

PURPOSE: To provide a method of transmitting a variety of information between the following units: Income Maintenance (IM), Food Stamps (FS), Children Services (CS), DFS Case Management, and Division of Child Support Enforcement (DCSE).

NUMBER OF COPIES AND DISPOSITION: NCR Paper. File one copy in the record, and forward one copy to each unit concerned.

INSTRUCTIONS FOR COMPLETION:

Date: Enter the current date.

To: Check the appropriate box(es) to indicate to which sections(s) this information is being sent and attach a route slip for each individual unit. If the worker's name and/or caseload number to whom the form is being sent is known enter it also.

From: Enter your name, your unit/county, your caseload number to whom the form is being sent is known enter it also.

Regarding: Enter the appropriate information for all units to whom you are sending this form. Leave any unnecessary spaces blank.

Case Name: A space is provided for the IM, FS, Child Care, or DCSE case name to be entered.

Case Number: A space is provided for the case number to be entered.

Individual: A space is provided to enter the name of the individual within a case for whom we are providing or requesting information; e.g. when communicating between case management and caseworker, this space should be used to indicate which individual the information concerns. If the individual is the payee (same as case name), the entry "same" can be used. Whenever using this space, the "case name" information must still be completed.

Noncustodial Parent: When communicating between IM and DCSE, the noncustodial parent's name should be entered. Whenever using this space, the "case name" information must still be completed. Enter social security number (if known) of the noncustodial parent.

Social Security Number: When known, the Social Security number of the individual must be entered.

BELOW THE DOUBLE LINE: The caseworker should check any box(es) applicable on the form and enter the information in the space provided at the bottom of the form.

Address Change, Phone Number: Street of R.R., city, county, state, zip code, and new phone number. Provide directions if hard to find.

Grant change: New amount, effective date, and reason.

Case Transferred: Date, branch/county.

Household Members Change: When, date reported, name, birth date, Social Security Number, relationship, employed, income, added or removed from assistance.

Assistance Group members Change: When, date reported, name birthdate, Social

Security Number, relationship, income, added or removed from assistance.

Resource Change: What, when, date reported, amount.

Child care: Nature of change, when started, or stopped.

Case Closed or Rejected: Date, reason for closing, and state last month received check.

Other: Any other reason that is not covered in the other sections.

Request for Information: Indicate information requested in the "Information" Section.

DCSE

Noncustodial Parent Information: New information regarding location, paternity, and support.

Refusal to Cooperate-Child Support: Date refused and why.

Refusal to Cooperate-Medical: Date refused and why.

Good Cause Claim: Date claimed, proposed determinations, comments on proposed determinations, final determinations, hearing requests, and results regarding determination.

Support Payments: Started or stopped, not sent to DCSE.

Other: Any other reason that is not covered in the other sections.

Participant Reaching Lifetime Limit: This box is checked when IM or DCSE is working with a participant who is in the last 12 months of their 60-month lifetime limit. When this box is checked, IM and DCSE will move this participant to a high priority and complete the action as soon as possible. Receipt of child support will assist the participant in transitioning from Temporary Assistance when the 60-month lifetime limit is reached.

DFS CASE MANAGEMENT

Failure to Participate Without Good Cause: Explain under "Information".

Sanction Effective: Enter date.

Sanction Removed: Enter date.

FOOD STAMP

Did not comply: Enter if the participant was called in and did not respond to call-in or failed to complete the program requirements.

Participated 20 Hours Per Week: Enter if the participant complied by participating in the program 20 hours or more per week. Provide dates the participant actually participated in the program in the "INFORMATION" section.