

Public Assistance and Visitor's Allowance

What is a Visitor's Allowance?

A Visitor's Allowance is money given to you when you do not have custody of your child(ren) but you have visitation rights and the child(ren) visit in your home.

Examples:

1. Your child (or children) is in foster care and returns home on visits approved by DSS.
2. Your child (or children) visits your home as part of a divorce decree or other court order.

How do I qualify for the Visitor's Allowance?

You must meet the following conditions:

1. You cannot have legal custody of the child (or children).
2. You must present the divorce papers or other legal document to prove that you have visitation rights.
3. If your child is in foster care, your public assistance caseworker should contact the foster care caseworker to confirm that the child visits you.
4. You must provide a statement, usually from the custodial parent, indicating when your child visits. If DSS has reason to believe that your statement is false, DSS may ask for additional proof.

How do I apply for a Visitor' Allowance?

Write a letter to your caseworker requesting the allowance. State in the letter the days you have your child (or children). If you have not been receiving the Visitor's Allowance, but have told the Department of Social Services (DSS) about the visits, ask for back benefits.

How much is a Visitor's Allowance?

Four dollars (\$4) per day, per child.

Can I receive a Visitor's Allowance if the parent who has custody of the child (or children) also receives public assistance?

Yes.

Can I get the Visitor's Allowance before the child (or children) actually visits?

Yes. If your child (or children) routinely visits you, DSS can authorize a regular on-going allowance based on the average number of days visited each month.

Example: For one child who visits each week-end (two days per week),
DSS may figure the monthly Visitor's Allowance as follows:

$$2 \text{ (days per week)} \times \$4 \text{ (per day)} = \$8 \text{ (per week)}$$

$$\$8 \times 4.33 \text{ (weeks in a month)} = \$34.64 \text{ (per month)}$$

What can I do if I have asked for the allowance and not received it?

If you have not heard from your worker within 30 days of your request or if your request has been denied verbally or written, contact our office immediately at (716) 847-0650.

REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER HELP BY A TEMPORARY ASSISTANCE RECIPIENT

Case Name: _____	Case Number: _____
Address: _____	Telephone Number: _____

<p>I am requesting the following Temporary Assistance allowance(s) for special need(s):</p> <p><input type="checkbox"/> Restaurant Allowance because I cannot prepare meals at home.</p> <p><input type="checkbox"/> Pregnancy Allowance</p> <p><input type="checkbox"/> Housing and Shelter Related Items</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moving Expenses <input type="checkbox"/> Rent Security Deposit or Agreement <input type="checkbox"/> Brokers' or Finders' Fee <input type="checkbox"/> Storage of Furniture and Personal Belongings <input type="checkbox"/> Repair of Essential Household Items <input type="checkbox"/> Property Repairs <input type="checkbox"/> Back Rent <input type="checkbox"/> Back Mortgage and/or Taxes <input type="checkbox"/> Furniture and Other Household Items <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I am requesting other help:</p> <p><input type="checkbox"/> Child Care Assistance</p> <p><input type="checkbox"/> I am working.</p> <p><input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma.</p> <p><input type="checkbox"/> I wish to attend approved occupational training.</p> <p><input type="checkbox"/> I am sick and incapacitated and cannot care for my children.</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p>
FOR WORKER'S USE ONLY	
<p>CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST</p> <p>_____</p> <p>_____</p>	

CLIENT'S SIGNATURE	DATE	WORKER'S SIGNATURE	DATE
X		X	