



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1560</b>		DATE: <b>3/4/2024</b>
COMMITTEE: <b>Special Committee on Government Accountability</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARNIE C "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/4/2024 11:55 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in Support of this Bill on its face and intension.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>MichaelWesten.3up@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/3/2024 10:04 PM</b>
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**I SUPPORT HB 1560 as introduced.**



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<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>CHRISTINE WOODY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: <b>EMPOWER MISSOURI</b>		TITLE: <b>FOOD POLICY MANAGER</b>
ADDRESS:		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b> ZIP: <b>65110</b>
EMAIL: <b>christine@empowermissouri.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/4/2024 9:19 AM</b>
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Founded in 1901, Empower Missouri advocates for the well-being of Missourians through civic leadership, education, and research. As part of our work, we organize a statewide coalition called the Food Security Coalition. This coalition is made up of individuals and organizations who are working to ensure every Missourian has access to healthy and nutritious food and that Missouri has a strong safety net for those who need it. On behalf of our staff, board, and all of the members of the Food Security Coalition convened by Empower Missouri, I stand in opposition to HB 1560. HB 1560 would end the ability for TANF recipients to access cash with their TANF benefits. Empower Missouri believes that parents on TANF need access to cash to survive in the extremely dire financial circumstances their families are already living in. In Missouri, someone has to make less than \$3,504 per year to qualify for TANF benefits. There are still many situations in which paying with cash is the only option for families. A few examples of when a person on TANF may need to access to cash include: To put cash into a washer and dryer at a public laundry To pay for things their children may need at school- like class parties, field trips, fundraising, etc. To shop at a yard sale in their neighborhood – most such sales would not use machines that read EBT cards To offer \$5 to a neighbor who provides a ride to a job interview or medical appointment. To pay rent to a landlord who accepts only cash, checks and money orders as payments To compensate a neighbor for babysitting To repay a family member for loaning \$10 at a time when help was needed Besides making it more difficult for families on TANF, this new law would not be allowable through current federal government regulations. The language of the bill states that Missouri would ask for a waiver to be allowed to do this. That sort of waiver has never been granted. In 2015, Kansas passed a bill that tried to cap TANF withdrawals to one \$25 withdrawal per day. The Federal Government replied to Kansas stating this was not allowed and ultimately Kansas never implemented the law. Then in April 2016, the U.S. Department of Health and Human Services Administration for Children and Families (ACF) published some clarifying and additional guidance on access provisions for states administering the TANF program. This guidance comes from Section 4004 of Public Law 112-96. ACF reiterates that “Public Law 112-96 also requires states to include in their state TANF plans an explanation of how the state will ensure that recipients of TANF assistance have adequate access to their cash assistance...” The ACF reviewed each state’s TANF plan and has outlined three principle areas of adequate access for state TANF programs: “States should maximize the flexibility for recipients to access cash withdrawals.” “States should seek to minimize or eliminate withdrawal fees and ATM surcharges for TANF recipients, and must provide recipients an opportunity to access assistance with no fees or charges.” “Maximize the geographic distribution of ATMs and/or provide other case access points.” Further information from the ACF can be found here: <https://www.acf.hhs.gov/ofa/resource/tanf-acf-pi-2016-02> For these reasons we ask you to not pass HB 1560 out of this committee. We thank you for your time and consideration.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KORTNIE HUDDLESTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kortniehuddleston@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/4/2024 10:22 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

I strongly urge you to oppose HB1560 (Cook), which impose strict limits on public assistance. Food is a basic human right. Threatening people with starvation if they don't follow a specific set of rules or work a specific amount is cruel and malicious and reduces people to slaves. People who are able to work are already working and Missouri's unemployment rate is currently only 3.3%. Cash is often a necessary resource, especially if you live in poverty. It is quite possible that having cash helps get a person out of poverty since they can obtain things not possible with a TANF card only.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MALLORY RUSCH</b>		PHONE NUMBER: <b>314-306-8945</b>	
BUSINESS/ORGANIZATION NAME: <b>EMPOWER MISSOURI</b>		TITLE: <b>EXECUTIVE DIRECTOR</b>	
ADDRESS: <b>PO BOX 104900</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65110</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/4/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL DREYER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mdreyer93@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/4/2024 10:21 PM</b>
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