
General Assistance

2600 **General Assistance**

General Assistance (GA) is an emergency financial assistance program for eligible applicant households whose emergency needs, according to department standards, cannot be met under any other assistance program administered by the department and cannot be relieved without the department's intervention. Receipt of 3SquaresVT, however, shall not be a factor in determination of emergency need since this is a diet supplement program and may not be considered in determining eligibility for or level of benefits in any other assistance program.

A household may qualify for GA in two ways, by meeting either the non-catastrophic or the catastrophic rules. All households must meet the citizenship and residence criteria in rule 2604 and furnish required information as specified in rule 2605.

Households with emergency needs not caused by a catastrophic situation must include a minor dependent or meet other criteria of age or ability to work (rule 2610) to be determined eligible, and must have income below the applicable income test (rule 2610 B). Households in which all members receive Reach Up, a Postsecondary Education Program (PSE) stipend, SSI/AABD, or a combination of these program benefits are ineligible for non-catastrophic GA because they are considered to be over income for this program.

Households with emergency needs caused by a catastrophic situation must meet the eligibility criteria in rule 2620. Emergency medical needs are considered catastrophic. All households applying for GA for an emergency medical need must meet the catastrophic GA criteria at rule 2620 to have the emergency medical need covered by GA.

General Assistance, a program to meet emergency needs, has no provision for ongoing assistance. Subsequent requests will be treated as new applications.

Application

2601 **Application**

To have their eligibility for GA considered, all applicants (rule 2603) or their authorized representatives must:

- a. submit a complete, signed application each time they request assistance; and
- b. have a face-to-face interview with an ESD representative, unless waived by the district manager.

Action on applications shall be taken upon receipt and review of a signed application. The action shall be considered complete when:

- a. A decision on the application has been made.
- b. Written notice of such decision has been made available to the applicant. A written grant notice is not required but will be provided upon request. A written denial notice is required if the entire application or any part of it is denied.

Oral notice of assistance granted shall include the following specific information:

- a. Items and amount authorized.
- b. Effective dates of authorization.
- c. Method of payment.

Written notice of assistance denied shall include the specific reason for denial.

Failure to complete action on an application promptly shall not constitute the sole reason for denial of assistance unless it can be established and documented in the case record that such failure is the result of noncooperation on the part of the applicant.

2601.1 **Methods of Investigation**

The applicant is the primary source of information about his need and eligibility for aid or benefits. Information furnished on the signed application and through interviews may be subject to verification, through documentary or collateral sources.

Application

Reliance on the applicant as the primary source of information to establish eligibility recognizes the right to privacy, but also places responsibility on the applicant to furnish necessary information completely and accurately or, when needed, to give consent to obtain such information elsewhere. Department responsibility to assist an applicant to establish eligibility requires careful explanation and interpretation of program eligibility criteria and information needed to assess the applicant's circumstances against such eligibility criteria.

An applicant has a right to refuse to give information, to submit required proof, or to give consent to a collateral contact. Such refusal of information or action necessary to establish eligibility will result in denial or closure of aid or benefits. Willful misrepresentation of applicant circumstances will also result in legal action under fraud statutes. Department staff shall make every effort to assure full applicant understanding of the consequences of refusal to take necessary action to establish eligibility or misrepresentation of individual circumstances.

An individual may apply for aid or benefits through another person; for example: an authorized representative; a person acting responsibly for an incompetent or incapacitated individual. The individual acting for the applicant is, in such situations, considered the primary source of information, subject to the same rights, responsibilities and consequences for the applicant as an applicant acting directly for himself.

2601.2 Interviews

Face to face interviews are required for General Assistance applications. Such interviews may be conducted in the applicant's home or another mutually convenient location when individual circumstances of health, or unusual transportation problems preclude office interviews.

Personal interviews are conducted privately with the applicant, who may have one representative of his choice to assist in oral presentation of his needs.

2601.3 Verification

Verification, defined as a written entry in the case record of third party or documentary confirmation of facts stated by an applicant, shall be required for the following:

- a. All income (including deductions), resources, and shelter expense.
- b. Positive means of personal identification (e.g., Social Security card, driver's license, birth certificate, marriage certificate).

Application

- c. Whenever necessary to obtain complete, clear, and consistent information with regard to any other eligibility factor.

Written verification statements shall include sufficient detail to enable independent reviewer evaluation of the reasonableness of the resulting eligibility decision, including but not limited to a description of method used, dates, sources, summary of information obtained, and any computations required.

Refusal to submit necessary verification or to consent to verification of any eligibility factor or to cooperate in investigation necessary to support an affirmative decision of eligibility shall result in denial of the application.

2601.4 Collateral Sources

Contact with sources other than the applicant concerning his eligibility for aid or benefits is limited to interviews, telephone calls, or correspondence necessary to obtain information required to make a decision on eligibility when the applicant is unable to furnish the necessary information. Information requested from collateral sources is limited to the specific eligibility factors in question.

Common collateral sources are relatives, town officials, town service officers, public records, doctors, and medical facilities. Other agencies that have worked with the applicant are generally the best source of collateral information.

No collateral contact is made without the applicant's knowledge and consent, based on his clear understanding of the need for and purpose of each contact. Department policies regarding confidentiality will be respected.

An applicant may on occasion be reluctant to consent to contact with collateral sources. If, with full understanding of the possible alternative of denial, the applicant refuses to permit a necessary contact, the application shall be denied.

Applicant Household

2602 **Applicant Household**

A GA household shall consist of an individual applying for GA and all dependents living with the applicant in Vermont for whom the applicant is legally responsible, i.e., spouse, civil union partner, and dependent children under the age of 18. The following individuals must be considered members of the applicant household when they live together:

- dependent children under the age of 18;
- their siblings, half-siblings, and step-siblings under the age of 18;
- their parents, step-parents, or other legally responsible relatives.

The members of the GA household shall have their needs, income, and resources considered together to determine eligibility.

Individuals age 18 or over who live with their parents are considered a separate family and must complete a separate application.

Definitions

2603 **Definitions**

The following definitions apply to the terms used in the GA rules.

- a. “Able-bodied” means no physical or mental impairment exists that prevents the person from working. A person shall not be considered able-bodied if currently unable to work in any type of employment due to physical or emotional problems that have lasted or presumably will last at least 30 days. This eligibility factor must be verified by a signed statement from a physician or licensed practitioner whose services would be covered under Medicaid were the GA applicant a Medicaid recipient. The department shall pay the reasonable expense of required medical examinations and may require and pay for a second opinion.

Individuals whose SSI/AABD eligibility has been terminated because of the SSI/AABD 36-month time limit related to drug or alcohol disability shall be considered able-bodied with respect to their drug or alcohol impairment.

- b. “Applicants” means individuals applying for GA for their own needs and for the needs of those dependents with whom they live in Vermont and for whom they are legally responsible.

For married individuals or parties to a civil union who live together, the term applicant refers to both spouses or civil union partners. Either spouse or partner may complete the application.

For unmarried adults who live together and have a child-in-common, the term applicant refers to both adults. Either adult may complete the application.

Applicants must be age 18 or older, unless emancipated (see emancipated minor below).

- c. “Available resources” means cash on hand or in a bank or other financial institution, including Christmas clubs and U. S. savings bonds or other negotiable instruments that can be converted into cash on demand within 24 hours when responding to an immediate emergency need for the first time. The applicant shall be advised to take steps to access other resources such as cash value of life insurance, sale of stock, bonds, or mutual funds, cashing of an IRA or other reasonably accessible resource to meet future needs. Future GA applications will be evaluated in relation to whether the applicant has taken reasonable steps to access these resources. If not, the application will be denied because no effort was made to access resources that could have been currently available to meet the emergency need.
- d. “Calculation of time periods” shall include the date of application. When determining income for the last 30 days, however, the 30-day period ending on the day prior to the date of application is used.

Definitions

- e. “Dependent” means any of the following members of the applicant's immediate family: husband, wife, civil union partner, and children under age 18, unless they are emancipated minors, including biological, adopted, and stepchildren. A pregnant woman having no children in her household shall not be considered to have a minor dependent.
- f. “Emancipated minor” means a minor emancipated by judicial decree under the laws of any state. A minor is also considered emancipated if married or in active military service.
- g. “Gainful employment” means individuals:
- work at least 35 hours per week at no less than the applicable minimum hourly wage;
 - have gross weekly income that, when divided by 35, equals or exceeds the applicable minimum hourly wage, regardless of the actual number of hours worked; or
 - if self-employed, work at least 35 hours per week and the balance of income remaining after deducting allowable self-employment deductions equals or exceeds the minimum wage. An individual shall be considered self-employed if the Internal Revenue Service requirements for classification as self-employed are met.
- h. “Minimum wage” means the state or federal minimum wage, whichever is the higher.
- i. “Relative” means one of the following individuals:
- Any blood relative, including those of half-blood, and including first cousins, nephews, nieces and preceding generations, as denoted by the prefixes grand-, great-, and great-great;
 - Stepparent, stepbrother, stepsister;
 - Any adoptive relative of corresponding degree, upon whom Vermont law (15A V. S. A. § 1-104) confers the same rights, duties, and obligations as natural relatives;
 - Any spouse or civil union partner of an individual included in the above groups, even if the marriage or civil union has been terminated by death, divorce, or dissolution.
- j. “Suitable employment” means that:
- The wages (monetary and in-kind) are equal to or exceed the minimum wage. The value of in-kind income shall be established by the employer.
 - The individual is physically and mentally fit to perform the employment offered.
 - The work offered is not at a site subject to a strike or a lockout at the time of the offer.

Definitions

The eligibility worker shall establish when medical documentation is required to determine suitability of employment. The department shall pay the reasonable charge for medical examination and report.

- k. "Transient" means an individual who does not intend to establish a permanent residence in Vermont.

Citizenship and Residence

2604 Citizenship and Residence

To be eligible for GA, an applicant must be a U. S. citizen or a legal alien.

When a town service officer or district director has reason to believe that an applicant came into Vermont for the purpose of receiving GA or, in the case of applications for payment of medical services, receiving medical care, the town service officer or district director may find the applicant ineligible. (33 V. S. A. §2107) Such applicants, however, may be granted GA for transportation to the place they were living before coming to Vermont. (33 V. S. A. §2107)

Applicant's Responsibility

2605 Applicant's Responsibility

Applicants are the primary source of information about their circumstances. Respect for their rights to privacy place responsibility on applicants to furnish complete and accurate information.

Pursuant to 33 VSA Section 2104 and 2105, all GA applications require investigation and recording of the circumstances of the person alleged to need GA to determine eligibility. Applicants must furnish information required as to physical condition, earnings or other income, ability of all members of their families to be employed, the cause of the person's condition, the ability and willingness of persons legally liable for their support to assist and other relevant data.

The Department retains the right to verify any or all information provided by applicants. To be eligible for consideration for assistance, applicants must agree to the requisite investigation of their circumstances.

District Director's Responsibility

2606 District Director's Responsibility

District Directors shall furnish necessary assistance, according to Department standards and regulations to meet immediate maintenance need (food, clothing, shelter, etc.) as it arises. Eligibility for such aid under any other Department program is explored prior to authorizing use of General Assistance funds.

District Directors shall assure exploration of the applicant's eligibility for medical or other assistance through a legally responsible relative or Department categorical program prior to issuing GA funds.

Services to help individuals with emergency admission to state institutions (other than penal) shall be handled by the District Director in the absence of the Town Service Officer, but only when no family member or other interested person is available to take this responsibility. Payment of necessary expenses is discretionary with District Directors according to Department policy.

Arrangements for burial, in the absence of the Town Service Officer and when no family member or other interested person is available to take this responsibility shall be handled by District Directors. Authorization to grant permission to bill the Department for burial expenses of a recipient of AABD, Reach Up or Medicaid (nursing home cases only), other needy individuals, or a committed child, shall be vested in the District Directors.

District Directors shall take positive action under the applicable paragraph of rule 2610 C to recover GA funds.

District Directors may delegate authority to subordinate staff members to carry out the functions of the GA program.

Non-Catastrophic Eligibility

2610 Non-Catastrophic Eligibility

Applicant households in which all members receive Reach Up, a Postsecondary Education Program (PSE) stipend, SSI/AABD, or a combination of these program benefits, do not qualify for GA in non-catastrophic situations. All other households applying for emergency needs that are not attributable to a catastrophic situation may qualify for GA to address that need, provided they meet one of the two criteria of subsection A, all of the criteria of subsection B, the citizenship and residence criteria in rule 2604, and the applicant's responsibility criteria in 2605.

- a. The household applying for non-catastrophic GA must meet either criterion 1 or 2.
 1. The household must include a dependent child under the age of 18 (rule 2603).
 2. The applicant and the applicant's spouse or civil union partner, if living in the home, must each meet one of the following four criteria:
 - i. is age 65 or older;
 - ii. is younger than 65 and not able-bodied (rule 2603);
 - iii. is younger than 65, able-bodied, and the spouse or civil union partner of an SSI/AABD recipient or an SSI/AABD applicant who meets criterion a or b above; or
 - iv. is younger than 65, able-bodied, and has two or more of the following employment barriers:

Employment Barriers

- i. Age 55 or over. Eligibility based on this barrier shall be contingent upon enrollment and active participation in employment-related activities under the Older Americans Act, or similar programs, as available.
- ii. Unable to read or write or has no more than an eighth-grade education. Eligibility based on this barrier shall be contingent upon enrollment and active participation in an Adult Basic Education or other approved/recognized educational program, as available. Eighth-grade education means completion of eighth grade, but not completion of ninth grade.
- iii. Employed or self-employed fewer than six months in the last five years and a full-time student fewer than six months in the last five years.
- iv. Released from a mental health institution or mental health hospital unit within the last six months.

Non-Catastrophic Eligibility

- v. Participating in a state or federally funded drug or alcohol treatment program. Participating means following an established treatment plan measured by the individual making progress toward the treatment goals as established by the treatment provider. Eligibility under this barrier shall be limited to 36 cumulative months, beginning on the day eligibility is based on this barrier. An individual whose SSI/AABD eligibility has terminated because of the SSI/AABD 36-month time limit related to drug or alcohol disability cannot base eligibility on this barrier. If the individual's SSI/AABD terminated prior to the 36-month time limit, the barrier may apply up to 36 months including of the period of SSI/AABD receipt.
- b. The household applying for non-catastrophic GA must meet all of the following six criteria:
1. During the 30-day period immediately prior to application, the applicant household has received net income, computed according to rule 2640, less than the applicable income limit. The applicable income limits are as follows:
 - i. For a household with members participating in the Reach Up Program, the income limit is the Reach Up payment standard used to determine the amount of the family's Reach Up financial assistance grant.
 - ii. For a household with a parent participating in the PSE program and receiving a PSE living expense stipend, the income limit is the Reach Up payment standard used to determine the amount of the family's PSE stipend.
 - iii. For a household with a parent participating in the Postsecondary Education Program (PSE) but not receiving a PSE living expense stipend, the income limit is the Reach Up payment standard used to determine a stipend payment for a family of the same size with the same housing costs.
 - iv. For a household with no members participating in either Reach Up or PSE, the income limit is the Reach Up payment standard for a family of the same size with the same housing costs.

The Reach Up payment standard is the need standard ratably reduced before consideration of any income (rule 2252).

Non-Catastrophic Eligibility

2. No household members are sanctioned under the Reach Up program because of their refusal to comply with a program eligibility or participation requirement. The disqualification period for GA will be the same as the Reach Up sanction period.
 3. The household is actively pursuing all sources of potential income appropriate to their situation, such as, but not limited to, Reach Up, SSI, AABD, Medicaid, 3SquaresVT, fuel assistance, unemployment or worker's compensation, veterans benefits, insurance payments, railroad retirement, pensions, social security, wages, and child support. Pursuit of potential income means initiating an application, request or complaint as appropriate prior to a subsequent GA grant, cooperating with requirements for a timely decision, and continuing to cooperate in meeting requirements to maintain such income on an ongoing basis thereafter.
 4. There is an emergency need. If the emergency need is a need for medical services or items, the department shall determine eligibility according to the rules for catastrophic situations at rule 2620, even if the applicant meets the non-catastrophic income test at rule 2600.
 5. The household has exhausted all available income and resources except that:
 - i. Applicants who have available resources (rule 2603) less than their need shall have the amount of the resources deducted from the GA grant.
 - ii. Single individuals age 62 or over, or in receipt of SSI/AABD or social security based on blindness or disability, may have up to \$1,500 of available resources disregarded. Up to \$2,250 of the households available resources may be disregarded if the individual lives with a spouse or civil union partner. With the exception of special resource treatment related to burial expenses (rule 2670-2677), only resources in excess of these amounts will be counted as available in determining eligibility or benefits for such persons.
 - iii. Resources set aside in an escrow account for the purpose of paying property taxes or homeowner's insurance shall be disregarded up to the amount of these projected expenses.
 6. The household has complied with the employment requirements in rule 2631, if applicable.
- c. General Assistance shall be furnished with the understanding that when a recipient subsequently acquires benefits or resources in any amount from an inheritance; cash prize; sale of property; retroactive lump sum social security, veterans, or railroad retirement benefits; or court awards or settlements; the recipient shall be required to make reimbursement for the amount of aid furnished during the previous two years.

Non-Catastrophic Eligibility

SSI/AABD Applicants

The GA applicant or GA household member who has a pending SSI/AABD application, or who is being referred by the department to the Social Security Administration (SSA) to apply for SSI/AABD, must sign a Recovery of General Assistance Agreement authorizing SSA to send the initial SSI/AABD payment to this department so the amount of GA received can be deducted. Regardless of the amount of the initial SSI/AABD payment, the deduction shall be made for GA issued during the period from the first day of eligibility for SSI/AABD, or the day the Recovery of General Assistance Agreement is signed, if later, to the date the initial SSI/AABD payment is received by the department.

When the SSI/AABD grant does not include all members of the GA household, the deduction shall be for a prorated portion of GA granted, to reflect only those included in the SSI/AABD grant.

The department shall send any remainder due to the SSI/AABD recipient within 10 days. An exception to this provision applies to individuals whose SSI/AABD is based on drug addiction or alcoholism. After SSI/AABD is granted and SSA has reimbursed Vermont for GA received, SSA will pay the remainder of the initial SSI/AABD payment to the recipients representative payee.

Catastrophic Eligibility

2620 **Catastrophic Eligibility**

Applicants with an emergency need attributable to a catastrophic situation (rule 2621) may qualify for GA to address that need, provided that they meet the eligibility criteria in rules 2604 – 2605 and 2620 –2623 and payment conditions in rules 2651-2667. Applicants seeking help for an emergency medical need shall not be eligible for GA to address that need if they have been denied or lost health insurance sponsored by the state or federal government for specified reasons (rule 2620 D).

To qualify for such assistance, applicants must meet all of the following eligibility criteria:

- a. They must have an emergency need attributable to a catastrophic situation, as defined in rule 2621.
- b. They must have exhausted all available income and resources.
- c. They must explore and pursue or have explored and pursued all alternatives for addressing the need, such as family, credit or loans, private or community resources, and private or government-sponsored health insurance. Before the department will determine eligibility for GA payment for vision services or items, the applicant must pursue or have pursued assistance from the Vermont Association for the Blind, the Lions Club and other service organizations, school-related health programs, and other child development programs, if applicable.
- d. If seeking assistance for a medical need, at the departments most recent eligibility determination they must not have been denied or lost government-sponsored health insurance that would have covered the current need because of either or both of the following reasons:
 - they failed to pay a premium for the government-sponsored health insurance, or
 - they failed to comply with any administrative eligibility requirement necessary to be covered by the government-sponsored health insurance.

For purposes of GA rules, premium is defined as it is defined in Vermont Medicaid rules. Premium means a nonrefundable charge that must be paid by an applicant or beneficiary as a condition of initial and ongoing enrollment for health insurance.

Catastrophic Eligibility

Eligibility workers shall explain to applicants that they are expected to take steps to avoid or resolve emergencies in the future without GA. Except for applicants who are receiving their final grant of assistance within a 12-month period, applicants and eligibility workers shall work together to develop a schedule of activities addressing the applicant's emergency need. Completion of these activities is a requirement for continued receipt of assistance. These activities shall be documented in the applicant's case record.

Subsequent applications must be evaluated in relation to the individual applicant's potential for having resolved the need within the time which has elapsed since the catastrophe to determine whether the need is now caused by the catastrophe or is a result of failure on the part of the applicant to explore potential resolution of the problem.

The department shall not apply an income test or resource exclusions in determining eligibility due to a catastrophic situation.

Catastrophic Situation

2621 Catastrophic Situation

For the purposes of this section, catastrophic situations are limited to the following situations:

- a. Death of a spouse or minor dependent child.
- b. The presence of an emergency medical need, as defined at rule 2623.

The department shall determine the eligibility of an applicant for payment of medical services or items using the criteria for eligibility due to a catastrophic situation at rule 2620, even if the applicant meets the non-catastrophic income test at rule 2610 B.

- c. A natural disaster such as a flood, fire, or hurricane.
- d. A court-ordered eviction or constructive eviction, as defined at rule 2622, due to circumstances over which the applicant had no control.

A court-ordered eviction resulting from intentional, serious property damage caused by the applicant, other household members, or their guests; repeated instances of raucous and illegal behavior that seriously infringed on the rights of the landlord or other tenants of the landlord; or intentional and serious violation of a tenant agreement is not considered a catastrophic situation. Violation of a tenant agreement shall include nonpayment of rent if the tenant had sufficient income to pay the rent and did not use that income to cover other basic necessities or withhold the rent pursuant to efforts to correct substandard housing.

- e. Domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence.

Acceptable verification of domestic violence includes:

- a relief-from-abuse restraining order or order against stalking or sexual assault;
- observable physical evidence of abuse;
- corroboration of domestic violence, sexual violence, human trafficking, or stalking from police, hospitals, court officials, physicians, nurses, or any other credible sources;

Catastrophic Situation

- a determination of abuse by staff at a domestic violence shelter or organization;
- a waiver of the Reach Up requirement to cooperate in pursuing child support (see rule 2235.2);
or
- a deferment or modification of the Reach Up work requirement due to the effects of domestic violence (see rule 2363.1).

Constructive Eviction

2622 **Constructive Eviction**

Constructive eviction is defined as any disturbance caused by a landlord, or someone acting on the landlords behalf, that makes the premises unfit for occupation. The motive for the disturbance, which may be inferred from the act, is the eviction of the occupant.

A situation in which the landlord has not provided heat, utilities, or water within a reasonable period of time and there is an agreement to furnish these items shall be considered a constructive eviction when the applicant is pursuing legal resolution of these offenses through the Vermont Department of Health or appropriate local officials, such as the local housing inspector or town health officer. The Department shall not deny benefits to an individual in a constructive eviction situation because the individual chooses not to pursue legal action such as withholding rent, obtaining a court order, suing the landlord, or terminating the rental agreement.

Constructive eviction includes written or verbal notice of a termination of tenancy for no cause from the landlord to the tenant. A no cause termination means the tenancy is being terminated and it is not the fault of the tenant. If a termination notice includes multiple reasons for terminating the tenancy, but one of the reasons for termination is not the fault of the tenant, the Department will consider the termination a no cause termination. The applicant must provide verification of the existence of a tenancy and termination of the tenancy. A tenancy exists when the landlord is the owner, lessor, or sublessor of a residential dwelling unit or building and the tenant has the right to exclude anyone else from the dwelling unit or building, including the landlord if the landlord has not given proper notice. A residential dwelling unit includes a room if the tenant has the right to lock anyone out of the room, including the landlord.

Emergency Medical Need

2623 Emergency Medical Need

The general definition of emergency medical need in subsection A applies to all items and services except those related to vision, dental, and prescription drugs. The definitions of emergency medical need as applied to vision, dental, and prescription drugs are specified in subsections B through D.

a. Emergency Medical Need – General

An emergency medical need is defined as a need for a medical service or item attributable to a medical condition characterized by acute symptoms of sufficient severity, including but not limited to severe pain, such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of medical attention to result in the following:

- serious jeopardy to the health of the participant;
- serious impairment to bodily functions; or
- serious dysfunction of the bodily organ or part.

Prior to issuing a vendor authorization for covered physician services, vision services and items, medical supplies, durable medical equipment, or ambulance services, eligibility workers shall obtain a determination from the Department of Vermont Health Access (DVHA) that such services or items address an emergency medical need (as defined in subsection A or B) or addressed such a need at the time the services or items were provided.

b. Emergency Medical Need –Vision

An emergency medical need is deemed to exist if and only if vision services or items for which GA payment is requested are covered by GA (rule 2663) and necessary to:

- aid convalescence from eye surgery;
- prevent blindness or further deterioration of eyesight;
- avert risk of physical injury from normal living hazards, such as stairs and stoves; or
- allow an individual to continue education or employment.

Emergency Medical Need

c. Emergency Medical Need – Dental

An emergency medical need is deemed to exist if and only if dental services for which GA payment is requested are covered by GA (rule 2662) and necessary to relieve pain, bleeding, or infection. The Division of Dental Services at the Vermont Department of Health shall determine whether dental services for which GA payment is requested addressed an emergency medical need at the time the dental services were provided.

d. Emergency Medical Need – Prescription Drugs

An emergency medical need is deemed to exist if and only if a prescribed drug for which GA payment is requested complies with the requirements of the pharmacy best practices and cost control program, and is not included in a classification on the departments list of noncovered drug classifications (rule 2664).

Employment

2630 **Employment**

Each applicant is required to explain the employment requirements to non-exempt individuals who are not present at the initial interview and to supply them with employment verification forms. Whenever possible, a non-exempt individual shall appear in person at the District Office at the time of each subsequent application.

Work Requirements

2631 **Work Requirements**

Any individual who is included in the application and is not exempted under rule 2632 shall:

- a. Be present whenever possible at the time of each application.
- b. Submit evidence of an active effort (rule 2633) to seek gainful employment consisting of at least three job contacts with different employers per week. This requirement does not apply to the first GA application.
- c. Not restrict employment search to his/her major field of experience or to limited types of occupations. The applicant shall accept any suitable job referrals and/or offers within his/her ability. The applicant shall be required to substantiate why a particular job cannot be performed.
- d. Submit evidence of contact within the past 24 hours or previous workday with the Department of Labor for the purpose of obtaining employment opportunity information.
- e. Not have refused within the 30 days prior to application to report to the local Department of Labor if requested by either the Department of Labor or the Department for Children and Families.
- f. Not have refused within the 30 days prior to application date to report for an employment interview for suitable employment when referred by the Department of Labor or the Department for Children and Families.
- g. Not have refused within the 30 days prior to application to accept a bona fide offer of full or part-time employment.
- h. Not have quit suitable employment in the 30 days prior to application.

If any person not exempted from the employment requirements (rule 2632) fails to meet any one of the above requirements, he/she and all individuals included in the application shall be ineligible.

Work Exemptions

2632 **Work Exemptions**

Any individual included in the application shall be exempt from the employment requirements (rule 2631) if such individual meets at least one of the following five exemption criteria:

- a. Is under age 16, is age 65 or over, or is age 16 or 17 and a full-time student.
- b. Is gainfully employed (rule 2603 G).
- c. Is personally providing the majority of care for a child who is born, under age three, and living in the home or for another household member who is unable to care for him/herself due to illness or injury.

When more than one individual in the GA household claims such responsibility, the determination as to whom shall be exempt will be made by the Department;

A pregnant woman with no other children is not exempt simply because of her pregnancy.

An individual who is pregnant or who has responsibility for care of a child who is age 3 or older but under age 18 may be exempt from the work requirement if that individual has not received General Assistance or Emergency Assistance in the previous sixty days.

- d. Is currently unable to work due to physical or emotional problems that have or may be presumed to last at least 30 days. Documentation of incapacity must be entered in the record to demonstrate that it is obvious, or to indicate that medical verification will be required within a worker-specified time period that may not be fewer than 3 days or more than 3 weeks.
- e. Has a verified written statement from a potential employer indicating that he/she will start working within 7 days from the date of the GA application. All individuals so exempted shall be advised to continue to attempt to seek temporary employment during the time they are waiting to start permanent work.

Any individual claiming an exemption has the burden of proving such. The Department shall pay the reasonable expense of required medical examinations.

Active Job Search Effort

2633 Active Job Search Effort

Active effort to seek employment pursuant to rule 2631 (b) is limited to the following:

- a. Personal contacts with a potential employer or company representative knowledgeable about the possibility of employment; and
- b. Time spent in actual registration or interviews at the Department of Labor to maintain an active registration and time spent at the Department of Labor inquiring as to immediate job referrals for as long as the individual is maintaining an active registration would count in lieu of one job contact. Visits which are merely to have forms signed at the Department of Labor shall not be counted; and
- c. Time spent in an employment counseling program recognized by the Department as enhancing employment opportunities would equal one job contact.

A GA recipient to whom the work search applies and who is a mandatory Reach Up participant must cooperate with the requirements of any Reach Up program service, such as an individual or group job search activity, which Reach Up program staff deem appropriate for that participant.

Telephone contacts, reading newspaper ads, resume writing, contacts with friends and acquaintances, etc., although recognized as legitimate sources of leads toward employment, shall not be counted unless part of an employment counseling program recognized by the Department as enhancing employment opportunities. Out-of-state contacts with potential employers are not counted unless the potential employment is within commuting distance of the person's home.

A GA applicant who fails to meet an "active effort" criterion will be ineligible only until he/she fulfills the requirement.

The eligibility worker shall verify as necessary the contacts specified by each applicant subject to the work search requirement. The application shall be denied for a 30-day period even when three job contacts are shown on the employment verification form, when the eligibility worker has been notified by Reach Up Program staff that a mandatory Reach Up participant is not cooperating, or when, in the judgment of the eligibility worker, the evidence of active effort to seek employment shows:

- a. There has been a substantial number of contacts with the same employers during consecutive weekly periods without a corresponding effort to seek out new potential employers.
- b. Contacts are limited to the applicant's primary occupation or in limited fields of employment in consecutive seven-day periods.

Income

2640 **Income**

Income means the total gross sum of all monetary remunerations received from any source for any reason. See rules 2641 through 2646 for deductions and excluded income. The following list identifies some kinds and sources of income:

- a. Reach Up financial assistance payments. Reach Up financial assistance prior to deductions to recover overpayments shall count as income received.
- b. GA and EA payments. Such payments, however, shall not be considered income if they:
 - constitute the only income received in the last 30 days;
 - are based on a catastrophic situation (rules 2621 or 2820); or
 - are issued for emergency housing (rules 2652.2 or 2852.2) or rental or mortgage arrearage (rule 2853).
- c. Wages or compensation for services performed as an employee.
- d. Gross receipts from self-employment.

Gross receipts shall include all monies received from the following:

- sale of goods or commodities produced by the self-employment enterprise;
 - services performed in connection with and attributable to the enterprise; and
 - gross proceeds from the sale or transfer of capital assets used in or held as an investment by the enterprise (e.g., real estate, personal property, and securities).
- e. Room or board payments received.
 - f. Day care payments received.
 - g. The amount actually received in annuities, pensions, compensation or benefits (e.g., social security retirement or disability benefits, veterans benefits, railroad retirement, SSI/AABD).
 - h. Government-sponsored payments.

Income

- i. Cash gifts, child or spousal support.
- j. Rent, dividends, interest, royalties.
- k. Regularly or irregularly received cash from any source.

All income received by all persons included in the applicant household shall be verified and shall be computed to arrive at the total gross income received during the 30-day period prior to the date of the application. The total allowable deductions (rules 2641 through 2646) shall be computed and subtracted from the total gross income to arrive at the total net income received during the 30-day period prior to the date of application. If total net income equals or exceeds the applicable income limit (rule 2610 B), the application shall be denied unless the household is eligible because it has experienced a catastrophic situation (rule 2621).

The applicant may be required to substantiate that income and resources have actually been spent. Amounts not accounted for shall be considered cash-on-hand.

Work Expense Deduction

2641 Work Expense Deduction

To compute earned income used in determining eligibility for general assistance, an employment expense standard consisting of the first \$90 of earned income shall be deducted from the 30-day gross earned income of each employed individual in lieu of actual employment expenses such as taxes, insurance, dues, clothing, and transportation.

In addition, deductions for garnishments against income, although mandatory on the employer, shall be limited to garnishments:

- by the Internal Revenue Service for federal taxes;
- by the state of Vermont for state taxes; and
- for child and spousal support (rule 2643).

Self-Employment Deductions

2642 Self-Employment Deductions

Identifiable costs of self-employment, including self-employed farming, shall be deducted from gross receipts received in the 30-day period prior to the date of application.

Identifiable costs of self-employment include but are not limited to the following:

- a. Wages and payments for employee labor;
- b. Cost of materials used to produce commodities for sale (e.g., raw materials, stock, seed, fertilizer, inventory, livestock for resale, etc.)
- c. Taxes and interest paid on an installment contract to purchase income-producing real property, except that no portion of taxes, mortgage payment or interest attributable to investment in the home in which the household lives may be counted as a business cost;
- d. Interest on installment payments for purchase of capital assets, equipment, machinery, tools, etc.

The following items shall not be allowed as business expenses:

- a. Payments on the principal of real estate mortgages on income producing property;
- b. Monies paid to purchase capital assets; such as equipment, machinery, tools, livestock for dairying purposes;
- c. Any amount claimed as depreciation for Federal income tax or other purposes;
- d. Any amount claimed as a net loss sustained in any prior period.

Child Support Deductions

2643 **Child Support Deductions**

- a. Child support paid by a household member — The amount actually paid in the last 30 days for mandatory child support payments shall be deducted from the gross income received during that period. The child support payments shall be considered mandatory if they are made under the terms of a legal court order, or the amount of child support payments have been voluntarily agreed to between the individual and the Department, or executed through attachment of wages.

The applicant must provide positive proof of the child support payments. Check stub notations are not acceptable verification. In questionable situations contact with a knowledgeable third party, deemed reliable by the worker, may be necessary. If the payment cannot be verified the child support deduction shall not be allowed.

- b. Child support received by a household member — For purposes of determining eligibility, the first \$50 of child support received in the previous 30 days shall be deducted.

Room and Board Deductions

2644 Room and Board Deductions

The cost of providing room and board shall be deducted from the gross income received in the last 30 days in the following amounts:

Room and Board Deductions

Service Provided	Deduction Per Person Per Day
room only	\$1.00
board only	\$2.00
room and board	\$3.00

The deduction shall not exceed the amount of room and board payment received.

An applicant who provides room or board to three or more adult individuals unrelated to the applicant shall be considered to be operating a commercial enterprise and have deductions computed according to rule 2642.

Dependent Care Deduction

2645 Dependent Care Deduction

Except as specified below, dependent care expenses necessary to enable individuals to retain their employment shall be deducted as paid in the previous 30 days up to the following maximum amounts per adult or child:

Dependent Care Deduction

Dependent Needing Care	Maximum Deduction Per Dependent
child under age 2	\$200
child age 2-12	\$175
child age 13-17 who meets the criteria in Reach Up rule 2352	\$175
incapacitated adult	\$175

Dependent care deductions will be allowed on the basis of a signed statement by the provider of services. If a recipient's dependent care expenses are below the maximum, transportation to and from the dependent care facility may be deducted as part of the expense at the mileage rate published in Reach Up procedures.

As long as funding for child care subsidies through the Child Development Division (CDD) is available, Reach Up participants and PSE participants receiving a living expense stipend are not allowed a deduction for child care expenses because they qualify for the child care subsidy.

Excluded Income

2646 **Excluded Income**

Certain kinds of income are excluded from consideration when determining income eligibility for general assistance. They are considered, however, in evaluating whether an emergency need exists.

These kinds of income include:

- senior companion stipend,
- fuel assistance benefits,
- foster care payments from CDD, and
- adoption assistance subsidies.

Other kinds of income are totally excluded, even in the consideration of an emergency need, including catastrophic situations. These include:

- 3SquaresVT and 3SquaresVT cashout payments, as their use is dedicated exclusively to improvement of dietary standards; and
- money that an SSI/AABD recipient sets aside for the fulfillment of a plan to achieve self-support (PASS plan).

Benefit Issuance

2650 **Benefit Issuance**

During a 30-day period, benefits for emergency needs resulting from a non-catastrophic situation (rule 2610) cannot exceed the difference between the applicable income limit, as defined in rule 2610 B, and the net income for that household computed according to rule 2640. This provision is only applicable if the household has received general assistance or emergency assistance in the previous 60 days. Catastrophic benefits received in the previous 30 days are not counted as income in the net income calculation referred to above.

Benefits for needs in rules 2651 through 2657 may be issued to the applicant or to the provider of the service.

The eligibility worker determines the appropriate method of payment after assessing the preference of the applicant and provider and the applicant household's ability to use the money for the designated need.

2650.1 **Vendor Payments**

Vendor payments are defined as all payments made direct to a third party who has furnished goods or services to or on behalf of an applicant for or recipient of aid, benefits or services under Department programs. Vendor payments cover the following types of authorized General Assistance expenditures:

- a. Maintenance assistance authorized in lieu of direct money payment to the recipient.
- b. Medical care and services.
- c. Burial expenses.
- d. Emergency housing expenses.

Vendor billing shall require prior written authorization by designated Department staff. In specified emergency situations, oral authorization may be given; in such instances, confirming written authorization or approval of a designated staff member shall be required for payment.

Itemized bills shall be submitted in duplicate to the appropriate district office, when so directed, for approval. All other bills, itemized, shall be submitted, in duplicate, accompanied by appropriate written authorization to the State Office. Payment shall be made through established Department and State disbursement channels.

Benefit Issuance

Contracts with specified vendors to provide goods or services shall specify acceptable methods of authorization, billing and payment for items covered under the contract.

Persons who provide lodging to emergency housing assistance recipients must hold a lodging license issued by the Vermont Department of Health. These persons must comply with all applicable laws and rules, including but not limited to the Vermont Department of Health's Licensed Lodging Establishment Rule and the Vermont Department of Public Safety's Vermont Fire and Building Safety Code. The Department may withhold full or partial payment to any person who violates any law or rule or whose license is suspended, revoked, expired, or otherwise invalid. Specifically, the Department may withhold full or partial payment to persons to whom the Department of Health has issued a conditional license, abatement order, warning letter, or other notice of violation. Likewise, the Department may withhold full or partial payment to persons who have received notices from other government agencies that indicate that the person has violated a law or rule. Once the Department is satisfied that the person is complying with the law, the Department will begin or resume payments at the agreed-upon rate for lodging provided after the violation ended. The Department may provide all, some, or none of the payments withheld based on the nature and extent of the legal violations and the effects those violations had on emergency housing assistance recipients.

2650.2 Administrative Expenses

Administrative expense required to establish eligibility for assistance is currently limited to professional examination, evaluation and report on medical factors related to eligibility. Payment of reasonable charge for such examination and report shall be approved on receipt of the required written report and itemized bill.

Groceries and Personal Needs

2651 Groceries and Personal Needs

Groceries and personal needs include food and essential items for household and personal care, such as soap, toothpaste and such items as are normally purchased at a grocery outlet. General Assistance payment levels are based on current Reach Up basic need standards reduced by a percentage necessary to avoid exceeding current GA funding. The following payment standard shall be used by District Directors and Town Service Officers to determine the amount of aid to be given for groceries and personal needs (see also rule 2654 - Room and Board-Restaurant Meals). Grocery and personal need allowances shall be issued, as needed from one to seven days. For applicant households exempt from the employment requirements allowances may be issued for up to 28 days as needed. Do not issue an allowance for any period covered by a previous issuance except when a condition exists as defined in rule 2620 (b) and (c).

Groceries and Personal Needs Allowance

Groceries and personal needs allowance in dollars														
No. in family	1 day	2 days	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days	11 days	12 days	13 days	14 days
1	4.00	4.00	6.00	8.00	10.00	12.00	14.00	16.00	18.00	20.00	22.00	24.00	26.00	28.00
2	6.50	6.50	10.00	13.50	16.50	20.00	23.50	26.50	30.00	33.50	36.50	40.00	43.50	47.00
3	9.50	9.50	14.00	18.50	23.50	28.00	32.50	37.50	42.00	46.50	51.50	56.00	60.50	65.00
4	9.50	10.50	16.00	21.50	26.50	32.00	37.50	42.50	48.00	53.50	58.50	64.00	69.50	75.00
5	9.50	13.50	20.00	26.50	33.50	40.00	46.50	53.50	60.00	66.50	73.50	80.00	86.50	93.00
6	10.50	14.50	22.00	29.50	36.50	44.00	51.50	58.50	66.00	73.50	80.50	88.00	95.50	103.00
7	12.00	17.50	26.00	34.50	43.50	52.00	60.50	69.50	78.00	86.50	95.50	104.00	112.50	121.00
8	13.50	20.00	30.00	40.00	50.00	60.00	70.00	80.00	90.00	100.00	110.00	120.00	130.00	140.00
9	13.50	21.50	32.00	42.50	53.50	64.00	74.50	85.50	96.00	106.50	117.50	128.00	138.50	149.00
10	13.50	24.00	36.00	48.00	60.00	72.00	84.00	96.00	108.00	120.00	132.00	144.00	156.00	168.00

For each add'l person	1.50	2.50	4.00	5.50	6.50	8.00	9.50	10.50	12.00	13.50	14.50	16.00	17.50	19.00
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Housing

2652 Housing

Housing includes accommodations to provide permanent or temporary shelter for eligible applicants. Housing may include furnishings, fuel, and utilities. Applicants are required to furnish verification of housing expenses. Housing payments may be authorized only when the applicant cannot obtain housing without cost to the applicant, for example, housing supplied by relatives, friends, or community groups. Payment may be provided for rent, lot rent, mortgage, condo and association fees, water and sewer charges, fuel and utilities when included in the rent, but not taxes. A household in crisis requiring general assistance should be considered for tax abatement before a housing crisis would occur. An exception to this policy, relative to taxes, is that payment may be made on behalf of an otherwise eligible applicant, when foreclosure proceedings have been filed by the municipality to which the taxes are owed, and the proceedings are scheduled to take place within 30 calendar days. Payment shall be for the minimum amount necessary to prevent tax foreclosure.

2652.1 Permanent Housing

Permanent housing is defined as housing accommodations intended to provide shelter on a continuing basis.

Payment shall not exceed the housing payment maximum or the actual payment, whichever is less.

When more than one individual or family unit occupy the same housing unit, the payment per applicant household shall not exceed the housing payment maximum or the pro-rata share of the total rent or mortgage payment, whichever is less. The total rent or mortgage payment used to compute the pro-rata share shall not exceed three times the applicable housing payment maximum. Any amount exceeding this shall be disregarded in the computation.

The pro-rata share is computed by dividing the total, up to three times the maximum, by the number of individual or family units sharing the housing unit.

When a housing allowance for the period to be covered has been or will be included in the applicants Reach Up financial assistance grant or Postsecondary Education Program living expense stipend, that allowance, after ratable reduction, shall be deducted from the applicant's general assistance grant.

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Payment may be authorized for the current mortgage or rental period only and shall not be authorized or issued prior to the due date for that period. "Current period" is defined as the period extending from the most recent date that rent was due through the day prior to the next date that rent is due. For example, if an applicant applies for rental assistance on January 10 and his rent is due monthly on the first of the month, the current period is January 1 through January 31. No payment may be authorized for a period other than the current period. Payment may be made only if the applicant is financially and otherwise eligible on the date of application.

When both a rental arrearage and a continuing rental obligation exist, a rental payment made (or a failure to make a payment) during a given month will be considered for GA purposes as a payment (or failure to pay) for that month. Example: A GA applicant makes a \$150 rent payment on January 1, which his landlord applies to his \$450 arrearage. On January 5 the applicant requests GA for his January rent. His rent payment on January 1 is considered for GA purposes as payment toward the January rent due, regardless of the fact that his landlord chose to apply the payment to arrearages.

Room rent is paid according to different maximums depending on whether the applicant pays this rent to a relative or to a non-relative. The relative or non-relative status of the person or persons to whom the applicant pays room rent shall be determined according to definitions used in the Reach Up Program. The following individuals shall meet the definition of "relative":

- a. Any blood relative, including those of half-blood, up to and including first cousins, nephews, nieces; and preceding generations, as denoted by the prefixes "grand-", and "great-grand-";
- b. Stepparent, stepbrother, stepsister;
- c. Any adoptive relative of corresponding degree, upon whom are conferred under Vermont law the same rights, duties and obligations as natural relatives;
- d. Any spouse of an individual included in one of the above groups, whether or not the marriage has been terminated by death or divorce.

General Assistance payment levels are based on basic need standards updated to recognize cost of living increases but then ratably reduced by a percentage necessary to avoid exceeding current GA funding.

Shelter payment in the General Assistance Program is allowed as incurred up to, but not in excess of, the maximums precomputed as shown below.

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Housing Payment Maximums

Housing Type	Weekly	Payment Maximums		
		Bi Weekly	Semi Monthly	Monthly
Home Ownership or Rental				
<u>Chittenden County Only</u>	\$54.00	\$108.00	\$116.00	\$232.00
<u>All Other Counties</u>	\$46.00	\$92.00	\$99.00	\$198.00
Room Rent - paid to non-relative		\$40.00 (meals not supplied)		
Room Rent - paid to relative		\$30.00 (meals not supplied)		

Living space shall not qualify as home ownership or rental unless it consists of at least two rooms, a private toilet facility, private entrance either from outside or a public hallway, and has or is equipped to accept cooking facilities. (The G. A. Supervisor may make written exception when the space has clearly been designed as an apartment but does not meet specific criteria as listed.)

A rented mobile home shall qualify as home rental. A mortgaged or owned mobile home shall qualify as home ownership. Lot rental, water, and sewer charges are included in the payment maximums.

Amounts paid for emergency housing shall not be added into amounts paid for permanent housing to arrive at the above maximums.

Room rent may be authorized for a period not to exceed one week, except that, when applicants are exempt from the employment requirements, it may be authorized for a two-week period.

Deposits or security payments shall not be authorized.

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2652.2 Emergency Housing Assistance

a. Purpose

The purpose of General Assistance emergency housing assistance is to provide eligible households with temporary emergency housing, subject to available appropriations, in a community-based shelter or hotel or motel when an alternative housing placement is unavailable.

b. Application of other General Assistance Rules

General Assistance rules 2600 through 2683 do not apply to emergency housing assistance unless specifically referenced in this section.

c. Definitions

1. “Application” means a written or verbal request by a household to the Department for emergency housing assistance.
2. “Alternative housing placement” means shelter beds and pods; placements with family or friends; permanent housing solutions, including tiny homes, manufactured homes, and apartments; residential treatment beds for physical health, long-term care, substance use, or mental health; nursing home beds; and recovery homes.
3. “Authorized representative” means a person or entity designated, via a form provided by the Department, by a household to act responsibly in assisting the household with their application and other ongoing communications with the Department. An authorized representative must be an adult and knowledgeable of the household’s circumstances. A judicially appointed legal guardian or legal representative automatically meets the criteria for an authorized representative.
4. “Community-based shelter” means a shelter that meets the Vermont Housing Opportunity Grant Program’s Standards of Provision of Assistance.
5. “Constructive eviction” has the same meaning as defined in rule 2622:

Any disturbance caused by a landlord, or someone acting on the landlord’s behalf, that makes the premises unfit for occupation. The motive for the disturbance, which may be inferred from the act, is the eviction of the occupant.

A situation in which the landlord has not provided heat, utilities, or water within a reasonable period of time and there is an agreement to furnish these items shall be considered a constructive eviction when the applicant is pursuing legal resolution of these offenses through the Vermont Department of Health or appropriate local officials, such as the local housing inspector or town health officer. The Department shall not deny benefits to an individual in a constructive eviction situation because the individual chooses not to pursue legal action such as withholding rent, obtaining a court order, suing the landlord, or terminating the rental

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agreement.

Constructive eviction includes written or verbal notice of a termination of tenancy for no cause from the landlord to the tenant. A no cause termination means the tenancy is being terminated and it is not the fault of the tenant. If a termination notice includes multiple reasons for terminating the tenancy, but one of the reasons for termination is not the fault of the tenant, the Department will consider the termination a no cause termination. The applicant must provide verification of the existence of a tenancy and termination of the tenancy. A tenancy exists when the landlord is the owner, lessor, or sublessor of a residential dwelling unit or building and the tenant has the right to exclude anyone else from the dwelling unit or building, including the landlord if the landlord has not given proper notice. A residential dwelling unit includes a room if the tenant has the right to lock anyone out of the room, including the landlord.

6. "Denial" means the Department's determination that a household is ineligible for emergency housing assistance.
7. "Department" means the Department for Children and Families.
8. "Dependent" means any of the following members of the applicant's immediate family: husband, wife, civil union partner, and children age 19 years of age or under, including biological, adopted, and stepchildren. A pregnant woman having no children in her household shall not be considered to have a minor dependent.
9. "Economic unit" means two or more individuals who reside together and share income and expenses.
10. "Household" means an individual and any dependents for whom the individual is legally responsible and who live in Vermont. "Household" includes individuals who reside together as one economic unit, including those who are married, parties to a civil union, or unmarried.
11. "Income" has the same meaning as defined in rule 2640. The deductions and exclusions in rules 2641 through 2646 do not apply.
12. "Live in Vermont" means to be physically present in Vermont with the intent to make Vermont one's home.
13. "Misconduct" means violent criminal behavior, non-violent criminal behavior that jeopardizes the health or safety of other hotel or motel guests or staff (for example, the sale, distribution, or manufacturing of illegal substances or tampering with fire safety equipment), or repeated non-violent criminal behavior (for example, theft or disorderly conduct).
14. "Termination" means the Department's action of ending a household's authorization period.
15. "Verification" means third-party confirmation or documentation of facts stated by the household.

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d. Application and Interview

1. Households interested in applying for emergency housing assistance must:
 - i. submit a complete, signed application each time they request assistance; and
 - ii. complete an interview with a representative of the Department each time they request assistance.
2. The household may complete the application and interview either in person or by phone.

e. Verification

1. The household is the primary source of information to establish eligibility. It is the household's responsibility to furnish the necessary information completely and accurately and to give the Department permission to obtain the information from other sources.
2. Verification shall be required for the following items:
 - i. Identity;
 - ii. Income;
 - iii. Eligibility criteria in subsection (g)(1)(iii); and
 - iv. Housing search requirements pursuant to subsection (k).
3. Verification may be required for any other information, if questionable, that affects eligibility.
4. The household has the right to refuse to give the Department information, to refuse to submit required verification, or to refuse to allow the Department to contact others. However, refusing to provide information or access to the information necessary to establish eligibility will result in denial of the application.
5. Willful misrepresentation of the household's circumstances will result in a denial or termination of emergency housing assistance, and may result in legal action under fraud statutes.
6. Households may provide verification and supporting documentation by:
 - i. Dropping it off at a district office;
 - ii. Mailing it to the Department;
 - iii. Uploading it using the Department's uploader; or

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- iv. Allowing a Department representative to confirm the information with a phone call.

f. Action on Application

1. The Department will determine a household's eligibility for emergency housing assistance once a completed, signed application with the necessary verification is submitted and an interview has been completed.
2. If the household's application is approved, the Department will provide verbal notice, and if requested, written notice of the decision. The notice must include:
 - i. The type of emergency housing assistance provided: community-based shelter or housing in a hotel or motel;
 - ii. The authorization period for emergency housing assistance in a hotel or motel;
 - iii. The check-in and check-out date at the hotel or motel, if applicable; and
 - iv. The date the household must reapply.
3. If the household's application is denied, the Department will provide written notice of the decision. The notice must include:
 - i. The specific reason for denial; and
 - ii. The household's appeal rights.
4. Written notice shall be given directly to the household if the household applied in a district office or emailed or mailed, via first-class mail, to the address provided by the household.

g. Eligibility

1. To be eligible for emergency housing assistance, households must:
 - i. attest to lack of a fixed, regular, and adequate nighttime residence;
 - ii. not have access to an alternative housing placement;
 - iii. have a member who:
 - A. is 65 years of age or older, as verified by any document that shows date of birth, if the member's age has not already been documented by the Department;
 - B. has a disability that can be documented by:
 1. receipt of Supplemental Security Income or Social Security Disability Insurance; or

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2. a form developed by the Department as a means of documenting a qualifying disability or health condition that includes, at a minimum:
 - i.* the applicant's name, date of birth, and the last four digits of the applicant's Social Security number or other identifying number;
 - ii.* a description of the applicant's disability or health condition;
 - iii.* a description of the risk posed to the applicant's health, safety, or welfare if temporary emergency housing is not authorized pursuant to this section; and
 - iv.* written certification of a health care provider, as defined in 18 V.S.A. § 9481, that includes the provider's credentials, credential number, address, and phone number;
- C. is a child 19 years of age or under, as verified by any document that shows date of birth, if the child's age has not already been documented by the Department;
- D. is pregnant, as verified by a health care provider if the pregnancy has not already been documented by the Department;
- E. has experienced the death of a spouse, domestic partner, or minor child that caused the household to lose its housing, as verified by an obituary, death certificate, or any other documentation that shows date of death;
- F. has experienced a natural disaster, such as a flood, fire, or hurricane, as verified by a landlord, home insurance claim, Red Cross documentation, or any other documentation showing the household member lives in an area affected by a natural disaster;
- G. is under a court-ordered eviction or constructive eviction due to circumstances over which the household has no control, as verified by eviction paperwork, documentation from a landlord, or documentation from a housing inspector the Department of Health, or another authority for cases involving habitability; or
- H. is experiencing domestic violence, dating violence, sexual assault, stalking, human trafficking, hate violence, or other dangerous or life-threatening conditions that relate to violence against the individual or a household member that caused the household to lose its housing, as verified by a domestic violence agency, restraining orders, documentation from law enforcement, a court, and health care providers, Reach Up waiver of cooperation for child support, or a Reach Up domestic violence deferment;
- iv.* provide information to the Department about the household's efforts to secure an alternative housing placement pursuant to subsection (j) below; and

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- v. contribute 30% of the household's gross monthly income toward the cost of emergency housing assistance in accordance with rule 2652.3.

h. Type of Emergency Housing Assistance

1. Households eligible for emergency housing assistance are provided housing in a community-based shelter if adequate community-based shelter space is available within the district in which the household applies for assistance.
 - i. If a household needs a reasonable accommodation to stay at a community-based shelter and the shelter is unable to provide the accommodation, the Department shall provide the household housing in a hotel or motel.
2. If adequate community-based shelter space is not available within the district in which the household applies for assistance, the household shall be provided housing in a hotel or motel within the district, if available, until adequate community-based shelter space becomes available.

i. Authorization Periods

1. Authorization for emergency housing assistance in a hotel or motel shall be issued for periods up to 28 days.
2. The Department shall terminate a household's authorization for emergency housing assistance in a hotel or motel effective the date community-based shelter space becomes available.
3. Households that do not check in to their emergency housing assistance placement (community-based shelter or hotel or motel) shall not be authorized for additional emergency housing assistance for 30 days from the check-in date.
 - i. If the household is prevented from checking in to their emergency housing assistance placement due to circumstances over which the household had no control, the Department shall authorize the household for emergency housing assistance at another community-based shelter or hotel or motel, if available.
4. Households that are exited by a community-based shelter or hotel or motel for misconduct shall not be authorized for additional emergency housing assistance for 30 days from the date the household is exited.

j. Provisional Housing

1. If verification of eligibility criteria, including verification of housing search requirements, cannot be obtained on the day of application, assistance may be authorized for no more than four days on a conditional basis pending verification. No more than four days of conditional assistance may be authorized within the 30-day period following the date of application.

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k. Housing Search Requirements

1. All households applying for and receiving emergency housing assistance must engage in their own search for an alternative housing placement.
 - i. The Department and household shall work together to develop a schedule of activities addressing the household's need for emergency housing assistance. Completion of the activities is a requirement for continued receipt of assistance. These activities shall be documented in the household's case record.
 - A. Activities shall include at least one of the following: completing the coordinated entry assessment, engaging with a state agency or state-contracted service provider to secure an alternative housing placement, addressing barriers to permanent housing (for example, obtaining identification documents, social security cards, or birth certificates for all household members), or applying for a permanent housing voucher.
2. If the Department determines that a household, at the time of application or during the term of the household's authorization, has not made efforts to secure an alternative housing placement, or has access to an alternative housing placement, the Department shall deny the application or terminate the authorization at the end of the current authorization period.
3. Households must provide verification to the Department at least monthly that they have made efforts to secure an alternative housing placement or the household's application for emergency housing assistance will be denied.
 - i. Verification may be provided in the form of documentation of meetings with housing case managers, applications for housing, or documentation of other housing search activities.

l. Housing Limits

1. The maximum number of days a household may receive emergency housing in a hotel or motel shall not exceed 80 cumulative days in a 12-month period.
2. The 12-month period is calculated from the first day of the authorization period to the same day of the month 12 months prior.
3. Emergency housing assistance provided from December 1 through March 31 shall be exempt from and shall not count toward the 80-day housing limit.
4. Emergency housing assistance received prior to July 1, 2024 does not count toward the 80-day housing limit.

m. Room Cap

1. The utilization of hotel or motel rooms for emergency housing assistance shall be capped at

Housing

1,100 rooms per night.

2. From December 1 through March 31, there will be no room cap.
3. The Department may house a household in more than one hotel or motel room depending on the household's size and composition.

n. Rights of People with Disabilities

1. As required by the Americans with Disabilities Act and the Vermont Fair Housing and Public Accommodations Act, reasonable accommodations and modifications will be made to policies, practices, or procedures when necessary, as determined by the Commissioner or their designee, to provide equal access to programs, services and activities, or when necessary to avoid discrimination on the basis of disability.
2. If an individual disagrees with the Commissioner's determination:
 - i. The individual may request a fair hearing in accordance with Human Services Board, Fair Hearing Rules (CVR 13 020 002); or
 - ii. The individual may file a complaint with the Agency of Human Services in accordance with the State of Vermont's ADA/ADAA Grievance Procedure Policy Number 10.2.

o. Authorized Representative

1. An authorized representative may act on behalf of the household to carry out specific activities related to establishing eligibility for emergency housing assistance including completing an application and providing verification. The authorized representative is, in such situations, considered the primary source of information, subject to the same rights, responsibilities and consequences for the household as a household acting directly for itself.

p. Appeal Rights

1. If a household disagrees with a Department decision, the household may request a fair hearing in accordance with Human Services Board, Fair Hearing Rules (CVR 13 020 002).
2. The Department shall follow All Programs Procedures P-2127, Fair Hearing Procedures, when a household requests a fair hearing.
3. Notwithstanding any provision of the Fair Hearing Rules to the contrary, the Department shall put an expedited recommendation of the Human Services Board hearing officer into effect in the same manner as an order of the Human Services Board.
4. Housing in a hotel or motel shall not be provided while a fair hearing is pending unless ordered by the hearing officer.

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2652.3 Required Contribution Toward the Cost of Emergency Housing

Households with gross monthly household income equal to or less than the Reach Up basic need standard for a household of the same size shall not be required to contribute any income toward the cost of emergency housing.

Households with gross monthly household income greater than the Reach Up basic need standard for a household of the same size shall be required to contribute 30 percent of their gross household income toward the cost of emergency housing.

The following table contains the basic need standards by household size:

Household Size	1	2	3	4	5	6	7	8	9 or more
Basic Need	\$644	\$942	\$1236	\$1478	\$1733	\$1907	\$2203	\$2458	Add \$236 for each additional person

The Department will apply the following method in calculating the 30 percent income contribution:

- A household with income received on the date of application will be required to house themselves for the number of days, rounded down to the nearest whole number, equal to 30 percent of the gross household income received on that day divided by the average daily motel rate in the district at that time. If a household is currently housed in a motel under rule 2652.2, the household will be required to house themselves for the number of days, rounded down to the nearest whole number, equal to 30 percent of the household income received on that day divided by the current daily rate at the motel in which they are staying.
- A household with no income received on the date of application, but that will be receiving income within the next 14 days, will be required to house themselves starting on the day the income is received for the number of days, rounded down to the nearest whole number, equal to 30 percent of their gross income for that payment cycle divided by the average daily motel rate in the district at that time. If a household is currently housed in a motel under rule 2652.2, the household will be required to house themselves for the number of days, rounded down to the nearest whole number, equal to 30 percent of the household income received on that day divided by the current daily rate at the motel in which they are staying.

If 30 percent of gross household income divided by the least expensive daily motel rate is less than 1,

Housing

the household will not be required to contribute any income toward the cost of emergency housing.

Moving Expense

2653 **Moving Expense**

District managers or their designees and town service officers shall authorize payment of reasonable costs of moving household furniture to a new location provided the need to move said furniture is the direct result of a catastrophic event. This includes moving costs in situations such as:

- A. furniture and possessions salvaged from a fire, flood, hurricane or other natural disaster which made the home uninhabitable;
- B. personal property when a family must vacate its present home due to the death of the family member who owned the dwelling;
- C. a move necessitated by a medical emergency, though this would be rare since we would not normally assist with a temporary move; condemnation of an area for the protection of the public health could be included in this category; and
- D. constructive evictions, as well as court-ordered evictions, including the possessions of a battered spouse when it is necessary to move furniture or possessions from the battering spouse's home.

All potential alternatives and resources will be explored and the least expensive resolution of the problem will be utilized. This exploration would include disaster relief; help from friends, relatives or the community; and expedited payment of other program benefits.

Room and Board

2654 Room and Board

A room and board allowance shall be authorized from one to seven days. For applicant households exempt from the employment requirements, allowances may be issued for up to 14 days as needed.

Room & Board Allowance:

\$60.00 per week per person (if paid to non-relatives)

\$40.00 per week per person (if paid to relatives)

For the definition of "relative" see rule 2603.

When an eligible recipient receives a room and board allowance, he/she shall also receive the following personal needs allowance based on the number of General Assistance recipients included in the allowance:

Personal Needs Allowance

<u>No. of GA Recipients</u>	<u>PNI Per Week</u>
1	\$2.00
2 or more	\$3.00 maximum

Heating Equipment

2655 Heating Equipment

Purchase of heating equipment shall be authorized by the district director when such equipment cannot be obtained otherwise (for example, from donations from individuals or community groups, temporary loan pending insurance settlement). Purchase shall be limited to the most serviceable and appropriate used item, if available, or new item (if a used item is not available) at the lowest cost.

Transportation

2656 **Transportation**

Authorization of transportation shall be limited to transients determined eligible who need help to continue to their destination. Payment for the lowest cost public transportation to the applicant's destination shall be authorized as paid, as follows:

- A. to any point within the state;
- B. after an attempt by the district director to obtain funding from the transient's state of residence and, if successful, to any point outside of the state to be authorized by district directors only.

Necessary automobile expense to enable the applicant to continue his journey maybe authorized as follows:

- A. gasoline and oil, as paid;
- B. tires, essential repairs, if the cost is lower in relation to the price of the lowest cost public transportation.

Fuel and Utilities

2657 Fuel and Utilities

Fuel and utilities are such things as water, electricity, oil, gas, coal, wood, kerosene, etc., which provide space heating, hot water, refrigeration, cooking fuel and light for the home. Sewage disposal provided as a utility service and billed on a regular basis shall be considered a utility. For purposes of the General Assistance Program, fuel and utilities are classified according to two customary methods of delivery:

- A. Metered Delivery (i.e., electricity, gas) provides service as needed and consumption is measured by an on-the-premises meter. The customer is billed at routine billing periods.
- B. Bulk Delivery (i.e., oil, bottled gas, kerosene, wood) provides a specific volume in advance of need and the customer is billed on delivery.

The amount of GA payment to applicants who are on a budget plan payment system for either metered or bulk delivery, shall equal the amount of the budget payment, even though the actual charge for service during that period is more than or less than the budget payment. A budget plan is an arrangement whereby a customer agrees in writing to pay a fixed amount for future consumption for a specified time period.

Payment for fuel and utilities may be authorized only when the conditions specified in the appropriate subsection are met.

Each recipient of GA emergency fuel or utility assistance shall be given the opportunity to have his name and address made available to the Weatherization Assistance Program as a potential recipient of a home energy audit and subsequent referral for weatherization service.

2657.1 Metered Delivery

Payment for the "current billing period" portion of a bill may be authorized only when:

- A. The billing period specified on the bill is the most current period for which a bill has been rendered by the company; and
- B. A "due date" specified on the bill has been reached (the date of receipt is considered the "due date" if no "due date" is specified); and
- C. The billing period is the standard billing period used by the company for all customers; and
- D. The bill is issued in the name of the applicant or the applicant's spouse or in the name of another

Fuel and Utilities

individual living with the applicant; and

- E. The applicant meets regular General Assistance eligibility criteria or qualifies for exception under catastrophic situation criteria (rule 2620).

Companies usually bill customers for a billing period which corresponds to a monthly period or a bi-monthly period. In unusual circumstances it may be necessary to contact a company representative to ascertain the portion of a bill which is equivalent to the company's normal billing period.

In areas where quarter meters (25cm) are utilized it will be necessary to contact a company representative to determine anticipated consumption. Payment may be authorized in an amount necessary to continue quarter meter service for up to seven days.

A deposit may be paid provided a deposit is legally collectible under Public Service Board rules and the amount does not exceed two-twelfths of the reasonable estimated charge for service for the ensuing twelve months. The company must be advised that the deposit is to be credited and refunded to the department in accordance with the company's usual refund policy and that deposit refunds inadvertently made to the recipient will not constitute settlement of the refund obligation to the Department.

A reconnection charge may be paid provided service has been interrupted and the amount charged is the same for all customers.

A new account charge may be paid provided the company is authorized by Public Service Board rules to collect a new account charge. A new account is generally defined as a request for service for the first time, a name change on a meter or a new meter as a result of a change location.

Some companies are authorized under Public Service Board rules to collect "deferred charges", "purchased energy charges", "temporary charges" and similar charges. Some of these "charges" may appear as credits on the bill during the period such "charge" is incurred. Even though these charges may appear as credits (and are not technically due) they must be included in the GA payment if they were incurred during the period being approved.

Charges for either purchase or rental of equipment, appliances, space or water heaters, outdoor lighting, or installation, service, and repair charges shall not be paid by General Assistance except as authorized specifically in other sections of the manual.

Fuel and Utilities

2657.2 Bulk Delivery

Payment may be authorized only when:

- A. There is less than a 72 hour supply on hand; or less than 1 weeks supply when in the workers judgment authorization would eliminate extra delivery costs, conform with the regular delivery schedule for the area, or prevent fuel from running out on a weekend or holiday; or when the applicant's primary heating fuel is wood, less than 2 weeks supply on hand if in the workers judgment the applicant will not have means to replenish the supply before it is exhausted; or such other expansions of these limits as the Commissioner may order on a case by case, area by area, or individual fuel type basis in the event of local shortage or extended delivery period requirements; and
- B. The provider will not deliver unless payment for the delivery is received in full; and
- C. The amount to be authorized does not exceed a normal one-week supply or the minimum amount the provider will deliver; and
- D. Delivery is made in the name of the applicant or applicant's spouse, or in the name of another individual living with the applicant; and
- E. The applicant meets regular General Assistance eligibility criteria or qualifies for exception under catastrophic situation criteria (rule 2620).

Payment shall not be authorized for charges for: previous deliveries; deposits for any item or reason; a new account charge; purchase or rental of storage tanks or containers, space or water heaters, furnaces, equipment or appliance, or installation, service, cleaning and repair charges except as specifically authorized under other sections of this manual.

Except in unusual circumstances, the volume and amount charged, and delivery time and date, must be established through the provider in advance of the transaction. Charges for off-hour or off-schedule delivery are allowable only when permitted under Vermont law and applicable PSB regulations and the amount charged is the same for all customers. Every effort should be made to avoid these charges whenever possible.

Medical Care

2660 **Medical Care**

The types of medical care covered for applicants meeting the eligibility criteria in rules 2620, 2621, and 2623 for eligibility due to a catastrophic situation and the general eligibility criteria in rules 2604 and 2605 are limited to:

- physician services (as further limited in rule 2661),
- dental services, (as further limited in rule 2662),
- vision services and items (as further limited in rule 2663),
- prescription drugs (as specified in rule 2664),
- medical supplies (as defined and further limited in rule 2665),
- durable medical equipment (as defined and further limited in rule 2666), and
- ambulance transportation (as further limited in rule 2667).

Other types of medical care (e.g., hospital services, other transportation, visiting nurses) and payment of premiums for private or government-sponsored health insurance are not covered. For purposes of GA rules, premium is defined as it is defined in Vermont Medicaid rules. Premium means a nonrefundable charge that must be paid by an applicant or beneficiary as a condition of initial and ongoing enrollment for health insurance. Routine examinations and treatment are not covered by GA because they do not address emergency medical needs.

For applicants who are beneficiaries under Medicaid, VHAP or another government-sponsored health care coverage program, the prior authorization requirements for that program, if any, apply equally to coverage for medical care under GA. GA payment is limited to providers enrolled in the Medicaid program.

The department shall pay for medical care with GA only if application is made within the following time frames:

- before receipt of the care,
- up to 30 days after the original billing date for care received, or
- within 30 days from the notice date on denial of eligibility by Medicaid, VHAP, or other government-sponsored health care coverage for reasons other than those specified in rule

Medical Care

2620(D).

When application is made within 30 days from the notice date on denial of eligibility by Medicaid, VHAP, or other government-sponsored health care coverage for reasons other than those specified in rule 2620 (D), the application date for health care coverage shall be considered the application date for GA, and the GA application shall cover the full period during which the application for health care coverage was pending.

The department shall determine the applicants eligibility for GA payment of medical care based on the applicants circumstances on the date of application, not on the date the care is received.

Requests for payment from providers of medical care shall not be considered applications for GA.

2660.1 Payment for Medical Care

Eligibility workers shall issue vendor authorizations to eligible applicants. Vendor authorizations issued by the department must accompany provider bills for medical services other than prescription drugs. No GA payments shall be made, however, unless the requirements set forth in rules 2660-2667 are also met.

Payment to providers may not exceed the amount set forth in the fee schedule used in the Vermont Medicaid Program. Vermont law (33 V. S. A. §6501-6508) prohibits balance billing, which is charging or collecting from the recipient any amount in excess of the reasonable charge for the service, defined as the amount in the fee schedule.

Physician Services

2661 Physician Services

The following physician services are not covered by GA:

- cosmetic surgery,
- experimental surgery,
- sterilization,
- fertility services,
- acupuncture, and
- massage therapy.

Dental Services

2662 Dental Services

Covered dental services to relieve pain, bleeding, and infection are limited to:

- examinations;
- diagnostic radiographs of the symptomatic area;
- sedative fillings;
- therapeutic pulpotomy;
- extraction of infected and symptomatic teeth;
- incision and drainage of abscess; and
- minor procedures for the emergency palliative treatment of dental pain.

No payment shall be made for replacement of missing teeth or dentures.

Vision Services and Items

2663 Vision Services and Items

Eyeglass frames or lenses meeting an emergency medical need are covered only if purchased through the department's authorized supplier.

Prescription Drugs

2664 **Prescription Drugs**

To receive GA payment for prescription drugs, including over-the-counter drugs prescribed by a physician, providers are required to comply with the requirements of the department's pharmacy best practices and cost control program, as implemented through its pharmacy benefit manager. The program, designed to reduce the cost of providing prescription drugs while maintaining high quality in prescription drug therapies, includes a preferred list of covered prescription drugs identifying preferred choices within therapeutic classes for particular diseases and conditions and utilization review procedures.

No payment shall be made for drugs in drug classifications not covered by GA. Such drug classifications are not covered because none of the drugs in those classifications is ever appropriately prescribed to address an emergency medical need (rule 2623), in the department's judgment. GA payment shall be made for drugs in classifications other than those on the not-covered list, as long as they comply with the requirements of the pharmacy best practices and cost control program. These payments shall be made even if the likelihood of an emergency is small or the drug has not been prescribed to address an emergency need.

The department's list of drug classifications not covered by GA will be made available at the website for the Office of Vermont Health Access or in paper form upon request.

Payment shall not be authorized for items to be used in a hospital or nursing home.

Medical Supplies

2665 **Medical Supplies**

Medical supplies are nondurable items customarily used in conjunction with the care or treatment of a specific illness, injury, or disability.

Durable Medical Equipment

2666 Durable Medical Equipment

Durable medical equipment is equipment that arrests, alleviates, or retards a medical condition and is:

- used primarily and customarily to serve a medical purpose;
- able to withstand repeated use;
- generally not useful to a person in the absence of an illness, injury, or disability; and
- suitable for use in the home and in the community.

The following durable medical equipment is not covered by GA because it does not address emergency medical needs:

- air cleaners
- dehumidifiers
- patient lifts
- exercise equipment
- message devices
- speech teaching machines

The following durable items are not covered by GA to address an emergency medical need because they do not meet the definition of durable medical equipment:

- air conditioners
- heating plants
- elevators
- saunas
- bathroom scales

Durable Medical Equipment

- car seats not designed specifically for medical purposes
- equipment prescribed for education or vocational purposes
- toys
- whirlpool pumps

Ambulance Services

2667 **Ambulance Services**

Ambulance services that meet the definition of a medical emergency need may be covered. Transportation of a hospital inpatient to another facility for outpatient services is never a covered ambulance service because it is not an emergency medical need.

Burial Responsibility

2670 **Burial Responsibility**

When a person dies without sufficient known assets to pay for burial, a state institution, a town of domicile, or the department may be responsible for paying burial expenses.

A. Burials Paid by the Department

The department is responsible for paying the burial expenses of a person when the person:

1. died in Vermont or was a Vermont resident at the time of death regardless of the place of death,
2. died without sufficient known assets to pay for burial, and meets one of the following criteria:
 - a. was an honorably discharged veteran of any branch of the U. S. military forces;
 - b. was a recipient of assistance under one or more of the following programs:
 - Titles IV or XVI of the Social Security Act,
 - nursing home care under Title XIX of the Social Security Act,
 - state aid to the aged, blind or disabled; or
 - c. was a person who did not die in a state institution (B below).

All payments made by the department for burial expenses are subject to the limitations specified in rule 2674 and 2676.

B. Burials Paid by State Institutions

The state institution is responsible for the burial of a person who is without sufficient known assets to pay for burial and dies while an inmate of the state institution.

C. Burials Paid by Town of Domicile

The town is responsible for the burial of persons who die in their town of domicile, are without sufficient known assets, and do not qualify for burial paid by the department (see A 3 above). The department shall reimburse a town up to \$250.00 for burial expenses incurred.

Burial Arrangements

2671 Burial Arrangements

For purposes of rules 2670 through 2677, “burial” means the final disposition of human remains, including, interring or cremating a decedent and the ceremonies directly related to that cremation or interment at the gravesite. “Funeral” means the ceremonies prior to burial by interment, cremation, or other method.

The department shall make the decision on eligibility and level of payment; and shall be responsible for making the burial arrangements in situations where no relative, friend, or interested person is available. Unless the decedent or the decedent’s family has expressly requested an alternative arrangement, the decedent’s body shall be cremated. It is not the policy of the department to make bodies available for the advancement of anatomical science in those instances when no family or friends are known. Autopsies are performed only under regulations of the State pathologist, who pays related expenses.

Application for Burial

2672 Application for Burial

The department will cooperate with the funeral director, other agencies and persons to obtain information to determine in a specific instance whether or not the department will be responsible for all or part of the payment of burial expenses.

Burial Eligibility

2673 **Burial Eligibility**

Eligibility for department financial participation in burial expenses shall be approved when all of the following requirements are met:

- A. The Department for Children and Families is responsible under the provision of 33 VSA § 2301;
and
- B. Available resources of the deceased and the surviving spouse (rule 2675) are less than the maximum payment for burial expenses.

Payment of burial expenses shall not be issued until a full accounting of burial expenses and resources has been completed and the department has determined that the burial fulfills the provisions at rule 2676, Payment for Burial, and payments made will not exceed the maximum prescribed in procedures section P-2690.

Maximum Payment for Burial Expenses

2674 **Maximum Payment for Burial Expenses**

The department will pay no more than the maximum specified in Procedures at P-2690 for burial expenses for an eligible individual. If available resources of the deceased and the surviving spouse (rule 2675) equal or exceed the maximum payment, the department will not pay any burial expenses. This provision does not preclude the funeral director from accepting contributions from other individuals toward burial and funeral expenses.

Any change in the dollar amount specified in Procedures P-2690 for the Maximum Payment for Burial Expenses that represents an increase relative to the dollar amount that immediately precedes the change shall be carried out via a procedures change. Any change in the dollar amount specified in Procedures P-2690 for the Maximum Payment for Burial Expenses that represents a decrease relative to the dollar amount that immediately precedes the change shall be accomplished only by following the Administrative Procedures Act process for regulatory changes.

Resources, Burial

2675 **Resources, Burial**

Payment will be denied if the available resources of the deceased and surviving spouse equal or exceed the maximum payment for burial expenses. "Available resources" are "total resources" less a \$255 disregard.

The department representative will explore the existence and availability of all resources. Since many death benefits are negotiable by a surviving spouse or other individual, it is essential that a clear understanding exists that such benefits shall be deducted from the allowable expenses in accordance with the provisions for payment.

Liquid or available resources include, but are not limited to, the following: stocks, bonds, cash on hand or in a bank or other financial institution, lump sum death benefits, proceeds of life insurance policies, and employee death benefits. Such resources are available to pay burial expenses and must be treated in accordance with the section on provisions for payment. Available resources shall not include contributions that family, other than the deceased's spouse, or friends provide to the funeral director.

When the deceased individually owns real or personal property (other than the above), the value of which exceeds the total cost of burial, the request for burial payment shall be denied if there was no surviving spouse or dependent children residing with the deceased at the time of his or her death. If the value of such real or personal property does not exceed the total cost of burial, it shall be disregarded.

Payment for Burial

2676 **Payment for Burial**

Contributions from friends or relatives may be used to pay burial expenses not paid by the department, the deceased, or the surviving spouse.

Available resources of the deceased and surviving spouse shall be applied against those expenses for which the department would be responsible for the purpose of reducing the maximum payment for burial expenses. If the surviving spouse contributes all or some of the \$255 in excluded resources to burial expenses, the contribution shall not be applied against those expenses for which the department would be responsible.

Towns and funeral directors requesting reimbursement for burial expenses under Vermont law must do so on the appropriate departmental billing form. Reimbursement to a town is made on an "as paid" basis up to a maximum of \$250.00 for total burial expenses.

Payment Process, Burial

2677 Payment Process, Burial

Payment shall be authorized only when an itemized accounting of specific burial expenses that are to be provided at public expense is received at State Office on the appropriate billing form that includes the signatures of the funeral director and the party making the funeral arrangements.

Town Service Officer (TSO)

2680 Town Service Officer (TSO)

"On or before April 15 of each year the selection shall appoint a town service officer and notify the commissioner of their appointment. A town service officer may be appointed to serve more than one town. A selectman may be a town service officer. The commissioner shall give him a certificate of appointment and contract for his compensation. If the selectmen fail to appoint a town service officer any selectman may act in his behalf" (VSA § 3002.)

TSO Duties

2681 **TSO Duties**

The duties of town service officers are to receive applications for emergency General Assistance when the district welfare office is closed or when an immediate visit to the district office is impossible for the applicant. The town service officer may perform other duties under the welfare code as the commissioner may direct. The town service officers work under the direction of the District Director who will provide necessary training, forms, procedure material, and approval of compensation.

TSO Decisions

2682 TSO Decisions

Town service officers shall determine the eligibility of applicants by determining the applicant's available income and resources and establishing the applicant's need.

The applicant must furnish necessary information to determine eligibility and supply, or permit, appropriate verification. Applicants who have available income and/or resources equal to the amount of the emergency need are not eligible for payment.

An applicant does not have available income and/or resources may be granted payment for food, housing, fuel and utilities, emergency medical care, and other items, according to the limits set forth in the following subsections.

Town Service Officers are authorized to issue payments for up to 4 days. If the applicant will have needs beyond 4 days, the applicant should be advised to visit the district office. If it is impossible for such applicant to visit the district office within 4 days, the town service officer should contact the District Director so that satisfactory arrangements may be completed.

Town Service Officers may provide assistance only on a vendor authorization form (form 292). Town Service Officers will not be reimbursed for cash given to applicants.

2682.1 Groceries or Meals, TSO

If the applicant does not have available income and resources, and has a need for groceries, payment may be issued on a vendor authorization form (form 292) for the number of days until the district office is open, in the following amounts (payment for groceries may not be issued for more than 4 days):

Groceries

Groceries Allowance

No. of Days	1	2	3	4	5	6	7	8	9	10	For each add'l person
1	3.00	5.00	6.00	7.00	7.00	8.00	9.00	10.00	10.00	10.00	1.00
2	3.00	5.00	7.00	8.00	10.00	11.00	13.00	15.00	16.00	18.00	2.00
3	4.50	7.50	10.50	12.00	15.00	16.50	19.50	22.50	24.00	27.00	3.00
4	6.00	10.00	14.00	16.00	20.00	22.00	26.00	30.00	32.00	36.00	4.00

TSO Decisions

2682.2 Housing, TSO

The town service officer shall not issue payment for housing if the applicant has housing accommodations which can be maintained until the district office is open, even if payment for such an accommodation is due.

If, however, the applicant does not have available income and resources, and is actually without a housing accommodation, payment may be authorized on a vendor authorization form (form 292) in an amount necessary to secure housing until the district office is open. Payment shall not be issued for housing for more than 4 days.

2682.3 Fuel and Utilities, TSO

The town service officer shall not issue payment for fuel or utilities if the applicant has a sufficient supply to last until the district office is open.

Payment may be issued if the applicant does not have available income and resources or credit, and:

- is without fuel or utilities,
- does not have sufficient supply on hand to last until the district office is open,
- has or will have metered service disconnected while the district office is closed.

The amount to be issued should be sufficient to last until applicant can visit the district office, or the minimum necessary to maintain continued metered service. Payment shall not be authorized if the provider will extend credit to the applicant.

Payment may be authorized on a vendor authorization form (form 292) in the necessary amount.

2682.4 Emergency Medical Care, TSO

If the applicant does not have available income and resources or credit, payment may be issued for emergency medical care or for a prescription which must be filled immediately.

Payment may be made on a vendor authorization form (form 292) in the amount necessary. If the amount cannot be determined, write "According to Medicaid Fee Schedule" on Vendor authorization form (form 292).

TSO Decisions

2682.5 Other Items, TSO

From time to time, applicants may request other items such as transient transportation, etc. "Other items" may be approved only if, in the judgement of the town service officer, such item needed is required immediately and a decision must be made before the district office will be open. If a town service officer approves "other items", payment should be made at the lowest available cost on a vendor authorization form (form 292), and a notation made on the issuance report (form 291G) specifying the reason(s) for the decision.

TSO Compensation

2683 **TSO Compensation**

A. Time

Town Service Officers will be compensated for time and personal expenses as contracted with the Commissioner under authorization of 33 VSA § 3002.2