



WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES
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Arch A. Moore, Jr.
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NOTICE OF AGENCY ADOPTION

OFFICE OF THE SECRETARY
SECRETARY OF STATE

1986 JUL -1 PM 2:45

FILED

RULE TITLE: INTERSTATE INCOME WITHHOLDING *Series B*
RULE TYPE: LEGISLATIVE

The attached rule constitutes the official rule adopted by the DEPARTMENT OF HUMAN SERVICES on June 27, 1986, and filed with the Secretary of State.

This legislative rule is filed with the Secretary of State pursuant to West Virginia Code §29A-1-3(c) as a receipt of public assistance exemption to the provisions of West Virginia Code §29-A.

Sharon B. Lord
SHARON BURMEISTER LORD
COMMISSIONER

NOTICE OF AGENCY ADOPTION

AGENCY: WV Department of Human Services

RULE TYPE: Legislative

RULE TITLE: Operating rules and regulations for the West
Virginia Department of Human Services Tel-Assistance Program

THE ATTACHED RULE CONSTITUTES THE OFFICIAL RULE ADOPTED BY THE
Dept. of Human Services ON July 28, 1986

AND FILED WITH THE SECRETARY OF STATE'S OFFICE.

ED. NOTE: This rule becomes effective upon filing as required
by WV Code 24-2C-4(c) while the proposed rule goes
through the regular legislative rule making process.
This is not an emergency rule filing.



Rich O. Hartman, Dir.
Admin. Law Div.
Sec. of State's Office

FILED IN THE OFFICE OF
THE SECRETARY OF STATE
THIS DATE July 28, 1986
ADMINISTRATIVE LAW DIVISION

WEST VIRGINIA LEGISLATIVE RULE
DEPARTMENT OF HUMAN SERVICE TEL-ASSISTANCE PROGRAM
WEST VIRGINIA CODE 24-2C-4
SERIES ~~12~~ 13

TITLE: Operating rules and regulations for the West Virginia Department
of Human Services Tel-Assistance Program.

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LEGISLATIVE RULE
DEPARTMENT OF HUMAN SERVICE TEL-ASSISTANCE PROGRAM
WEST VIRGINIA CODE 24-2C-4
SERIES 4/13

FILED
JUL 29 1986
STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES

TITLE: Operating rules and regulations for the West Virginia Department of Human Services Tel-Assistance Program.

Section 1. GENERAL

1.1 Scope - The Legislative rule establishes the operating procedures under which the West Virginia Department of Human Services will operate the Tel-Assistance Program. All materials contained here are found in Chapter 66,000 of the Economic Service Manual.

1.2 Authority - West Virginia Code 24-2C-4

1.3 Filing Date - 7-28-86

1.4 Effective Date - 7-28-86

Section 2. INTRODUCTION

2.1 The Tel-Assistance Program will allow reduced rate telephone service to qualified low-income household/customers. Tel-Assistance costs up to \$7.50 each month. This price includes \$2.00 worth of calling charges from Local Telephone Companies. If more than \$2.00 worth of calling charges are made in a month, you pay the regular charges for the additional calls. This monthly cost for Tel-Assistance is lower than any other local telephone service offered and must be accepted by the client to receive benefits.

2.2 The Department of Human Services is responsible for establishing the following activities:

2.2.1 To inform persons of their eligibility for Tel-Assistance.

2.2.2 To assist applicants for Tel-Assistance in proving their eligibility.

2.2.3 To determine eligibility on a continuing basis; and

2.2.4 To communicate those determinations to the various Telephone Companies.

2.3 All other responsibilities of the Tel-Assistance are those of the Public Service Commission and the participating Telephone Companies.

2.4 State Administration The Program will be administered at the State Level by the West Virginia Department of Human Services. The State Office will have the final responsibility of program planning, implementation, operation and management.

2.5 Area Administration On the local level, the Tel-Assistance Program will be administered through the Area and Satellite Offices of the Department of Human Services. Area Administration will consist of assisting certain applicants in completing the application for Tel-Assistance and the certification of those applications only. An application is deemed certified when the agency case number has been assigned to an approved case.

Section 3. GENERAL ELIGIBILITY REQUIREMENTS

3.1 The individual must be either disabled or 60 years of age or older, and must be a recipient of AFDC, AFDCU, Food Stamps or

3.2 Be either disabled or 60 years of age or older and have a monthly gross income of not more than \$336.00 for a one-person household or not more than \$504.00 for two or more household members.

3.3 For the purpose of Tel-Assistance disabled is defined as follows:

"The inability to do any substantial gainful activity by reason of any medically determined physical or mental impairment which can be expected to last for a continuous period of not less than 30 days."

Section 4. APPLICATION PROCESS

4.1 Mail-Out Application Kits (ES-TA-1)

The mail-out application kit consists of an Application Form (ES-TA-1) and an instruction sheet (ES-TA-3).

4.1.1 New Approvals - Categorically Eligible

All new approvals on categorically eligible household/individuals will automatically have application kits mailed to them, including the MAO-D income eligible and incapacity cases.

4.2 Walk-in Application (ES-TA-2)

Each field office will be supplied with walk-in application forms for distribution to any individual who may make a request for application.

Section 5. DECISION PROCESS

5.1 The ES-TA-1 is completed by the client and returned to the Telephone Company. After certification of service the Telephone Company will forward only the approved applications to the Division of Economic Services. Approved applications will be key-punched and maintained in the State Office.

5.2 The ES-TA-2 is picked up by the client from the Area or Satellite Office. The client is instructed to complete the form as required and return it to the Area or Satellite Office for Certification and the Issuance of TA. Number is to be registered on ES-TA-5. The client is then responsible to send or take the application to the Telephone Company. After Telephone Company Certification of Service the application is forwarded to the Division of Economic Services, key-punched, and maintained in the State Office.

Section 6. VERIFICATION PROCESS ES-TA-2

6.1 There are three major eligibility factors to be considered when certifying applicants for Tel-Assistance on ES-TA-2. These three factors are:

6.1.1 Age

6.1.2 Income

6.1.3 Disability

6.2 Age and income are accepted as declared by the client.

6.3 Disability is to be verified by use of form ES-TA-4.

Section 7. REDETERMINATION PROCESS

7.1 Redetermination of eligibility for categorically eligible households will be established within existing program policy for the category.

7.2 Redetermination of all other Tel-Assistance cases will be done annually, and by use of Redetermination Form, ES-TA-6 from the State Office, Division of Economic Services.

Section 8. NOTIFICATION OF ELIGIBILITY

Participating Telephone Companies will be responsible to notify applications of Tel-Assistance eligibility and benefits.

Section 9. QUESTIONS OF ELIGIBILITY

The Telephone Companies are responsible to answer all questions of eligibility in regards to receipt of Tel-Assistance benefits.

Section 10. HEARING PROCESS

Participating Telephone Companies are responsible to establish, maintain and conduct any hearings which might result from the denial of Tel-Assistance benefits.

Section 11. FORMS

All forms relating to the Tel-Assistance Program are available for review in the Department of Human Services Offices statewide.

TEL-ASSISTANCE PROGRAM

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66,000 Introduction

Senate Bill 165 which passed on March 8, 1986, and is effective July 1, 1986, creates the Tel-Assistance Program which will allow reduced rate telephone service to certain qualified low-income households/customers. Tel-Assistance costs up to \$7.50 each month. This price includes \$2.00 worth of calling charges from Local Telephone Companies. If you use more than \$2.00 worth of calling charges in a month, you pay the regular charges for the additional calls. This monthly cost for Tel-Assistance is lower than any other local telephone service offered and must be accepted by the client to receive benefits. The Department of Human Services is responsible for establishing the following activities:

1. To inform persons of their eligibility for Tel-Assistance.
2. To assist applicants for Tel-Assistance in proving their eligibility.
3. To determine eligibility on a continuing basis; and
4. To communicate those determinations to the various Telephone Companies.

All other responsibilities of Tel-Assistance are those of the Public Service Commission and the participating Telephone Companies.

66,100 State Administration

The program will be administered at the State Level by the West Virginia Department of Human Services. The State Office will have the final responsibility of program planning, implementation, operation and management.

66,110 Area Administration

On the local level, the Tel-Assistance Program will be administered through the Area and Satellite Offices of the Department of Human Services. Area Administration will consist of assisting certain applicants in completing the application for Tel-Assistance and the certification of those applications only. An application is deemed certified when the agency case number has been assigned to an approved case.

66,200 General Eligibility

The general eligibility requirements for Tel-Assistance are as follows:

1. The individual must be either disabled or 60 years of age or older, and must be a recipient of AFDC, AFDCU, Food Stamps or Supplemental Security Income OR;
2. Be either disabled or 60 years of age or older and have a monthly gross income of not more than \$336.00 for a one-person household or not more than \$504.00 for two or more household members.

For the purpose of Tel-Assistance disabled is defined as follows:

"The inability to do any substantial gainful activity by reason of any medically determined physical or mental impairment which can be expected to last for a continuous period of not less than 30 days."

66,300 Application Process

An overview of the main components of the application process is provided in the following sections:

66,310 Mail-Out Application Kits (ES-TA-1)

The mail-out application kit consists of an Application Form (ES-TA-1) and an instruction sheet (ES-TA-3).

66,320 New Approvals - Categorically Eligible

All new approvals on categorically eligible households/individuals will automatically have application kits mailed to them, including the MAO-D income eligible and incapacity cases.

66,330 Walk-in Application (ES-TA-2)

Each field office will be supplied with walk-in application forms for distribution to any individual who may make a request for application.

66,340 Application Flow Process

The ES-TA-1 is mailed directly to the client who will complete the application and return it to the Telephone Company. After certification of service the Telephone Company will forward only the approved application to the Division of Economic Services. Approved applications will be key-punched and maintained in the State Office.

The ES-TA-2 is picked up by the client from the Area or Satellite Office. The client is instructed to complete the form as required and return it to the Area or Satellite Office for Certification and the Issuance of TA. Number is to be registered on ES-TA-5. The client is then responsible to send or take the application to the Telephone Company. After Telephone Company Certification of Service the application is forwarded to the Division of Economic Services, key-punched, and maintained in the State Office.

66,400 Verification Process ES-TA-2

There are three major eligibility factors to be considered when certifying applicants for Tel-Assistance on ES-TA-2. These three factors are:

1. Age
2. Income
3. Disability

Age and income are accepted as declared by the client, unless questionable, then, refer to Chapter 1,000 for source of verifying questionable information.

Disability is to be verified by use of ES-TA-4.

66,500 Redetermination Process

Redetermination of eligibility for categorically eligible households will be as established within existing program policy for the category.

Redetermination of all other Tel-Assistance cases will be done annually, and by use of Redetermination Form, ES-TA-6 from the State Office, Division of Economic Services.

66,600 Notification of Eligibility

Participating Telephone Companies will be responsible to notify applicants of Tel-Assistance eligibility and benefits.

66,700 Questions of Eligibility

The Telephone Companies are responsible to answer all questions of eligibility in regards to receipt of Tel-Assistance benefits.

66,800 Hearing Process

Participating Telephone Companies are responsible to establish, maintain and conduct any hearings which might result from the denial of Tel-Assistance benefits.

APPLICATION FOR TEL-ASSISTANCE

Case Number: _____ Soc. Sec. Number: _____
Case Name: _____ Birthdate: _____
Address: _____

Please answer the following questions:

1. Do you have phone service now? Yes No
If yes, enter telephone number _____
2. If yes, is your name on the bill for your phone service? Yes No
3. If the service is not in your name, whose name appears on your phone bill?

Name of Telephone Company:

Customer Account Number or phone number:

(The name of your phone company and the customer account number appear on your phone bill.)

IF YOU DO NOT HAVE PHONE SERVICE NOW BUT WOULD LIKE TO GET SERVICE, CONTACT YOUR PHONE COMPANY BUSINESS OFFICE.

I hereby certify that I qualify as a low-income customer eligible for TEL-ASSISTANCE and am applying for that service.

Signature: _____ Date: _____

WAIVER

I give permission to the West Virginia Department of Human Services to release to the Telephone Company listed above information concerning my eligibility for TEL-ASSISTANCE service. If my eligibility for the Department of Human Services programs is discontinued, I authorize the Department to notify the Telephone Company. I understand that it is not mandatory for me to sign this form. However, if I do not sign this form, I understand it is my responsibility to provide proof of my eligibility each month to the Telephone Company.

Signature: _____ Date: _____

NOTE: The person who signs this waiver must be the same person whose name is listed after Case Name above.

DO NOT RETURN THIS FORM TO THE DEPARTMENT OF HUMAN SERVICES.

For Phone Company Use Only
Approved: _____
Disapproved: _____
Date: _____
By: _____

TEL-ASSISTANCE PROGRAM
WALK-IN APPLICATION FORM

ES - TA _____

Case Name: _____ Birthdate: _____

Address: _____ S. S. Number: _____

County: _____

Telephone Number: _____

Source of Income: _____ Household Gross Monthly Income: _____

Disabled Yes: _____ No: _____ If yes, Verified by: _____

The enclosed form may be used to verify disability.

I certify that I am a "Qualified Low-Income Customer" and am applying for Tel-Assistance Service.

Signature _____ Date _____

Please Answer the Following:

1. Do you have phone service now? Yes _____ No _____
2. If yes, is your name on the bill for your phone service? Yes _____ No _____
3. If the service is not in your name, whose name appears on your phone bill?

4. Name of Telephone Company: _____
5. Customer Account Number: _____
or Telephone Number: _____

WAIVER

I give permission to the West Virginia Department of Human Services to release to the Telephone Company listed above information concerning my eligibility for Tel-Assistance service. If my eligibility for the Department of Human Services Program is discontinued, I authorize the Department to notify the Telephone Company. I understand that it is not mandatory for me to sign this form. However, if I do not sign this form, I understand it is my responsibility to provide proof of my eligibility each month to the Telephone Company.

Signature: _____ Date _____

NOTE: The person who signs this waiver must be the same person whose name is listed after case name above.

For Phone Company Use Only

Approved: _____

Disapproved: _____

Date: _____

By: _____

Tel-Assistance Service
for
Qualified Low-Income Customers
of
Participating Telephone Companies

State records show you may be QUALIFIED to APPLY for a low-priced phone service called TEL-ASSISTANCE.

TEL-ASSISTANCE is a type of phone service that may benefit certain low-income people who do not make many outgoing calls. (Except for collect calls, you are not charged when people call you.) The monthly price for TEL-ASSISTANCE is lower than all other local phone service offered by your telephone company.

TEL-ASSISTANCE costs you up to \$7.50 each month. This price includes \$2.00 worth of calling charges from your local telephone company. If you use more than \$2.00 worth of calling charges in a month, you pay the regular charges for the additional calls.

To be eligible for TEL-ASSISTANCE, you must be:

1. 60 years of age or older or disabled;

AND

receive Food Stamps or benefits from Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC) or Aid to Families with Dependent Children - Unemployed (AFDC/U)

OR

2. be 60 years of age or older or disabled and have have a gross monthly income of not more than \$336 for a one-person household, or not more than \$504 for a household with two or more members.

The telephone service must be in your name for you to qualify for Tel-Assistance.

PLEASE READ THESE INSTRUCTIONS CAREFULLY

TO APPLY FOR TEL-ASSISTANCE, COMPLETE THE ENCLOSED FORM AND RETURN IT TO YOUR LOCAL TELEPHONE COMPANY.

1. Write your telephone number in the correct space.
2. Answer the three questions needed by the telephone company about your telephone service.
3. Print the name of your telephone company in the space provided.
4. Fill in your Customer Account Number or telephone number. (This number and the name of your telephone company are on your telephone bill.)

5. Sign and date to certify you are qualified.

NOTE: You must sign the WAIVER if you want the Department of Human Services to give information to the telephone company to determine your eligibility for Tel-Assistance. Please read the WAIVER carefully.

6. SEND THE COMPLETED FORM TO YOUR TELEPHONE COMPANY. The names and addresses of telephone companies in West Virginia are listed below. Do not return this form to the Department of Human Services.

IF YOU HAVE QUESTIONS ABOUT THIS SERVICE IN YOUR AREA, CALL YOUR LOCAL TELEPHONE COMPANY.

Armstrong Telephone Company
311 Main Street
Hamlin, WV 25523 Tel. 824-5111

Ritchie Telephone Company
600 E. North Street
Harrisville, WV 26362 Tel. 643-2921

Continental Telephone Company of West Virginia
P. O. Box 108
St. Marys, WV 26170 Tel. 684-4211

General Telephone Company of West Virginia
P. O. Box 4338
Bluefield, WV 24701 Tel. 1-800-356-6969

Mt. State Telephone Company
P. O. Box 40
Masontown, WV 26542 Tel. 864-3131

War Telephone Company
Box 145
War, WV 24892 Tel. 875-2211

West Side Telephone Company
Route 1, Box 28A
Morgantown, WV 26505 Tel. 983-2211

C & P Telephone Company of West Virginia
408 Broad Street
Charleston, WV 25301 Tel. 1-800-654-4668

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

TEL-ASSISTANCE PROGRAM

REQUEST FOR MEDICAL VERIFICATION

Request for medical information for:

Name: _____ Birthdate: _____

Address: _____

The above-named person is considered:

- Medically, Mentally or Physically disabled
- (Circle appropriate category of disability)

Such disability began _____ and is expected to
continue for _____
(Number of months, years or life)

Signature of Doctor

Date

NOTICE TO PHYSICIAN: Any charge for the completion of this form will be the responsibility of your patient.

Do Not Complete if Age 60 or Over

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES
TEL-ASSISTANCE PROGRAM
REDETERMINATION FORM

ES-TA- _____

Case Name: _____ Birthdate: _____

Address: _____ Soc. Sec. No. _____

_____ County: _____

Telephone Number: _____ Telephone Company: _____

Source of Income: _____ Household Monthly Income: _____

Disabled Yes: _____ No: _____ If yes, Verified by: _____

The enclosed form may be used to verify disability.

I certify that I am a "Qualified Low-Income Customer" and am applying for Tel-Assistance Service.

Signature _____ Date _____

WAIVER

I give permission to the West Virginia Department of Human Services to release to the Telephone Company listed above information concerning my eligibility for Tel-Assistance Service. If my eligibility for the Department of Human Services Program is discontinued, I authorize the Department to notify the Telephone Company. I understand that it is not mandatory for me to sign this form. However, if I do not sign this form, I understand it is my responsibility to provide proof of my eligibility each month to the Telephone Company.

Signature _____ Date _____

NOTE: The person who signs this waiver must be the same person whose name is listed after case name above.

West Virginia Telephone Companies

Address List

Armstrong Telephone Company
311 Main Street
Hamlin, WV 25523 Tel. 824-5111

Ritchie Telephone Company
600 E. North Street
Harrisville, WV 26362 Tel. 643-2921

Continental Telephone Company of West Virginia
P. O. Box 108
St. Marys, WV 26170 Tel. 684-4211

General Telephone Company of West Virginia
P. O. Box 4338
Bluefield, WV 24701 Tel. 1-800-356-6969

Mt. State Telephone Company
P. O. Box 40
Masontown, WV 26542 Tel. 864-3131

War Telephone Company
Box 145
War, WV 24892 Tel. 875-2211

West Side Telephone Company
Route 1, Box 28A
Morgantown, WV 26505 Tel. 983-2211

C & P Telephone Company of West Virginia
408 Broad Street
Charleston, WV 25301 Tel. 1-800-654-4668

WEST VIRGINIA LEGISLATIVE RULE
DEPARTMENT OF HUMAN SERVICES
CHAPTER 48A-2-11(b)
SERIES 13

OFFICE OF THE CLERK
SECRETARY OF STATE

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FILED

TITLE: Interstate Income Withholding

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Title 28

~~WEST VIRGINIA LEGISLATIVE RULE~~
~~DEPARTMENT OF HUMAN SERVICES~~
~~CHAPTER 48A-2-11(b)~~
SERIES 13

J Title. Interstate Income Withholding

Section 1. General

1.1 Scope--This legislative rule establishes procedures to extend the Department of Human Services Child Advocate Office system of income withholding to income derived within this state where applicable support orders were issued in other states to assure that child support owed by obligors in this state or any other state will be collected regardless of the residence of the child or its custodial parent.

1.2 Authority and ~~Related Code Citation~~ *J*--West Virginia Code § 48A-2-11(b), 42 U.S.C. §666(b)(9), 45 C.F.R § 303.100(g).

1.3 Filing Date-- *July 1, 1986*

1.4 Effective Date-- *July 1, 1986*

Section 2. Interstate Income Withholding

2.1 Interstate wage withholding is available to enforce a support order on all IV-D cases without proceeding through the URESA process.

2.2 The Child Advocate Office will be involved in interstate withholding in two situations:

1. An obligee resides in the State of West Virginia and the obligor in another state.

2. The obligor resides in West Virginia and the obligee resides in another state.

2.3 Procedures for Interstate Income Withholding When the Obligee Resides in West Virginia.

If the obligee is not currently receiving IV-D services, an application for IV-D NPA services and the \$25.00 application fee are required prior to processing the withholding. During the interview with the caretaker/obligee, the Paralegal must determine the following:

1. Obligor's name, address and Social Security Number;
2. Name and address of obligor's source of income;
3. Where the support order originated;
4. The paralegal will determine from the Interstate Withholding Directory the information that the other state requires to process the withholding;
5. The Paralegal will obtain and assemble the required documentation (This may involve obtaining certified copies of documents from other states if the support order was not issued in West Virginia), and complete the Interstate Transmittal form, OCSE-107-U4, to send to the other state;
6. The Paralegal will send the original package to the state in which the obligor resides, a copy to the Central Child Advocate Office and place a copy in the Child Advocate Office record.

2.4 Procedures to Implement an Income Withholding Income Request From Another State

West Virginia requires the following documentation from the other state IV-D agency to initiate withholding for an obligor residing in this state:

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Series , Sec.

1. A certified copy of the support order with all modifications;
 2. A certified copy of an income withholding order/notice, if any, still in effect;
 3. A copy of the portion of the income withholding statute of the jurisdiction which issued the support order which states the requirements for obtaining income withholding under the law of that jurisdiction;
 4. A sworn statement of the obligee or certified statement of a court or government entity of the arrearages and the assignment of support rights, if any;
 5. A statement of:
 - a. the name, address, and Social Security Number of the obligor, if known;
 - b. the name and address of the obligor's employer or of any other source of income of the obligor earned in this state against which income withholding is sought;
 - c. the name and address of the agency or person to whom support payments collected by income withholding shall be transmitted.
- 2.5 The income withholding request will be sent by the other state to the Central Child Advocate Office and then forwarded to the appropriate Regional Child Advocate Office.
- 2.6 The Central Child Advocate Office shall examine the documentation from the requesting state to determine whether or not it conforms to West Virginia requirements.

Department of Human Services
Leg. Rule, 48A--11(b)
Series , Sec.

2.7 The Central Child Advocate Office will remedy any defect it can without the assistance of the requesting state. If the Child Advocate Office is unable to make such correction, the requesting state shall immediately be notified of the necessary additions or corrections. In neither case shall the documentation be returned. The Central Child Advocate Office will forward the documentation to the Regional Office if it appears that there is enough required information to proceed with the withholding.

2.8 The Regional Child Advocate Office will:

1. if only a support order or support order with a conditional order of withholding (i.e., the trigger must be met in the future) is received from another state, determine if the trigger amount for withholding has been reached UNDER THE LAW OF THE STATE WHICH ENTERED THE ORDER, NOT THE LAW OF WEST VIRGINIA; (this is why it is necessary to have a copy of the other state's withholding law); if the individual is behind in an amount to trigger the withholding under the other state's law, the para-legal sends the notice to the obligor and then proceeds exactly as in Section 7021, Intrastate Withholding Procedures; or
2. if an active income withholding order is received (i.e., the trigger was met in the other state and withholding begun, the para-legal will immediately send the notice to the obligor and then proceed exactly as in Section 2071, Intrastate Withholding Procedures.