



TANF TRAINING MANUAL

YOUTH SUMMER CAMP PROGRAM

2014

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Civil Rights Laws

The following civil rights laws apply to states, counties and other public and private entities that receive federal financial assistance and provide funds, training and other services and benefits under the TANF program. The laws require that federally assisted programs be administered in a manner that does not discriminate or have the effect of discriminating on the basis of race, color, national origin, disability, sex, age, religion, or political belief. Additional information regarding the civil rights laws can be found at <http://www.hhs.gov/ocr/tanfintro.htm>.

1. **Section 504 of the Rehabilitation Act of 1973**, as amended, prohibits discrimination on the basis of disability by recipients of Federal financial assistance. 29 U.S.C. 794, Section 504.
2. **Title II of the Americans with Disabilities Act of 1990 (ADA)** provides that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any entity. 42 U.S.C. 1201.1 et seq.
3. **Title VI of the Civil Rights Act of 1964**, as amended, prohibits discrimination on the basis of race, color, or national origin in any program or activity that receives federal funds or other Federal financial assistance. Programs that receive Federal funds cannot distinguish among individuals on the basis of race, color, or national origin, either directly or indirectly, in the types, quantity, quality, or timeliness of program services, aids, or benefits that they provide or the manner in which they provide them. 42 U.S.C. 2000d et seq.
4. **The Age Discrimination Act of 1975** prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance. A provider generally may not exclude, deny, or provide different or lesser services to applicants or beneficiaries, on the basis of age. 42 U.S.C. 5101 et seq.
5. **Title IX of the Education Amendments of 1972**, as amended prohibits discrimination on the basis of sex (gender). A provider may not exclude, deny or provide different or lesser services to applicants or beneficiaries on the basis of sex (gender). 20 USC § 1681

Title VI Language Assistance Obligation

Title VI of the Civil Rights Act of 1964 covers any organization or individual that receives Federal financial assistance either directly or indirectly through a grant, contract or subcontract. Examples of covered entities include hospitals, nursing homes, home health agencies, HMO's, health service providers and human services organizations. All organizations or individuals that are recipients of Federal financial assistance from the United States Department of Health and Human Services (HHS) have an obligation to ensure that limited English proficient (LEP) persons have meaningful and equal access to benefits and services. Meaningful access means that the LEP person's situation can be effectively communicated to the service provider; the LEP person is able to understand the services and benefits available; and the LEP person is able to receive those services and benefits for which he or she is eligible in a timely manner.

An LEP person is an individual who is unable to speak, read, write, or understand the English language at a level permits him or her to interact effectively with health providers and social services agencies.

Statement of Policy

All programs, services, and benefits which are administered, supervised, authorized and/or participated in by the **Franklin County Department of Job and Family Services** and contracted providers, shall be operated in accordance with the nondiscriminatory provisions of Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Americans with Disabilities Act of 1990; the Multi-Ethnic Placement Act of 1994 (MEPA); and the Inter-Ethnic Adoption Provisions of 1996 (IEP).

Temporary Assistance to Needy Families (TANF)

TANF is a block grant to help needy families reduce their dependence on welfare and move toward economic independence. TANF has four goals:

- 1) Provide assistance to needy families so that children may be cared for in their homes or in the homes of relatives.
- 2) Ending the dependence of needy families on government benefits by promoting job preparation, work and marriage.
- 3) Prevention and reducing the incidence of out of wedlock pregnancies.
- 4) Encouraging the formation and maintenance of two-parent families.

FCDJFS Eligibility Determination

FCDJFS is responsible for determining eligibility for TANF services. The subrecipient will be responsible for assisting the applicant with completing the application accurately and for screening the application for eligibility. FCDJFS will be responsible for reviewing the application and confirming eligibility.

For TANF services, the subrecipient acting as the agent of FCDJFS may assess the eligibility of the applicant and provide services based on that judgment; however payment for services will be contingent on the review and approval of the application by FCDJFS. Once eligibility for TANF services is established, FCDJFS staff will authorize and generate payment.

The following information includes a detailed description of instructions for the subrecipient to use when assisting applicants with program enrollment. In addition, the required documentation is explained and examples provided to guide the subrecipient through the process of collecting the information necessary for FCDJFS to make a determination of the applicant's eligibility.

TANF Assistance Group (AG) Eligibility Guidelines

Based upon Title IV-A federal regulations and state law, an eligible TANF family assistance group (AG) must consist of at least one of the following:

- A minor child who resides with a parent, specified relative, legal guardian or legal custodian
- A pregnant individual with no other children
- A non-custodial parent who lives in the state, but does not reside with his/her minor children

In order to receive TANF services, four items must be verified prior to a request being approved:

- **Household composition** – may be verified by self-declaration
- **Social Security number** – each family assistance group member must provide a Social Security number or apply for a Social Security number
- **Citizenship** – each member of the AG must be a citizen of the United States or a qualified alien (verification of qualified alien status must be provided)
 - The participant must be a US citizen or qualified alien in order to be eligible for services
 - If the child is a US citizen or qualified alien but his/her parent(s) is/are not, the ineligible individual (e.g. the parent) is not included in the AG size calculation but the ineligible individual's income is counted when determining eligibility

- **Income** – the total gross income of all of the AG members must be included when determining eligibility
 - All income that has been received by any member of the TANF assistance group (AG) during the 30-day budget period shall be considered when determining financial eligibility.
 - The 30-day budget period begins 30 days prior to the date of TANF application and ends on the application date.
 - The **GROSS** income received during this period is used in the computation of financial eligibility.
 - The total **GROSS** income both earned and unearned of all TANF AG members must be included.
 - The following types of income are excluded when determining financial eligibility for TANF services:
 - Child support payment distributions made by the Ohio Department of Job and Family Services (ODJFS)
 - Drug discounts and transitional assistance received under the Medicare Prescription Drug, Improvement, and Modernization Act
 - Monetary allowances paid under Section 401 of the Veteran’s Benefits and Health Care Improvement Act of 2000
 - Compare the **GROSS** income of the TANF AG to the 200% Federal Poverty Guideline (FPG). If the total TANF AG income is equal to or less than 200% of the FPG amount for the applicable TANF AG size, the TANF AG has met the income eligibility requirement.

Children in Foster Care

Per the ODJFS Office of Family Stability, Bureau of County Oversight & Support, Program Policy Services Section: ****PLEASE KEEP IN MIND** the child needs to be living with a legal guardian or specified relative in order to be eligible for services.**

The ODJFS PRC Reference Guide, which condenses OWF/PRC Guidance Letters into one document, states that, “Based upon Title IV-A federal regulations and state law, an eligible family assistance group must, at a minimum, consist of: A minor child who resides with a parent, specified relative, legal guardian or legal custodian (a child may be temporarily absent from the home provided certain requirements are met); a pregnant individual with no other children; or a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren).”

If the child is not living with a parent, specified relative, legal guardian or legal custodian (determined by the court system), he/she is **NOT** eligible for TANF services. A child who is in foster care (i.e. FCCS is the legal guardian) is **NOT** TANF eligible because he/she does not meet the living arrangement requirement unless the child meets the definition of temporary absence explained below.

If the child receives Medicaid, but is in foster care, verification of Medicaid will not be sufficient to determine his/her eligibility for TANF services. The child would still need to be determined eligible based on assistance group composition and income.

The Reference Guide goes on to explain temporary absence: “A child may be ‘temporarily absent’ yet the child and his/her family may still qualify for PRC benefits and services. ‘Temporary absence’ has the same meaning for the PRC program as it does for the Ohio Works First program as set forth under Section 5107.10 of the Ohio Revised Code and Rule 5101:1-3-04 of the Ohio Administrative Code. Under Ohio Works First, pursuant to Rule 5101:1-3-04, the absence of a member of the assistance group is temporary if the assistance group member has been absent for no longer than 45 consecutive days, location of the absent individual is known, there is a definite plan for the return of the absent individual to the home, and the absent individual shared the home with the assistance group prior to the onset of the absence. Rule 5101:1-3-04 also sets forth exceptions to the requirement that the assistance group member be absent for no longer than 45 consecutive days. Most relevant to PRC is the situation where a child is removed from the home by the public children services agency due to abuse, neglect and dependency if the agency indicates that there is a reunification plan to return the child to the home within six months.”

If a child is temporarily absent, per the OAC definition, he/she could be determined eligible only when taking into consideration the situation of the assistance group from which he/she was removed. The child has no TANF eligibility based on his/her residence with a foster family – the only way the child could be determined eligible is based on the assistance group’s eligibility, which must include the child’s parent, specified relative, legal guardian, or legal custodian and his/her income.

Definitions

Minor Child – a child under 18 (whether he/she attends school or not) or a child who is 18 but not yet 19 and is attending high school full-time

- A minor child may be temporarily absent from the home for up to six months with a plan for reunification in place through Franklin County Children Services (FCCS)

Specified Relative – any of the following who is age 18 or older and caring for a minor child in place of the parents **and** can verify the relationship:

1. The following individuals related by blood or adoption:
 - Grandparents, including grandparents with the prefix “great”, “great-great” or “great-great-great”
 - Siblings
 - Aunts, uncles, nephews and nieces including relatives with the prefix “great”, “great-great”, “grand” or “great-grand”
 - First cousins and first cousins once removed
2. Stepparents and stepsiblings
3. Spouses of any person named above, even though the marriage has ended in death, separation or divorce

Custodian – an individual who has legal custody of a minor child

Guardian – an individual who is granted authority by a probate court or a court of competent jurisdiction in another state, to exercise parental rights over a minor child to the extent provided in the court’s order and subject to residual parental rights of the minor child’s parents

Proof of Pregnancy – must be signed by a doctor or nurse, include the estimated date of confinement (EDC), include the number of fetuses and the statement must be written on an official doctor, hospital or medical clinic letterhead or prescription form

Countable Income

- *Earned Income* – income for which some type of labor or service is performed, including:
 - Earnings from work as an employee
 - Earnings from self-employment
 - Strike benefits (if striker is required to perform services in order to receive them)
 - Training allowances
- *Unearned Income*
 - Supplemental Security Income (SSI) benefits
 - Retirement, Survivors and Disability Insurance (RSDI) benefits
 - Alimony and child support
 - Veteran Administration benefits
 - Workers’ Compensation benefits
 - Lump-sum payments
 - Unemployment benefits
 - Pension and retirement benefits
 - Strike benefits
 - Investment income
 - Rental income

Income Eligibility Screening Worksheet

Target Group 1: *Is the applicant a pregnant woman or a custodial parent or kinship caregiver of a minor child?*

Yes

No

Target Group 2: *Is the applicant a non-custodial parent residing in Franklin County – a parent of a minor child who lives in the state and does not live in the same household as the minor child?*

Yes

No

**If no to both questions, stop – the applicant is not eligible!
If yes to either question, continue...**

Family's Monthly GROSS Income _____

Assistance Group Size _____

200% Monthly Income = TANF eligibility for participation in a work and training, family support, or family capacity-building project.

Compare monthly gross income to the chart to determine if the family is eligible for services.

Income for Families based on the Monthly Federal Poverty Guideline Measure

Effective January 2014

Assistance Group Size	200% Monthly Income
1	\$1915
2	\$2,585
3	\$3,255
4	\$3,925
5	\$4,595
6	\$5,265
7	\$5,935
8	\$6,605
9	\$7,275
10	\$7,945

Eligible for TANF?

Yes

No

If yes, proceed with the application.

Ineligible APPLICANTS include:

- Fugitive felons, probation or parole violators
- Individuals with any outstanding OWF or PRC fraud overpayment balance
- Individuals ineligible for other programs due to deliberate non-compliance with the terms of their assistance
 - Families under Sanction may receive TANF assistance as long as the assistance provided is not intended to replace income lost as a result of the sanction
 - TANF assistance for sanctioned families may be designed to resolve issues that led to the sanction or may be intended to impact emerging problems that would prolong the family's need for assistance
- An unmarried, non-high school graduate parent under age 19 who is not attending high school or the equivalent
- An unmarried parent under 18 not living in a supervised living arrangement
- A person found to have fraudulently misrepresented residence in order to obtain assistance in two or more states and is ineligible for ten (10) years

QUESTIONS C-1 THROUGH C-9 ON REGISTRATION FORM WILL DETERMINE WHO IS NOT ELIGIBLE.

Completing the TANF Registration Form with the customer

Section A: Identifying Information

- Enter all identifying information for each child who will attend the program
- Enter the parent's name and all identifying information
- If a Lawful Resident Alien box is checked, attach verification
 - I-94 Card or passport with I-94 stamp
 - Permanent Resident Alien Card/Paperwork
 - Documentation of Legal Alien Status

Section B: Eligibility and Verification

Check the box that applies to the customer's eligibility and attach the requested verification:

- Box 1: This individual receives or is a member of a family that receives Ohio Works First (OWF) cash payments or receives other FCDJFS benefits and has a minor child
 - OWF, Food Assistance, or Medicaid – Proof of Eligibility/Income CNPE screen print can be requested from the case manager (see page 18) or the customer can register for the JFS Community Portal (<https://communityportal.fcdjfs.franklincountyohio.gov/Home/>) and print his/her own verification of eligibility
 - Benefit award letter or copy of OWF check
 - Copy of current work/training/education schedule

NOTE: SSI, RSDI, Child Support, Veterans' Administration Benefits, Workers' Compensation Benefits, Unemployment Benefits, and Free and Reduced Lunch are NOT FCDJFS BENEFITS – Applicants who receive these types of income will need to select box 3 and have their eligibility determined based up household income.

- Box 2: This individual needs to have eligibility determined based upon Free and Reduced Lunch
 - Letter from school officials must be on school letterhead and eligibility dated for the current school year
- Box 3: This individual needs to have eligibility determined based upon household income
 - Paycheck stubs from the past 30 days (four weeks)
 - Letter from employer on letterhead or a statement with company stamp detailing the customer's gross income for the past 30 days
 - Child Support Court Order – printout from child support or check stubs
 - Benefit award letter or copy of benefit check
 - Self-employed – copy of most recent federal income tax return divided by 12 to calculate the last 30 days of income. If the individual is recently self-employed and has not filed taxes, then use official records or bookkeeper's name and phone number
 - Eligible for Free and Reduced Lunch – copy of the eligibility determination letter(s) provided by the school(s) for each child who is applying for services
 - Rental Income (statement from tenant or lease agreement)
 - Zero Income – attach a statement from the applicant documenting other means of support including name, address, and phone number of the individual providing support to the family

Section C: Ineligible Household Members

- Questions 1-8:** Answer questions pertaining to the family's circumstances
- Question 9:** If any question is marked yes, then list the name(s) of the household member(s) and number(s) of the circumstance. Those household members should not be counted as part of the assistance group, but if the member is in the immediate family his/her income would be included in determining eligibility.

Section D: Identifying and Financial Information

List ***ALL*** members of the assistance group beginning with the applicant, then complete the relationship to the applicant, SSN, date of birth (DOB), source of income, and the monthly amount of gross income fields

- If the applicant is the non-custodial parent of a child residing in Ohio who is younger than 18 years of age or 18 years of age if still in high school, list the child on the table of household members
- Number 1: If "zero" income is reported, attach a statement from the applicant documenting other means of support including name, address, and telephone number of the individual providing support to the family
- Number 2: Enter the number of household members who are listed on the chart on the top line. Subtract the number of ineligible members from Section C to determine the total household size
- Use the 2012 Income Guideline Reference Table to determine if the income is under the 200% Federal Poverty Guideline for the household size
- Do not forget to verify all of the household income listed in the chart

Section E: Applicant Signature

Make sure the applicant signs and dates the registration form!!!

Approval/Denial

- The Subrecipient will make an "educated guess" regarding TANF eligibility based on the information provided by the customer. Final eligibility will be determined by FCDJFS upon submission of the invoice by the subrecipient in addition to a copy of the registration form and eligibility verification for each newly enrolled participant.

Note: In the event of an audit, if an individual was found not to be eligible, then the Subrecipient will be required to reimburse FCDJFS. Refer to Article II Section F in the subaward agreement which states, in part:

Responsibility for Audit Expectations: The Subrecipient agrees to accept responsibility for receiving, replying to and/or complying with any audit exception by appropriate county, state or federal audit directly related to the provisions of the subaward agreement, subcontract or secondary subaward agreement and the Subrecipient agrees to pay the FCDJFS for all amounts due as a result of audit exceptions.

Verification

If the individual needs to have eligibility determined based upon HOUSEHOLD INCOME the following verification is required:

Proof of Income –

- Paycheck stubs from the past 30 days (four weeks)
- Letter from employer on letterhead or a statement with company stamp detailing the customer's gross income for the past 30 days
- OWF, Food Stamps, or Medicaid – Proof of Eligibility/Income CNPE screen print can be requested from the case manager (see page 18) or the customer can register for the JFS Community Portal (<https://communityportal.fcdjfs.franklincountyohio.gov/Home/>) and print his/her own verification of eligibility
- Child Support Court Order – printout from child support or check stubs
- Benefit award letter or copy of benefit check
- Self-employed – copy of most recent federal income tax return (divide total by 12 to calculate the last 30 days of income)
- Eligible for Free and Reduced Lunch – copy of the eligibility determination letter(s) provided by the school(s) for each child who is applying for services
- Rental income (statement from tenant or lease agreement)
- Verification obtained by phone – (as a last resort **after** exhausting all other means of verification) there must be clear documentation in the TANF AG record concerning: the name and position of the supplier of information, the date the verification was obtained, the amount of the verified income, and the name of the individual who obtained the information
- Zero Income – attach a statement from the applicant documenting means of support including name, address, and phone number of the individual providing support to the family

Proof of pregnancy – Required if:

- The Assistance Group (AG) does not contain a minor child, or
- The fetus represents an increase in the AG size, which is necessary to meet the financial eligibility requirement

Citizenship Verification – (see page 12)

***For cases in which verification cannot be accurately obtained, implementation of practices that are **reasonable and prudent** should occur. A signed release of information should be obtained from the applicant for an inquiry. Once the release is received, the subrecipient shall assist the AG with collecting the verification.*

The **GROSS** amount of the TANF AG's countable income is totaled and compared to the 200% Federal Poverty Guideline (FPG) amount for the AG size. If the total TANF AG income is equal to or less than 200% of the FPG amount for the applicable TANF AG size, the TANF AG meets the income requirement.

Citizenship Verification Information

Who is A United States Citizen?

Individuals are United States citizens if they were born in the United States **or** were naturalized as a citizen. The United States is defined as the 50 states, the District of Columbia, Puerto Rico, Guam, Northern Mariana Islands, the Virgin Islands, and the nationals from American Samoa or Swain's Island.

Who is A Qualified Alien?

(OAC 5101:1-2-30; OAC 5101:4-3-07)

1. An alien who is **paroled** into the United States under section 212(d)(5) of the Immigration and Nationality Act
2. An alien who is granted **conditional entry** pursuant to section 203(a)(7) of the Immigration and Nationality Act as in effect prior to April 1, 1980
3. A **refugee** who is admitted to the United States under section 207 of the Immigration and Nationality Act
4. An alien who is granted **asylum** under section 208 of the Immigration and Nationality Act
5. An alien whose **deportation** is being withheld under section 243(h) or 241(b)(3) of the Immigration and Nationality Act
6. An alien lawfully admitted for **permanent residence** under the Immigration and Nationality Act – a lawful permanent resident qualifies as a refugee, asylee, or immigrant or has been granted amnesty
7. A **Cuban or Haitian entrant** as defined in section 501(e) of the Refugee Education Assistance Act of 1980
8. An **Afghan or Iraqi** alien admitted to the U.S. who was granted a special immigrant visa (SIV) under section 101(a)(27) of the Immigration and Nationality Act
9. An **Amerasian** with an I-94 with the codes AM1, AM2, or AM3, and I-551 with the codes AM6, AM7, or AM8, or a Vietnamese Exit Visa, Vietnamese passport, or a United States passport stamped by INS with the codes AM1, AM2, or AM3
10. An alien of alien's child **battered or subjected to extreme cruelty** in the United States by a spouse or a parent or by a member of the spouse's or parents family
11. A **victim of severe form of trafficking** in persons certified under the Victims of Trafficking and Violence Protection Act

Notices of Approval/Denial of the Customer's Application for Assistance

Notices are provided to inform the assistance group (AG) of their rights and responsibilities if they do not agree with the application decision. At the time of application, individuals are to be afforded an explanation of their right to request a state hearing.

Approval

- If it is determined that an application for TANF services is approved, on behalf of FCDJFS, the Subrecipient shall mail or otherwise deliver the *JFS 04074, "Notice of Approval of Your Application for Assistance"* to the TANF AG. Once eligibility for TANF is established, the subrecipient will deliver services.
 - Informs the customer regarding the effective date of approval
 - State Hearing rights are provided to inform the AG of their rights if they do not agree with the action

Denial

- If it is determined that an application for TANF services is denied, on behalf of FCDJFS, the Subrecipient mail or otherwise deliver the *JFS 07334, "Notice of Denial of Your Application for Assistance"* to the TANF AG.
 - Informs the customer, in detail of the reason for TANF application denial
 - Provides name and telephone number of subrecipient staff should the applicant request an administrative review of the denial decision

Approval and Denial forms shall be provided by FCDJFS

Billing Process

Step 1: Complete TANF Subrecipient Invoice

- Enter **ALL** information for each person for whom you are billing: whether the eligibility is income based or benefits based, last four digits of Social Security number, first and last name, enrollment date, date service provided, and number of units billed – in **alphabetical order BY LAST NAME**
- For ALL new individuals being invoiced, include the TANF registration forms and eligibility verification in the same order that they are listed on the invoice – **alphabetically BY LAST NAME**
- Subrecipient/Service Provider's **original signature** must appear on each page of the invoice

Step 2: Complete Reimbursable and Administrative costs Invoice pages

- Enter **ALL** requested information: cost category, type of costs, purchased from, item description and date expensed incurred.
- Sign and date the Invoice pages
- Submit copies of receipts, invoices, etc. documenting all reimbursable costs

Step 3: Attach FCDJFS Invoice Summary

- Enter the Total Units for this billing period
- Update the Year to Date Total Units
- Sign the Invoice Summary

Step 4: Attach Pertinent Documentation

- TANF Registration Form (copies)
- Eligibility Documentation (copies)
- Paid invoices, receipts, etc. for all costs recorded as reimbursable expenses
- Other Reports (if applicable)

Step 5: Attach Monthly Expenditure Report

- Complete by documenting actual expenses for the billing period and year-to-date actual expenses
- Sign and date report

Step 6: Submit TANF Subrecipient Invoice

- TANF Subrecipient Invoices are to be mailed to:
Franklin County Department of Job and Family Services
Development Support Services
Attn: Carl Emerson
1721 Northland Park Avenue, 1st Floor
Columbus, Ohio 43229
- Hand delivered Invoices are to be brought to the FCDJFS offices—1721 Northland Avenue West (employees only) entrance located on the side of the building.
- Invoices are to be submitted monthly and must be received by the 15th day of the month following the end of the month in which the service was provided (i.e. the invoice for services provided in February 2014 must be submitted no later than March 15, 2014).

NOTE: Due to the complexity of the payment process for the Summer Subsidized Youth Employment programs, the payment process will be negotiated with FCDJFS Finance Department once the bidder(s) has been recommended for funding.

FCDJFS reserves the right to refuse payment of invoices submitted more than 30 days after the service is provided.

FCDJFS Youth Summer Camp 2014 TANF Registration Form

Subrecipient:	Site Location:
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A. IDENTIFYING INFORMATION

List Identifying Information for Each Youth Participating in the Program (list below)

Legal Name <u>(first & last)</u>	Social Security Number	Date Of Birth	Relationship to Parent/Legal Guardian	Resident Status- check one (if Lawful Resident Alien attach Verification)
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien

List Identifying Information for Parent/Legal Guardian (list below)

Last Name	First Name	Middle Initial
Mailing Address	City	Zip Code
Resident Status- check one <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien (attach verification)	County	State
		Social Security Number
		Area Code & Phone No.

B. ELIGIBILITY VERIFICATION (MUST CHECK ONLY ONE BOX)

1.	<input type="checkbox"/>	This individual(s) receives or is a member of a family that receives Ohio Works First cash payments or receives other FCDJFS benefits and has a minor child. Complete Section E of this form. -- <u>Attach FCDJFS benefit verification.</u>
2.	<input type="checkbox"/>	This individual(s) was eligible during the 2013 – 2014 school year for Free and Reduced Lunch . Complete Sections: C, D & E of this form. -- <u>Attach eligibility determination letter(s) provided by the school(s); the name of each child verifying must be listed.</u>
3.	<input type="checkbox"/>	This individual(s) needs to have eligibility determined based upon household income. Complete Sections: C, D, & E of this form. -- <u>Attach verification of income for the past 30 days.</u>

C. INELIGIBLE HOUSEHOLD MEMBERS (complete only if either B-2 or B-3 is checked)

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a household member in debt to Franklin County Department of Job and Family Services for an OWF overpayment due to fraud?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a household member who is not a resident of Franklin County?
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a household member who is not a citizen or lawful resident alien?
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a household member who is a fugitive felon or probation/parole violator?
5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a household member who has failed to cooperate in establishing paternity or securing child support?
6.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a household member who has been found to have fraudulently misrepresented his/her residence to obtain benefits in more than one state in the past 10 years?
7.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a household member who is an unmarried parent under age 18, not living in a supervised living arrangement?
8.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a household member who is an unmarried, non-high school graduate parent under the age of 19 who is not attending high school or the equivalent?

9.	<p>If you answered yes to a question in Section C, list the number of the question(s) and the name of the person(s) below:</p> <hr/> <p>* If the person identified in #9 is the applicant, he/she is not eligible for services. * If the household member listed in #9 is not the applicant, this individual cannot be counted in household size; however, his/her income must be included when qualifying for services under Section B (3).</p>		
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D. IDENTIFYING and FINANCIAL INFORMATION

Complete the chart below for the members of your household. You must include immediate family members (self, spouse/father of minor child, and minor children). You may also include others living in the household.

Name	Relation to Applicant	SSN	DOB	Source of Income	Monthly Amount of Income
	SELF				

If you are the non-custodial parent of a child residing in Ohio who is younger than 18 years of age or 18 years of age if still in high school, include him/her in the table above.

- If "zero" income is reported, attach a statement from applicant documenting other means of support including name, address, and telephone number of the individual providing support to the family.
- Number of household members from the chart above: _____
 Subtract the number of ineligible members from Section C: _____
 TOTAL HOUSEHOLD SIZE: _____

2014 Income Guideline Reference Table

200% FPG	1	2	3	4	5	6	7	8	9	10
	\$1915	\$2585	\$3255	\$3925	\$4595	\$5265	\$5935	\$6605	\$7275	\$7945

E. APPLICANT SIGNATURE

I am the parent or legal guardian of a minor child and the information provided on this application is complete and correct to the best of my knowledge. I understand that receiving these services will not prevent me from receiving other PRC assistance offered by Franklin County.

Signature of Applicant	Date
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APPROVAL/DENIAL

- TANF Registration Approved Date _____ Date Approval Mailed _____
- TANF Registration Denied Date _____ Date Denial Mailed _____

Reason for Denial _____

Signature of Agency Representative	Title	Date
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Monitoring & Evaluation

Quarterly Site Visits:

- Review Participant Files (see page 17 for Operational Monitoring Report document)
- Review Program Components (see page 18 for Service Delivery Monitoring Report document)

Written Reports:

- A summary of the data that was analyzed/reviewed
- An assessment of the data reviewed
- Identified barriers and solutions
- A follow up plan

(The original written report will be sent to the subrecipient's Director)

Follow Up Plans:

- A return visit to review any changes requested
- Telephone contact to discuss how the changes were implemented
- A formalized plan to address needed changes
- A site visit in the next quarter

Content of Individual Participant Files:

- TANF Registration Form with verifications
- Approval or Denial Form
- Assessment or Evaluation Information (if applicable)
- A written plan – vocational, educational, service, etc. (if applicable)
- Referrals for other services
- Case notes
- Attendance records for participant (if applicable)
- Pre- and Post-Test scores or documentation (such as progress reports) that indicate an increase in skill level, mastery of specific skills, or skill attainment
- Additional information pertinent to the delivery of services

****All forms/reports subject to change at the discretion of FCDJFS.***

Operational Monitoring Report

Subrecipient: _____

Subaward Agreement Number: _____

Monitoring Date: _____

FILE MANAGEMENT	# of Files Meeting Requirements	# of Files Reviewed	% Correct
Total Number of Files Reviewed			
Registration Forms			
Eligibility Verification Documents			
Approval/Denial Forms			
Documentation of Services Provided			
Attendance (if required)			

Comments:

Monthly Invoice Total			
Jul-10		Apr-11	
Aug-10		May-11	
Sep-10		Jun-11	
Oct-10		Jul-11	
Nov-10		Aug-11	
Dec-10		Sep-11	
Jan-11		Oct-11	
Feb-11		Nov-11	
Mar-11		Dec-11	



Invoice Review

Subaward Performance			
Unit of Service	Invoiced	Max	%



Performance Review

Follow Up Plan	Yes/No	Date		
Routine Visit Scheduled:				
Follow Up Visit Scheduled:				

Technical Assistance:	
Corrective Action Plan:	

Project Coordinator	Date		

Administrator	Date		

Service Delivery Monitoring Report

Subrecipient: _____

Subaward Agreement Number: _____

Monitoring Date: _____

General Program Information

Hours of Program Operation	
Program Hours Offered Per Week	
Total Program Hours per Customer	
Program Hours Required for Completion	
Other:	

Staff & Staff Expertise

Staff & Customer Interviews

# Staff Interviewed	
# Customers Interviewed	



Comments



Program Observation

Program Quality

Recommendations for Program Improvement

Follow Up Plan

Routine Visit Scheduled:				
Follow Up Visit Scheduled:				

Technical Assistance:	
Corrective Action Plan:	

Project Coordinator	Date

Administrator	Date