



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

**Ron DeSantis**  
Governor

**Chad Poppell**  
Secretary

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**DATE:** June 19, 2019

**TO:** Regional Managing Directors  
Sherriff Offices Conducting Child Protective Investigations  
Community-Based Care (CBC) Lead Agency CEOs

**THROUGH:** Patricia Babcock, Deputy Secretary *PB*

**FROM:** Patricia Medlock, Assistant Secretary for Child Welfare *PM*  
Scott Stewart, Assistant Secretary for Operations *SS*

**SUBJECT:** 2019-2020 Federal Poverty Level Guidelines for TANF  
**Effective July 1, 2019**

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**PURPOSE:** The purpose of this memorandum is to provide updates of the Federal Poverty Level (FPL) guidelines that take effect July 1, 2019.

**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 Temporary Assistance for Needy Families (TANF).

In child welfare, TANF funds help pay administrative costs of the Florida Abuse Hotline, child protective investigations, 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 MAS.

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 2019-2020 FPL. Please refer to CFOP 170-15, Federal and State Funding Eligibility.

**NEW INFORMATION:** The attached Request for TANF Funds/Eligibility Form shows the poverty guidelines for the 2019-2020 state fiscal year.

**ACTION REQUIRED:** Please share this memorandum and attachment with all appropriate staff in your region, circuits, CBCs, and sheriff offices.

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1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

**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](mailto:Eligibility.Redesign@myflfamilies.com).

**ATTACHMENT:**

Form CF-FSP 5244 – Request for TANF Funds/Eligibility Determination – 2019/2020

cc: Taylor Hatch, Assistant Secretary for Economic Self-Sufficiency  
Barney Ray, Director of Office of CBC/ME Financial Accountability  
Regional Family and Community Services Directors  
Center for Child Welfare



# 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:** \_\_\_\_\_  
(Enter Region name [or name of CBC servicing the area] in which child/family reside)

**Date of Request:** \_\_\_\_\_  
(Date Form Initiated)

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

	Name	Social Security #	Date of Birth	Citizen or Qualified Non-citizen
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 (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.].

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

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, 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:** \_\_\_\_\_  
 Supervisor or Designee

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

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.
4. 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 FSN.