



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

DATE: June 21, 2016

TO: Regional Managing Directors
Community-Based Care CEOs

FROM: JoShonda Guerrier, Assistant Secretary for Child Welfare
Vicki Abrams, Assistant Secretary for Operations

THROUGH: Traci Leavine, Director of Child Welfare Practice

SUBJECT: 2016-2017 Federal Poverty Levels Guidelines

PURPOSE: The purpose of this memorandum is to provide updates of the Federal Poverty Level (FPL) guidelines that take effect July 1, 2016.

BACKGROUND: Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the United States Department of Health and Human Services to update at least annually the poverty guidelines. The FPL helps guide financial eligibility for certain federal programs, including the Temporary Assistance for Needy Families (TANF).

In child welfare, TANF funds help to pay administrative costs of the Florida Abuse Hotline, child protective investigation, and case management staff. This necessitates an eligibility determination for the child and his or her family at investigation and every twelve months thereafter. Eligibility for TANF 200% must be determined every 12 months for children receiving protective services in their own homes or in the home of a relative. TANF also helps fund maintenance adoption subsidies (MAS) for special needs children who are not eligible to receive a title IV-E-funded maintenance adoption subsidy.

Please be reminded that eligibility for TANF 200% and TANF MAS funds is to be conducted through the Florida Safe Families Network (FSFN). FSFN will be updated to reflect the 2016-2017 FPL. Please refer to CFOP 175-71, Federal and State Funding Eligibility.

NEW INFORMATION: The attached Request for TANF Funds/Eligibility Form and TANF Maintenance Adoption Subsidy Desk Reference show the poverty guidelines for the 2016-2017 state fiscal year.

2016-2017 Federal Poverty Levels Guidelines

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ACTION REQUIRED: Please share this memorandum and attachments with all appropriate staff in your region, circuits, sheriff offices and community-based care lead agencies.

CONTACT INFORMATION: If you have any questions or need clarification regarding this memorandum, please submit your questions to the eligibility redesign mailbox at eligibility_redesign@myflfamilies.com

Attachments

cc: David Fairbanks, Deputy Secretary
Vicki Abrams, Assistant Secretary for Operations



2016/2017 Request for TANF Funds/Eligibility Determination

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: _____

Table 1: Information on Children and Adults in Household.

#	Name	Social Security #	Date of Birth	Citizen or Qualified Noncitizen
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> 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 (circle one: Self declaration or documented: _____)
list document, 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 Stamps Temporary Cash Assistance (WAGES)].

Determine: (A) What is the family size? _____

(B) Estimated Family Income: \$ _____ per ☐ month ☐ year

Table 2: 200% of the FPL by family size: Effective Date July 1, 2016.*
(For households larger than 10, add \$694 per month or \$8,328 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	1,980	2,670	3,360	4,050	4,740	5,430	6,122	6,815	7,509	8,202
Yearly income	23,760	32,040	40,320	48,600	56,880	65,160	73,460	81,780	90,100	98,420

*Federal Poverty Guidelines: 2016 Federal Poverty Guidelines (FPG) annual income levels are published in the Federal Register of January 25, 2016.

SIGNED: _____

Date: _____

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 into FSFN on (the date): _____ Person entering 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. 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 the home of a specified relative, 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 are 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. When the child's eligibility has not been determined, the child must be coded as "TANF Ineligible."



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**2015 TANF 200% of Federal Poverty Level¹
TANF Maintenance Adoption Subsidy Desk Reference**

Year	Monthly Income for Child Only
2016	1,980
2015	1,962
2014	1,945
2013	1,915
2012	1,862
2011	1,815
2010	1,805
2009	1,805
2008	1,734
2007	1,702
2006	1,634
2005	1,595
2004	1,552
2003	1,497
2002	1,477
2001	1,432

¹ For TANF MAS, only the income of the child is considered in the eligibility determination; i.e. considered as "Child Only" case.