



DRAFT ELIGIBILITY FORM FOR TANF-FUNDED SERVICES

Name: _____ Telephone: _____

Address: _____ City _____ Zip: _____

SSN: _____ Date of Birth: _____

TANF-FUNDED SERVICES MUST EITHER ACCOMPLISH OR SUPPORT ONE OF THE FOUR PURPOSES OF TANF

1. Assist **needy** families so that the child or children may be cared for in their own homes or the homes of relatives
2. End dependence of **needy** parents by promoting job preparation, work and/or marriage
3. Prevent or reduce the incidence of out-of-wedlock pregnancies
4. Encourage the formation and maintenance of two-parent families

If the services being provided are not designed for one of the 4 purposes of TANF, the services cannot be funded with TANF funds. TANF funds may be used to serve non-needy families or individuals for purposes #3 and #4 only – however objective criteria must be established for the delivery of the service to the non-needy.

Eligibility Screening for Florida Residents

→Step 1 The family requesting services includes:

- A parent or relative caring for one or more children (see definition for child below)
- A pregnant woman, or, if not then
- A non-custodial parent of a child (see definition for child below)

DEFINITION OF A FAMILY:

Child is the dependent person under 18 (or under 19, still a full-time student in high school or at the equivalent level of vocational or technical training), who has never been married or whose marriage was annulled and whose eligibility is being determined.

Parent includes mother, father, adoptive mother and adoptive father.

Blood relative: including those of half-blood, within the relationship of siblings, first cousins, nephews, nieces, aunts, uncles and individuals of preceding generations as denoted by prefixes of grand, great, great-great, or great-great-great. This group includes relatives within the fifth degree of kinship to the dependent child; therefore, this includes first cousins once removed (children of first cousins), but not second cousins.

If any line in Step 1 is checked, go to Step 2. If none is checked, the person or family is only eligible for services accomplishing/supporting TANF purposes #3 and/or #4 (See above).

→Step 2 _____ The **family** receives temporary cash assistance, relative caregiver program payments, food stamps or the children in the family are eligible for Medicaid.

If Step 2 is checked, the family is eligible for TANF funded services. If no, go to Step 3.

→Step 3 The TANF funded services will be for the benefit of a family member who is:

- A citizen of the United States. If not, then
- A non-citizen who meets the TANF-eligible non-citizen criteria (See non citizen eligibility – page two)

If either line is checked in Step 3, go to Step 4. If neither line is checked, the person or family is only eligible for services accomplishing/supporting TANF purposes #3 and/or #4 (See above).

→Step 4 _____ The **family's total income** is less than 200% of the federal poverty level (See income level chart - page three)

If the total income is over 200% of the federal poverty level, the person or family is not defined as needy. They are only eligible for services accomplishing/supporting TANF purposes #3 and/or #4 (See above).

Definitions of Income: Income is classified into two categories for budgeting purposes: **earned income and unearned income.** Earned income is the receipt of wages, salary, commission, or profit from an individual's performance of work or services, or a self employment enterprise. Unearned income is income for which there is no performance of work or services. Unearned income may include:

- *retirement, disability payments, unemployment/workman's compensation, etc.
- * annuities, pensions, and other regular payments
- * dividends, interest, and royalties
- * proceeds of life insurance policies
- * alimony and support payments
- * gifts and inheritances
- * prizes and awards
- * SSDI (SSI not counted)

Non-Citizen Eligibility

Attachment to Eligibility Form for TANF-Funded Services

(section references are from the Immigration and Nationalities Act).

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.

Similarly, if some family members are eligible non-citizens and some family members are not eligible non-citizens, then the family would generally be eligible unless the service was solely provided for the member who is not eligible.

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.

THE FAMILY IS ELIGIBLE IF THE RELEVANT MEMBER(S) OF THE FAMILY HAVE INS STATUS:

**INS
STATUS**

- _____ granted asylum under section 208
- _____ Refugees under section 207
- _____ individuals with deportation withheld by INS under section 243(h) or 241(b)(3)
- _____ Cuban/Haitian entrants
- _____ Amerasians

OR, THEY ARE

_____ Lawful permanent residents with a prior INS status identified above

OR, THEY ARE

_____ Without a prior INS status listed above and they were in the U.S. prior to August 22, 1996

ELIGIBLE

THE FAMILY IS NOT ELIGIBLE UNTIL 5 YEARS AFTER THE DATE OF ENTRY IF

_____ The relevant member(s) are lawful permanent residents who are without a prior INS status (above) and who entered the U.S. on or after August 22, 1996.

THE FAMILY IS NOT LIKELY TO BE ELIGIBLE FOR TANF-FUNDED SERVICES IF

_____ Family members are not in a status described in one of the steps above.

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 _____

Signature: _____ Date: _____

Worksheet on Family Income
Eligibility for TANF-Funded Services
(Attach to Eligibility Form)

200 Percent of the Federal Poverty Level as of February 7, 2003 <small>(Alaska & Hawaii have different FPL)</small>		
Family Size	Annual Income	Monthly Income
1	\$17,960	\$1,437
2	\$24,240	\$2,020
3	\$30,520	\$2,543
4	\$36,800	\$3,067
5	\$43,080	\$3,590
6	\$49,360	\$4,113
7	\$55,640	\$4,637
8	\$61,920	\$5,160

For each person over 8, add \$6,280 to the annual income (\$523 monthly).

Financial Eligibility (to be completed by program staff person).

What is the family size? _____

The total family income is _____ per _____

Convert to a monthly amount and list the family's total monthly income _____

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 the family is above 200% of poverty, but has high expenses, consult with the Department of Children and Families Program Office to explore potential financial eligibility.

Comments/ Notes:

Name of program staff person _____

Signature: _____ Date: _____