|  |  |
| --- | --- |
| DCF Logo New 2012 - circle version in black only | **Request for TANF Funds/Eligibility Determination – 2019/2020** |
| **Eligibility Requirement:** To be eligible for the TANF funds: the child/family income must be less than 200% of the federal poverty level; the child must be living in the home of a parent or other specified relative; the individual must be a United States citizen or qualified non-citizen; and the child/family must be residing in Florida. |

**Region/CBC Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date of Request:** \_\_\_\_\_\_\_\_\_\_\_

 (Enter Region name [or name of CBC servicing the area] in which child/family reside) (Date Form Initiated)

**Table 1: Information on Children and Adults in Household.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Social Security #** | **Date of Birth** | **Citizen or Qualified Non-citizen** |
| **1** |  |  |  |  [ ]  Yes [ ]  No |
| **2** |  |  |  |  [ ]  Yes [ ]  No |
| **3** |  |  |  |  [ ]  Yes [ ]  No |
| **4** |  |  |  |  [ ]  Yes [ ]  No |
| **5** |  |  |  |  [ ]  Yes [ ]  No |

**1) Is (are) child(ren) living with a parent or other specified relative?**

 [ ]  YES If Yes, continue with item #2; list name of relative and relationship to child:

 [ ]  NO If No, child is not eligible for TANF.

**2) Is (are) child(ren) residing in Florida?**

 [ ]  YES If Yes, continue with item #3.

 [ ]  NO If No, child is not TANF eligible.

**3) Is the family currently receiving temporary cash assistance under WAGES or the Relative Caregiver Program?**

 [ ]  YES If Yes, *financial criteria met;* submit to supervisor/designee for TANF eligibility determination*.*

 [ ]  NO If No, continue with item #4.

**4) Family Income. Information obtained from:**

 [ ]  Parent/Relative (check one): [ ]  Self declaration or [ ]  Documented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List documentation [i.e., pay stub, etc.]

 [ ]  Collateral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List the source

*Using information obtained from the parent or specified relative or through available/collateral contact information, make the “best determination possible” of the family’s gross income. When income information is not obtained from the family, it may be obtained from the employment history of responsible adults or any prior determination of eligibility for public assistance [i.e., Food Assistance, Temporary Cash Assistance (WAGES), etc.].*

 Determine: (A) What is the family size? \_\_\_\_\_\_\_

If Item #4 above is checked, this section must be completed:

 (B) Estimated Family Income: $\_\_\_\_\_\_\_\_\_\_\_\_ per [ ]  month [ ]  year

**Table 2: 200% of the FPL by family size (effective date: July 1, 2019\*)**

(For households larger than 10, add $737 per month or $8,840 per year for each additional household member.)

|  |  |
| --- | --- |
|  | **HOUSEHOLD SIZE AND FAMILY INCOME** |
| **Household size** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Monthly Income | **2,082** | **2,819** | **3,555** | **4,292** | **5,029** | **5,765** | **6,502** | **7,239** | **7,975** | **8,712** |
| Yearly income | **24,980** | **33,820** | **42,660** | **51,500** | **60,340** | **69,180** | **78,020** | **86,860** | **95,700** | **104,540** |

**\***Federal Poverty Guidelines: 2019 Federal Poverty Guidelines (FPG) annual income levels are published in the Federal Register of February 1, 2019.

<https://www.govinfo.gov/content/pkg/FR-2019-02-01/pdf/2019-00621.pdf>

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Date Form Completed)

**Based on the household information above, the family income is: (*check one*)**

[ ]  **Less than 200% of the FPL … CHILD/FAMILY IS ELIGIBLE**

[ ]  **At or above 200% of the FPL … CHILD/FAMILY IS INELIGIBLE**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Supervisor or Designee

|  |
| --- |
| Child(ren)’s eligibility was entered Person entering into FSFN on (the date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INSTRUCTIONS**

**Request for TANF Funds/Eligibility Determination**

**PURPOSE:** TANF funding in Family Safety is used to pay the administrative costs of the Florida Abuse Hotline, eligible

staff activities of protective investigators and protective services counselors, services for children who are in their own

homes with a parent or specified relative and who are at imminent risk of removal and for services to expedite

reunification. The information requested in this form is used to determine the child/family’s eligibility for TANF.

**INFORMATION REQUESTED:**

1. Enter the name of the region/CBC in which the child/family resides.

2. Enter the date of request (date the form is initiated).

3. Enter the names of all the family members/children in the household, their social security numbers and dates of birth.

1. Indicate whether each individual is a United States citizen or qualified noncitizen.

**ELIGIBILITY:**

1. When the application is being completed at the time of the investigation, check “YES” if the child is being removed from

the home of a parent or specified relative; otherwise, check “NO”. When the application is being completed to provide

TANF funded protective services in the child’s home or out-of-home placement, check “YES” if the child is

currently living with a parent or **specified** relative, otherwise check “NO”.

IF “YES”, continue with Item # 2. Write the name of the specified relative with whom the child(ren) is(are) living and the

relationship to the child(ren).

IF “NO” the child is ineligible for TANF funding.

*2*. Check “YES” or “NO”

IF “YES,” child/family meets residency criteria, continue with Item # 3

IF “NO,” child is ineligible for TANF funding.

3. Check “YES” or “NO”

IF “YES,” child/family meets financial criteria; submit form to supervisor or designee for TANF eligibility determination.

IF “NO,” Continue with Item # 4.

4. FAMILY INCOME: If the family income information is “documented”, list the type of documentation.

When child is in the home of his/her parent(s) the income of the child(ren) and child’s parent(s) living in the home is

counted. The family size will include the parent(s) and the child(ren). When child is in the home of a non-parent specified

relative, only the child’s income is counted and each child will be considered a family on “one”. Two hundred percent

(200%) of the FPL by family size is listed in the chart.

**Note: The source of the income information must be documented on the request form. When efforts to obtain**

**income information is unsuccessful; the child will be ineligible for TANF funding. Indicate in the top margin of**

**the request form that income information could not be obtained then initial and date.**

The person completing the form - parent, adult non-parent specified relative, CPI, case manager or region/circuit/CBC

designee - must sign and date the form.

The supervisor or region/circuit/CBC designee conducts the eligibility determination by indicating whether the family’s

income is less than 200% of the FPL for the household size and marks the appropriate space whether the child/family is

eligible for TANF 200% funds.

The supervisor or region/circuit/CBC designee must sign and date the form.

**DISTRIBUTION:**

Original must remain in child’s file (copies can be used when the family has more than one child)

Copy to region/circuit/CBC Revenue Maximization Unit, as appropriate.

**CODING:**

The child’s eligibility must be recorded in FSFN.