public agencies for employment
7. private contractors and businesses that contract with the state to provide job referral services for welfare participants

25.2 Family Independence Accommodations Requirements

DSS is required to provide reasonable accommodations to applicants/recipients to ensure that they have equal access to benefits and services. “Reasonable accommodation” includes, but is not limited to:

1. modifying existing facilities to make them accessible;
2. acquiring or modifying equipment;
3. providing readers or sign language interpreters; and/or
4. offering modified work plans for FI clients

Accommodations are designed and granted on a case-by-case basis to address special needs and to guarantee that every applicant/recipient has full access to Family Independence Programs.

At each client contact, ensure that the individual has all of the information and assistance from DSS that is needed to complete the application, interview or other action, prior to ending the conversation. If an accommodation is requested but it is questionable whether or not the request can or should be fulfilled, contact FI Policy Unit for a final decision.

Accommodations should be offered when the:

1. client requests accommodations based on a disability or impairment that will prevent access to services
2. DSS staff member (counselor, front desk staff, contractor, etc.) is concerned that the individual may not understand the application, verification or recertification instructions
3. DSS staff member is concerned that the individual may not complete the application or recertification review without these accommodations
4. program’s policies dictate that a waiver from the office interview is appropriate; or other circumstances or information lead DSS staff to think that accommodations are needed.

All clients must have access to standard services. While accommodations must be offered to those in need of them, these specialized services are a client option, not a requirement.

County Office Accommodations Procedures

The Client Special Service Coordinator should have written procedures in place to ensure that all staff who directly serves clients is aware of how to arrange for accommodations and know who must be consulted to make these arrangements.

25.3 Title VI Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency (LEP)

In order to ensure compliance with Title VI, DSS must take steps to ensure that LEP persons who apply for or receive FI and related programs have meaningful access to those programs. The most important step in meeting this obligation is to provide the language assistance necessary to ensure such access, at no cost to the LEP person.

Agency policy for LEP services is set forth in the Policy and Procedures Guide for Services to Person with Limited English Proficiency or Sensory Impairment available with the Office of Individual and Provider Rights.

The type of language assistance provided depends on a variety of factors, including the:

1. size of the organization providing the service;
2. size of the LEP population it serves;
3. nature of the program or service;
4. objectives of the program;
5. total resources available to the organization providing the service;
6. frequency with which particular languages are encountered; and
7. frequency with which LEP persons come into contact with the program.

The key to providing meaningful access for LEP persons is to ensure that DSS and the LEP person can communicate effectively. The steps taken must ensure that the LEP person is:

1. given adequate information
2. able to understand the services and benefits available
3. able to receive those benefits and services for which he/she is eligible
4. able to effectively communicate the relevant circumstances of his/her situation to DSS
5. In order to ensure that persons are not excluded from equal program participation due to limited English proficiency (LEP), DSS must provide trained and competent interpreters and other oral language assistance services to accommodate LEP clients.

DSS may use any of the following services:

1. hire bilingual staff
2. hire staff interpreters
3. use volunteer staff interpreters
4. use volunteer community interpreters
5. contract with an outside interpreter service
6. use a telephone interpreter service

The LEP customer's declination of the offer of free interpreter services must be documented.

FAMILY INDEPENDENCE

Also suggest that a trained interpreter (in addition to the friend/family member) sit in during the interview to ensure reliable and correct interpretation of information. Minor children cannot be used as interpreters.

Written materials that are routinely provided in English to applicants, recipients, and the public must be made available in regularly encountered languages other than English. DSS must ensure that communication tools are provided to LEP customers. The following is a list of the minimum requirements for written documents that should be in the language of the customer:

1. any documents that have to be signed
2. documents that describe the eligibility requirements to participate in a program
3. notifications of changes in status
4. documents informing customers of rights
5. communications informing customers of meetings and reviews for the purpose of recertification

The OCR (Office for Civil Rights) will consider the DSS to be in compliance with its Title VI obligation to provide written materials in non-English languages if for:

1. LEP language groups that constitute ten percent or 3,000 (whichever is smaller) of a service area, DSS provides translated written materials, including vital documents, for each eligible person to be served or likely to be directly affected by the FI program;
2. LEP language groups that constitute five percent or 1,000 (whichever is smaller) of a service area, DSS ensures that, at a minimum, vital documents are translated into the appropriate non-English languages for each eligible person to be served or likely to be directly affected by the FF program;
3. LEP language groups that constitute fewer than 100 persons in a service area, DSS does not translate written materials but provides written notice in the primary language of the LEP language group of the right to receive competent oral translation of written materials for each eligible person to be served or likely to be directly affected by the FI program.

The “service area” is defined as the county served by each DSS office. The LEP population in each county would determine how individual offices apply the Title VI directives.

25.4 Title VI Prohibition on Discriminatory Conduct In Federally Funded Programs and Activities

DSS may not discriminate against people on the basis of race, color, national origin, disability, or age in how we administer our programs or activities.

DSS may not indirectly discriminate on these bases through contractors or by means of any other arrangement. The Department of Social Services is responsible for ensuring that our contractors administer their programs in a nondiscriminatory manner.

FAMILY INDEPENDENCE

Public entities and private contractors that contract with the state to administer welfare programs are subject to the nondiscrimination statutes because they act as agents of DSS in carrying out the program or activity, not because they are recipients of federal assistance.

DSS may not exclude or deny welfare benefits to persons based on their race, color, national origin, disability, or age, or on the basis of sex in education programs.

Examples:

DSS caseworkers may not reject an applicant for benefits because he/she is or appears to be an African-American, Hispanic, Asian, American Indian, Alaskan Native, or a member of another racial or ethnic group. If an applicant declares that he/she is a U.S. citizen, no further verification is required unless there is reason to question the statement. Caseworkers may not reject an application based on the assumption that a person with a foreign-sounding last name is not a citizen and therefore not eligible. Neither DSS caseworkers nor the employees of a Family Independence contractor may deny benefits to persons who are not fluent in English because they assume persons who are, or appear to be, from other countries and are not English proficient, are not eligible for such benefits.

DSS may not impose different standards or procedures to determine who may receive benefits on the basis of race, color, national origin, disability, or age, or on the basis of sex in education programs.

Examples:

An FI Eligibility Specialist may not accept a self-declaration of qualified immigration status requiring verification from applicants who appear to be of African origin, yet require all immigrants from Spanish speaking nations to submit INS documentation because of an assumption that these applicants are illegal aliens. FI personnel may not report suspected illegal aliens to the INS on the basis of race, color, or national origin. Independent evidence supporting illegal alien status is necessary. An employee of a contractor hired by the state may not delay a review of referrals from older individuals until after she evaluates referrals from younger persons.

DSS may not provide different benefits to persons on the basis of their race, color, national origin, disability, age, or on the basis of gender in education programs.

Examples:

Do not reject applicants for job training programs because they are or appear to be Hispanic. Do not assume that a single mother with four children would be unable to complete a rigorous training course because of her family responsibilities.

A DSS office located in an area consisting of Hispanic immigrants with limited English proficiency must provide written materials or other communication services in both English and Spanish that describe all of the benefits and services offered to applicants and participants.

25.5 Type of Conduct Prohibited in Employment Settings

Employment discrimination laws protect workers and prospective workers from discrimination based on race, color, national origin, citizenship status and unfair documentary practices related to employment eligibility, religion, sex, age, or disability.

These laws cover both individual employers and employment agencies, including DSS and contractors that provide job placement services for our program participants. The laws prohibit discrimination in all aspects of the employment process: hiring and discharge, compensation, assignments, and all other terms, conditions, and privileges of employment.

Examples:

Employers or those referring welfare participants to employers may not discriminate on the basis that a person looks “foreign” or has an accent.

Employers must accommodate an employee’s or welfare participant’s religious practices unless doing so would create an undue hardship. For example, people must normally be permitted to wear religious attire unless doing so would create a safety hazard. Furthermore, a welfare agency may not refuse to refer an individual for employment because of his or her need for religious accommodation. Employers may not place female FI participants in office positions while male FI participants are placed in manual labor positions based on assumptions of the individual’s skills and strengths.

25.6 Discriminatory Conduct on the Basis of Handicap/Disability That Is Prohibited in Programs and Services

DSS may not discriminate against any qualified individual with a disability in providing services or administering any program or activity, whether or not the program receives federal financial assistance. In general, an individual with a disability is “qualified” if that person meets the essential eligibility requirements for receipt of services or participation in the program or activity. DSS may not refuse to allow a person with a disability to participate because the person has a disability. We must eliminate unnecessary eligibility standards or rules that deny an individual with a disability an equal opportunity to participate. DSS may not harass a program participant or applicant based on a disability.

Examples:

The director of a day care program which includes children of FI participants who are attending employment training programs may not refuse to accept children who have emotional problems or who take medication for a disability. FI recipients with disabilities may not be prohibited from work activities, education, or training opportunities based on assumptions that such individuals are not qualified to participate in training or work.

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A technical college offering job-training for FI participants may not require students with disabilities to provide medical histories if such histories are not required of all students.

DSS is required to make reasonable modifications in policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the program would result.

Examples:

A job-training course for FI participants must extend testing time when a person with a learning disability requests extra time to complete the test because of his/her disability. The course provider may ask the individual who is seeking extra time to provide reasonable documentation of the learning disability and the additional time that is required.

An FI applicant with a mental disability who is unable to complete the application must be assisted. If an individual with a disability, with or without reasonable accommodation, is unable to perform the essential functions of any available job, a state welfare agency should seek alternatives to the work participation requirement.

DSS must ensure that programs and services are provided in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity for individuals with disabilities. Programs that provide special benefits to people with disabilities are permitted, but people with disabilities cannot be compelled to participate in those programs.

Examples:

A county DSS office may offer an alternate site for an eligibility interview at the Community Mental Health Center for those with mental disabilities. However, the office may not require people with mental disabilities to go to an alternate site for an interview.

A county DSS office may not require people with HIV to be served in a separate room from the other participants.

A vocational training program may offer special training opportunities for people with vision impairments. However, it may not require people with impairments to participate in the special program or refuse to permit them to participate in courses open to other program participants.

DSS must ensure effective communication with individuals who have hearing, speech, or vision impairments. Programs must provide auxiliary aids and services when necessary to ensure effective communication. However, they are not required to provide auxiliary aids that will result in undue financial and administrative burdens.

Examples of auxiliary aids are Braille material, sign language interpreters, readers, or text telephones (TTY's).

Examples:

A job placement program that makes information about job openings available by telephone must ensure that the information is available to users of TTY's.

Printed information for applicants/participants about welfare eligibility requirements must also be provided on audiotape or in Braille for people who have vision impairments, or materials must be read to them.

Job training programs for FI participants must provide sign language interpreters for deaf students when it is necessary to ensure effective communication for those students.

DSS may not exclude individuals with disabilities from programs and activities because buildings are inaccessible. However, the providers are not required to take any action that would result in a fundamental alteration in the nature of the program or activity, or in undue financial and administrative burdens. This means that providers need not remove physical barriers such as stairs in existing buildings as long as the programs are made accessible to individuals with disabilities in other locations or through other methods such as home visits.

Examples:

A DSS office that is located on the second floor of a building that has no elevator may make its services available to an applicant who uses a wheelchair by meeting with that applicant in an accessible ground floor office.

A job-training program that usually offers classes in an inaccessible second-floor classroom may make its program accessible by relocating the class to an accessible classroom in another building. An applicant with a physical disability who cannot be accommodated at the county office must be offered an alternative to the office interview that will accommodate his/her needs and, at the same time, satisfy program requirements.

25.7 Conduct on the Basis of Disability That Is Prohibited in Employment

Employers and those referring FI participants to employers may not impose qualification standards that screen out any individual with a disability or a class of individuals with disabilities unless such standards are shown to be job related and consistent with business necessity.

Example:

An employer may want to require that all job applicants have a driver's license. If driving were an essential function of the position, for example, a bus driver's job, no change in policy would be required. If the job could be done with accommodation (a personal driver, for instance), then the policy would have to include this accommodation.

However, if an applicant were seeking a position for which having a driver's license is merely convenient (such as a secretarial position); the employer would be prohibited from applying this requirement to an applicant who does not have a driver's license because of a disability.

FAMILY INDEPENDENCE

The ADA limits an employer's ability to ask questions of applicants and employees regarding the existence, nature, or severity of a disability and to require medical examinations. Employers may not ask disability related questions of applicants or require medical examinations before an offer of employment is made. If an applicant has a known disability that may prevent the individual from performing the essential functions of the job, the employer may ask how, with or without reasonable accommodation, the applicant would perform the specific tasks required.

Example:

A Family Independence recipient has just applied for a job as a data entry clerk. As she is filling out a personnel form, she mentions this is the first job she has had since she developed Carpal Tunnel Syndrome. The personnel manager cannot ask her for the name of her doctor so he can determine if she is currently under treatment. However, the personnel manager may ask her to demonstrate or describe how she would perform her job-related duties.

Employers are required to provide reasonable accommodations to employees to enable them to perform the essential functions of the job unless the employers can demonstrate that providing a reasonable accommodation would cause an undue hardship to the employer. "Reasonable accommodation" includes, but is not limited to:

- A. modifying existing facilities to make them accessible;
- B. acquiring or modifying equipment;
- C. providing readers or sign language interpreters;
- D. offering part-time or modified work schedules; and/or
- E. restructuring the duties of the job

In determining whether an accommodation would impose an "undue hardship" on an employer's business or program, the following factors should be considered:

the overall size of the business or program with respect to the number of employees, number and type of facilities, and size of the budget;
the type of the employer's operation, including the composition and structure of the workforce; and the nature and cost of the accommodation needed.

Examples:

An FI recipient who uses a wheelchair obtains a job on the clerical staff of an employer whose offices are in a building that has two steps at the entrance. The employer may be required to provide reasonable accommodation for the employee by providing a ramp at the building entrance. A job training program offered by an employer may be required to provide sign language interpreters for deaf employees when it is necessary to enable them to participate in the training.

DSS hires an accountant with vision impairment. The Department may be required to provide reasonable accommodation for the accountant by obtaining computer equipment to enable the accountant to read printed material.

Accommodations Procedures

Waiver of office interview for Family Independence applicants/recipients:

If the client has named an authorized representative, the representative can come to the office in lieu of the client. The authorized representative may answer basic questions needed for eligibility determination but may not negotiate a Family Plan or provide other selected information, e.g. child support cooperation. The Family Plan and child support discussion must be with the A/R.

The office interview must be waived upon request by any A/R who is unable to appoint an authorized representative and:

- A. has no BG members able to come to the county office because they are 60 years of age or older or are handicapped/disabled;
- B. lives in an extremely remote location;
- C. has no BG members able to come to the county office because of transportation difficulties or similar hardships which the county determines, on a case-by-case basis, warrants a waiver of the office interview

These hardship conditions include, but are not limited to:

- 1. illness
- 2. care of a household member
- 3. prolonged severe weather
- 4. hardship associated with living in a rural area
- 5. employment or training hours that prevent an applicant/recipient from participating in a face-to-face interview

NOTE: If needed, the county office should try to accommodate working/training hours by scheduling appointments outside of traditional business hours.

Telephone Interviews

The county DSS office may offer a telephone interview in lieu of a face-to-face interview for an Applicant for whom the face-to-face interview has been waived.

Out-of-office interviews

For those clients who are unable to come to the office or participate in a phone interview, interviews may be held in a mutually agreed-upon site (e.g. Community Mental Health Center, client's workplace, DSS satellite offices, community agencies, or other locations).

Alternate interview examples

When a client is hospitalized, a telephone interview or an authorized representative interview should be offered;

1. a home-bound disabled client who is unable to be served through a telephone interview or authorized representative should be offered a home visit;
2. if a handicapped/disabled client indicates that he/she needs a home visit because of transportation problems, consult with the county Director for additional guidance as to whether the accommodation should be made. A home visit is not necessarily the mandated accommodation if other arrangements, e.g. telephone interview or alternate transportation, can be made.

Filing Discrimination Complaints:

Any individual or his/her representative may file a discrimination complaint with the County, District, or State Office of the Department of Social Services, or with the U. S. Department of Health and Human Services. Complaints may also be filed with the South Carolina Human Affairs Commission. A complaint may be filed at both the state and the federal levels, separately or concurrently, at any time during the process. The complaint may concern discriminatory practices or actions on the part of DSS. The complaint may also involve practices or actions by other agency related institutions, organizations, contractors, or practitioners that participate in the Family Independence program by providing aid, care, or services. DSS will investigate each complaint promptly to determine whether or not it is justified and, if justified, what corrective action is appropriate.

Chapter
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Chapter 26

State Programs

26.1 State Programs

The Family Independence Program is increasingly faced with the challenge of meeting the needs of “hard to serve” clients with multiple barriers to employment. A number of these clients have significant mental and/or physical disabilities that prevent them from fulfilling the mandated work requirements of the Temporary Assistance for Needy Families (TANF) program. The severity of personal and/or family problems effect the chances of employment for individuals in the program.

South Carolina will operate a State Program, outside of the TANF program, for Two-Parent families and individuals who are physically or mentally disabled. Operating a program with total state expenditures allows the flexibility needed to tailor employment-related services to the circumstances of recipients, rather than simply pursuing strategies that count toward the federal participation rate.

The DSS CARES, *Challenging Adults through Rehabilitation, Education and Services* Program is designed to serve FI eligible individuals who face a health related problem expected to last 90 days or more that prevents their ability to participate in the FI work program. The incapacity may be physical or mental, and must be verified by a physician or other health professional.

The Two-Parent Program serves FI families that contain two or more parents in the FI benefit group, as well as cases when parents are sanctioned or disqualified. The participation requirements are designed to meet the needs of recipients and to assist in achieving self-sufficiency.

Although the following households may contain two parents in the family, they will be excluded from the Two-Parent program:

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- C. A benefit group contains an SSI parent
- D. A benefit group that contains an ineligible alien parent

At approval for FI, the Eligibility Specialist (ES) will determine when individuals meet the criteria for either of the State Programs and make a referral for case management services. The Eligibility Specialist should notify the Case Manager (CM) when a family is approved for FI benefits and make the appropriate referral for development of the WRA.

1. CHIP EMPR Coding for State Programs

The appropriate EMPR code must be entered on CHIP by the Eligibility Specialist in order for the case to be listed in the Participation and Tracking System (PATS).

The EMPR code may be changed when necessary, but after case approval, the code should remain the same for the entire month. If the individual no longer meets the EMPR code, it must be changed effective the following month.

MA	Applies to participants in the State Two-Parent Program.
MS	The second parent in the Two-Parent case when the other parent is coded, "RH"; "IN" or "DC
IN	Applies to individuals who are determined to be incapacitated and unable to participate in work activities based on medical documentation. The incapacity must be expected to last 90 days or more. Single disabled parent in CARES Program or second parent in the Two-Parent Program
RH	Applies to an individual providing care for a disabled family member not in school, living in the home; that prevents the individual from participating in FI work activities. The disability of the person in need of care must be for a minimum of ninety (90) days. A medical statement from a physician must support the need for care.
DC	Applies to a parent in a Two-Parent family that is providing care for a disabled child attending school. The need for care must be supported by medical documentation.

2. Benefit Time Limits for State Programs

All FI families included in either CARES or the Two-Parent Program are exempt from the Federal 60 month time limit. All families included in CARES are also exempt from the State 24-month time limit.

Two-Parent families with both adults coded "MA" on EMPR are subject to the State 24-month time limit. However, in Two-Parent cases where one adult is coded, "IN", "RH", or "DC" on EMPR, the family is exempt from State time limits.

NOTE: *Months counted towards the family's 24 month time limit will be based on the adult, minor head of the BG, or minor married to the head of the BG, who has received the most countable months.*

3. Benefits Received in Another State

TANF assistance received by Two-Parent families in another state does not count toward the State 24-month time limit. If the family has not used 60 federal TANF months, they may apply for assistance in SC and if eligible, they may receive benefits for up to 24 months.

4. Reapplication after Time Limit Closure

Individuals may reapply for benefits after termination of cash benefits due to the 24-month limit if the family qualifies for the State CARES program.

5. Time Limit Extensions

The Family Independence Act allows that benefits be extended beyond the 24-month time limit in certain situations. [\(See 20.2\)](#)

6. State Program TL Tracking Codes

The following tracking codes will be used on CHIP for the CARES or Two-Parent programs:

- A. "DI" code used on FAIP for an incapacitated individual (90 days or more).
- B. "DC" code (Two-Parent case) used on FAIP for an individual required in the home to care for a disabled child.
- C. "A3" code (Two-Parent case) used on FAIP for an individual required in the home to care for a disabled family member.
- D. "AE" code (Two-Parent case) used on FAIP for a mandatory adult when the other adult is disabled, or required in the home.
- E. "A2" code (Two-Parent case) used on FAIP for a mandatory adult when the other adult is also mandatory.

26.2 State CARES Program

In order to be included in the CARES Program, the incapacity of the adult recipient must prevent the individual from participating in a FI work activity for a period of 90 days or more.

Individuals diagnosed with a physical or mental disability expected to last 90 days or more, are eligible for the CARES program. Individuals accepted for treatment by Vocational Rehabilitation, DDSN, or Mental Health, are also eligible for the CARES Program. Individuals accepted by VR for treatment due to a criminal record or drug addictions are not eligible for the CARES program.

NOTE: Recipients who are permanently and totally disabled will be included in CARES regardless of their ability to work or participate full-time. You may have an individual who works full time despite the fact that they are totally and permanently disabled. In this situation, the case would continue in the CARES Program (i.e., paraplegia or mental retardation does not always prohibit work activities, but these clients should remain in CARES for specialized services.)

1. Verification of Disability

A disability may be physical or mental, and must be verified by a physician or other health professional which include:

- A. Physician Assistants
- B. Nurse Practitioners
- C. Psychologists
- D. Psychiatrists
- E. Physical Therapists
- F. Other professionals qualified to make a clinical diagnosis

The medical incapacity is subject to reevaluation at intervals that are specific to each recipient's circumstances, at a minimum, at annual redetermination. This interval is dependent on what has been determined by the doctor or other health professional and what is documented on the DSS-1247, Physician's Statement or other verification which is completed and signed by a physician.

NOTE: Support services funds can be used to pay to have medical forms completed for participants in the state program once they have been determined eligible and have been participating in the CARES Program.

2. CARES Assessment Process

The Family Plan will be completed for the families in the CARES Program. It will be an overall picture of the strengths, barriers and needs within a family unit.

The Family Plan includes:

1. DSS 1015 A, Work Readiness Assessment (WRA); and
2. DSS 1015 B, Assessment Summary
3. DSS 1022, Individual Employability Plan (IEP) (May not be mandatory for all CARES participants)

The client assessment process is the first step for the client after case approval because it is needed to gather information necessary for the development of the Family Plan. This process should be completed within 30 days after case approval.

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The client assessment will involve gathering and analyzing information on external and internal factors that affect the client to determine the client's current level of employability and assess the needs of the family.

The assessment process is used to:

- A. Evaluate the strengths and weaknesses of the participant
- B. Identify needed services
- C. Develop an appropriate Family Plan for the participant and other family members.

The assessment may be done in the office or during a home visit.

3. Elements of Assessment

The assessment consists of the following:

- A. An orientation of the CARES Program;
- B. DSS 1015 A, Work Readiness Assessment (WRA);
- C. DSS 1015 B, Assessment Summary; and
- D. Referral for services

4. CARES Evaluation

The screening process is a vital part of the family evaluation. The Case Manager should begin an evaluation of the family upon receipt of the referral from the ES. The assessment is used to identify potential barriers that may affect the clients' ability to participate in activities. The results captured during the assessment will be used to refer individuals for additional assessments when indicated. In addition to the DSS 1015 A and DSS 1015 B, the CARES evaluation should include the following screenings:

- A. DSS 1247B - Client Self-Assessment

The CM must determine the functioning level of the disabled individual based on information obtained from qualified medical professionals and the DSS 1247B. Individuals may have an incapacity that limits their ability to work, but still are capable of performing in other training activities.

- B. Domestic/Family Violence Assessment

The DSS 3733, Family Domestic Violence Notice will be completed by the Eligibility Specialist at application. However the CM must

discuss domestic/ Family violence issues with the participant when developing the Family Plan.

When a recipient requests that certain program requirements be waived because compliance would put the recipient at risk of domestic/family violence, the recipient will be referred to the local Domestic Violence Advocate (DVA) for an assessment which includes completing a safety plan.

NOTE: The safety plan will be maintained by the DVA.

The assessment will evaluate the domestic/family violence situation and determine the extent of counseling and support services needed to safeguard the recipient.

The DVA will make a recommendation to the CM regarding consideration of a good cause domestic violence waiver of a program requirement(s). The DSS-3734, FI Domestic Violence Waiver Assessment, must be completed by the CM.

- B. Optional screenings should be complete by the FI case manager when the client displays problems with hearing or vision.
1. Basic Hearing - DSS 1321
 2. Basic Vision - The individual's ability to read the DSS 3800 Application and other DSS forms without difficulty.

A basic Learning Disability (LD) screening form, DSS 1320, is done for FI applicants by the ES.

NOTE: Do not tell a client they have a learning disability and do not refer to a client as having a learning disability. Only a qualified psychologist can diagnose a learning disability.

5. CARES Family Assessment

The family assessment will focus on other conditions of the family that impact the individual's ability to participate in program activities and or seek other needed services. During the family assessment, areas to consider may include but are not limited to the following:

- Demographics
- Employment (e.g. skills, history, legal barriers, career interests, language)
- Education (e.g. highest grade level, learning disabilities, other diploma)
- Housing and transportation
- General health
- Mental health
- Substance abuse

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- Domestic violence – safety
- Child care and child well-being

6. Home Visit

A home visit is required within the first 60 days of case approval; if not done during the assessment/evaluation, it should be done to develop the Family Plan. Documentation is required in the case record if there are extenuating circumstances preventing the visit from occurring.

NOTE: *A client has the right to refuse a home visit but must be willing to cooperate and keep scheduled office appointments.*

7. Home Visit as Assessment Tool

The home visit is a useful tool in the assessment of the family's home environment and needs. A written or oral notice of the scheduled visit should be given to the client. Advance notification is not required when assisting the client in obtaining necessary information or providing case management services that would be vital to the family.

8. CARES Family Plan

The Family Plan will be completed for the family of CARES Participants. It will be an overall picture of the strengths and growth areas within a family unit. The evaluation will include a summary of observations and information gathered by the CM concerning each household member. The CM will document the findings on the CARES Mutual Responsibility Agreement (DSS 1231). This portion of the Family Plan may be completed in the office or during a home visit. A home visit is useful to compile data of the living conditions and other personal attributes relevant to the family.

The Family Plan includes:

1. DSS 1015 A, Work Readiness Assessment (WRA); and
2. DSS 1015 B, Assessment Summary
3. DSS 1022, Individual Employability Plan (IEP) (May not be mandatory for all CARES participants)

Based on medical or physical needs, goals will be developed for each household member with specific outcomes relating to health, safety, enrichment, etc. All CARES Participants must have a Mutual Responsibility Agreement while some may need an Employment Plan.

The Family Plan is a working document that must be updated as changes occur. It may be necessary to adjust time frames, activities, support services, vocational

goals, etc., as necessary. Document only in the area where the change occurred. It will not be necessary to complete the entire WRA in order to update changes.

9. CARES Case Plans - Development

When developing the CARES Mutual Responsibility Agreement, it is the intent of the CARES program to evaluate the role of the disabled adult not only in a work setting, but also, the ability to function within the family unit. With this in mind, a comprehensive plan of action should be developed with the client to encompass the needs of the household. The case situation may warrant the case manager not only to assist the client or other family members in attending appointments, but also to accompany them.

NOTE: The FI case of CARES recipients cannot be closed if they fail to cooperate in developing case plans.

NOTE: The CARES Mutual Responsibility Agreement should be completed within (30) thirty days of case approval. A home visit can be done to complete the Responsibility Agreement. If not done at this time the home visit must be completed within the first 60 days of case approval. Documentation is required in the case record if there are extenuating circumstances preventing the visit from occurring.

10. CARES Reassessment

Assessment is an on-going process and the CM should determine when additional testing is needed. Vocational tests, inventories or surveys may be used when needed to determine the client's skills, ability and the need for additional services. The CM may also acquire additional information from observation and data provided by the participant.

The CM should have a monthly contact with each participant in the C.A.R.E.S Program. These contacts may be made during a home visit, in the office, in person or by phone. This responsibility should rest with the CM and should not be transferred as a responsibility to the client.

Documentation of all activities is an essential element of this program. The DSS 1230-D or case notes in SCOSA can be used to document all activities by the Case Manager.

11. CARES Case Management

A major advantage of the CARES Program is the ability of the CM to assist the client by allowing participation in work activities without the constraints of TANF work program requirements and/or time limited benefits.

The CARES Case Manager should reference local county resource books that should be maintained and updated as part of the FI and SNAP programs. This should be useful in identifying available services and opportunities in the county for disabled individuals. The CM must determine whether the disabled individual is capable of participating in FI work activities and the level of participation. This

should be based on information obtained from qualified medical professionals and the Client Self-Assessment, DSS 1247B.

12. CARES Non-Discrimination

Depending on the abilities of the CARES participant, the Case Manager may provide the recipient with the same work activity opportunities as those clients participating in the FI Work Program, even though special accommodations may have to be made.

Accommodations may include, but are not limited to: part-time or flexible hours for activities; providing the individual with activities in a specific environment that enables the individual to participate; providing particular types of jobs or work activities that are consistent with the person's limitations; scheduling activities so they do not conflict with ongoing medical or mental health treatment; additional notice of program appointments; additional explanation of program rules; additional time to complete requirements and additional intervention to enable the individual to comply with CARES activities.

See the Job Accommodation Network site for an extensive list of accommodations by disability <http://www.jan.wvu.edu/media/atoz.htm>

NOTE: Any support services payments offered to participants in the FI Work Program must also be offered to CARES participants when needed to participate in any activity.

13. CARES Tracks

The determination of a participant's disability must be made and documented through a physician statement or other acceptable means of verification from a licensed health care professional. The statement must clearly lead to the conclusion that the participant will be unable to fully participate in the FI Work activities for a period of 90 days or more. This documentation is the driving force for the CARES program and will determine the path of services the case manager offers the participant.

There are two tracks of participation in the CARES Program. Each track will be clearly defined based on the medical information provided by the participant's doctor or licensed health care professional.

These tracks will help determine the services offered by the case manager. The Case Manager will be responsible for updating the PATS system with the CARES track code once the appropriate track is determined.

The following codes will be used to identify CARES Tracks:

TRACK 1 - T1 – Disabled for 90 days or more but able to participate in some activities.

TRACK 2 - T2 – Disabled for 90 days or more, unable to participate, must apply for SSI or RSDI benefits when appropriate.

A. CARES Track 1 Characteristics

The following characteristics will identify those participants who will be placed in track 1 case management activities:

- a. Track 1 participants experience a disability severe enough to prevent full-time participation in the FI Work Program, but not to the extent that all work and training activities are prevented.
- b. Track 1 participants may show an indication of a learning disability on the, Work Readiness Assessment Tool (WRA), and diagnosed as Learning Disabled (LD) by a licensed psychologist **and** the learning disability prevents full-time FI participation for a period of 90 days or more.
- c. Track 1 recipients may participate in any FI Work Program activities for which they qualify even though special accommodations may be needed. Again, the participant's disability must prevent **full participation** in these FI Work Activities for 90 days or more.

NOTE: If the disability of a Track 1 participant were to become more severe and an updated determination by a licensed health care professional verifies that the disability is permanent and total, the participant should be moved to Track 2.

B. CARES Track 2 Characteristics

The CARES CM should be aware of the following characteristics for Track 2 participants:

1. A Track 2 recipient is one who experiences a permanent and total disability severe enough to prevent full/part-time employment or participation in training activities and is expected to last more than 90 days. Our primary goal in working with Track 2 recipients would be to assist them in applying for and ultimately receiving disability benefits under the SSI or RSDI programs.

NOTE: CARES Case Managers must work with these recipients to assist them in the SSI or RSDI (social security disability) application process.

2. The CARES CM will monitor referral and participation through the application process and offer assistance and encouragement as necessary. It will be the CM's responsibility to ensure that the application is filed and to assist the client in the SSI/SSA interview process. Additionally, the CM will follow up with the client **at least monthly** to determine if a decision has been rendered in regards to the application. Once a decision is rendered, if it is adverse to the client,

the CM must assist the client in following the steps necessary to file an appeal. It will be the CM's responsibility to ensure deadlines are met in getting the appeal initiated. Additionally, follow ups will be done at least monthly with the client to determine if a decision has been reached.

NOTE: The Case Manager is responsible for setting up the initial appointment and making sure transportation is available. The case manager will assist the client through this process from beginning to end.

NOTE: Any and all Support Services provided to FI Work Program participants must also be made available to Track 2 recipients when needed to assist in activities.

14. SSA Criteria for Permanent Disability

When making the disability determination for Track 2 participants, or to determine total and permanent disability, the CM should use the criteria for permanent disability established by the Social Security Act. Documentation in the case file should also include that the disability prevents full participation in the work program for a durational period of 90 days or more. Those criteria are:

- A. Permanent loss of use of two limbs or amputation of:
 - 1. Leg at hip
 - 2. Leg or foot due to diabetes or poor circulation
 - 3. Limb of an individual aged 55 or older.
- B. Spinal cord or nerve root lesions resulting in paraplegia or quadriplegia
- C. Multiple Sclerosis
- D. Muscular Dystrophy
- E. Impaired renal function due to chronic renal disease
- F. Chronic liver disease resulting in massive hemorrhage or requiring a shunt operation
- G. Total deafness, not correctable
- H. Statutory blindness, except if due to cataracts or detached retina
- I. Markedly reduced vision not correctable by surgery or glasses
- J. IQ of 59 or less, established after attaining age 16

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- K. Psychiatric impairments which have required institutionalization in a licensed mental hospital for the past two years without release that would indicate improvement
- L. Age 59 and over with any condition (physical) and/or mental) listed below:
 - 1. Amyotrophic lateral sclerosis
 - 2. Anterior poliomyelitis
 - 3. Arteriosclerosis obliterans or thromboangitis
 - 4. Arthritis of major weight-bearing joint
 - 5. Arthritis of one major joint in each of the upper extremities
 - 6. Central nervous system vascular accident
 - 7. Cerebral palsy
 - 8. Chronic obstruction airway disease
 - 9. Chronic venous insufficiency
 - 10. Degenerative disease
 - 11. Diabetes mellitus
 - 12. Diffuse pulmonary fibrosis
 - 13. Disorders of the spine
 - 14. Organic loss of speech
 - 15. Other restrictive ventilatory disorders
 - 16. Parkinson Syndrome
 - 17. Scleroderma or progressive systemic sclerosis
 - 18. Subacute combined cord degeneration
 - 19. Syringomyelia
 - 20. Tabes dorsalis

15. Application for Social Security Disability/SSI

The following information regarding the application process for SSI is provided for informational purposes to assist the case manager:

A. Sequence of Events:

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1. Call the Social Security Administration (SSA) Monday thru Friday, toll-free at 1-800-772-1213, 7:00 AM - 7:00 PM.
2. Automated System (Dial "0" when it picks up and wait - a real person will come onto the line).
3. Ask to schedule an appointment with a local field office.

NOTE: *If going to a field office, the client should bring appropriate medical verification.*

4. At this point, SSA sends a Disability Report to be completed by the client.
5. After the appointment, the disability case is transferred to the Disability Determination Services (DDS) office for determination and they will advise of status.

B. Initial Evaluation by SSA:

1. Is the claimant working (engaging in substantial gainful activity)?
2. Does the claimant have a severe impairment?
3. Does the claimant's impairment meet or equal the Listing of Impairments? Can the claimant do his or her past relevant work?
4. Can the claimant do other work that exists in significant numbers in the national economy, taking into account age, education, work experience, and residual functional capacity?

C. What is needed for application?

It will be the responsibility of the CARES case manager to assist the client in obtaining information necessary to complete the application process.

1. Social Security Number and Birth Certificate
2. Names, addresses, and phone numbers of hospitals, doctors, clinics and institutions that treated the client, and dates of treatment
3. Names of medications client is taking
4. A summary of where the client worked and type of work performed
5. A copy of most recent tax return or W-2 form

16. CARES Activities

The State CARES Program has a greater flexibility than the TANF work program. Because of this flexibility, activities that would not be countable as a TANF component due to the restrictive nature of legislation may be appropriate for CARES participants. Hours of participation in any activity may be appropriate for CARES participants and must be keyed in PATS. When an individual is determined to be disabled by a Physician's Statement, DSS-1247, the individual should be referred to Vocational Rehabilitation (VR), unless the physician clearly documents on the statement that the disability causes current and future employment potential to be nonexistent and referral to VR to be futile. Most of Track 1 participants should be referred to VR.

A Types of services available at SC Vocational Rehabilitation

1. Restoration Services

SCVRD may provide medical or other services to help clients meet physical or mental disability needs that require attention before employment goals can be reached. These services are based on individual need.

2. Job Readiness Classes

Job readiness classes help clients prepare for employment which include:

Classes that address how specific disabilities affect work ability. Pre-employment classes on how to fill out job applications, develop interview skills and develop an understanding of an employer's expectations.

Employment classes for "job ready" clients include job-seeking groups, advanced interview skills and other topics.

3. Job Readiness Training

Job-readiness training helps develop positive work behaviors and the physical stamina needed for successful adjustment to a new job. This training involves working on outsource contracts at an SCVRD work training center. Individuals are paid for work performed. Services vary at each SCVRD work training center. Local staff must contact the SCVRD training center to determine the type of service provided.

4. VR On-the-Job Training

On-the-job training can be provided by a prospective employer. A "job ready" client works for an hourly rate of at least minimum

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wage while learning the skills of the job. If the training is successful, the client is expected to be employed in the same or a comparable position.

5. Post-Secondary Training

Assistance with post-secondary training leading to an associate or baccalaureate degree may be provided if it is in an area of study leading to an appropriate career field.

Below is a listing of various examples of work and training activities that may be appropriate for use in the CARES Program. In addition to the list below, any activity allowable in the FI Work Program would also be allowable under CARES. This is not an all-inclusive list; counties may know of other activities that may also be appropriate for CARES participants:

- A. Community Service Placements
- B. Vocational Rehabilitation Sheltered Workshop
- C. Any program or seminar that provides directly or facilitates the provision of vocational rehabilitation to individuals with disabilities and that enables an individual with a disability to maximize opportunities for employment
- D. Volunteer Activities such as Habitat for Humanity, Palmetto Pride, Red Cross and AARP volunteer programs
- E. DAODAS evaluation, detoxification, assessment and treatment program
- F. Mental health-activities, as prescribed by other appropriate health care professionals
- G. Counseling or physical rehabilitation activities
- H. Court ordered activities
- I. Activities related to obtaining shelter or retaining safety in a domestic abuse situation and other activities needed to stabilize the family
- J. Short-term workshops, community seminars and sessions at faith-based organizations
- K. School activities that will provide educational support for children if the parent is required or asked to attend (i.e. PTO meetings, school conferences, seminars, etc.)
- L. Other activities that the agency determines are consistent with the capabilities of the participant

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- M. Participation in drug or alcohol "12 step" programs
- N. Educational Activities

NOTE: For all dependent children in the household, the Responsibility Plan should include satisfactory attendance and progress. The CM will be responsible for verifying this at each school reporting period and documenting the case file. If problems are noted in these areas, appropriate referrals for tutoring, conferences, etc. should be arranged.

- O. EMPP Classes
- P. Other services that may be offered in an individual or group setting such as:
 - 1. Personal Improvement: goal setting, problem-solving, character development, coping skills, relationship-building, communication skills
 - 2. Family Life: child development, parenting, family management
 - 3. Practical Life Skills: money and time management, healthy home, nutrition

17. CARES Activities - PATS Coding

The DSS CARES program does not have a specific participation requirement; however, Case Managers must schedule and record all appropriate activities for CARES in the PATS system. The CARES program allows flexibility and leniency for adults dealing with disability issues, therefore participation in any activity should be entered in PATS.

When coding the appropriate CARES activities in PATS, use the code that most closely reflects the activity of the participant. If the activity does not meet one of the codes listed in PATS, the CM should code the activity "WANC" and document the case accordingly. The PATS (WANC) code for "other work activities" or "non-countable" hours are acceptable for CARES activity. Any activity that the Case Manager believes may assist the client and/or his or her family may be counted in CARES.

EXAMPLE: The hours spent completing the application process for RSDI or SSI could be considered "other work activities" in CARES.

18. CARES Policy on Sanctions

In the CARES Program, the DSS 1015 A, Work Readiness Assessment (WRA) and DSS 1015 B, Assessment Summary are completed for all families. The DSS 1022, Individual Employment Plan (IEP) may be required for some individuals.

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Punitive action should not be taken against the recipient if they refuse to cooperate in completion of the Family Plan. The record should be documented accordingly and efforts should continue by the Case Manager to work with this client.

Because the CM is working with a specialized caseload in the CARES Program, these recipients tend to have larger obstacles to overcome in order to fully cooperate with work and training expectations. CARES does not allow sanctions; however, the CM should coach and counsel the client in resolving issues that may be interfering with cooperation.

19. CARES Conversion

Conversion from the CARES Program may occur at the following times:

- A. When the family continues to meet eligibility requirements, but fails to meet the disability policy stated in this chapter, then transfer the case to the FI Program.
- B. If a second parent is added to the BG and the family continues to meet eligibility requirements, then transfer the case to the Two-Parent Program.

NOTE: A full staffing of the case should be done reviewing eligibility criteria including months remaining on the program. The client would also have to cooperate in developing an updated Employment Plan for work activities. The staffing should also include any possibility for extensions. (Refer to FI Manual, Chapter 20).

26.3 State Two-Parent Program

In order to be included in the Two-Parent program there must be two or more parents in the FI family. Legally married same-sex spouses receiving FI benefits will be included in the Two-Parent program. The goal of the Two-Parent program is to assist the family in obtaining employment that will lead to self-sufficiency. In order to obtain full time employment, participants should be placed in activities that will lead to employment. Some participants may be ready to participate in activities designed for job placement while others need additional services and/or training before becoming job ready.

Case management of Two-Parent cases begins with an evaluation and assessment of the adults in the family. The evaluation will be an overall picture of the strengths and growth areas within a family unit. Based on educational needs and assessment results, goals will be developed for each household member with specific outcomes relating to protection, health, safety, enrichment, etc. It will contain an IEP for each work eligible individual. The assessment will include a summary of observations and information gathered by the CM concerning each household member.

The information gathered during the assessment is documented on DSS 1015 B. This portion may be completed in the office or during a home visit. A home visit is useful to compile data of the living conditions and other personal attributes relevant to the family.

1. Two-Parent Program Requirements

Participants in the Two-Parent program must meet one of the following criteria:

- A. When both parents are required to participate (both are coded “MA” on EMPR), each parent will be required to participate 30 hours per week. A minimum of 20 hours per week must come from participation in CORE activities. A listing of Core and Non-Core activities can be found in Chapter 6. Scheduled hours must be listed on the Employment Plan.

EXCEPTION: If both adults are teen parent/adults, each must participate in education or training activities as required by the school or be satisfactorily attending secondary school or its equivalent.

- B. When one parent is coded “MS” and the other parent is coded “IN”, “RH”, or “DC” on EMPR, a minimum of 30 hours per week is required for the mandatory parent. A minimum of 20 hours per week must come from participation in CORE activities. The parent coded “IN” should participate in appropriate CARES activities based on a CARES Track for the disabled parent.

Note: Any individual coded “IN” on EMPR is subject to participation in CARES activities.

- C. If one mandatory parent fails to participate in an activity for the hours on the Employment Plan, he/she is subject to sanction and the other parent must then meet a minimum 40 hour requirement for the Two Parent family. A minimum of 30 hours per week must come from participation in CORE activities.

2. Two-Parent Evaluation

The screening process is a vital part of the family evaluation. The Case Manager should begin an evaluation of the family upon receipt of the referral from the ES. The assessment is used to identify potential barriers that may affect the clients’ ability to participate in activities. The results captured during the assessment will be used to refer individuals for additional assessments when indicated. In addition to the DSS 1015 A and DSS 1015 B, the Two-Parent Evaluation should include the following screenings:

A. Domestic/Family Violence Assessment

The DSS 3733, Family Domestic Violence Notice will be completed by the Eligibility Specialist at application. However the CM must discuss domestic/Family violence issues with the participant when developing the Family Plan.

When a recipient requests that certain program requirements be waived because compliance would put the recipient at risk of domestic/family violence, the recipient will be referred to the local Domestic Violence Advocate (DVA) for an assessment which includes completing a safety plan.

NOTE: The safety plan will be maintained by the DVA.

The assessment will evaluate the domestic/family violence situation and determine the extent of counseling and support services needed to safeguard the recipient.

The DVA will make a recommendation to the CM regarding consideration of a good cause domestic violence waiver of a program requirement(s). DSS-3734, FI Domestic Violence Waiver Assessment, must be completed by the CM.

B. Optional screenings should be completed by the FI Case Manager when the client displays problems with hearing or vision.

1. Basic Hearing - DSS 1321
2. Basic Vision - The individual's ability to read the DSS 3800 Application and other DSS forms without difficulty

A basic Learning Disability (LD) screening form, DSS 1320, is done for FI applicants by the ES.

NOTE: Do not tell a client they have a learning disability and do not refer to a client as having a learning disability. Only a qualified psychologist can diagnose a learning disability.

3. Two-Parent Family Assessment

The family assessment will focus on other conditions of the family that impact the individual's ability to participate in program activities and or seek other needed services. During the family assessment, areas to consider include, but are not limited to the following:

- Demographics

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- Employment (e.g. skills, history, legal barriers, career interests, language)
- Education (e.g. highest grade level, learning disabilities, other diploma)
- Housing and transportation
- General health
- Mental health
- Substance abuse
- Domestic violence – safety
- Child care and child well-being

4. Home Visit

A home visit is required within the first 60 days of case approval; if not done during the assessment/evaluation it should be done to develop the Family Plan. Documentation is required in the case record if there are extenuating circumstances preventing the visit from occurring.

NOTE: A client has the right to refuse a home visit but must be willing to cooperate and keep scheduled office appointments.

5. Home Visit as Assessment Tool

The home visit is a useful tool in the assessment of the family's home environment and needs. A written or oral notice of the scheduled visit should be given to the client. Advance notification is not required when assisting the client in obtaining necessary information or providing case management services that would be vital to the family.

6. Two-Parent Family Plans

The Family Plan will be completed for the family. It will be an overall picture of the strengths and growth areas within a family unit. The evaluation will include a summary of observations and information gathered by the CM concerning each household member. This portion of the Family Plan may be completed in the office or during a home visit. A home visit is useful to compile data of the living conditions and other personal attributes relevant to the family.

The Family Plan includes:

1. DSS 1015 A, Work Readiness Assessment (WRA); and
2. DSS 1015 B, Assessment Summary
3. DSS 1022, Individual Employability Plan (IEP)

Based on assessments and evaluations, goals will be developed for each household member with specific outcomes.

7. Two-Parent Case Plans

After completing the assessment, the DSS 1015 A and DSS 1015 B of the DSS 1230 Family Plan the DSS 1022 will be developed for each parent as appropriate.

The Family Plan should be completed within (30) thirty days of case approval. A home visit can be done to complete the Family Plan. If not done at this time the home visit must be completed within the first 60 days of case approval.

Documentation is required in the case record if there are extenuating circumstances preventing the visit from occurring.

It is the intent of the Two-Parent program to evaluate the role of each adult not only in a work setting, but also, the ability to perform in various activities that will benefit the family unit. The Employment Plan for each mandatory parent must be comprehensive with established activities, scheduled hours and goals that lead towards self-sufficiency.

8. Two-Parent Reassessment

Assessment is an on-going process and the CM should determine when additional testing is needed. Vocational tests, inventories or surveys may be used when needed to determine the client's skills, ability and the need for additional services. The CM may also acquire additional information from observation and data provided by the participant.

The CM must have monthly contacts with each adult participant in the family. These contacts may be made during a home visit, in the office, in person or by phone. This responsibility should rest with the CM and should not be transferred as a responsibility to the client.

The CM is responsible for verifying and recording client participation in activities, and their progress on an ongoing basis, while providing encouragement to those demonstrating good progress and counseling to those showing deficiencies.

The Family Plan is a working document that must be updated as changes occur. It may be necessary to adjust time frames, work activities, support services, vocational goals, etc., as necessary. Document only in the area where the change occurred. It will not be necessary to complete the entire WRA in order to update changes.

9. Two-Parent Case Management

At the time the Employment Plan is developed, activities are identified and discussed with the participant that will lead to full-time employment. The activities and/or services are designed to meet the individual needs with time frames for completion. The CM will monitor the participant's attendance and progress in the assigned component, and ensure that the time frame established is reasonable.

Documentation of all activities is an essential element of case management for Two-Parent families. All actions performed to assist the family and client progress will be documented in SCOSA Case Notes.

10. Two-Parent Non-Discrimination

Depending on the abilities of the participant, the case manager will provide the recipient with the same work activity opportunities as those clients participating in the FI Work Program.

Accommodations may include, but are not limited to: part-time or flexible hours for activities; providing the individual with activities in a specific environment that enables the individual to participate; providing particular types of jobs or work activities that are consistent with the person’s limitations. Activities should be scheduled so they do not conflict with each other. Any support services payments offered to participants in the FI Work Program must also be offered to participants that meet the criteria for inclusion in the Two-Parent program. [\(See 19.1\)](#)

11. Two-Parent Program Activities

The following is a list of work and training activities that are available for participants in the Two-Parent program. Participation in one or more of these activities will more likely lead to full-time employment and self-sufficiency:

CORE	NON-CORE
EMPLOYMENT	EDUCATION DIRECTLY RELATED TO EMPLOYMENT
WORK EXPERIENCE	JOB SKILLS
ON-THE-JOB-TRAINING	SATISFACTORY SCHOOL ATTENDANCE
JOB READINESS	
COMMUNITY SERVICES	
VOCATIONAL EDUCATION	
EDUCATION DIRECTLY RELATED TO EMPLOYMENT (TEEN ADULTS)	
SATISFACTORY SCHOOL ATTENDANCE (TEEN ADULTS)	

Two-Parent program participants must be involved in CORE components/activities a minimum of twenty (20) hours per week and maintain a thirty (30) hour per week participation rate overall. They may increase hours and improve chances of employment by participating in any work and training activities needed to overcome obstacles to employment. No more than ten (10)

FAMILY INDEPENDENCE

hours per week will be countable toward an individual's participation requirement from this listing:

- A. Vocational Rehabilitation Sheltered Workshop
- B. Any program or seminar that provides directly or facilitates the provision of vocational rehabilitation to individuals with disabilities and that enables an individual with a disability to maximize opportunities for employment
- C. Volunteer with Non-profit organizations and community organizations such as Habitat for Humanity, Palmetto Pride, Red Cross and AARP volunteer programs
- D. DAODAS evaluation, detoxification, assessment and treatment program
- E. Mental health-activities, as prescribed by other appropriate health care professionals
- F. Counseling or physical rehabilitation activities
- G. Court ordered activities
- H. Activities related to obtaining shelter or retaining safety in a domestic abuse situation and other activities needed to stabilize the family
- I. Short-term workshops, community seminars and sessions at faith-based organizations
- J. Participation in drug or alcohol "12 step" programs

12. Two-Parent Case Sanctions

Full family or individual sanctions are applied to the Two-Parent case when a mandatory parent or teen parent/adult fails without good cause to comply with the Two-Parent participation requirements. Conciliation must take place before a sanction is imposed. The sanction is imposed on the adult member that fails to comply with one of the following:

- A. Sign or cooperate in the development of the Family Plan.

NOTE: FI case closure will not occur if an individual refuses to sign or cooperate in the development of the family plan while participating in the Two-Parent Program. The individual will be subject to conciliation and sanction. The FI case will close "IS", if both parents fail/refuse, after the initial approval, to sign or cooperate with the development of the Family Plan.

- B. Comply with the employment and training requirement contained in the Employment Plan
- C. Accept an offer of bona fide employment

D. Cooperate with Two-Parent Program Requirements

The CM must exercise judgment and must make every effort to assist participants in overcoming barriers to successful participation in the program prior to imposing a sanction. All issues that may affect participation must be discussed and resolved during conciliation.

1. Full Family Sanctions

When both parents in a Two-Parent case fail/refuse to comply with the terms of Two-Parent work requirements and no agreement is reached during the conciliation, the family must be sent a Notice of Adverse Action (timely notice) informing them of the sanction to be imposed and of the termination of cash benefits. The sanction is curable when both individuals demonstrate compliance for 30 days. If one parent meets compliance and the other parent fails to cure, the case should be approved, but the sanctioned individual is not included.

NOTE: Sanctioned individuals continue to be considered BG members for all purposes other than money payment.

2. Individual Sanctions

When one parent in a Two-Parent case fails/refuses to comply with the terms of Two-Parent work requirements and no agreement is reached during the conciliation, the participant must be sent a Notice of Adverse Action (timely notice) informing him/her of the sanction to be imposed and of the reduction in cash benefits. The sanction is curable when the individual demonstrates compliance for 30 days.

NOTE: If one parent is sanctioned for failing to participate in an activity, case staffing must occur and the other parent must be informed that he/she is required to meet a minimum of 40 hours for the Two-Parent family. The non-sanctioned parent must participate in CORE activities a minimum of thirty (30) hours per week. Employment Plan would also need to be updated to reflect the increased hours.

13. Individual FI Sanction/ SNAP Benefits

ES must determine the amount by which the FI benefit has been reduced due to removal of the individual. The benefit amount prior to sanction minus new benefit amount="RB" income. Enter the "RB" code and amount on UNIN and reauthorize SNAP case.

NOTE: When changes occur after an individual sanction has been imposed and "RB" income has been budgeted, the ES must determine what the FI benefit amount would be based on the reported change without the sanction to determine the benefit amount prior to sanction.

14. Two-Parent PATS Coding

Case Managers must schedule and record all appropriate activities for cases included in this program in the PATS system to meet the state Two-Parent participation requirement.

Case Managers should use the same coding in PATS that is used for FI cases. If component hours cannot be identified by a PATS code, use the “WANC” code to enter the hours.

Case records should be clearly documented to validate the hours keyed in PATS and verification from the participation source should be filed in the case record to substantiate the actual hours of participation. Any activity that may assist the client and his or her family may be counted as allowable activity hours under the Two-Parent program.

15. Two-Parent Program Conversion

If one parent leaves the home, the determination must be made to transfer the case to either the C.A.R.E.S Program or FI Program.

This determination is made based on the following family circumstances:

If the parent is disabled; transfer the case to CARES.

If the parent is not disabled; transfer the case to the FI program. The family is then subject to Federal TANF participation requirements and time limits. The Family Plan must be updated with the individual to include new participation requirements.

Chapter
27

Chapter 27

Federal Tax Information

27.1 Federal Tax Information

Federal Tax Information (FTI) is received by the Agency as a requirement of the Deficit Reduction Act of 1984 which mandates the implementation of the Income and Eligibility Verification System (IEVS). This act requires states to receive and use IEVS for the purpose of administering financial assistance programs. FTI, received from SSA as Beneficiary Earnings Records (BEER) and from IRS as individual tax information, is made available to eligibility and claims staff through the CHIP system.

Agencies in receipt of FTI have a responsibility to ensure that the information is safeguarded to prevent any unauthorized use or disclosure, and that confidentiality is protected. Workers have a responsibility to safeguard any information to which they have access, intentional or unintentional. This responsibility does not end with the termination of employment from the agency.

1. Access to Federal Tax Information

FTI is made available through the CHIP system for the purpose of determining eligibility for benefits, and should be accessed on a “need to know” basis only. The Comprehensive Inquiry Menu (COIM) of the CHIP Interface Menu (INME) will provide an indication of the IEVS information available for an individual.

From the Interface Menu (INME), enter the SSN for an individual whose eligibility is being determined. If the CHIP individual has either BEER or IRS data, this information will be indicated as Federal Information—B or Federal Information—I. The BEER or IRS screens are available on CHIP to supervisory and claims staff, and eligibility staff should request this information from the county-designated source. The information found on BEER or IRS should not be copied, scanned, or transmitted through any electronic means such as email, fax, etc.

The information provided by IRS is lead information only. Verification and documentation is needed before the information can be used for any budget changes or other case action is processed. Any requests for verification from a third party should make no reference to the method of discovery. Suspense copies and cover sheets of the verification requests are also considered FTT until the verification is received, and these copies should be destroyed in accordance with Publication 1075, Section 8.

27.2 Training Requirements

Prior to an employee having access to FTT, the supervisor is responsible for ensuring the employee has completed the **IRS.gov** on-line training course, Disclosure Awareness Training for State Human Services Agencies, has read and understands the annual directive memo regarding FTT and has signed the Employee Certification of Understanding. An employee's job title determines to what FTT information the employee has access.

An annual review of the on-line training course by all staff having access is required, along with the Certification of Employee Understanding. The Employee Certification forms should be made a part of an individual's personnel record and/or kept in the possession of the supervisor or HR representative. Verification of compliance to the training requirements is a part of any audit pertaining to FTT. The worker accessing the FTT is responsible for safeguarding it. FTT in any form should be kept out of view from anyone not actively involved in the case decision. FTT should not be copied, scanned, faxed, or emailed.

27.3 Requirement to Avoid Unauthorized Access

A key requirement of accessing FTT is that the person in receipt must have a "need to know." Computer screens must be turned away from view of all passersby. Any materials which may pertain to FTT must be out of view. The clean desk policy should apply at all times. If a worker leaves a work station, the computer should be locked.

If any FTT is inadvertently printed, the item(s) should be immediately recorded on an FTT destruction log and shredded in accordance with the requirements of the Publication 1075, section 8.3. Any materials relating to FTT which are discovered in SCOSA folders should immediately be destroyed. This would include any screen prints of BEER or IRS data, suspense copies of verification requests, and returned cover letters requesting verification.

As a part of the federal recordkeeping requirements for FTT, an electronic record is maintained of each SSN entered into the CHIP Inquiry menu, the case number associated to the SSN, the USERID of the person requesting the information, and a date/time stamp is applied. A review of this record is part of each SCDSS Safeguards Review by IRS.

FTI should not be released to anyone, including attorneys, officers of the court, legislative representatives, or authorized representatives.

27.4 Reporting Unauthorized Disclosures

Immediately upon discovering a possible improper inspection or disclosure of FTI, including breaches and security incidents, by a state employee or any other person, the individual making the observation or receiving information should contact the office of the appropriate Special Agent-in-Charge, Treasury Inspector General for Tax Administration (TIGTA) and the IRS. The TIGTA Field Division in Atlanta must be contacted at: (404) 338-7449.

Mailing Address: Treasury Inspector General for Tax Administration
Ben Franklin Station
PO Box 589
Washington, DC 20044-0689

Hotline Number: 1-800-589-3718

Web Site: www.treas.gov/tigta

Notification Process: Simultaneously to notifying TIGTA, the agency must notify the IRS Office of Safeguards. To notify the IRS Office of Safeguards, the agency should document the specifics of the incident known at that time into a Data Incident Report, including but not limited to:

- Name of agency and agency point of contact for resolving data incident with their contact information.
- Date and time of the incident
- Date and time the incident was discovered
- How the incident was discovered
- Description of the incident and the data involved. Include specific data elements, if known
- Potential number of FTI records involved. If unknown, provide a range, if possible.
- Address where the incident occurred
- Information technology involved (example: laptop, server, mainframe)
- Do not include any FTI in the Data Incident report.
- Email the Data Incident Report to the SafeguardReports@IRS.gov mailbox. Reports should be sent electronically and encrypted via IRS approved encryption techniques. Use the term “Data Incident Report” in the subject line of the email.

Note: Timely notification is the most important factor, not the completeness of the Data Incident Report. Additional information will be secured via conversations with the Office of Safeguards. The agency will contact TIGTA and the IRS immediately, but no later than 24-hours after identification of a possible issue involving FTI. The agency should not wait to conduct an internal investigation to determine if FTI was involved. If FTI **may** have been involved, the agency must contact TIGTA and the IRS immediately.

Source: Quoted from Sections 10.1, 10.2 and 10.3 of Publication 1075, which is available in its entirety on-line at irs.gov.

27.5 Penalties for Unauthorized Disclosure

Improper access or disclosure of FTI can result in a felony conviction, punishable by a fine up to \$5000 and imprisonment up to 5 years, as well as civil penalties. Unauthorized inspection of FTI can result in a misdemeanor penalty of up to \$1000 and/or up to 1 year imprisonment, as well as civil penalties.

Any unauthorized inspection of FTI will be reported to the individual to whom the information belongs. That individual will have the discretion of seeking retribution from the person for the unauthorized access to their personal tax information.

Any questions relating to the handling of Federal Tax Information should be directed to the CHIP Helpdesk Monitors @ CHIPHelpdeskMonitors@dss.sc.gov

Glossary

Abandoned

Occurs when the parents or caretaker relative of a dependent child(ren) are:

1. No longer caring for the child(ren) because of Child Protective Services involvement and the child has been placed with a caretaker relative (Kinship Care)
2. No longer residing with or caring for the child(ren) and have not made adequate arrangements for financial support of the child(ren)
3. Institutionalized
4. Incarcerated
5. Deceased.

Absent Parent

The individual(s) named by the applicant as the parent(s) of the FI dependent child and who does not live in the same home.

ACC

Applicant Child Care

Accrual Rights

A/R's right to benefits based on the date of application or change in situation.

Adequate Notice

Notice explaining the reason for changed, reduced or terminated cash benefits sent so that the notice is received no later than the date the benefits should be received.

Adoptive Parent

Father or mother of a child as a result of legal court action.

Adult

Individual in an FI family who is a parent, caretaker relative or teen parent acting in the adult role.

Adverse Action

Action that reduces or terminates benefits.

Affordable Child Care

Affordable child care arrangements are determined by a market rate survey conducted by DSS.

AG

Agency Error

Alien

Individual residing in this country who is not a citizen of the U.S.

FAMILY INDEPENDENCE

All Family Participation Rate

Minimum required participation in the FI Work Program for BGs containing a Work Eligible individual (WEI) is an average of 30 hours per week.

Alleged Father

An individual who has been named as the father of a child born out of wedlock, but for whom paternity has not been legally determined.

AMES

Adult Measure of Essential Skills

AP

Absent Parent

Appeal (Request for Hearing)

Any clear expression, oral or written, on the part of the A/R, or an individual with authority to act in the A/R's behalf, to the effect that he/she wishes to go beyond the usual procedure for addressing complaints, and wants an opportunity to present his/her case to DSS.

Applicant/Recipient (A/R)

Individual applying for or already receiving benefits/services.

Application

An official DSS document signed by an individual requesting benefits.

Appropriate Childcare

Appropriate child care must be determined by parental choice, to ensure that the developmental nurturing needs of a child(ren) are met. Child care facilities must comply with the SC Code of Laws addressing regulatory requirements and procedures. Informal arrangements are not subject to child care statutory and regulatory requirements; however, parents are required to complete a Self-Arranged Child Care Certification form ensuring that certain health and safety requirements are being met.

Approval

Action justifying benefits when all eligibility criteria are verified

APS

Adult Protective Services

Assessment

A formal appraisal or evaluation which is completed using a specific tool to obtain needed information.

Assistance (TANF)

Benefits paid out of TANF funds which include the FI benefits, family cap vouchers, Support Services paid to unemployed families, and WEP Training allowances.

FAMILY INDEPENDENCE

Asylee

An individual who flees to another country for refuge from invasion, oppression or persecution; asylee status may be granted after the individual's arrival in the new country.

Authorized Representative

Adult chosen by the A/R to act in his/her behalf during the eligibility process.

BEERS

Beneficiary Earnings Exchange Record System

BENDEX

Beneficiary Data Exchange

Benefit Group (BG)

The group of individuals whose income, resources, and/or needs impact the eligibility and amount of benefits in an FI case. BG members include sanctioned and disqualified individuals as well as Family Cap children.

Benefit Month (Issuance/Payment Month)

Calendar month for which benefits are provided.

Benefits

The cash value of the FI stipend.

BEOG

Basic Educational Opportunity Grant

Biological Father

The natural male parent of a child whose paternity has been established by court action, or whose name is listed on the birth certificate or who has completed a statement acknowledging paternity.

Boarder (FI)

An individual residing in a household and paying a reasonable payment to a BG for lodging and meals.

Bona fide

An action which is made in good faith, or a sincere effort.

Burial Plot

Conventional gravesite, crypt, mausoleum, urn or other repository used for the remains of a deceased person.

Calendar Quarter

Period of three consecutive calendar months ending on March 31, June 30, September 30 or December 31.

FAMILY INDEPENDENCE

CAMP

College Assistance Migrant Program

CAPS

Career Ability Placement Survey

CARES

Challenging Adults Through Rehabilitation, Education and Services

Caretaker Relative

An individual, other than a parent, who is related to, lives with and cares for a dependent child.

Case File

Folder in which all pertinent verification and documentation for a BG is maintained in the county office.

Cash Value

Funds an individual can receive if a resource, such as life insurance, is liquidated prior to maturity.

Categorical Eligibility

BGs in which all members receive SSI are automatically eligible for SNAP. Also BGs in which one or more members receives a benefit funded by TANF dollars, are eligible categorically.

CDF

Child Care Development Fund

CCVS

Child Care Voucher System

Certificate of Completion

A certificate issued by the SCDE to students that complete the prescribed minimum 24 units but fail pass the Exit Exam.

Change

Modification of the BG's circumstances.

Child

Individual, under the age of 18 or 19, if still in school who is under the parental control of another BG member.

CHIP

Client History Information Profile

CL

Client Error

FAMILY INDEPENDENCE

Client Special Services Coordinator (CSSC)

Individual responsible for ensuring that the requirements of the Americans with Disabilities Act is complied with and who serves as the primary contact point when questions arise concerning Limited English Proficiency (LEP) and sensory impaired clients.

CM

Case Manager

Collateral Contact

Confirmation of a BG's circumstances by a person outside the home.

Commercial Boarding Home

A licensed/unlicensed establishment offering meals and lodging.

Common-Law Marriage

Agreement between two people free to marry who represent themselves to the community as a married couple. Common-law marriage is not a valid relationship for FI purposes.

Community Service

A structured program and embedded activities in which TANF recipients perform work for the direct benefit of the community under the auspices of public or nonprofit organizations

Conciliation

A process involving the CM and participant prior to implementing FI Work Program related sanctions.

Conditional Entrant

Alien granted conditional entrant refugee status before April 1, 1980.

Core Work Activity

An activity in which a client must participate for a minimum of 20 hours weekly prior to any additional assignments so that the participant's total hours of participation can be counted in the federal participation rate calculation.

CPS

Child Protective Services

CSSP

Client Special Services

Cuban/Haitian Entrant

Alien granted parole status (i.e., Cubans who entered the U.S. illegally between April 15, 1980 and October 10, 1980 and Haitians who entered the U.S. illegally before January 1, 1981)

FAMILY INDEPENDENCE

Custodial Parent (CP)

Legal parent with whom a dependent child lives and who provides maintenance, physical care and guidance to the child.

CWS

Child Welfare Services

Date of Entry

Date an alien enters the U.S.

Deed to Child

A document recording the transfer of custody of a child; it is not an adoption and does not establish relationship.

Denial

Action taken on an application which rejects the processing of benefits.

Deemed

Income and resources of non-BG members considered for BG members.

Deemed Parent

Major parent living in the home with an unmarried teen parent under the age of 18, when the income of the major parent is deemed to the teen parent.

Department of Alcohol and Other Drug Abuse Services (DAODAS)

Any drug addiction or alcoholic treatment and rehabilitation programs conducted by a private, nonprofit organization or institution or a publicly operated community health center.

Dependent Child

Unmarried child under age 18 or under age 19 if a full-time student in secondary school or equivalent vocational/technical training, included in a specified relative's BG

DHHS

Department of Health and Human Services

Disability

A physical, developmental, cognitive or mental health condition or learning disability that limits the ability of the individual perform in work or training. "Life activities" include, but are not limited to: walking, talking, sitting, standing, lifting, seeing, hearing, speaking, learning, understanding, sleeping, eating, taking care of oneself, functioning independently, concentrating, and working.

Displacement

An illegal practice in which an employer fills a vacancy that exists because another individual is on layoff from the same or equivalent job; or when an employer fills a vacancy created by an involuntary reduction in the work force or by the termination of another employee for the purpose of filling a vacancy with a DSS FI Work Program participant. No FI placement, including placements into the Community Service Program, or Work Experience Program may displace other workers.

Disqualification

Ineligible to have needs included in the BG's benefit determination due to a penalty for failing to meet a requirement set forth in law. A disqualification is not curable.

Disqualified Individual

A BG member who has his/her needs removed due to a penalty for failing to meet a requirement set forth in law.

Distance Education or Distance Learning

Self-study classes where the instructor and the students are in separate physically locations. Instructor and students communicate at times of their own choosing by exchanging printed (correspondence) or electronic (internet) media.

DEW

Department of Employment and Workforce (DEW)

DMH

Department of Mental Health

DMV

Department of Motor Vehicles

Documentary Evidence

Written confirmation of a BG's circumstances by an individual outside the home.

Documentation

Written record to substantiate the verification of eligibility criteria.

DOI

Division of Investigation

Domestic/Family Violence

Battering or subjecting a victim to extreme cruelty by: physical acts that resulted in, or threatened to result in physical injury to the individual; sexual abuse; sexual activity involving a dependent child; threats of, or attempts at, physical or sexual abuse; mental abuse; neglect or deprivation of medical care.

Domestic Violence Advocate (DVA)

An agency or safe home whose primary services are directed toward providing counseling and support services to victims of domestic violence.

Drug Addiction or Alcoholic Treatment and Rehabilitation Program

Any drug addiction or alcoholic treatment and rehabilitation program conducted by a private, nonprofit organization or institution, or a publicly operated community mental health center.

DSS

Department of Social Services

EAD

Employment Authorization Document

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

A program providing comprehensive and preventive health services to Medicaid eligible recipients under 21 years of age. EPSDT is provided through the South Carolina Department of Health and Human Services (DHHS).

Earned Income Credit (EIC)

A tax credit which individuals can receive in a lump sum or in increments with their paycheck. Individuals cannot make over a set amount of wages to qualify for this credit.

Education Directly Related to Employment

Education related to a specific occupation, job or job offer.

Employability Development

The process of acquiring or enhancing the skills, work behaviors and attitudes necessary to successfully compete in the labor market.

Employment Plan

An agreement signed by the recipient and CM detailing the actions required of both parties to achieve self-reliance. It is the third step in completion of the Family Plan.

Employment

Having a job and working for a subsidized or unsubsidized wage or salary. This includes self-employment when money is earned for work performed. Individuals may be employed and earn less than the Federal Minimum Wage.

Employment Preparation Program (EPP)

Classes that include activities such as preparing a resume or job application, Job club, training in interviewing skills, instructions in work place expectations and training in effective job seeking, as well as life skills training.

FAMILY INDEPENDENCE

English as a Second Language (ESL)/ English for Speakers of Other Languages (ESOL)

Programs of English language instruction for individual who are not native English speakers.

Enhanced Provider

A childcare provider, who meets standards higher than DSS licensing standards, is monitored by on-site visits by DHHS Program staff, and who is enrolled in the SC Voucher System.

Enumeration

The procedure used to assign SSNs.

ePAY

Electronic benefits – a debit account where FI benefits are electronically deposited monthly for eligible recipients

Equity Value

Fair market value of a resource minus any indebtedness.

ESC

Employment Security Commission. Name changed in 2010 to SC Department of Employment and Workforce (DEW)

Evidence

Material submitted at the fair hearing to substantiate an advocated position by the claimant or by the representative of the county office.

Excluded

Not counted; disregarded.

Excused Absences

For participants actively engaged in unpaid allowable work activities, we will allow and count holidays and reasonable short-term, excused absences. A maximum of 10 additional days of excused absences in any 12 month period, no more than two of which may occur in a month.

Failure

Unintentional inability to provide requested information necessary to determine eligibility.

Fair Hearing Committee

The appointed committee which has the authority and responsibility to make final decisions on the issues raised in a fair hearing.

Fair Hearing Summary

A report written by the CM to substantiate the proposed case action for which the BG has requested a fair hearing.

FAMILY INDEPENDENCE

Fair Market Value (FMV)

The amount a resource would bring if for sale on the current market.

Family Cap Child

A child born into a BG 10 or more months after a family begins to receive FI cash benefits.

Family Evaluation

The first step in the Family Plan where information on the family is gathered to determine the needs of all family members and to identify the barriers to family self-reliance which need to be overcome.

Family Plan

The three-step process of evaluating a family's needs and strengths, identifying the responsibilities of each family member and establishing an Employment Plan, all of which are geared toward family self-reliance.

Family Self-Sufficiency (FSS)

Term applied to escrow accounts established by Housing and Urban Development.

FDSLP

Federal Direct Student Loan Program

Federal Fiscal Year

The period beginning October 1 and ending September 30 of each year

Federal Minimum Wage

Minimum hourly salary allowed by federal law; current federal minimum wage is \$7.25 per hour.

FI

Family Independence

FI Case Manager

Individual designated by the county to provide case management services to FI families containing Work eligible Individuals and adults coded "RH" on EMPR.

FI Cash Benefit

The FI stipend.

FI Eligibility Specialist

Individual designated by the county to provide FI and Supplemental Nutrition Assistance Program (SNAP) eligibility services to all FI families.

FAMILY INDEPENDENCE

FI Family

The group of individuals living in the home which includes all BG members, deemed parents and parent(s), caretaker relative(s), and minor siblings of a dependent child in the BG.

FIFN

Family Independence Financial System

Filing Dates

The date an application is received in the county office.

Filing Unit

A BG composed of the biological, legal or adoptive parent(s) of a dependent child and any blood related or adoptive siblings, including half-siblings, who live with the dependent child.

Fleeing Felon

Individual charged with a felony that is fleeing the area to avoid prosecution or custody, or an individual in violation of probation or parole.

Fluctuating Income

Income in which the total amount varies from one receipt date to the next or the frequency of receipt varies, including earned income, self-employment income that cannot be annualized, unemployment compensation, worker's compensation and child support not paid through CSED.

Foster Care (FC)

DSS sponsored residential care for a child removed from his/her home by Human Services Staff.

FPL

Federal Poverty Level

FSEOG

Federal Supplemental Educational Opportunity Grant

Gap Payment

The payment originally designed to equalize spendable income for AFDC (now FI recipients) who received child support directly before the establishment of the Title IV-D Child Support legislation and who after the legislation had to give it to the Child Support Office.

The GAP payment is computed by multiplying the current month's child support collection by (1.00- FI ratable reduction %) e.g., \$200 child support collection X (1.00 - .281) = \$200 x .281 = \$143 rounded down = Gap payment.

Garnished Income

Money due a BG member which is diverted under court proceeding or by provision of law to a third party as payment on a debt.

FAMILY INDEPENDENCE

GED

General Equivalency Diploma

GHE

Group Health Education

Good Cause

An acceptable justification for failure to comply with eligibility or FI Work Program requirements.

Good Faith Effort (to Sell)

Agreeing to sell at the current market value and putting property up for sale in the area where it commands a market.

Group living Arrangement

A public or private nonprofit residential setting that serves no more than 16 residents and is certified by the State under regulation issued through the Social Security Act.

Guidance

Daily parental participation in and responsibility for a child's physical, emotional and intellectual development.

Half-Time Childcare

Childcare provided for service hours of at least 15 not to exceed 29 hours per week.

Head of Household

Person(s) in the FI Family who are acting in the adult role. Spouses are equally responsible for each other and parents are equally responsible for their children, therefore all adults in the FI Family share head of household responsibilities.

Hearing Process

Procedures beginning with the initial notification of an individual regarding his/her right to a hearing and ending with the execution of the hearing decision.

HEP

High School Equivalency Program

Homeless

An individual who lacks a fixed and regular nighttime residence or an individual whose primary nighttime residence is:

1. A supervised shelter designed to provide temporary accommodation
2. A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized
3. A temporary (90 days or less) accommodation in the residence of another individual OR
4. A place not designed for, or ordinarily used, as a regular sleeping accommodation for human beings.

FAMILY INDEPENDENCE

Homestead (Property)

The home and surrounding property which is not separated from the home by intervening property owned by others.

HSW

Human Services Worker

HUD

Housing and Urban Development

IHE

Individual Health Education

Illegal/Undocumented Alien

An alien without authorization or valid documentation which allows entry in the United States.

INA

Immigration and Naturalization Act

Inaccessible

Not obtainable.

Income and Eligibility Verification System (IEVS)

A system which allows state agencies to request wage and benefit information from agencies such as Social Security Administration, Internal Revenue Service and Department of Employment and Workforce and use the information collected in verifying eligibility for and determining the amount of benefits due to eligible BGs.

Income Producing Property

Property which annually produces income consistent with the prevailing rate of return for similar property in the area.

Individual Development Account (IDA)

A bank account established by a recipient for purposes of buying a home, starting a business, education, or job training which is intended to lead to self-sufficiency.

Individual Retirement Account (IRA)

A personally established retirement account considered a liquid resource; the total cash value less the amount of any penalty for early withdrawal of the entire account.

Ineligible Alien

Alien not meeting the necessary citizenship criteria to be included in the FI BG.

Initial Job Search

A requirement that all Work Eligible Individuals not meeting the legal cause criteria make at least five employer contacts during the application process.

FAMILY INDEPENDENCE

INS

Immigration and Naturalization Service

Inquiry

A request for information about eligibility requirements for assistance.

Integrated Child Support Services (ICSS)

IV-D Agency which enforces the support obligation of absent parents.

Institution of Higher Education

Any public or private educational institution which normally requires a high school diploma or equivalency certificate for enrollment, or admits individuals who are beyond the age of compulsory school attendance in the state in which the school is located, provided that the institution is legally authorized or recognized by the state to provide an educational program beyond secondary education in the state, or provides a program of training to prepare students for gainful employment.

Interview

A formal face-to-face meeting conducted to secure information from the A/R to establish eligibility.

In testate

An individual who dies without a will.

Irrevocable Trust

Trust from which funds cannot be withdrawn without restriction or approval from a court or other entity.

IRS

Internal Revenue Service

ITP

Individual Transportation Provider

IWRP

Individual Written Rehabilitation Program

Job Developer (JD)

Individual designated by the county responsible for the development of community service, work experience, OJT, and employment opportunities for FI recipients.

Job Readiness Activity

The act of seeking or obtaining employment, preparation to seek or obtain employment, including life skills training, and substance abuse treatment, mental health treatment, or rehabilitation activities for those who are otherwise employable. Such treatment or therapy will be determined to be necessary and certified by a medical or mental health professional.

FAMILY INDEPENDENCE

Job Ready

A participant who has been employed 12 out of the previous 24 months, or has graduated high school or achieved a GED.

Job Service

The Division of Department of Employment and Workforce which provides job referral and placement services.

Job Skills Training Directly Related to Employment

Training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or to adapt to the changing demands of the workplace.

Jointly Owned

Owned by more than one individual.

Judicial Review

The claimant's right to request relief through the court system if he/she is dissatisfied with the results of the fair hearing.

Keogh Plan

A retirement plan for the self-employed and/or their employees.

Kinship Care

Payments from another state made to a caretaker relative. These payments are similar to foster care but are paid in a relative placement situation.

Legal Dependent

The FI parent's spouse and any child(ren) under age 18 for whom the parent is responsible by law.

Legal Father

A man who is legally married to the mother at the time of a child's birth, or as determined by court action.

Legally Married

A marriage uniting two individuals according to the statutes of the state where the marriage occurred.

Less Than Half-Time Child Care

Provided for service hours less than 15 per week.

Lifetime Rights

Rights entitling the holder to occupy the property for the remainder of his/her life and to collect all rents from the property.

Limited English Proficiency

Individual whose native language is other than English and who is unable to communicate effectively in the English language.

FAMILY INDEPENDENCE

Liquid Resources

Assets that can be readily converted to cash.

LMI

Labor Market Information

Lump Sum

A non-recurring or infrequently occurring payment.

Major Parent

Parent in the home of a teen parent under the age of 18.

MAO

Medical Assistance Only

Minor

Individual under the age of 18 or under the age of 19 if still in high school or equivalent level of vocational or technical training, must be included in a specified relatives BG

MOU

Memorandum of Understanding

NADA

National Automobile Dealers Association

National Voter Registration Act (NVRA)

Federal legislation (commonly referred to as "Motor Voter") which requires DSS to perform voter registration services for all applicants and recipients of services.

NCSTA

National and Community Service Trust Act

Ninety (90) Days

Due to periods of time that cannot be evenly divided by each other, 90 days can be interpreted in FI policy as either 90 calendar days, 13 weeks, or three calendar months, whichever is simplest for a given situation.

Noncompliance

Failure to comply with specific eligibility criteria.

Non-BG Member (FI)

Individual residing with a BG who is not considered a member of that BG in determining eligibility and benefit level.

FAMILY INDEPENDENCE

Non-Core Work Activity

One of the activities which can be included in the federal participation rate calculation once a minimum 20 hour assignment to a core activity has been made if the total hours equal the federal requirement.

Non-Custodial Parent (NCP)

The individual(s) identified by CSED as the parent of an FI dependent child with whom the child does not reside.

Non-Homestead Property

Property owned by the BG other than their residence.

Non-Liquid (Resources)

Assets not readily converted to cash, such as land.

Notice of Adverse Action

Notice which informs the recipient of a reduction or termination of benefits.

Notification Requirements

The requirement that the county office must give prompt written notification to the A/R of any decision concerning benefits.

On-line Diploma

Diploma received on-line from a program other than one approved by the SC Dept. of Education. For teen parents, under 18 years of age, who are enrolled in an on-line secondary school or GED program, refer to the local school district to determine its legitimacy.

On-the-Job Training (OJT)

Training through DSS WIA or VR when the individual is paid at least minimum wage for hours worked.

Outbuilding

Any building on homestead property that could be construed to be an extension of the primary residence, e.g., tool sheds, barns, free standing garages.

Parent

Biological, legal or adoptive father or mother.

Parent Control

Provision of maintenance, physical care and guidance to a child.

Participant

An FI/TANF recipient who has signed the Family Plan as an agreement to participate in the FI Work program.

FAMILY INDEPENDENCE

Participating Provider

A childcare provider licensed or registered by DSS and who is accepted by the SC Voucher System. Participating providers are participating for payment only and do not have to meet the higher standards required to be an "Enhanced Provider".

Participation and Tracking System (PATS)

The computer system designed to track TANF participation requirements.

Parolee

Alien granted temporary parole status by the U.S. Attorney General.

PASS

Plan for Achieving Self-Support

Personal Effects

Items essential to daily living such as clothing, furniture, and appliances.

Personal Property

Items owned by an individual such as boats, vehicles or livestock.

Post-Secondary Education

The pursuit of a two year (Associate) or four year (Bachelor's) degree after the completion of high school or equivalent. These degrees are generally offered through area technical colleges, community colleges, state colleges, and universities.

PQA

Program Quality Assurance

Pre-Venture Plan

A document that is designed to detail information about an individual or group business concept, operation and management.

Primary Information Person (PI)

The individual in whose name the application is made.

Pro rata Share

An individual's proportionate or equal share of income and/or resources.

Prospective Budgeting

Calculating the BG's benefits based on past income and circumstances which are expected to continue in current and future months.

Prospective Eligibility

The determination of a BG's eligibility by predicting future circumstances based on current or past circumstances.

FAMILY INDEPENDENCE

Protective Payee

Individual who assumes the responsibility to assure the benefits are spent in the best interest of the family.

PRUCOL

Permanently Residing Under Color of Law

PRWORA

Personal Responsibility and Work Opportunity Reconciliation Act

Public Housing

Low-income housing owned by the federal, state, or local government and operated by the local housing authority.

RCA

Refugee Cash Assistance

RCU

Recipient Claims Unit

RCW

Recipient Claims Worker

REA Training Program

A program intended to have a definite short-term employment objective of less than one year.

Real Property

Land, buildings and any natural resources existing on the property owned by an A/R.

Reasonable Distance

Reasonable distance is defined by DSS as the fair and reasonable travel distance to a child care facility that will not interrupt Family Independence (FI) participation. Parents must be given parental choice to select the child care facility that best meets the needs of their child. The child care worker in collaboration with the FI case manager will determine reasonable distance.

Recent Work History

Earned income received in either the month of application or the month prior to application.

Redetermination

DSS process to continue the eligibility of an active FI case for benefits and services.

Referral

Request for information, services or aid on behalf of an individual by an agency, institution or another individual.

FAMILY INDEPENDENCE

Refugee

Individual who flees to another country for refuge from invasion, oppression or persecution; status may be granted prior to leaving the country of origin.

Refugee/Entrant/Amerasian (REA)

Refugee, entrant or Amerasian aliens.

Refugee Medical Assistance (RMA)

Medical assistance provided to refugees by DHHS through the Medicaid program.

Refusal to Cooperate

Individual who is able to cooperate but clearly demonstrates that he/she will not take necessary actions which are required.

Regime Fee

Charges necessary to the maintenance of real estate that do not lead to ownership.

Reinstatement

Action taken to restore benefits.

Rent Subsidy

The federal, state, or local government's assistance with rent, such as "Section 8" or privately owned subsidized housing.

Report Month

The month and year for which hours of participation in an FI Work Program activity are collected and recorded. A report month will always include four or five full weeks. The report month will include any weeks in which four or more days fall into the calendar month.

Repatriate

An individual who is returned to his/her country of origin, allegiance or citizenship.

Representative Payee

Individual who receives Social Security benefits on behalf or through another individual, who is the beneficiary of the benefits.

Resources

Cash or other assets that are owned by an individual(s) and can usually be turned into cash.

Responsibility Plan

The second step of the Family Plan where parental/caretaker relative responsibilities and DSS responsibilities are identified and documented.

Restoration of Benefits

Providing benefits for which a BG was entitled, but due to agency error did not receive.

FAMILY INDEPENDENCE

Revocable Trust

Trust in which funds can be withdrawn without restriction or approval from a court or other entity.

Roomer

Individual the BG furnishes lodging for compensation, but not meals.

RP

Repatriate Program

RRP

Refugee Resettlement Program

Same Sex spouse

An individual living in the home and ceremonially (legally) married to the parent of a child in the FI BG. (This definition is for FI purposes only; it does not constitute a legal definition.)

Sanction

Individual or BG ineligible for cash assistance due to a penalty for failing to meet an FI program requirement. A sanction is curable.

Sanctioned Individual

Individual ineligible for cash assistance due to a penalty for failing to meet an FI program requirement.

Satisfactory Participation

Participation in a program activity equal to the hours assigned to the activity for a stated time period.

SCDE

South Carolina Department of Education

School Dropout

A BG member under age 18 who has not graduated from high school or received a GED and is not registered in school, withdraws from school, or fails to attend school as required by SCDE

Screening

A system of preliminary examination and evaluation of information to determine a course of action.

SC Voucher System

Method of payment administered through the SC Department of Social Services, by which child care providers are paid.

SDA

Service Delivery Area

An "unregulated" family day care, generally provided by relatives, neighbors or friends

FAMILY INDEPENDENCE

Self-Initiated Participant

Participant who has enrolled in TANF work activities prior to approval of FI

Self-Employment Income

Income earned directly from one's own business, trade or profession.

Severance Pay

Money received by an individual upon termination of employment.

SF

Suspected Fraud

SLED

South Carolina Law Enforcement Division

SNAP

Supplemental Nutrition Assistance Program (SNAP)(s)

Social Security Administration (SSA)

Federal agency responsible for the administration of Social Security and Supplemental Security Income benefits.

Specified Relative

Individual related to a dependent child within the degree required to receive benefits.

Sponsored Alien

Alien on whose behalf an individual has executed an affidavit or agreement of support of the alien as a condition of his/her entry into the U.S.

Spouse

An individual who is legally married to another individual

SSBG

Social Services Block Grant

Standard of Promptness

Period allowed between the date of application and the date benefits are authorized or notice of denial is mailed to the applicant.

State Data Exchange (SDX)

The screen on IEVS used to verify the receipt of SSI.

State Verification and Exchange System (SVES)

The automated transmission system used for communication with the Social Security Administration (SSA).

FAMILY INDEPENDENCE

Stepparent

An individual of the opposite sex living in the home and ceremonially married to the parent of a child in the FI BG. (This definition is for FI purposes only; it does not constitute a legal definition).

Stipend

The monthly FI/TANF benefit payment.

Subsidized Employment (Private Sector)

Employment in the private sector in which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages or costs of employing a recipient.

Subsidized Employment (Public Sector)

Employment in the public sector in which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages or costs of employing a recipient.

Subsidy

A grant by a government (public agency) to a private person or company to assist a project or undertaking deemed advantageous to the public.

Supervised Job Search

An organized and supervised job-seeking activity. There is an initial orientation with the recipient to provide an overview of available job search resources followed by frequent check-ins (no less than weekly requiring evidence of contacts).

Supplemental Security Income (SSI)

Benefits administered by the Social Security Administration and awarded to aged, blind and permanently disabled individuals.

Systematic Alien Verification Entitlement (SAVE)

A system of verifying immigration/alien status of individuals applying for benefits.

TABE

Test of Adult Basic Education

TANF

Temporary Assistance for Needy Families

Time Limit

Limitations on the period of time a family is eligible for TANF assistance based on federal and state statutes.

FAMILY INDEPENDENCE

Trafficking

The act of forcing an individual into prostitution, slavery, and/or forced labor through coercion, threats of physical violence, psychological abuse, torture, and imprisonment.

Transfer of Resources

The act of passing over the possession or legal title of a resource from one person to another person(s).

Transitional Supportive Services

Supportive services, including child care, transportation, work related expenses which may be provided to a FI participant whose TANF case has been closed due to earned income.

TCC

Transitional Child Care

TCC1

Transitional Child Care (First Year)

TCC2

Transitional Child Care (Second Year)

Teen Parent

Individual under the age of 20 who has parented or is pregnant.

Teen Parent/Adult

Individual under the age of 20 whose primary role in the FI Family is parent.

Temporary Absence

Individual out of the home on a short term basis without establishing a new residence.

Timeliness Standards

The amount of time in which an application or change must be acted on.

Timely Notice

Notice mailed at least 10 days before the date on which the proposed action would become effective.

Tort Liability

The legal responsibility one party has to pay another party due to the commission of a wrong. (DSS insures its employees against legal actions brought against them for unintentional personal injury, property damage, and errors or omissions which might occur while acting within the scope of their official duties).

FAMILY INDEPENDENCE

TPR

Termination of Parental Rights

TSJ

Targeted State Jobs

Two Parent Family

Budget Group (BG) in which two or more Parents are included in the Family.

Unemployment Compensation Benefits (UCB)

Unearned income paid from Department of Employment and Workforce to those eligible individuals because of a job loss or layoff.

Uniformed Service

Air Force, Army, Navy, Marine Corps, Coast Guard, National Oceanographic and Atmospheric Administration and Public Health Service of the U.S.

Unsubsidized Employment

Full of part-time employment in the public or private sector that is not subsidized by TANF or any other public program.

Unsuitability of Informal Childcare

Informal childcare arrangements must meet the needs and parental choice rights of the FI participant. Informal child care arrangements must comply with policies and procedures developed by the SC Voucher Program. The Self-Arranged Child Care Certification Form, which addresses certain health and safety issues, must be completed by all informal providers. The FI participant completes the informal facility checklist, which addresses the caregiver's ability to care for their child(ren).

VA

Veterans Administration

Vocational Educational Training

An organized educational program that is directly related to the preparation of individuals for employment in current or emerging occupations requiring training including post-secondary study leading to a baccalaureate degree. Cannot exceed 12 months with respect to any participant.

Vendor Payments

Payments made by a third party directly to a supplier of services.

Verification

Method of confirming the accuracy of information provided by the A/R. This may be accomplished by various means, including documentary evidence, third party information, or client statements.

VOLAG

Voluntary Resettlement Agency

Volunteer

Non-DSS employee used in non-certification related activities.

VR

Vocational Rehabilitation

Wages

Earned income received by a BG member in return for work.

Work Eligible Individual

An adult (or minor child, head-of-household) receiving assistance under TANF or a non-recipient parent living with a child receiving such assistance unless the parent is:

- A minor parent and not the head of household
- An alien who is ineligible to receive assistance due to his or her immigration status
- A parent providing care for a disabled family member not in school living in the home.

Work Readiness Assessment (WRA)

A tool used by the FI case manager to ask questions and gather information on the benefit group and other household members for the development of the Family Plan.

Work Training Allowance (WTA)

An allowance paid to a DSS Work Experience or Community Service Program participant if the number of monthly hours of WEP or CS participation multiplied by the federal minimum wage exceeds the combined dollar value of SNAP and FI cash benefits.

WGTC

Work Group Training Center

WIB

Workforce Investment Board

Withdrawal

Voluntary request by an applicant that application for benefits not be processed.

Witness

An individual who gives evidence or testifies to a matter of which he/she has personal knowledge.

FAMILY INDEPENDENCE

Worker's Compensation

Insurance that reimburses an employer for damages that must be paid an employee for injury occurring in the course of his/her employment.

Work Eligible Individual (WEI)

An adult or minor head-of-household receiving TANF assistance, or a non-recipient parent receiving assistance for a child, with the exception of ineligible aliens, SSI recipients, and those coded "RH" on EMPR. WEI's are included in the TANF participation rate.

Work Experience Program (WEP)

A component which involves placement in a training that is clearly defined, based on a participant's vocational objective or work normally identified as community service or volunteer work.

Work Force Development

The process of promoting and/or causing an increase in the number of individuals potentially available for work.

Workforce Investment Act (WIA)

The Workforce Investment Act of 1998 provides the framework for a unique national workforce development system designed to meet the needs of both the nation's businesses and the needs of job seekers or those who want to further their careers. WIA focuses on meeting the needs of businesses for skilled workers and the training, education, and employment needs of individuals. Key components of the Act enable customers to easily access the information and services they need through the "One-Stop" system; empower adults to obtain the training they find most appropriate through Individual Training Accounts, and ensure that all State and local programs meet customer expectations.

WOTC

Work Opportunity Tax Credit

WRI

Without Regard to Income

X

No glossary terms begin with "X"

YISSP

Young Parent Individual Self-Sufficiency Plan

Young Custodial Parent

A custodial parent, under age 25, who has not completed high school, obtained a GED or Certificate of Completion.

Z

No glossary terms begin with "Z"

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What's New

What's New - Vol 1 08.01.07

N/A

What's New - Vol 2 09.01.07

[Chapter 2.5](#) has been revised to include an additional exclusion from initial job search.

[Chapter 12.5](#) has been revised to delete notes regarding EMPR codes.

[Chapter 16.1 # 6](#) has been revised to clarify OJT available through SC Vocational Rehabilitation is a countable activity.

[Chapter 16.4](#) now includes a statement that other types of vocational education training may be available to FI recipients.

[Chapter 17.6 #12](#) has been changed to clarify when to count hours of participation for TA's during school breaks.

[Chapter 19.11 #3](#) has been revised to clarify the use of support service payments for vehicle expenses and repairs.

[Chapter 21.5 # 3](#) has been revised to correct policy regarding how to count hours for self-employed individuals.

[Chapter 23.15](#) has been revised to clarify policy for establishing and referring Support Service Claims to the state office and also to remove the term "one time" in reference to work related expenses.

What's New - Vol 3 10.01.07

[Chapter 8.22](#) and [Chapter 19.19](#) being revised to change the new need standard chart effective for 10-01-07.

[Chapter 12.3](#) being revised to include the DSS Form # for Required in the Home (DSS 1247-A).

[Chapter 14.1](#) being revised to include additional form numbers: DSS 1360, DSS 3733.

[Chapter 16.1](#) adding DSS Forms 3767 (OJT Training Agreement) and DSS 3769 (Attendance and Performance Record for OJT).

[Chapter 17.1](#) the "note" is being revised for clarity.

[Chapter 17.5](#) revised to correct the projection of OJT income. It should be four consecutive weeks. Also, correction is being made to show that Supervised Job Search contacts should be reviewed weekly.

[Chapter 18.7](#) revised to add a "note" to expand on the examples of good cause.

[Chapter 18.8](#) revised to add a second "note" to explain the PATS code for two-parent sanctioning.

[Chapter 21.7](#) revised to add responsibilities of employer for OJT contracts.

[Chapter 21.8](#) revised to include DSS forms for agreements for Work Experience and Community Service.

What's New - Vol 4 11.01.07

[Chapter 14.8 #2](#) & [Chapter 15.1 #5](#) revised to clarify acceptable on-line or correspondence courses for High School diploma or GED
[Chapter 17.4](#) revising rounding procedures for Units of service.
[Chapter 19.7 #5](#) revised to clarify when support services can be provided for individuals who are curing a sanction.
Glossary Expanding the definition of Young Custodial Parent (to add certificate of completion).
Glossary New definition for Disqualified Individual

What's New - Vol 5 12.01.07

[Chapter 2.7](#) has been revised to clarify the disposition of an application for Supplemental Nutrition Assistance Program (SNAP) when the FI application is withdrawn.
[Chapter 5.5 # 1](#) is being revised to clarify that the 25% child support reduction is automatically calculated when the sanction is imposed.
[Chapter 7.7](#) is being revised to clarify the treatment of EIC in the income chart.
[Chapter 10.6](#) is being revised to include new contact numbers for the state of Florida.
[Chapter 16.9 #2](#) is being revised to clarify additional activities that may be counted as Education Directly Related to Employment.
[Chapter 17.3](#) is being revised to clarify who should participate in the case staffings.
[Chapter 17.6](#) is revised to add a note clarifying the usage of basic remedial education and ESL under “Directly Related to Employment”.
[Chapter 19.5](#) is being revised to add a note to clarify that all support service expenses of \$5000 or more must be approved by State Office Procurement.
[Chapter 19.11 #3](#) is being revised to include the requirement for securing estimates and documenting the need for vehicle repairs.
[Chapter 19.11 #5](#) is being revised to add a limit for rental home repairs.

What's New - Vol 6 01.01.08

[Chapter 4.4 #3](#) is being revised to include a chart that lists the criteria for Qualified Alien Eligibility.
[Chapter 10.1 #4](#) is being revised to clarify the treatment of cases after they have reached the Federal 60 month time limit but still have State months remaining.
[Chapter 16.7 #3](#) is revised to add a “Note” to explain that WTA benefits received by Work Experience and Community Service participants are not taxable.

What's New - Vol 7 02.01.08

Several changes have been made throughout this manual revision due to the impact of the two new state programs, C.A.R.E.S and Two-Parent. Several sections have been removed or deleted and placed in Chapter 27 – State Programs.

[Chapter 3.9](#) The note concerning full family sanction of two parent households is being deleted and will be addressed in the new Two Parent policy. [See manual Chapter 27.3.13](#)

[Chapter 4.4](#) is being revised to include treatment of Iraqi and Afghan aliens granted special immigrant status. A chart regarding documentation needed by Iraqi and Afghan applicants is also added.

[Chapter 5.5 #1](#) is being revised to correspond with the Two Parent program.

[Chapter 7.4](#) has been revised for clarity.

[Chapter 10.6](#) is being revised to reflect the new contact person, phone number and fax number for out of state inquires to the Colorado Dept. of Health and Human Services.

[Chapter 12.3](#) is being revised to identify additional individuals that may be excluded from the TANF Work Program requirements.

[Chapter 12.5](#) is being revised to include the EMPR codes for the work programs in the state funded C.A.R.E.S and Two Parent Program.

[Chapter 13.2](#) is being revised to add the responsibility of the CM to move the participant to the C.A.R.E.S program if the evaluation indicates a disability more than 90 days.

[Chapter 14.3 #2](#) is being revised to include the requirement for home visits.

[Chapter 14.10 and 14.11](#) Have been renumbered due to changes throughout the manual.

[Chapter 17.6 #6](#) is being revised to include policy for the use of internet, on-line and phone contacts during job search.

[Chapter 21.7 #1](#) is changed to correct a typing error regarding the wage standard for OJT.

[Chapter 27](#) Added as a new chapter for the State Program C.A.R.E.S and Two Parent.

Glossary - New definition for C.A.R.E.S program.

Glossary - Revised definition for Two Parent Family

Glossary - Definition for the Two Parent Participation Rate has been deleted.

What's New - Vol 8 03.01.08

[Chapter 14.8 # 1](#) has been revised for clarity.

[Chapter 18.15# 2](#) is being revised to add an additional reason for Removing "RB" or "SA FI" income from Supplemental Nutrition Assistance Program (SNAP).

What's New - Vol 9 04.01.08

[Chapter 2.5 # 1](#) has been revised to clarify that Young Custodial Parents (YCP's) over age 18 must complete an initial job search.

[Chapter 2.24](#) verification and documentation requirements for non- applicants and ineligible BG members has been revised to comply with Civil Rights regulations.

[Chapter 4.3 # 1](#) contains a new document source that is acceptable as identity verification.

[Chapter 4.5](#) has been revised to comply with Civil Rights regulations when using the Systematic Alien Verification Entitlement (SAVE) Program for non-applicants or ineligible BG members.

[Chapter 4.5 # 5](#) has been revised to change the term “legal resident” to “qualified alien”.

[Chapter 4.6 # 2](#) has been revised to clarify verification requirements for non-applicants or ineligible BG members in compliance with Civil Rights regulations.

[Chapter 4.6 # 3](#) contains a new source of verification to verify citizenship and alien status.

[Chapter 4.14](#) has been revised to add additional policy regarding basic education requirements for dependent children and teen adults that have not completed high school.

[Chapter 7.7](#) has been revised to remove “American Association of Retired Persons” from the Sources of Income Table as income received under the Federal Older Americans Act.

[Chapter 10.1 # 3](#) has been revised to clarify issues associated with Federal TANF time limits.

[Chapter 13.2](#) has been revised to remove the requirement to print CHIP screens for case management.

[Chapter 14.1](#) The note in this section has been revised to clarify that no additional screenings are required for teen adults when the DSS 3622, Young Parent Program Assessment is completed.

[Chapter 14.2](#) has been revised to add a note to clarify that the DSS 3626, YISSP will serve as the Family Plan for teen adults without a HS diploma, GED or certificate.

[Chapter 14.8](#) has been revised to clarify educational requirements for teen adults under age 20.

[Chapter 27.1](#) has been revised to remove the requirement to print CHIP screens for case management.

[Chapter 27.3.12](#) has been revised to clarify that any individual in the BG coded “IN” on EMPR is subject to participation in CARES activities.

What’s New - Vol 10 05.01.08

[Chapter 4.13](#) has been revised to clarify the use of the “IS” closure code for failure to develop the Family Plan. This code can only be used for new FI approval or reapplication.

[Chapter 7.7](#) has been revised to indicate that Alimony (spousal support) does count in the budget as unearned income.

[Chapter 12.1](#) is revised to clarify that the conciliation process must be followed before closing an ongoing FI case after the Family Plan has been signed by the participant.

[Chapter 13.2](#) has been revised to clarify that closure for failure to develop the Family Plan only applies to newly approved FI cases or reapplications.

[Chapter 14.1 #2](#) has been revised to clarify when screenings are to be completed by the Case Manager.

[Chapter 14.1 #3](#) has been revised to clarify the case manager’s role in the Domestic / Family Violence assessment process.

[Chapter 14.5 #5](#) has been revised to clarify that after the Employability Plan is signed any failure to cooperate in the work program or work program activities are subject to sanctioning.

[Chapter 16.5](#) has been revised to clarify when extensions may be allowed for Work Experience.

[Chapter 17.5 #1](#) has been revised to clarify entering data into the PATS system.

[Chapter 21.8](#) has been revised to clarify when an additional (4) weeks may be allowed in Work Experience.

[Chapter 27.1.#6](#) has been revised to add the new time limit tracking code for the State Program.

What's New - Vol 11 07.01.08

[Chapter 2.22](#) is being revised to add a note to clarify that non-applicants and ineligible BG members are not required to provide citizenship, SSNs or immigration status information as part of the verification needed for new applicants.

[Chapter 4.4 #2](#) is being revised to include PRWORA eligibility information regarding eligible aliens.

[Chapter 4.4#3](#) including the chart, is being revised to clarify policy for qualified aliens according to PRWORA regulations. A note has been added to explain that non-qualified aliens are not required to provide information about citizenship, SSNs or immigration status.

[Chapter 4.5](#) is being revised to add a note to clarify that non-applicants and ineligible BG members are not required to provide citizenship or immigration status information.

[Chapter 7.5](#) is being revised to add a Teen Parent Adult section to the chart, and to clarify that all earned and unearned income of the teen parent adult is counted unless specifically excluded.

[Chapter 7.7](#) Sources of Income chart is being revised to clarify that ABC payments for providing child care are counted as income.

[Chapter 8.16](#) is being revised to add a note which clarifies that all earned and unearned income of the teen parent adult is counted unless specifically excluded.

[Chapter 14.1#2](#) is being revised to clarify that the Basic Vision screening is the individual's ability to read the DSS 3800 Application and other DSS forms without difficulty.

[Chapter 17.4#8](#) A new section is being added to cover the purpose of the Supervisory Review Guide and what should be included when reviewing cases. A note is included to state that Supervisory Case Reviews must be completed on all cases prior to imposing a sanction and all cases before the 22 month time limit staffing.

[Chapter 17.4#9](#) A new section is being added to cover how to record and monitor the Supervisory Review Guide on cases.

[Chapter 27.1](#) The note in this section is being revised to add the phrase "until cases are imaged."

Glossary - Is being revised to clarify the definition of **minor**; that is in addition to being an individual under the age of 18 or 19 if still in high school or equivalent, the individual must also be included in a specified relative's BG.

What's New - Vol 12 09.01.08

[Chapter 1.5#4](#) is being revised to add SLED Checks to the list of confidential information that may be disclosed, and to state that SLED checks can be shared with the employing individual's worksite.

[Chapter 4.4#3](#) The chart is being revised to delete the section "Veterans of the U.S. Armed Forces." Also, this section is being revised to delete items 1-7 under Section 4.4#3, B.

[Chapter 16.1 #2](#) is being revised to add a note stating that college work study is part-time employment, although the income may be excluded from the budget.

[Chapter 19.16](#) is being revised to add (EX or DX closure code) at the end of Part A, and to add (CX closure code) at the end of Part B. This section is also being revised to add a note regarding completing a mini-budget to determine if excluded earned income or refusal of disregards would cause the FI case to close.

[Chapter 20.14.9](#) The title is being changed to "Retention of Forms" rather than "Submission to State Office." This section is being changed to show that the original DSS 3764 (FI Time Limit Closure Follow-Up Assessment), will be filed in the client's record. The DSS 3765 (60-Day Assessment Tally) and the canary copy of the DSS 3764 will be retained by the county for no less than two years following the FI report month. It will no longer be required to submit these forms to State Office, so this address is also being deleted from this section.

[Chapter 20.16](#) The title is being revised to "Federal Time Limits," rather than "Federal Time Limit Extension."

What's New - Vol 13 10.01.08

[Chapters 8.22](#) and [19.19](#) are being revised to reflect the new Need Standards for FI effective October 1, 2008.

[Chapter 13.4](#) has a note being added which allows participation in job search or job readiness activities to be measured on an hourly, rather than weekly, basis, in a 12-month period. It is no longer based on Federal Fiscal Year, but on a 12-month period.

[Chapter 16.1#2](#) is being revised to state that a participant working part-time must be assigned to a concurrent program activity in order to meet the 20 or 30 hour participation requirement.

[Chapter 16.2](#) is being revised to allow participation in job search or job readiness activities to be measured by hours (240 hours for 20hr/wk requirement, and 360 hours for the 30 hr/wk requirement.) The four "consecutive" week limitation will be measured on a weekly basis. Note that the hours are not counted in a federal fiscal year, but in a 12-month period, depending on when the client started the activity. In addition, this section removes the daily documentation of participation in job search requirements.

[Chapter 16.2#3A](#) is being revised to remove the words "state licensed" in front of health care provider, in reference to completing the 1247-C.

[Chapter 16.3](#) is being revised to state the recommended schedule for EPP class is 30, rather than 35 hours per week.

[Chapter 16.4](#) is being revised to allow participation in a bachelor’s degree or advanced degree program (as well as two-year degree programs and vocational certificate programs) to count as vocational training. This section also removes the 10 hour per week limit on distance learning.

[Chapter 17.6#6](#) allows participation in job search or job readiness activities to be measured on an hourly, rather than weekly basis, in a 12-month period. (240 hours for the 20 hr/wk requirement, and 360 hours for the 30 hr/wk requirement.)

[Chapter 17.6#6A](#) is revising the note which addresses how to count internet, on-line, or phone contacts made for job search. It also removes the 10-hour limit.

[Chapter 17.6.#6B](#) is removing the Units of Service Report (DSS 1243) as an acceptable means of documenting job search.

[Chapter 17.6#7](#) is being revised to remove the words “state licensed” in front of health care provider, in regards to completing the 1247-C.

[Chapter 17.6#7](#) removes the requirement that individuals be “otherwise employable” in order for participation in treatment and other barrier removal activities to count toward the participation rate.

[Chapter 17.6#9](#) is being revised to add a bachelor’s degree or an advanced degree program (as well as two-year degree programs and vocational certificate programs) to count as vocational educational training.

[Chapter 17.6#9B](#) has an addition which states that homework (both supervised and unsupervised) can be counted, and explains how to count it. This section also changes from weekly to monthly report to verify school attendance.

[Chapter 17.6#9C](#) has removed Units of Service Report as an acceptable form of documenting hours in Vocational Education, and has added log-in and log-out sheets.

[Chapter 17.6#9D](#) lists “Records from the Institution” rather than Units of Service Reports as the method of supervision for Vocational Education.

[Chapter 17.6#10A](#) clarifies that in some instances, Job Skills Training will be completed as part of distance learning.

[Chapter 17.6#10B](#) changes Units of Service Report to Attendance Records from Provider.

[Chapter 17.6#11](#) has added a statement saying that Education Directly Related to Employment can be completed as part of distance learning.

[Chapter 17.6#11B](#) has removed Units of Service Report as an acceptable documentation of hours.

[Chapter 17.6.#12A](#) has added the statement that some educational training may be completed as distance learning.

[Chapter 17.6#12B](#) removes Units of Service Report as an acceptable form of documentation.

[Chapter 17.6#13](#) has been revised to count hours, rather than days as excused absences. 80 hours of excused absences are allowed over the course of a year—with no more than 16 in any given month—to count as hours of participation in unpaid activities. It further explains that the PATS system will be used to track the number of excused absences used by each recipient.

[Chapter 21.3](#) allows participation in job search or job readiness activities to be measured against the 12 week limitation on an hourly, rather than weekly, basis (240 hours for 20/hr wk requirement, and 360 hours for the 30 hr/wk requirement).

[Chapter 21.4](#) allows participation in job search or job readiness activities to be measured against the 12 week limitation on an hourly, rather than weekly, basis (240 hours for the 20 hr/wk requirement, and 360 hours for the 30 hr/wk requirement).

[Chapter 24](#) has been replaced.

Glossary - has been revised to change the definition of Supervised Job Search to state that frequent check-ins (no less than weekly) are required, rather than daily check-ins.

Glossary - has been revised to add post-secondary study leading to a baccalaureate degree.

What's New - Vol 14 11.01.08

[Chapter 6.9.5](#) is being revised to state that the A/R with a valid driver's license from another state will be given 90 days to obtain a S.C. driver's license, and 45 days to transfer their out of state vehicle registration to S.C.

[Chapter 12.3.a](#) is being revised to remove "spouse of head of household."

[Chapter 12.3c](#) is being revised to state that a parent providing care for a disabled family member living in the home is excluded from TANF work program requirements. It removed the phrase "not in school living in the home." With new policy changes, even if a disabled child is in school, the parent is still excluded from TANF work program requirements.

[Chapter 12.3c](#) is being removed due the change in policy that a parent with a disabled child is excluded from TANF work program requirements whether the child is in school full time or not.

[Chapter 19.6.1B](#) is adding a link to See Section [19.7](#) for Child Care Guidelines. In the FI Manual Glossary, definition of "Work-Eligible Individual" is being revised. It is removing spouse of head of household as an individual exempt from TANF work program requirements.

What's New - Vol 15 01.01.09

[Chapter 14.5#5](#) is being revised to add that the "IS" denial/closure code on CHIP should be used when the A/R fails to sign or cooperate in the development of the Employability Plan. The use of this code applies only to new approvals or reapplications for work eligible individuals.

[Chapter 14.5#5](#) a link is being added (See Section [18.7](#)) at the end of the first paragraph.

[Chapter 14.5#5](#) a link (See Section [18.2](#)) is being added at the end of the Caution Note in this section.

[Chapter 17.4#2](#) is being revised to delete the sentence stating that the DSS 1243, Units of Service, documents the progress of a participant involved in a formal educational or training activity. This form is now obsolete and should no longer be used. It should be off the Master Forms Index by no later than 1-1-09.

Changes have been made in the FI Manual to change the program name, Food Stamps, to Supplemental Nutrition Assistance Program, (SNAP), wherever Food Stamps is found.

What's New - Vol 16 02.01.09

[Chapter 18.11](#) a link (See Section [22.7](#)) is being added at the end of Note in this section.

[Chapter 22.7](#) has been revised for clarity

What's New - Vol 17 03.01.09

[Chapter 7.7](#) Sources of income chart has been revised to remove the second caution note from the Wages, salaries, commissions and tips section which states that ABC payments are excluded. ABC payments for providing child care are counted as income.

[Chapter 8.21.2](#) is being revised to include an example of Manual Proration Calculation.

[Chapter 15](#) the reference table for Report Month Dates by Week is being removed. It can be found in the FI Manual Attachments: PATS Full Weeks Calendar.

[Chapter 24.7.5](#) has been changed to add a new policy section, "RCA Benefits," and the subsequent manual sections have been renumbered. This section explains how RCA benefits are calculated and also how to manually calculate the proration for the initial month.

What's New - Vol 18 04.01.09

[Chapter 14.8](#), the last sentence is being removed, as distance education is no longer limited to 10 hours per week.

[Chapter 8.16](#), a link to the section that indicates which teen parent(s) may file his/her own application is being added

[Chapter 27.2.8](#) and [Chapter 27.2.9](#) are being revised to change "Responsibility Plan" to the "CARES Mutual Responsibility Agreement (DSS 1231).

What's New - Vol 19 05.01.09

[Manual Section 3.2A](#), the note has been removed and added to the section A. The section has been revised to state: "The parent may be the biological, legal, or adoptive parent."

[Manual Section 3.2C](#), the note has been changed to section D. The section has been revised to state: "Adoptive siblings and half-siblings of the dependent child that are required to be in the same BG. This does not include step-siblings when a caretaker relative applies for benefits."

[Manual Section 3.2](#), a link has been added to refer to section 3.6 (Multiple Households).

[Manual Section 3.2.2](#), the note has been removed and the sentence added to the section.

[Manual Section 3.2.4C](#), the participation code has been changed from "OU" to "SS". The exception has been removed.

[Manual Section 3.2.4D](#), the exception has been changed to read, "Child(ren) receiving SSI payments, Participation code=SS. A link has been added refer to 5.1.4 the caution in this section.

FAMILY INDEPENDENCE

In [Manual Section 3.2.4F](#), the link has been changed from 4.16 to 4.15. [Manual Section 3.2.4G](#), the participation code has been changed from “OU” to “SS”. The exception has been removed.

In [Manual Section 3.2.4H \(c\)](#), the link has been changed from 4.14 to 4.13.

In [Manual Section 3.2.4I](#), the link has been changed from 4.15 to 4.14.

In [Manual Section 3.2, section L](#) has been added to state: “The biological parent, whose parental rights have been terminated through the adoption process, cannot apply for benefits for that child.” Links to Manual Sections 3.4 and 3.6 have been added to this section.

[Manual Section 3.6 C](#), “Child (ren) and both biological and adoptive parents”, has been removed. The statement which was previously a note in Manual Section 3.6 is now Section 3.6E.

The following changes have been made to the chart in [Manual Section 3.6.2](#) (Special BG Situations):

- (1) The block on the chart (Living Arrangement) has been deleted: “Both parents live in the home—only child(ren) in common not living in the home.” The corresponding block (Treatment) has also been deleted, which states: “Second parent is optional BG member. This includes second parent when the only in common child is deceased.”
- (2) The block on the chart has been added: (Living Arrangement) “Multiple parents living in the same household—child(ren) in common.” The (Treatment Block) added states: “When the household consists of more than one group of children, the determination of which child(ren) will comprise one benefit group is based on legal responsibility. Child(ren) for whom the applicant has legal responsibility will make up one benefit group. All other children living in the household will make up the second benefit group.”
- (3) A link (8.16, Treatment of Teen Parent Cases), has been added to the (Living Arrangement) block: “Teen parent, under the age of 18, has a child(ren) born out of wedlock.”
- (4) A link (11.3, Definition/Protective Payee) has been added to the treatment block which states “Appoint a Protective Payee”.
- (5) A change has been made to the (Living Arrangement) block entitled “Adoptive child(ren) returns to the home of the biological parent.” The (Treatment block) now states:

“The biological parent is not eligible for benefits for the child(ren). The biological parent’s parental rights have been terminated through the adoption process.”

- (6) A change has been made to the (Living Arrangement) block entitled “Child(ren) lives in the home with the biological parent(s) and the adoptive parent(s).” The (Treatment block) now states: “The biological parent(s) is a **non-BG member**. The adoptive parent(s) is the mandatory BG member and the biological parent cannot be included.”

- (7) A link (10.1.5, Time Limit Exceptions) has been added to the (Living Arrangement) block entitled “Children whose cash benefits were terminated due to time limits in the parents’ BG, has been abandoned, and is living with another caretaker relative who makes application for FI.”
- (8) In the (Living Arrangement) block – “Parent incapable of money management”, the link to the Protective Payee manual section has changed from 11.1 to 11.3.

The title of [Manual Section 3.9](#) has changed from “Sanctioned Due to Work Requirement” to “Sanctions and Disqualifications”. Sections 1-8 have been renumbered.

[Manual Section 3.9.5D](#) has been changed to remove “Individual other than parent, (natural or adoptive)” and add “Caretaker relative, who is included in the budget, participating in a strike.”

[Manual Section 3.9.8](#), the **note**, stating that “Disqualifications are not curable”, has been removed.

In [Manual Section 3.11.2](#), in paragraph 3, “caretaker relative”, replaces “individual other than the natural or adoptive parent.”

In [Manual Section 11.1](#), the title is being changed to “Benefit Issuance.”

A link has been added after the first sentence of [Manual Section 11.2](#) to reflect the changes as a result of ePAY.

[Manual Section 11.1.1](#) (Definition/Protective Payee) has been changed to Manual Section 11.3, and subsequent sections have been renumbered.

[Manual Section 11.2](#) (Endorsement of Checks) is now [Manual Section 11.4](#).

[Manual Section 11.3](#) (Returned Benefits/Undeliverable) is now [Manual Section 11.5](#).

The first sentence in [Manual Section 17.1.7](#) has been changed from “the CM will obtain verification of hours and income from the employer” to “a county designee will obtain verification of hours and income from the employer.”

The following sentence has been added: “The county designee may be the case manager or the job developer.”

[Manual Section 21.7.7C](#) has been revised to state DSS-3767 instead of DSS-3769, for the OJT Training Agreement.

[Manual Section 21.7.7K](#) has been revised to state: “Collects biweekly attendance forms from providers (DSS 3769), **as designated by the county.**”

In [Manual Section 24.12](#), a sentence has been added at the end to reflect that the RCA case must be closed when the refugee is approved for SSI, and that the DSS 1326, Notification of Eligibility Determination for Refugee Resettlement Program, must be sent at least 10 days before action is taken to close the case.

In [Manual Section 24.16](#), a sentence is being added at the end to reflect that the DSS 1326, Notification of Eligibility Determination for Refugee Resettlement Program, must also be sent when the RCA case is closed for other reasons.

In [Manual Section 27.2.10](#), the last sentence has been changed to include case notes in SCOSA as an acceptable place to document case activities.

Glossary

The term “ePAY” and its definition have been added to the glossary.

What's New - Vol 20 06.01.09

[Manual Section 2.2](#), a link (11.3, Definition/Protective Payee) has been added to the Incompetent or incapacitated individual chart section under “Special Treatment”.

[Manual Section 2.9](#), the link has been changed to [11.3](#), (Definition/Protective Payee).

[Manual Section 4.2.1](#) has been revised to add that verification of residence at redetermination is not required unless a change has occurred.

[Manual Section 4.2.2D](#) has been revised to add the rent/mortgage receipt should show the residence address.

[Manual Section 4.4.5](#) has been revised to clarify that Afghan aliens granted Special Immigration Status are eligible for benefits for a period not to exceed 8 months.

[Manual Section 4.5](#), the first sentence has been revised to clarify when alien status must be verified.

[Manual Section 4.7.2](#) has been moved to section 4.7.1C. Subsequent sections have been renumbered.

[Manual Section 4.14.1](#) has been revised to state “felony” drug related conviction.

[Manual Section 4.14.3](#): The first sentence has been revised to state: If the A/R is convicted of a felony drug related offense which occurred after August 22, 1996, the ES will take the following actions: (This is made to clarify that a misdemeanor drug conviction would not disqualify the individual.)

[Manual Section 4.14.3B](#), a link ([11.3](#), Definition/Protective Payee) has been added.

[Manual Section 4.15.1B](#), a link ([11.3](#), Definition/Protective Payee) has been added.

[Manual Section 5.1.2](#) has been revised to state “FI benefit” instead of “FI check”, due to the new electronic payment option.

[Manual Section 5.2.1](#) has been revised to remove “and providing the Good Cause Pamphlet”, as this pamphlet is now obsolete.

[Manual Section 5.3.1](#) has been moved to 5.3.2 ES Responsibility (Good Cause Child Support). [Section 5.3](#) has been renumbered.

In [Manual Section 5.4.1](#) “Both parents are absent” situation, a link ([5.1.4](#), Exception) has been added to the Required Action block.

The first sentence is [Manual Section 5.5](#) has been revised to state: “Child support sanction reasons include the following:”

[Manual Section 5.5A](#) has been removed, thereby reordering the letters in section 5.5.

A link ([5.1.4](#), Exception) has been added to [Manual Section 5.5A](#).

A link ([5.1.6](#), Third Party Liability Requirements) has been added to [Manual Section 5.5.2](#).

The title of [Manual Section 5.5.3](#) has been changed to “ES Determination of Non-Cooperation.”

[Manual Section 5.5.7](#) has been revised. ES replaces CM in the note section.

[Manual Section 5.5.8](#) has been revised to remove the note appearing at the end of this section.

[Manual Sections 5.6A](#) and [5.6C](#) have been removed and the subsequent sections have been re-lettered. References to MAO cases have been removed.

In [Manual Section 5.7](#), letter G has been removed.

A link ([9.2.1](#), ES Annual Redetermination Actions) has been added to [Manual Section 9.3A](#).

[Manual Section 17.3.1](#) has been revised to reflect changes in completing the new DSS-3707, FI Staffing Summary.

[Manual Section 20.1.1](#) has been revised to reflect changes in completing the new DSS-3707, FI Staffing Summary.

[Manual Section 4.4.5](#) has been revised to clarify that Afghan aliens granted Special Immigration Status are eligible for benefits for a period not to exceed 8 months.

What's New - Vol 21 07.01.09

No Revisions

What's New - Vol 22 08.01.09

[Manual Section 7.7](#) source of income chart has been revised to add a link ([See 8.8.8](#) Self Employment income for boarders/roomers) to the Board payment section.

[Manual Section 7.7](#) source of income chart has been revised to add a link ([See 6.7](#) Liquid Resources) to the Lump sum payments section.

[Manual sections 8.1.6F](#) and [8.1.6G](#) have been revised to add a link ([See 8.8](#) Earned Income/Self-Employment).

[Manual Section 8.3](#) (Application/Reapplication) has been added to [Manual Section 8.2](#) (Change in Income) as a subsection. Subsequent subsections have been renumbered.

[Manual Sections 8.4](#) (Verification) and [8.5](#) (Added Individual Treated as Applicant) have been renumbered to [Manual Sections 8.3](#) and [8.4](#).

[Manual Section 8.6](#), [8.7](#), [8.8](#), and [8.9](#) have been added to [Manual Section 8.4](#) as subsections.

[Manual Section 8.10](#) has been changed to [Manual Section 8.5](#).

[Manual Section 8.11](#) has been changed to [Manual Section 8.6](#).

[Manual Section 8.12](#) has been removed due to the reference to Medicaid eligibility for FI recipients if all eligible children are removed by CWS.

[Manual Section 8.13](#) has been changed to [Manual Section 8.7](#).

[Manual Section 8.14](#) has been changed to [Manual Section 8.8](#). [Manual Section 8.15](#) (Definition of Boarder/Roomer) has been added to [Manual Section 8.8](#) (Earned Income/Self Employment) as a subsection.

[Manual Section 8.16](#) has been changed to [Manual Section 8.9](#). A link ([see 3.6.2](#)) has been added to [Manual Section 8.9.2](#) to clarify special benefit situations.

[Manual Section 8.17](#) has been changed to [Manual Section 8.10](#), the link in the Note section has been changed to 8.15 (Gross Income and Need Standard Table) due to the chapter renumbering.

[Manual Section 8.18](#) has been changed to [Manual Section 8.11](#).

[Manual Section 8.19](#) has been changed to [Manual Section 8.12](#),

[Manual Section 8.20](#) has been changed to [Manual Section 8.13](#);

[Manual Section 8.21](#) has been changed to [Manual Section 8.14](#);

[Manual Section 8.22](#) has been changed to [Manual Section 8.15](#),

[Manual Section 8.15#1](#) has been changed to [Manual Section 8.16](#).

The title of [Manual Section 9.4](#) has been changed to “Transferring Cases”, and sections have been renumbered. [Manual Section 9.4.1A #2](#) has been revised to clarify the communication between the sending and receiving county should be by email.

[Manual Section 9.4.1B](#) has been revised to add that all case files must be imaged by the sending county prior to transferring the case in the CHIP system.

[Manual Section 9.4.4](#) has been deleted because counties will no longer be required to maintain a dummy file on transferred cases due to imaging.

[Manual Section 19.11.10](#) has been revised to remove the instructions in the second paragraph regarding setting up an individual billing account through the internet and completing a SLED NET application. The revision will state that counties must access the SLED Website and follow the on-line instructions. Counties will be able to pay for the SLED checks by using a State Procurement Credit Card. This change is a result of SLED policy that eliminated billing accounts as an acceptable form of payment by DSS.

In [Manual Section 24.7.3](#), in the second paragraph, the term, “Iraqis”, has been changed to “SIV refugees.”

[Manual Sections 24.17](#) (Fair Hearing Rights) and [24.18](#) (RRP State Office Program Support) have been changed to [Manual Sections 24.18](#) and [24.19](#).

A new manual section, Overpayment of Refugee Cash Assistance (RCA), will be inserted as [Manual Section 24.17](#).

[Manual Section 21.7.1.c](#) has been revised to state “minimum of \$7.25 an hour” to reflect the new federal minimum wage.

The WTA budget sheet has been revised to reflect the new federal minimum wage for July 2009 and added to the FI policy manual as an attachment (WTA Budget Sheet July 09). The WTA budget sheet dated July 08 will be removed from the FI policy manual attachments on 8-31-09.

What's New - Vol 23 09.01.09

[Manual Section 9.2](#) has been revised to add that at least one face-to-face interview must be conducted for each BG once every 12 months.

The chart in [Manual Section 9.2.1](#) has been revised; under Actions Required #1, “Other DSS Assistance” has been changed to “Refugee Assistance.”

The link in the note of [Manual Section 9.3.D](#) has been changed to [11.4](#). A sentence has been added: “Contact the Division of Finance for additional procedures when benefits are issued through ePAY.” A link has been added to this sentence ([11.2.6](#)).

[Manual Section 9.4.1 B](#) has been changed to state FI eligibility, FI Case Management and SNAP cases must be imaged prior to transfer.

The information in Manual Section 9.6 has been moved to [Manual Section 9.2](#) and subsequent Manual Sections have been renumbered.

A sentence has been added to [Manual Section 9.6](#) (Authorized Representative), which states that “The A/R cannot update or change the Family Plan.

[Manual Section 9.9.2 C](#) has been changed to clarify employment status. [Manual Section 9.9.2 D](#), “New Source of Income”, has been added.

In [Manual Section 9.9.5](#), the sentence, “State wage match must be verified through IEVS”, has been changed to state “Eligibility worker must verify all information on IEVS”.

[Manual Section 9.10 #2-7](#) has been renumbered/re-lettered.

[Manual Section 9.12.1](#), Additional Reinstatement Reason, has been changed to [Manual Section 9.11 G](#).

[Manual Section 9.12.2](#), New Application Exception, has been deleted.

[Manual Section 19.11.10](#) has been changed to state that counties will no longer be required to process reimbursements through FIFN.

What's New - Vol 24 11.20.09

In [Manual Sections 3.9.4](#) and [3.9.5](#), the numbering has been reversed.

[Manual Section 4.4.2](#) has been revised to add Veteran of the US Armed Services or person on active duty and their spouse and their unmarried children are included in the category of aliens who may be eligible for benefits if all other requirements are met.

[Manual Section 14.3.1](#) has been revised to state that a home visit is required within the first 60 days after case approval, and that if it is not done during the assessment/evaluation, it should be done to develop the Family Plan.

In [Manual Section 14.3.2](#) the note has been moved to [Manual Section 14.3.1](#)

The title of [Manual Section 14.8.2](#) has been changed to “Educational Goals Age 20-25.”

[Manual Section 16.7.4.B](#) has been revised to add that excused absences and holiday hours cannot be used in the WTA calculation.

[A link \(18.10\)](#) has been added to the Note section of [Manual Section 18.14](#).

[A link \(18.14\)](#) has been added to [Manual Section 18.10](#).

In [Manual Section 24.16.1](#), the sentence regarding sending a letter asking the refugee to visit the county office to be screened for possible benefits under one of the other benefit programs has been deleted.

In [Manual Section 24.16.2](#), the part of the sentence regarding terminating the RCA effective the ninth month/seventh month the refugee has been in the U. S. has been deleted.

What's New - Vol 25 01.01.10

[Manual Section 2.4](#) has been revised to state “employer contacts” instead of “face-to-face contacts” for initial job search.

[Manual Section 8.15](#) has been revised to update the Need Standard Chart.

[Manual Sections 9.3](#) through [9.9](#) have been revised to change the order of these sections.

[Manual Section 19.19](#) has been revised to update the Need Standard Chart.

[Manual Section 23.10.A](#) has been revised to change the term “BG” to “household.”

[Manual Section 23.10.B](#) has been revised to change the term “BG” to “household.”

[Manual Section 23.10.C](#) has been revised to state: “A person connected to the household, such as a caretaker relative, protective payee, or an authorized representative when the overpayment occurred.”

What's New – Vol 26 04.01.10

[Manual Section 5.5, #5](#) has been revised to show a change in procedure when a blood test excludes paternity. If a blood test excludes one father, and a new AP is named, CSED will e-mail the ES the basic information and new AP's name, and the ES will meet with the recipient to obtain the required information for the new AP and get the client to sign a 3816-C. The ES will input the new AP data into CHIP, instead of CSED inputting the new information into CHIP.

[Manual Section 5.5, #7](#) has been revised to remove the note since the procedure in [Manual Section 5.5, #5](#) has been revised.

[Manual Section 8.1, #6](#) has been revised to agree with the new budgeting methods for SNAP. Budgeting procedures have been changed from using the last four week period prior to the interview of an application or redetermination, to any four consecutive weeks within a budget month or month prior to the budget month. The “Exception” has also been removed in order to follow the new policy.

[Manual Section 8.1, #6C](#) has been revised in the way countable income is determined. It has changed from the last 4 consecutive weeks of income to four consecutive weeks of income within a budget month or prior to the budget month.

[Manual Section 19.14](#) has been revised to remove the letters A-D, and to state in the first sentence that transportation assistance can be provided to mandatory FI work eligible individuals who participate in the FI program and must comply with the Family Plan, to include Two Parent BG members or CARES participants. CM's must determine if the client has need for transportation and explore the most cost effective method.

[Manual Section 19.14, #1A](#) has been revised to change who should complete the DSS 1269.

[Manual Section 19.14, #1B](#) has been revised to remove #2, which refers to contract providers, as contract providers are no longer being used for transportation. Consequently, #1 now just becomes a sentence under this section.

[Manual Section 19.14, #1C](#) has been revised/ added to state that a monthly stipend of no more than \$75.00 will be provided to approved participants who have no other means of transportation to and from a work activity.

[Manual Section 19.14, #1C](#) has been changed to [Manual Section 19.14, #1D](#).

[Manual Section 19.14, #4](#), has been revised to change the title from “General Transportation Guidelines” to “Transportation Assistance”. Also, in this section, the "Transportation Stipend" has been added to the list of transportation providers.

[Manual Section 19.14, #5](#) has been revised to add that the monthly reimbursement amount for Privately Owned Vehicles should not exceed \$75.00 per month.

The introductory paragraph in [Manual Section 19.14, #6](#) has been revised to add that the monthly reimbursement amount for a gas voucher should not exceed \$75.00 per month.

The title of [Manual Section 19.14, #8](#) has been changed from “Individual Transportation Providers (ITP’s)” to “Transportation Stipend”. The section on Individual Transportation Providers has been deleted. This section states that a monthly stipend in the amount of \$75.00 will be provided to WEI’s who comply with the FI Work Program. This section also includes instructions as to how to key this stipend in the FIFN system.

The title for [Manual Section 19.14, #9](#) is being changed to “Exception to Monthly CAP”. As a result, the rest of the section is renumbered. This section states that if the monthly cap of \$75.00 is not sufficient to pay the cost of a client’s transportation, the worker may authorize one additional stipend to cover the cost of travel. Prior to ePAY automation, the stipend can be increased to the amount that would meet the transportation needs of the client, not to exceed \$75.00. The automated ePAY stipends must be increased in \$75.00 increments only, with no recipient receiving a stipend of more than \$150.00.

What's New – Vol 27 06.01.10

[Manual Section 4.4.5](#) has been revised to remove the limit of eight months for Iraqi and Afghan immigrants to receive benefits. As of December 21, 2009 Iraqi and Afghan aliens granted Special Immigrant Status are eligible for the same benefits available to refugees admitted under section 207, and to the same extent, and for the same periods of time as such refugees. It further states that an Iraqi or Afghan Special Immigrant is eligible for benefits for up to 5 years from the date of admission to the U.S.

[Manual Section 4.4.5](#) has been revised to add a second example.

[Manual Section 10.1.5E](#) has been inserted to add a BG who is a victim of family/domestic violence as an exception. To be eligible for this exception, the BG member must be in a program supervised by a recognized Domestic Violence Advocate. Subsequent sections have been re-lettered.

[Under Manual Section 10.1.6D](#), the note has been revised to state SC time limit “exception”, rather than “exemption”.

[Manual Section 10.2](#) has been revised to change the title to “Adjusting Time Limit Tracking Codes”.

[Manual Section 10.3 has been revised to remove the title “Returned Checks”, and this section becomes 10.2.C.](#) Subsequent sections have therefore been renumbered.

[The chart in Manual Section 10.4 \(now section 10.3\)](#) has been revised to add the phrase “receiving as a dependent child” after “Teen parents under the age of 18”.

[Manual Section 10.5 \(now 10.4\)](#) has been revised to change the title of this section to “Verification of TANF Benefits From Another State”.

[Manual Section 10.5.1C \(now 10.4.1C\)](#) has been revised with directions to send the DSS-1262 or contact the appropriate agency for verification of benefits. Do not delay case approval beyond 30 days while awaiting a response.

[Manual Section 10.5.2B \(now 10.4.2B\)](#) has been revised to add directions to send the DSS-1262.

[Manual Section 10.7 \(now 10.6\)](#) has been revised to add two sections: “Required in the Home” and “Caretaker Relative”. Sections have subsequently been renumbered.

What's New – Vol 27 06.01.10

[Manual Section 10.9 \(now 10.8\)](#) has been revised to add that the ES must review the FITC screen in order to determine if a family is eligible to reapply at the end of the 10 year period.

[Manual Section 19.1A](#) has been revised to specify that support services should be limited to “work related” expenses.

[Manual Section 19.2](#) has been revised to add that support services must be work related or needed to meet a work related expense. **Also, this section has added that transitional services will be limited to transitional child care only.**

[Manual Section 19.2](#) has been removed, and this section has subsequently has been renumbered. An FI/TSS child recipient will no longer be eligible for assistance with educational expenses, which allow him/her to complete their education.

[Manual Section 19.3.D](#) has been removed as “Other support services” will no longer be allowed, but support services will be confined to childcare, transportation, or work related expenses.

[Manual Section 19.4.B, #1](#) has been revised to state that gas vouchers must be limited to \$40.00 per voucher, and if more than one voucher is needed in a month, the total amount must not exceed \$75.00

[Manual Section 19.4.B, #2](#) has been revised to state that the monthly reimbursement amount for Privately Owned Vehicles must not exceed \$75.00.

[Manual Section 19.4.B, #3](#) has been revised to limit the total amount of Car Repairs/Car Insurance/Car Taxes to \$750.00 per state fiscal year, per licensed vehicle. The limited amount was previously \$1500.00 per state fiscal year. **Also,** in this section, a sentence has been added to state that the individual must be employed or in an approved work activity prior to authorizing this expense payment.

[Manual Section 19.4.C](#) has been revised to change the limit on work related expenses from \$500.00 to \$200.00 per state fiscal year, per employed individual.

[Manual Section 19.4.D](#) has been revised to change the limit on educational expenses from \$500.00 to \$200.00 per state fiscal year. Furthermore, it limits this expense to FI adults or FI teen parent adults. A child recipient in an FI or TSS case has now been excluded from this expense.

[Manual Section 19.4.E](#) has been revised to state that DSS may only assist with household expenses if the individual is currently employed or attending an approved work related activity. **Also under this section:** the limit on **utilities** has been changed from \$1000.00 to \$500.00 per state fiscal year; and the limit on **rent/mortgage** has been changed from \$1000.00 to \$750.00 per state fiscal year.

What's New – Vol 27 06.01.10

[Manual Section 19.6](#) is being revised to remove transportation as an allowable expense for Applicant Services.

A link has been added at the end of the above Manual Section (19.6). The link is [19.4.E](#).

[Manual Section 19.6, #3A](#), has been removed as transportation funds may no longer be used for applicant services. Since #3A has been removed, B, C, and D, have subsequently been re-lettered.

[Manual Section 19.6, #3E](#) has been removed as support services cannot now exceed the new limits as discussed in 19.4 above.

[Manual Section 19.13](#), Support Services for FI Child Recipient has been deleted. Subsequent manual sections have been renumbered.

The title of [Manual Section 19.16](#) has been revised as “Transitional Child Care (TCC) Eligibility. Transitional Support Services has been removed from the title since there will no longer be transitional support services **except** for child care.

[Manual Sections 19.16, #1, 19.16, #1A, and 19.16, #1C](#) have been revised to remove any reference to Transitional Support Services (TSS), as transitional clients will now only be eligible for Transitional Child Care.

[Manual Section 19.16, #3](#) has been revised to remove any reference to Transitional Support Services (TSS), as transitional clients will now only be eligible for Transitional Child Care.

[Manual Section 19.16, #4](#) has been revised to remove the reference to transitional support services (TSS) and add transitional child care (TCC).

[Manual Section 19.16, #7](#) has been revised to remove the term “TSS”, as transitional clients will no longer be eligible for Transitional Services, with the exception of Transitional Child Care.

[Manual Section 19.16, #8](#) has been revised to remove the term “TSS”, as transitional clients will no longer be eligible for Transitional Services, with the exception of Transitional Child Care.

[Manual Section 19.16, #9](#) has been revised to remove the term “TSS”, as transitional clients will no longer be eligible for Transitional Services, with the exception of Transitional Child Care.

What's New – Vol 27 06.01.10

[Manual Section 24.5.H](#) has been revised to state that Iraqi and Afghan aliens granted Special Immigrant Status are eligible for the same benefits available to refugees under section 207, and to the same extent and for the same period of time as such refugees. The eight month limit for these immigrants has been removed.

[Manual Section 24.7.3](#) has been revised to remove the eight month limit for Iraqi and Afghan aliens granted Special Immigrant Status.

A workbook has been added to the FI Manual to calculate the prorated amount of Refugee Cash Assistance for the initial month of application, per [Manual Section 24.7#5](#).

What's New – Vol 29 12.01.10

[Manual Section 2.3.1A](#) has been revised to add telephone interviews.

[Manual Section 2.3.2V](#) has been revised to add the form number (DSS 1320) for the Basic Learning Disability screening.

[Manual Section 2.4.4](#) has been revised to change references to ESC (Employment Security Commission) to DEW (Department of Employment and Workforce).

[Manual Section 3.6.2](#) has been revised in the chart section regarding adoptive children returning to the home of the biological parent, to add a Caution Note that once a child has been adopted, relationships to all blood relatives are severed, along with the birth parents.

[Manual Sections 7.3, 7.3.4, and 7.7](#) have been revised to change ESC to DEW, and Employment Security Commission to Department of Employment and Workforce.

[Manual Section 7.2.2B](#) has been revised to remove “face-to-face”.

The chart in [Manual Section 8.15 and 19.18 \(Need Standard Table\)](#) has been revised to change the effective date to October 2010. The benefit amounts have not changed.

[Manual Section 9.4](#) has been revised to remove the term “face to face”.

[Manual Sections 10.1.5, 10.6.2, 12.3, and 15.2](#) have all been changed to add that the medical incapacity is subject to reevaluation at intervals that are specific to each recipient's circumstances, at a minimum at annual redetermination.

What's New – Vol 29 12.01.10

[Manual Section 10.5](#) has been changed to change the contact information for Louisiana Department of Social Services and North Carolina Department of Health and Human Services, Division of Social Services.

[Manual Section 16.2](#) has been revised to replace SCESC with SCDEW.

[Manual Sections 19.15.4 and 19.15.5](#) have been changed to state that if the former FI recipient becomes employed after case closure due to time limits, the TCC eligibility period begins the month the FI closes due to time limits, rather than the month the client becomes employed.

[Manual Section 19.16.1](#) has been revised to delete and add some changes which must be reported for support services. This has subsequently led to a re-lettering of the changes listed.

The Glossary and the following manual sections have all been revised to change S.C. Employment Security Commission (SCESC) to S.C Department of Employment and Workforce (SCDEW): [Manual Sections 21.2.5.3, 21.2.6, 21.3.1, 21.3.5, 21.6.6, 24.8, 24.8.1, 24.8.5, 24.11.5.](#)

[Manual Section 27.2](#) has been revised to add the statement that in order to be considered a CARES client, the acceptance for treatment by Vocational Rehabilitation, DDSN, or Mental Health must not be for drug addiction or due to a criminal record, but for a disability only.

What's New – Vol 30 02.01.11

[Manual Sections 8.15 and 19.18](#) are being revised to change the Need Standard Tables. The change is due to the 20% reduction in FI monthly benefits which is effective 2-1-11.

What's New – Vol 31 07.01.11

[Manual Section 2.4](#) has been revised to reduce the number of initial job searches that applicants are required to complete from 10 to 5. The change in section 2.4 (Effective 12/01/10) should not have appeared in the FI manual. This change regarding REAP, presented at the FI Supervisor's Training held in November 2010, was never implemented.

[Manual Section 24.7](#) has been revised to add that if the refugee applied for SNAP benefits, copies of forms DSS 3800, DSS 1324, and DSS 1325, along with documentation should be scanned in SCOSA, and the county should email State Office Refugee staff that documents have been scanned at: refugeeresettlement@dss.sc.gov.

[Manual Section 24.7.5, #1](#) has been revised to add a note, stating that if application and other documents have been scanned in SCOSA, to notify the State Refugee Office by e-mail at: refugeeresettlement@dss.sc.gov that the documents are in SCOSA.

[Manual Section 24.7.5, #2](#) has been revised to add that county staff should use the RCA Calculation Workbook attached to the FI Manual to prorate benefits for the initial month.

[Manual Section 24.8.1](#) has been revised to remove children under age 16 and children in school from the table under "Criteria for Exemption".

[Manual Section 24.8.2B](#) has been revised to change Employment Security Commission to Department of Employment and Workforce (DEW).

[Manual Section 24.14](#) has been revised to add a note that if the refugee applied for SNAP benefits, that the worker should scan documents in SCOSA and e-mail the State Office Refugee staff at: refugeeresettlement@dss.sc.gov.

[Manual Section 24.14, #4a](#) has been revised to state if the I-94 cards have been scanned into SCOSA, then copies of these cards do not have to be sent to the Office of Refugee Resettlement Program at State Office.

[Manual Section 24.16.1](#) has been revised to instruct workers to complete the DSS 1325 with effective date of closure, and then send to the State Office RRP, or to scan form in SCOSA if appropriate

WHAT'S NEW for October 2011

[Manual Section 4.4.1](#) has been revised to clarify the definition of a U.S. citizen.

[Manual Section 4.4.3](#) the chart has been revised to move the qualified alien description to the left and leave the documents used to verify the status on the right.

Changes made to Chapter 27 in the Family Independence Manual have caused sections to be removed and subsequently re-numbered. Please make note of the new manual sections when you review the changes.

[Manual Section 27.3](#) has been revised to state the goal of the Two-Parent program and that participants should be referred to activities which will lead to employment.

[Manual Section 27.3.1](#) has been revised to state the Two-Parent program requirements have changed to include each mandatory parent in a household must participate a minimum of 30 hours per week. A minimum of 20 hours per week must come from participation in a CORE activity.

[Manual Section 27.3.8](#) has been changed to [Manual Section 27.3.9](#), Two-Parent Case Management. The section has been revised to stress the importance of case managers developing Employability plans with activities which will lead to employment. The documentation method has changed from the DSS 1230D to SCOSA case notes.

[Manual Section 27.3.9](#) has been changed to [Manual Section 27.3.10](#), Two-Parent Non-Discrimination. The information concerning the special accommodation has been removed. The word, "Note" has been removed. The information is now a part of this manual section. A link to section 19.1 has been added.

[Manual Section 27.3.10](#) has been changed to [Manual Section 27.3.11](#), Two-Parent Program Activities. This section now has a chart that lists activities available to participants as either Core or Non-Core.

[Manual Section 27.3.11](#), Two-Parent Flexible Activities, this title has been deleted. The information has been revised and added to the new [Manual Section 27.3.11](#), Two-Parent Program Activities. This section has been revised to state the number of participation hours required for the Two-Parent program. Flexible activities listed in section 27.3.11 I, J, and K have been removed and are no longer allowed as countable activities in the Two-Parent program. The information contained in [Manual Section 27.3.12](#), Two-Parent Participation Requirements has been moved to [Manual Section 27.3.1](#).

WHAT'S NEW for October 2011

[Manual Section 27.3.13](#) has been changed to [Manual Section 27.3.12](#). The note has been changed to clarify that conciliation must take place prior to imposing an individual sanction for failure to sign or cooperate in the development of the Family Plan. Workers should use the "IS" closure code if both parents fail/refuse, after the initial approval, to sign/develop the Family Plan.

[Manual Section 27.3.12 #2](#), Individual Sanctions. The note has been revised to state that if a household contains a parent with an individual sanction, the non-sanctioned parent must participate 40 hours per week and 30 hours must come from participation in a Core activity.

[Manual Section 27.3.15](#) has been changed to [Manual Section 27.3.14](#). The statement concerning allowable activity hours has been removed.

[Manual Sections 8.15 and 19.18](#), Need Standard Table has been updated.

What's New – Vol 33 10.01.12

What's New” for October 2012

[Manual Section 1.5.6](#) has been revised to clarify that workers should not take action on cases where there may be a conflict of interest.

[Manual Section 2.1.2](#) has been revised to delete the DSS 3800A and DSS 3800B as forms that make up a required FI application. It has been changed to state that applicants must complete the DSS 3800, which includes Rights and Responsibilities and Confidential Information Policy.

[Manual Section 2.1.7](#) has been revised to add fax and electronic submission (completing on-line application) as ways to submit an application to a county.

[Manual Section 2.1.14](#) has been revised to delete the sentence about scheduling the interview appointment within five calendar days of the filing date. This change is being made due to RSW procedures, where clients receive a notice and call in for their interviews.

[Manual Section 2.3](#) has been revised to remove the face-to-face requirement for the interview and has been changed to state: “The interview may be conducted by telephone, at the local DSS office, or a mutually agreed upon location. The interview should be a confidential discussion of the household circumstance.”

[Manual Sections 2.11.1, 2.11.2, 2.11.3, and 2.11.4](#) have been removed.

[Manual Sections 2.12.1 and 2.12.2](#) have been removed, as the 3800-B is no longer a required form for the FI application.

In the chart in [Manual Section 7.7](#), “Lutheran Family Service Refugee Grant” has been revised to state “Lutheran Family Service Refugee Match Grant”.

In [Manual Section 8.14.2](#), the example for Manual Proration Calculation has been revised.

[Manual Sections 8.15 and 19.18](#) have been revised to change the Need Standard for the Family Independence Program, and to show the increase in FI benefits effective October 2012. The change is based on the increase to the Annual Federal Poverty Guidelines for 2012

[Manual Section 9.2](#) has been changed to remove the words “face-to-face” for interviews, since interviews for redeterminations, as well as applications, may be done by phone.

[Manual Section 10.5](#) has been revised to add contact information for Florida DSS ACCESS e-mail, and to change the contact information for Virginia DSS and North Carolina DSS. These contacts are for verifying out of state benefits.

[Manual Section 24.8](#) has been revised to remove Department of Employment and Workforce (DEW) from this paragraph.

What's New – Vol 33 10.01.12

[Manual Section 24.8, #2B](#) has been revised to change the agency where the worker must send the DSS 1324 from the Department of Employment and Workforce (DEW) to Lutheran Family Services, 1118 Union Street, Columbia, SC 29201 , fax # 803-750-9920.

[Manual Section 24.8.5](#) has been revised to remove “DEW” from the paragraph.

[Manual Section 24.11.5](#) has been revised to remove “DEW” as the agency to refer refugees. Glossary Section “Gap Payment”- the FI Ratable Reduction % has been revised in computing the GAP payment.

What's New – Vol 34 03.01.13

[Manual Section 10.5](#) has been revised to update phone numbers, emails, and addresses for out of state verifications.

[Manual Section 10.6.2](#) has been revised to add that the individual must be a family member living in the home.

[Manual Section 12.5](#) (The Chart) has been revised to add that PW’s must participate 20 hours per week.

[Manual Section 18.2](#), first item in the chart has been revised to clarify that the only parent in FI family with child under one is required to participate 20 hours per week.

[Manual Section 24.8](#) has been changed to add the word “adult” in the first sentence (“All adult refugee BG members...”).

[Manual Section 24.8.1](#)—The chart has been revised to remove the last two criteria from “Criteria for Work Exemption”: (1) A single parent of a child(ren) under 6; and (2) Parent is caretaker of child(ren), and non-exempt adult in the home is registered.

[Manual Section 28 Federal Tax Information](#) has been added to explain policies and procedures regarding the handling of federal tax information.

What's New – Vol 35 10.01.13

[Manual Section 8.15, Need Standard Table](#) has been revised to change the Need Standard Table to show the increase in FI benefits effective October 2013. The change is based on the increase to the Annual Federal Poverty Guidelines for 2013.

[Manual Section 19.18, Reference Need Standard Table](#) has been revised to change the Need Standard Table to show the increase in FI benefits effective October 2013. The change is based on the increase to the Annual Federal Poverty Guidelines for 2013.

[Manual Section 19.14, Childcare Services](#) has been revised to inform case managers that they must inform single custodial parents that they will not be sanctioned if unable to secure child care for a child under six.

[Manual Section 24.3, Documentation of Financial/Medical Need](#) has been removed. Removing this section has caused subsequent chapters/pages to be renumbered.

[Manual Section 24.4, Determining Level of Support of Individual](#) has been removed. Removing this section has caused subsequent chapters/pages to be renumbered.

[Manual Section 24.7.4 e, Refugee Cash \(RCA\) Eligibility Requirements](#) has been removed. The EXCEPTION: has also been removed. Removing this section has caused subsequent chapters/pages to be renumbered.

[Manual Section 24.15, Case Transfer Procedures](#) has been removed. Removing this section has caused subsequent chapters/pages to be renumbered.

[Manual Section 24.15.1, CM Actions](#) has been removed. Removing this section has caused subsequent chapters/pages to be renumbered.

[Manual Section 24.16, Closure Due to Eligibility Time Limit](#) has been revised and renamed [Refugee Cash Assistance Case Closure](#). This section has been changed to [Manual Section 24.13, Refugee Cash Assistance Case Closure](#). Subsequent pages have been renumbered. This section has been revised to explain that cash benefits for any refugee recipient who has been in the U.S. for eight months must be terminated and why case closure may occur. Closure Procedures were also explained.

[Manual Section 28.4, Reporting Unauthorized Disclosures](#) has been revised to remove information regarding an employee who detects any incidence of Unauthorized Access to report to CHIP Helpdesk Monitors. This information was replaced with the appropriate contact information address, telephone number, and email address and indicates what information should be documented.

What's New – Vol 36 12.11.13

[Manual Section 1.5 #6, Actions on Cases of Relatives](#) has been revised to explain the process for handling cases involving relatives and/or conflicts of interest.

[Manual Section 2.11, Voter Registration](#) has been revised to include additional voter registration services which are provided to all A/R's at application. The South Carolina Election Commission's Website was also updated. An entire section entitled "Procedures" was added.

[Manual Section 11.2 #3, Electronic Benefit Issuance](#) Section 3 has been revised to add Section 3, entitled ePay Debit Card Access. Language added to this section lists the federal restrictions of TANF use in certain locations.

[Manual Section 4.4.3, Qualified Alien Eligibility](#) has been revised to add in the sentence, that the following groups of aliens may receive benefits if all other requirements are met, for up to five years from "either the date of entry or the date the status is granted".

[Manual Section 19.12.3, Guidelines, Family Cap Vouchers](#) has been revised to show the increase of the appropriate amount of the voucher from \$40.00 to \$57.00.

What's New – Vol 37 09.30.14

[Manual Section 3.9.3, Sanctions and Disqualifications](#) has been revised to add “JF” as a full family sanction denial/closure reason.

[Manual Section 5.3, Good Cause Claim for Child Support](#) has been revised to add that a photocopy of the signed DSS-3816C, Child Support Referral or Section 3 of the DSS 3800, Absent Parent Information, with proof of the good cause verification attached, will be completed and sent to CSED within two working days of approval.

[Manual Section 8.15, Need Standard Table](#) has been revised to change the Need Standard Table to show the increase in FI benefits effective October 2014. The change is based on the increase to the Annual Federal Poverty Guidelines for 2014.

[Manual Section, 11.2 #3, Electronic Benefit Issuance](#) has been revised to add action taken if the ePAY Debit Card is used in restricted locations.

[Manual Section 19.13.8, #3, Transportation Stipend](#) has been revised to add #3 which explains the need to have secondary verification documentation attached to the DSS 3713.

[Manual Section 19.16, #6C, Use of the Gas Voucher](#) has been revised to explain the need to have secondary verification documentation attached to the DSS 3713.

[Manual Section 19.18, Reference Need Standard](#) has been revised to change the Need Standard Table to show the increase in FI benefits effective October 2014. The change is based on the increase to the Annual Federal Poverty Guidelines for 2014.

[Manual Section 23.1, DSS Responsibility](#), has been revised to rename Recipient Claims workers (RCW's) to Benefit Integrity Claims Specialists (BICS).

[Manual Section 23.2, Detailed Information on Claims](#) has been revised to state that policies and procedures for establishing claims can be found in the SNAP/TANF Benefit Integrity Manual.

[Manual Section 23.3, Claims Referral Procedure](#) has been revised to change Recipient Claims Unit (RCU) to the Benefit Integrity Unit and it has been revised to explain the process for submitting a claim for an overpayment.

[Manual Section 23.4, Underpayments](#), has been revised to add that an underpayment is corrected for active cases by the EW. A statement was also added that an underpayment can be corrected by eligibility staff when the case is reopened.

[Manual Section 23.8](#) has been revised. It has been revised to explain the process for submitting claims. [Manual Section 23.8, #2](#) has been deleted and replaced with new information regarding the BICS Responsibilities for Possible Claims.

What's New – Vol 37 09.30.14

[Manual Section 23.11, Requesting Fair Hearing](#) has been revised. Benefit Integrity Unit replaces RCU as the point of contact for a Fair Hearing.

[Manual Section 23.9, #2D, AG Claims](#) has been revised to add that the Agency's access to IEVS information does not relieve the household of its responsibility to report changes accurately.

[Manual Section 23.11, #1, Continued Benefits](#) has been revised to include, "In order to be eligible for continued benefits, the recipient must be cooperating with the work component, if mandatory." It has also been revised to include the "NOTE" section.

[Manual Section 23.13, Recognizing Overpayments on CHIP](#), has been revised to state the BICS will initiate collection of overpayments. This is indicated on CHIP screen AFBH in the RECOUP column. [Manual Section 23.13, B #1B3](#) has been revised to state that "an acceptable method of payment" replaces "repayment". The sentence, "This may include cash, check, or money order" was added.

[Manual Section 25](#) The title of this chapter has been revised to Non-Emergency Repatriate Program Services.

[Manual Section 25.1, Definition](#) has been revised to rephrase the definition of repatriate.

[Manual Section 25.3](#) has been revised to include "NOTE: Policy for Mass Emergency Repatriation is not covered in this chapter".

[Manual Section 25.4](#) has been revised to advise that determinations for citizens and dependents will be forwarded to the State Refugee Resettlement Office. In this same section, "non-emergency" has been added under qualifications.

[Manual Section 25.5, #2, Process Flow](#) replaces #2, Extensions. It has been revised to explain that information will be forwarded to the Refugee Resettlement Unit through the Office of Refugee Resettlement (ORR) service provider, International Social Services, (ISS). Also added is that the State Refugee Resettlement Office (SRR) will be the point of contact between ISS and the county office.

[Manual Section 25.6, Eligible Services](#) has been revised to add that individuals eligible under the RP receive the following services "at a reasonable cost" and "cost" has been defined. Also added in this chapter are expenses that are included under "Direct

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[Manual Section 25.7](#) BG Composition has been deleted.

[Manual Section 25.8](#) was renumbered to [Manual Section 25.7, repayments Requirement](#). #1 was deleted. It includes a new subtitle, **“Possible Repayment Waiver”**. Information located under subtitle, **“Waiver Conditions”**, explain how a waiver and/or deferral of repayment must be requested. Acceptable conditions for waiver is now listed under letter (A) which was listed originally as (C). Information located under letters D & E and the **“Exception”** was deleted.

[Manual Section 25.9](#) was renumbered to [Manual Section 25.8, Repatriate Referral](#). It now states that State RR will notify the appropriate county office when information is received that an eligible repatriate is expected to arrive.

[Manual Section 25.10, Funding](#) was renumbered to [Manual Section 25.9](#). “By the ORR contractor” was added. The **“Note”** information was deleted.

[Manual Section 25.11, CM Actions](#) was renumbered [Manual Section 25.10](#). It was renamed [Case Management/State Responsibilities](#). Entire information was deleted and replaced with information “a through l”.

[Manual Section 25.11, Reimbursement Procedures](#) has been added.

What's New – Vol 38 01.07.15

[Manual Sections 3.1, Benefit Group Definition, 3.2 Required BG Members, 3.6A, Possible Benefit Groups, 3.12C, FI Family Definition](#) have been revised to include Same Sex Marriage. This information was also added in a Note section in [3.12, #2, FI Family Definition](#).

[Manual Section 3.9, Sanctions and Disqualifications and Manual Section 18.9](#) has been revised to remove the information regarding sanctions and Medicaid eligibility.

[Manual Section 10.5, State Social Service Agencies](#) has been revised to reflect updated contact information.

[Manual Section 11.2.1, ePAY Debit Cards](#) has been revised to state that debit cards will be mailed to recipients within 7-10 business days and the return address for ePAY debit card was updated.

[Manual Section 19.8](#) The “NOTE” section has been deleted.

[Manual Section 19.9, Low Income Applicant Childcare](#) section has been removed. Removing this section has caused subsequent chapters/pages to be renumbered.

[Manual Section 19.7.3, 19.13, Childcare Services and the Glossary](#) has been revised to reflect name change from ABC Voucher System to SC Voucher Program.

[Manual Sections 19.15.7-9](#) has been revised to explain the process for requesting transitional child care.

What's New – Vol 39 04.14.15

[Manual Sections 10.5, State Social Service Agencies](#) has been revised to update Virginia Department of Social Service's email address.

[Manual Section 1.4.6, Case Record Documentation](#) has been revised to update the process for documenting case records using the Documentation Tool.

[Manual Section 2.8.1, Ineligible First Month](#) has been revised to clarify the appropriate notices to send when an applicant is ineligible the first month, but eligible in subsequent months.

[Manual Section 2.8.2, Eligible First Month-Ineligible Subsequent Months](#) has been revised to clarify the appropriate notices to send when an applicant is eligible the first month, but ineligible in subsequent months.

[Manual Section 9.2.1, Annual Redetermination Actions](#) has been revised to describe the actions required by eligibility specialists on redeterminations selected by CHIP.

[Manual Section 11.3.1, Protective Payee Situations](#) has been revised to add "parent" under General Policies next to the Protective Payee Reason, Drug Related Conviction, as someone who if disqualified due to drug related conviction, must have a protective payee.

[Manual Section 19.14, Transitional Childcare \(TCC\)](#) section has been revised to add Section F which gives an additional closure reason (VE), whereby clients could be eligible for TCC.

What's New – Vol 40 07.30.15

The new forms, DSS 1015 A, Work Readiness Assessment (WRA), DSS 1015 B, Assessment Summary and the DSS 1022, Individual Employment Plan (IEP) will replace the DSS 1230, Parts A, B, and C Family Plan and DSS 3626 (YISSP) as well as some of the assessment/screening forms previously used in the FI, CARES and Two-Parent programs. We will continue to use some screenings currently listed in the FI manual. Please review each chapter to determine the appropriate screenings/assessments/evaluations to use for each program.

[Manual Section 12.1, Introduction and Purpose of the FI Work Requirement](#), has been revised to give the names and DSS numbers of the forms included in the FI Family Plan.

[Manual Section 12.4, Work Program Compliance](#), has been revised to change the referral procedures from the eligibility worker to the case manager.

[Manual Section 12.6, Non-Custodial Parent Requirements, Section #3 E](#), the Employment Plan has been change from DSS 1230C to DSS 1022.

[Manual Section 13.2, FI Case Plan Process](#), has been revised to delete the case file set up information and add that the case manager will send the Family Plan appointment notice. Case notes in SCOSA was also added as an appropriate place for case management documentation.

[Manual Section 13.3, FI Case Assessment Process](#), the NOTE has been removed.

[Manual Section 14.1, Assessment Process](#) - in letter B #3, the statement “and other family members” and the NOTE have been deleted. Letter C has been added which lists the forms necessary for a work eligible individual.

[Manual Section 14.1 Section 1, Screenings, Evaluation and Assessment](#) has been updated to remove the obsolete assessment/screening tools; T-ACE, CAGE, Zung, Beck, DSS 1232, and AAPI. Section 2, Assessment Elements, now lists information included in the new assessment form. Sections 4, Learning Disabled Screening Tool and Section 5, Family Assessment have been removed and subsequent sections have been renumbered.

[Manual Section 14.2, Family Plan](#) has been updated to include the names and form numbers of the forms included in the Family plan.

[Manual Section 14.3, Family Evaluation](#) has been revised to replace the DSS 1230 with the DSS 1015 A as the form used for assessment.

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[Manual Section 14.4, Responsibility Plan has been replaced with Manual Section 14.4, Individual Employment Plan \(IEP\).](#) Section 3, Documentation, has been removed. Section 6, Vocational Objective, has been revised to add that a short-term vocational objective must be identified for each work eligible individual. Subsequent manual sections in Chapter 14 have been re-numbered.

[Chapter 24, Refugee Programs,](#) has been replaced with a new Chapter 24, Refugee Cash Assistance. Chapter 24 provides information on eligibility for Refugee Cash Assistance including the necessary documents, financial requirements, time limits, payment levels, fair hearing rights, and case closure.

[Chapter 25, Non-Emergency Repatriate Program Services,](#) has been removed. Updated and expanded policy about the Non-Emergency Repatriate Program is now included in the new Refugee Resettlement Program and Non-Emergency Repatriation Program Policy Manual. Removing this section has caused subsequent chapters/pages to be renumbered.

Refugee program information will be included in the Refugee Resettlement Manual.

[Manual Section 27.1, State Programs,](#) has been revised to delete the case file set up information and add that the case manager will send the Family Plan appointment notice.

[Manual Section 27.2, State CARES Program-](#) Sections 2 and 3 have been updated to include the names and form numbers of the forms included in the Family plan. Section 4 has been updated to remove the obsolete assessment/screening tools; T-ACE, CAGE, Zung, Beck, DSS 1232, DSS 3733, Washington State Screening tool and AAPI. Section 5, CARES Family Assessment, now lists information included in the new assessment form. Section 13, CARES Tracks, the Washington State Screening Tool has been replaced with the Work Readiness Assessment (WRA) in Letter A, CARES Track 1 Characteristics.

[Manual Section 27.3, State Two-Parent Program,](#) has been revised to give the names and DSS numbers of the forms included in the FI Family Plan. Section 2, Two-Parent Evaluation, has been updated to remove the obsolete assessment/screening tools; T-ACE, CAGE, Zung, Beck, DSS 1232, DSS 3733, Washington State Screening tool and AAPI. Section 3, Two-Parent Family Assessment, now lists information included in the new assessment form. Section 7, Two-Parent Case Plans, the NOTE regarding responsibility plans has been removed.

What's New - Vol 41 – 10.01.15

[Manual Section 8.14 #2](#) has been revised to update the example in the manual proration calculation.

[Manual Sections 8.15 and 19.17](#) have been revised to change the Need Standard Table to show the increase in FI benefits effective October 2015. The change is based on the increase to the Annual Federal Poverty Guidelines for 2015.