⟨DHR logo⟩ **Department of Human Resources** 311 W. Saratoga St. Baltimore, MD. 21201-3521	**IMA ACTION TRANSMITTAL**
Issuance Date: May 21, 1996	**Effective Date:** Upon Receipt
	Control Number: IMA OPA #96-30 REVISED

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR INCOME MAINTENANCE
INCOME MAINTENANCE SUPERVISORS

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, IMA

RE: DESIGNATION OF DEMONSTRATION PROJECT GROUPS
14 DAY DELAY
CHILD SPECIFIC BENEFIT

PROGRAM AFFECTED: AFDC

ORIGINATING OFFICE: OPA/ DIVISION OF PROGRAM POLICY AND
REGULATION

SUMMARY:

Action Transmittal IMA OPA #96-30 issued on March 20, 1996, was amended on March 29, 1996. Because of the number of questions received from local departments concerning the Child Specific Benefit initiative, that Action Transmittal is being reorganized and revised to include those issues. This REVISED IMA OPA 96-30 replaces the original Action Transmittal.

BACKGROUND:

The Family Investment Program (FIP) is a Demonstration Waiver approved by the United States Department of Health and Human Services. This Action Transmittal introduces the new policy regarding the Child Specific Benefit (CSB) initiative of the FIP and updates the 14 day delay policy now that the federal government has not passed a Welfare Reform bill. The project shall operate for a little over 2 years. Not all customers are required to comply with these new provisions.

DESIGNATION OF DEMONSTRATION GROUPS FOR THE FAMILY INVESTMENT PROGRAM (FIP)

Not all FIP initiatives are effective in April, but they will be effective before the end of the year.

The FIP initiatives, and the effective dates are:

Minor parent provision	August, 1995
14 Day Delay	November, 1995
Child Specific Benefit	April, 1996
Earnings Disregards of 20% and 50%	July, 1996
Monthly conversion using 2 pays or 4 pays	July, 1996
Retain 90% of standard for same unit size with no income	July, 1996
Count $60 of housing subsidy	July, 1996
Five day adverse action	July, 1996
Transitional Assistance	July, 1996
Child Support Bonus	July, 1996
One car per household regardless of value	July, 1996
$2000 asset limit	July, 1996
No deprivation factor	July, 1996
Full family sanction for non-compliance with work requirements	July, 1996

Welfare Avoidance Grant	October, 1996
All parents and eligible children in one unit	October, 1996
$175 child care	October, 1996
Full family sanction for non-compliance with child support	October, 1996

All cases, statewide, must comply with the initiatives which do not require a waiver and do not need a **CONTROL** group. These are the minor parent initiative, the $60 housing subsidy, and the recoupment change. A small **CONTROL** group will not have to comply with or be affected by the remaining FIP initiatives. The **CONTROL** cases will be located in Baltimore County and in Baltimore City at the Hilton Heights and Park Circle districts. There will also be **EXPERIMENTAL** cases in these offices that will be used to compare against the **CONTROL** group. These **EXPERIMENTAL** customers follow the same rules as the **TREATMENT** customers.

CONTROL and **EXPERIMENTAL** cases were assigned in Baltimore County, and in the Hilton Heights and Park Circle districts of Baltimore City beginning April 1, 1996.

SELECTION OF ACTIVE PAYEES

A total of 6,000 assistance units will be selected as a sample for the FIP Evaluation Groups. There will be 3,000 assistance units in the **CONTROL** Group and 3,000 assistance units in the **EXPERIMENTAL** Group. 1,500 **CONTROL** cases and 1,500 **EXPERIMENTAL** cases were selected by the computer after close of business on March 31 from active cases. The remaining

CONTROL and **EXPERIMENTAL** cases will be selected from applicants over the next 12 months beginning on April 1, 1996. The balance of the State will be in the **TREATMENT** Group. A new State FIP indicator field has been added to the AIMS screens and to the INCH and DEM1 screens on CARES.

ALL CURRENT CARES COUNTIES WILL BE IN THE TREATMENT GROUP

A one-time only programming loaded the following codes on AIMS and CARES for all active, active-no pay and under appeal cases after close of business on March 31, 1996.

> **C - Control**
> **E - Experimental**
> **T - Treatment**

All pend and suspend cases will have the **T** code.

SELECTION OF NEW APPLICANTS - BALTIMORE COUNTY, HILTON HEIGHTS AND PARK CIRCLE DISTRICTS:

An applicant is defined as anyone who applies on or after April 1, 1996. Anyone who goes off the rolls and returns to re-apply is to be reassigned the same code as when they left the system. Anyone who transfers to another local department keeps their original code for the lifetime of this pilot. Group designation shall be assigned during intake according to local practice. Selection method is by the last digit of the Head of Household's social security number. All applicants having social security numbers ending in 1 or 2 will be **EXPERIMENTAL** cases and coded **"E"**. All applicants having social security numbers ending in 8 or 9 will be **CONTROL** cases and coded **"C"**. All remaining cases will be in the **TREATMENT** group and coded **"T"**. The balance of the state's cases will be in the **TREATMENT** group and coded **"T"**.

AIMS PROCEDURES:

The worker will have the responsibility to input the correct code in the FIP IND field on the AIMS 2/3B form when pending the request for assistance. The FIP IND codes are:

> **C - Control**
> **E - Experimental**
> **T - Treatment**

CARES PROCEDURES:

The screener will have the responsibility to input the FIP Evaluation Code on the **INFORMED CHOICE ("INCH")**. The valid values for FIP codes are:

C - Control
E - Experimental
T - Treatment

RETIRED AND CLOSED CASE FOLDERS

For evaluation purposes, file the **CONTROL** and **EXPERIMENTAL** cases separately. All of these must be available for review even after the Demonstration Project timeframe is reached.

14 DAY DELAY

Follow the instructions in Action Transmittal IMA OPA 96-14 to apply the 14 day delay to applications. As mentioned in that AT, a **CONTROL** group is needed since the federal government did not pass a welfare reform bill. The **CONTROL** group does not follow the 14 day delay. In AIMS jurisdictions, use the "W" code rule to keep **CONTROL** cases from being prorated for the 14 days. The case will be prorated from date application filed.

> Clarification of members changing units. When a person is added to an existing unit, the benefit is supplemented in the current month from the date the signed 491 is received in the local department. If the individual becomes part of a new AU, the 14 day delay is imposed. Example: AFDC for Mom and 2 children and Mom is incarcerated. The children move in with Grandmom who files for AFDC. Even though the original case received the 14 day delay, the new case, like all applications, receives this delay.

> **EXCEPTION:** To encourage family stability and unity, applications including children returned to the home by the Department, or placed with a different caretaker by the Department are not subject to the 14 day delay. In AIMS, use the "W" override provision. In CARES, date the application 14 days before the actual application date. If this date falls in a prior month, deny the prior month during finalization to avoid issuance of the MA card.

> EXAMPLE: Due to a Protective Services action, a child is placed with a cousin by the Department. The cousin files for AFDC benefits on June 4 for this child. To avoid the 14 day delay, enter the application date in CARES as May 21. During finalization of the case, deny the month of May. Approve the month of June. The cousin will receive benefits from June 4 and an MA card with the effective date of June 1.

CHILD SPECIFIC BENEFIT

No direct cash assistance may be paid for a child born ten or more months after the initial application for cash assistance. The rule does not apply when:

● **the birth of the child was the result of incest or rape**

- the child is the first born of a minor

- the child has been placed with a caretaker relative
  by a Social Services Administration worker

- a caretaker relative has legal guardianship (court
  ordered) of the child

The incremental portion of the cash assistance that the family would receive shall be paid to a third party on behalf of the child. This increase shall be issued into a special account in the Electronic Benefit Transfer System (EBTS). Current child support payments for this child will be deducted from the CSB. Training in use of the EBTS will be provided to third parties. Only the third party will have access to this special account and must agree to use the funds in the "child specific benefit" account to purchase products appropriate for the child.

This Action Transmittal also introduces a new form, the DHR/IMA FIP 1800 that is effective with this change. It is the Rights and Responsibilities for Child Specific Benefits form and will become a part of the case record. Notification is not required when the caretaker is not a member of the unit, or the unit does not contain a minor mother or a pregnant minor. Beginning April 1, 1996 the eligibility worker must:

- explain the new policy to the customer

- have the customer read and sign that the rule is understood

- enter the CSB determination date on the automated system

The first children covered by the child specific benefit will not be born until February, 1997. Details on obtaining a third party, training the third party on the Electronic Benefit Transfer System, and specifics for handling these cases will be sent before January, 1997.

<u>**ACTION REQUIRED:**</u>

Effective April 1, 1996, at application and at the first redetermination of each customer in the **EXPERIMENTAL** or **TREATMENT** group the eligibility worker shall:

- explain the new policy to the customer

- have the customer read and sign the Rights and Responsibility form DHR/IMA FIP 1800 acknowledging that he/she has been informed of, and understands, the new policy.

It is very important the customer understands that the new policy not only applies to

him/her, but to **all** parents or future parents in the cash assistance unit, including:

- **minor parents**
- **pregnant minors**
- **pregnant adult with no other children. The firstborn of a minor is to be excluded from the rule.**

- At each subsequent redetermination, discuss the new policy, review the Rights and Responsibilities form with the customer by going over the original FIP 1800, and document the case narrative that this was done.

The **original** copy of the form is to be retained in the permanent section of the case file. The customer is to receive a copy.

CONTAMINATION OF A CASE

Should a caseworker inadvertently contaminate a case by informing the customer of the FIP provisions which require a **CONTROL** group, the caseworker needs to follow the PPI decontamination rules to clean the case. Until further notice, send the required form to:

> Joyce Underwood
> Director, Welfare Reform
> Room 644
> 311 W. Saratoga St.
> Baltimore. MD 21201

AIMS/AMF

Effective **April 1, 1996, AMF** will have a date field to track notification of the "child specific benefit" provision. The field will be mandatory for all adult AFDC customers, minor AFDC parents and pregnant minors receiving AFDC. Customers assigned to the statewide **CONTROL** group will not have a notification date entered.

During application, enter the notification date on the AIMS 2/3B, to the right of field #23 for the head of household. Members requiring notification will have the date written next to the MS field.

At all times after the pend is completed, use the AIMS2. In the AMF associate area, enter the head of household name and date of notification. Do the same for other members who must have notification of the rule.

CARES

The "child specific benefit" notification data collection field became available in **CARES May 1, 1996**. All AFDC adults, minor parents and pregnant minors with an application or redetermination date equal to or greater than **April 1, 1996** must be notified of the "child specific benefit" provision. Customers assigned to the statewide control group are not subject to the "child specific benefit" and **should not be notified of the provision**. The field for CSB notification date is located on the DEM1 screen.

NOTE: The firstborn of a minor parent will not be affected, but any additional children born to the minor parent will be. When the **minor parent reaches age 18 and is eligible for cash assistance in her own right, she and all of her children, including current pregnancies, will become eligible, and a new notification date is set. SHE DOES NOT RECEIVE RESTRICTED CSB UNLESS SHE HAS CHILDREN 10 OR MORE MONTHS FROM THE DATE OF APPLICATION FOR HER OWN CASE.**

ACTION REQUIRED OF:

All local departments.

ACTION DUE:

Immediately. Please direct questions to Annette Smith at (410) 767-7475 or Sue Woolford at (410) 767-7190.

DHR Executive Staff
IMA Management Staff

CHILD SPECIFIC BENEFIT QUESTIONS

MASTER FILES:

Q. When adding a new person to an existing Assistance Unit do workers have to complete an AMF 1 (or AMF section of AIMS 2) with the CSB notification date?

A. Yes, if the new person is an adult in the unit, a minor parent, or a pregnant minor. Put the CSB next to the race code in the AMF portion of the AIMS 2.

Q. Is the CSB date a mandatory field on AMF?

A. No, if the client is designated to be in a Control case the CSB date field can be left blank. All others must have the six digit date entered.

Q. Will there be a report generated which will indicate those active cases chosen for Experimental and Control designation on April 1, 1996?

A. Yes, a report will be generated when the computer designates codes for all active cases. This report is being developed and should be available by April 1, 1996.

Q. Can the CSB date be changed on AMF?

A. Not at this time. A request to OIM to have an enterable field is being forwarded.

Q. Will the demonstration codes (C,E,T) appear before April 1, 1996?

A. No, the information will not be accessible through AIMS or AMF until Monday, April 1.

Q. Will the system prorate FIP Control cases correctly (not subject to the 14 Day Delay) or must workers enter a "W" on the AIMS 2 when approving the case?

A. No, the system will not correctly prorate FIP Control cases from the date of application without the use of the "W" code on the AIMS 2.

Q. If the customer filed the application before the interview date and the pend is completed, how does the notification date get into AMF?

A. If the AIMS 2/3B has been completed prior to notification of the rule, put the date in the AMF section of the AIMS 2. Complete the first associate box with the applicant's name and the notification date.

CHILD SPECIFIC BENEFIT:

Q. If a minor parent (notified of the CSB while on the caretaker relative's case) leaves the existing Assistance Unit and opens her own case what happens to the original CSB date? Is the new CSB notifications date entered?

A. The new notification date is entered. If the field is still unenterable, call the OIM Help Desk.

Q. Based on current Mandatory Filing Unit policy, can a parent decline to include a newborn to avoid the third party EBT account?

A. No.

Q. If the non-custodial parent pays child support in excess of $81 then the CSB will not apply because that child is ineligible for cash assistance. What happens if the child support payment is above the income limits for Food Stamps and M.A.?

A. The child is still considered part of the AFDC case even though no cash is paid for the child. Therefore, the case with that child is still categorically eligible for Food Stamps and MA.

Q. If child support payments are to be subtracted from the CSB, who is responsible for tracking child support payments and how will the information be received in a timely manner to pay proper amounts into CSB account? What if child support fluctuates?

A. This will be an automated interface between CSES and CARES to determine the amount of CSB to be issued. If the child support and CSB do not transfer to the Food Stamp case, normally the amount of the increment (example: $450-$373=$77) would be entered as unearned income. If the child support exceeds the amount of the increment, enter the child support.

Q. CSB Form 1800 informs the client of the right to appeal. What happens if the client appeals this new policy?

A. The customer has a right to appeal but will not receive benefits pending appeal. The CSB will be paid to a third party unless the appeal decision favors the customer.

Q. What happens if the customer refuses to sign the form?

A. If the customer refuses to sign the form, the caseworker signs the form, makes a notation of the refusal, places the original in the record, and gives the customer the copy.

Q. Can the customer use a relative as the representative for the third party benefit?

A. Yes, provided the relative works through the non-profit or religious organization.

Q. If the caretaker is not in the assistance unit does the DHR/IMA FIP 1800 get signed?

A. Yes, if the caretaker out of the unit is the parent. If the caretaker is another relative, the form is not necessary unless there is a minor mother or a pregnant minor in the unit.

OTHER ISSUES:

Q. If the applicant gives the incorrect social security number at the time of interview and later the caseworker discovers the error, what happens to the group designation for FIP?

A. Once the pend transaction has been completed and the client has been designated into a FIP demonstration group based on the last digit of the social security number the original code will not change.

Q. What if the customer cannot give any information about his or her social security number? What FIP code should be entered at the time of pending the case?

A. If the customer has no idea of the number, make the case "T".

Q. If the customer withdraws his or her application does the worker still pend the case with the appropriate FIP code based on the last digit of the social security number?

A. Yes, regardless of case disposition the proper code must be entered.

Q. If an AFDC customer moves to Maryland from another state and applies for benefits here, does the 14 Day Delay apply to that individual?

A. Yes, the 14 Day Delay is a state policy and would apply to a new applicant even if that individual had been receiving assistance in another state the month prior. The application should be accepted and the 14 day delay begins at that point, not from the first of the month in which the applicant from another state can be eligible.

MARYLAND DEPARTMENT OF HUMAN RESOURCES
AUTOMATED INCOME MAINTENANCE SYSTEM/AUTOMATED MASTER FILE SYSTEM
PEND CLEARANCE FORM

Local Use

CASE INFORMATION

1. Transaction Type	2. Local Dept.	3. Auth. Wkr.	4. Case Number	5. PA:	6. FS.
A P N D					

7. Case Number	(M.I.)	(Last)	8. Maiden Name

9. Street Address	10. Extra Line

11. City	12. State	13. Zip Code	14. Alt. Info. PA FS

15. Date of Birth (MT) (DY) (YR)	16. Rel. A 1	17. Alien Number	18. SSN:	19. Sex	20. Race	21. MS

22. Tel. No.	23. Alt. Tel. No.

XXXXXX – NOTIFICATION DATE

FIP IND ☐

PUBLIC ASSISTANCE

24. APPLICATION DATE	25. CASE LOAD	26. CASE WORKER	27. PA EBT	28. CATEGORY	SUBCAT	FFRED

FOOD STAMPS

APPLICATION DATE	30. CASE LOAD	31. CASE WORKER	32. FS EBT	33. CATEGORY

34. RACE CODE	35. EXP DISC DATE

ASSOCIATE (1) FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH Month Day Year	REL
ALIEN NUMBER	SOCIAL SECURITY NUMBER	Sex	Race	MS

XXXXXX NOTIFICATI DATE

ASSOCIATE (2) FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH Month Day Year	REL
ALIEN NUMBER	SOCIAL SECURITY NUMBER	Sex	Race	MS

ASSOCIATE (3) FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH Month Day Year	REL
ALIEN NUMBER	SOCIAL SECURITY NUMBER	Sex	Race	MS

ASSOCIATE (4) FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH Month Day Year	REL
ALIEN NUMBER	SOCIAL SECURITY NUMBER	Sex	Race	MS

AMF DEPT/ST	P		P
PROJ CAT			
WKR ID			
APP DT			

NOTES:

PEND   TRANSACTION

LOCAL DEPT   CASE NUMBER   SSN   AUTH WKR

CASE NAME   FIRST   MI   LAST

STREET ADDR   EXTRA LINE

CITY   STATE   ZIP   ALT INFO   PA   FS

PUBLIC ASSISTANCE

APPLICATION DATE .   STATE FIP IND.

CASE LOAD   CASE WORKER   PA EBT   CATEGORY   SUBCAT   FFRED

FOOD STAMPS

APPLICATION DATE

CASE LOAD   CASE WORKER   FS EBT   CATEGORY   RACE CODE

EXPEDITED DISCOVERY DATE

       OPERATOR ID
       CASE NUMBER   88543543
       CASE NOT ON FILE---MAXIMUM OF 30 ENTRIES ALLOWED
       LIST INDIVIDUALS : (CASE HEAD MUST BE ON LINE 1.)

          FIRST NAME   MI   LAST NAME   DOB   REL CD
1.FN   MI: LN: DB: RC:
ALIEN   SSN: SEX: RACE: MAR ST   LOCK CD: CSD:
2.FN   MI: LN: DB: RC:
ALIEN   SSN: SEX: RACE: MAR ST   LOCK CD: CSD:
3.FN   MI: LN: DB: RC:
ALIEN   SSN: SEX: RACE: MAR ST   LOCK CD: CSD:
4.FN   MI: LN: DB: RC:
ALIEN   SSN: SEX: RACE: MAR ST   LOCK CD: CSD:
5.FN   MI: LN: DB: RC:
ALIEN   SSN: SEX: RACE: MAR ST   LOCK CD: CSD:
6.FN   MI: LN: DB: RC:
ALIEN   SSN: SEX: RACE: MAR ST   LOCK CD: CSD:

      MORE ?   (YES OR NO) :   AND PRESS ENTER TO CONTINUE

                                                      *MOVED TO
                                                       ALLOW
                                                       SPACE*

1. TRANSACTION TYPE	2. LDSS	3. AUTH. WORKER	4. CASE NUMBER	5. PA	6. FS
A					

PUBLIC ASSISTANCE

7. SOCIAL SECURITY NUMBER	8. (FIRST NAME)	(Init.)	(LAST NAME)
	CASE NAME		

9. STREET ADDRESS   10. (EXTRA LINE)

11. CITY	12. ST.	13. ZIP CODE	14. Alt. Inform. FIP IND	15. APPLICATION DATE
			PUBLIC ASSIST	

16. Case Status Reason	17. Category	18. NEW Category	19. Caseload	20. Case Worker	21. CHILDREN	22. ADULT	23. Local Suppl. Amount

24. GRANT AMOUNT	25. SUB CAT	26. BENEFIT BEGIN Date	27. BENEFIT END Date	28. OTO	29. Divert CHK	30. New LDS

33. Supp. Not	34. Last REDET Completed	(*) F.F Intrv.	Action Date	(*) Special Pay Amt.	(*) MA Decision	40. Status	41. PA EST	HOUS	UNB

PRENAT | DUE DATE

RECOUPMENT

35. Repay Status	36. Overpayment Date	37. Overpayment Amount	38. Unrepaid Debt

PSCH | ED | GOOD CAU | REFER

44. FINANCIAL SCREEN REQUIRED	45. Delete Worker Input PA Grant	39. Monthly Repay Amount	40. Recent Repayment Date	41. Repay Reason

PUBLIC ASSISTANCE FINANCIAL INFORMATION

46. ASSETS	47. EARNED INCOME (TYPE, AMOUNT, FREQUENCY)	48. UNEARNED INCOME (TYPE, AMOUNT, FREQUENCY)

49. AFDC 50 & 1/3 INDIC.	50. END DATE for 50 & 1/3	51. Initial Needs	52. DEDUCTIONS/EXPENSES (TYPE, AMOUNT)

AMF INPUT   AMF INPUT   AMF INPUT

ACTION NEEDED ( ) ADD Individual ; or, ( ) CLOSE Individual

Dept. \ Status		Application Date
Proj. \ Categ.		Accept Date
Worker I.D.		Close Reason, Close Date

ASSOCIATE:	FIRST NAME	Init.	LAST NAME	D.O.B. (MM\DD\YY)	Relation	SEX

Marital Status	ALIEN NUMBER	SOCIAL SECURITY NUMBER	Race

XXXXXX NOTIFICA DATE

ASSOCIATE	FIRST NAME	Init.	LAST NAME	D.O.B. (MM\DD\YY)	Relation	SEX

Marital Status	ALIEN NUMBER	SOCIAL SECURITY NUMBER	Race

53. _____ AUTHORIZED SIGNATURE   DATE   54. _____ SUPERVISOR APPROVAL   DATE

AIMS OPERATOR   DATE   55. _____ A.M.F. OPERATOR   DATE

1. Transaction Type A I P	2. Action Code	1. Transaction Type	2. Action Code	1. Transaction Type	2. Action Code
4. Category		4. Category		4. Category	
8. Issuance Category and Sub-Category		8. Issuance Category and Sub-Category		8. Issuance Category and Sub-Category	
10. Check Issuance Reason		10. Check Issuance Reason		10. Check Issuance Reason	
11. Number of Adults	12. Number of Children	11. Number of Adults	12. Number of Children	11. Number of Adults	12. Number of Children
13. Check Amount		13. Check Amount		13. Check Amount	
16. Month Issuance Effective		16. Month Issuance Effective		16. Month Issuance Effective	

AINQ (INQUIRY) SCREEN

                        AIMS PUBLIC ASSISTANCE
CASE NO   LOC DEP   STAT   ST DATE
CATEGORY   SUBCAT   FUT STAT   ST RSN
CASE LOAD   WKR   CASE NAME   SS NO
ADULTS   CHILDREN   PAYEE
APPL DATE   HOME ADDRESS
APPL DEC DT
LTRAN DT
BENEFIT BEG DT   MAILING ADDRESS
BENEFIT END DT   MRBA   PI   PA EBT   STATE FIP IND
PERIODIC RPT   LOCAL SUP
CHECK DIVERT   FUT LOCAL SUP   MA DECISION   F-F REDET
SPECIAL PROC   CUR GRANT AMT   RED DUE DT
NEW LOC DEPT   FUT GRANT AMT   NET CHK AMT
RECINUSE   NEW PA CAT   FUT NET CHK AMT
HOUS   UNB   PRENATL   DUE DT   PSCH   ED GCAUS GCX   REF
  RESOURCES   ** DEDUCTIONS   ** REPAYMENTS **
  ASSETS   CHILD CARE   UNREPAID DEBT
  AFDC SP PAY   WORK EXP   MO REPAY AMT
  EARNED INCOME   30 1/3 END   REPAY STATUS
  UNEARNED INCOME   30 1/3 END   REPAY REASON
  GROSS INCOME   TOT DED   FUT REPAY AMT

ACHG (CHANGE) PA SCREEN

DATA CHANGE PUBLIC ASSISTANCE

LOCAL DEPT   CASE NUMBER   SSN   AUTH WKR
CASE NAME   FIRST   MI   LAST
STREET ADDR   EXTR LINE
CITY   STATE   ZIP   ALT INFO PA

APPLICATION DATE   CASE STAT RSN   CAT   NEW CAT
APPLIC CASE LOAD   CASE WORKER   STATE FIP IND

CHLDN   ADLT   SUPP AMT   GRNT AMT   SUBCAT
BENEFIT BEGIN DATE   NEW LOCAL DEPT   BENEFIT END DATE
DIVERT CHECK   SUPPRESS NOTICE   PERIODIC REPORT
REPORT RECV   ADC SP PAY   MA DECISION   REDET DATE
PI STATUS   PA EBT   MA DECISION   F-F REDET
                        RECOUPMENT

REPAY STATUS   OVERPAY DATE   OVERPAY AMT
UNREPAID DEBT   MNTHLY REPAY AMT
RECENT REPAY DATE   REPAY RSN
HOUS   UNB PRENATL DUE DT   PSCH   ED   GCAUS GCX REF
FINANCIAL SCREEN REQUIRED   DELETE WORKER INPUT PA GRANT

1)NAME: MARY   SMITH   2)BIRTH DT: 010171   3)SEX:
4)RACE: 100   5)ALIEN NO: 6)MAR/STAT: S   7)LOC/CODE:
8)͏A: 9)SSN: 485758556 /IEVS CD: 10)PROJ/CAT CNT: 0

F F :   CIS CLIENT ID: STATE FIP:

/CAT DATA		01		00		00	
DEPT/STAT	11	03	A 28	45		62	
PROJ/CAT	12	F18	29	46		63	
RELATION	13	A1	30	47		64	
WKR ID	14	RDA777	31	48		65	
TRANS DT	15	030596	32	49		66	
APP DT	16	010196	33	50		67	
ACC DT	17	030596	34	51		68	
OTO DT	18		35	52		69	
ODO DT	19		36	53		70	
CLS DT	20		37	54		71	
CLS CD	21		38	55		72	
WAIT DT	22		39	56		73	
RECON DT	23		40	57		74	
RCON DONE	24		41	58		75	
EXPUNT DT	25		42	59		76	
ELIG CD	26		43	60		77	
CASE NUM	27	03333333	44	61		78	

THE SIX DIGIT FIELD TO

ENTER THE CHILD SPECIFIC

BENEFIT DATE WILL FOLLOW

THE STATE FIP FIELD.

HOH Name   Client ID
Indicate/add all programs the head of household wishes to apply for
                    Med.Cvg   PPI   FIP
Ind   Program   Type Group AU ID Group Group

                                    *

                    Expedited Food stamps
                       Appl Date *   *
                                       *

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "*"

              18-tbud   20--arf

FAMILY INVESTMENT PROGRAM
RIGHTS AND RESPONSIBILITIES FOR CHILD SPECIFIC BENEFITS

_____DEPARTMENT OF SOCIAL SERVICES

Case/Client Name:_____District Office:_____

Case/Client Number:_____Worker:_____

Date:_____Telephone Number:_____

Maryland's Family Investment Program requires that no additional cash assistance will be paid to me for any child born ten or more months after this date.

Initials

_____I understand that if I have, or another person in the assistance unit has a child after___ /___ /___ , I will not receive a raise in my cash assistance.

____I understand that a child born after 10 months, if eligible, will receive Food Stamps, Medical Assistance and Child Support services.

____I understand that a separate account will be established and paid to a third party who will be responsible for the purchase of items for the child.

____I understand that I have the right to appeal any decision made that I do not agree with on my case.

____I have read this notice or had it read to me and I understand what it says. I agree to tell other members in my household.

_____ _____ _____
Signature/Caretaker Relative   Date   Signature/Worker

_____
Print Name of Caretaker Relative

DHR/ IMA FIP 1800   Original-Client's Copy   Yellow Copy-Case Record