

TO: Work First MA FNS Child Support Program Integrity Services Child Care

FROM: _____ DATE: _____

INCOME MAINTENANCE TRANSMITTAL FORM

I. GENERAL INFORMATION

County Case No. _____ EIS/FSIS Case ID _____

IV-D Case No. _____ SIS ID No _____

Payee/Case Name: _____ Telephone No: _____

Address: _____

Change of Address: No Yes - mailing residence
Family Unit Members _____ Non-Family Unit Members _____

Absent Parent Name: _____ ID No. _____

Absent Parent Name: _____ ID No. _____

Third Party Insurance: Yes No If yes, complete the following:

Name of Company: _____ Policy Number: _____

Person Covered: _____

II. BENEFIT INFORMATION

FNS MA Work First – Payment type 1 Payment type 2

BENEFITS HAVE BEEN: Reviewed Revised Approved Denied/Term.

Payment type 1 transferred to payment type S Payment type 2 transferred to payment type S

MA Case Pending Deductible MA Case No Deductible

Date: _____ Benefit Amt. _____ Certified from _____ to _____

Benefit Amt. from \$ _____ to \$ _____ 1st Mo. Benefit \$ _____ Authorized from _____ to _____

Eff. Date _____ Approx. Date Rec'd _____ Deductible \$ _____ Ongoing Benefit \$ _____

Denied/Term. Effective Date _____

Reason for change: _____

Review Period: From _____ To _____

CHILD CARE: Type of Child Care Payment: Direct Vendor

Eff. Date: _____ Actual Costs \$ _____ Amt. Paid \$ _____

WORK FIRST PENALTY/SANCTION:

Reason for WORK FIRST penalty/sanction - noncompliance with: MRA Child Support Substance Abuse Treatment

MRA noncompliance reason: _____

Other reason _____

III. INCOME VERIFICATION (EARNED AND UNEARNED)

Name: _____ Name: _____

Employer/Source: _____ Employer/Source: _____

Amt: \$ _____ Date Rec'd: _____ Amt: \$ _____ Date Rec'd: _____

Frequency: _____ Frequency: _____

Start Date: _____ Term. Date: _____ Start Date: _____ Term. Date: _____

IV. OTHER

Service Requests:

Assistance with scheduling appointment Date Requested _____

Assistance with transportation Date Requested _____

Health Check for: _____ Date Requested _____

Family Planning requested for: _____

Other: _____ for: _____

Other reported Change/Information: (Such as change in household composition, reserve, good cause claim, change in absent parent information, etc.) _____