

FALL RIVER HOUSING AUTHORITY

COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY

1. GENERAL

Under Section 12 of the United States Housing Act of 1937, every adult resident of public housing is required to perform community service, or participate in an economic self-sufficiency program or a combination of the two totaling eight (8) hours each month (42 USC 1437j). This requirement does not apply to various exempt groups, such as elderly persons, certifying disabled individuals, and persons engaged in work activities (24 CFR 960-609). The Community Service and Self-Sufficiency Requirement (CSSR) mandates that each non-exempt household member (18 years or older) complete and provide verification of this service as a condition of receipt of Federal housing assistance.

FRHA's interpretation of the CSSR is aligned with guidelines set forth in the Advocate's Guide to the *Public Housing Community Service and Self-Sufficiency Requirement in Massachusetts* published by the Massachusetts Law Reform Institute.

2. DEFINITIONS

Community Service: The performance of voluntary work or duties for the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency and the self-responsibility of the resident in the community. Community service is not limited to a single type of service or location. By statute, political activity is not an eligible community service activity. Political activity is defined as activity on behalf of candidates for elected office or on behalf of a political party. A list of eligible community service activities is outlined in Part IX of this policy.

Economic Self-Sufficiency Program: Any program designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. Programs deemed necessary to prepare a resident for work, such as substance abuse treatment or counseling will also be considered. Examples of self-eligible sufficiency activities are outlined in Part IX of this policy.

3. EXEMPTION CATEGORIES

In the FRHA's interpretation of the CSSR, many existing FRHA residents are exempt from the requirements as follows. This determination has been reviewed with the FRHA Resident Advisory Board, and reflects the statutory requirements and input from HUD staff and resident advocates:

A. Exemptions for **families** include any family containing an individual who:

1. Is receiving benefits under TAFDC, SSI, ESEDC, or SNAP programs
2. Is a beneficiary of the Massachusetts State Earned Income Credit
3. Is receiving Veterans' Services Benefits
4. Is a participant in certain subsidized child care programs

B. Exemptions for **adult residents** include persons who are:

1. 62 or older;
2. (i) Blind or disabled as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. Section 416(i)(1); Section 1382c), and who certify that, because of this disability,

- she or he is unable to comply with the service provisions of this policy; (ii) is a primary caretaker of such individual;
3. Engaged in a minimum of 8 hours a week of work activities, including:
 - a) Paid work including self-employment;
 - b) On-the-job-training;
 - c) Job-search and job readiness
 - d) Vocational educational training or job-skills training;
 - e) Job-related education (such as GED);
 - f) paid or unpaid child care for someone who is doing public housing or TAFDC Community Service;
 4. A pregnant woman in the last 120 days of her pregnancy
 5. Able to meet requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 *et seq.*) or under any other welfare program of the State including Welfare-to-Work program; or,
 6. A member of a family receiving assistance, benefits, or services under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the PHA is located, including TAFDC, ESEDC, and Supplemental Nutrition Assistance Program (SNAP), and who are in compliance with that program (see above: Section III.A. Exemption for Families)

4. PROCEDURE FOR DETERMINATION OF EXEMPTION STATUS

- A. **Notification to New and Existing Tenants:** At lease execution and annual reexamination, the Fall River Housing Authority shall issue a notice to all adult family members regarding the Community Service and Self-Sufficiency requirement. This notice (Attachment A) will include:
 1. An explanation of the qualifying criteria for exemption (Attachment A).
 2. A list of documents required to verify exemption under each category (Attachment B)
 3. A list of appropriate community service and economic self-sufficiency activities and information about accessing these resources (Attachment C).
 4. A statement advising them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination
- B. **Determination of Exemption Eligibility:** To determine exemption eligibility, FRHA Management will use the Community Service/Self-Sufficiency Exemption Checklist (Attachment D) as a tool.
- C. **Responsibilities of Exempt Residents.** Exempt individuals must:
 1. Provide documentation to Management to verifying their exemption status in accordance with the list of approved documents in the notice, and
 2. Sign a certification (Attachments E & F) that they have received and read the policy and understand the consequences of non-compliance, and
 3. Report to Management as soon as possible if their status changes from exempt to non-exempt.

D. Responsibilities of Non-Exempt Residents. Non-exempt individuals must:

1. Sign a certification (Attachments E & F) that they have received and read the policy and understand the consequences of non-compliance, and
2. Provide verification of participation in a community service activity or economic self-sufficiency program beginning with the first month following status determination. He/she may complete the entire 96 hours prior to the end of the 12-month period and submit verification of completion.
3. Report to Management as soon as possible if their status changes from non-exempt to exempt

E. FRHA Management Responsibilities

1. At lease execution and annual reexamination, the Fall River Housing Authority shall notify all adult family members of the Community Service and Self-Sufficiency requirement and of the categories of individuals who are exempt.
2. Upon determination that family member is non-exempt, the FRHA will:
 - a) Provide a list of volunteer opportunities to the family members.
 - b) Provide information about obtaining suitable volunteer positions.
 - c) Notify tenants of their rights to grieve a determination of non-exempt status under the FRHA grievance procedure.
3. FRHA Management must obtain third-party verification of CSSR completion administered through outside organizations.
4. FRHA Management will review and consider all verifications submitted to make a final determination of exemption status.
5. FRHA Management will retain copies of the certification forms and supporting documentation in tenant files.
6. Thirty (30) days before the family's next lease anniversary date, the FRHA Management will review the exempt or nonexempt status and compliance of non-exempt family members pursuant to 24 CFR 960.605(c)(3). Additional supporting documentation may be requested of the resident to verify CSSR participation or exempt status.
7. FRHA Management will review CSSR status of a household member whenever there is a reported change in employment or benefit status.

5. VERIFICATIONS FOR CSSR EXEMPTION

- A. **Family Exemption (under Massachusetts Law Reform guidelines)** - Benefit statement from any of the following programs: Transitional Aid to Families with Dependent Children (TAFDC); Supplemental Security Income (SSI); Emergency Aid to Elderly, Dependents and Children (EAEDC); Massachusetts State Earned Income Credit; Veterans' Services Benefits; or Subsidized child care programs
- B. **Age 62 or older** – A birth certificate or government-issued ID showing date of birth
- C. **Blind or Disabled** – A signed statement certifying that, because of this disability, she or he is unable to comply with the service provisions of the CSSR, and (i) a benefit statement from any of the following programs: SSDI, SSI, EAEDC, TAFDC, SNAP, or (ii) a statement signed by resident

certifying that his/her application status for SSDI, SSI or EAEDC disability benefits is pending (FRHA will deem such tenants disabled until a determination is made), or (iii) a statement from the treating physician of a resident who believes they meet the definition of a disability under this policy.

- D. **Primary caregiver of a blind or disabled person** - A statement from the person being cared for or his/her guardian affirming that the resident seeking exemption acts as the primary caregiver for that person and stating the time period during which (s)he is expected to continue in that capacity.
- E. **A pregnant woman in the last 120 days of her pregnancy** – Signed statement from resident certifying that they are unable to comply due to pregnancy.
- F. **Engaged in work activity** - Pay stub; enrollment letter from education or training programs, a signed letter from a supervisor or other such document enumerates the type of activity and number of hours performed
- G. **Exempt from work activity under state welfare program** - Verification of this exemption shall be provided by the MA Department of Transitional Assistance if the resident is a TAFDC or EAEDC recipient. Recipients of other assistance shall provide appropriate third-party documentation from that program or its administrator

6. VERIFICATIONS FOR CSSR PARTICIPATION

Non-exempt residents must submit monthly verification of 8 hours of applicable community service to the Management Office. This verification may include, but is not limited to, a pay stub, a signed time sheet, a signed letter from a volunteer supervisor, or other such document as indicates the type of activity and number of hours performed. This verification will be added to the resident file to document compliance requirement.

The required community service or self-sufficiency activity may be completed at 8 hours each month or may be aggregated across a year. Any blocking of hours is acceptable as long as 96 hours is completed by each annual certification.

7. NOTIFICATION OF NON-COMPLIANCE

A non-exempt household member will be determined to be non-compliant if they fail to provide appropriate verification of exemption, or documentation of participation in an approved community service/self-sufficiency placement.

The FRHA will notify any individual or family found to be in noncompliance of the following:

- A. A brief description of the finding that the family member(s) has been determined to be in non-compliance;
- B. The right to grieve the determination of noncompliance according to the FRHA grievance procedure;
- C. A statement that the FRHA will not renew the lease at the end of the current 12-month lease term unless the tenant enters into a written work-out agreement with the PHA or the family provides written assurance that is satisfactory to the PHA explaining that the tenant or other noncompliant resident no longer resides in the unit. Such written work-out agreement must

include the means through which a noncompliant family member will comply with the CSSR requirement.

FRHA shall not impose any sanction on a family with non-exempt members unless it first provides the family with a list of appropriate and available placements with regard to their linguistic capabilities and transportation needs. If a non-exempt household member elects to perform community service at an organization or participation in an economic self-sufficiency program not covered in Part IX below, the member must seek approval from FRHA.

8. OPPORTUNITY FOR CURE

- A. **Agreement:** The Fall River Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period.
- B. **Term:** The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.
- C. **Termination of Lease:** If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the Fall River Housing Authority shall take action to terminate the lease.

9. ELIGIBLE SELF-SUFFICIENCY & COMMUNITY SERVICE ACTIVITIES

The Fall River Housing Authority will coordinate with social service agencies, local schools, and the Human Resource Office in identifying a list of volunteer community service positions and economic self-sufficiency programs.

The Fall River Housing Authority in conjunction with the Resident Advisory Board has determined that the FRHA and our residents will best be served if we liberally define what constitutes Community Service and Economic Self Sufficiency activities. Any activity which benefits the residents' economic self-sufficiency will be accepted and any activity that reasonable provides the FRHA developments or the general public with a needed service will also be accepted. All opportunities to perform community service will be provided and performed with pride and dignity.

Eligible **Community Service** activities include, but are not limited to, serving at:

- A. Local public or nonprofit institutions, such as schools, Head Start Programs, Red Cross, before-or after-school programs, childcare centers, hospitals, clinics, hospices, nursing homes, recreation centers, senior centers, adult daycare programs, homeless shelters, food kitchens, food banks, or clothes closets;
- B. Nonprofit organizations serving PHA residents or their children, such as: Boy or Girl Scouts, Boys or Girls Club, 4-H Clubs, Police Activities League (PAL), organized children's recreation, mentoring, or education programs, Big Brothers or Big Sisters, Garden Centers, community clean-up programs, beautification programs;

- C. Programs funded under the Older Americans Act, such as Green Thumb, Service Corps of Retired Executives, senior meals programs, senior centers, foster grandparent programs, Meals on Wheels;
- D. Public or nonprofit organizations dedicated to seniors, youth, children, residents, citizens, special-needs populations or with missions to enhance the environment, historic resources, cultural identities, neighborhoods or performing arts;
- E. FRHA housing to improve grounds or provide gardens (so long as such work does not alter the FRHA's insurance coverage); and
- F. Work through Fall River Joint Tenants to educate residents on their rights and organization, as well as passing out flyers, attending monthly resident meetings, and otherwise assisting the FRJTC in its mission;

Eligible **Economic Self-Sufficiency** activities include, but are not limited to:

- A. Adult Basic Education or GED/High School Equivalency Classes
- B. Job readiness or job training while not employed;
- C. Training programs through local One-Stop Career Centers, Workforce Investment Boards (local entities administered through the U.S. Department of Labor), or other training providers;
- D. Higher education (junior college or college);
- E. Apprenticeships (formal or informal);
- F. Substance abuse or mental health counseling;
- G. Reading, financial and/or computer literacy classes;
- H. English as a second language and/or English proficiency classes;
- I. Budgeting and credit counseling

10. MONITORING

Periodically, HUD will audit resident files for compliance with all regulations of the public housing program. Included in this audit is an assessment of the level of compliance with the Community Service requirement. In order to assure that the FRHA is fully compliant with the regulation, the Director of Field Operations or his/her designee will inspect a random sampling of files. This inspection will be performed independent of standard FRHA file audit procedures. As part of the inspection, the reviewer will check the following:

- For the current calendar year, each household/resident's status under the CSSR
- If exempt, the reviewer will note the specific reason for exemption, and ensure the appropriate verification documentation is included in the file.
- If any residents are not exempt from the requirement, the reviewer will ensure that these residents are participating in an appropriate community service program and that there is documentation of that service.
- If non-exempt residents have not provided appropriate documentation of participation in a community service program, these residents will be identified to the manager for lease enforcement.
- The reviewer will ensure the files pertaining to the Community Service requirement are well maintained and suitable for audit by HUD.

**APPENDIX:
CSSR POLICY FORMS & NOTICES**

A. Notice of Community Service and Self-Sufficiency Requirement & Exemption Categories..... i

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**FALL RIVER HOUSING AUTHORITY
COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT**

NOTICE OF REQUIREMENTS & EXEMPTION CATEGORIES

Dear Resident:

The HUD Community Service and Self-Sufficiency Requirement (CSSR) requires that each adult resident of public housing performs community service or participates in an economic self-sufficiency program, or a combination of the two, totaling eight (8) hours each month.

Upon admission and annual recertification, the Fall River Housing Authority must verify which members of your household are exempt from the CSSR and which members are non-exempt.

Regardless of exemption status, every household member between the ages of 18 and 62 must sign an acknowledgment that they have received the FRHA Community Service and Self-Sufficiency policy and understand the consequences of non-compliance. Below are the members of your household who must sign a CSSR certification:

NAME	AGE	SSN#

If you believe any of these household members should be exempt from this requirement you must furnish appropriate verification of exemption to the Management Office within ten (10) days of receipt of this notification. The following individuals are exempt:

- Age 62 or older;
- Blind or disabled and who certify that they are unable to comply with the service provisions of this policy because of their disability; and those who are the primary caretakers of such individuals;
- Engaged in a minimum of 8 hours a week of work activities;
- Pregnant women in the last 120 days of pregnancy;
- Able to meet requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act or under any other welfare program; or,
- A member of a family that is receiving benefits under TAFDC, SSI or ESEDC programs; is a beneficiary of the Massachusetts State Earned Income Credit; is receiving Veterans' Services Benefits; or is a participant in certain subsidized child care programs.

FALL RIVER HOUSING AUTHORITY COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT

EXEMPTION VERIFICATION DOCUMENTS

To qualify for a **full-family exemption**, you must submit documentation from the administering agency indicating current receipt of benefit from any of the following programs: Transitional Aid to Families with Dependent Children (TAFDC); Supplemental Security Income (SSI); Emergency Aid to Elderly, Dependents and Children (EAEDC); Massachusetts State Earned Income Credit; Veterans' Services Benefits; or Subsidized child care programs.

To qualify for **individual exemption**, submit verification pertaining to the corresponding exemption category below:

- **Age 62 or older:** A birth certificate; or government-issued ID showing date of birth
- **Blind or Disabled:** A signed statement certifying that, because of this disability, the household member is unable to comply with the service provisions of the CSSR, and any of the following
 - a benefit statement from any of the following programs: SSDI, SSI, EAEDC, TAFDC, SNAP, or
 - a statement signed by resident certifying that his/her application status for SSDI, SSI or EAEDC disability benefits is pending (FRHA will deem such tenants disabled until a determination is made), or
 - a statement from the treating physician of a resident who believes they meet the definition of a disability under this policy.
- **Primary caregiver of a blind or disabled person:** A statement from the person being cared for or his/her guardian affirming that the resident seeking exemption acts as the primary caregiver for that person and stating the time period during which (s)he is expected to continue in that capacity.
- **A pregnant woman in the last 120 days of her pregnancy:** Signed statement from resident certifying that they are unable to comply due to pregnancy.
- **Engaged in work activity:** Pay stub; enrollment letter from education or training programs, a signed letter from a supervisor or other such document indicating the work activity and number of hours per month.
- **Exempt from work activity under state welfare program** - MA Department of Transitional Assistance if the resident is a TAFDC, EAEDC or SNAP recipient. Recipients of other assistance shall provide appropriate third-party documentation from that program or its administrator.

FALL RIVER HOUSING AUTHORITY COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT

ELIGIBLE COMMUNITY SERVICE & SELF-SUFFICIENCY ACTIVITIES

Any activity which benefits the residents' economic self-sufficiency will be accepted and any activity that reasonably provides the FRHA developments or the general public with a needed service will also be accepted.

All opportunities to perform community service will be provided and performed with pride and dignity. Eligible **Community Service** activities include, but are not limited to, serving at:

- Local public or nonprofit institutions, such as schools, Head Start Programs, Red Cross, before-or after-school programs, childcare centers, hospitals, clinics, hospices, nursing homes, recreation centers, senior centers, adult daycare programs, homeless shelters, food kitchens, food banks, or clothes closets;
- Nonprofit organizations serving PHA residents or their children, such as: Boy or Girl Scouts, Boys or Girls Club, 4-H Clubs, Police Activities League (PAL), organized children's recreation, mentoring, or education programs, Big Brothers or Big Sisters, Garden Centers, community clean-up programs, beautification programs;
- Programs funded under the Older Americans Act, such as Green Thumb, Service Corps of Retired Executives, senior meals programs, senior centers, foster grandparent programs, Meals on Wheels;
- Public or nonprofit organizations dedicated to seniors, youth, children, residents, citizens, special-needs populations or with missions to enhance the environment, historic resources, cultural identities, neighborhoods or performing arts;
- FRHA housing to improve grounds or provide gardens (so long as such work does not alter the FRHA's insurance coverage); and
- Work through Fall River Joint Tenants to educate residents on their rights and organization, as well as passing out flyers, attending monthly resident meetings, and otherwise assisting the FRJTC in its mission;

Eligible **Economic Self-Sufficiency** activities include, but are not limited to:

- Adult Basic Education or GED/High School Equivalency Classes
- Job readiness or job training while not employed;
- Training programs through local One-Stop Career Centers, Workforce Investment Boards or other training providers;
- Higher education (junior college or college);
- Apprenticeships (formal or informal);
- Substance abuse or mental health counseling;
- Reading, financial and/or computer literacy classes; and
- English as a second language and/or English proficiency classes.

**FALL RIVER HOUSING AUTHORITY
COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT**

EXEMPTION CHECKLIST

INSTRUCTIONS: Complete this form for each adult household member 18 years of age or older.

Name of household member: _____

Address of household member: _____

Date of review: _____

Name of staff reviewer: _____

PART I: FAMILY EXEMPTION CHECKLIST

You do not need to answer every question. If you mark YES to ANY question, the entire family is exempt.

1. Does the resident or any member of the resident's family/household receive TAFDC and the family is not being sanctioned for failure to comply with work requirements?	Yes	No
2. Does the resident or any member of the resident's family/household receive SSI?	Yes	No
3. Does the resident or any member of the resident's family/household receive EAEDC?	Yes	No
4. Does the resident or any member of the resident's family/household receive Supplemental Nutrition Assistance Program (Food Stamps) benefits?	Yes	No
5. Does the resident or any member of the resident's family/household receive child care subsidized by the Office of Child Care Services ("OCCS") or the Department of Education's Community Partnerships for Children?	Yes	No
6. Does the resident or any member of the resident's family/household receive the state Earned Income Tax Credit?	Yes	No
7. Does the resident or any member of the resident's family/household receive state Veteran's Services benefits?	Yes	No

DOES HOUSEHOLD QUALIFY FOR FAMILY EXEMPTION?

YES. If YES, please list all exempt members: **NO.** If NO, please continue to Part II of this form.

PART II: INDIVIDUAL EXEMPTION CHECKLIST

You do not need to answer every question. If you mark YES to ANY question, then individual is exempt.

1.	Will the resident be sixty-two years of age or older before the next annual	Yes	No
2.	Is the resident disabled? (Check one)	Yes	No
<input type="checkbox"/> Does the resident receive SSDI disability benefits? <input type="checkbox"/> Does the resident receive MassHealth due to disability? <input type="checkbox"/> Does the resident have a disability that meets the TAFDC standard for disability exemption?			
3.	Does the resident need to care for a disabled family member?	Yes	No
4.	Is the resident a parent or caretaker of a child under the age of two who lives in his/her home?	Yes	No
5.	Is the resident within the last 120 days of pregnancy?	Yes	No
6.	Is the resident a teen parent age 18 or 19 and attending full-time high school or a full-time GED training or work program that totals at least 20 hours per week?	Yes	No
7.	Is the resident on TAFDC and exempt from its work program?	Yes	No
8.	Is the resident a foster parent taking care of a foster child with serious care needs as determined by the Department of Social Services	Yes	No
9.	Is the resident engaged in the following types of work activities at least 8 hours per month? (check one) <input type="checkbox"/> Paid work including self employment <input type="checkbox"/> On the job training <input type="checkbox"/> Job search and job readiness <input type="checkbox"/> Vocational and job skills training Job related education (such as GED) <input type="checkbox"/> Paid or unpaid childcare for someone who is doing public housing community service or TAFDC community service?	Yes	No

DOES INDIVIDUAL QUALIFY FOR EXEMPTION?

YES.

NO

If NO, Tenant must

(1) Sign **Certification for Non-Exempt Individuals (Entrance**

(2) Receive FRHA list of **Eligible Community Service and Self-Sufficiency Activities**

**FALL RIVER HOUSING AUTHORITY
COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT**

CERTIFICATION FOR EXEMPT & NON-EXEMPT INDIVIDUALS

**Entrance Acknowledgement
(To be signed at Admission)**

Date: _____

Participant Name: _____

I have received and read the Community Services and Self Sufficiency Requirement. I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of a year) of community service or participate in an economic self-sufficiency program.

I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies I received notice of this requirement at the time of initial program participation and/or at recertification following the update of this policy.

- Not Exempt
 Exempt (verification documents provided)

Signature: _____

Date of Signature: _____

**FALL RIVER HOUSING AUTHORITY
COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT**

CERTIFICATION FOR EXEMPT & NON-EXEMPT INDIVIDUALS

**Annual Renewal
(To be signed at Annual Recertification)**

Date: _____

Participant Name: _____

*I understand that as a resident of public housing, if I am **not exempt** from the Community Service and Self-Sufficiency Requirement, I am required by law to contribute 8 hours per month (96 hours over the course of a year) of community service or participate in an economic self-sufficiency program.*

I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies I received notice of this requirement.

- Not Exempt
- Exempt (verification documents provided)

Signature: _____

Date of Signature: _____