



Request for TANF Funds/Eligibility Determination – 2010/2011

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 from 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), 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, 2010)
(For households larger than 10, add \$624 per month or \$7,480 per year for each additional household member.)

Household size	HOUSEHOLD SIZE AND FAMILY INCOME									
	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: _____
(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: _____

Request for TANF Funds/Eligibility Determination

The child(ren) for whom these services are being authorized are at imminent risk of removal.

Listed below is a brief explanation of the specific crisis or episode of need:

Printed Name of PI/Family Counselor	Signature of PI/Family Counselor	Date
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Printed Name of PI/Family Care Supervisor	Signature of PI/Family Care Supervisor	Date
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Listed below is a description of the non-recurring, short-term service(s), provider information and the cost. (Additional services may be requested during the four-month period when this second page is completed and submitted for authorization.)

SERVICES (description of service must include the number of days or frequency of service provision)	Provider Name, Address, Telephone Number and Tax ID Number	Dollar Amount

Total Cost of Services Requested: \$ _____

AUTHORIZATION

The request for TANF Service fund spending is: APPROVED DISAPPROVED

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

Comments: _____

AUTHORIZING PERSON:		
	Print Name	Title
SIGNATURE:		
		Authorization Date