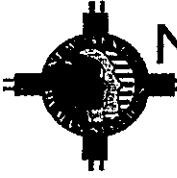


Exhibit A



# New Mexico Human Services Department

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DOMESTIC VIOLENCE PROGRAM  
SCOPE OF WORK

SFY 2010

JULY 1, 2009 – JUNE 30, 2010

EXHIBIT A  
SCOPE OF WORK  
Children, Youth and Families Department – Domestic Violence

## A. HSD shall:

1. Act as the funding agency.
2. Testify and report to the Welfare Reform Oversight Committee (WROC) on the program outcomes.
3. Provide training and technical assistance to Contractor relative to usage and reporting of Temporary Assistance for Needy Families (TANF) funding as appropriate.
4. Supply Contractor with related informational data to assist Contractor in performing services as stated in the Scope of Work.
5. Provide Contractor with participant referrals for services using the DWP 009 NMW Electronic Communication Exchange [EXHIBIT G].
6. Provide direction to the TANF New Mexico Works (NMW) contractors and local Income Support Division (ISD) staff to ensure participation and collaboration with Contractor and the Domestic Violence (DV) service providers.
7. Conduct Contractor DV program and fiscal reviews for quality assurance and compliance by conducting independent on-site TANF DV program and fiscal reviews of Contractor and provide Contractor with detailed reports of findings. HSD will provide advanced notice to Contractor at least fifteen (15) business days prior to the on-site visit.
8. Provide both Contractor and DV service providers with training in the requirements for evaluating, granting documenting and reporting Family Violence Options (FVO) waivers.
9. Disburse TANF funds to Contractor, on a reimbursement basis, upon receipt of quarterly invoices prepared by Contractor that contain detailed fiscal documentation.
10. All TANF funds disbursed to Contractor under this GSA shall be federal monies. No HSD state funds shall be transferred, disbursed or reimbursed to Contractor under the terms of this GSA.
11. Certify quarterly Contractor billing invoices, which are subject to approval by HSD Contract Manager, to ensure that expenditures meet all federal and state requirements.
12. Payments made by HSD using federal funds are contingent upon receipt by HSD of anticipated funds. In the event of future reductions of such funds, HSD shall reserve the

right to reduce payments and services provided for herein, or in the alternative, to exercise the right of termination.

13. Be allowed to deduct from amounts otherwise payable to the Contractor under this GSA or addendum thereto, monies overpaid to the Contractor and therefore determined to be due to HSD from the Contractor.

B. The CONTRACTOR shall:

#### FISCAL REQUIREMENTS

1. Submit a budget using the template attached to this GSA [Exhibit B] that must be approved by the Contract Manager designated by HSD, for operations cost. The Contractor shall prepare a budget for the contracted amount that includes all line item elements as prescribed by the New Mexico Department of Finance and Administration (DFA) for: positions, personnel, employee benefits, contractual services, transportation, maintenance/repairs, operating costs, capital outlay, etc., [<http://www.dfafcd.state.nm.us/manuals/coa.pdf>]. The budget must be provided to HSD by the 30th calendar day following the effective date of this GSA. No payment shall be made under this GSA unless the Contract Manager approves the program budget required under this GSA. The approved budget shall provide the basis for the services provided under this GSA. The budget shall not be altered without the written approval of HSD.
2. Ensure that program expenditures comply with TANF regulations and promote at least one of the purposes of TANF. There are specific restrictions on the use of Federal TANF funds.
  - a. Any use of Federal TANF funds must be consistent with TANF purposes and applicable TANF rules. The purposes of TANF are:
    - 1) Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
    - 2) End the dependency of needy parents on government benefits by promoting job preparation, work, and marriage;
    - 3) Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies;
    - 4) Encourage the formation and maintenance of two-parent families.
  - b. The Contractor shall not use Federal TANF funds to satisfy a cost-sharing or matching requirement of another Federal program unless specifically authorized by HSD as allowed by Federal law.
  - c. The Contractor may sub-contract for services or benefits; however, TANF funds shall not be directly transferred into another program. Copies of any and all sub-contracts

originating under this GSA are to be provided to HSD or made available for inspection by HSD within 30 days of sub-contract approval.

- d. Any costs charged to the TANF program must be necessary, reasonable, and allocable to the program. In addition, the Contractor shall:
    - 1) Ensure that funding under this GSA is not utilized for Medicaid covered services;
    - 2) Coordinate with DV service providers or other related support service providers to minimize duplication of services and maximize services already available through Medicaid or at no cost or minimal costs to low-income populations.
  - e. The Contractor shall not use TANF funds to construct or purchase buildings or facilities or to purchase real estate.
  - f. The Contractor shall not use TANF funds for general expenses required to carry out another program responsibility, except as permitted by Federal law.
3. Limit administrative costs to 15% of the total contract dollar amount. This cost limit includes both direct and indirect administrative costs and is cumulative for the Contractor as well as any sub-contractor(s) of the Contractor.
  4. Ensure that administrative costs in the TANF program are costs that are necessary for the proper administration of the TANF program.
    - a. Administrative costs include:
      - 1) The costs of general administration and coordination of programs including contract costs and all indirect (or overhead) costs;
      - 2) The salaries and benefits of staff performing administrative and coordination functions, activities related to eligibility determinations, the preparation of budgets, program plans and schedules, monitoring of programs and projects, etc.;
      - 3) Costs such as equipment, travel, and office space costs, when directly associated with staff performing administrative and coordination functions, activities related to eligibility determinations, the preparation of budgets, program plans and schedules, monitoring of programs and projects, etc.;
      - 4) Training of staff to perform administrative functions, such as eligibility determinations, procurement, and payroll.
    - b. Excluded from "administrative costs" are the direct costs of providing program services such as:
      - 1) Case management, information and referral, and counseling activities;
      - 2) Providing program information, the development of employability plans, work activities, post employment services, and work supports;

- 3) Costs, such as equipment, travel, and office space costs, when directly associated with providing program services, would be treated as program costs (whether provided under contract or otherwise);
  - 4) Costs for training of case managers or for other training directly associated with providing program services as program costs under its cost allocation plan. For example, training of case managers and other staff about how to provide appropriate services to victims of DV under the Family Violence Option (i.e., screening and identification, safeguarding, referrals to appropriate services, and options to waive program requirements) would be a program cost. Likewise, training staff about providing appropriate services to people with disabilities would be a program cost.
5. Conform and ensure that sub-contractors conform to the requirements of Federal Office of Management and Budget OMB Circulars A-87, A-110, and A-21 where appropriate, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), 2005 Deficit Reduction Act (DRA) and applicable TANF, NMW statutes and regulations
  6. Ensure that quarterly invoices submitted by the Contractor to HSD are received by HSD no later the 15th day of the month following the end of each quarter with the exception of the month ending June 30, 2010, for which the invoice must be received no later July 10, 2010. Failure to adhere to these requirements may result in a reduction of available funds and non-payment of invoices. The carryover of funds between fiscal years shall not be permitted. HSD will make every effort to make payment to the Contractor within 30 days from receipt of a correct invoice.
  7. Ensure that quarterly invoices include at a minimum, the following:
    - a. Expenditure Balance Report [EXHIBIT C], adhering to the Department of Finance and Administration (DFA) Expenditure Chart of Accounts (found at <http://www.dfafcd.state.nm.us/manuals/coa.pdf>) including itemized monthly and year-to-date (YTD) expenditures, per the approved budget, and the average cost per participant;
    - b. Quarterly invoice [EXHIBIT D];
    - c. Invoice Transmittal [EXHIBIT E].
  8. Budget adjustments may be made only with the prior written approval of HSD [EXHIBIT F].
  9. Ensure compliance with all Federal and State laws and regulations, as applicable, relating to the uses and expenditures of the funds made available under this GSA.
  10. Maintain fiscal records necessary for full accountability, comply with federal accounting and fiscal requirements applicable to handling of any federal funds, and follow generally accepted accounting principles and account for all receipts and disbursement of funds transferred or expended pursuant to this Agreement.

11. Adhere to the requirements of the Cash Management Improvement Act of 1990, as set forth at 31 CFR 205.
12. Manage the funding made available by this GSA by:
  - a. Ensuring that monthly expenditures meet federal TANF and state requirements;
  - b. Ensuring that the funding under this GSA is not utilized for duplicative services already available to low-income populations
13. As a fiscal agent for the TANF DV program, abide by its regulations and all fiscal matters shall be handled in a manner that is compliant with regulations of the United States Health and Human Services Department (HHSD), TANF program, New Mexico Procurement Code and the State Auditor's Office.
14. HSD and the Contractor shall be strictly accountable for funding made subject to this Agreement.
15. Contract for an independent audit at Contractor's expense. Include the audit of all funds received by virtue of this GSA in the regular Contractor independent audit. An official copy of the independent audit report must be provided to HSD and any other authorized entity as required by law within 15 days or receipt of the final audit report.
16. Upon termination of this GSA or after the services provided for herein have been rendered, surplus money, if any, shall be returned immediately by the Contractor to HSD.

#### REPORTING REQUIREMENTS

1. Submit, if applicable, to HSD a final annual TANF MOE certification report due 20 days following the end of the State Fiscal Year.
2. Provide HSD with detailed client and service data and other required information within the timeframe stated in SOW. This information will be provided quarterly or as needed.
3. Submit to HSD quarterly program data reports no later than the 15th day of the month following the end of each quarter. Reports must include information separated by TANF cash recipients and TANF eligible families as applicable. The reports at a minimum must include a description of the major program benefits, services, outreach and training activities as well as monthly and year to date totals for the following data:
  - a. State and county unduplicated number of referrals received from NMW and ISD.
  - b. State and county unduplicated number of referrals to ISD for TANF cash assistance.
  - c. State and county unduplicated total number of individuals served.

- d. State and county total unduplicated numbers of individuals provided the following:
- i. DV counseling and treatment services;
  - ii. Evaluation of the IRP and WPA;
  - iii. FVO Waiver evaluations completed;
  - iv. Hardship extension evaluations completed;
  - v. Good cause exemption evaluations completed;
  - vi. Legal advocacy services; and
  - vii. Referral to direct legal services.

### PROGRAM REQUIREMENTS

1. Provide for statewide DV victim and offender services to the TANF population as follows:
  - a. TANF recipients are the first priority as referred by the NMW contractors and HSD.
  - b. The second priority are TANF eligible families (non TANF cash recipients) with at least one pregnant woman or one dependent child living with a parent or relative whose gross family income is less than 100% of the federal poverty guidelines for the size of the family.
2. Services may include participant access to non-recurrent short-term benefits that do not extend beyond 90 days such as emergency shelter, food, clothing or gas cards as outlined in the Letter of Direction, dated January 29, 2009 [Exhibit K]. ✓
3. Coordinate the selection of the TANF DV providers and sites with HSD and provide direct training and technical assistance to each service provider.
4. Ensure that sub-contractors have performance outcomes that have a direct relationship to the number of TANF cash recipients in their service area.
5. Ensure that open lines of communication are maintained between the DV service providers, NMW and ISD.
6. Provide direction to the DV service providers to ensure that the TANF population receives the following services:
  - a. DV counseling and treatment services as defined in the Contractor's Service Definition Manual;
  - b. Legal advocacy assistance and direct legal referrals related to resolving DV issues;

- c. Non-recurrent short-term benefits that do not extend beyond 90 days such as emergency shelter, food, clothing or gas cards as outlined in the Letter of Direction, dated January 29, 2009 [Exhibit K];
- d. Accepting TANF recipient referrals from NMW and ISD. Referrals may be tracked and recorded using the DWP 009 NMW Electronic Communication Exchange Form [EXHIBIT G] or any other form of referral. The DV service providers must communicate and consult with NMW and ISD about the following:
  - 1) Evaluation of goals, work activities and supportive services as indicated by the NMW Individual Responsibility Plan (IRP) and Work Participation Agreement (WPA).
  - 2) For TANF cash assistance recipients, the DV service provider will collect, document, validate and report upon family circumstances that may substantiate any of the following:
    - a) A Family Violence Option (FVO) waiver of the work requirement;
    - b) A DV good cause exemption from the work requirement; or
    - c) Eligibility for TANF cash assistance beyond the sixty (60) month lifetime limit (hardship extension);
    - d) Tracking and certifying countable hours for TANF recipients using DV services as a state allowable work activity.
  - 3) The DV service provider must adhere to, and document the FVO requirements according to the TANF regulations and provide limited written information responses to the specific NMW case manager that initiated the referral and the HSD Incapacity Review Unit (IRU). DV services providers are not expected to provide any confidential or sensitive information that was disclosed by the TANF participant such as specific incidences of DV. Rather, the DV providers must provide a written yes/no or quantitative (numbers of actual hours participants completed in domestic violence services as a NMW work activity) response to the referring NMW office. At a minimum, the written response must include the TANF participant's first name, last four numbers of the SSN, case manager name and date of referral.
7. Provide DV services for TANF eligible families that are not TANF cash assistance recipients. The DV provider must ensure that a statewide verification process is established and implemented. Eligibility must be evaluated, verified, documented, and maintained by the DV service provider prior to providing TANF DV services. DV service providers must screen for services to be paid for by TANF. At minimum, documentation



must include a signed statement by the DV service provider/screener indicating that the participant meet the following:

- a. Verbal statements by the person receiving DV services that they are responsible for the care of a dependent child or that they are pregnant; and
  - b. Verbal statement by the person receiving DV services of monthly family income. Monthly family income must be less than 100% of the Federal Poverty Guidelines to be eligible for services billed to TANF. A sample Narrative/Application for TANF Support Services [Exhibit H] is attached.
  - c. DV service providers may determine during a crisis intake that the participant does not have access to the family income and is therefore eligible for TANF services [Exhibit K]. ✓
8. Provide on-site DV services wherever possible at NMW, ISD and/or Workforce Investment Act (WIA) One Stop offices.
9. Raise awareness of DV services by providing DV awareness training and distributing promotional materials in the geographical areas served. Participant materials must be in both English and Spanish. At a minimum, annual training and materials must be available at the following sites:
- a. ISD field offices;
  - b. NMW offices;
  - c. WIA one-stop stops;
  - d. CONTRACTOR field offices; and
  - e. DV Service Locations.
10. Ensure HSD has reasonable access to Contractor premises and where appropriate non-confidential program related records.
11. Conduct regular service provider program and fiscal reviews for quality assurance and compliance by:
- a. Auditing monthly billing invoices to ensure that service provider expenditures meet all federal and state requirements.
  - b. Developing a review schedule and conducting service provider on-site reviews and providing HSD with the review schedule within sixty days from the effective date of the signing of any sub-contract.
  - c. Providing reports of findings to HSD within thirty days following the completion of each review.

- d. Conducting on-site DV service provider monitoring activities that will ensure appropriate use of the TANF funding as detailed in this GSA.
  - e. Reporting to HSD in writing any finding of alleged misuse of funds and/or potential fraud and abuse so that the HSD Office of Inspector General and Office (OIG) and office of General Counsel (OGC) may work together with Contractor to resolve any finding issues.
12. Ensure awareness of the TANF NMW Process Flow Chart [Exhibit I] and DV TANF Work Waiver Requirements, ISD-IPP08-01 [Exhibit J] in conjunction with the DV services being provided.
  13. Maintain a client file of TANF DV program participants served in the report month, sorted by county. This client file must be maintained at the provider site for Contractor auditing purpose. The client file must include:
    - a. County;
    - b. TANF status (as of the first day of the report month);
      - 1) Active TANF cash recipient;
      - 2) Non TANF Recipient - Verified TANF eligible at 100% of poverty;
    - c. TANF NMW work participation status (as of the first day of the report month);
      - 1) Pending a DV waiver determination (first 30 days of TANF);
      - 2) DV services as a primary work activity (24 week limit);
      - 3) Waived - certified for the FVO;
      - 4) Modified work activity requirements;
      - 5) Full work activity requirements;
    - d. Monthly hours participated in DV counseling and treatment services;
    - e. Monthly hours of DV related legal advocacy services provided; and
    - f. Referral to direct legal services.

MISCELLANEOUS REQUIREMENTS

1. Testify and report to the Welfare Reform Oversight Committee (WROC) on the DV Program outcomes as requested by HSD or directly by the WROC.
2. Maintain a designated contact person and/or program coordinator.
3. Timely submit all reports and invoices to the Contract Manager at:

Paul Lucero, Contract Manager  
Work and Family Support Bureau  
Income Support Division  
HSD of Human Services  
2009 S Pacheco Street / P O Box 2348  
Santa Fe, NM 87504

**TANF Domestic Violence Services  
Invoice for Services Rendered**

**New Mexico Human Services Department  
Income Support Division  
Pollon Plaza  
P. O. Box 2348  
Santa Fe, New Mexico 87504-2348  
Attn: Paul Lucero**

**Contractor CYFD - DV  
For Month Of:  
Invoice Date:  
Agreement No: GSA 10-630-9000-0000  
Tax ID No:  
Invoice No:**

**FOR CONTRACTOR USE ONLY**

Quarterly reimbursement for Domestic Violence services to TANF participants \$ -

I certify that amounts invoiced herein, (1) agree with the attached Expenditure and Balance Report, (2) are correct and just, and, (3) that payment therefore has not been received.

_____ Contractor's Signature & Title	_____ Phone #	_____ Date
---	------------------	---------------

**FOR HSD USE ONLY**

I certify that amounts invoiced herein are correct and just and that payment therefore has not been remitted.

_____ Department Official's Signature and Title	_____ Phone #	_____ Date
--	------------------	---------------

**REMIT PAYMENT TO:**

**Children, Youth & Families Department  
PERA Bldg. Room 118  
P.O. Drawer 5160  
Santa Fe, NM 87502**

<b>CERTIFICATION - FOR HSD USE ONLY</b>
---



**INVOICE TRANSMITTAL**

**Transmittal Information**

**Contractor Information**

Invoice No. \_\_\_\_\_

Fiscal Year \_\_\_\_\_

Transmittal Date \_\_\_\_\_

Date of Service(s) \_\_\_\_\_

P.O. Reference No. \_\_\_\_\_

Contract No. \_\_\_\_\_

DFA Vendor ID. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Alt. ID \_\_\_\_\_

Contracted Service

Contract Budget

Total of Budget Adjustment(s)

Adjusted Contract Budget

Invoice Amount

YTD Expenses

Budget Balance


\*attach supporting documentation

Contractor Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY HSD PROGRAM MANAGER**

Program Manager Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Approval to Pay \_\_\_\_\_

Signature of Program Manager \_\_\_\_\_

Date \_\_\_\_\_

FOR INFORMATION TECHNOLOGY RELATED CONTRACTS: Approval to Pay \_\_\_\_\_

HSD CIO

DATE \_\_\_\_\_

**Instructions for Invoice Transmittal**

This form is to be completed by the Contractor. It is designed to keep all parties aware of the contract budget status. Assistance in completing this form may be obtained from the designated program manager.

**Transmittal Information**

**Invoice No.:** Enter the invoice number, which will follow a simple numbering sequence of 1, 2, 3, etc. Invoice 1 will be the first invoice of the contract period.

**Fiscal Year:** Enter the State of New Mexico fiscal year in which the applicable contract originated. The first two digits of the contract number designate the fiscal year.

**Transmittal Date:** Enter the date the Invoice Transmittal form is completed.

**Date of Service:** Enter the service-delivery time period for which reimbursement is being requested. For most contracts, this is the month and year of service. However, for short-term contracts, it can be a daily or weekly time period.

**P. O. Reference No.:** Enter the purchase document number applicable to this reimbursement. A purchase document is the document that encumbers (earmarks) the contracted funds. It has a unique identifying number. Contractors should receive a copy of the purchase document with their signed contract. Program managers should be able to assist in determining this number if needed.

**Contract No.:** This is the identifying number of the contractual document under which services are being provided (located at the top, right hand corner of the first page of the contract).

**Contractor Information:**

**DFA Vendor ID:** This is the unique, identifying, contractor code that the Department of Finance and Administration (DFA) assigns upon completion of the W-9 form. All contractors must have one to enter into contract with state government. This may be obtained from the purchase document (see P.O. Reference No., above, for description of purchase document).

**Alt. ID:** The alternate ID is a number associated with the DFA Vendor ID number. It is assigned by DFA when a contractor has numerous delivery sites/addresses for which expenditures must be separately tracked. It is usually a suffix that is added to the DFA Vendor Code and may be found on the purchase document.

**Name:** Enter the contractor's program/agency name as it appears on the purchase document and the contract. This is the name that is assigned to the DFA vendor code.

**Address:** Enter the contractor's address as it appears on the purchase document. This is the address that is assigned to the DFA vendor code.

**Phone No:** Enter the phone number of the Contractor's contact person who can answer questions that may result from the processing of the invoice.

**Budget Section:**

**Contracted Service:** Enter the name of the contracted service(s). The service does not refer to the detailed statement of work services but rather the broader service name(s), i.e. transportation, TANF, UR Review, etc. A contract may have one service or multiple services.

Every service in a contract is assigned a specific organizational (org) code. An org code is a budget designation and appears on the purchase document. Some contracts have one org code if there is one service being provided. Other contracts have multiple org codes. if they provide more than one service.

**Contracted Budget:** Enter the annual budget designated for each contracted service, as it appears in the original contract.

**Total of Budget Adjustments:** This is the total of the contract budget modifications resulting from contract amendments, for each service. If there have been more than one adjustment over the course of the contract year, the adjustment column should be the net result of all budget modifications.

**Adjusted Contract Budget:** This is the difference of the "Contract Budget" column and the "Adjustment" Column, for each service.

**Invoice Amount:** This is the amount for which the contractor is requesting reimbursement in this invoice, for each service. Attach all supporting documentation justifying the reimbursement request.

**YTD Expenses:** These are the year-to-date, accumulated expenses for the current contract year, for each service.

**Budget Balance:** This is the difference of the "Adjusted Contract Budget" and the "YTD Expenses" columns, for each service.

**Contractor Signature:** An original signature is required of the contractor representative authorized to approve an invoice.

NEW MEXICO WORKS PROGRAM  
 Human Services Department  
 Income Support Division

**BUDGET ADJUSTMENT REQUEST**

CONTRACTOR: \_\_\_\_\_

Date: \_\_\_\_\_

Agreement No: \_\_\_\_\_

ATTACH JUSTIFICATION NARRATIVE FOR EACH LINE ITEM

CATEGORY	LINE ITEM	AMOUNT OF INCREASE	AMOUNT OF DECREASE
<b>TOTALS</b>		\$	\$

I certify that the above is required for efficient program operation.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR HSD USE ONLY**

**APPROVED**

**DISAPPROVED**

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

INSTRUCTIONS FOR THE USE OF FORM  
DWP 009  
NMW Electronic Communication Exchange Form

PURPOSE

The New Mexico Works (NMW) Electronic Communication Exchange form, DWP 009, is initiated by either the NMW Program Service Provider or the NMW Support Services provider or by ISD.

The DWP 009 is an electronic form to be used to communicate between agencies who are responsible for working with participants in the TANF, Education Works and Food Stamp Programs.

PROCEDURES

The initiator submits the form to the appropriate respondent. Transmission of the form can be done either electronically or via hard copy. However, if transmission is completed electronically, a hard copy must be retained in the case record of the participant.

INSTRUCTIONS

The initiator completes the information at the top of the form including participant name, SSN, response due date or indication that the info, worker name and phone number.

Formatted: Font: 9 pt

If attachments are to be included, they should be indicated by electing from the items listed on the drop down menus.

In each of the four sections of the DWP 009, appropriate selections can be made from the drop down menus. Space is included to further narrate. When sending information to respondents who do not have access to ISD2, it may be appropriate to add the client address and phone number if that information will be needed to provide services.

A response may be entered on the original document if appropriate and returned to the initiator.

DISTRIBUTION

Copy -Initiator  
Copy -respondent

FORM RETENTION

The DWP form 009 is retained in the case record for four (4) years.





# NMW Electronic Communication Exchange

IF Participant Name	Social Security Number	Response Due Date or <input type="checkbox"/> Info Only
---------------------	------------------------	--

Initiated by: <input type="checkbox"/> ISD <input type="checkbox"/> NMW <input type="checkbox"/> Support Service <input type="checkbox"/> IRU <input type="checkbox"/> Other	<input type="checkbox"/> TANF <input type="checkbox"/> One Parent <input type="checkbox"/> Two-Parent	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> ABAWD <input type="checkbox"/> Non-ABAWD
Agency Name:		

▼ INITIATOR ▼	▼ RESPONDENT ▼
---------------	----------------

Name	Date	Name	Date
E-Mail Address	Phone Number	E-Mail Address	Phone Number

Attachments <input type="checkbox"/> Select <input type="checkbox"/> Select <input type="checkbox"/> Select Other -	Attachments <input type="checkbox"/> Select <input type="checkbox"/> Select <input type="checkbox"/> Select Other -
--	--

<b>1. General Information</b> <input type="checkbox"/> Select Other -  Narrative:	Response:
--	-----------

<b>2. Support Services Needed</b> <input type="checkbox"/> Select Other -  Narrative:	Response:
--	-----------

<b>Work Status Change</b> <input type="checkbox"/> Now Mandatory <input type="checkbox"/> Now Exempt for: Select IRU Status: Select IRU Review Due:  Narrative:	Response:
---	-----------

<b>4. Work Activity Sanctions/Disqualifications</b> <input type="checkbox"/> Select Good Cause - <input type="checkbox"/> Yes <input type="checkbox"/> No  Narrative:	Response:
--	-----------

# DOMESTIC VIOLENCE APPLICATION FOR TANF SUPPORT SERVICE

## INSTRUCTIONS

This form will help us decide if you are eligible for services funded by Temporary Assistance for Needy Families (TANF). To be eligible for these services, you must meet the following requirements:

- You must be living with a child
  - Your own child; or
  - A related child that you are taking care of; or
  - You are pregnant.
- The money you and your family gets each month is less than 100% of the Federal Poverty Guidelines

## PARTICIPANT

Name	Date of Birth	Social Security Number (SSN) - Voluntary		
Address	City	State	Zip	

## CHILD

<input type="checkbox"/> I am Pregnant and there are no other children in my household	Due Date
--	----------

OR

<input type="checkbox"/> I am the parent or related caretaker of at least one child		
Child's Name	Social Security Number - Voluntary	Date of Birth

## FAMILY'S GROSS MONTHLY INCOME

\$	Source(s)
Number of people living in my household: _____	

Participant's Signature	Date
-------------------------	------

# Federal Poverty Income Guidelines

October 1, 2008 – September 30, 2009

One Person	\$ 867
Two persons	\$ 1,167
Three persons	\$ 1,467
Four persons	\$ 1,767
Five persons	\$ 2,067
Six persons	\$ 2,367
Seven persons	\$ 2,667
Eight persons	\$ 2,967
For each additional person, add \$290	

<b>OFFICE USE ONLY</b>	Date Received:	Intake Worker Name/Signature	Appointment Date & Time
	<input type="checkbox"/> SSN Volunteered <input type="checkbox"/> SSN Not Provided When an individual does not volunteer his/her Social Security Number (SSN), services cannot be billed to the TANF program.		

**TANF CASH ASSISTANCE APPLICATION**

**Eligibility Interview**  
Within 10 calendar days

**Screening for Employment Barriers**  
✓Mental Health  
✓Learning Disability  
✓Substance Abuse ✓Domestic Violence  
✓Special Needs Family Member

**Application Approval**  
Within 30 calendar days of application

**Assigned to Career Development Specialist (CDS)**

**Orientation**

**Employability Assessment**  
15 days after approval  
✓Education ✓Experience ✓Skills ✓Barriers

**Individual Responsibility Plan (IRP)**  
15 days after approval  
✓Barriers ✓Skills ✓Education ✓Career

**Work Participation Agreement (WPA)**  
15 days after approval & engaged in activity within 5 days of signing  
✓Support Service Referral  
✓Reimbursement (Childcare, Transportation, Education, Employment Related)  
✓Work Activity Approval (Employment, Non-pay, Work Readiness, Education, Training, Job Search)

**Track Activity & Reimbursements**  
✓First Attendance Report Due: 5th day of month following month in which the 15th day occurs  
✓Reimbursements (Childcare, Transportation, Education, & Employment Related)

**New Mexico Works Flow**

02/29/08

**Positive Screening Results**

**In-Depth Assessment & Referral**

Continuous Communication  
Co-Case Management

**Report Non-compliance to ISD**  
Referral to GOLD Mentor Program Required

**Conciliation - Available 1 time**

**Eligible**  
Client response received in 10 days

**Successful**  
Client complies in 30 days

**No Sanction**

**Ineligible or Failed**

**Sanction**  
Level 1 - 25%  
Level 2 - 50%  
Level 3 - Closure

**ISD Notifies NMW CDS**

Levels 1 & 2 - CDS must assist client to achieve compliance with work requirements

**Employment Barrier Support Services**  
✓Domestic Violence  
✓Substance Abuse  
✓Special Needs Family Member  
✓Gold Mentors (where available)  
✓Mental Health  
✓Learning Disability

**Priority 1 TANF Recipients**  
The service provider provides an array of services. The NMW provider must provide a copy of the WPA and IRP to certain support service providers for evaluation and recommendation

**Priority 2 TANF Eligible Walk-ins**  
Families with at least 1 child or a pregnant woman with a gross family income under 100% FPL

**Services for TANF Recipients**

- ✓General Program Services
- ✓Co-case Management with NMW CDS
- ✓Evaluation of WPA & IRP
- ✓Recommend Participation Waivers & Exemptions
  - Waiver of NMW Participation
  - Use of services as a NMW activity
  - Extension of 60 month term limit

HSD Incapacity Review Unit (IRU) must review and approve all reduced or waived hours of work participation and extension of the 60 month term limit

**DV barrier evaluation to be done exclusively by DV Service Providers**

**General Work Requirements**

- 1 Parent**
  - ✓Child <6-24 hr/wk (20 primary)
  - ✓Child ≥6- 34 hr/wk
- 2 Parents**
  - ✓59 hr/wk (30/20 primary)
  - ✓Other variations based on circumstances

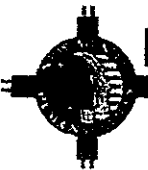
**Key**

ISD

NMW

Support Services

TANF lifetime limit - 60 months



# New Mexico Human Services Department

Bill Richardson, Governor  
Pamela S. Hyde, J.D., Secretary

Income Support Division  
PO Box 2348  
Santa Fe, NM 87504-2348  
Phone: (505) 827-7250; Fax: (505) 827-7203

## INCOME SUPPORT DIVISION INTRADEPARTMENTAL MEMORANDUM

ISD-IPP 08- 01  
DATE: January 29, 2008

**TO:** All ISD Staff and NMW Contractors  
**FROM:** Fredrick Sandoval, Director  
Income Support Division  
**RE:** Domestic Violence (DV) TANF Work Waiver Requirements

### The Family Violence Option

Under Title I of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the Temporary Assistance for Needy Families (TANF) program introduced the Family Violence Option (FVO), a policy designed to allow states greater flexibility in waiving program requirements, extending time limits and providing services to victims of domestic violence (DV) who are also TANF recipients.

While the FVO is not mandatory, 33 states and the District of Columbia have adopted the family violence option. New Mexico has chosen to adopt the FVO, as part of our TANF regulations (8.102.460.11(A) (9) NMAC) and to implement it as follows:

1. Screen for, assess and identify victims of DV
2. Refer DV victims to appropriate services
3. Grant DV waivers to DV victims when TANF requirements are harmful or unsafe:
  - Grant temporary waivers of all work requirements for the length of time certified by a trained DV counselor
  - Grant waivers of the child support cooperation requirements
4. Grant a hardship extension of the 60 month life time cash assistance term limit
5. Protect the confidentiality of DV victims and their children

The New Mexico State Legislature makes an appropriation of \$2.6 million dollars from the TANF Block Grant for DV services. This funding is provided to Children Youth and Families Department (CYFD) through a Joint Powers Agreement (JPA) with the Human Services Department (HSD). CYFD issues a Request for Proposal (RFP) and based on their response, funds several local DV service providers for both TANF recipients and TANF-eligible participants. In Federal Fiscal Year (FFY) 2007 HSD utilized the FVO and waived work participation in only 29 instances. It is important that the New Mexico Works (NMW) contractors improve the identification of DV barriers and that more referrals are made to DV service providers. Any time a TANF recipient is identified as a DV victim, HSD and NMW staff must explain the FVO.

### **Collection and Retention of DV Documents**

In an effort to better assist the TANF populations who have a DV barrier to participation, HSD and CYFD have modified the JPA on the procedures when responding or providing services to an individual who is a victim of or is under the threat of DV. **In order to preserve the safety of the individuals receiving DV services the HSD county offices will no longer require, collect or retain any documentation pertaining to any DV incidents from a self-disclosing DV victim who asks to be waived from work participation.** Upon self-disclosure by the client, ISD refers the TANF recipient to the New Mexico Works (NMW) contractor.

### **Client Referral to DV Service Provider by NMW Contractor**

Once referred to NMW, the NMW contractor must screen and assess recipient and together with the recipient must contact the DV service provider by phone to make the referral to a local DV program where a trained DV professional can discuss the services and options available. After making the referral to the DV service provider, the NMW contractor will fax the Participant Referral form (DWP 289) and a copy of the completed Individual Responsibility Plan (IRP) and the Work Participation Agreement (WPA) to the DV service provider. The referral form will also be faxed to the HSD Incapacity Review Unit (IRU) at (505) 476-7073, attention: Karmela Martinez. A list of the current DV service providers is attached to this GI.

### **DV Service Provider Assessment**

The DV service provider will conduct an in-depth assessment with the recipient and discuss the services and options available. The DV service provider will review the recipient's IRP and WPA and determine if the proposed activities are appropriate or recommend alternatives or a waiver. The certified review and recommendations will then be faxed to the IRU at (505) 476-7073 for final determination.

### **Referrals to IRU**

If the TANF recipient does not wish to be engaged with a DV counselor but wishes to be waived from work participation, any available client documentation demonstrating DV should be immediately mailed or faxed by the NMW Career Development Specialist (CDS) to the IRU. **No copies of these documents are to be retained by the CDS.**

### **IRU Waiver Determination**

The IRU will issue a waiver determination. The recipient may be eligible for a 6-month participation waiver of the work requirements or a hardship extension may be approved based on the threat of or effects of DV as outlined in policy at 8.102.460.11(A) (7) NMAC. This waiver exempts the recipient from work participation for the extent that the potential for violence exists, based on reliable evidence.

### **DV as a Primary Activity**

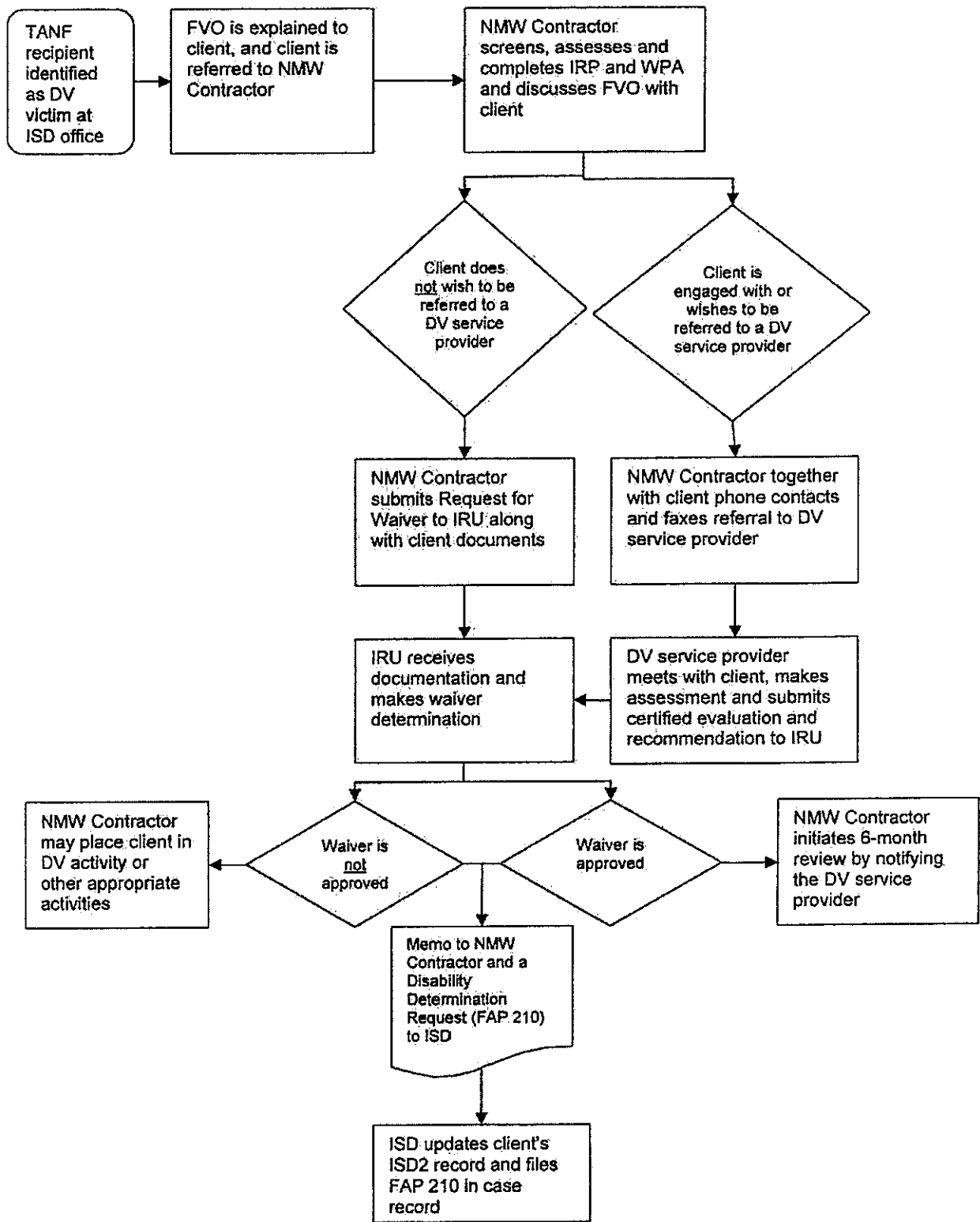
If a waiver is denied by the IRU, a DV participant may be eligible to meet their work participation hours with DV as a *primary activity* as outlined in 8.102.460.24 NMAC. With the reauthorization of TANF through the Deficit Reduction Act (DRA) of 2005, the Department of Health and Human Services (HHS) limits this to a 6-weeks primary activity under Job Search/Job Readiness. State rules allow this activity for a period of **24 weeks** and may include emergency shelter or relocation assistance; child care; personal, family and career counseling; or participation in the prosecution of the DV perpetrator. The DV victim may be placed in the DV activity as a *secondary activity* once the Job Search/Job Readiness component has been exhausted.

HSD together with CYFD are scheduling a number of training sessions to begin during FY 08 for

DV service providers, ISD and NMW staff to review the process of identifying TANF participants who are DV victims, referrals of participants to trained DV professionals and the process of DV waivers. If you have any questions or comments regarding this GI, direct these to: Cathy Sisneros, Work and Family Support, 505-827-7287, [cathy.sisneros@state.nm.us](mailto:cathy.sisneros@state.nm.us); or Vida Tapia-Sanchez, Policy and Program Development, 505-827-7219, [Vida.Tapia-Sanchez@state.nm.us](mailto:Vida.Tapia-Sanchez@state.nm.us).

Attached to this GI is the DV Referral work flowchart.

# DV REFERRAL WORK FLOW





**FY 08 - Domestic Violence Service Providers**

**Agency**

- Alternatives to Violence \*\*
- Battered Families Services
- Carlisbad Battered Families\*\*
- Center of Protective Environment (COPE)\*\*
- Crisis Center of Northern New Mexico \*\*
- Community Against Violence
- Desert View
- Domestic Abuse Intervention Center \*\*
- Eastern Navajo Task Force: Family Harmony Project
- Eight Northern Indian Pueblos \*\*
- El Refugio
- El Puente del Socorro \*\*
- Enlace Comunitario
- Esperanza Shelter
- Family Crisis Center\*\*
- Granny's House \*\*
- Hartley House \*\*
- Haven House \*\*
- The Healing House Inc\*\*
- Help End Abuse for Life (HEAL)\*\*
- Home for Women and Children
- La Casa
- Option, Inc\*\*
- Pueblo of Zuni \*\*
- Resources, Inc\*\*
- Roberta's Place Inc.\*\*
- Roswell Refuge\*\*
- Safe House \*\*
- Torrance County
- Tri-county Family Justice Center \*\*
- Valencia Shelter \*\*
- Village of Reserve: Domestic Unity

\*\* receives TANF funding

**Contact**

- Debbie Gabrielle - 445-5778 [dlgabriele@atv-raton.org](mailto:dlgabriele@atv-raton.org)
- Barbara Lambert - 722-6389 [dlgamm1@anetco.com](mailto:dlgamm1@anetco.com)
- Pat Bramblett - 885-4615 [cbfs@plateautel.net](mailto:cbfs@plateautel.net)
- Kay Gornolak - 434-3622 [cope@netmde.com](mailto:cope@netmde.com)
- Carol Merriweather - 753-1656 [carolhw@valomel.com](mailto:carolhw@valomel.com)
- Mahinda Dunnam - 758-8082 [maahindad@bosscav.org](mailto:maahindad@bosscav.org)
- Rick Quevedo - 334-3444 [rquevedo@desertviewssas.org](mailto:rquevedo@desertviewssas.org)
- Blanca Chavez - 894-3557 [daic@zianet.com](mailto:daic@zianet.com)
- Elaime Billie - 786-5622 [family@frontier.net](mailto:family@frontier.net)
- Rod Kaskala - 753-4790 [rod\\_kass@yahoo.com](mailto:rod_kass@yahoo.com)
- Maria Morales-Loebel - 538-2125 [moralesloebel@elrefugioinc.org](mailto:moralesloebel@elrefugioinc.org)
- Johannie Trijillo - 450-6161 [johanniet@stdc.org](mailto:johanniet@stdc.org)
- Claudia Medina - 246-8972 [cmehina@enlacenm.org](mailto:cmehina@enlacenm.org)
- Sherry Taylor - 474-5536 [director@esperanza Shelter.org](mailto:director@esperanza Shelter.org)
- Opal Marie Cole - 325-3549 [focexdm@gwest.net](mailto:focexdm@gwest.net)
- David Martinez - 748-1198 [gmnyhse@yahoo.com](mailto:gmnyhse@yahoo.com)
- Donna Horton - 762-0050 [dhorton@nmsvdy.org](mailto:dhorton@nmsvdy.org)
- Diane Torrance - 896-4869 [pscdv@aol.com](mailto:pscdv@aol.com)
- Gina McFaul - 546-2273 [healinginc@zianet.com](mailto:healinginc@zianet.com)
- Colleen Widell - 378-6378 [colleen@aidv-usa.com](mailto:colleen@aidv-usa.com)
- Gloria Champion - 368-5124 [shiptokwoment@yahoo.com](mailto:shiptokwoment@yahoo.com)
- Gina Orona-Ruiz - 526-2819 [gruiz@lacasainc.org](mailto:gruiz@lacasainc.org)
- Dinora Carreio-Guthrie - 397-1576 [option@leaco.net](mailto:option@leaco.net)
- Carma Tuesson - 782-4600 [shivict@yahoo.com](mailto:shivict@yahoo.com)
- Mary Bishop - 248-3689 [mbishop@resourcesinc.org](mailto:mbishop@resourcesinc.org)
- Sally Sanchez - 287-7203 [Robertas@qwest.net](mailto:Robertas@qwest.net)
- Sherry Mumford - 624-3222 [refuge@zianet.com](mailto:refuge@zianet.com)
- Michelle Fuller - 247-4219 [mfuller@safefoundation.org](mailto:mfuller@safefoundation.org)
- Pat Lincoln - Director - 832-6567 [plinc@ljobo.net](mailto:plinc@ljobo.net)
- Terrt Pearce - 718-7300 [tpearce@kcfc.org](mailto:tpearce@kcfc.org)
- Jim Hatfield - 864-3202 [jhatfield@vcimail.com](mailto:jhatfield@vcimail.com)
- Dona Baldwin - 533-6748 [theservicecompany@zianet.com](mailto:theservicecompany@zianet.com)

**Serving**

- Colfax, Union, Harding
- McKinley
- Eddy
- Otero, Lincoln
- Rio Arriba, Los Alamos
- Taos
- San Juan
- Sierra
- McKinley (Navajo Nation)
- Taos
- Grant, Hidalgo
- Socorro, Northern Catron
- Bernalillo
- Santa Fe
- San Juan
- Eddy, Chaves
- Curry, Roosevelt, Quay
- Sandoval
- Luna
- Lincoln
- San Juan (Navajo Nation)
- Dona Ana
- Lea
- McKinley
- Bernalillo
- Cibola
- Chaves, DeBaca
- Bernalillo
- Torrance
- San Miguel, Mora, Guadalupe
- Valencia
- Catron



# New Mexico Human Services Department

Bill Richardson, Governor  
Pamela S. Hyde, J.D., Secretary

Office of the Secretary  
PO Box 2348  
Santa Fe, NM 87504-2348  
Phone: (505) 827-7750; Fax: (505) 827-6286

## LETTER OF DIRECTION

January 29, 2009

Dorian Dodson, Cabinet Secretary  
Children, Youth and Families Department  
P.O. Drawer 5160  
Santa Fe, NM 87502-5160

Dear Secretary Dodson:

The New Mexico Human Services (HSD) has been working with your agency, the Children, Youth and Families Department (CYFD) on the challenges of increasing available domestic violence (DV) services to TANF recipients and TANF eligibles.

CYFD has recommended the inclusion of emergency shelter care services in the services being funded through the TANF Block Grant. HSD is in agreement with this recommendation with specific provisions as detailed in this letter of agreement.

Under the TANF Block Grant, CYFD services provided to TANF recipients and TANF eligibles must meet the definition of benefit other than cash assistance. In order for shelter and crisis assistance to be defined as a benefit other than cash assistance, it must be a "non-recurrent short-term benefit" as defined by federal regulations. The difference between cash assistance and short-term benefit is defined by federal regulations as follows:

**Cash assistance** is defined as including cash payments, vouchers, and other forms of benefits designed to meet a family's ongoing basic needs (i.e., for food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses). It includes benefits that are in the form of payments by a TANF agency, or other agency on its behalf, to individual recipients. Supportive services which provide basic income support to families, who are not employed, such as transportation and child care, are also included. **Receipt of "cash assistance" of this type counts towards a recipient's 60 month lifetime limit.**

**Non-recurrent short-term benefits** are defined as those which deal with a specific crisis or episode of need, are not intended to meet recurrent or ongoing needs, and will not extend beyond four months. **Receipt of "short-term benefits" does not count towards a recipient's 60 month lifetime limit.**

As described in the CYFD Contractor Services Definition Manual, the purpose of emergency shelter is to provide immediate short-term care and safety to adult survivors of domestic violence for up to ninety (90) days. This definition meets the requirement of non-recurrent short-term benefit. Therefore, HSD and CYFD agree that services provided under the FY 09 Scope of Work for DV services may include participant access to non-recurrent short-term benefits that do not extend beyond 90 days such as emergency shelter, food, clothing or gas cards

# NMW Non-Paid Work Activity Timesheet - Due 1st of Month

Last	First	Address	City	Zip Code
Social Security Number		Telephone Number		
NMW Career Development Specialist Name		HSD Caseworker Name		
Month:		Date Received:		
Activities Hours▶ Hours▶ Hours▶	Calendar Day 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
Activities Hours▶ Hours▶ Hours▶	Calendar Day 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
Total Month Work Activity Hours		Total Monthly Miles		Total Excused Absence Hours
FLSA Hours Applied <input type="checkbox"/>				
TANF/NMW Participant Signature		Supervisor, Instructor, Tutor, Signature		Date



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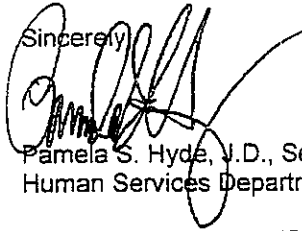
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**Determination of Income Eligibility** – To meet fiscal guidelines, HSD and CYFD will continue to establish income eligibility via the current form titled "Application for Support Services" attached to Government Services Agreement (GSA) 09-630-9000-0009. The "Application for Support Services" gathers information from the participant about family gross income for the purpose of determining eligibility. At the time of crisis however, a participant may not have access to the family income. Therefore, as an additional procedure, HSD and CYFD have agreed that the DV staff may determine during a crisis intake that the participant does not have access to the family income and is therefore eligible for TANF services. Prior to billing, DV staff must thoroughly document /narrate in the participant's file the participant's eligibility.

**New Paid Work Activity Timesheet (DWP007)** – In October 1, 2008, HSD amended the TANF Non-Paid Work Activity Time Sheet (DWP 007). Pursuant to the GSA, DV service providers are required to assist participants by validating work participation hours spent in DV as an allowable NMW program activity. DV providers must utilize the amended form DWP 007.

It has been a pleasure working with you and your staff on the challenging issues concerning DV services. If you have any questions, please contact Cathy Sisneros via phone at (505) 476-9211 or email [Cathy.Sisneros@state.nm.us](mailto:Cathy.Sisneros@state.nm.us).

Sincerely,



Pamela S. Hyde, J.D., Secretary  
Human Services Department

Cc: Paul Ritzma, HSD General Counsel  
NMW Program Directors  
HSD Regional Office Managers

Encl: Amended Form DWP007