

**ADOPTED**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEMORANDUM**

**TO:** Holders of the Maine General Assistance Manual

**FROM:** Bethany Hamm, Director, Office for Family Independence

**DATE:** May 11, 2016

**SUBJECT:** **General Assistance Rule 19A - OFI, General Assistance, 10-144 CMR 323**  
Maine General Assistance Policy Manual Section 3 Definitions (pages 4, 6) and  
Section 5 Eligibility Factors (pages 1, 2)

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Attached to this memorandum please find policy statement release(s) as described below:

**SUBJECT:** **General Assistance Rule 19A - OFI, General Assistance, 10-144 CMR 323**  
Maine General Assistance Policy Manual Section 3 Definitions (pages 4, 6) and  
Section 5 Eligibility Factors (pages 1, 2)

**CONTENT:** See attached

**EFFECTIVE DATE:** May 16, 2016

**ADOPTED**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEMORANDUM**

**TO:** Program Administrators, Supervisors and Other Interested Parties

**FROM:** Ian Miller, General Assistance Program Manager

**DATE:** May 11, 2016

**SUBJECT:** **General Assistance Rule 19A - OFI, General Assistance, 10-144 CMR 323**  
Maine General Assistance Policy Manual Section 3 Definitions (pages 4, 6) and  
Section 5 Eligibility Factors (pages 1, 2)

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This policy has been **ADOPTED** effective as of **May 16, 2016**.

**Content:**

This adopted rulemaking implements new classifications of eligible individuals for General Assistance as well as a 24 month time limit made by Public Law Chapter 324 (L.D. 369 – An Act to Clarify the Immigration Status of Noncitizens Eligible for General Assistance), passed by the 127th Legislature and codified under 22 M.R.S. §4301(3).

The rule creates eligibility guidelines for the two new classifications of individuals who are not U.S. Citizens, but are “lawfully present” or are “pursuing a lawful process for immigration relief.” The rule defines “lawfully present” as an individual described in 8 U.S.C. § 1621(a)(1)-(3). The second classification defines the individual “pursuing a lawful process to apply for immigration relief” as a person who has filed an application for immigration relief with the U.S. Citizenship and Immigration Services.

Under the rule, Department reimbursement to municipalities is conditioned upon adhering to reporting and verification requirements of “lawfully present” and “pursuing a lawful process” individuals. To receive reimbursement from the Department, municipalities are required to track and report assistance months only for those individual “pursuing a lawful process” to comply with the statutory 24 month time limit. There were several changes to the final rule which are detailed in the Summary of Comments and Responses.

The Department does not expect that there will be an impact on small businesses, and if there is, it is unknown at the time of this rulemaking.

The Municipalities will be impacted by having to expend thirty percent of grants to the two new classifications of individuals who are “lawfully present” and “pursuing a lawful process” (the Department will cover seventy percent).

**EFFECTIVE DATE:** May 16, 2016

**SECTION III. DEFINITIONS**

<b>ALLOWABLE EXPENSES</b>	The applicant's cost for basic necessities up to the maximum levels of assistance as provided in municipal ordinance (§4305(3-A)). In addition to items listed at 22 M.R.S.A. §4301(1) and (7)(B) allowable expenses include verified expenditures for mandated child support (e.g., DHHS court ordered).
<b>APPLICATION FORM</b>	A form provided by the administrator upon which a GA applicant provides the information required to make a determination of eligibility (§4308).
<b>AVAILABLE RESOURCES</b>	Any asset or resource that can be readily accessed to alleviate the need for General Assistance (§4317).
<b>BACK BILLS</b>	Charges for goods and services received prior to the current GA application. A bill that is due in the same month in which a GA application is made is not a back bill.
<b>BASIC NECESSITIES</b>	Food, clothing, shelter, fuel, electricity, non-elective medical services as recommended by a physician, non-prescription drugs, telephone where it is necessary for medical reasons, and any other commodity or service determined essential by the municipality. "Basic Necessities" do not include security deposits for rental property, except for those situations where no other permanent lodging is available unless a security deposit is paid, and a waiver, deferral or installment arrangement cannot be made between the landlord and tenant to satisfy the need for immediate payment of the security deposit or payment in full (§4301).
<b>BUDGET</b>	A mathematical calculation comparing income and expenses for the applicable time period.
<b>CASE RECORD</b>	Official file containing forms, correspondence, narrative records and all other relevant information pertaining to an applicant or recipient. The case record must include all signed GA applications, determinations of initial or subsequent eligibility, reasons for decisions, actions by the general assistance administrators, and types of assistance provided each recipient (§4306).

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CIRCUITBREAKER	The Circuitbreaker program was terminated under Public Law 2013, ch. 368, part L. No benefits are allowed under 36 MRSA §6233 for an application filed on or after August 1, 2013.
DEFICIT	The difference resulting from subtracting a household's net income from the municipal overall maximum for the appropriate household size.
DHHS.	Department of Health and Human Services.
DWELLING UNIT	Building or part thereof used for separate living quarters for one or more persons living as a single housekeeping unit (§4301(2)).
ELIGIBLE PERSON	A person qualified to receive general assistance from the municipality or DHHS according to the standards of eligibility set forth in statute, DHHS policy, and municipal ordinance (§4301(3)). A fugitive from justice is not eligible for general assistance.
EMERGENCY	Any life threatening situation or a situation beyond the control of the individual which, if not alleviated immediately, could reasonably be expected to pose a threat to the health or safety of a person; or at the municipality's option, a situation which is imminent and which may result in undue hardship or unnecessary cost to the municipality if not resolved immediately
FAMILY DEVELOPMENT ACCOUNTS	Savings Accounts that are established, Pursuant to Maine Public Law 518, for the following specific purposes: education, job training, purchase or repair of a home, purchase or repair of a vehicle needed to access work or education, capitalization of a small business for a family member over 18, health care costs over \$500 not covered by private or public insurance, and expenses for an emergency that may cause the loss of shelter, employment, or other basic necessities. The first \$10,000 of funds and any accrued interest in an FDA cannot be used when determining eligibility for General Assistance.

**FEDERAL POVERTY LEVEL** The measure defined by the federal Department of Health and Human Services that is updated annually by the federal government and published in the Federal Register. An individual may locate the Federal Poverty Level (FPL) for any year, including the current year, by Internet access at: <http://aspe.hhs.gov/poverty/05poverty/shtml>. An individual can also receive a copy of the current FPL by contacting his/her local DHHS office, or by writing to the General Assistance Program Manager and requesting a copy. Any municipality administering a GA program will also have copies of the FPLs for all applicable years.

**GENERAL ASSISTANCE PROGRAM**

A mandatory program administered by a municipality and DHHS for the immediate aid of persons who are unable to provide the basic necessities essential to maintain themselves or their families. The general assistance program provides a specific amount and type of aid for defined needs during a limited period of time and is not intended to be a continuing "grant-in-aid" or "categorical" welfare program. This definition shall not in any way lessen the responsibility of the municipality or DHHS to provide general assistance to a person each time that the person has need and is found to be otherwise eligible to receive general assistance (§4301(5)).

**HOUSEHOLD**

An individual or a group of individuals who share a dwelling unit. When an applicant shares a dwelling unit with one or more individuals, even when a landlord-tenant relationship may exist between individuals residing in the dwelling unit, eligible applicants may receive assistance for no more than their pro rata share of the actual costs of the shared basic needs of that household according to the maximum levels of assistance established herein. The income of household members not legally liable or otherwise responsible for supporting the household shall be considered as available to the applicant only when there is pooling of income. The municipality shall presume pooling of income unless the applicant proves otherwise (§4301(6)).

HOUSING ASSISTANCE	Payments made by, or on behalf of an individual for rent or mortgage.
INCOME	Any form of income in cash or in kind (as defined below) received by the household including net remuneration for services performed, cash received on either secured or unsecured credit, any payments received as an annuity, retirement, or disability benefits, veterans' pensions, workers' compensation, unemployment benefits, benefits under any state or federal categorical assistance program, supplemental security income, social security, and any other payments from governmental sources, unless specifically prohibited by any law or regulation, support payments, income from pension or trust funds and household income from any other source, including relatives or unrelated household members and any benefit received pursuant to Title 26, chapter 907 and Title 36, section 5219-II (see property tax fairness credit below). For repeat applicants, it also includes unverified expenditures or misspent money from the 30 day period prior to application (§4301(7)). <b>Exception:</b> Support Services Payments that are available to ASPIRE program participants are not to be counted as income in the time of intended use.
IN KIND INCOME	Payments made to or on behalf of an applicant either monetary or in the form of a commodity.
JUST CAUSE	A valid, verifiable reason that hinders an individual in complying with one or more conditions of eligibility.
LAWFULLY PRESENT	Individuals described in 8 U.S.C. § 1621(a)(1)-(3): (1) A qualified alien (as defined in section 1641 of this title), (2) A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §1101 et seq.], or (3) An alien who is paroled into the United States under section 212(d)(5) of such Act [8 U.S.C. §1182(d)(5)] for less than one year.
LUMP SUM PAYMENT	A one-time payment issued to an applicant or recipient prior to or subsequent to applying for General Assistance. Lump sum payment includes, but is not limited to: retroactive or settlement portions of social security benefits, worker's compensation payments, unemployment benefits, disability income, veterans' benefits, severance pay benefits, or money received from inheritances, lottery winnings, personal injury awards, property damage claims or divorce settlements. A lump sum payment includes only the amount of money available to the applicant after

payment of required deductions has been made from the gross lump sum payment. A lump sum payment does not include conversion of a non-liquid resource to a liquid resource if the liquid resource has been used or is intended to be used to replace the converted resource or for other necessary expenses. Funds contributed to Family Development Accounts (see above) are also not to be considered lump sums (§4301(8-A)).

MAINECARE	MaineCare is the name of Maine's Medicaid Program.
MAXIMUM LEVEL OF ASSISTANCE	The amount of assistance as established by ordinance or the actual cost of a basic necessity, whichever is less ( §4305(3a)).
MUNICIPALITY OF RESPONSIBILITY	The municipality which is liable for the support of any eligible person at the time of application (§4301(9)).
NARRATIVE STATEMENT	A brief, written explanation.
NEED	The condition whereby a person's income, money, property, credit, assets, or other resources available to provide basic necessities for the individual and the individual's family are less than the maximum levels of assistance established by the municipal ordinance (§4301(10)).
NET GENERAL ASSISTANCE COST	The total amount of General Assistance paid by a municipality (§4301(11)).
NET INCOME	For initial applicants includes 30 day projected income excluding work related expenses from earned income. For repeat applicants, includes 30 day projected income excluding work related expenses from earned income and income either misspent or not accounted for during the prior 30 day period (§4315-A).

PERIOD OF ELIGIBILITY	The time for which a person has been granted assistance. Such period shall commence on the date of application for assistance and shall continue for the period stated on the decision. The period of eligibility may vary depending on the type of assistance provided; however, in no event shall such a period extend beyond one month (§4309(1)).
POOLING OF INCOME	The financial relationship among household members who are not legally liable for mutual support in which there occurs any commingling of funds or sharing of income or expenses. It is a rebuttable presumption that persons sharing the same dwelling unit are pooling their income. Applicants who are requesting that the determination of eligibility be calculated as though one or more household members are not pooling their income have the burden of rebutting the presumption of pooling income by providing verification that they are not doing so (§4301(12-A)).
POTENTIAL RESOURCES	Sources of financial assistance, including programs, services, non-liquid assets or trusts which typically require people to apply in writing and/or wait a period of time before eligibility is determined or the potential income is released (§4317).
PROPERTY TAX FAIRNESS CREDIT	For tax years beginning on or after January 1, 2013, a Maine resident individual is allowed a property tax fairness credit as computed by the Maine Revenue Service (36 MRSA §5219-II). Any benefit received under Title 36, chapter 907 and Title 36, Section 5219-II, unless used for basic necessities as described above, will counted as income.
PURSUING A LAWFUL PROCESS TO APPLY FOR IMMIGRATION RELIEF	Anyone who has filed an application for immigration relief with the U.S. Citizenship and Immigration Services.
REAL ESTATE	Any land, buildings, homes, mobile homes, and any other things affixed to that land (§4301(13)).

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RECIPIENT	A person who has applied for and is currently receiving general assistance.
RESIDENT	A person who is physically present in a municipality with the intention of remaining in that municipality in order to maintain or establish a home and who has no other residence (§4307(2A)). A person who applies for assistance who is not a resident of that municipality nor any other municipality is the responsibility of the municipality where that person first applies (§4307(2B)). That municipality must take an application and grant assistance to the applicant if he/she is eligible until he/she establishes a new residence in another municipality.
TANF	Temporary Assistance for Needy Families
THRESHOLD	Threshold amounts are used solely to determine DHHS reimbursement for municipalities and in no way apply to the amount a municipality must expend on GA.
UNMET NEED	The difference resulting from subtracting a household's projected 30 day net income from the household's 30 day need, which is the sum of the client's actual 30 day expenses for basic necessities, up to the specific ordinance maximums.
UNNECESSARY COST	An additional cost that a client may incur to cover a basic need such as a late fee or a court fee being added on to an eviction



**SECTION V. ELIGIBILITY FACTORS**

22 M.R.S.A. §4309(1) limits the period of eligibility. The period of eligibility shall not exceed one month. The one month period is the maximum period of eligibility a municipality may use in determining eligibility.

A municipality may choose to determine eligibility for periods less than one month. Municipalities are strongly advised to limit the length of eligibility for all new applicants. This will enable the applicant to take advantage of the intake and referral system which may be available in the larger municipalities.

Each time the eligibility period has expired, the applicant must have his eligibility re-determined. Every redetermination is considered a new application (§4309). Every application will stand on its own merit regardless of past decisions i.e., in the event an error was made in the past and GA was provided when it should not have been, this does not set a precedent for prospective determinations.

If eligibility is determined on a weekly or daily basis, the municipality must calculate the amount of the unmet need using figures applicable to that same time period.

If eligibility has been determined for a thirty-day period but assistance is given for shorter intervals, the municipality shall not be required to re-determine eligibility during that time period.

Nothing in this section shall prohibit a municipality from re-determining eligibility at any time during that thirty-day period in accordance with 22 M.R.S.A. §4309(2).

Any person eligible pursuant to 22 M.R.S. § 4301(3) who makes an application for assistance, who has never applied for assistance in any municipality or unorganized territory within the state, shall have his eligibility determined solely on the basis of need as defined in 22 M.R.S.A. §4301(10).

When projecting weekly income for the eligibility period, there is no need to use the 4.3 weekly multiplier. Other programs, such as Food Stamps and TANF, use the multiplier to get a monthly average because the recipient's eligibility is determined for a period of time beyond a month. For General Assistance purposes, use actual expected pay dates for projection as the eligibility period cannot extend beyond one month. Applicants, or employers, should be able to determine number of income payments to be received during the next month.

Decisions are to be rendered within 24 hours of application (§4304). If there is insufficient or questionable information and a determination of eligibility cannot be made, a denial should be issued based upon the fact that the administrator is unable to determine eligibility. The denial should note what information is necessary. In addition, when the next business day falls outside the 24-hour time frame (e.g., the applicant applies at 4:00 p.m. on Friday) a denial should be issued (unless sufficient information on which to determine eligibility is provided). In such a situation, the applicant should be directed to obtain the necessary information and re-apply the next business day. In the event of an "emergency" sufficient assistance to alleviate the emergency should be provided until the next business day.

**FUGITIVE FROM JUSTICE** – A fugitive from justice as that term is defined in Title 15, MRSA section 201, subsection 4, is not eligible for general assistance.

**IMMIGRATION STATUS** – Lawfully present persons and those pursuing a lawful process for immigration relief are eligible for general assistance, provided that they meet all other eligibility requirements. Those pursuing a lawful process for immigration relief have a lifetime eligibility limit of 24 months. Only months of assistance provided after July 1, 2015 will be counted towards this limit.

**VERIFICATION, RECORDS RETENTION, AND REPORTING RESPONSIBILITIES** – Municipalities will not receive reimbursement for expenditures for those lawfully present or pursuing immigration relief unless:

- 1) The recipient has provided to the municipality documentation from a court of competent jurisdiction or federal agency verifying that the applicant is lawfully present in accordance with Section 3 of this manual, or from the U.S. Citizenship and Immigration Services (USCIS), a court order or other court issued documentation verifying that the individual is pursuing a lawful process for immigration relief in accordance with Section 3 of this manual.  
The municipality will retain this documentation for a period of no less than three years;
- 2) For an individual eligible as pursuing a lawful process for immigration relief the municipality tracks and documents the number of assistance months received by that individual in that municipality; and
- 3) The municipality provides with its reimbursement request to the Department the names, alien numbers and numbers of assistance months received in that municipality for all G.A. recipients eligible as pursuing a lawful process included in that request.

#### **ADDRESS CONFIDENTIALITY PROGRAM**

The Address Confidentiality Program (ACP), administered by the Secretary of State, provides address confidentiality for victims of domestic violence, stalking or sexual assault and requires state and local agencies and the courts to accept a designated address as the program participant's address when creating a public record. When an applicant or recipient verifies that they are a certified participant in the Address Confidentiality Program, the designated address is the only address accepted and provided. Any correspondence with the applicant or recipient is sent to the designated address. If the municipality releases information by permission from the applicant or recipient or due to a subpoena, the only address to be provided is the designated address.

#### **EMERGENCY APPLICATIONS FOR ASSISTANCE**

It is the responsibility of the applicant to supply the municipality with any information necessary to determine if an eligible household is in an emergency situation (§4309(a-A)). The municipality may determine that there is an emergency that if not alleviated immediately could pose a threat to the health and safety of the applicant or a member of the household. The municipality may also determine that an emergency is imminent and that the failure of the municipality to provide assistance may result in undue hardship and unnecessary cost (§4308(2)). An example of an undue hardship would be the client incurring court costs for an eviction notice that could have been averted by the municipality assisting the client with the past due rent when the landlord threatened eviction. An example of an unnecessary cost would be court cost added on to the eviction. Once the municipality determines that there is an emergency or an imminent emergency, assistance adequate to alleviate the emergency must be granted. The fact that the municipality has 24 hours to grant or deny an application should not be used to create an unnecessary waiting period. If all the information necessary to make a determination is available the municipality must grant the assistance immediately.

If, after discussion between the applicant and the municipality it is determined that an emergency does exist, the municipality must ensure that the client is allowed to apply for assistance the same day. If there is an emergency and the applicant is eligible, the emergency must be alleviated without undue delay. Delivery of services the same day may be required. If it is determined that there is an imminent emergency, the municipality must ensure that the client is allowed to apply for assistance as soon as possible to ensure that there is not undue hardship or unnecessary cost. Delivery of services should take place as soon as possible.

At times municipalities may find it necessary to disregard their maximum levels of assistance to provide assistance during an emergency or an imminent emergency situation (§4308(2)). It is not necessary to provide long term assistance or a permanent solution in an emergency. Assistance of a type and amount that will alleviate the immediate threat to life and safety or that will help to alleviate any undue hardship or unnecessary cost will suffice.

There are two situations when a municipality cannot grant assistance during the emergency situation: (4308(2)):

- 1) When a household member is currently disqualified for false representation, not meeting work requirements, or not using potential resources do not grant assistance to the disqualified member. Remaining household members may be eligible.
- 2) When the household members could have averted the emergency situation by using their income or resources for basic necessities the municipality is not required to grant assistance. To determine if the household could have averted the emergency situation the municipality must determine eligibility and calculate the amount which the household would have been eligible for in each month involved. Example: A woman with one child living in Androscoggin county gets an eviction notice in September. The eviction has been given because the woman did not pay her rent in July or August. The monthly rent is \$250 including all utilities. The woman needs to pay the \$500 back rent or be evicted. The only income the woman has is her SSI of \$500 and TANF of \$131 for her child. The woman is a repeat applicant. The maximum allotment for a household of two in Androscoggin county is \$428.

<b>JULY</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>
\$428 Maximum	\$428 Maximum	\$428 Maximum
<u>- 631 Income</u>	<u>- 631 Income</u>	<u>- 631 Income</u>
0 Deficit	0 Deficit	0 Deficit

After the Deficit Budget is completed, the municipality must do the Unmet Need Budget. The woman's allowable expenses are: \$230 for food (the Food Stamp Maximum for two), \$250 for rent (the maximum in Androscoggin county is \$347), \$35 for personal, \$10 for medical co-pays (the woman receives MaineCare but she is responsible for the co-pay), and \$45 for diapers since her child is only one.

<b>JULY</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>
\$230 Food	\$230 Food	\$230 Food
250 Rent	250 Rent	250 Rent
35 Personal	35 Personal	35 Personal
45 Diapers	45 Diapers	45 Diapers
10 Medical CO-pay	10 Medical CO-pay	10 Medical CO-pay
\$570 Allowed Expenses	\$570 Allowed Expenses	\$570 Allowed Expenses
<u>-631 Total Income</u>	<u>-631 Total Income</u>	<u>-631 Total Income</u>
0 Unmet Need	0 Unmet Need	0 Unmet Need

This client did not have either a deficit or an unmet need in either of the months involved in the eviction. The municipality does not have to assist her. Note: the municipality may assist to prevent an emergency situation. If the municipality elects to provide assistance, the municipality must document the reason for providing such assistance.

#### VERIFICATION OF INCOME

Upon receiving earned income verification, usually in the form of check stubs, the administrator shall ascertain whether the deductions are optional (§4301(7-B)). Deductions for deposits to banks or credit unions; payments for optional services; and payments for loans or other creditors, except for court or DHHS ordered child support/alimony payments are to be considered optional. Optional deductions for health or dental insurance to be considered as allowable expenses are to be determined at the local level and based upon the cost effectiveness of the expense. If deposits are made to a financial institution, the assets must be considered as available.

If a student of post-secondary education, other than those involved with Department of Labor or Department of Health and Human Services' programs, applies for General Assistance, the applicant must be available to seek and accept full-time employment (§4316(3-E)). The student applicant would not be exempt from any requirements of the program. If a student of post-secondary education applies for General Assistance all income must be considered available except for financial aid provided through the school system which is specifically earmarked for required expenditures such as tuition, books, lab fees, etc. Availability of financial aid for room and board must be considered. Verification of financial aid must be received by the administrator. It is the applicant's responsibility to provide the necessary information.

Municipalities should require applicants to provide detailed financial aid information to determine that which is specifically earmarked for school and which portion is, or can be used, for living expenses.

Support Service payments received by ASPIRE participants are not to be counted as income whether paid directly to the vendor or issued to the ASPIRE participant through Electronic Benefit Transfer (EBT) during the time of the intended use.

Income deemed available to an applicant during the application process due to unverified expenditures in the previous 30 day period may change during the next 30 days. If the applicant can submit missing verification and it is found to be acceptable, eligibility may be determined using the 30 day period from the original application date.

Income deemed available to a repeat applicant during the application process due to misspent expenditures in the previous 30 day period is to be considered available to the applicant. This may create a 30-day ineligibility period (§4315-A).

An applicant who is found to ineligible for unemployment compensation benefits because of a finding of fraud by the Department of Labor pursuant to Title 26, section 1051, subsection 1, is ineligible to receive general assistance to replace the forfeited unemployment compensation benefits for the duration of the forfeiture established by the Department of Labor.

If an applicant, whether an initial or repeat applicant, receives a lump sum payment and cannot verify the amount, date of receipt and expenditures from the lump sum, a denial can be placed on the case for up to twelve months from the application date unless the information is received. If the date of receipt and amount are known, but expenditures are not, the length of denial should not be longer than what the amount allows, beginning with the date of application (§4301(7)).

The household of an initial applicant that is otherwise eligible for emergency assistance may not be denied emergency assistance solely on the basis of the proration of a lump sum payment. However, in such cases, subsequent applications are subject to the proration and all other standards established under GA law, regulations and municipal ordinance.

Lump sum payments are to be prorated over future months. The period of proration is determined by deducting any portion of the lump sum that the applicant or recipient can verify was spent on basic necessities. Basic necessities include, but are not limited to, all basic necessities allowed by General Assistance; reasonable funeral and burial expenses for a family member; reasonable travel costs related to an illness or death of a family member; repair and replacement of essentials lost due to fire, flood, or other natural disaster; repair or purchase of a vehicle essential for employment, education, training, or other day-to-day living necessities; repayments of loans or credit, the proceeds of which can be verified as having been spent on basic necessities; and payment of bills earmarked for the purpose for which the lump sum is paid.

All income received by the household between the receipt of the lump sum payment and the application for assistance is added to the remainder of the lump sum and the total is then prorated. The period of proration is then determined by dividing this total by the verified actual prospective thirty day budget for all of the household's basic necessities.

The end result is the number of months in the proration period starting on the date the lump sum was received. The prorated sum for each month must be considered available to the household for 12 months from the date of application or during the period of proration, whichever is less.

**Example**

10/1/01	GA application date Client requests assistance with utility Household of (1)	
9/1/01	Lump Sum was received Lump sum was an insurance settlement Allowed Expenses:	= \$12,000
	Medical Bills	\$ 4,500
	Rent	\$ 1,000
	Travel Costs (Medical)	\$ 100
	Car Purchased for new job	\$ 4,000
	VISA payment (verified paid on utilities)	\$ 140
	Food (2 months)	\$ 270
	Personal	\$ 70
		<u>\$10,080</u>
		\$12,000
		<u>-\$10,080</u>
		\$ 1,920
8/6/01	Client started job net wages = \$95.00 weekly x 4 weeks	+\$ 380 \$ 2,300

**Example**

Verified actual 30 day budget for basic necessities:

Rent	\$ 850
Food	\$ 235
Lights	\$ 95
Personal	\$ 55
Medical	<u>\$ 60</u>
	\$1,295

$\$2,300 \div \$1,295 = 1.8$   
(1 month + 24 days)

Client would be eligible on 10/25/01.

If client requests assistance because of a utility disconnect and is an initial applicant, the client may be granted to alleviate the emergency as long as all other eligibility is met.

Earned income tax credit (E.I.T.C.) is an available resource for low income persons who have had a work history within the past year. Applicants should be required to apply for this resource and to report the tax credit when received, if they meet this criteria (§4317).

## ALLOWABLE EXPENSES

When determining prospective earned income, necessary work-related transportation and dependent care costs should be deducted from the prospective earned income. Do not deduct work-related expenses from unearned income (§4301 (7B)).

Unless otherwise specified in the municipal ordinance, the budgeted allowances for all transportation costs are to be capped at the allowed mileage rate in the ordinance. Expenses for vehicle registration, payments, insurance, repairs and emission control testing are included as part of that mileage allowance. All allowable work-related expenses are to be deducted from earned income before applying the income to the tests to determine the deficit or unmet need.

The expenditures for transportation, when determining a repeat applicant's use of income for the previous 30-day period is subjective. If public transportation is available, the need for allowances for transportation should not exceed the bus fare, etc. If the applicant is not working and has a vehicle, it should be determined whether or not the applicant can get to a food store or to a doctor, when necessary, by means other than the applicant's vehicle. Such elements as distance, remoteness, availability of family and neighbors should be factored into a decision.

For example, Jill Osborn has two children and lives in a municipality that provides no public transportation. She works twenty hours a week at minimum wage. She lives five miles from work and has no neighbors or family to provide transportation needs. The administrator budgets \$.28 a mile (current cap in ordinance) for the transportation expense and deducts this amount from her net income. When verifying use of income for the past 30 days, Jill verifies that she had registered her vehicle for \$76 and paid \$50 for mandatory car insurance. The administrator decided that since it was necessary for Jill to have transportation to continue working, the expenditures for car registration and car insurance were allowable. These expenditures were not considered to be misspent.

It is important to project transportation costs at the capped mileage rate and child care costs as work related expenses when budgeting. It is equally important to allow reasonable, verified transportation expenditures when determining use of income for the past thirty days.

In another example, Julie Jones is a mother with one child. She lives near the center of town where she can easily obtain food and medical care. Her only income is TANF. When projecting the budget for the eligibility period, she is not allowed any mileage for transportation as she is not employed. When determining use of income, Julie verifies that she registered and insured her vehicle. Since the vehicle is not a necessity in this situation, expenditures for the vehicle should not be considered allowable and the monies used should be considered as still available to her.

Child support payments, when ordered by the court or Department of Health and Human Services, should be an allowable expense if verified as being made. Any payment made in excess of the ordered amount is to be considered as still available to the applicant's household. If, as the result of making the ordered payment, the applicant is eligible for General Assistance, a requirement should be made to petition the Department of Health and Human Services or the court, whichever is appropriate, to get the ordered payment lowered.

When deciding which payments made are allowable expenses, only the basic amount should be considered. For example, when a telephone is medically necessary, only allow the basic rate (§4301(1)). Do not allow long distance calls unless made to a physician. Do not allow additional insurance coverage necessary due to driving convictions such as OUI offenses or poor driving record.

## VERIFICATION OF EXPENDITURES

Applicant(s) will be responsible for providing any and all information and documentation concerning need including, but not limited to, resources, assets, employment, income and use thereof, expenses and any changes in information previously given for all members of the household that would affect eligibility for all members (§4309(1A)). For repeat applicants, in regard to receipts, all available receipts should be seen by the administrator (§4315-A). The administrator may or may not retain copies of the receipts in the case file. Documentation that receipts were seen should be included in the case file.

When receipts are not available, other methods may be used to verify use of income such as phone calls made to utility companies, fuel dealers and landlords. Written, signed statements from a vendor are acceptable. Municipalities which require receipts for purchases of food and/or household supplies should inform applicants that these receipts will be required. Receipts for food may show that some of the food was purchased with Food Stamps. This portion would not be considered in determining use of income.

When an applicant shares a dwelling unit with one or more individuals, even when a landlord-tenant relationship may exist between individuals residing in the dwelling unit, eligible applicants may receive assistance for no more than their pro rata share of the actual costs of the shared basic needs of that household according to the maximum levels of assistance established in the municipal ordinance. The pro rata share is calculated by dividing the maximum level of assistance available to the entire household by the total number of household members. Income of household members not legally liable for supporting the household member is considered available to the applicant only when there is a pooling of resources.

In kind contributions to the household or on behalf of the household are to be considered income and, therefore, are subject to verification procedures (§4301(7)). If the household income is verified as being spent on basic necessities, any additional payments made by others on behalf of the household is still to be considered as available income. Accordingly, in kind payments and payments for cable, credit card debt, personal loans, car payments, all fines including court fines and related court costs, etc. are to be considered as misspent.

Misspent income includes income-in-kind received, or paid for, by a General Assistance repeat applicant from sources, including friends or relatives, for the payment of bills not considered to be necessary such as cable bills, credit card debt, fines, tobacco and alcohol products, etc. and will be considered as available to the applicant when determining use of income for the previous 30 day period (§4315-A).

Income expended that cannot be verified is to be added to the 30 day prospective income. Income expended for unallowable expenses, verified or not, is to be considered misspent income and is to be added to the 30-day prospective income (§4315-A).

For example, a REPEAT applicant applies on June 19 and the only income is \$418 TANF. She would need to verify expenditures for the TANF check received in June. She has a rent receipt dated June 4 for \$350.00 and a cable receipt dated June 7 for \$14.00. She has no other receipts. She states she has used no cash for food because her Food Stamps were sufficient. She says she paid \$30.00 on her light bill, but has no receipt. A telephone call to the power company confirms a \$30.00 payment on June 10.

Type of Income	Amount
TANF	\$418.00
Income Rec'd not spent on basic necessities	\$38.00
Total monthly household income	\$456.00

(Dates of payment are very important. A payment to the power company on May 26 would not explain expenditures made with income received within the last 30 days and would not be considered.)

In this example, the verified expenditures for the income received within the prior 30 days total \$394.00. Of this amount, \$14.00 was verified as an unallowable expenditure. Of her total income, \$380.00 was verified as being spent on allowable expenses. The remaining income of \$38.00 (\$14.00 verified, but not allowed, and \$24.00 not accounted for) is to be considered as still available. Her prospective income for the next 30 days is to be \$456.00.

This includes her July TANF of \$418, verified misspent money of \$14.00 and unverified expenditure of \$24.00.

## INTERIM ASSISTANCE

The Department has entered into an agreement with the Social Security Administration to institute an Interim Assistance Reimbursement program to repay state and local funds expended for assistance to Supplemental Security Income (SSI) applicant/recipients while the SSI payments are pending or suspended. Under this agreement, any General Assistance funds provided for an individual who is found eligible for SSI must be repaid from the retroactive SSI check (§4318).

There are two types of authorization. The initial payment authorization is used for individuals who have not received SSI payments or whose benefits have been terminated for at least one year. The post-eligibility authorization is used for individuals whose eligibility for SSI has been suspended or terminated for less than one year.

Municipal General Assistance Administrators must seek authorization from each applicant who, to the Administrator's knowledge, may be eligible for SSI, has applied for SSI, or who is waiting for benefits which have been suspended. The Department of Health and Human Services has the responsibility to provide the necessary forms to initiate this agreement. As a condition of eligibility, written authorization to have the retroactive SSI check sent to the State must be given by the recipient. Failure to provide written authorization will result in the denial of General Assistance for the recipient until the authorization is signed. Assistance will be provided for the time period beginning with the date that the authorization is signed.

If two or more people are applying for SSI, each must sign a separate authorization form.

If the SSI applicant is a child, the authorization form is completed and signed by the parent ("Mary Smith for John Smith, Jr.-Son"). The Social Security number is that of the child.

If an individual is already receiving SSI, an authorization does not need to be signed. The authorization form is used only to deduct monies from a retroactive SSI payment. Current SSI payments are not affected. If a client's SSI monthly payments are suspended or terminated, the client should be required to appeal or file again. The individual must sign a **post-eligibility authorization** for reimbursement of moneys from a potential lump sum.

There are two check off boxes on the authorization form. One box is for the initial payment authorization and one box is for the post-eligibility authorization. The form is to be used for only one payment. Only one box can be checked off. If both boxes are checked off the form is not binding on the state or the client.

The authorization form has 4 sheets. The Department is sent the original. Copies are sent to the local Social Security Office, the client, and the client's file. The signed authorization form must arrive at the Social Security Office within 30 (thirty) days of the signing or the form is no longer binding and a new form must be signed. The municipality and the State could recoup only for any assistance granted after the second form was signed. The municipality and the State would lose any reimbursement for assistance given before the date on the form that was received at the Social Security Office within the thirty (30) days of being signed.

Federal regulations require the Department of Health and Human Services to issue any difference between the SSI retroactive lump sum payment and the General Assistance provided for the individual to the client or the representative payee within ten working days of receipt of the retroactive payment.

When the SSA notifies the Department that an individual has been found eligible for SSI benefits and will be receiving a retroactive check, the Department will request the following information from the municipality **by month for each month of receipt**:

- a. 1. The amount of General Assistance provided for the individual.
  - Most individuals are one-member households, however, if the individual receiving the SSI retroactive check is part of a household which received General Assistance, only the prorated amount of the General Assistance that was for the SSI recipient is reimbursed to the State and municipality. In other words, if the individual is part of a four person household, only one-fourth of the General Assistance benefit is reported for reimbursement purposes. Any General Assistance benefit provided specifically for the SSI recipient is added to the prorated amount.
  2. The number of hours that the individual performed workfare for the municipality and the monetary value placed on each hour of workfare performed. The individual must be credited with at least minimum wage for each hour of workfare. **The value of workfare performed by the individual during the applicable time period will be subtracted from the General Assistance amount reported in 1. above.**
  3. The percent of reimbursement that the municipality previously received from the State for General Assistance payments made for the client.

Once the Department has received the information from the municipality, a check will be issued to the municipality and to the individual. The amount of the check to the individual will be the amount of the retroactive SSI check, minus the amount of General Assistance paid on behalf of the client (after the value of any workfare performed by the individual during the applicable time period has been subtracted). The Department will follow the instructions of the Interim Assistance Reimbursement Handbook as provided by the Social Security Administration. There will be times when the amount of General Assistance reimbursed is less than the amount provided. The Department is not responsible when the client's share, if any, is insufficient to cover any debts incurred by the client during or prior to the interim period, including attorney's fees.

The amount of the check to the municipality will be the applicable percent of reimbursement for the month that General Assistance was provided for the General Assistance amount minus the

value of workfare by the individual. If the State has already reimbursed the municipality for 100% of the value of the General Assistance benefit minus the value of the workfare, no further reimbursement will be made to the municipality.

If the amount of deduction, reimbursement to the client, or reimbursement to the municipality is found to be the wrong amount and the municipality has been overpaid, the municipality must issue a check to the Treasurer, State of Maine or ask the Department to withhold from future reimbursements the appropriate amount.

**Note:** The amount of reimbursement received by the municipality through the Interim Assistance Reimbursement agreement is not to be reported back to the Department on the 099 (Statistical Report). These reimbursements are not reported as reimbursement received directly from clients or from other municipalities.

If the client is found eligible for SSI benefits and the SSI retroactive payment is sent to the client in error instead of to the State, the municipality can seek to collect this amount from the client through civil court action or other legal remedy. §4318

#### PARENTAL/SPOUSAL RESPONSIBILITY

A municipality MAY contact the parent(s) of any applicant for general assistance who is under the age of 25 and whose parent(s) live in or own property in the State of Maine. The purpose of this contact is to determine the ability of the parent(s) to financially support the applicant. Parents should be informed of their financial responsibility. If the parents are willing to provide assistance for the applicant, the application may be denied (§4319(1)).

Spouses of applicants are financially responsible for each other. Spouses may be contacted to determine their ability to financially support the applicant if the spouse lives in or owns property in the State of Maine (§4319(1)).

In determining the ability to pay, whether it is a parental or a spousal responsibility, the municipality should consider actual expenses of the parent(s) or spouse and not use the maximum limits for basic necessities as used for the general assistance applicant.

**IN NO EVENT SHOULD A PARENT OR SPOUSE BE CONTACTED IF THE SEPARATION INVOLVES ANY TYPE OF DOCUMENTED ABUSE - PHYSICAL, MENTAL OR EMOTIONAL.** Documentation may be supplied by DHHS, police, counselors, etc. Sometimes the abuse is evident to the administrator through apparent bruises or knowledge of the applicant's family history.

In instances when the applicant's parents or spouses will be contacted about financial responsibility, the applicant should be informed of the potential contact and why. Applicants have the right to withdraw their application if they do not want certain contacts made.

Parents or spouses who refuse to provide financial information may be billed for the assistance issued on behalf of their children or spouse (§4318).

Applicants should not be denied solely because parents or spouses refuse to release financial information.

## PREGNANT MINORS OR MINORS WITH CHILDREN

Minors: A minor under the age of 18 who has never married and is applying independently for general assistance and who is pregnant or has a dependent child or children will be eligible to receive general assistance only if the minor is residing in the home of his or her parent, legal guardian or other adult relative, in which case the entire household will be evaluated for eligibility. Exceptions to this limitation on eligibility will be made when:

- 1) the minor is residing in a foster home, maternity home, or other adult supervised supportive living arrangement; or
- 2) the minor has no living parent or the whereabouts of the parents are unknown; or
- 3) no parent will permit the minor to live in the parent's home; or
- 4) the minor has lived apart from both parents for at least one year before the birth of any dependent child; or
- 5) the Department of Health and Human Services determines that the physical or emotional health or safety of the minor or the minor's dependent child or children would be jeopardized if the minor and his or her child or children lived with a parent; or
- 6) the Department of Health and Human Services determines, in accordance with its regulation, that there is good cause to waive this limitation on eligibility (22 M.R.S.A. §4309.4).

## MUNICIPAL WORK PROGRAM

As a condition of eligibility, a municipality may require an otherwise eligible person who is capable of working to perform work for the municipality or work for a nonprofit organization which has agreed to participate in the municipal work program. (also known as Workfare) Such work cannot be used to replace regular employees of the municipality or nonprofit organization (§4316-A(2)).

The municipality may also, as part of the municipal work program, require individuals to participate in training, educational or rehabilitative programs that would assist the recipient in securing employment (§4316-A(2)). Participation in such training, educational or rehabilitative programs will not be considered workfare for reimbursement purposes if the participant is able to repay the municipality back in the future.

The maximum length of time which can be required of a participant in a municipal work program is determined by dividing the General Assistance benefit by an amount equal to at least the minimum wage (§4316-A(2A)).

An individual cannot be required to work for a nonprofit organization if that work would violate the individual's basic religious belief (§4316-A(2B)).

Once assignment is made to the municipal work program or a work requirement is made, an applicant is responsible for completing the assignment. If subsequent action(s) by the individual result in incarceration which results in the inability of the individual to complete the assignment, just cause will not be granted. Failure to fulfill any eligibility requirement due to incarceration as a result of an applicant's action after the requirement has been made will not result in good cause. The individual cannot be assigned work which is beyond the physical or mental capabilities of the individual (§4316-A(2G)).

Expenses related to work performed under this section must be considered in determining the amount of General Assistance to be provided to the individual (§4316-A(2E)).

The municipality must identify General Assistance provided for work performed by an individual participating in the municipal work program (§4316-A(2)).

Individuals in need of emergency assistance cannot be required to perform work prior to receiving General Assistance. An individual who is not in need of emergency assistance may be required to fulfill a workfare requirement satisfactorily prior to receiving the nonemergency assistance. This requirement is known as “workfare first”. Workfare first is a condition of current assistance. Participation in the municipal work program is a conditional requirement for future General Assistance (§4316-A(2)).

The amount or value of workfare performed does lessen the amount for which the applicant can repay such as, in the cases of a Workers’ Compensation settlement or an SSI retroactive payment. When a client who has signed a lien is awarded a Workers’ Compensation award, the value of the work performed in the municipal work program during the applicable time frame is deducted from the amount of the General Assistance paid out on behalf of the client prior to reimbursement. Clients who sign an Interim Agreement Reimbursement agreement and then receive an SSI retroactive payment will have the value of the work performed in the municipal work program during the applicable time period deducted from the amount of General Assistance paid out on their behalf prior to reimbursement. (See Interim Assistance) Workfare clients are not employees of the municipality and therefore are not covered under Workers’ Compensation. Medical bills for workfare injuries not due to municipal negligence are to be submitted to the Department.

## DISQUALIFICATIONS

When applicants for General Assistance are disqualified, regardless of the reason, written disqualification notices are to be sent to the GA applicant/recipient as soon as the infraction is known. Municipalities should not wait for the client to reapply or to come in on their own. Disqualification notices are to give the reason for the disqualification, the time period involved, information regarding the establishment of good cause and fair hearing rights (§4321).

Disqualifications are effective statewide. Disqualified recipients are not to be found eligible for General Assistance anywhere in the state unless the disqualification is lifted by the municipality which initiated the disqualifications. In no event may a disqualification period exceed 120 days per application.

The Department has a statewide tracking system where municipalities should be reporting disqualified applicants. Municipalities should contact DHHS to verify whether applicants are currently disqualified by any other municipality.

The 120 day disqualification period due to non-compliance with any work requirements shall follow the applicant if he/she should apply elsewhere during the 120-day period unless he becomes employed or complies with the work requirements (§4316-A(4)). The 120-day disqualification period also affects false representation (§4315).