

DEPARTMENT: Department of Workforce Services
DIVISION/OFFICE: Temporary Assistance for Needy Families
Revised Rule

TITLE: TANF Forms revision

PROPOSED EFFECTIVE DATE: August 1, 2010

STATUTORY AUTHORITY: Arkansas Code 20-76-444, Arkansas Act 1705 of 2005 and Arkansas Act 514 of 2007

NECESSITY AND FUNCTION:

OVERVIEW

Forms that were modified are listed below with a description of the change.

- TEA-187 Added to instructions that page two of this form will be used if the provider does not have a company invoice or receipt system.
- TEA-1404 Technical changes were made to adapt the form for use with child care authorizations.
- TEA-1405 Added the Work Pays program as a program that utilizes the form.
- TEA-1406 Clarified that participants who are assigned to Work Experience and Community Service acknowledge that they understand that they are not entitled to Worker's Compensation through the work site.
- TEA-1408 Added identifying information of the vendor to the bottom of the last page.
- TEA-1420 Revised one question so the level of sanction that is being imposed is indicated.
- TEA-1421 A line was added to capture the date the home visit was conducted.
- TEA-1430 Instructions were amended to state that page 2 of the TEA-187 must be sent with the TEA-1430 if the provider does not have an invoice or receipt system.
- TEA-1432 Several modifications were made. (1) A statement that page 2 of the TEA-187 will be used if vendor does not have company invoice or receipt system. (2) Specifies that children must be transported in approved child safety seats corresponding to their age and weight. (3) Specifies that drivers must have a valid Arkansas Drivers License with Class "D", "P"

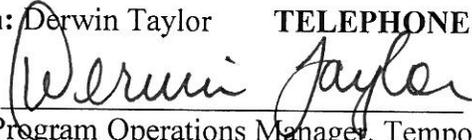
Endorsement. (4) A statement that the transportation provider must provide to DWS an insurance certificate that documents that liability insurance contains contractual liability coverage to protect the State and must contain information required by the Motor Vehicle Responsibility Act, § 27-19-101 et seq. (5) A statement that says the provider must have a clearly displayed company sign or logo on that does not restrict the safe operation of the vehicle

TEA-1446 Added space for participant to record the time spent on each job search contact.

These changes have been approved for **FINAL** filing with the Bureau of Legislative Research.

Contact Person: Derwin Taylor **TELEPHONE:** 683-1353

SIGNATURE:



TITLE: DWS Program Operations Manager, Temporary Assistance for Needy Families

DATE: June 11, 2010

**Notice
Of
Rulemaking**

Pursuant to Arkansas Code 20-76-444, the Arkansas Department of Workforce Services (DWS) issues proposed changes to the Temporary Assistance for Needy Families (TANF) forms. The changes include revisions to some forms to make them more user-friendly.

Copies of the revised forms may be obtained by writing DWS TANF Division, P. O. Box 2981, Little Rock, AR 72203, Attention: TANF Policy Unit Manager. All comments must be submitted in writing to the address indicated above no later than June 7, 2010.

The DWS is in compliance with Title VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to age, religion, disability, or political affiliation.



June 11, 2010

Donna Davis
Committee on Administrative Rules and Regulations
Arkansas Legislative Council
State Capitol Building, Room 315
Little Rock, AR 72201

Dear Ms. Davis:

Please utilize this letter as the Department of Workforce Services' final filing for proposed revisions to the Arkansas Transitional Employment Assistance (TEA) and Work Pays Program. These revisions will be effective August 1, 2010, in accordance with Arkansas Act 1705 of 2005 and Arkansas Act 514 of 2007.

The comment period ended June 7, 2010. There were no comments submitted regarding the revisions to the TEA and Work Pays program from the public. There were however grammatical and content changes made by staff during this review period. The attached markup includes these changes and we have included the final copy.

Included in this package are the markup pages of the revisions and final version related to the May 7, 2010 initial filing submission as well as the final Questionnaire and Financial Impact Statement. We are requesting the proposed revisions be placed on the July 2010 agenda for Committee review and approval.

If you have any questions or comments, please contact Derwin Taylor, DWS Program Operations Manager, at (501) 683-1353 or via email at derwin.taylor@arkansas.gov.

Sincerely,


Artee Williams

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Workforce Services

DIVISION TANF

PERSON COMPLETING THIS STATEMENT Derwin Taylor

TELEPHONE NO. 501-683-1353 FAX NO. 501-683-1531

EMAIL: derwin.taylor@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE TANF Forms

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes _____ No X _____

2. Does this proposed, amended, or repealed rule affect small businesses?
Yes _____ No X _____

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

General Revenue -0- _____

Federal Funds -0- _____

Cash Funds -0- _____

Special Revenue -0- _____

Other (Identify) _____

Total -0- _____

Next Fiscal Year

General Revenue -0- _____

Federal Funds -0- _____

Cash Funds -0- _____

Special Revenue -0- _____

Other (Identify) _____

Total -0- _____

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ _____ -0- _____

\$ _____ -0- _____

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

Next Fiscal Year

\$ _____ -0- _____

\$ _____ -0- _____

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY DEPARTMENT OF WORKFORCE SERVICES
DIVISION TANF
DIVISION DIRECTOR Phil Harris
CONTACT PERSON Derwin Taylor
ADDRESS #2 Capitol Mall, Little Rock, AR
PHONE NO. 501-683-1353 FAX NO. 501-683-1531 E-MAIL derwin.taylor@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Derwin Taylor
PRESENTER E-MAIL derwin.taylor@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

- 1. What is the short title of this rule? Revision to TANF forms
- 2. What is the subject of the proposed rule? TANF Forms
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes _____ No X _____
If yes, please provide the federal rule, regulation, and/or statute citation.
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes _____ No X _____
If yes, what is the effective date of the emergency rule? _____
When does the emergency rule expire? _____
Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes _____ No _____

5. Is this a new rule? Yes _____ No If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes _____ No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes No _____ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.
Arkansas Act 1705 of 2005 and Arkansas Act 514 of 2007

7. What is the purpose of this proposed rule? Why is it necessary?
To make the forms more user-friendly

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).
register@sos.arkansas.gov

9. Will a public hearing be held on this proposed rule? Yes _____ No
If yes, please complete the following:
Date: _____
Time: _____
Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)
6/7/10

11. What is the proposed effective date of this proposed rule? (Must provide a date.)
8/1/10

12. Do you expect this rule to be controversial? Yes _____ No If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

ARKANSAS STATE LIBRARY



Agency Certification Form For Depositing Final Rules and Regulations At the Arkansas State Library

Documents Services • Arkansas State Library
One Capitol Mall • Little Rock, AR 72201-1094
501-682-2326 phone; 501-682-1532 FAX

For Office Use Only		
Effective Date:		Classification Number:
Name of Agency: Department of Workforce Services		
Contact Person: Derwin Taylor		Telephone: 683-1353
Statutory Authority for Promulgating Rules: Arkansas Code 20-76-444, Arkansas Act 1705 of 2005, and Arkansas Act 514 of 2007		
Title of Rule: TANF Form revisions		
Rule Status	Effective Date Status	Effective Date
<input type="checkbox"/> New Rule/Regulation	<input type="checkbox"/> Emergency	
<input checked="" type="checkbox"/> Amended Rule/Regulation	<input type="checkbox"/> 10 Days after filing	
<input type="checkbox"/> Repealed Rule/Regulation	<input checked="" type="checkbox"/> Other	8/01/10
<input type="checkbox"/> Order	<input type="checkbox"/> Repealed	
<input type="checkbox"/> Emergency Rule/Regulation	Adopted by State Agency	
<input type="checkbox"/> Rule above is proposed and will be replaced by final version <input checked="" type="checkbox"/> Financial and/or Fiscal Impact Statement Attached		
Certification of Authorized Officer		
I hereby certify that the attached rules were adopted in compliance with Act 434 of 1967 as amended.		
Signature: <u><i>Artee Williams</i></u>		Date: <u>06/11/10</u>
Title: <u>Director</u>		

