

# Temporary Assistance for Needy Families (TANF)

A Guide for  
Subcontractors



January 2020 Edition

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## TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) A GUIDE FOR NETWORK SUBCONTRACTORS

### I. OVERVIEW OF TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Temporary Assistance to Needy Families (TANF) is a federal block grant program which provides funding to states to help move recipients into work and turn welfare into a program of temporary assistance.

Central Florida Cares Health System, Inc. oversees the portion of TANF funding used to provide services to families receiving welfare benefits and families at-risk of receiving welfare benefits who may suffer from substance abuse and/or mental health illnesses.

Central Florida Cares Health System is responsible for the following activities:

- Acknowledgement of each new or renewed participant via electronic submission prior to reimbursement approval for each participant.
- To provide technical assistance to Network Service Subcontractors as needed.
- To identify outreach services, and promote interagency collaboration for linkages in the community.
- To oversee all TANF SAMH requirements and invoice approvals.
- To perform annual monitoring using the approved TANF monitoring tool. Follow-up to ensure that corrective action plans are completed, as needed. For a complete list of what will be monitored, please refer to Appendix H.
- To document, investigate, and resolve complaints with additional technical assistance as needed.
- To monitor length of stay for residential treatment to ensure that TANF is used as an appropriate funding stream
- To implement new federal and state requirements related to the reauthorization of the TANF Legislation.

See TANF Incorporated Document 17 Substance Abuse & Mental Health TANF Funding Guidance Document at <http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2016-contract-docs>

#### I.A. AUTHORITY

##### Federal Background

The welfare reform legislation of 1996, also known as [The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 \(PRWORA\)](#) marked a turning point in national welfare policy. TANF replaced the old welfare programs known as Aid to Families with Dependent Children (AFDC), the Job Opportunities and Basic Skills Training (JOBS) program and the Emergency Assistance (EA) program. The law ended federal entitlement to assistance and instead created TANF as block grant federal funds to states and tribes each year. The Administration for Children and Families issues governing provisions of TANF. The Final Rule and reauthorizations are available at [TANF Final Rule](#), [Reauthorization of TANF Interim Final Rule June 29, 2006](#) and [Reauthorization of TANF Final Rule February 5, 2008](#).

##### Florida Background

As a result of the federal law, Florida enacted State Law 96-175, and the resulting statute, [Chapter 414](#), Family Self-Sufficiency, commonly known as the "Work and Gain Economic Self- Sufficiency (WAGES) Act". During the 2000 legislative session, as a result of the Federal Workforce Investment Act (WIA), additional changes were enacted (State Law 2000-165, the Florida Workforce Innovation Act of 2000) that significantly revised Chapter 414 and created [Chapter 445](#). The new law separates out the TANF funded workforce functions statutorily and operationally from the TANF funded cash assistance functions.

In the context of Central Florida Cares Health System, TANF is a funding stream to provide substance abuse or mental health services to families receiving TANF cash assistance benefits or at risk of needing cash assistance. It is important to note that TANF is not a separate program – it is merely a funding stream that allows for individuals to receive temporary services.

## **I.B. PURPOSE**

The TANF SAMH Program provides screening, assessment, case management, and treatment services to those individuals who are experiencing employment and family instability due to substance abuse and/or mental illness.

### TANF Mission

*Substance abuse services* promote healthy, substance- free lifestyles with improved functionality that include economic and family stability. These services are targeted to children, adults and their families who have or are suffering from the negative effects of substance abuse-related disorders.

*Mental health services* provide a system of care, in partnership with families and the community that enables children and adults with mental health problems or emotional disturbances to successfully live in the community, to be self- sufficient or to attain self-sufficiency at adulthood, and to realize their full potential.

### Target Populations

1. Temporary Cash Assistance (TCA): Individuals/ families receiving cash payments
2. TANF Diversion Families (TDF): Individuals/ families who are at risk of needing TCA

### Temporary Cash Assistance (TCA) Goals

Services provided to TCA applicants/recipients must support the achievement of at least the first two of the TANF goals. According to [SEC. 401. \[42 U.S.C. 601\] \(a\)](#), these goals are:

1. Provide assistance to eligible families so children may be cared for in their own homes or in the homes of relatives.
2. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.
4. Encourage the formation and maintenance of two-parent families.

### TANF Diversion Families (TDF) Goals

Services provided to the TDF population must support the goals as stated in [s. 414.158\(1\) F.S.](#), to assist

families in avoiding welfare dependence and to stabilize families, so that:

1. Children can be cared for in their own homes or in the homes of relatives; and
2. Families can be self-sufficient. (NOTE: Per TANF Incorporated Document 17, this is interpreted as participants are prepared to enter and retain employment).

## **I.C. ELIGIBLE SERVICES**

The program limits services provided with TANF funds to **non-medical treatment services**, per 42 U.S.C. s. 608(6)(A). All SAMH services utilizing TANF funding must be **client-specific**. The following services are **ELIGIBLE** for reimbursement and must follow requirements as per [65E-14, F.A.C.](#):

- Aftercare
- Assessment
- Case management
- Crisis Support/emergency services
- Day care
- Day/Night
- In-home and on-site
- Incidental expenses (please refer to contingency fund program description below for requirements)
- Intensive case management
- Intervention
- Outpatient/Individual and group
- Outreach \*\*\*please see note below for requirements
- Prevention
- Prevention/Intervention day
- Residential levels 1-4 (limit of 150 days for TCA clients)
- Respite care
- Room and board (limit of 150 days for TCA clients)
- Supported employment
- Sheltered employment
- Supported housing/living
- Treatment Alternatives for Safer Communities (TASC)

Note: Under outreach functions, the outreach worker must conduct a financial eligibility of the clients. If it is determined that the client does meet TANF eligibility, then outreach activities can be billed to TANF. If the client does not meet TANF eligibility, the provider must charge the outreach activities to other funding sources that have been authorized.

The following services are **NOT ELIGIBLE** for reimbursement:

- Crisis stabilization
- Drop-in/Self-help centers
- Information and referral
- Inpatient
- Medical services
- Medication Assisted Treatment
- Substance abuse detoxification services

Note: [DCF TANF State Plan](#) indicates that payment of Kidcare co-payments or monthly premiums for health insurance is considered a payment for medical services and **is not** permissible with TANF funds. For further information please see the *Medical Services Definitions* in the DCF TANF State Plan located at <http://www.dcf.state.fl.us/programs/access/docs/TANF-Plan.pdf>.

### Contingency Funds for the TDF Population

There is a need at times to provide funds for special needs of participants- otherwise known as contingency funds by CFCHS subcontractors. With TANF these funds are referred to as Services and One-Time Payments, as defined in s. 445.002 (2), F.S. One time payments are available to TDF participants in need of nonrecurring, short-term benefits. The services and payments are designed to deal with a specific crisis situation or episode of need and other services that are reasonably calculated to further the purposes of the Welfare Transition Program. Such terms do not include assistance as defined in federal regulations at 45 C.F.R. s. 260.31(a).

A one-time payment of up to \$1,000 per family may be requested by submitting the TANF Contingency Funding Request Form to CFCHS. A copy of the client's treatment plan justifying the need for contingency funds must also be submitted. See Appendix A for a copy of the request/approval form. Requests must be in accordance with the requirements for incidental expenses as outlined in [65E-14.021\(4\)\(k\), F.A.C.](#)

## **II. ELIGIBILITY**

For an individual's substance abuse or mental health services to be reimbursed through TANF funding, one of two categorical eligibility standards apply:

1. The person must meet eligibility requirements to receive TANF (TCA); or
2. Be at risk for welfare dependency (TDF)

### Criteria for Temporary Cash Assistance Participants (TCA)

The criteria for a TCA participant includes:

1. One of the following:
  - a. The individual must be an applicant for/or a recipient of temporary cash assistance; or
  - b. A family member when impairment has a direct impact on the needs of the TCA participant; as defined in [s. 414.0252, F.S.](#), or
  - c. A post-TANF recipient within 12 months following TCA eligibility; or
2. A child-only case, as defined in [s. 414.045\(1\) \(b\), F.S.](#) and an Individual or family member must be identified as having a barrier to employment stability due to substance abuse and/or mental health impairments; and Eligibility for TANF SAMH Services excludes those who are SSI recipients. [Individuals receiving SSI are excluded as household members in determining the amount of cash assistance].

### Criteria for TANF Diversion Families (TDF)

Section [414.1585, F.S.](#), establishes the requirements for SAMH TANF funding for diversionary services. This is for families who are at risk of welfare dependency due to a substance use or mental health illness. Additionally, a family must be at or below 200% of the federal poverty level, and meet one of the following:

1. A parent or relative caretaker with one or more minor children living in the home;
2. A pregnant woman;
3. A family whose children have been removed from the home by the Child Welfare Program (as long as the treatment is included or added to the active family reunification goals in the case plan);
4. A Supplemental Security Income (SSI) program, or a Social Security Disability Insurance (SSDI) family; or
5. A non-custodial parent with a court order to pay child support.

*Non-custodial parents **must** meet the following requirements:*

- Must have a court order to pay child support
- Children must live in Florida
- The non-custodial and custodial parent must have income below 200% of the poverty level
- To certify this, the non-custodial parent must sign a consent to release information so that the custodial parent can be contacted for income verification.
  - If the custodial parent cannot be found or refuses to give income information, the subcontractor must then find alternate funding sources to pay for the treatment of the non-custodial parent.

### III. SUBCONTRACTOR RESPONSIBILITIES

#### Eligibility Process

The subcontractor must complete the TANF EZ-1 Form to determine eligibility for TANF services. See Appendix B. The form has three pages:

- Page 1: Used to determine and document the participant's eligibility.
- Page 2: Provides a chart to determine if the family income is within 200% of the Federal Poverty Level.
- Page 3: Used to determine if a non-citizen is eligible for TANF services.

The participant and the subcontractor must sign the TANF EZ-1 form. The subcontractor then enters the information into the DCF TANF database. The subcontractor notifies CFCHS via email that a new notification has been entered. CFCHS then approves the electronic submission. The database generates a confirmation number which the subcontractor must record in the case file. The confirmation number is used to verify that the participant is enrolled for services. It also serves as a cross-reference when billing for payment.

**Note:** *All participants must be re-determined for TANF eligibility by updating the DCF TANF database reflecting their current status at least yearly between July 1st and July 31st.*

**Zero Income Declaration-** In some situations, a participant will declare that he/she has no income. For example, a person may be living with relatives who are providing for that person's financial needs. If the person reports zero income, he/she should be encouraged to engage in job search activities as the self-sufficiency goal indicates. Since TANF goals are to promote self-sufficiency, a zero income past 30 days should be noted in the participant's record indicating why income has not changed. The service subcontractor is responsible for documenting monthly income progress.

#### Discharge Process

Upon discharge of client, the subcontractor must discharge the client from the DCF TANF database within 14 days from date of discharge. The discharge should support the discharge outcome. It should also support a

strength- based approach that includes participant progress toward achieving TANF goals of economic and family stability.

### Invoice Process

Any month in which TANF services are billed, subcontractors must submit data into the CFCHS Data System (CFCHSdata.org) for services rendered on TANF eligible clients. Data is due by the 10th of the following month of services rendered. The subcontractor must also submit the TANF Participant Log by the 10th of each month to [TANF@cfchs.org](mailto:TANF@cfchs.org). The total units of TANF billed services on the participant log must be equal to the amount of the TANF services in the data system. CFCHS will verify that every individual was a TANF participant during the month covered by the invoice prior to payment of the invoice. Please see Appendix E.

For Medicaid eligible families, the services provided which are Medicaid billable must be billed to Medicaid first. TANF funds may be accessed to cover non-reimbursable services under Medicaid. In cases where Medicaid benefits are exhausted, the corresponding TANF services may be utilized if the participant warrants further treatment. In such cases, documentation must be provided showing that Medicaid does not cover specific services or services have been exhausted.

### Case Documentation

The case records for participants must be in compliance with all Florida Administrative Codes, including 65D-30 for substance abuse services and 65E-4 for mental health services. Additionally, all participants' case records must contain the specific TANF documentation listed below in order for payment for services to be made.

- Documentation of referral source
- Signed TANF EZ-1 form (Appendix B)
- Confirmation number
- TANF Financial Information Form (Appendix C)
- Proof of income (pay stubs, child support, client attestation, etc.)
- Consent to Release Confidential Information
  - Specific in nature and contain name or organization authorized to receive information
  - Purpose and precise information to be released
  - Signed by participant and subcontractor
- Initial Assessment or Bio Psychosocial
- Initial Service Plan or Master Treatment Plan (*see below for specific requirements*)
- Treatment Plan Reviews or Service Plan Reviews
- Discharge summary for closed files signed by subcontractor staff
- Transfer Summary (if transferred to another level of care)
- Progress notes documenting the TANF goals (*see below for specific requirements*)
- Copy of TANF Contingency Funding Request Form, if applicable (Appendix A)
- Child Welfare Case Plan, if applicable (*see below for specific requirements*)
- If applicable, Non-Custodial Parent Form, including child support court order, release of information to contact custodial parent and proof of income of custodial parent (Appendix D).

### TANF Diversion Families (TDF) only:

- Monthly Income Verification (see Appendix F)



- Non-custodial parent documentation of eligibility (copy of child support order, release of information to contact custodial parent, proof of income of custodial parent)

Temporary Cash Assistance (TCA) only:

- Documentation of communication with the Regional Workforce Board designee is evident in progress notes, if consent is given
- Treatment on participant's Individual Responsibility Plan (IRP) or non-compliance is documented
- Treatment Verification form indicating successful or unsuccessful completion of treatment (Appendix H)

*Service Plan/Master Treatment Plan Requirements* - The participant's case record must contain an initial service plan and a master treatment plan. The initial service plan may be omitted from the case record if a master treatment plan is completed on the first day of enrollment. A Master Treatment Plan must be developed within the first 30 days of treatment following TANF SAMH eligibility determination.

Initial (if applicable) and master treatment plans must include *at least two of the four* TANF SAMH Program goals (economic and family stability), be strength-based and indicate participant's involvement in formulating treatment goals and action steps. TANF goals must be specific and reflect the needs of the individual participant. The treatment plan is to be signed and dated by the participant and the subcontractor.

*Progress Note Requirements* - Progress notes should employ a strength-based approach and include statements reflecting client's progress in achieving both long-term and short-term goals. It should also include participant's statements illustrating how they feel about their progress toward treatment goals. All progress notes must include that treatment reflects forward movement toward treatment TANF Program goals of economic and family stability. If contingency funds were used, then notes should document support for such. Progress notes must include a service date, start time and duration, service setting and staff signature with credentials. Notes should also reflect discharge planning and aftercare plans.

*Child Welfare Involvement*- if child welfare is involved with family, then recommendations and collaborative efforts (or attempts to establish) must be documented on the Treatment Plan and in progress notes. The Child Welfare case plan must include reunification goal if child(ren) are removed from home.

*Work Requirements and Treatment Incapacity (TCA only)*- A family receiving TANF cash assistance payments must meet weekly work activities – which are dependent on family size. As per [s. 414.065, F.S.](#), sanctions apply to a family when they do not meet the work activity requirements. This is an important point to note, as sanctions will reduce the cash assistance payment available for a family.

Substance abuse and mental health services are considered job search and job readiness assistance, which are time limited by federal law. Additionally Florida law has included the following requirements on the inclusion of substance abuse and mental health services as a work activity:

1. As per [s. 414.065 \(4\)\(e\), F.S.](#), allows participants to be excused from work activity requirements for up to 5 hours per week, not to exceed 100 hours per year, to participate in a substance abuse or mental health treatment program. The participant may be excused from the work activity after a mental health or substance abuse professional certifies the treatment protocol and provides verification of attendance at the counseling or treatment sessions each week. If the participant requires more than five hours a week for SAMH treatment or (s)he is involved in an inpatient treatment program, it must be verified by a physician licensed under Chapter 458 or 459, F.S. The Substance Abuse and Mental Health Treatment Verification form, CF-ES 2299 (see Appendix J), must be used to certify the participant's engagement in the treatment program. Once the participant has started the SAMH program, the SAMH counselor should complete section B of the CF-ES 2299 to verify the participant

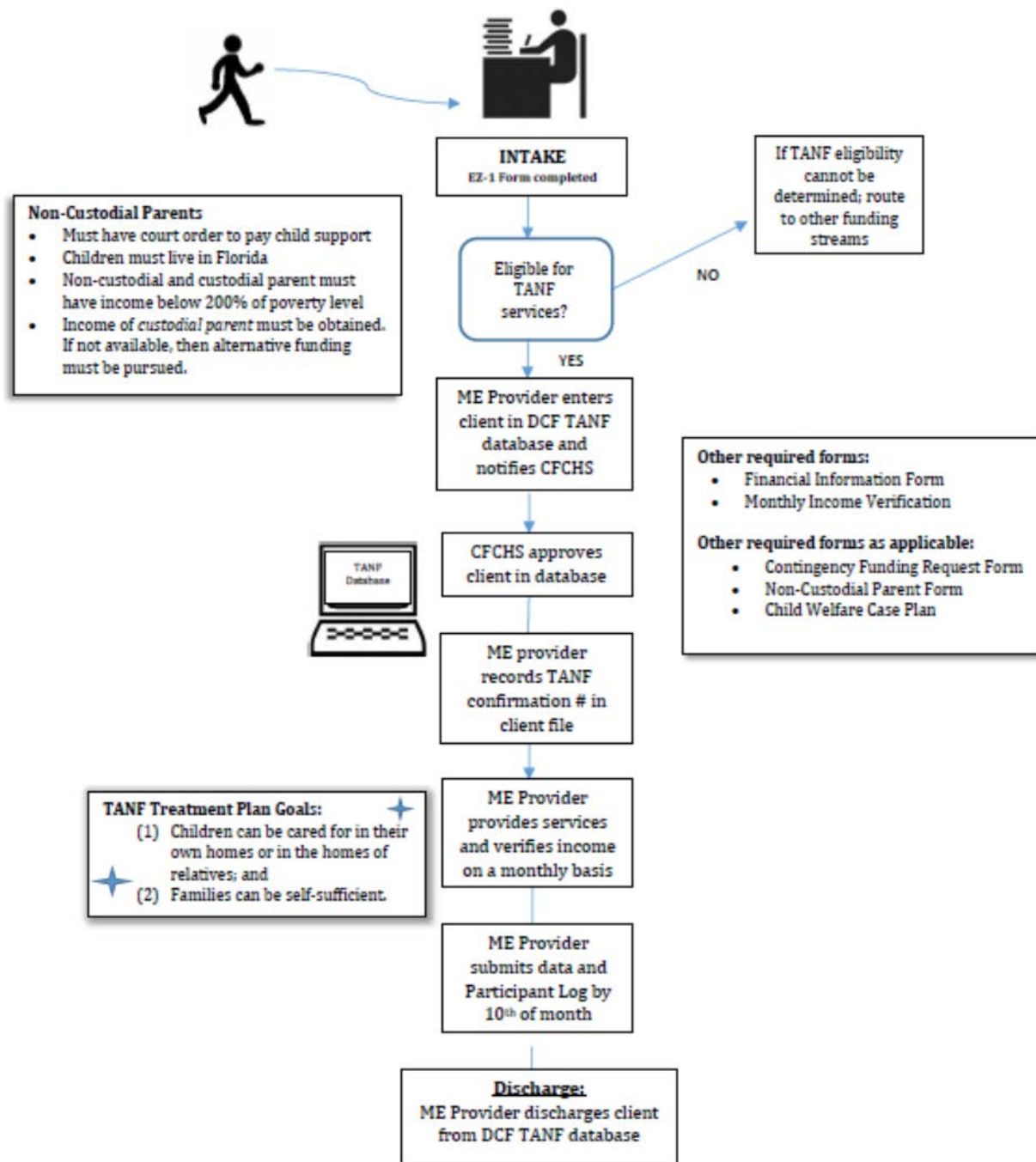
has started the treatment process. The Regional Workforce Board (RWB) will communicate with the SAMH counselor and monitor participation at least monthly. The RWB subcontractor is responsible for obtaining verification of attendance at the counseling and treatment sessions for each week.

Once treatment is completed, the SAMH counselor must complete section C of the SAMH Treatment Verification Form, CF-ES 2299, indicating the months that the participant fully complied with the SAMH treatment requirements and successfully completed the program. This information must then be forwarded to the RWB subcontractor.

2. As per [s. 414.0655 \(1\)](#), a TANF recipient in an out of home residential treatment may be excluded from the work requirement, when certified by a physician licensed under Chapter 458 or 459, for 60 days, which may be extended by up to an additional 90 days.

For more information, please see the DCF State Plan Program Guidance, 051, Medical Incapacity located at <http://www.floridajobs.org/pdg/guidancepapers/051MedicalIncapacity100505.pdf>

# TANF Process Flow Chart



**Appendix A- TANF Contingency Funding Request Form**



**TANF CONTINGENCY FUNDING REQUEST FORM**

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS #: \_\_\_\_\_

**PROVIDER INFORMATION**

Provider Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUEST FOR SERVICE FUNDING**

Funding amount requested: \$ \_\_\_\_\_

Description of goods/services requested: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General reason for request/benefit to client : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Alternatives explored: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Vendor Name	Vendor Address	Vendor ID#

Client was asked and acknowledged that they have not previously been recipient of services funded by TANF one-time payment/contingency.

\_\_\_\_\_  
**Provider Representative Signature**

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

**TO BE COMPLETED BY CENTRAL FLORIDA CARES:**

One-time payment request:     Approved     Denied

Amount approved: \$ \_\_\_\_\_

Reason for denial: \_\_\_\_\_  
 \_\_\_\_\_


TANF Specialist Signature: \_\_\_\_\_

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

TANF Contract Manager Signature: \_\_\_\_\_

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

## Appendix B- TANF EZ-1 Eligibility Form Page 1

<p>(TANFEZ1 Form – January 2020)</p> <p><b>To determine eligibility, complete the information on the front and back as well as the attachment to this form:</b></p>		<h3>Eligibility Form for TANF-Funded Services</h3>			
<b>Section I: Identifying Information</b>					
Name:		Address:		City:	
Phone Number:		SSN:		Date of Birth:	
<b>Section II: Eligibility Information. Check the following if:</b>					
<p><b>Step 1:</b> <input type="checkbox"/> The family receives temporary cash assistance, relative caregiver payments, food stamps, or the children in the family are eligible for Medicaid.  <b>If the above is checked, the family is eligible for TANF-funded services. Go to Section III. If not checked, go to Step 2.</b></p>					
<p><b>Step 2:</b> The family receiving services includes one of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A parent or relative caring for one or more children under 19 years of age;</li> <li><input type="checkbox"/> A pregnant woman;</li> <li><input type="checkbox"/> A non-custodial parent of a child under 19 years of age;</li> <li><input type="checkbox"/> A family whose children have been removed from the home by the Child Welfare Program (where the service is included or added to the active family reunification goals in the case plan);</li> <li><input type="checkbox"/> A Supplemental Security Income (SSI) recipient or a Social Security Disability Insurance (SSDI) recipient.</li> </ul>					
<p><b>Step 3:</b> The TANF-funded services are for the benefit of a family member who is:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen of the United States; <b>or</b></li> <li><input type="checkbox"/> A non-citizen who meets the TANF-eligible citizen criteria. <b>(For determination, go to the attached sheet entitled "TANF- funded Services non-citizen eligibility" and complete).</b></li> </ul> <p><b>If EITHER of the above is checked, go to Step 4. If neither is checked, STOP. The family is NOT eligible for TANF-funded services. Go to Section III.</b></p>					
<p><b>Step 4:</b> The services being provided are designed to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Provide services to needy families so that the child or children may be cared for in their own home or the home of relatives.</li> <li><input type="checkbox"/> 2. Promote job preparation, work or marriage.</li> <li><input type="checkbox"/> 3. Prevent or reduce the incidence of out-of-wedlock pregnancies.</li> <li><input type="checkbox"/> 4. Encourage the formation and maintenance of two-parent families.</li> </ul> <p><b>If number 3 or 4 above is checked, the family is eligible for TANF-funded services. Go to Section III. If number 1 or 2 is checked, go to Step 5.</b></p>					
<p><b>Step 5:</b> <input type="checkbox"/> The family income is less than 200% of the federal poverty level <b>(See the income level chart on back and complete Financial Eligibility Section)</b>  <b>If Step 5 is checked, the family is eligible for TANF-funded services.</b></p>					
<b>Section III : Eligibility Criteria</b>					
<p><i>I certify that the information, provided on this form, is true and correct to the best of my knowledge. If the information changes, I will notify a program staff person of the new information.</i></p>					
<p>_____ Signature of Responsible Family Member</p>				<p>_____ Date signed</p>	
<b>OFFICE USE ONLY:</b>					
<p>Based on the information provided, the family is <input type="checkbox"/> <i>eligible</i> <b>OR</b> <input type="checkbox"/> <i>not eligible</i> for TANF-funded services for the period:          _____ through _____.</p>					
<p>Name of program staff person (Please print): _____</p>					
<p>Signature: _____</p>				<p>Date: _____</p>	

**Appendix B- TANF EZ-1 Eligibility Form Page 2**

**Worksheet on Family Income  
Eligibility for TANF-Funded Services**

<b>200 Percent of the Federal Poverty Level as of January 15, 2020</b>		
<b>Family Size</b>	<b>Annual Income</b>	<b>Monthly Income</b>
1	\$25,520	\$2,127
2	\$34,480	\$2,873
3	\$43,440	\$3,620
4	\$52,400	\$4,367
5	\$61,360	\$5,113
6	\$70,320	\$5,860
7	\$79,280	\$6,607
8	\$88,240	\$7,353

*If Family Size is over 8, add \$8960 to annual income for each additional member.*

**Financial Eligibility (to be completed by program staff person):**

1. Family size: \_\_\_\_\_
2. The total family income is \$ \_\_\_\_\_ per \_\_\_\_\_
3. Convert to a monthly amount and list the family's total monthly income: \$ \_\_\_\_\_
4. Is this amount **less than 200%** of the federal poverty level on the above chart?  YES  NO

***If YES, the family is eligible for TANF-funded services. If NO, and the family has high expenses, consult with the Department of Children and Families to explore potential financial eligibility.***

Comments / Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of program staff person (Please print): _____	Signature: _____
	Date: _____

**Appendix B- TANF EZ-1 Eligibility Form Page 3**

**TANF-Funded Services for Non-Citizen Eligibility  
(attach to DCF Form TANF-E-Z-1)**

**Applicability and Scope:** This form is to be used to determine eligibility for TANF-funded services for families who are non-citizens. In situations where some family members are citizens, some family members are non-citizens and the services are for the benefit of the family, the family would generally be eligible on this factor. If there is any discernable benefit to a family member who is a citizen, then the status of other members of the family does not need to be determined because the family is eligible due to the status of the citizen. The potential eligibility for non-citizens would be relevant when **all** of the family members **are non-citizens**, or when the services being provided are **solely for the benefit** of a family member who is not a citizen.

If some family members are eligible non-citizens, and some family members are ineligible non-citizens, then the family would generally be eligible, **unless the service was provided solely for a member who is ineligible.**

**Note:** Non-citizen eligibility can be very complex. This form is intended to provide guidance that will cover many circumstances. If eligibility cannot be determined for an individual or family, consult with the applicable Department of Children and Families Program Office.

**Eligibility for Services** (section references are from the Immigration and Nationalities Act):

**Step 1** – Are the relevant member(s) of the family a noncitizen who are now **lawful permanent residents** or who have or had a prior status below: (if so, check appropriate status)

- |   |  |
|---|--|
| <input type="checkbox"/> Granted asylum under section 208 | <input type="checkbox"/> Individuals with deportation withheld by INS under section 243(h) or 241(b)(3),                                 |
| <input type="checkbox"/> Refugees under section 207,      | <input type="checkbox"/> Cuban/Haitian Entrants (includes Cuban/ Haitian Parolees)   |
| <input type="checkbox"/> Amerasians                       | <input type="checkbox"/> Victims of Human Trafficking, their spouse or a minor dependent child (eligible from date of ORR certification) |

*If **any of the above**, the family is eligible for TANF-funded services. If **not**, go to Step 2.*

**Step 2** – Are the relevant member(s) **lawful permanent residents, non-Cuban/Haitian parolees for a least one year under 212(d)(5) of the INA, or in a battered spouse status per USCIS for at least 5 years** who are **not** listed in Step One **AND** who **were in the U.S. prior to August 22, 1996?**       YES       NO

*If **YES**, the family is eligible for TANF-funded services. If **no**, go to Step 3.*

**Sept 3** – Are the relevant member(s) **lawful permanent residents, non Cuban/Haitian parolees for at least one year under 212(d)(5) of the INA, or in a battered spouse status per USCIS** who are **not** listed in Step One **AND** who **did not enter the U.S. until after August 22, 1996?**       YES       NO

*If **YES**, the relevant member(s) are **not eligible** until 5 years, after the date of entry for LPR's or 5 years from date of status for parolees and battered spouses. (Family members who **are not** in a status described in one of the steps above, **are not likely** to be eligible for TANF-funded services).*

**Eligibility Determination:** The family is eligible based on the non-citizen status of relevant member(s):       YES       NO

**Comments/ Notes:** \_\_\_\_\_  
\_\_\_\_\_

Name of program staff person (Please print): _____	Signature: _____ Date: _____
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## TANF MONTHLY INCOME VERIFICATION FORM

Client's Name	DOB	SSN#
Staff Name	Title	Agency

**TO BE COMPLETED MONTHLY FOR TANF DIVERSION FAMILIES (TDF):**

DATE VERIFIED	MONTHLY INCOME	PROOF OF INCOME COLLECTED	INCOME CHANGE	MEETS TANF ELIGIBILITY	STAFF INITIAL	CLIENT INITIAL
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.

Revised 2/1/2016

# Appendix G- SAMH Treatment Verification Form

## Substance Abuse and Mental Health (SAMH) Treatment Verification *CONFIDENTIAL SENSITIVE INFORMATION - MUST BE KEPT LOCKED WHEN NOT IN USE.*

<b><u>Section A:</u></b>		
Participant Name _____	Social Security Number _____	Date _____/_____/_____
Regional Workforce Board (RWB) Designee _____	Public Assistance Specialist (PAS) _____	
RWB/PAS Address: _____	RWB/PAS Region _____	
	RWB/PAS Fax #: _____	
SAMH Provider Agency _____	Telephone Number _____	Fax Number _____
<b><u>Section B: Limited Work Exception for Non-Medical Incapacity Treatment Verification</u></b>		
The participant above is currently participating in a treatment program. The participant has completed _____ hours of treatment during the past month, for the following weeks:		
Week 1: _____/_____/_____ - _____/_____/_____ for _____ hours.	Week 2: _____/_____/_____ - _____/_____/_____ for _____ hours.	
Week 3: _____/_____/_____ - _____/_____/_____ for _____ hours.	Week 4: _____/_____/_____ - _____/_____/_____ for _____ hours.	
The participant's total hours of completion in the treatment program during the past 12 months are _____ hours.		
Name and Credentials of SAMH Counselor/Case Manager _____	Telephone Number _____	Date _____/_____/_____
<b><u>Section C: Completion of Treatment Verification</u></b>		
The participant indicated above has successfully completed a Mental Health / Substance Abuse Treatment Program. The months in which the participant fully complied with the treatment requirements are circled below, totaling _____ months in a(n) _____ program.		
20____: January   February   March   April   May   June   July   August   September   October   November   December		
20____: January   February   March   April   May   June   July   August   September   October   November   December		
Name and Credentials of SAMH Counselor/Case Manager _____	Telephone Number _____	Date _____/_____/_____
<b><u>Section D: Public Assistance Specialist Verification of Treatment Months and Receipt of Temporary Cash Assistance</u></b>		
The number of months verified and approved for an extension to the participant's time limit are _____ months.		
Public Assistance Specialist _____	Telephone Number _____	Date _____/_____/_____
<b><u>Section E: Understanding Extension Treatment Months</u></b>		
I understand that my time limit has been extended _____ months due to my completion of the SAMH treatment program.		
Participant Signature _____		Date _____/_____/_____
Regional Workforce Board Designee _____	Telephone Number _____	Date _____/_____/_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_

*For Official Use: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2) and Chapters 394 and 397, Florida Statutes. The federal and state rules prohibit you from making any further disclosure of the information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2 and Chapters 394 and 397, F.S. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal and state rules restrict any use of the information to criminally investigate or prosecute any substance abuse/mental health participant.*

