

Clearance #4919

Title: Cash Assistance: Recipient Information and Client Due Process Requirements  
(To comment, please click inside the red box)

**OWF/PRC Guidance Letter No. XX**

To: Director, Ohio Department of Alcohol and Drug Addiction Services  
Director, Ohio Department of Development  
Director, Ohio Department of Education

From: Tom Hayes, Director

Date: Current Date

Subject: **Recipient Information and Client Due Process Requirements**

As an agency responsible for operating a TANF-funded program providing services to qualified TANF applicants, it is your responsibility to assure that these due process rights are protected. The following information is attached to assist you as a TANF service provider in your effort to assure protection of client due process rights:

Recipient Information

- ! Ohio Revised Code (ORC) statutes
- ! Model Agreement for Sharing TANF Non-Assistant Client Information
- ! Model Release Agreement

Client Due Process

- ! Client Notice of Approval

! Client Notice of Denial

If you have questions regarding the this matter, please contact Joel Rabb at (614) 466-2694.

JAR:gi

Attachments

cc: CDJFS Directors      ODJFS Assistant Directors      TANF Fiscal/Policy Committee  
OJFSDA      ODJFS Deputy Directors  
PCSAO      ODJFS OFS Bureau Chiefs

**TANF-Funded Non-Assistance Programs:**  
Recipient Information and Client Due Process Requirements

As the single state agency responsible for administering and supervising the administration of Title IV-A of the Social Security Administration, the Ohio Department of Job and Family Services (ODJFS) is providing the following information on some of the requirements to state and county agencies. This information applies to agencies that are administering TANF-funded, non-assistance programs as established by Am. Sub H.B. 94, Am. Sub. H.B. 299, and Sub. H.B. 405 of the 124 the General Assembly. The requirements are presented below in two parts: 1) Recipient Information and 2) Appeals Process.

Recipient Information

ORC Sections 5101.27, 5101.30, and 5101:1-1-03 govern the use of recipient information for TANF funded programs (see attached). In general, state and county agencies are required to maintain confidentiality in the use of recipient information. This requirement should be included in applicable state interagency agreements and grant agreements with sub-recipients (see attached “TANF-Funded Non-Assistance Programs” form). At the local level, there may be a need to have a confidentiality agreement between local partners (see attached Model agreement for Sharing OWF and PRC Information). In some cases, state or county agencies may require recipients to sign a consent to release information form (see attached Model Release Form ).

Client Due Process

ORC Section 5101.801 requires state and county agencies in receipt of TANF funds to provide an appeals process for applicants for and recipients and former recipients of TANF benefits and services when eligibility or benefits or services has been denied.

ODJFS’ Bureau of State Hearings (BSH) is responsible for conducting the above mentioned appeals. BSH has developed appropriate forms to be used by the state and county agencies. The appeal information is contained on the approval and denial notification forms (see attached).

It is important to note the following regarding the appeals:

- ! The state or county agency administering the TANF non-assistance program is responsible for proving at the appeals hearing that their decision was based upon its program policy.
- ! Each state and county agency is responsible for appointing a contact person to act as a liaison with BSH.

BSH may be contacted at (614) 466-2724.

ORC, Section 5101.27

Restrictions concerning information regarding public assistance recipients; consent to release.

ORC, Section 5101.30  
Rules governing recipient information.

ORC, Section 5101.80.1

Benefits and services that are not defined as “assistance”; administration or supervision of administration of certain programs.

ORC, Section 5103:1-1-03

Disclosure of recipient information, nondiscrimination, and treatment of information received from the IRS and social security administration.

**Model Agreement for Sharing TANF Non-Assistance Information**

**Confidentiality Agreement Between**

**The \_\_\_\_\_ County Department of Job & Family Services  
and**

**The \_\_\_\_\_**

This agreement is entered into by and between the \_\_\_\_\_ County Department of Job and Family Services (referred to as \_\_\_\_\_) and the \_\_\_\_\_ (referred to as \_\_\_\_\_).

**Article I - Purpose**

State purpose of releasing the information.

**Article II - CDJFS Responsibility**

1. CDJFS shall provide all relevant applicant and recipient information necessary to fulfill the purpose as set out in Article I of this agreement.

**Article III - (Other Party) Responsibility**

1. (Other party) shall utilize any records received pursuant to this agreement only for the purpose set out in Article I of this agreement.

2. (Other party) shall keep all records provided by the CDJFS pursuant to this agreement, when not in use, in a secure locked place and ensure that no other third party has access to these records.

3. (Other party) shall not provide any information or records received pursuant to this agreement, to any other third party except in compliance with state and federal law and with written permission from the CDJFS.

4. (Other party) shall keep information or records for the purpose of audits.

5. (Other party) shall notify all employees of (other party), in writing, that information received pursuant to this agreement shall only be used for the purpose set out in Article I of this agreement and that the information and records must be kept in compliance with the sections \_\_\_\_\_ of this agreement.

**Article IV - Termination of Agreement**

1. This agreement shall terminate once (other party) fulfills the purpose set out in Article I of this agreement.
2. Either party to this agreement may terminate this agreement for any reason, other than #3 as set out in this Article, upon thirty (30) days notice to the other party.
3. This agreement may terminate immediately as the CDJFS discretion upon any violation of any portion of Article III of his agreement by (other party).

IN WITNESS WHEREOF, the parties have executed this agreement as of the date of signature of the Director of the CDJFS.

(Other party)

CDJFS

\_\_\_\_\_

\_\_\_\_\_

(Other party director)

(CDJFS Director)

\_\_\_\_\_

\_\_\_\_\_

Date

Date

# Model Release Form

## Notice and Authorization to Release Information

In order to provide you benefits and support services through the \_\_\_\_\_ TANF non-assistance program, certain other organizations or agencies may be required to review information to which you are subject that is held by the \_\_\_\_\_.

In order to share this information outside the \_\_\_\_\_, state law requires informed and expressed consent. Informed and expressed consent is voluntary consent from the subject of the information allowing his/her information to be released to a third party outside the \_\_\_\_\_.

Failure to sign this release could result in ineligibility for the \_\_\_\_\_ benefits and services.

The following information held by \_\_\_\_\_ will be released to \_\_\_\_\_ for the following purpose.

(Identify information to be release)

and (State the purpose of the release)

I, \_\_\_\_\_, have read the information provided on the notice form and agree that the \_\_\_\_\_ may release information identified in this release. I understand that this release will be effective upon the date of execution and shall remain effective so long as the information identified in this release is needed for the purpose stated in this release. I may withdraw this release at any time in writing but the withdrawal will not affect any release of information made pursuant to this release prior to my written withdrawal.

\_\_\_\_\_  
Signature of subject of information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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Signature of witness

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Date

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## NOTICE OF DENIAL

Name	Case Name	
Street Address	Case Number	Program
City, State, and Zip Code	County	Mailing Date

This notice is to tell you that your application for \_\_\_\_\_  
dated \_\_\_\_\_, has been denied because:

The regulations supporting this denial are:

**If you do not understand this proposed action or you want to talk to your worker about it, you may call:**

Worker	Telephone Number	Extension
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### **Your Right to a State Hearing**

This notice is to tell you about action we are taking on your case. If you do not understand this action, you should contact your worker. After discussing the reasons for the action with your worker, it is possible that we will change our decision or that you will agree with the action.

**If you do not agree with this action, you have a right to a state hearing.** A state hearing lets you or your representative (lawyer, welfare rights worker, friend or relative) give your reasons against the action. We will also attend or be represented at the hearing to present our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want a hearing we must receive your hearing request within 90 days of the mailing date of this notice. You do not need to return this form if you agree with the action.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

If you want information on free legal services, but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-598-5888, for the local number.

If you want a hearing, sign your name, and send this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

I want an agency review and a state hearing on this action.

I want a state hearing only.

### **I want a hearing.**

Signature	Date	Telephone Number
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If you want information on free legal services, but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-598-5888, for the local number.

If you want a hearing, sign your name, and send this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

9 I want an agency review/conference and a state hearing on this action.

9 I want a state hearing only.

**I want a hearing.**

Signature	Date	Telephone Number
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**Distribution:** Original to client; one copy to case record  
JFS 04074 TANF Carve-outs (Rev. 1/2002)