Determining Eligibility for Federal and State Funding Programs

Regular TANF

Office of Child Welfare
Sallie Bond
March 2015
Training Objectives

- Identify what is changing
- Understand the importance of engaging partners to work together in determining eligibility
- Identify the role and responsibilities
- Understand regular TANF eligibility requirements
- Understand regular TANF redetermination requirements
FLORIDA - FSFN Enhancement – The Big Picture

Phase I – FLORIDA system enhancements – completed July 14, 2014

- Fully Automate Medicaid Eligibility Process

Phase II – FSFN system enhancements – April 2015

- Automates Foster Care and Adoption Eligibility in FSFN

Phase III – FSFN and FLORIDA interface enhancements – April 2015

- Fully Automated FSFN Submission to FLORIDA

Project Complete!
What is Changing?
Elimination of FSFN-generated TANF forms when a child is placed in a temporary placement

How are staff impacted?
CPI
- Streamlined TANF form creation
FSFN System Enhancement Overview

What is Changing?

TANF

- Elimination of FSFN-generated TANF forms when a child is placed in a temporary placement.

Who is impacted?

Revenue Maximization staff
Child Protective Investigators
Regular TANF

Partners

- Child Protective Investigators (CPI)
- Child Protective Investigators Supervisors (CPIS)
- Case Managers
- Supervisors
- Revenue Maximization
- Family Members
- Others
Roles & Responsibilities

• Eligibility is everyone’s job
• Our ability to earn dollars from the federal government and other sources depends upon:
  1. Department’s capability to secure and maintain matching state funding
  2. Quality case management and documentation by all
  3. Effective program oversight by Department /CBC administrators and managers
  4. Timely processing of cases
  5. Timely entering information in FSFN
Quote 1 – “Participating in user acceptance testing helps me to understand the overall process with Investigations and the impact to Case Management”.

Quote 2 – “The biggest benefit from UAT is to see how the impact from the Hotline impacts all the way to Adoption finalization. This activity helps to see how each organization should work as a team”.

Quote 3 – “It is very rewarding to see what is coming in the software build which will ultimately help filter the information from the Hotline all the way through to Case Management. The consistency of the information flow helps to understand each role’s stresses and challenges”.

Quotes from User Acceptance Testers
Goals of TANF Program:

- remedy underlying conditions that may have led to the abuse, neglect or abandonment of a child

- strengthen family so that the child can be safely cared for in his or her own home or that of a relative.
Uses of Regular TANF

Regular TANF dollars help with administrative costs for the Florida Abuse Hotline, protective investigation, and case management staff.
Eligibility for regular TANF funds is conducted for a child or family when the child is determined to be at risk of abuse or neglect, in need of services to keep the child in the home, to stabilize his/her out of home placement or to expedite reunification.

Complete TANF eligibility when one of the following occurs:

- a protective investigation is initiated
- a service response is initiated
- a parent or other adult specified relative makes a voluntary
Requirements for Investigative or Initial TANF

Child must
- be under age 18 and not emancipated
- live with a parent or specified relative
- be a U.S. citizen or qualified noncitizen
- Reside in state of Florida

Family income must be below 200% of the federal poverty level for the household size
- Obtain income information from family
  - May obtain income information from other collateral sources
  - If unable to obtain income information, child is ineligible for TANF
  - Self declaration of income is acceptable
Requirements – Investigative or Initial TANF (continued)

- Whose income is considered?
  - When child lives with parent(s) or legal guardian at initial or investigative determination, income of child and family is counted
  - When child lives with specified relative, only the child’s income is counted

- What is income?
  - Wages, Social Security benefits, retirement, child support, etc.

- Federal Poverty Levels
  - Updated July 1 of each year

- Eligibility Period
  - 12 months or sooner if a change occurs
Three household members: mom, dad and child. Dad is employed at Tony’s Towing. Dad is paid $11 an hour and works 40 hours each week. He is paid weekly.
<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>ID: 131509351</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Williams</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>First Name:</td>
<td>Alex</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
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<table>
<thead>
<tr>
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<tr>
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<td>Non-Citizen ID:</td>
<td></td>
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<tr>
<td>Country:</td>
<td></td>
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<tr>
<td>Entry Date:</td>
<td>04/25/2014</td>
</tr>
<tr>
<td>Status:</td>
<td></td>
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<tr>
<td>Status Date:</td>
<td>00:00:00</td>
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<td>04/25/2014</td>
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<tr>
<td>Estimated Age:</td>
<td>0</td>
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<tr>
<td>SSN Number?:</td>
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</tr>
<tr>
<td>SSN:</td>
<td>789-98-3452</td>
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<td>Date Applied For:</td>
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<td>Type of Birth Verification:</td>
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<td>Birth Place:</td>
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<td>County:</td>
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<td>Sibling Group Id:</td>
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<td>Death Date:</td>
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<td>Death Time:</td>
<td>00:00 AM</td>
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<tr>
<td>Cause of Death:</td>
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</table>
FSFN - Initial TANF

Eligibility
Case Name: Lee, Amelia  Case ID: 131504910  Child Name:  Complete
Investigation ID: 2015-657771  Initial Intake Received Date: 01/11/2015  Eligibility ID:  Completed Date: 00/00/0000

Eligibility Information
Effective From: 01/11/2015  Effective To: 01/10/2016
Entry Date: 00/00/0000  Approval Date: 00/00/0000
Completed By:
Is The Child Eligible?
Pending  Eligible  Ineligible

Based On The Information below, the child income is.
Less than 200% of the FPL - Child is Eligible
At or above 200% of the FPL - Child is Ineligible

Household Information
Name | Person ID | SSN | DOB | Age | Gender | Eligibility Applies To | US Citizen Or Qualified Non Citizen
--- | --- | --- | --- | --- | --- | --- | ---
Williams, Alex | 131503351 | 789093452 | 04/25/2014 | 0 | M |  | 
Williams, Anthony | 13150352 | 546093546 | 09/19/1893 | 21 | M |  | 

Questions
Question 1: Was (were) the child(ren) living with a Parent or other Specified Relative at the time of investigation or at the time of the request for services? If Yes, go to question 2. If No, Ineligible.
   Relationship to Child:  
   Parent/Relative Name:  
   Yes  No

Question 2: Is (are) the child(ren) currently residing in the State of Florida? If Yes, go to question 3. If No, Ineligible.
   Yes  No

Question 3: Is the family currently receiving assistance under the Temporary Cash Assistance Program or the Relative Caregiver Program? If Yes, Eligible. If no, go to question 4.
   Yes  No

Question 4: Family Income.  Unable to Obtain
   What is the family Size?  Family Size:  
   Estimated Family Income:  
   Yes  No
**FSFN- Assets Screen**

### General Information
- **Name:** Williams, Anthony
- **Person ID:** 131509352
- **Gender:** Male
- **Ethnicity:**
- **SSN:** 546-09-3546
- **Date of Birth:** 09/19/1993
- **Race:** Black/African American

### Assets/Liabilities

#### Assets/Liabilities/Financial Benefit History

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Eff. Start Date</th>
<th>Eff. End Date</th>
<th>Liab.</th>
<th>Elig. Calc.</th>
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#### Vehicle

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<tr>
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#### Other Insurance

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<tr>
<th>Name</th>
<th>Policy Holder</th>
<th>Policy Limits/Value</th>
<th>Effective Start Date</th>
<th>Effective End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Policy Number</td>
<td>Policy Limits/Value Unknown</td>
<td>Effective Start Date</td>
<td>Effective End Date</td>
</tr>
</tbody>
</table>

#### Assets/Liabilities/Financial Benefits

<table>
<thead>
<tr>
<th>Type</th>
<th>Asset Info</th>
<th>Account</th>
<th>Monthly Amount</th>
<th>Amount Unknown</th>
<th>Liability</th>
<th>Effective Start Date</th>
<th>Effective End Date</th>
<th>Amount</th>
</tr>
</thead>
</table>

[Insert button]
## FSFN - Inserting Assets and Unearned Income

![Image of the FSFN form](image.png)

### Asset Type
- **Select:** [Dropdown]
- **Type:** [Dropdown]
- **Liability:** [Checkbox]
- **Use in Eligibility Calculations:** [Checkbox]
- **Source of Verification:** [Dropdown]
- **Verification Date:** [Date]

### Assets/Liabilities/Financial Benefits
- **Account:** [Text]
- **Amount:** [Text]
- **Amount Unknown:** [Checkbox]
- **Asset Information:** [Text]
- **Monthly Amount:** [Text]
- **Eff. Start Date:** [Date]
- **Eff. End Date:** [Date]

### Vehicle
- **Make:** [Text]
- **Model:** [Text]
- **Year:** [Text]
- **Ownership Start Date:** [Date]
- **Estimated Value:** [Text]
- **Est. Value Unknown:** [Checkbox]
- **Amt. Owed:** [Text]
- **Ownership End Date:** [Date]
- **VIN Number:** [Text]

### Other Insurance
- **Name:** [Text]
- **Policy Holder:** [Text]
- **Eff. Start Date:** [Date]
- **Address:** [Text]
- **Policy Number:** [Text]
- **Eff. End Date:** [Date]
- **Type:** [Dropdown]
- **Monthly Amount:** [Text]
- **Policy Limits/Value:** [Text]
- **Est. Policy Limits/Value Unknown:** [Checkbox]

**Last Updated By:** DSRGV. MARYANN R
**Date:** 03/18/2015

**Save** **Close**
## FSFN- Employment

### General Information
- **Name:** Williams, Anthony
- **Person ID:** 131503352
- **Gender:** Male
- **Ethnicity:** Black/African American
- **SSN:** 545-09-3546
- **Date of Birth:** 09/19/1993
- **Race:** Black/African American

### Employment History

<table>
<thead>
<tr>
<th>Eff From</th>
<th>Eff To</th>
<th>Employer</th>
<th>Type</th>
<th>Wages</th>
<th>Per</th>
<th># of Hrs/Wk</th>
<th>W2 in FSFN</th>
</tr>
</thead>
</table>

### Employment Address

- **C/O:**
- **Street:**
- **PO Box:**
- **Route:**
- **FL City:**
- **State:**
- **Zip:**
- **Country:**
- **Non-Florida County:**
- **Building:**
- **Unit Designator:**
- **Street/PO Box/Route:**

### Insurance/Benefits Received

- Retirement Plan
- Sick Leave
- Mentor Support System
- Mental Health
- Vacation
- Paid Leave
- Educational Support
FSFN - Filling out Employment History

Employment History

Employer: Tony's Towing
Type: Full Time
Wages: $11.00
Per: Hourly
Effective From: 12/15/2014
Effective To: 00:00/0000
Number of Hours per Week: 40
Self Employed?:
Operating Costs: $0.00
Source of Verification: Pay Stub
Verfication Date: 12/15/2014

Employment Address

C/O: 
Street: 1780 Super Highway
PO Box: 
FL City: 
City: Tallahassee
State: FL
Zip: 32301

Insurance/Benefits Received

Check insurance benefits only if participant is actually receiving the benefit:
- Retirement Plan
- Sick Leave
- Mentor Support System
- Mental Health
- Vacation
- Paid Leave
- Educational Support
FSFN - Completing the TANF Form

**Household Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Person ID</th>
<th>SSN</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Eligibility Applies To</th>
<th>US Citizen Or Qualified Non Citizen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams, Alex</td>
<td>131509351</td>
<td>769-93-3452</td>
<td>04/25/2014</td>
<td>0</td>
<td>M</td>
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<tr>
<td>Williams, Anthony</td>
<td>131509352</td>
<td>546-09-3545</td>
<td>09/19/1993</td>
<td>21</td>
<td>M</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Questions**

**Question 1:** Was (were) the child(ren) living with a Parent or other Specified Relative at the time of investigation or at the time of the request for services? If Yes, go to question 2. If No, Ineligible.

- Relationship to Child: [Father]
- Parent/Relative Name: [Williams, Anthony]
- Yes [ ] No [ ]

**Question 2:** Is (are) the child(ren) currently residing in the State of Florida? If Yes, go to question 3. If No, Ineligible.
- Yes [ ] No [ ]

**Question 3:** Is the family currently receiving assistance under the Temporary Cash Assistance Program or the Relative Caregiver Program? If Yes, Eligible. If no, go to question 4.
- Yes [ ] No [ ]

**Question 4:** Family Income. [ ] Unable to Obtain

- What is the family Size? [ ] Family Size: [ ]
- Estimated Family Income: [ ] 1892.00

**Assets & Employment**

- [ ] Williams, Alex
- [✓] Williams, Anthony
- [ ] Lee, Amelia

**Eligibility**

- Case Name: [Lee, Amelia]
- Case ID: [131504910]
- Child Name: [ ]
- [ ] Complete

- Investigation ID: [2015-657771]
- Initial Intake Received Date: [ ]
- Eligibility ID: [131503218]
- Completed Date: [ ]

**Actions**

- Request for TANF Funds/ Eligibility Determination-5244
Eligibility must be reviewed at 12 month intervals or sooner if a change occurs.

Eligibility factors considered are:

- Age
- Not emancipated
- Gross income below 200% of the FPL
- Resides in Florida, and
- Lives with a specified relative
Questions

Follow-Up Q & A Webinar on April 6
Submit policy questions to mailbox at eligibility.redesign@myflfamilies.com