that a minor parent and the dependent child in his or her care must reside in
the household of a parent, legal guardian, or other adult relative, or in an
adult-supervised supportive living arrangement in order to receive, AFDC
unless:

(1) The minor parent has no living
parent or legal guardian whose where-
abouts is known;

(2) No living parent or legal guardian
of the minor parent allows the minor
parent to live in his or her home;

(3) The minor parent lived apart from
his or her own parent or legal guardian
for a period of at least one year before
either the birth of the dependent child
or the parent’s having made applica-
tion for AFDC;

(4) The physical or emotional health
or safety of the minor parent or de-
pendent child would be jeopardized if
they resided in the same residence with
the minor parent’s parent or legal
guardian;

(5) There is otherwise good cause for
the minor parent and dependent child
to receive assistance while living apart
from the minor parent’s parent, legal
guardian, or other adult relative, or an
adult-supervised supportive living ar-
rangement.

(b) Allegations. If a minor parent
makes allegations supporting the con-
clusion that paragraph (a)(4) of this
section applies, the State agency shall
determine whether it is justified.

(c) Good Cause. The circumstances
justifying a determination of good
cause must be set forth in the State
plan.

(d) Protective Payments. When a minor
parent and his or her dependent child
are required to live with the minor par-
ent’s parent, legal guardian, or other
adult relative, or in an adult-super-
vised supportive living arrangement,
then AFDC is paid (where possible) in
the form of a protective payment.

(e) Definitions: For purposes of this
section:

(1) A minor parent is an individual
who (i) is under the age of 18, (ii) has
never been married, and (iii) is either
the natural parent of a dependent child
living in the same household or eligible
for assistance paid under the State
plan to a pregnant woman as provided
in §233.90(c)(2)(iv) of this part.

(2) A household of a parent, legal
guardian, or other adult relatives means
the place of residence of (i) a natural or
adoptive parent or a stepparent, or (ii)
a legal guardian as defined by the State,
or (iii) another individual who is age 18
or over and related to the minor
parent as specified in §233.90(c)(1)(v)
of this part provided that the residence
is maintained as a home for the minor
parent and child as provided in
§233.90(c)(1)(v)(B) of this part.

(3) An adult-supervised supportive liv-
ning arrangement means a private family
setting or other living arrangement
(not including a public institution),
which, as determined by the State, is
maintained as a family setting, as evi-
denced by the assumption of responsi-
bility for the care and control of the
minor parent and dependent child or
the provision of supportive services,
such as counseling, guidance, or super-
vision. For example, foster homes and
maternity homes are “adult-supervised
supportive living arrangements.”

(f) Notice Requirements. Minor appli-
cants shall be informed about the eligi-
bility requirements and their rights
and obligations consistent with the
provisions at §206.10(a)(2)(i). For exam-
ple, a State may wish to: (1) Advise the
minor of the possible exemptions and
specifically ask whether one or more of
these exemptions is applicable; and (2)
assist the minor in attaining the nec-
essary verifications if one or more of
these exemptions is alleged.

[57 FR 30428, July 9, 1992]

§ 233.110 Foster care maintenance and
adoption assistance.

(a) State plan requirements. A State
plan under title IV-A of the Social Se-
curity Act must provide that the State
has in effect a plan approved under
part E, title IV of the Social Security
Act, and operates a foster care mainte-
nance and adoption assistance program
in conformity with such a plan.

(b) [Reserved]

[51 FR 9206, Mar. 18, 1986]

§ 233.145 Expiration of medical assist-
ance programs under titles I, IV-A,
X, XIV and XVI of the Social Secu-
ritv Act.

(a) Under the provisions of section
121(b) of Pub. L. 89-97, enacted July 30,
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1965, no payment may be made to any State under title I, IV-A, X, XIV or XVI of the Social Security Act for aid or assistance in the form of medical or any other type of remedial care for any period after December 31, 1969. However, these provisions do not affect the availability of Federal financial participation in the cost of medical or remedial care furnished under title IV-A of the Act (pursuant to sections 408(a)(5) and 406(e)) of the Act, as emergency assistance to needy families with children (see §233.120 of this part), subject to the provisions of paragraph (c) of this section. Federal financial participation in vendor payments for medical care and services is not otherwise available except under title XIX of the Act.


(1) In the case of any State which on January 1, 1972, had in effect a State plan approved under title XIX of the Social Security Act, section 1121 of the Act authorizing payments under title I, X, XIV, or XVI of the Act for assistance in the form of institutional services in intermediate care facilities is rescinded; and

(2) In the case of any State which on January 1, 1972, did not have in effect a State plan approved under title XIX of the Act, Federal financial participation is available in assistance in the form of institutional services in intermediate care facilities pursuant to section 1121 of the Act and under the provisions of §234.130 of this chapter until the first day of the first month after January 1, 1972, that the State has in effect a State plan approved under title XIX.

(c)(1) Under the provisions of section 249D of Pub. L. 92–603, enacted October 30, 1972, Federal matching is not available for any portion of any payment by any State under titles I, IV-A, X, XIV, or XVI of the Social Security Act for or on account of any medical or any other type of remedial care provided by an institution to any inpatient thereof, in the case of any State which has a plan approved under title XIX of such Act, if such care is (or could be provided, under a State plan approved under title XIX of such Act, by an institution certified under such title XIX. The effective date of this proposed provision will be the date of publication of the final regulation in the Federal Register.

(2) For purposes of this paragraph,

(i) An institution (see §233.60(b)(1) of this chapter) is considered to provide medical or remedial care if it provides any care or service beyond room and board because of the physical or mental condition (or both) of its inpatients;

(ii) An inpatient is an individual who is living in an institution which provides medical or remedial care and who is receiving care or service beyond room and board because of his physical or mental condition (or both).

(iii) Federal financial participation is not available for any portion of the payment for care of an inpatient. It is immaterial whether such payment is made as a vendor payment or as a money payment or other cash assistance payment. It is also immaterial whether the payment is divided into components, such as separate amounts or payments for room and board, and for care or services beyond room and board, or whether the payment is considered to meet “basic” needs or “special” needs. If, however, a money payment (or protective payment) is made to an individual who is living in an institution, and such payment does not exceed a reasonable rate for room, board and laundry for individuals not living in their own homes, and no additional payment is made for such individual’s care in the institution, Federal financial participation is available in the money payment (or protective payment) since the individual may spend the funds at his discretion and obtain room and board at the place of his choice.

(iv) Federal financial participation is available in cash assistance payments to meet the needs of an inpatient for specific medical services, such as dental care or prescription drugs, which generally are not delivered in an institutional setting and in fact are not

1See notice published Aug. 29, 1973 (38 FR 23337).
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provided by the institution to the inpatient, provided that such services are not available to the individual under the State’s approved title XIX plan.

(38 FR 26379, Sept. 20, 1973, as amended at 38 FR 32912, Nov. 29, 1973)

PART 234—FINANCIAL ASSISTANCE TO INDIVIDUALS

Sec.
234.11 Assistance in the form of money payments.
234.60 Protective, vendor, and two-party payments for dependent children.
234.70 Protective payments for the aged, blind, or disabled.
234.75 Rent payments to public housing agencies.
234.120 Federal financial participation.
234.130 Assistance in the form of institutional services in intermediate care facilities.

AUTHORITY: 42 U.S.C. 602, 603, 606, and 1302.

§ 234.11 Assistance in the form of money payments.

(a) Federal financial participation is available in money payments made under a State plan under title I, IV-A, X, XIV, or XVI of the Social Security Act to eligible families and individuals. Money payments are payments in cash, checks, or warrants immediately redeemable at par, made to the grantee or his legal representative with no restrictions imposed by the agency on the use of funds by the individual.

(b) [Reserved]


§ 234.60 Protective, vendor and two-party payments for dependent children.

(a) State plan requirements. (1) If a State plan for AFDC under title IV-A of the Social Security Act provides for protective, vendor and two-party payments for cases other than failure to participate in the Job Opportunities and Basic Skills Training (JOBS) Program under §256.34(d), or failure by the caretaker relative to meet the eligibility requirements of §232.11, 232.12, or 232.13 of this chapter. It must meet the requirements in paragraphs (a) (2) through (11) of this section. In addition, the plan may provide for protective, vendor, and two-party payments at the request of recipients as provided in paragraph (a)(14) of this section.

(2)(i) Methods will be in effect to identify children whose relatives have demonstrated such an inability to manage funds that payments to the relative have not been or are not currently used in the best interest of the child. This means that the relative has misused funds to such an extent that allowing him or her to manage the AFDC grant is a threat to the health or safety of the child.

(ii) States will establish criteria to determine if mismanagement exists. Under this provision, States may elect to use as one criterion a presumption of mismanagement based on a recipient’s nonpayment of rent.

(iii) Under State agency procedures, the recipient shall be notified whenever a creditor requests a protective, vendor, or two-party payment for mismanagement on the basis of nonpayment of bills.

(iv) The recipient shall be notified by the agency of a decision not to use a protective, vendor, or two-party payment if such payment has been requested by a creditor.

(v) A statement of the specific reasons that demonstrate the need for making protective, vendor, and two-party payments must be placed in the file of the child involved.

(3) Criteria will be established to identify the circumstances under which protective, vendor, or two-party payments will be made in whole or in part to:

(i) Another individual who is interested in or concerned with the welfare of the child or relative; or

(ii) A person or persons furnishing food, living accommodations or other goods, services, or items to or for the child, relative, or essential person.

(4) Procedures will be established for making protective, vendor, or two-party payments. Under this provision, part of the payment may be made to the family and part may be made to a protective payee or to a vendor, or part may be made in the form of two-party payments, i.e., checks which are drawn jointly to the order of the recipient and the person furnishing goods, services,