

W-1080
(Rev. 1/13)

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

TFA EXTENSION PROCESSING PACKET

Client Name _____ Client I.D. # _____ Date _____

1. Explain the purposes of the interview, which are to:

- Remind the participant that TFA is Connecticut's Welfare Reform program. TFA is a time limited assistance program. The goal is to help participants obtain and retain employment.
- Review the discontinuance of TFA due to the time limit.
- Review the participant's time limited/exempt status.
- Explain extensions and provide the participant with an opportunity to apply.
- Redetermine eligibility for food stamp benefits and medical assistance.
- Inform the participant of the benefits and services that are available after the 21st month.
- Make appropriate referrals for needed services.

2. Advise the client that the counter is 20+ and that TFA cannot continue unless an exemption or extension is granted.

- Does the client agree and understand that the counter is 20+? Yes No

3. Exemptions

- Use form W-1084 "Exemption Form for Jobs First" to review the exemption policy with client.
- Have client sign form W-1084 indicating whether or not an exemption from Employment Services/Time Limit is being claimed.

4. Extensions

- If a client is applying for a 2nd or greater extension, review 3rd extension special rules with client.
- Conduct Payment Standard Test (*worksheet on back*). -Does AU have Good Faith Effort? If No, Circumstances Beyond One's Control?
- If 3rd or greater extension complete last page for special criteria.
- Indicate the outcome of the Extension request below:

Extension Granted

Reason:

- Good Faith Effort Made
- Meets Circumstances Beyond Control Criteria
- All Adults Meet 3rd Extension Criteria

Extension Denied

Reason:

- Not Eligible for TFA Program
- Income Over the Payment Standard
- Good Faith Effort Not Made and Does Not Qualify for Circumstances Beyond Control
- All Adults Do Not Meet 3rd Extension Criteria

5. Redetermination (Use W-1ER or EDD)

- Complete a review of eligibility for all other programs for which the household may be eligible.

6. Services/Benefits Available

Inform the participant about the following services which may be available and provide information about how to access them.

Food Stamps
Medical Assistance
Child Care
Child Support

Rental Subsidies
Employment Services
EITC
Energy Assistance

Social Services
Infoline
Safety Net

7. Referrals

- List any other direct referrals made.

8. Comments

Worker Signature _____

Income Eligibility Worksheet for TFA Extensions

	1st Employed	2nd Employed	Identify Income Source
Gross Monthly Earned Income →			
-\$90.00 work expense deduction →			
= net earned income →			
+ unearned income housing subsidy value (from CAFI screen), total child support etc. →			
total applied income →			

Use chart below to obtain Payment Standard for family size.

Payment Standard →	\$
-total applied monthly income →	\$
<p>Note: The payment standard test only applies when determining eligibility for an extension. Once eligibility is established the FPL and \$50 child support disregards are applied.</p>	<p>Income exceeds payment standard <input type="checkbox"/></p> <p>Income within payment standard limits <input type="checkbox"/></p>

Payment Standard by Region and Family Size*

Family Size	Region A	Region B	Region C
1	\$ 427.00	\$ 354.00	\$ 354.00
2	\$ 544.00	\$ 470.00	\$ 470.00
3	\$ 674.00	\$ 576.00	\$ 568.00
4	\$ 786.00	\$ 677.00	\$ 660.00
5	\$ 886.00	\$ 775.00	\$ 751.00
6	\$ 992.00	\$ 877.00	\$ 854.00
7	\$1,103.00	\$ 990.00	\$ 959.00
8	\$1,213.00	\$1,094.00	\$1,062.00
9	\$1,302.00	\$1,184.00	\$1,152.00
10	\$1,423.00	\$1,294.00	\$1,283.00

***How to determine the payment standard for families with CAP children.**

- 1) Check STAT screen for any children coded "CC" for Cap Child.
- 2) Use the payment standard chart for the needs group minus the CAP child.
- 3) Add \$50.00 for each CAP child to obtain the payment standard.

3rd or Greater Extension-Eligibility Screening Checklist (4)

Worker Name: _____
Date: _____

Client Name: _____ Extension Number: _____

Note: AU must meet all eligibility and existing extension criteria in addition to the following requirements:

CRITERIA: For an AU to receive a 3 rd or greater extension, all adults in the AU who are mandatory for Employment Services must meet <u>ONE OR MORE</u> of the following criteria:	ADULT #1 (Name)	ADULT #2 (Name)
#1. LOW INCOME Does any adult in the AU who is mandatory for Employment Services work more than 35 hours or more per week, earn at least the minimum wage, and, after \$90 is deducted for employment expenses, earn less than the TFA payment standard for that AU size?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
#2. LOW INCOME (DUE TO MEDICAL LIMITATIONS) Does any adult in the AU work less than 35 hours/week, because of his or her own documented medical impairment, or because he or she is caring for a disabled member of the household? Under either condition, is the adult working as much as is medically allowed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
#3. CIRCUMSTANCES BEYOND ONE'S CONTROL (CBOC) including DOMESTIC VIOLENCE Is any adult in the AU precluded from obtaining or maintaining employment due to a "CBOC"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
#4. TWO (2) or more BARRIERS to Employment (see 8540.10 for description) Does any adult in the AU have two (2) or more substantiated barriers to employment including, but not limited to, the following? <ul style="list-style-type: none"> * lack of child care (see UPM 8530.60 E); * substance abuse or addiction; * serious mental or physical health problems; * one or more learning disabilities; * a child in the home who has a serious physical or behavioral health problem; * domestic violence 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TFA ELIGIBILITY RESULTS Passes Extension Test Falls Extension Test (provide referral information to community resources)

If you answered "yes" to at least one question for each adult, the family passes this eligibility test for a 3rd or greater extension. **CIRCLE ONE → →**

Notes:

Important Reminder: Remember to check with the Case Manager to verify the above criteria, particularly barriers.