

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

March 27, 1991



ALL COUNTY LETTER NO. 91-27

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC HOMELESS ASSISTANCE REGULATION REVISIONS

REFERENCE: MPP SECTION 44-211.5

This All County Letter provides information about revisions effective April 1, 1991, to the AFDC Homeless Assistance (HA) regulations.

Attached are:

- A list of changes to the regulations,
- Notice of Action message language,
- Information about the CA 42, and
- A draft copy of the regulations.

For policy clarifications, please contact Sandra Poole-Taylor at (916) 324-2661 or ATSS 454-2661. For CA 42 form questions, please contact LeAnne Torres at (916) 324-2016 or ATSS 454-2016. For Notice of Action questions, please contact John Honeycutt at (916) 445-1131 or ATSS 485-1131.



ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

REVISIONS TO AFDC HOMELESS ASSISTANCE REGULATIONS

Following is a list of the Homeless Assistance (HA) regulations which were revised. Following each regulation cite, is a description of the change. The revised regulations have an effective date of April 1, 1991.

<u>MPP REGULATION CITE</u>	<u>CHANGE</u>
1) 44-211.321(b)	This does not represent a substantive change. It was a revision made to correct the syntax of MPP 44-211.321.
2) 44-211.513	This clarifies the point that a permanent housing (PH) payment may be made regardless of whether or not a payment for temporary shelter (TS) has been granted. .513(c) does not represent a change. A change had been proposed; however, the testimony received on this item influenced the decision to retain the regulation as it has been in the past. .513(d) This section was moved to .524(d) as was suggested in testimony.
3) 44-211.518	This section expands what constitutes mismanagement. Mismanagement exists when either the county determines that the HA payment was not spent on shelter or when the assistance unit (AU) fails to provide verification; thus, making verification mandatory when cash payments are issued for HA. (The requirement for verification was previously optional on the county's part.) Mismanagement also includes cases when the recipient's homelessness is the result of a failure to pay rent other than an emergency or right to withhold rent for cause. Note that MPP 44-211.518(a)(3) is limited to recipients, i.e., ongoing cases, and cannot be applied to applicants.
4) 44-211.524	This sets forth the requirement that the applicant/recipient shall provide verification from their TS provider to substantiate where they stayed and the cost incurred. Failure to provide verification results in the applicant/recipient being entitled to only a third party payment, e.g., a voucher or vendor payment, for the remainder of HA payments received during the incident of homelessness. When an applicant/recipient receives a third party payment for their temporary shelter, he/she is not required to provide verification.

- 5) 44-211.532(c) Verification of the amount expended for permanent housing is required within 30 calendar days. Day 1 is the date following the date of receipt of the PH payment. When the 30th calendar day falls on a weekend/holiday, the county shall consider the date following the weekend/holiday as the 30th calendar day. Verification consists of a statement, printed or handwritten, from the landlord, manager, or owner of the property. The recipient's failure to provide verification results in the county having to determine whether or not the PH payment was used toward permanent housing. This may be done, for example, through telephone contact with the landlord, manager, or owner of the property when the county has the recipient's permission, in writing, to contact him/her or through a referral to the Special Investigative Unit (SIU/Fraud) to substantiate the recipient's claim.

.532(c)(1)(A) states that an overpayment results from a determination that the PH payment was not used for housing. This is an addition to the HA regulations, but does not represent a change in interpretation. All County Letters 88-55 (June 7, 1988) and 90-26 (March 15, 1990) contain information about the treatment of a PH payment and an overpayment. Recipients are given 30 days to provide verification to prove that the payment was spent on permanent housing. After the 30th calendar day, the county has to determine if the payment was used for permanent housing. If it is determined that the PH payment was not spent on permanent housing, an overpayment results.

When a third party payment, e.g., a vendor payment or a two-party check, is issued for permanent housing, the recipient is not required to provide verification.

- 6) 44-211.534 The regulations were made more explicit with respect to what is required as evidence of the availability of permanent housing. Rather than "evidence", as was stated previously in the regulations, they now specify that a written rental agreement should be provided. The Department recognizes that a formal rental agreement may not always be obtainable but is the preferred form of evidence. Subsection (1) offers another option when the rental agreement is questionable or unobtainable. The

county, to the extent permitted, in writing, by the recipient may choose to contact the landlord directly. Some counties may opt to send an investigator to the residence. Subsection (2) is applicable when all other options have been exhausted.

7) 44-211.536

The regulations were revised to prohibit recipients from receiving a PH payment to return to their most recent former residence unless there are unusual circumstances beyond the recipients control. (The most recent former residence was defined at .536(a).) If there are no unusual circumstances, the PH payment should be denied. A handbook section was included with an example of an unusual circumstance.

NOTICES OF ACTION

Attached are copies of Turner approved Notice of Action (NOA) message language in English. Translations in Spanish and the four Indochinese languages will follow.

M44-211A (2/91) (Approve) -- This message is being revised to change the word "note" in the last line to "statement" due to the revision at MPP 44-211.534(a).

M44-211F (2/91) (Approve) -- This Message has been revised. It had contained message language to use when the AU was to receive a third party payment due to lack of verification that the previous HA payment was spent on housing. The language regarding the third party payment is now contained on the new Message No. M44-211G. All other messages on M44-211F remain the same.

M44-211G -- This is a new Message No.. The "Reasons" are to be used as inserts with other messages. It is used to inform the AU that their HA payment will be in the form of a third party payment. The revised regulations contain one new reason for converting HA to third party payments. The reasons below are to be used in conjunction with Manual Message No. M44-211A (2/91), M44-211B, M44-211C, or M44-211F (2/91). The Reasons are not "stand alone" messages.

REASON 1 was the language formerly contained on Message No. M44-211F. It is used when the applicant/recipient has not provided verification of how the previously issued HA payment was spent.

REASON 2 shall be used when the AU failed to pay their rent without having a sudden and unusual financial emergency or a reason to exercise a tenant's right to withhold rent.

M44-211D1 -- This is a new message. It is not related to the regulation revisions effective 4/1/91. It is a message which is used when the applicant/recipient is being denied a fourth week of a TS payment due to their lack of good cause in searching for permanent housing during the previous three weeks when TS was received.

STATEMENT OF FACTS FOR HOMELESS ASSISTANCE (CA 42)

As a result of the regulation revisions, there are three revisions to the CA 42.

- 1) The "Important Information" section located at the top of the form contains four bullets. The last one requires that a word be changed. Rather than stating that the applicant/recipient "may" be asked to prove that an HA payment was spent on shelter, the revised wording will state that the applicant/recipient "will" be asked to prove that the payment was spent on shelter.
- 2) Question 8 has been reformatted to provide the applicant with a choice of payment: to the applicant, to a landlord, to a shelter or other. This question was revised at the request of welfare advocates.
- 3) The certification section at the bottom of the form is being revised to delete the words "if it is requested" in the second sentence since verification will be required effective April 1, 1991.

Attached to this letter are reproducible copies of the English and Spanish versions of the CA 42. Camera-ready copies can be obtained from the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738.

The Cambodian, Chinese, Lao and Vietnamese translations will be issued under separate cover by the Language Services Bureau when available.

Counties must use the new CA 42 (2/91) version beginning at implementation of regulations. Counties will need to locally reproduce the CA 42 until stock is available in the DSS Warehouse in approximately three months.

STATEMENT OF FACTS Homeless Assistance

Important Information

- If you have no place to stay, have \$100 or less in resources and appear eligible for AFDC, you may get Homeless Assistance. You must be seeking permanent housing. While you are looking, you may get money for temporary shelter (TS). If you find someplace to live, you may get money for permanent housing.
- You may get TS payments for up to 21 days in a row. The first day starts when you get the first TS payment. If you stay anywhere for free, you can't get a TS payment, but the free days count as part of the 21 days.
- You may get up to 7 extra days of TS payments if you have a good reason for needing more help. The extra days must start the day after your first 21 days of TS.
- You will be asked to prove that your payment was spent on shelter. If you can't, future payments will go to a shelter, landlord or others for you.

Instructions: Print all answers in ink. If you need help, ask your worker.

1. Name of Caretaker Relative (first, middle, last)

Message Phone	A	Social Security Number - -	B	Date of Birth Mo. ___ Day ___ Yr. ___
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2.A. Explain where you are staying now.

B. How long have you been there?

C. Do you pay for staying there? YES NO
If "YES," how much?

3. Explain why you have no place to stay.

4. Are you seeking permanent housing? YES NO
Explain:

5. Do you get Cash Aid? YES NO
If "YES," in which county:

6. Did you get Homeless Assistance from any county at any time? YES NO
If "YES," complete:
Which county: _____ When: _____

7. List all liquid resources you own (include cash, checks, savings or checking accounts, credit union accounts, etc.). List each item and give its value.

8. If you get Homeless Assistance, you may have the payment made out or given directly to you or to a shelter, landlord or other for you. Check (✓) below to tell us how you want the payment made:
 To Yourself To a Landlord To a Shelter Other (explain): _____

COUNTY USE ONLY

DATE RECEIVED

C	CO	Aid Code	Case Number	AU
D	Case Name (Last, First)			
E	Date HA Authorized Mo. ___ Day ___ Yr. ___			
F	Type of HA (check) <input type="checkbox"/> T (Temporary) <input type="checkbox"/> P (Permanent)			

Disposition:

- Shelter arranged prior to Temp. Asst.
 Temp. Asst. Date: _____
 Permanent HA. Date: _____
 Vendor payment issued.
 HA Denied

Worker:

Total resource value:

CERTIFICATION

I understand there is a limit on how much Homeless Assistance I can get.

I understand I must provide proof of payment for housing, and if I cannot, I must have my Homeless Assistance payments made out or given to a shelter, landlord or others for me.

I understand that providing a Social Security Number (SSN) is required by Section 402(a)(25) of the Social Security Act. The SSN will be used to check identity, to prevent duplicate participation and to verify my eligibility and benefits.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this statement of facts is true and correct.

SIGNATURE OF CARETAKER RELATIVE

DATE

DECLARACION DE HECHOS - Asistencia para Personas sin Hogar

Información Importante

- Si usted no tiene un lugar donde vivir, tiene \$100 dólares o menos en recursos y aparentemente es elegible para recibir AFDC, es posible que pueda recibir asistencia para personas sin hogar. Sin embargo, usted tiene que estar buscando vivienda permanente. Mientras busca, es posible que pueda recibir dinero para alojamiento temporal (TS). Si encuentra un lugar dónde vivir, es posible que reciba dinero para vivienda permanente.
- Es posible que usted pueda recibir pagos para alojamiento temporal (TS) hasta por 21 días consecutivos. El primer día comienza cuando recibe el primer pago de TS. Si usted se aloja de gratis en algún lugar, no puede recibir pagos de TS, pero esos días gratis cuentan como parte de los 21 días.
- Si usted tiene un motivo justificado para recibir más asistencia, es posible que pueda recibir hasta 7 días extras en pagos de TS. Los días extra deben comenzar un día después que se terminen sus primeros 21 días de TS.
- Se le pedirá que pruebe que su pago lo gastó en alojamiento. Si no puede probarlo, los pagos futuros se harán al alojamiento, al casero o a otros a nombre suyo.

Instrucciones: Escriba todas las respuestas con tinta y letra de imprenta. Si necesita ayuda, pídasela a su trabajador(a)

1. Nombre de la persona encargada del cuidado continuo de un pariente (nombre, segundo nombre, apellido)

Número de teléfono para mensajes	A	Número del Seguro Social - -	B	Fecha de nacimiento Mes ____ Día ____ Año ____
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2.A. Explique dónde está viviendo ahora.

B. ¿Cuánto tiempo tiene viviendo ahí?

C. ¿Paga por vivir ahí?
Si es así, ¿cuánto? SI NO

3. Explique por qué no tiene un lugar dónde vivir.

4. ¿Está buscando vivienda permanente?
Explique: SI NO

5. ¿Está recibiendo asistencia monetaria?
Si es así, en cuál condado: SI NO

6. ¿Recibió asistencia para personas sin hogar de algún condado en cualquier tiempo?
Si es así, complete:
¿Cuál condado? ¿Cuándo?

7. Enumere todos los recursos líquidos que usted posee (incluya efectivo, cheques, ahorros o cuentas de cheques, cuentas con la unión de crédito, etc.). Enumere cada artículo y diga su valor.

8. Si recibe asistencia para personas sin hogar, puede recibir el pago directamente, o se le puede enviar directamente al alojamiento, casero, u otros, a nombre de usted. Marque (✓) en seguida indicando la manera en que quiere que se hagan los pagos:

A usted Al casero/dueño Al alojamiento Otro (explique):

SOLO PARA USO DEL CONDADO

DATE RECEIVED

C	CO	Aid Code	Case Number	AU
D	Case Name (Last, First)			
E	Date HA Authorized Mo. ____ Day ____ Yr. ____			
F	Type of HA (check) <input type="checkbox"/> T (Temporary) <input type="checkbox"/> P (Permanent)			

Disposition:

- Shelter arranged prior to Temp. Asst.
- Temp. Asst. Date:
- Permanent HA. Date:
- Vendor payment issued.
- HA Denied

Worker:

Total resource value:

CERTIFICACION

Entiendo que hay un limite sobre la cantidad de dinero que puedo recibir en asistencia para personas sin hogar.

Entiendo que tengo que proporcionar pruebas de pago sobre la vivienda, y si no puedo hacerlo, mis pagos de Asistencia para Personas sin Hogar deberán ser enviados a un alojamiento, casero u otros a mi nombre.

Entiendo que la sección 402(a)(25) del Acta del Seguro Social requiere que se provea un número de Seguro Social (SSN). Se usará el número para verificar la identidad, para evitar participación doble y para verificar mi elegibilidad y beneficios.

Declaro bajo pena de perjurio en conformidad con las leyes de los Estados Unidos de América y del Estado de California que la información contenida en esta declaración de hechos es verdadera y correcta.

FIRMA DE LA PERSONA ENCARGADA DEL CUIDADO CONTINUO DE UN PARIENTE

FECHA

State of California
Department of Social Services

Manu. Msg. No.: M44-211A
Action : Approve
Reason: Homeless Eligibility
Title: Temporary Shelter

Auto ID No. : 120
Flow Chart No. :
Source : Homeless Regs
Regulation Cite: MPP 44-211.5

Form No. : NA 290
Effective Date : 02/01/88, new
Revision Date : 03/19/91

MESSAGE: As of _____, the County has approved your request for homeless aid for temporary shelter.

The amount of your homeless aid is \$_____.

You can get \$_____ a night for temporary shelter. The amount of your aid is figured on this notice.

If you do not find a permanent place to live by _____, you may be able to get more temporary shelter aid. Come back to this office no later than _____.

You can get homeless aid for temporary shelter for up to 3 weeks in a row in any 12 month period if you are homeless. You may get it for up to 4 weeks if there is a good reason. After this time passes, you can't get temporary shelter aid again until _____.

Also, you may be able to get homeless aid for permanent housing when you find a place to live. You can get aid for permanent housing if your rent is no more than 80% of your needs.

Basic Needs for ___ persons: \$ _____
x .80
Total Amount Your Housing
Can Cost: \$ _____

When you find a place to live, get a written statement from the landlord telling how much your rent will be.

Temporary Shelter Aid
Amount per night: \$ _____
Nights: x _____
Total Temporary
Shelter Aid: = \$ _____

INSTRUCTIONS: Use to approve a nonrecurring special need (homeless assistance) payment for temporary shelter.

Complete the fill-in items to inform the applicant of the temporary shelter payment conditions.

Use the right hand column to show the Temporary Shelter Aid computation.

State of California
Department of Social Services

Manual Msg. No.: M44-211F
Action: Approve
Reason: Homeless Eligibility
Title: Temporary Shelter
Additional Payments
Form No.: NA 290
Effective Date: 06/01/88
Revision Date: 02/04/91

Auto ID No.: 124
Flow Chart No.:
Source: Homeless Regs
Regulation Cite: MPP 44-211.5

MESSAGE: As of _____, the County has approved your request for more homeless aid for temporary shelter.

The amount of your homeless aid is \$ _____ and is figured on this notice.

You may be able to get homeless aid for permanent housing when you find a place to live. You need to bring in a statement from the landlord telling how much your rent will be.

[] If you do not find a permanent place to live by _____, you may be able to get more temporary shelter aid. Come back to this office no later than _____.

[] This is your last payment. You can't get homeless aid for temporary shelter again until _____.

Temporary Shelter Aid
Amount per night: \$ _____
Nights: x _____
Total Temporary
Shelter Aid: = \$ _____

INSTRUCTIONS: Use to approve additional nonrecurring special need (homeless assistance) payments for temporary shelter and to inform the client of a change in payment delivery.

Complete the fill-in items and check boxes to inform the applicant of the temporary shelter payment conditions.

Use the right hand column to show the Temporary Shelter Aid computation.

State of California
Department of Social Services

Manual Msg. No.: M44-211G
Action : Change
Reason: Homeless Eligibility
Title: Homeless Assistance
Third Party Payments
Form No. :
Effective Date : 04/01/91, new
Revision Date : 03/19/91

Auto ID No. :
Flow Chart No. :
Source : Homeless Regs
Regulation Cite: MPP 44-211.51

MESSAGE:

REASON 1

You got homeless aid and didn't prove you spent it on housing. You won't be paid directly for the cost of your housing. \$_____ will go to housing, which leaves \$_____ for you. Your housing payment will be a:

- Vendor payment
- Two-party check
- Voucher payment
- Other:

REASON 2

You are homeless because you didn't pay your rent while on cash aid. You didn't have a good reason not to pay your rent. If there is a good reason, tell your worker. You won't be paid directly for the cost of your housing. \$_____ will go to housing, which leaves \$_____ for you. Your housing payment will be a:

- Vendor payment
- Two-party check
- Voucher payment
- Other:

INSTRUCTIONS: Use as inserts to inform the client of a change in payment delivery from a direct cash payment to a third party payment.

Select the appropriate reason and use in conjunction with M44-211A (2/91), M44-211B, M44-211C or M44-211F (2/91). These reasons are not "stand alone" messages.

Complete the fill-in items and check boxes to inform the applicant of the third party payment conditions.

State of California
Department of Social Services

Manu. Msg. No.: M44-211D1
Action : Deny
Reason: Homeless Ineligibility
Title: Temporary Shelter

Auto ID No. :
Flow Chart No. :
Source : Homeless Regs
Regulation Cite: MPP 44-211.52

Form No. : NA 290
Effective Date : 04/01/91, new
Revision Date : 02/13/91

MESSAGE: The County has denied your request for a fourth week of homeless aid for temporary shelter dated _____.

Here's why:

You didn't have a good reason for not finding permanent housing within 3 weeks. If there is a good reason, you may be able to get more homeless aid for temporary shelter. Tell your worker the reason.

You may be able to get homeless aid for permanent housing when you find a place to live. You need to bring in a statement from the landlord telling how much your rent will be.

INSTRUCTIONS: Use to deny a request for homeless assistance for temporary shelter for a 4th week.

Complete the fill-in item with the date of application for assistance.

Renumber and relocate Section 44-211.513(d) to Section 44-211.524(d); Renumber and relocate Sections 44-211.513(e), (e)(1) and (e)(1)(A) to Sections 44-211.532(c), (c)(1) and (c)(1)(A); amend Sections 44-211.321, .513, .517, .518, .524, .532 and .534; and adopt Section 44-211.536 to read:

44-211 SPECIAL NEEDS IN AFDC (Continued) 44-211

.3 (Continued)

.32 (Continued)

.321 The ~~CWD~~ county shall evaluate nonexempt liquid resources when an AU requests a nonrecurring special need payment for any of the following:

(a) (Continued)

(b) Homeless assistance, ~~once per~~ at the time the AU applies for such assistance but not during the incident of homelessness as defined in ~~MPP~~ Section 44-211.5143(b).

.5 (Continued)

.51 (Continued)

.513 An AU is eligible for the nonrecurring special need payment for homeless assistance for one incident of homelessness in a consecutive 12-month period. A homeless assistance payment may be granted for either, or both, temporary shelter or permanent housing. A permanent housing payment may be granted whether or not a payment for temporary shelter has been issued.
(Continued)

(c) The incident of homelessness ends when the AU receives the payment for permanent housing.

(1) An AU is eligible to receive permanent housing assistance whether or not it has been issued the payment for temporary shelter.

(d) The CWD may request verification of the following:

(1) The AU has incurred a cost for temporary shelter and

(2) The amount expended for permanent housing/

(e) An AU's failure or inability to provide verification/ constitutes a presumption of mismanagement of AFDC funds (see MPP Section 44-211.5197/

44-211 SPECIAL NEEDS IN AFDC (Continued)

44-211

.5 (Continued)

.51 (Continued)

.517 The QWD county shall comply with an AU's written request to make payments to the AU or to the providers of temporary shelter, permanent housing or utilities unless the conditions in MPP Section 44-211.5198 exist.

.518 The QWD county shall make direct payments to providers of temporary shelter, permanent housing or utilities for any future homeless assistance payments associated with the incident of homelessness when the QWD county establishes a finding of mismanagement of AFDC cash assistance.

(a) Mismanagement exists only when:

(1) The QWD county determines that the homeless assistance payment was not used for shelter (see MPP 44-211.517(e)); or

(2) The AU fails to provide verification as required under Sections 44-211.524 (d) and 44-211.532 (c); or

(3) The recipient's homelessness is the result of the failure to pay rent, other than for the following:

(A) A sudden and unusual circumstance beyond the recipient's control.

(B) Reasonable exercise of a tenant's right to withhold rent for cause.

.5 (Continued)

.52 (Continued)

.524 (Continued)

(a) (Continued)

(b) (Continued)

(c) (Continued)

(d) The applicant/recipient shall provide verification of the amount expended for temporary shelter after receiving a temporary homeless assistance payment but before receiving any subsequent homeless assistance payment made directly to the applicant/recipient.

(1) Failure to provide verification shall constitute mismanagement (see Section 44-211.518(a)(2)) and subsequent homeless assistance payments shall be made in accordance with Section 44-211.518.

.53 (Continued)

.532 (Continued)

(a) (Continued)

(b) (Continued)

(c) The recipient shall provide verification of the amount expended for permanent housing within 30 calendar days of having received the permanent housing assistance payment.

(1) Should the recipient fail to provide verification, the county shall make a determination as to whether the payment was used for permanent housing.

(A) A determination that the payment was not used for permanent housing shall result in an overpayment.

.534 The ~~CWD~~ county has one working day from the time the ~~AU~~ recipient provides the following information to issue or deny a payment for permanent housing assistance:

(a) A written rental agreement which demonstrates the landlord's intent to rent to the AU at a cost which does not exceed ~~Evidence of the availability of permanent housing costing not more than~~ 80 percent of the AU's MAP/ and.

(1) If the county questions the validity of the rental agreement, or a rental agreement cannot be provided, the county shall verify that a rental agreement has been made by directly contacting the landlord or by some other means.

(2) If the county cannot directly contact the landlord, or verify by some other means that a rental agreement has been made, then the recipient must complete and sign a statement under penalty of perjury which includes the following information:

(A) A statement of liability for providing false information.

(B) Name and phone number of landlord.

(C) Location of rental.

(D) Terms of rental.

(E) Dollar amount of deposits and rent. (Continued)

.536 The payment for permanent housing costs is not available to assist recipients to return to their most recent former residence unless there are unusual circumstances beyond the recipient's control.

(a) For purposes of this section, a most recent former residence is the house or the same unit in a duplex or apartment complex in which the recipient lived just prior to being determined homeless.

HANDBOOK BEGINS HERE

EXAMPLE:

A family left its residence in Shasta County in order to take advantage of a job opportunity in Los Angeles. When they arrived in Los Angeles, the job was no longer available. The family returned to Shasta County and was homeless. Their former residence was available to rent, so they requested a permanent housing payment to move into their former residence. Their request should be granted due to unusual circumstances which prompted their return to Shasta County.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554 and 11450(g), Welfare and Institutions Code.

Reference: Sections 11450(f)(2) and 11453.2 Welfare and Institutions Code; 45 CFR 206.10(a)(3)(ii)(8), 45 CFR 233.10(a)(1)(iv), 45 CFR 233.20(a)(13), and 45 CFR 234.60(a)(2) -(11).