



Circuit _____ County _____ Unit _____

Title IV-A/EA Application/Request for Flex Funds

1. Child _____ SSN _____ DOB _____ RACE _____

2. Address _____

3. Parent(s) Name(s) _____

Identify all household members who may receive services:

NAME Receiving (Last, First Middle Initial)	SSN	DOB	RACE	Relationship to child in #1	Benefits (Circle all that apply)
					AFDC MEDICAID FOODSTAMPS SSI/SSA
					AFDC MEDICAID FOODSTAMPS SSI/SSA
					AFDC MEDICAID FOODSTAMPS SSI/SSA
					AFDC MEDICAID FOODSTAMPS SSI/SSA
					AFDC MEDICAID FOODSTAMPS SSI/SSA
					AFDC MEDICAID FOODSTAMPS SSI/SSA

IV-A ONLY

A. Is there an emergency situation which puts the child at risk? **CIRCLE** Yes or No

B. Is there one or more child(ren) under the age of 18 living in the home? Yes or No

C. Is the child currently living with or has lived with a relative in a home maintained for the child with the last six months? Yes or No

Relative Name _____ Relationship to child _____
Date last living with the above named relative _____

D. Was the emergency caused by an employable child's or parent's refusal to accept employment or training for employment. Yes or No

E. List type and amount of resources immediately available to meet the emergency.

Did the child family have sufficient resources immediately accessible to provide for the emergency? Yes or No

F. Was there prior EAF authorization within the last 12 months? Yes or No

Sources Checked _____ Date Checked _____ Initial _____
(ICWSIS/FSFN) _____

I am giving true and complete information to the best of my knowledge. I know I am subject to criminal prosecution if false information is given. I know that I can request a fair hearing if I am not satisfied with the action taken on my application.

Applicant Signature _____ Date _____

Circuit _____ County _____ Unit _____



TO BE COMPLETED BY THE INVESTIGATOR/COUNSELOR

1. Describe the emergency situation which places the child at risk of removal or need for flex dollars.

2. What other community resources or agencies have been contacted to assist in this situation? Why weren't these services utilized?

3. What is the legal status of the child(ren)? What is the placement status of the child(ren)

4. Indicate the services necessary to alleviate the emergency. (If Title IV-A the services must not exceed 12 mos.)

Table with 4 columns: SERVICE, LENGTH OF SERVICE, RETRO SERVICE?, COST. Includes a row for TOTAL COST.

5. How will the services requested above avert the placement or reduce the length of placement, and how will the child be safely served in his/her own home or that of a relative?

IV-A ONLY
A. Is the total cost of services greater than the amount of available resources?
B. Were the responses to questions A-C in the "IV-A Only" box on page 1 "Yes?"
C. Were the responses to questions D-F in the "IV-A Only" box on page 1 "No?"

Counselor Signature _____

Date _____

Circuit _____

County _____

Unit _____



FLEX DOLLAR REQUEST ONLY

COST AVOIDANCE CALCULATION

List separately if you estimate that some of the children would have unequal projected placement costs.

- A. Projected length of stay or extension (# of days or months). _____
 - B. Number of children in family at risk of placement. _____
 - C. Unit cost of placement for each child (indicate daily or monthly rate). _____
 - D. Total projected costs of placement or extension of placement. _____
- (Formula: A x B x C = D "projected placement costs avoided")

TOTAL ANTICIPATED PLACEMENT COSTS (D) _____

TOTAL COST OF SERVICES REQUESTED (#4 ABOVE) _____

Worker Signature _____ Date _____

Supervisor _____ Unit # _____

AUTHORIZATION

The request for flex fund spending is APPROVED DISAPPROVED (CIRCLE ONE)

Listed below are the approved services and dollar amounts.

SERVICES	DOLLAR AMOUNT

Level of funding approved _____
(Indicate Budget Entity Source with amount)

Comments: _____

AUTHORIZING SIGNATURE _____	DATE _____
TITLE _____	



2009/2010 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, 2009.
 (For households larger than 10, add \$624 per month or \$7,480 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	1,805	2,429	3,052	3,675	4,299	4,922	5,620	6,169	6,792	7,415
Yearly income	21,660	29,140	36,620	44,100	51,580	59,060	67,440	74,020	81,500	88,980

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."

