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 | ADMINISTRATIVE DIRECTIVE |
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TRANSMITTAL: 91 ADM-46

TO: Commissioners of
 Social Services

DIVISION: Family and
 Children
 Services

DATE: November 22, 1991

SUBJECT: Transitional Child Care: Effect of Interstate Changes of
 Residence on Eligibility

SUGGESTED
 DISTRIBUTION:

Directors of Services
 Directors of Income Maintenance
 Directors of Food Stamps
 WMS Coordinators
 Child Care Supervisors
 Staff Development Coordinators

CONTACT
 PERSON:

Child Care:
 Dee Woolley 1-800-342-3715, ext. 4-9324
 Income Maintenance
 Maureen Standish ext. 3-6555

ATTACHMENTS:

Transitional Child Care Applicant Declaration of PA
 Receipt in Another State (Available on-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 ADM-27		415.7	PL 100-485	Fiscal	
90 ADM-31			Title 9B 131-a.6 (as added by Chapter 453 of the Laws of 1990)	Reference Manual Chapter 3 Vol. II Bull. 143b Chapter 9	

I. Purpose

The purpose of this ADM is to communicate Department policy regarding the effect of interstate changes of residence on eligibility for child care benefits under the Transitional Child Care (TCC) program. Specifically, this ADM will address procedures for determining eligibility for TCC when the applicant has moved to New York State from another state; documentation requirements; and determination of parent fees.

II. Background

The federal Family Support Act of 1988, (PL 100-485), which created the JOBS program for ADC recipients, provides for funding on behalf of former recipients of ADC to help meet the cost of needed child care for the 12 month period beginning the month the recipient ceased to be eligible for ADC as a result of increased hours or earnings from employment or the loss of the \$30-1/3 or \$30 disregards. In compliance with the federal law, the New York State Legislature enacted the Job Opportunity and Basic Skills Training Act of 1990 (Chapter 453 of the Laws of 1990). The State Law extended such child care benefits to former recipients of Home Relief (HR) and Veterans Assistance (VA) and established a Transitional Child Care Program effective April 1, 1990.

III. Program Implications

TCC is a benefit provided by each state to its former ADC recipients who currently reside in the state. New York State has extended this entitlement to include former recipients of HR and VA as well as ADC. Prospective TCC recipients must meet the eligibility criteria identified in 90 ADM-31 Section III.A(2). Eligibility for TCC is tied to former eligibility for and receipt of PA. Eligibility requirements for Public Assistance (PA) in one state may significantly differ from those in another State. Accordingly, in order to qualify for TCC, a family must have been in receipt of PA from New York State in at least one month and meet the other eligibility criteria referenced above.

In determining whether the family meets the eligibility requirement of receiving PA in 3 of the last 6 months prior to becoming ineligible for PA, the months of receipt of PA in another state are counted. Thus, up to two of the three months of PA payments required to qualify for TCC in New York State could have been received in another state or states.

For example, a family that had received PA in Massachusetts for four months moved to New York and applied for PA. If the family is in receipt of PA in at least one month in New York, and its income

subsequently increases the next month such that the family becomes ineligible for PA, the family would be eligible for TCC (provided all other eligibility requirements are satisfied). The family would receive credit for two months of PA received in Massachusetts prior to moving to New York.

IV. Required Action

A. Documentation

1. Social services districts must obtain a declaration from the TCC applicant in order to document the family's prior receipt of PA in another state. Such declarations must include:
 - o case name;
 - o case number, if known;
 - o dates of PA receipt;
 - o address of public assistance office;
 - o worker's name, if known;
 - o Social Security number;
 - o date of birth; and
 - o address of previous residence.
2. Declarations must be maintained as part of the case record. Attachment A provides a model Applicant Declaration which social services districts may use to document a TCC applicant's receipt of PA in another state. The social services district may use this form or develop their own form provided the form receives Department approval prior to use.
3. If not already documented in the Income Maintenance case record, social services districts may choose, but are not required, to verify the information obtained from the applicant's declaration by contacting the state(s) in which PA was previously received. Such verification may be obtained in the same manner as is currently used when an applicant for public assistance has moved into New York State from another state.

B. Determining Fees

Parent fees must be determined in accordance with the sliding fee formula of the county of current residence.

V. Systems Implications

Authorization and claiming of Transitional Child Care payments for clients who had previously received public assistance in another state should be processed according to the usual procedures.

VI. Additional Information

Social services districts should be aware that unlike Transitional Child Care, to qualify for Transitional Medical Assistance (TMA), a family must have been in receipt of PA from New York State for three of the last six months prior to becoming ineligible for PA. The months of receipt of PA in another state are not counted toward meeting requirements for TMA.

VII. Effective Date

The effective date of this ADM is November 26, 1991, retroactive to April 1, 1990.

Joseph Semidei
Deputy Commissioner
Family and Children Services

TRANSITIONAL CHILD CARE
APPLICANT DECLARATION OF PA RECEIPT
IN ANOTHER STATE

Your name: _____

Current
Address: _____

Phone where you can be reached during the day: _____

In order for us to determine whether you are eligible to receive Transitional Child Care benefits you must provide the information requested below.

1. Before moving to New York State, where did you live?

Address: _____
(street) (apt. #)

(city) (state)

2. Months and years in which you received public assistance in the previous state:

3. Case Name: _____

4. Case Number: _____

5. Address of public assistance office:

6. Worker's Name, if known: _____

7. Applicant's Date of Birth: _____

8. Applicant's Social Security Number: _____

CONSENT

The statements made above are correct and true to the best of my knowledge. I understand that by signing this form, I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for Transitional Child Care benefits.

Signature

Date