

| MANUAL MATERIAL TRANSMITTED |         |       |   |         |        |
|-----------------------------|---------|-------|---|---------|--------|
| MANUAL: INCOME MAINTENANCE  |         |       | CHANGE NUMBER: 120                        |         |        |
| DELETE                      |         |       | INSERT OR CHANGE                          |         |        |
| PAGES                       | CHAPTER | DATED | PAGES                                     | CHAPTER | DATED  |
| i - ii                      | 15      | 9/98  | i   | 15      | 9/98   |
| Appendix B                  | 15      | 8/97  | ii  | 15      | 9/1/98 |
| B-1 - B-2                   | 15      | 8/98  | Appendix B                                |         |        |
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|                             |         |       | B-2                                       | 15      | 8/98   |
|                             |         |       | B-13 - B-14                               | 15      | 9/98   |
|                             |         |       | Appendix C                                |         | 9/98   |
|                             |         |       | WVSC-1                                    | FORM    | 9/98   |
|                             |         |       | WVSC-2                                    | FORM    | 9/98   |
|                             |         |       | WVSC-3                                    | FORM    | 9/98   |
| DATE: August, 1998          |         |       | TO: All Income Maintenance Manual Holders |         |        |

This change adds policy for the expansion of the 1998 WV WORKS School Clothing Allowance and adds a new school clothing voucher program called West Virginia School Clothing Allowance (WVSCA).

The WVSCA program is set up at the direction of the Governor and the eligibility requirements are different from the 1998 WV WORKS SCA. Applications will be accepted starting September 8, 1998 using form WVSC-1. Those who completed an ES-2 prior to that date are not required to complete a WVSC-1.

The application deadline for the 1998 WV WORKS SCA has been extended to 9/30/98. Benefits are being increased to give all eligible children a voucher for \$100. Cases already approved for vouchers of less than \$100 per child will be issued supplemental vouchers by RAPIDS. Item J has been added to Appendix B with the new policy.

Applications for WVSCA are not to be entered in RAPIDS. The application form, WVSC-1 is completed by the client and he is interviewed at the county DHHR office where he resides. After determination of eligibility, the Worker completes and sends Form WVSC-2 or WVSC-3 to the OFS State Office. State Office staff will enter the approvals into a data system that will produce the vouchers.

Questions should be directed to the OFS Policy Unit.

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APPENDIX B

1998 WV WORKS SCHOOL CLOTHING ALLOWANCE (SCA)

**NOTE: AT THE DIRECTION OF THE GOVERNOR, ELIGIBILITY FOR THE 1998 WV WORKS SCA HAS BEEN EXTENDED THROUGH THE MONTH OF SEPTEMBER, 1998. SEE ITEM J IN THIS APPENDIX FOR THE NEW POLICY.**

The amount of the 1998 WV WORKS SCA is \$100 per eligible school-age child. Vouchers will be mailed on 8/14/98 for the regular payroll.

Vouchers will be sent in an amount equal to \$100 per school-age child to families eligible for a WV WORKS check in the month of August. Some applicants in the month of August will be eligible for SCA as a special need item and will receive up to \$100 per child depending on income.

The voucher system will allow clients the option to use the vouchers or return them to the Department for a replacement check in the same amount.

Clients with one eligible child will receive two (2) \$50 vouchers and those with more than one eligible child will receive one (1) \$100 voucher for each child.

**NOTE:** Foster parents will receive one check for all children in the foster home. A stuffer will accompany the check and will list the names of those children that are eligible for the allowance, e.g., if there are 3 eligible children, the check will be in the amount of \$300.

A letter from the Governor and detailed instructions for their use will be included with the vouchers.

OFS State Office staff are responsible for paying all SCA vouchers.

Information and instructions regarding this project are outlined below:

A. Eligibility for SCA

1. Non-Financial Eligibility

To be eligible a child must meet the following criteria:

- Date of birth is 9/1/79 through 8/31/93. (Children over 18 who are students and can reasonably be expected to complete their schooling before their 19th birthday are included.)

In addition, the child must be enrolled in a private or public school. Being enrolled includes

OFS. The check will be mailed to the client within 45 days of receipt of the request.

Any vouchers sent to the county offices must be routed immediately to OFS.

Vouchers handled in the county offices are negotiable and must be handled in the same manner as cash.

Vouchers returned to OFS unsigned or signed incorrectly will be returned to the client with a letter of explanation. The client may then correct the form and return it to OFS.

G. Client Notification

Instructions to the client and the Governor's letter will be included with all SCA vouchers mailed from the State Office. A copy of the instruction sheet is included with this Appendix. Those applicants who are ineligible for a regular WV WORKS payment, but are determined eligible for the SCA only will receive a copy of the notice but will not receive a copy of the Governor's letter.

H. Cancelling Vouchers

Vouchers which are returned by the client and are not to be reissued must be forwarded to the OFS State Office for cancellation.

I. SCA REPORTS

There are three reports from RAPIDS on MOBIUS which have information about special payments.

These reports contain information about payments to vendors. Payments to PINS do not appear on these reports.

|          |                                   |
|----------|-----------------------------------|
| WRBI812A | Vendor Payment Report - By Vendor |
| WRBI815A | Client Payment Report - By Vendor |
| WRBI817A | Client Payment Report - By County |

The WRBI812A and WRBI815A Reports are created during the weekly process, before the Auditor's Office writes the checks.

SCA voucher payments can be made to the PIN of the primary person or they can be paid to an SC type vendor maintained in RAPIDS. See IQVN and BIVN.

APPENDIX C

1998 WEST VIRGINIA SCHOOL CLOTHING ALLOWANCE

Beginning September 8, 1998, a new program called the West Virginia School Clothing Allowance (WVSCA) was implemented. The eligibility requirements and application process are different from the 1998 WV WORKS SCA. All children determined eligible for WVSCA receive a \$100 voucher. No vouchers are issued for less than \$100.

A. Eligibility for WV SCA

1. Non-Financial Eligibility

a. Age and School Attendance

To be eligible, a child must meet the following criteria:

Date of birth is 9/1/79 through 8/31/93. (Children over 18 who are students and can reasonably be expected to complete their schooling before their 19th birthday are included.)

In addition, the child must be enrolled in a private or public school. Being enrolled includes kindergarten. Children who are schooled at home are also eligible.

**NOTE:** Children in some counties may be able to attend kindergarten at an earlier age than specified above. This does not apply to preschool or nursery school attendees, only those attending kindergarten. Verification of kindergarten enrollment for the fall of 1998 must be provided. If the client is unable to obtain such verification, the Worker must assist.

b. Non-Eligibility for WV WORKS SCA

The child must not be eligible for the WV WORKS SCA. If eligible for a WV WORKS SCA, the application is processed according to the instructions in Appendix B.

2. Financial Eligibility

Procedures for determining financial eligibility are:

B. Application Process

1. Application Form

The application form is the WVSC-1. It is completed and signed by the applicant and returned to the office in the county in which he resides. A face-to-face interview is completed.

After a determination of eligibility, the Worker completes the appropriate data transmission form and forwards it to the Office of Family Support, West Virginia SCA, Capitol Complex, Building 6, Room 749.

If the client is determined eligible, the Worker completes form WVSC-2.

If the client is determined ineligible, the Worker completes form WVSC-3.

2. Processing Procedures

a. Approvals

State Office staff is responsible for entering approvals into a data system for production of vouchers. The vouchers are mailed from the State Office with a letter from the Governor and instruction sheet.

b. Denials

When an application is determined ineligible at the county office, the Worker sends a manually completed ES-NL-C. The Worker states the reason for ineligibility and cites the appropriate Manual section. The WVSC-3 is completed and sent to OFS State Office.

3. Lost/Not Received WVSCA Vouchers

Should a voucher become lost, stolen, etc., the same procedures that apply to other special payment warrants are applied. The Worker will secure an affidavit of loss from the client and forward to the State Office. Replacement vouchers will be mailed by the State Office.

Lost WVSCA vouchers are treated as cash and are not replaced.

**WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**1998 WEST VIRGINIA SCHOOL CLOTHING ALLOWANCE PAYMENT**

**INSTRUCTIONS**

**(Please read carefully before using vouchers.)**

**You should have in this envelope, vouchers totaling \$100 for each of your eligible school-age child(ren).**

**If you did not receive a \$100 voucher for each of your eligible school-age children, please contact your local Worker as soon as possible.**

**If you receive a voucher for a child who is no longer in your home or who will not be attending school, you must return the voucher to your local Department of Health and Human Resources Office.**

**HOW VOUCHERS ARE USED**

**Vouchers can be used only for the purchase of your children's clothing and shoes. If you sew, you may purchase materials appropriate for making clothing.**

**By using a voucher you actually get more for your money, as you do not pay sales tax on these purchases. You actually receive 6% more than with the same amount of cash.**

# Application for West Virginia School Clothing Allowance

## I. BASIC IDENTIFYING INFORMATION

a) **Print your complete name and mailing address on the lines below.**

\_\_\_\_\_  
 Your First Name                                      Middle Initial                                      Last Name

\_\_\_\_\_  
 Your **Mailing** Address                                      (Route / Box / Street / Apt. # / City / County / State / Zip)

b) **Print the address where you live if different** from the address where you get your mail.

\_\_\_\_\_  
 Your **Resident** Address (Route / Box / Street / Apt. # / City / County / State / Zip)

c) **Print your home telephone number** or a telephone number where you can be reached.

\_\_\_\_\_  
 Telephone Number                                      Is this telephone number home, work, neighbor's, etc?

## II. HOUSEHOLD INFORMATION:

Read the following and fill out the table below.

Include **everyone** in your household. List *YOURSELF* first, then household adults, then children.

- a) First name, middle initial and last name of each person;
- b) Their birth date (month, day and year);
- c) Their Social Security Number (make sure the number is entered correctly.) Then,
- d) Circle either Y (Yes) or N (No) to show if the household member is a US citizen.
- e) State the relationship of EACH household member **to you**; (brother, mother, uncle, etc.)
- f) State the grade of school for each school-aged child.

**Start with yourself and fill in for each adult and then each child in your household.**

|    | a) Name<br>First MI Last | b) Birthdate<br>m / d / y | c) Social Security Number | d) U.S. Citizen<br><small>(CIRCLE ONE)</small>             | e) Relation to you | f) Grade in School<br><small>(FOR SCHOOL-AGED CHILDREN)</small> |
|----|--------------------------|---------------------------|---------------------------|--|--------------------|---|
|    | Mary J. Doe              | 1/1/65                    | 123-45-6789               | <input checked="" type="radio"/> Y <input type="radio"/> N | Self               |   |
| 1) |                          |                           |                           | y <input type="radio"/> N                                  |                    |   |
| 2) |                          |                           |                           | y <input type="radio"/> N                                  |                    |   |
| 3) |                          |                           |                           | y <input type="radio"/> N                                  |                    |   |
| 4) |                          |                           |                           | y <input type="radio"/> N                                  |                    |   |
| 5) |                          |                           |                           | y <input type="radio"/> N                                  |                    |   |
| 6) |                          |                           |                           | y <input type="radio"/> N                                  |                    |   |



#### IV. RECIPIENT DECLARATION:

Read each of the statements below very carefully.  
Then sign your name and today's date.

- I authorize the Department of Health and Human Resources (DHHR) to obtain information from any State / Federal agencies, financial institutions, employers, or any other sources to confirm the accuracy of my statements.
- I understand that if I received 1998 school clothing vouchers for my children under the WV WORKS program, they are NOT eligible to receive vouchers through the WV School Clothing Allowance.
- I understand that no person may be denied benefits on the grounds of race, color, sex, age, disability, religion, national origin, or political belief.
- I understand that I may request a Fair Hearing before a State Hearings Officer if a decision is not reached on my case within the proper time-frame or if I disagree with the decisions reached.
- I understand that I may apply for any other DHHR program by contacting my local DHHR Office.
- I certify the information I have given is true and correct to the best of my knowledge.

---

**Signature of Applicant**

---

**Date Signed**

---

**Witness, if signed by mark**

---

**Signature of Person Who  
Helped Complete this Form**

---

**Worker Signature**

---

**Date Signed**

# West Virginia School Clothing Allowance

Case Number

\_\_\_\_\_

State Office Use Only

County

\_\_\_\_\_

Case Name

\_\_\_\_\_

\_\_\_\_\_

Last

First

Current Mailing Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State

Zip

## ELIGIBLE CHILDREN

1)

\_\_\_\_\_

Last

First

Birthdate

2)

\_\_\_\_\_

Last

First

Birthdate

3)

\_\_\_\_\_

Last

First

Birthdate

4)

\_\_\_\_\_

Last

First

Birthdate

5)

\_\_\_\_\_

Last

First

Birthdate

6)

\_\_\_\_\_

Last

First

Birthdate

\_\_\_\_\_

Worker's Signature

\_\_\_\_\_

Date

# West Virginia School Clothing Allowance

## DENIAL

County \_\_\_\_\_

Case Name \_\_\_\_\_  
Last First

Mailing Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip

Number of School Age Children in AG \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_