

Department of Human Resources 311 W. Saratoga St. Baltimore, MD. 21201-3521

FIA ACTION TRANSMITTAL

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UPON RECEIPT

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FIA/OPA

DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT FAMILY INVESTMENT SUPERVISORS

FROM:

XIN MAHON, EXECUTIVE DIRECTOR

RE:

CHILD AND ADULT CARE FOOD PROGRAM VERIFICATION FORM

INTERIM PROCEDURE

TEMPORARY CASH ASSISTANCE (TCA) AND

FOOD STAMPS

ORIGINATING OFFICE: OFFICE OF POLICY AND RESEARCH

BACKGROUND:

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) established a two-tier system for assigning rates of reimbursement to family day care homes participating in the Child and Adult Care Food Program (CACFP). One of the provisions allows a family day care provider to qualify for the higher rate of reimbursement if they receive Temporary Cash Assistance (TCA) or Food Stamp benefits. They must verify this.

The Maryland State Department of Education (MSDE), which operates CACFP does not presently have the capacity to automate this verification. They developed the attached Income Eligibility Statement (IES) form. The form will assist Family Investment Program customers who are child or adult day care providers in verifying the status of their TCA and Food Stamp benefits. The CACFP sponsoring agencies have begun distributing IES forms to providers and have instructed them to take their forms to the local department so that the case manager can verify their benefit status. FIA and MSDE have developed the following procedure to expedite this

Providers, who receive TCA or FS benefits, will take the partially completed (Provider Name and Food Stamp or TCA # sections) IES form to their local department FIP case manager. The FIP case manager will have the provider sign the 704 (Release of Information Consent form), if it is not already included in the case record. They will then indicate on the IES form, with either a yes or no, whether the provider's TCA or FS case is approved for benefits. Enter the benefit

certification end date in the column marked "Expiration Date." The case manager completes the bottom of the form by entering the local department's address, along with the case manager's printed and written signature and date in the sections marked "Authorized Representative." The term "authorized representative" on the IES form means the agency staff person or case manager who is authorized by the local department to verify the information on this form.

Staff of FIA and MSDE will work together to examine the capacity of our automated systems to exchange this information. They will attempt to develop a method to produce this verification out of the automated systems.

ACTION REQUIRED OF:

All Local Departments of Social Services.

ACTION DUE DATE:

Upon receipt of an IES form.

INOUIRIES:

Please direct questions on this interim procedure to Patricia Jeffers at (410) 767-7143.

cc: FIA Management Staff
Constituent Services
Child Care Administration

Child and Adult Care Food Program Verification of Family Day Care Provider Receipt of Food amp or Temporary Cash Assistance Benefits

To Be Completed by Sponsoring Agency		I To Be Completed by Local Dept. Of Social Service		
PROVIDER NAME	FOOD STAMP OR TCA CASE #	APPROVED FOR BENEFITS		
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