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**Testimony Before the Council of the District of Columbia
Committee on Human Services**

**Public Hearing:
Performance Oversight Hearing
Department of Human Services
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Good morning Chairperson Nadeau and Members of the Committee on Human Services. My name is Stephanie McClellan and I am the Deputy Director of DC KinCare Alliance. I am pleased to testify today regarding the administration of TANF benefits and homeless prevention services by the Department of Human Services. DC KinCare Alliance is a member of the Fair Budget Coalition and we support budget priorities and policies that alleviate poverty in the District of Columbia.

The mission of DC KinCare Alliance is to support the legal, financial, and related service needs of relative caregivers who step up to raise children in their extended families in times of crisis when the children's parents are not able to care for them due to mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. DC KinCare Alliance is the only organization in DC focused solely on serving relative caregivers raising DC's at-risk children.

Here in D.C., 9,000 children are living in the care of relatives with no parent present at a rate that is double the national average.¹ These relatives are primarily Black women who live in Wards 7 and 8. They often live at the economic margins of our society, even before they are called upon to raise a relative child. Many also report a significant disability.

The children who come into their care often have serious mental health or medical needs and suffer from trauma. These relative caregivers need financial help and stable housing to raise these children. However, the established systems are set up for traditional families, not kinship families, thereby resulting in severe barriers to access benefits by relative caregivers.

¹ The Annie E. Casey Foundation, *Kids Count Data Center*, "Children in kinship care in District of Columbia," available at <https://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=10&loct=3#detailed/3/any/true/1687,1652,1564,1491,1443,1218,1049,995/any/14207,14208>.

A. Access to TANF Benefits for Kinship Families

1. Onerous Documentation Requirements for Relatives to Obtain TANF

When we testified last year on this topic, we noted that the Combined Application for DC Benefits was overly burdensome and difficult to complete, asked relatives to swear to the truthfulness of answers to questions that they could not possibly know,² and was not even pdf-fillable or able to be submitted online. We are happy to report that one of these concerns has been ameliorated because the form is now pdf fillable and available online.

However, our most pressing concerns continue to be that, in order for a relative caregiver to obtain TANF benefits in DC, they must prove they are related to the child and that they are living with the child. Typically, relatedness is established by a relative caregiver providing his or her own birth certificate, the parent's birth certificate, and the child(ren)'s birth certificates. However, requiring relatives to provide all of these birth certificates is not practical as they typically do not have the parent's or child(ren)'s birth certificates. For instance, a grandparent can only obtain the birth certificates of his or her grandchild(ren) if the information in DC Vital Records shows that the grandparent is related to the parent and the grandchild(ren). In addition, the only way for other relatives to obtain a child's birth certificate in DC is to have a certified court order granting the relative custody. Moreover, the cost to obtain a birth certificate is \$23 each plus online fees (as that is the only method during the pandemic to obtain them), which is often prohibitive, especially when a relative takes in a group of siblings. Notably, paternal relatives may not be able to prove relatedness at all because fathers frequently are not listed on birth certificates. While the ESA Policy Manual provides a list of other documents to establish relatedness, most are either: (a) not accessible

² Such questions include the city and state where the child was conceived and that such conception was the result of sexual intercourse with the parent identified in the application.

to relative caregivers, or (b) only relevant to prove relatedness between a parent to his or her own child (*i.e.*, would not prove relatedness between the relative and the child).³

Further, with respect to the “living with” requirement, the ESA Policy Manual provides a list of the types of documentation required to prove this; however again, many of those documents are not accessible or relevant to relative caregivers.⁴ Further, the Manual is silent on whether a statement from a landlord, child care provider, school official, or health care provider can be provided verbally or if it must be in writing.

Bottom line: ESA’s TANF documentation requirements for relative caregivers are onerous and burdensome, and result in unnecessary barriers to access these benefits.

2. Proposal to Reduce Barriers to Access TANF by Relative Caregivers

Since we testified last year, we have had some productive discussions with Brian Campbell and other senior DHS policy staff about these issues. In connection with those discussions, on August 14, 2020, we submitted to DHS the attached recommended revisions to the ESA Policy Manual to ensure relative caregivers who are eligible for benefits are able to receive them. We have not heard back to date whether any of our recommendations will be implemented, and look forward to receiving feedback on them from DHS.

³ Primary documents include adoption records (these are sealed), marriage license/certificate, divorce papers, hospital records of birth (subject to HIPAA), vital statistics records, court records of parentage (these are sealed), baptismal records, juvenile court records (these are sealed), child support records, and SSA records indicating relationship (requires a court order if you are not the parent). Secondary documents include a statement from a priest, minister, or rabbi; family bible; health records maintained by a hospital, clinic, or physician (subject to HIPAA); child care records; social service agency records; insurance records; school records; and Census records (all of which require a court order if you are not the parent). *See* ESA Policy Manual at Part IV, § 5.8.1.

⁴ For instance, child welfare agency records (these are confidential), health records (subject to HIPAA), or juvenile court records (these are sealed).

In general, our recommendations are as follows:

Similar to other jurisdictions, DHS should permit relatives to provide **additional types of evidence to prove “relatedness to” and “living with” a child.** Specifically, **a court custody order** identifying the relationship of the relative to the child(ren) and that the child is in the physical custody of the relative should be acceptable. Other options for relatedness could include **a written acknowledgement of paternity, an affidavit from the caregiver, DNA tests, and written or verbal statements not only from religious leaders but also from community members.** Maryland does not require proof of relatedness at all unless it is determined to be questionable.⁵ In the absence of primary documentation of the relationship, New York permits two forms of secondary documentation, including school records, attestation of the caretaker, or signed statements from community members such as a clergy member, landlord, doctor, neighbor, day care worker, or scout leader.⁶ For living with, verbal statements from a landlord, child care provider, school official, or health care provider should be permitted.

B. Homeless Prevention Services for Kinship Families

1. Concerns Regarding Administration of Homeless Prevention Services

Many of our relative caregiver clients require homeless prevention services after children come to live with them. Sometimes the unit they occupy does not allow for additional residents. Often the increased financial burden of caring for these children along with the delay in receiving TANF benefits cause them to get behind in paying their rent and a resulting Landlord/Tenant eviction case.

⁵ Maryland Department of Human Resources Family Investment Administration, Temporary Cash Assistance Manual, Section 303.2E (December 2008), *available at* <http://dhs.maryland.gov/documents/Manuals/Temporary-Cash-Assistance-Manual/0300-Technical-Eligibility/303-Caretaker-Relatives.pdf>.

⁶ New York Office of Temporary and Disability Assistance Informational Letter, Transmittal 00 INF-6 (March 13, 2000), *available at* https://otda.ny.gov/policy/directives/2000/INF/00_INF-06.pdf.

These relative caregivers go to Virginia Williams Family Resource Center (VWRC) for help and, if determined eligible for homeless prevention services, are referred to a community provider. The community provider requires the relative to complete another lengthy application, asking for much of the same information as VWRC. Once that is complete, the community provider conducts its own determination of whether the relative is eligible for homeless prevention services, and some will be turned away at this juncture even though they were already deemed eligible for these services by VWRC. This whole process starts all over again if a constituent applies for permanent supportive housing, where it appears no prior documentation or records are shared with the newly assigned community provider. This also begs the question of why there are so many different touch points – would not one provider be best from start to finish?

If the constituent is determined eligible for rapid rehousing, the community provider only furnishes “a light touch case management approach,” which in our experience means that the provider memorializes a plan of what the constituent already planned to do and sends the constituent on their way to find a job, budgeting assistance, and housing. This is not what the provider represents to the public on its website, and presumably in its contract with DC, regarding the holistic and fullsome case management services it furnishes.

One particularly troubling example of this is when the community provider furnishes the constituent with a long list of landlords who ostensibly accept the rapid rehousing voucher and tells the constituent to go find housing from this list. When the client calls the leasing offices on the list, many of the phone numbers are out of service, the landlord’s rental rate is above the rapid rehousing cap, the income requirements are out of reach, and/or there are no available units. One of our clients, who works an hourly wage job, had to forgoe a full

day of wages to make these calls, and still had not been able to go through the whole list and had not identified any viable housing options.

2. Proposal to Improve Service Delivery

Currently, there is no law or DHS regulation or policy that provides standards for what services a homeless prevention community provider must furnish to its constituents and under what circumstances they must be furnished. We submit that such a law, regulation and/or policy is necessary to ensure all providers furnish a full range of case management services, not just information and referral. At a minimum, this must include: updating the housing lists on a regular basis to ensure all landlords accept the voucher and the rent falls within the housing caps: actively assisting constituents with contacting landlords and identifying housing; and reaching out to landlords to forge relationships to ensure housing is available for constituents. Without providing all three of these services, the community provider's work is meaningless. Unfortunately, at this time, community providers typically furnish none of these.

We further submit that DHS must better monitor and oversee the work of The Community Partnership, which receives approximately \$80 million a year, and essentially has a monopoly over the management and administration of the community providers. It is particularly concerning that TCP receives so much money and has so much power, but there is no public information about its oversight. We were not able to find annual audits of TCP or its community providers to determine the effectiveness and efficacy of their services. From those on the ground receiving them, there seems to be a gap between what DC is paying and what DC residents are receiving. In other words, are the substantial amounts paid by DC to TCP providing an equally substantial return?

* * *

Thank you for your consideration of these important matters. The effective administration of DHS benefits lays the groundwork for families to maintain their homes, obtain education and employment, and have the opportunity to build wealth and power. This, in turn, will result in fewer individuals needing these services as they are lifted up out of poverty.

I am happy to answer any questions.

ESA POLICY MANUAL
Part IV: Non-Financial Eligibility Requirements
Chapter 5 – Living with a Relative
(pp. 127-128)

Note: Federal law does not require any specific documentation for TANF eligibility or verification. Indeed, “states have broad flexibility to carry out their programs . . . and the rules for determining who is eligible for benefits.” <https://www.hhs.gov/answers/programs-for-families-and-children/what-is-tanf/index.html>.

The following states accept the representation of the caregiver without further verification unless it is questionable or information in the file conflicts with the representation:

For Relatedness: FL, MD, MI, OK, PA, SC.

For Living With: AZ, FL, GA, IN, MD, MI, MT, OK, SD.

VERIFICATION 5.8

Relationship 5.8.1

MA	<p>AR: No verification of relationship is required.</p> <p>AX: See AR.</p> <p>SR: For individuals applying for LTC, spousal relationships must be verified. The following pieces of verification are acceptable:</p> <ul style="list-style-type: none"> • marriage license/certificate, • SSA records indicating relationship, • divorce papers, and • vital statistics records. <p>If the above sources are not available, use two of the following:</p> <ul style="list-style-type: none"> • statement from a priest, minister, or rabbi; • family bible; • health records maintained by a hospital, clinic, or physician; • social services agency records; • insurance records; and • Census records. <p>QM: No verification of relationship is required unless questionable.</p>
TANF	<p>Relationship must be verified initially and when a child is added; no verification is required at recertification.</p> <p>The following pieces of verification are acceptable:</p> <ul style="list-style-type: none"> • birth certificates, • adoption records, • marriage license/certificate,

- divorce papers,
- hospital records of birth,
- vital statistics records,
- court records of parentage,
- [court custody order identifying relationship](#),¹
- [Designation of Standby Guardianship identifying relationship](#),²
- baptismal records,
- juvenile court records,
- child support records,
- SSA records indicating relationship,
- [written acknowledgement of paternity](#),³ and
- [genetic testing](#).⁴

If the above sources are not available, use two of the following:

- [verbal or written statement from a priest, minister, or rabbi](#),⁵
- [verbal or written statement from a community member, such as a landlord, friend, neighbor, or scout leader](#),⁶
- [sworn statement of caregiver regarding relationship](#),⁷
- family bible;
- health records maintained by a hospital, clinic, ~~or~~ physician, [or health department, or verbal or written statement from health care provider](#),⁸

¹ States that allow this: Alabama, Alaska, Arizona, Arkansas, California, Florida, Georgia, Indiana, Iowa, Kentucky, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

² States that allow this: Georgia, Iowa, New York, Ohio, Oregon, Pennsylvania, Wisconsin.

³ States that allow this: Alabama, Alaska, Arizona, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Massachusetts, Mississippi, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota. DC also already accepts this to prove paternity but not for relative caregiver to prove relatedness (See ESA Manual at Paternity Section 5.5).

⁴ States that allow this: Arizona, Indiana, Iowa, New York, Virginia, Wisconsin. DC also already accepts this to prove paternity but not for relative caregiver to prove relatedness (See ESA Manual at Paternity Section 5.5).

⁵ States that allow VERBAL statement: Florida, Kansas, Nevada, New Mexico, Oregon.

⁶ States that allow this (verbal, written or both): Alabama (written), Delaware (written), Florida (both), Hawaii (both), Indiana (written only), Kansas (verbal or written), Kentucky (written and notarized), Massachusetts (written affidavit), Michigan (written from at least two persons), Mississippi (written from at least two persons), Nevada (both, if know child since birth), New Mexico (both), New York (written), North Carolina (written, by someone acquainted with child's parent at time of birth), Ohio (written), Oregon (both) Pennsylvania (written), Rhode Island (written), Tennessee (written and notarized), Texas (written, if know child since birth), Virginia (written and notarized).

⁷ States that allow this: California, Idaho, Iowa, Minnesota, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee.

⁸ States that allow this (verbal, written or both): Delaware (written), Indiana (written), Kansas (both), Kentucky (written and notarized), Massachusetts (written affidavit), Michigan (written from two persons with direct knowledge of relationship), Mississippi (written from two such individuals in the community where mother and putative father lived together), Nevada (written), New Mexico (both), New York (written), North Carolina (written), Ohio (written), Oregon (both), Pennsylvania (written), Rhode Island (both), South Carolina (affidavit of physician or midwife who attended birth), Tennessee (written and notarized), Texas (written and must know child since birth), Virginia (written and notarized).

	<ul style="list-style-type: none"> • child care records <u>or verbal or written statement from child care provider</u>;⁹ • <u>social services agency records or verbal or written statement from caseworker</u>;¹⁰ • insurance records; • school records <u>or verbal or written statement from school official</u>;¹¹ • Census records; • CSESD records; • <u>Custodial Power of Attorney (CPOA) if it identifies the relationship between the caregiver and the child</u>;¹² and • <u>OSSE Other Primary Caregiver (OPC) Form if it identifies the relationship between the other primary caregiver and the child.</u>
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Living With 5.8.2

MA	No “living with” verification is required unless information provided appears questionable.
TANF	<p>“Living with” must be verified at application and when adding a child to the assistance unit. <u>Court custody order stating that the caregiver has physical custody of the child</u> ¹³ <u>or school records to include written statement from school official</u> ¹⁴ (for school age children), or at least two of the following, is acceptable:</p> <ul style="list-style-type: none"> • <u>Designation of Standby Guardianship or Court Petition for Standby Guardianship with evidence that triggering event occurred</u>;¹⁵ • hospital, clinic, physician, or health department records, <u>or verbal or written statement from health care provider</u>;¹⁶

⁹ States that allow this (identify whether verbal, written or both allowed): Kansas (both), Kentucky (written and notarized), Massachusetts (written affidavit), Michigan (written), New Mexico (both), New York (written), Ohio (written), Pennsylvania (written), Rhode Island (written), Tennessee (written and notarized), Virginia (written and notarized).

¹⁰ States that allow this (verbal, written or both): Alaska (both), Florida (both), Indiana (written), Kansas (both), Kentucky (written and notarized), Massachusetts (written affidavit), Michigan (written from two persons with direct knowledge of relationship), Mississippi (written from two individuals in the community where the mother and putative father lived together), New York (written), Ohio (written), Oklahoma (written), Oregon (written and possibly verbal), Pennsylvania (written), Rhode Island, Tennessee (written and notarized), Texas (written), Virginia (written and notarized).

¹¹ States that allow this (verbal, written or both): Iowa (written), Kansas (both), Kentucky (written and notarized), Massachusetts (written affidavit), Michigan (written from two persons with direct knowledge of the relationship), Mississippi (written from two individuals in the community where the mother and putative father lived together), Nevada (both), New Mexico (both), New York (written), Ohio (written), Oklahoma (written), Pennsylvania (written), Rhode Island (written), Tennessee (written and notarized), Texas (written), Virginia (written and notarized), Washington (written).

¹² States that allow this: Iowa, Kansas, New York, Ohio, Oregon, Pennsylvania, West Virginia, Wisconsin.

¹³ States that allow this: Colorado, Florida, Idaho, Indiana, Michigan, Nevada, New York, North Carolina, Ohio, Oregon, Utah, Virginia (for pre-school aged child), Washington, West Virginia, Wisconsin.

¹⁴ States that allow this: Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Michigan, North Carolina, North Dakota, Ohio, Texas, Washington, West Virginia, Wyoming.

¹⁵ States that allow this: Florida, Georgia, Idaho, Ohio, Oregon, Wisconsin.

¹⁶ States that allow verbal and/or written statement from health care provider: Alabama (written), Arizona (both), Georgia (both), Kansas (both), Louisiana (both), Michigan (written), Minnesota (both), Ohio (both), Oregon (both), Rhode Island (both), Tennessee (both), Utah (both), Wyoming (written).

- [child care records](#) ¹⁷ [or verbal or written](#) statement from child care provider;¹⁸
- court child support order;
- juvenile court records;
- child welfare agency records [or verbal or written statement from agency caseworker](#);¹⁹
- [verbal statement from school official](#);²⁰
- [verbal or written](#) statement from clergy;²¹
- social services agency records [or verbal or written statement from agency caseworker](#);²²
- [verbal or written statement from community provider](#);²³
- [verbal or written](#) statement from non-relative;²⁴
- [verbal or written](#) statement from non-relative landlord;²⁵ and
- [OSSE OPC Form if the box for “Enrolling student resides with me, the other primary caregiver” is checked.](#)

¹⁷ States that allow this: Alaska, California, Florida, Georgia, Idaho, Indiana, Minnesota, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Dakota, Wisconsin.

¹⁸ States that allow this (verbal, written or both): Florida (both), Georgia (both), Idaho (both), Indiana (written), Kansas (both), Kentucky (written), Louisiana (both), Michigan (written statements by two persons who do not live with the group but have direct knowledge of the living arrangement), Minnesota (both), Nevada (written), North Carolina (both), Ohio (written), Oregon (both), Rhode Island (both), Tennessee (both), Utah (both), Wyoming (written).

¹⁹ States that allow agency caseworker statement (verbal, written or both): Florida (both), Georgia (both), Indiana (written only), Kansas (verbal or written), Kentucky (written), Louisiana (verbal), Michigan (written statements by at least two persons who do not live with the group but have direct knowledge of the living arrangement), Minnesota (both), North Carolina (both), Ohio (written), Oregon (both), Rhode Island (both), Tennessee (both), Utah (both), Wyoming (written).

²⁰ States that allow this: Florida, Georgia, Idaho, Kansas, Louisiana, Minnesota, North Carolina, North Dakota, Tennessee, Texas, Utah.

²¹ States that allow VERBAL statement: Alaska, Arizona, Florida, Georgia, Kansas, Louisiana, Minnesota, Nevada, North Carolina, Oregon, Rhode Island, Tennessee, Utah, Wyoming.

²² States that allow agency caseworker statement (verbal, written or both): Alabama (written), Alaska (both), Arizona (both), Florida (both), Georgia (both), Indiana (written), Kansas (both), Kentucky (written), Louisiana (verbal), Michigan (written statements by two persons who do not live with the group but have direct knowledge of the living arrangement), Minnesota (both), Ohio (written), Oregon (both), Tennessee (both), Utah (both), Wyoming (written).

²³ States that allow community provider statement (verbal, written or both): Alabama (written), Alaska (both), Arizona (both), Arkansas (both), Florida (both), Georgia (both), Indiana (written), Kansas (both), Kentucky (written), Louisiana (verbal), Michigan (written by two persons who do not live with the group but have direct knowledge of the living arrangement), Minnesota (both), North Dakota (both), Ohio (written), Oregon (both), Tennessee (both), Utah (both), Wyoming (written).

²⁴ States that allow VERBAL statement: Arizona, Arkansas, Florida, Georgia, Idaho, Kansas, Louisiana, Minnesota, North Carolina, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Utah, Virginia.

²⁵ States that allow VERBAL statement: Alaska, Arizona, Florida, Georgia, Idaho, Kansas, Kentucky, Louisiana, Minnesota, North Carolina, North Dakota, Oklahoma, Rhode Island, Tennessee, Texas, Utah, Virginia, Wyoming.