

# INTRODUCTION



TRAINING MANUAL

## OBJECTIVES FOR INTRODUCTION

- ⇒ Participants will register and complete all necessary paperwork for the administration of the class.
- ⇒ Participants will meet other participants and trainer.
- ⇒ Participants will identify individual learning styles.
- ⇒ Participants will list their expectations of the TANF training and the trainer.
- ⇒ Participants will review an overview of topics trained in TANF training.
- ⇒ Participants will review the Right Work Right Way Service Model and Expectations of DFCS Staff.
- ⇒ Participants will review and discuss information about their responsibility to report suspected child abuse and/or neglect to Child Protective Services (CPS).
- ⇒ Participants will review and discuss information about their responsibility to report suspected adult abuse and/or neglect to Adult protective Services (APS).
- ⇒ Participants will review basic information about the TANF program and welfare reform.
- ⇒ Participants will be able to identify common abbreviations used in the TANF program.
- ⇒ Participants will review the mandatory referrals to better serve TANF customers.
- ⇒ Participants will discuss the need for absolute confidentiality.
- ⇒ Participants will receive the "TANF SUCCESS Screens for Experienced FS Case Managers" handout.



## OUTLINE OF INTRODUCTION

- I. INTRODUCTION
- II. DISTRIBUTION/COMPLETION/COLLECTION OF FORMS
- III. INFORMATION ABOUT THE FACILITY
- IV. FORMAT OF TRAINING
- V. DETERMINING LEARNING STYLES
- VI. TRAINING INFORMATION
- VII. EXPECTATIONS
- VIII. DHR VISION, MISSION, PURPOSE AND GOALS
- IX. SERVICE MODEL AND EXPECTATIONS OF DFCS STAFF
- X. MANDATED REPORTING OF ABUSE OR NEGLECT OF CHILDREN (MR 1010)
- XI. MANDATED REPORTING OF ADULT ABUSE OR NEGLECT
- XII. WELFARE REFORM
- XIII. ABBREVIATIONS IN TANF (MR 2600)
- XIV. INTRODUCTION TO TANF PROGRAM
- XV. DOMESTIC VIOLENCE (MR 1005, 1302)
- XVI. CONFIDENTIALITY (MR 1002)

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# Determining Your Learning Style

**INSTRUCTIONS:** For each of the numbered items below, rank alternatives A through D by assigning 4 to the phrase that is most like you, 3 to the one that next describes you, 2 to the next, and finally, 1 to the ending that is least descriptive of you.

1. When solving a problem, I prefer to
  - a. take a step-by-step approach
  - b. take immediate action
  - c. consider the impact on others
  - d. make sure I have all the facts
  
2. As a learner, I prefer to
  - a. listen to a lecture
  - b. work in small groups
  - c. read articles and case studies
  - d. participate in role plays
  
3. When the trainer asks a question to which I know the answer, I
  - a. let others answer first
  - b. offer an immediate response
  - c. consider whether my answer will be received favorably
  - d. think carefully about my answer before responding
  
4. In a group discussion, I
  - a. encourage others to offer their opinions
  - b. question others' opinions
  - c. readily offer my opinion
  - d. listen to others before offering my opinion
  
5. I learn best from activities in which I
  - a. can interact with others
  - b. remain uninvolved
  - c. take a leadership role
  - d. can take my time

6. During a lecture, I listen for
  - a. practical how-to's
  - b. logical points
  - c. the main idea
  - d. stories and anecdotes
7. I am impressed by a trainer's
  - a. knowledge and expertise
  - b. personality and style
  - c. use of methods and activities
  - d. organization and control
8. I prefer information to be presented in the following way:
  - a. model such as a flow chart
  - b. bullet points
  - c. detailed explanation
  - d. accompanied by examples
9. I learn best when I
  - a. see relationships between ideas, events, and situations
  - b. interact with others
  - c. receive practical tips
  - d. observe a demonstration or video
10. Before attending a training program, I ask myself, "Will I...?"
  - a. get practical tips to help me in my job
  - b. receive lots of information
  - c. have to participate
  - d. learn something new
11. After attending a training session, I
  - a. tend to think about what I learned
  - b. am anxious to put my learning into action
  - c. reflect on the experience as a whole
  - d. tell others about my experience
12. The training method I dislike the most is
  - a. participating in small groups
  - b. listening to a lecture
  - c. reading and analyzing case studies
  - d. participating in role plays

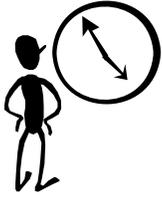
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# SCORING SHEET

**Instructions:** Record your responses on the appropriate spaces below, then total the columns.

1c___	1a___	1d___	1b___
2b___	2a___	2c___	2d___
3c___	3a___	3d___	3b___
4a___	4d___	4b___	4c___
5a___	5b___	5d___	5c___
6d___	6c___	6b___	6a___
7b___	7d___	7a___	7c___
8d___	8a___	8c___	8b___
9b___	9d___	9a___	9c___
10d___	10c___	10b___	10a___
11d___	11c___	11a___	11b___
12c___	12a___	12d___	12b___
Totals ___	___	___	___

## TRAINING INFORMATION



### TRAINING SCHEDULE:

Training will begin at 9:00 a.m. and end at 4:00 p.m. with one hour for lunch and both morning and afternoon breaks. In addition to class time, the trainers are also available before and after class to answer questions. If multiple people need assistance, an appointment has to be made with the trainer.

### LEAVE POLICY:

It is important that you attend training every day. The trainer does not have the authority to approve or deny leave. Sick leave, in case of an emergency, must be approved by your supervisor. Read “Standards, Expectations, and Attendance Policy” in TM. **You will be responsible for obtaining the material missed in the event of absence.**



### INCLEMENT WEATHER:

In case of inclement weather, the decision of whether to hold training will normally depend on the facility where we are training. If the weather is inclement in your area, please let your county and the trainer know that you will be absent.

### FLSA TIME SHEETS:



During training, the trainers will not sign your time sheets. Your county should have instructed you on completion. Please see the memo “FLSA Non-Exempt Employees Attending Required Training” in the Training Manual. Please make sure you annotate all absences on your time sheet.

### MATERIAL:

During training you will need the following materials: Training Manual, note pads, pens and a calculator.

### TRAINING AGENDA:

Refer to the “Outline of Training” in the front of your Training Manual (TM) prior to the Introduction Module.

### GOALS FOR TRAINING:



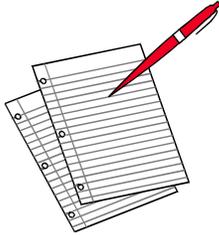
- To learn about the cultural change of the Welfare Program.
- To learn the requirements applicants/job seekers must meet to receive Temporary Assistance to Need Families (TANF)
- To learn about other services available to Applicant/Recipients and to make appropriate referrals.



**STANDARD OF TRAINING:**

**An 80% overall grade average is required in order to pass the course.**

**EXAMS:**



There are two exams, each of which is application-oriented. The second exam is cumulative and comprehensive.

The exams are open-book. All resources (policy manual, training manual, notes, etc.) may be used. The exams are timed; they range from 2 hours to 3 hours in length. There will be a review before each exam. There are some suggestions and study hints for taking open-book exams in the TM.

**EXAM DATES:** \_\_\_\_\_

**CONFERENCE:** A conference with the trainer(s) is required for anyone scoring below 85 on any exam. It will be your responsibility to request a conference to review your exam and to discuss any problem areas you may have.

**EVALUATIONS:**



A Final Evaluation will be sent to your County Director at the end of training. Copies of the report will be given/mailed to you as well. Refer to the sample copy of this report in your Training Manual.

**CLASS RULES:** Refer to “Standards, Expectations, and Attendance Policy” in the TM.

**UNSATISFACTORY PERFORMANCE:** Your performance will be reported to the county as required; it will be the county’s decision as to the action to be taken.

**CERTIFICATES:**



Upon completion of this course, with the achievement of an 80% overall average, you will be issued a Certificate from the University of Georgia School of Social Work.

May 1, 1995

MEMORANDUM

TO: County Directors of Family and Children Services  
Field Managers

FROM: Robert Riddle, Acting Director  
Human Resources Section

RE: FLSA Non-Exempt Employees Attending Required Training

The purpose of this memo is to provide further directions in reference to what is considered work time while attending required training.

The time spent in training is the actual hours training is in session. (For example: If training is from 9:00 a.m. to 4:00 p.m. with an hour for lunch, the actual work time is six hours.) Breaks are included as work time. However, lunch is not work time unless the employee is performing work during the lunch period. The fact that there is a planned luncheon does not necessarily mean that the lunch period is work time. A planned luncheon or reception after training is not work time unless the employee is specifically required to attend. Homework is not work time unless it's assigned. Trainers should designate a specific time frame for employees to do homework after class. (For example: The trainer ends class at 3:30 p.m. and states for the class to spend one hour after class reading the next day's assignment. This one hour is considered work time.)

Time spent to travel to training and back is considered work time regardless if the employee is driving or traveling with someone. The time it takes the employee to travel from home to the regular work site may be deducted.

FLSA is not concerned with work periods when less than 40 hours of work is performed. If hours spent in training, traveling to and from training and assigned homework add up to less than 40 hours, pay the full salary for that work period. Unless the employee habitually works less than 40 hours or the hours of work become a disciplinary matter, consider that the State requirement for a 40 hour week may be averaged over a three-month period. If the employee actually works over 40 hours a week in a work period after all adjustments for leave or time off are made, then overtime must be paid.

Time sheets should be kept by each employee attending training and signed by the employee and the employee's supervisor, not the trainer. The time sheet is an agreement between the employee and their supervisor, not the employee and trainer.

This information should be shared with all staff before they are required to attend training. If you have any questions regarding this matter, please contact the DFCS Employee Relations Unit.

RR:spa

cc: Joan Couch, Acting Chief  
Employee Development Unit - Human Resources Section

## SUGGESTIONS FOR STUDYING AND TAKING TIMED OPEN-BOOK EXAMS

1. Take notes in class to supplement material already in the manual.
2. Review class notes and pertinent sections of manual and county letters DAILY.
3. Read manual sections and county letters relevant to topics covered in class notes. Become familiar with the location of these sections.
4. **Review exercises** - determine if the concept behind the question is understood.

5. Study with others.

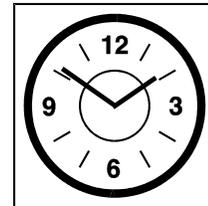
6. Make arrangements with trainer to discuss areas which are still unclear.



7. Study **DAILY** - do not CRAM the night before an exam!

8. Study as carefully as you would for a closed-book exam.

9. Be aware of the total number of questions and/or forms to be completed. Assign yourself a general time frame for completing each section. Manage your time wisely during the exam .



10. Read each situation carefully; identify pertinent data which will help you make policy decisions.

11. Read each question carefully.

12. Read each multiple choice answer carefully.

13. Eliminate any **OBVIOUSLY** incorrect answers.

14. If you are unable to determine the correct answer, come back to it later. Sometimes another question will remind you of a policy concept. Sometimes you may want to clarify a policy from your manual, county letters, or notes.

15. Once you have answered a question, do **NOT** change your answers unless you have **SOLID** evidence that you answered it wrong the first time.

SUGGESTIONS FOR STUDYING AND TAKING TIMED  
OPEN-BOOK EXAMS (Continued)

16. Remember - the questions are designed to test your ability to identify data, relate it to a policy, and make a decision. Some answer choices may be correct in **another** situation. Look for the one which is correct for the **given** situation.
17. Be sure you have answered every question.
18. Be sure you have marked every question on your answer sheet.
19. If you have a different study method which has been successful for you, USE IT!

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**MEMORANDUM**

**TO:** \_\_\_\_\_, Director  
\_\_\_\_\_ County DFCS

**FROM:** \_\_\_\_\_, Trainer(s)

**DATE:**

**RE:** Final Evaluation of Family Independence Case Manager Participating in  
TANF Policy Training

Below is a training evaluation for \_\_\_\_\_, who attended this session of the TANF Phase I Policy Training. Please be sure that the supervisor receives a copy of the evaluation.

Enclosed is a copy of a Training Summary Card that was developed by the County Training Advisory Committee as a helpful tool for supervisors to document and track training needs of their workers. It lists topics that are either not covered in New Worker Training or are covered briefly and need follow-up training in the county. Should you have any questions about the evaluation, please call Lillie Gilchrist, Project Coordinator, at (706) 542-5465.

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1 = Needs Improvement                      2 = Meets Expectations

- \_\_\_\_\_ Understands the general purpose of the job.
- \_\_\_\_\_ Produces work of satisfactory quality.
- \_\_\_\_\_ Produces work of satisfactory quantity.
- \_\_\_\_\_ Displays appropriate organizational skills.
- \_\_\_\_\_ Uses time appropriately in class.
- \_\_\_\_\_ Is attentive in class.
- \_\_\_\_\_ Adheres to rules and policies of class.
- \_\_\_\_\_ Interacts appropriately with peers.
- \_\_\_\_\_ Interacts appropriately with trainers.

TANF  
Page 2

**GRADES:**

Exam 1 \_\_\_\_\_ Focuses on Application Processing, Assistance Units, Personal Responsibilities, Basic Eligibility Criteria, and Financial Eligibility Criteria.

Exam 2 \_\_\_\_\_ Focuses on material from previous exam in addition to Budgeting, Changes, Sanctions, and Reviews.

Final average of participant: \_\_\_\_\_

Final average of class: \_\_\_\_\_

**ATTENDANCE:**

Days Absent                      Times

**ADDITIONAL COMMENTS:**

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# Overview of Topics for Phase 1 TANF Training

## Day 1

### INTRODUCTION

This module provides participants with an introduction to the trainers and other participants, basic information about the facility, the format of training, the standards, expectations, and attendance policy for the course, an introduction to the training manual and an introduction to the Economic Support Services (ESS) manual. An exercise completed by the participants identifies their individual learning style and introduces them to learning styles other than their own. Participants will discuss and review their responsibilities as mandated reporters of suspected child abuse and/or neglect as well as adult abuse or neglect. Participants are introduced to several collaborative initiatives between the OFI and Social Services sections. A basic overview of TANF and the Cultural Change in Welfare is discussed. Participants will become familiar with basic abbreviations that will be used throughout training. Reference is made to the training manual for information on the WIC program. Reference is made to the training manual and the ESS manual regarding policy for Domestic Violence (chapters 1005 and 1302), ADA (chapter 1004), and Confidentiality (chapter 1002). A handout entitled "TANF SUCCESS Screens for Experienced FS Case Managers" is provided for reference in class and in the county.

### TANF FAMILY SERVICE PLANS (TFSPs)

This module reiterates Georgia's vision for Welfare Reform and defines the purpose for completion of the TANF Family Service Plan (TFSP). The criteria for who must sign a TFSP are covered as well as the consequences for failure to sign a TFSP. The personal responsibilities and the individuals to whom they apply are covered in detail. Reference is made to the training manual for information regarding the work activities and support services for the TFSP. A sample TFSP is reviewed and discussed. The policy for failure to comply with requirements is covered in regards to how it will affect the TANF, FS and Medicaid cases. TANF sanctions and the conciliation process are covered in more detail later in training under the Sanctions module.

## Day 2

### APPLICATION PROCESSING

This module covers the policy regarding which A/Rs are referred to Applicant Services. Also covered are the forms to be completed at initial application,

interviewing requirements, Right to Same Day Filing, required verification and Standard of Promptness procedures. The eligibility time frames are covered including the TANF Clock (48 month lifetime limit) and hardship exemptions. The Beginning date of eligibility for TANF, proration of benefits, the client's Summary Notification Form and issuance through EBT are covered. Reference is made to chapter 1110 in the ESS policy manual regarding policy for the simplified re-application process.

## **ASSISTANCE UNITS**

This module covers the basic policy of who may apply for and receive TANF benefits together. The TANF degrees of relationship, living arrangements and temporary absence from the home are covered. Standard Filing Unit is defined and who must be included together in a TANF AU is covered. Individuals who cannot be included in a TANF AU are identified. The consequence for not including a required SFU member in the AU is covered. Documentation for assistance units is covered. Reference is made to the "TANF SUCCESS Screens for Experienced FS Case Managers" handout for illustration of coding the STAT screen.

## ***Day 3***

### **BASIC ELIGIBILITY**

This module covers the basic policy and verification requirements for age, citizenship, alien status, enumeration, identity, residency, application for other benefits, immunization, living arrangements of a minor parent, prenatal care, family cap, lawbreakers, TANF Clock (lifetime limit) and work requirements. Reference is made to the "TANF SUCCESS Screens for Experienced FS Case Managers" handout for examples in coding the corresponding fields and screens covered.

## ***Day 4***

### **DEPRIVATION**

This module covers how to establish paternity. The four types of TANF deprivation of Continued Absence, Death, Incapacity, and Recent Connection to the Workforce are also covered in detail. The corresponding forms for each type of deprivation are covered. Reference is made to the "TANF SUCCESS Screens for Experienced FS Case Managers" handout for illustration of how to code the deprivation field in DEM1 and a review of the 5 Absent Parent screens.

### **REVIEW FOR EXAM 1**

## ***Day 5***

### **EXAM 1**

#### **REVIEW EXAM 1**

#### **FINANCIAL ELIGIBILITY**

This module covers the basic considerations and definition for resources, the TANF resource limit, whose resources are included, ownership of resources, how to determine if a resource is countable and the verification policy and procedures. These common types of resources (including how to determine their value) are covered: Bonds, Burial Contracts, Burial Insurance, Cash, Charitable Donations, Checking Accounts, Credit Union Accounts, EITC, Income Tax Refunds, Individual Development Accounts, Life Insurance, Savings Accounts, and Vehicles. The TANF policy for Transfer of Resources and Conversion of Resources is covered. Reference is made to the "TANF SUCCESS Screens for Experienced FS Case Managers" handout to review the Resources screens. This module also covers basic considerations and definitions of income, whose income to count, how to determine if a type of income is countable, and the verification policy and procedures. These common types of income are covered: TANF, Interest, Loans, Contributions, Lottery Winnings, RSDI, Pensions/Retirement, SSI, VA, HUD, UCB, General Assistance, Training Allowances, Wages, Child's Earnings, Worker's Compensation, Vendor Payments, Charitable Donations, Commissions, EITC, and Child Support. Reference is made to chapter 1415 in the ESS policy manual for the policy regarding Clearinghouse. Referral is made to the training manual for information on Management.

## ***Day 6***

#### **FINANCIAL ELIGIBILITY**

Continued

## ***Day 7***

#### **BUDGETING**

This module covers the TANF Eligibility Payment Table including the Gross Income Limit, the Standard of Need and the Family Maximum. Proration of benefits at Initial Application is reviewed. The basic considerations and procedures for prospective budgeting are covered. How to determine the amount of income to budget at Initial Application is covered including new and terminated income. The TANF deductions of \$90, \$30 and 1/3 and Child Care are covered. The Form 239, TANF Budget Sheet, is introduced and participants complete TANF budgets as practice. Reference is made to the

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“TANF SUCCESS Screens for Experienced FS Case Managers” handout to illustrate coding of the ERN1 screen and to review the CAFI screen.

## **Day 8**

### **CHANGES**

This module covers the basic considerations and criteria for changes including what changes the Assistance Unit is required to report, the time frames for reporting changes, the verification requirements, Notification of timely and adequate notice, how to process a change, how to identify the effective month of change, and how to identify what month a person will be added or deleted from an Assistance Unit. Chapter 2200 of the ESS policy manual is referenced regarding policy for Hearings. The handout “TANF Self-Study Guide for Special Budgeting” is given for participant’s use in the county.

### **SANCTIONS**

This module defines what is a material violation, good cause, and a sanction. Participants identify situations that are material violations and that can lead to a sanction. Good cause is taught. The conciliation process including the one-time conciliation, outcomes of conciliation at initial application and in ongoing cases, and completion of the TANF Material Violation and Conciliation Letter (including appropriate time frames) is covered. The Sanction Process, including general rules applicable to all sanctions, imposing first, second, first subsequent, and second subsequent sanctions, timely notice requirements (including Form 329, TANF Sanctions Notice), and requirements for lifting sanctions are covered. Reference is made to the “TANF SUCCESS Screens for Experienced FS Case Managers” handout to review the DEM3 screen and also appropriate coding on SUCCESS to waive the timely notice and tracking period.

## **Day 9**

### **SANCTIONS**

Continued

### **REVIEWS**

This module covers the time frames for TANF reviews, who must be interviewed, Interviewing at Reviews, points of eligibility that must be re-established, required forms, verification and client notification. The process by which SUCCESS identifies and schedules Reviews is also taught.

### **GRANDPARENTS RAISING GRANDCHILDREN**

This module provides a basic overview of the Grandparents Raising Grandchildren policy. Participants identify the non-financial and financial eligibility criteria, review forms necessary to process the Grandparent Raising Grandchildren Benefits, and identify appropriate verification to establish eligibility.

### **REVIEW FOR EXAM 2**

***Day 10***

**EXAM 2**

**REVIEW EXAM 2**

**CLOSING**

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**EDUCATION AND TRAINING SERVICES SECTION**

**DIVISION OF FAMILY AND CHILDREN SERVICES**

**TRAINING PROGRAMS**

**CLASSROOM STANDARDS, EXPECTATIONS**

**AND ATTENDANCE POLICY**

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As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

August 23, 2006

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Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

*While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.*

*DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.*

*If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.*

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee’s leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee’s leave request. The trainer/facilitator **will NOT** approve any leave.

August 23, 2006

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The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: [OFItraining@dhr.state.ga.us](mailto:OFItraining@dhr.state.ga.us)
- For attendance at any Social Services training e-mail: [SStraining@dhr.state.ga.us](mailto:SStraining@dhr.state.ga.us)

I \_\_\_\_\_ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

August 23, 2006

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## **DHR VISION AND DFCS STATEMENT OF PURPOSE AND GOALS**

### **DHR VISION FOR THE FUTURE:**

In the delivery of services to individuals, families and communities the Georgia Department of Human Resources will be compassionate, innovative, effective and accountable.

### **DHR MISSION:**

The Georgia Department of Human Resources in partnership with local communities will assist individuals and families in achieving safe, healthy, independent and self-sufficient lives.

### **DFCS STATEMENT OF PURPOSE:**

DFCS will be the provider of a service continuum that promotes the well being of children and families as well as the economic self-sufficiency of all Georgians. An integral part of this continuum of services will be community development of opportunities and supports.

### **DFCS GOALS:**

#### **Safe Futures for Georgia's Children**

Every child will be safe from abuse and neglect and will become a healthy, literate and economically self-sustaining adult. Georgia's children will develop within nurturing, caring permanent families.

#### **Self-Sufficiency for Georgia's Families**

All Georgian families will be self-sufficient. Able-bodied adults will be gainfully employed at a living wage with the supports they need for themselves and their families. Children will have an opportunity to participate in high quality, safe, affordable childcare and education programs.

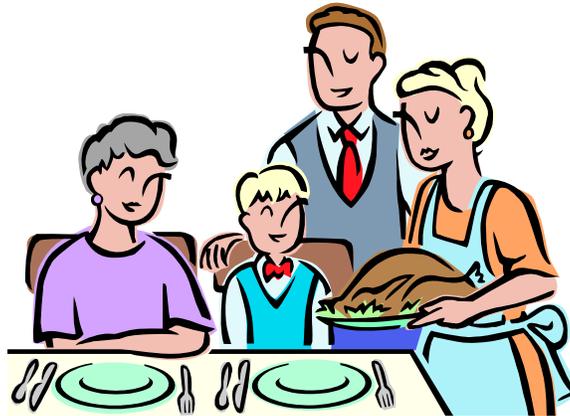
#### **Safe, Supportive Communities**

Georgia's neighborhoods and communities will be safe and economically viable. Individuals will have access to supports which enable them to care for themselves and their families.

#### **Infrastructure**

DFCS will create an effective and efficient system of work to achieve its vision.

# RIGHT WORK RIGHT WAY BELIEFS



- ❖ Welfare is not good enough for any family.
- ❖ There is dignity in work whether with the head or hand.
- ❖ Families are capable and responsible for making change happen.
- ❖ Productive partnerships empower families to take charge of their lives.
- ❖ If we want adults to take primary responsibility for the quality of their families' lives, we must encourage self-sufficiency.
- ❖ With proper preparation support, and supervision, we can help our customers create a more secure employment future for themselves.
- ❖ We can best serve families by telling them and ourselves the whole truth as we see it about their strengths and challenges.

# EXPECTATIONS OF DFCS STAFF



- ❖ Accept responsibility as change agents
- ❖ Be accountable to achieve meaningful and measurable outcomes regarding the quality and quantity of our work
- ❖ Provide extraordinary service and responsiveness to customers and stakeholders
- ❖ Support decision-making closest to the point of service
- ❖ Create an environment that supports involvement, innovation and creativity
- ❖ Invest in staff development and recognition
- ❖ Facilitate and maintain effective community partnerships and collaborations

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## **YOUR RESPONSIBILITY IN REPORTING CHILD ABUSE OR NEGLECT**

### **ALL DFCS EMPLOYEES ARE REQUIRED BY LAW TO REPORT CHILD MALTREATMENT OR SUSPECTED ABUSE.**

Even though your contact with a family may be limited to short office visits and telephone calls, you could observe or receive information that warrants a referral to child protective services.

### **ANY SUSPECTED ABUSE OR NEGLECT MUST BE REPORTED.**

Your responsibility will be to report anything that you suspect is abuse. This includes but is not limited to the following:

- observing physical signs (ex., bruises, black eye) on a child during an interview
- observing abusive action during the interview
- someone discloses information during the interview
- someone discloses information during a telephone call

### **IF IN DOUBT, REPORT - ALWAYS ERR ON THE SIDE OF THE CHILD**

CPS intake workers will screen all reports and determine whether to assign for investigation.

### **ALL REPORTS SHOULD BE MADE VIA TELEPHONE CALL AND FOLLOWED UP IN WRITING AS SOON AS POSSIBLE**

If someone tells you of abuse during the interview or in a telephone call, connect them with the CPS intake unit at that time if possible. It is always best for the CPS worker to talk with the person who has the most knowledge. If you suspect the abuse, you need to call CPS. Always follow up in either situation with a Form 713 and route to CPS intake in your county. Keep a copy of the Form 713 for your record. If the child who is reported as being abused lives in another county, your CPS intake staff will follow up with notifying the correct county.

### **INCLUDE AS MUCH INFORMATION AS POSSIBLE IN THE REFERRAL**

- Child's name, age and address (and current location, if different from address)
- Parent's name, address and telephone number
- Reason for the referral (observation or information disclosed)
- Reporter's name, address, telephone number and relationship to the problem.

### **IF SOMEONE ELSE DISCLOSES THE INFORMATION THAT WARRANTS THE REFERRAL, THEY DO HAVE THE RIGHT TO REMAIN ANONYMOUS**

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## Collaboration Models

### Family Preservation Services Pilot

The Family Preservation Services pilot was established in seventeen counties from around the state in order to develop and assess a new model for providing ongoing Child Protective Services (CPS). It was initiated in response to two pieces of data; families were involved with the CPS system longer than desired, and these same families had a higher than desired rate of recidivism into the CPS system. This data suggested that the current CPS practice model needed to be analyzed and possibly changed in order to more effectively attain positive outcomes for children and families.

The basis of the Family Preservation Model is in family centered practice and engaging community and family into our work. It incorporates Family Team Meetings and is focused on strengthening families by including them in the planning and decision-making process. Key elements and anticipated benefits of the new service delivery model include:

- Early and prompt assessment of family needs and risk issues
- Continuous assessment of risk throughout the life of the case
- Family focused Family Team meetings which identify strengths and resources early on
- Team approach engaging the family, OFI case manager, CPS investigator, Family Preservation case manager (CPS ongoing case manager) and community agencies
- Case Plan completion in less than 60 days, decreasing initial assessment time and focusing on goals to be completed and resources available
- Case Plan development with the family; focused on strengths and needs
- Community involvement leading to better relationships among agencies and more resources to families
- Informal support systems identified and engaged with the family; available to provide ongoing support once the case is closed.
- Broad monitoring plan developed
- Key relatives identified early on as supports or as safety resources if needed
- Planned exit strategy (Discharge Plan) established with the family
- Time of agency involvement with the family potentially shortened. (Average length of Family Preservation Services: 4-5 months)

### Family Resource Connection Pilot

The Family Resource Connection Pilot is being established in Regions VI and X in order to provide early intervention services to at-risk families receiving Food Stamp benefits and TANF. It was initiated in response to data indicating that both regions had a high percentage of Food Stamp cases that were also

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opened for ongoing child protective services. The data suggested that early assessment of risk, provision of short-term intervention and connections to family, community and agency resources might prevent later CPS involvement. Family Resource Specialists have been hired to screen Food Stamp applicants for voluntary participation in the Family Resource Connections pilot. Families participating in the pilot will receive supportive services from the DFCS Family Resource Specialist referrals to community resources.

### **Diversion**

Diversion cases are those that may not immediately meet the criteria for a CPS investigation, but that indicate the family may need additional resources or support. Diversion workers initiate contact with the family, assess safety and risk, identify family needs, and provide appropriate services and referrals. Diversion cases are not investigations but can be reassigned as a formal investigation if more serious needs or potential risk are discovered. Diversion is an example of a collaborative model between Social Services and Office of Family Independence. Both Social Services and OFI provide connections to community resources in order to assist families to prevent CPS involvement or the need to apply for OFI services. A work group including case managers and supervisors involved in diversion has been meeting to document the various models of diversion and best practices

### **Family Team Meetings**

Since the summer of 2005, the Division has embraced one model of structured Family Team Meetings (FTM) and has emphasized the importance of the Family Team Meeting process in all programs of the division....from child protective services to foster care to Office of Family Independence programs. Structured Family Team Meetings involve families and their personal resources in a manner which supports the family, ensures the safety of the child, and enhances the planning process. The meeting is different from any other type of family meeting or staffing done by DFCS; it is a structured meeting, and follows a sequence of stages lasting a total of 1.5 – 2 hours. The use of FTMs has proven to be effective in changing the entire dynamic of the relationship between child welfare professionals and families and can be utilized whenever a formal plan needs to be created (e.g., Case Plan) or a key decision made (e.g., potential relative placement), regardless of program areas.

Facilitating the Family Team Meeting requires an advanced skill set, especially group facilitation skills, and is led by a “DFCS Approved” FTM Facilitator, who has gone through an extensive training and coaching process. The FTM Facilitator is supported by a Co-Facilitator, who records key planning/decision making points on Easel Pads. The long-range goal is to have every Case Manager within these areas trained and approved to a Family Team Meeting Facilitator and competent in facilitating or actively supporting/participating in Family Team Meetings.

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# 7 Concepts / Areas of Concern

## Child Vulnerability

- Child Under 4 years of age
- Child physically or mentally impaired or in need of special care?

## Caregiver Capability

- Does caregiver have significant impairment in mental capacity?
- Does caregiver have history of drug or alcohol abuse?
- Was caregiver abused or neglected as a child?

## Quality of Care

- Has child been denied essential medical treatment?
- Is there overall lack of physical care?

## Maltreatment Pattern

- Was any child addicted or exposed to drugs or alcohol?
- Has child suffered physical injuries or sexual abuse?

## Home Environment

- Is the family experiencing any recent significant stress?
- Are the conditions in and/or around the home hazardous or unsanitary?

## Social Environment

- Is the family socially isolated or unsupported by extended family?
- Has any person in the home ever been a victim of spousal abuse?

## Response to Intervention

- Does any caregiver deny, seem unaware of, or take the allegations less seriously than CPS?
- Is any caregiver hostile toward or refusing to cooperate with CPS?

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## CPS Referral Situations

**Situation 1:** Client comes in for a Food Stamp review and brings her two children with her. One is four and the other is six months old. Both get restless during the interview and begin crying. The client screams at the four-year-old to stop crying. You notice he screams and shrieks back in terror. You observe bruises on his cheeks and his arms. She picks up the baby and shakes her roughly also telling her to be quiet. You notice also that there are bruises on the baby's legs.

**Action to be taken:** Try to calm the client down and help with the children. Do not confront the client about her inappropriate behavior. Call CPS intake immediately after the interview and follow up with a Form 713.

**Situation 2:** An absent parent for one of your clients calls you because your client asked him to verify the child support he sends to her. He is angry and tells you he does not want his child receiving any public assistance because he provides for his child. He says if DFCS wants to do something they should give custody to him because he states your client uses and sells drugs and is not providing a safe place for the child to live. He says his child (age 6) has called him numerous times to come and pick the child up. When he got there your client was "out of it".

**Action to be taken:** Encourage the absent parent to make the referral and transfer him to the CPS intake unit if he agrees to this. You will also need to call CPS intake. Then, follow up with a completed Form 713.

**Situation 3:** A mother and her three children come into your office. The mother says, "I cannot handle these kids any longer and I want you to take them!" The mother insists that DFCS take the children now. The client appears agitated and upset. She starts weeping and says she is sick. She says we must take the children.

**Action to be taken:** You alert your supervisor about the situation and then you call CPS intake to arrange for someone from Services to come right away and talk to the client. Follow up with a Form 713.

**What happens if a child is still being neglected or is abused again?**

If conditions do not improve, DFCS may go to court to seek temporary custody of the child. If custody is granted, DFCS places the child in a safe environment (for example, with a relative or foster family) while continuing to work with the parents to help them resolve their problems.

**If the family does not improve, what is the next step?**

DFCS petitions the court to terminate parental rights and make the child available for adoption.

**Does Georgia emphasize keeping the family unit together at all costs?**

No. The most important consideration is the safety and protection of the child. Both state and federal laws have set clear guidelines for quicker termination of parental rights in cases where families show no improvement and to ensure that children remain in foster care no longer than necessary. For example, when parents refuse or repeatedly fail to complete drug treatment successfully or do not follow improvement goals, DFCS is required to develop a permanency plan for their children and seek early termination and adoption.

**Where do children go who must be removed from their homes?**

If it is a crisis situation, the child may go to an emergency shelter. Then, about half of the children are placed with relatives and half with foster parents. DFCS evaluates all potential homes. Foster parents are screened and trained and receive financial aid to help with the cost of the child's care.

**Is there more child abuse and neglect now than in the past?**

After reaching all-time highs nationwide in the early 1990s, reports have decreased significantly. Many families whose problems are poverty-related (lack of adequate clothing, food or housing) are referred by DFCS to community resources for the help they need, so they do not enter the CPS system. This allows DFCS to address the cases where actual abuse and neglect have occurred and to concentrate its efforts on the most troubled families.

**What rights do children have?**

DFCS believes that children have the right to grow up in a stable home in a safe and healthy environment and not to be abused or neglected.



# PROTECTING CHILDREN

## The Division of Family and Children Services at Work

Every child needs to be treasured, protected and nurtured. Unfortunately, some parents can't — or won't — care for their children. When they neglect or abuse them, someone must step in to ensure the children's safety. The community, the police, the courts and state and local agencies share this responsibility.

In Georgia, the Division of Family and Children Services (DFCS) has a special role as the state agency designated to protect children and strengthen families.

Many people misunderstand, or do not know, how DFCS does its job. Here is the way Georgia's Child Protective Services system (CPS) works.

**If you think a child is being hurt or neglected whom do you call?**

The Department of Family and Children Services is in every county. You simply call their local office and give them the name and location of the child. Your report is confidential. While you do not have to give your name to make a report, it can be more helpful for the child if you are willing to tell who you are and to testify in court if necessary. If you believe a child is in immediate danger, call the police. They will contact DFCS.

**What is considered child abuse or neglect?**

- Physical abuse is injury to a child under age 18 by a parent or caretaker which results in bruises, welts, fractures, burns, cuts or internal injuries.
- Neglect is the failure of the parent or caretaker to see that a child is adequately supervised, fed, clothed or housed.
- Sexual abuse occurs when a parent or other adult uses a child under age 18 for sexual stimulation.

**What type of maltreatment is most reported?**

Neglect makes up the bulk of the reports and the majority of substantiated cases. Lack of adult supervision is the most common type of neglect. Physical abuse is the next most reported and substantiated type of maltreatment, followed by sexual abuse.

**What happens when you call DFCS to report suspected abuse or neglect?**

The worker first determines whether the call is about the maltreatment of a child under 18 by a parent or caretaker. Reports that fall within these guidelines are investigated by DFCS investigators, frequently along with the police.

The law requires DFCS to notify the police of every report. About 60 percent of the reports received require an investigation. The remainder are referred to other agencies, such as the local police, health department or school system for assistance.

**How soon after a report is made does the worker begin the investigation?**

In-person response time ranges from within 24 hours to five days, depending on the nature of the allegation, the age of the child and the severity of the allegation.

**What happens in an investigation?**

Generally, the CPS worker

- checks other DFCS offices to see if there have been previous reports on this child or on the alleged perpetrator.
- visits the child at home or school to observe and talk with him or her directly.
- meets with the family to discuss the allegations.
- talks with anyone who may have information about the child and the family situation, including relatives, neighbors, friends, school personnel, and physicians.

The main concern throughout the investigation is the safety of the child.

**Once an investigation is completed, how does the worker make a decision?**

There are two possible outcomes of an investigation. The report is substantiated or unsubstantiated.

- **Substantiated** — means that more than half of the facts gathered indicate that the child has been abused or neglected.
- **Unsubstantiated** — means that there is not enough evidence to prove that the child has been mistreated.

**If a report is substantiated, does DFCS automatically remove the child from the home?**

No. A child may be taken from home by the police if he or she is in immediate danger. If there appears to be an ongoing risk to the child, DFCS may petition the juvenile court to remove the child.

**Under what conditions may DFCS remove children who are not in immediate danger?**

If the CPS staff determine that it is not safe for a child to remain at home (for example, when very young children are left home alone), then DFCS will file a petition with the juvenile court for a hearing to decide whether the agency will be granted temporary custody.

**What happens to children who are left with their families after DFCS has confirmed abuse or neglect?**

Families are rated as low-, moderate- or high-risk based on the nature and extent of their problems (substance abuse, no social support, violence). The most intensive services (more in-person visits by the case manager) are provided to the high-risk families as this has been shown to reduce repeat abuse and neglect. Case managers visit the family regularly and link them with other services to strengthen the family and address the causes of maltreatment.

**What kinds of services are offered to these families?**

- referral for alcohol and drug treatment
- referrals for employment and child support
- parenting education
- counseling
- in-home parent aides
- child care

## **ADULT PROTECTIVE SERVICES**

***All DFCS employees are required by law to report abuse, neglect or exploitation of disabled adults or elderly persons.***

***Calls that are Emergency Situations should be directed to contact... 911.***

Reports of abuse, neglect or exploitation of disabled adults or elder persons (**who are NOT residents of nursing homes or personal care homes**) should be directed to the **Adult Protective Services (APS) Central Intake Unit** of the Georgia Department of Human Resources, Division of Aging Services.

### **APS Central Intake Unit Contact Information:**

- Toll-Free: (888) 774-0152
- Within Metro Atlanta local calling area: (404) 657-5250

Reports of abuse, neglect or exploitation of disabled adults or elder persons **who live in a nursing home or personal care home** should be directed to the Georgia Department of Human Resources, **Office of Regulatory Services or Long Term Care Ombudsman Program.**

### **Office of Regulatory Services Intake Contact Information:**

- Toll-Free: (800) 878-6442
- Within Metro Atlanta local calling area: (404) 657-5728
- Submit a report online at <http://aging.dhr.georgia.gov>

### **Long Term Care Ombudsman Program Contact Information:**

- Toll-Free: (888) 454-5826

### **Contact Information:**

Division of Aging Services  
Two Peachtree Street, NW  
Suite 9385  
Atlanta, Georgia 30303-3142

Phone: 404.657.5258  
Fax: 404.657.5285



# ***Welfare Reform in Georgia 1997***

## **Backgrounder Georgia Department of Human Resources**

In 1995, when the Georgia Department of Human Resources and the Division of Family and Children Services changed the focus of welfare from benefits to work, national welfare reform was only a campaign promise, languishing on the back burner of the nation's agenda.

Georgia's welfare rolls were approaching 150,000 cases. For every caseworker helping recipients move toward self-sufficiency there were eight caseworkers processing paperwork for checks. Federal and state concerns focused on making sure that checks for the correct amount went out on time.

However, steps were being taken to connect welfare benefits with personal responsibility and work. Legislation submitted by Governor Miller and passed by the General Assembly established a family cap in which a parent who had received benefits for 24 months would receive no additional benefits for another child. An employment requirement was instituted that sanctioned able-bodied recipients with no children under 4 who quit or refused to take a full-time job. Teen mothers were to live with a parent or guardian, and children were required to be up-to-date on immunizations. Child support enforcement measures were strengthened to make it easier to establish paternity and collect payments.

### ***workfirst***

In January 1996, ***workfirst*** was implemented statewide. It shifted the emphasis of DFCS from approving cases and distributing checks to putting recipients to work. Finding a job became the primary objective of each welfare applicant, and as a result almost 12,000 applicants avoided the welfare rolls by finding a job while their paperwork was being processed. Waiting rooms became job search centers, with computer links to the Department of Labor's job listings. Providing support services such as child care assumed a larger role in the caseworkers' daily activities.

### **Federal and state efforts**

With the passage of the federal Personal Responsibility and Work Opportunity Act in 1996, welfare was no longer an entitlement. The new program, called Temporary Assistance for Needy Families (TANF), set time limits on how long recipients could receive cash assistance. It also put into place a work requirement, and gave states unprecedented latitude to design a program that met their own needs.

### **The state plan**

The federal legislation called for each state to submit a state plan for administering the TANF program. DFCS developed Georgia's plan in September and October 1996, and submitted it to the U.S. Department of Health and Human Services on November 15. Public comments were solicited during the 45-day federal review period, and the department solicited heard from the public at a series of hearings around the state during November and December. The plan was deemed complete by HHS in January 1997.

### **Senate Bill 104**

The centerpiece of the state's welfare reform efforts was Senate Bill 104, now known as Act 389. The bill, sponsored by Sen. Mark Taylor of the 12<sup>th</sup> District, Sen. Robert Brown of the 26<sup>th</sup> and Sen. Sonny Perdue of the 18<sup>th</sup>, set the direction for the state's efforts. Its major provisions include:

- Time limits. Welfare recipients are limited to 48 months of assistance, instead of the federally-imposed 60 month time limit. TANF is intended to be a temporary support program, not a permanent source of income.
- Work requirements. All TANF recipients with children over age 1 must participant in a work activity.
- Personal responsibility agreements. TANF recipients must sign these agreements, which emphasize the fact that TANF recipients must act on their own to better their lives. Some of the required actions include attendance at school conferences, having children immunized and obtaining prenatal care. Teen parents are required to live with a parent or responsible relative and must stay in school.
- Family cap. The family cap measure was strengthened so that TANF recipients who have another child after ten months on assistance will not receive an increase in cash assistance due to the birth of an additional child.

### **Development of TANF Rules**

Following the passage of Senate Bill 104, the department began to develop the rules and regulations that would govern the state's implementation of welfare reform. To comply with the provisions of the act, the department had to obtain the approval of the DHR Board by June 9, 1997 and transmit the rules to the Secretary of State no later than June 10. The board held a public hearing on May 28, reviewed the comments at a June 9 called meeting and unanimously approved the rules.

### **Collaborative efforts**

Welfare reform dramatically altered the ways in which the departments of Human Resources, Labor (DOL) and Technical and Adult Education (DTAE) interact. These three agencies who are involved in putting TANF recipients to work have restructured state and local efforts so that each agency focuses its efforts on one goal: developing a

job-ready workforce. DHR provides case management to those who need it, DTAE is the primary resource for training, and DOL takes the lead in job development and job placement.

The commitment was far more than symbolic. DHR contracted with each of its partners to support the efforts toward self-sufficiency for those on public assistance. DOL will place 18,000 TANF and food stamp recipients in unsubsidized jobs in SFY 1998, at a cost of \$8.3 million, and DTAE will train and place 6,184 TANF recipients in jobs over the next two fiscal years, at a cost of \$8.2 million.

The department is committed to building partnerships with Georgia's employers to ensure that TANF recipients have the job opportunities they need, and to support the state's economic and workforce development.

### **Successes of Welfare Reform**

#### **Work participation**

For the months of July, August and September, Georgia surpassed the federally-mandated work participation rate of 25 percent. During those three months, an average of 34 percent of mandated recipients participated in some type of work activity. During 1997, the number of adults on assistance dropped from 84,801 to 57,236, a reduction of 32.5 percent.

#### **Child care**

DHR's child care budget has grown dramatically over the past few years to meet the increased need created by welfare recipients entering the workforce. In 1993, \$61.2 million in child care funds provided child care for 31,682 children. By 1998, funding had more than doubled to \$132.2 million, providing child care for 63,600 children.

#### **Fatherhood Initiative**

More than 300,000 Georgia children live with single mothers, and 40 percent of these children have not seen their fathers in the last year. The department launched a major initiative to teach young men how to be more knowledgeable and responsible parents. "Parent'Hood - It's a Man's Thing, Too" is a statewide public awareness effort that uses male volunteers to form child abuse prevention teams.

Lack of child support keeps single parents on welfare. The Fatherhood Initiative, created by the Office of Child Support Enforcement, works with men who are unable or unwilling to pay their child support. It offers them counseling, vocational training, job placement and a chance to play a supportive role in their families.

#### **Preventing teen pregnancy**

Teen birth rates in Georgia declined by 9.1 percent from 1990-1996. These are encouraging signs that prevention efforts are paying off. Yet, far too many young, unmarried teens are becoming pregnant and having babies. These children are more likely to grow up in poverty, have health problems, and develop difficulties in school.

To focus and streamline its teen pregnancy prevention efforts, DHR has created Teen Plus, an interdivisional office that coordinates all DHR teen pregnancy prevention programs. This year, 27 teen health centers have been established in communities with the greatest need for prevention services. They are located in community centers, DFCS offices and shopping centers. In some counties, mobile vans are used to bring services to neighborhoods with limited means of transportation. Since the centers are open during non-traditional hours, they are a valuable community resource for providing youth development programs during after school hours and on weekends.

With 70 percent of these centers fully operational, more than 3,000 teens have received services, including abstinence education, health education, family life education, counseling and family planning. Every Teen Plus center will have a teen and an adult advisory board to help plan activities that meet the needs and desires of the local community. Each site also has a resource mother or resource father to serve as a mentor for youth coming in for a wide variety of services. These mentors are former welfare recipients themselves. Many are involved in creative outreach efforts to bring in other youth and adults who may not otherwise seek much-needed health and pregnancy prevention services.

### **Looking to the future**

December 1997 marked the end of year one of TANF and federal welfare reform. A strong economy and a focus on employment have helped Georgia's welfare rolls to decrease steadily over the past three years. But the work is far from over. During the next four years, Georgia must meet higher levels of federal work participation rates, which will reach 50 percent by the year 2002. As the more skilled recipients leave the welfare rolls for jobs, DFCS faces the challenge of helping long-term, hard-to-place recipients become self-sufficient. These recipients may have problems that are more severe - problems such as illiteracy, substance abuse, and mental or physical disabilities.

As more welfare recipients leave welfare for employment, the need for child care grows. An estimated 116,246 children of welfare recipients - twice as many as are currently being served - may need day care by the year 2002. They must also find a way to get to work. Transportation will continue to be a barrier for welfare recipients trying to find work, especially in rural areas.

However, DHR is developing new initiatives to move people off the welfare rolls. Georgia is eligible to receive \$28 million in funds for a welfare-to-work initiative to move long-term public assistance recipients into jobs. DHR will also continue working closely with DOL and DTAE to develop a job-ready workforce and move people from poverty into self-sufficiency.

**DHR Office of Communications**  
**February 1998**

# **GEORGIA'S VISION for Welfare Reform...**

***“Helping others help  
themselves through  
work opportunities!”***



## Georgia Department of Human Resources

### Women, Infants and Children Nutrition Program (WIC)

#### What is WIC?

The Women, Infants and Children program is a special nutrition program for low-income pregnant, postpartum and breastfeeding women and children up to the age of 5 years. WIC was established in 1972 to improve the health and nutritional status of low-income families by providing special supplemental foods during critical periods of growth and development. The program provides nutrition education, nutritious foods, breastfeeding promotion and support, and referrals to other health services. The Georgia WIC program is 100 percent federally funded and serves families with incomes up to 185 percent of the federal poverty level.

Program participants receive vouchers to redeem at authorized grocery stores and pharmacies for special foods rich in protein, iron, calcium, and vitamins A and C. These foods include eggs, cheese, milk, cereal, fruit juices, dried peas and beans, peanut butter, and infant formula. Participants breastfeeding their babies receive carrots and tuna in addition to the standard food package.

WIC encourages breastfeeding because breast milk is best to give babies a healthy start. WIC gives pregnant women nutrition education and support to help them make the best choice for feeding their babies, and provides ongoing support and information to mothers who want to breastfeed.

#### WIC in Georgia

- Georgia's WIC program is the seventh largest in the nation and second largest in the southeast.
- Georgia WIC will spend \$210 million in federal funds during federal fiscal year 2004 (October 2002–September 2003) including \$65 million in infant formula rebates.
- WIC reaches approximately 75 percent of Georgia's eligible women and children.
- The Georgia WIC program served an average of 259,000 women, infants and children per month during federal fiscal year 2004.
- Infant formula rebates saved Georgia \$65 million last year. This allowed the program to serve thousands of additional clients.
- More than 75,000 infants receive WIC program benefits.
- The average WIC benefit is about \$53 worth of food vouchers per month.

### Why is WIC important?

Georgia has one of the highest infant mortality rates in the nation. Good nutrition and regular prenatal care during pregnancy, and good nutrition and preventive health care for infants are key to preventing babies from dying or becoming disabled.

- Low-income families that receive WIC, Medicaid, immunizations and medical checkups have a significantly lower infant mortality rate than do other low-income families in the state. Women participating in WIC are more likely to get prenatal care early in their pregnancy and to seek preventive care such as health checks and immunizations for their children.
- Every dollar spent on WIC saves up to \$3 in health care costs, according to a national study.

### Who gets WIC?

WIC is available to women who are pregnant or breastfeeding or have given birth within the past two months, and children up to their 5th birthday. To be eligible for WIC, they must meet the following requirements:

- Be a resident of Georgia or a migrant farm worker currently living in Georgia.
- Be at nutritional risk. The nutritional risk must be determined and documented by a nutritionist or other health professional. Examples of nutrition-related medical conditions are: anemia, low birth weight, abnormal weight gain during pregnancy, a history of high-risk pregnancies, or inadequate diet.
- Have a family income of no more than 185 percent of the federal poverty level. A person receiving Medicaid, TANF, or food stamps automatically meets the income eligibility requirement.

Examples of eligible income:

<u>Family size</u>	<u>Yearly income</u>
1	\$16,391
2	\$22,089
3	\$27,787
4	\$33,485

For each additional family member add \$5,698.

### How to get WIC

- Applicants wishing to apply for WIC benefits should contact their county health departments. Residents of Fulton County may also apply at Grady Hospital and Southside Community Health Center.

# OUTLINE FOR TANF TRAINING

## **Day 1**

Introduction  
TFSP

## **Day 2**

Application Processing  
Assistance Units

## **Day 3**

Basic Eligibility

## **Day 4**

Deprivation  
Exam Review

## **Day 5**

Exam 1  
Financial Eligibility

## **Day 6**

Financial Eligibility

## **Day 7**

Budgeting

## **Day 8**

Changes  
Sanctions

## **Day 9**

Sanctions  
Reviews  
Grandparents Raising Grandchildren  
Review for Exam

## **Day 10**

Exam 2  
Closing

# TANF FAMILY SERVICE PLANS



TRAINING MANUAL

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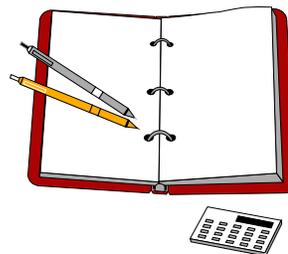
## OBJECTIVES FOR TANF FAMILY SERVICE PLANS

- ✓ Participants will review the purpose of the TANF Family Service Plan.
- ✓ Participants will be able to identify the difference between the school attendance requirements for minors versus minor parents.
- ✓ Participants will be able to define a non-custodial, non-supporting minor parent and the personal responsibilities that s/he must meet.
- ✓ Participants will be able to identify who must complete a TANF Family Service Plan.
- ✓ Participants will be able to determine when a TANF Family Service Plan must be completed and/or reviewed.
- ✓ Participants will demonstrate how to correctly complete a TANF Family Service Plan.
- ✓ Participants will be able to determine which personal responsibilities are to be met by a given AU.
- ✓ Participants will be able to identify the work activities and support services available to Employment Services customers.
- ✓ Participants will examine a sample TANF Family Service Plan.
- ✓ Participants will be able to identify the Personal Responsibility Compliance screen on SUCCESS.

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# OUTLINE OF THE TANF FAMILY SERVICE PLAN

- I. INTRODUCTION
- II. TANF FAMILY SERVICE PLAN (MR 1345, 1815)
- III. PERSONAL RESPONSIBILITIES (MR 1305, 1345, and 1347)
- IV. WORK REQUIREMENTS (MR 1815)
- V. WORK ACTIVITIES (MR 1820, 1825)
- VI. SUPPORT SERVICES (MR 1830)
- VII. FAILURE TO COMPLY WITH THE TANF FAMILY SERVICE PLAN (MR 1835)
- VIII. SUCCESS SCREENS



**WHO MUST SIGN THE TANF FAMILY SERVICE PLAN**

<b>Personal Responsibilities (Sections A &amp; C)</b>	<b>Work Requirements (Section B)</b>
Payee only-non-parent relative/legal guardian	No ES requirements
Two able-bodied parents – each parent signs a separate TFSP and signs the other parent’s TFSP (work eligible individuals)	Each parent must be referred to ES
One parent/non-parent relative/legal guardian – the parent must sign a TFSP regardless of whether or not they are included in the cash assistance with their children (work eligible individual)	The parent must be referred to ES unless exempt or meets the exception of providing in the home care for a disabled family member
*Minor parent – must sign a TFSP regardless of whether or not the minor’s child is included in the AU (non-recipient individual)	No ES requirement unless minor caretaker or spouse of minor caretaker
*Non-custodial, non-supporting minor parent – must sign a TFSP (work eligible individual)	Must be referred to ES
Ineligible parent (for example, not a citizen or an SSI recipient) – must sign a TFSP (non-recipient parent)	No ES requirements
Disqualified parent or grantee-relative – must sign a TFSP (non-recipient parent)	Must be referred to ES unless exempt
Penalized parent (for example, fails to cooperate with prenatal care requirements) – must sign a TFSP (non-recipient parent)	Must be referred to ES unless exempt. Exception: Parents who are penalized because they are felons or probation or parole violators do not have a work requirement.

\*The grantee relative or other adult relative with whom the minor parent lives must also sign the minor parent’s TFSP.

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**SOME GUIDELINES ACCORDING TO GEORGIA LAW FOR PERSONAL  
RESPONSIBILITY REQUIREMENTS (MR 1345)**

- ✓ Attend parent/teacher conferences
  - require if there are children ages six and older in the AU
  
- ✓ Ensure that minor dependent child attends school
  - require if there are children ages 6-17 in the AU
  - follow the requirements in the school attendance section of MR 1347
  
- ✓ Participate in parenting skills classes
  - require for all children age 13 and older in the AU
  - require for all noncustodial, nonsupporting minor parents
  - require if there is any other indication of a need
  - provide information to the family on classes available in the community
  
- ✓ Attend family planning counseling
  - require for all parents, whether included in AU or not, and all adults of child bearing age included in the AU
  - require for all children age 13 and older in the AU
  - require for children under age 13 in the AU if there is information that the children have reached child bearing age
  - provide information to the family on classes available in the community
  
- ✓ Participate in financial management counseling classes
  - require for all noncustodial, nonsupporting minor parents
  - require if there is a protective payee because of mismanagement of the cash assistance by the grantee-relative
  - require if there is any other indication of need
  - provide information to the family on classes available in the community
  
- ✓ Participate in life skills classes
  - require for all noncustodial nonsupporting minor parents
  - require if there is any other indication of need
  - provide information to the family on classes available in the community
  
- ✓ Participate in addictive diseases counseling/treatment or mental health counseling/treatment

- require if there are any parents, whether included in the AU or not, or other individuals in the AU who are known to be enrolled in an addictive diseases or mental health counseling treatment program
- require that any parents, whether included in the AU or not, or other individual in the AU who are in obvious need of this service attend an assessment appointment with an MH/DD/AD professional and comply with the treatment plan
- provide information to the family on resources available in the community
- complete a referral to Mental Health/Developmental Disorders/Addictive Diseases programs in the community; do not enroll individuals in a counseling or treatment program.

- ✓ Participate in rehabilitation services
  - require if there are any parents, whether included in the AU or not, or other individuals in the AU who are known to be enrolled in a rehabilitation program
  - require if there are any parents, whether included in the AU or not, or any other individual in the AU who is in obvious need of this service including individuals who are claiming to be unable to work because of an incapacity
  - complete a referral to Vocational Rehabilitation for professional assessment
  - require that the individual attend that assessment appointment and follow the plan resulting from the professional assessment
  - provide information to the family on resources available in the community
  
- ✓ Comply with my DFCS child welfare case plan
  - require if there is an active Child Protective Services case
  
- ✓ Meet work requirements
  - require if the individual has a work requirement

**NOTE:** These guidelines are a combination of Federal Law, State Law and in some instances worker judgment. Some of the requirements are checked because it is the law and there is no discretion (i.e. the requirement to attend parent/teacher conferences if have school age children); whereas other requirements are more discretionary based on worker judgment (i.e. participate in addictive diseases counseling/treatment). These are guidelines to help you determine the appropriate personal responsibilities for each unique person. Remember that you cannot require a person to meet a responsibility without explaining exactly where, when and how the item can be achieved. If, for example, the TFSP has “participate in life skills classes” checked, an explanation of where and when the participant will attend should also be given.

**SCHOOL ATTENDANCE\***

For <b>Drop-outs</b> - verify enrollment (MR 1347)				
*School Attendance could be waived if domestic violence has been established.				
<b>6-17 year olds</b>	<b>NCNS Minor Parent</b>	<b>Minor CT Parent or Spouse of CT</b>	<b>Minor Custodial Parent</b>	<b>18 year olds (MR 1305, 1347)</b>
<ul style="list-style-type: none"> <li>☞ Must attend school.</li> <li>☞ Personal responsibility requirement of caretaker.</li> <li>☞ Satisfactory attendance defined by school</li> <li>☞ Accept AU's statement unless questionable.</li> <li>☞ Review at Service Plan and/or TANF Review.</li> <li>☞ Sanction cash assistance for failure to meet this requirement (See MR 1351 for details).</li> </ul>	<ul style="list-style-type: none"> <li>☞ Must attend school.</li> <li>☞ Must obtain passing grades (defined by ES).</li> <li>☞ Work requirement</li> <li>☞ Verify school attendance at least monthly</li> <li>☞ Sanction cash assistance grant for failure of non-custodial, non-supporting minor parents to comply with school attendance/or other work activities. (See MR 1351)</li> </ul>	<ul style="list-style-type: none"> <li>☞ Must attend school.</li> <li>☞ Must obtain passing grades (defined by ES).</li> <li>☞ Work requirement</li> <li>☞ Verify school attendance at least monthly</li> <li>☞ Penalize minor custodial parents until compliance for failure to comply with school attendance</li> </ul> <p>Note: This also includes minor parents "living with" the other parent of his/her child</p>	<ul style="list-style-type: none"> <li>☞ Must attend school.</li> <li>☞ Personal responsibility requirement</li> <li>☞ Monitor at Service Plan and/or TANF Review</li> <li>☞ Penalize minor custodial parents until compliance for failure to comply with school attendance</li> </ul>	<ul style="list-style-type: none"> <li>☞ Not required to be in AU.</li> <li>☞ If included verify school attendance: <ul style="list-style-type: none"> <li>✓ at application</li> <li>✓ at annual review</li> <li>✓ when adding an 18-year-old to the AU</li> <li>✓ at service plan reviews</li> <li>✓ the month prior to the month child turns 18</li> <li>✓ when a change is reported</li> <li>✓ if 18 year-old changes schools</li> <li>✓ when questionable</li> </ul> </li> <li>☞ If included, verify the anticipated date of graduation or anticipated completion of course study</li> </ul>

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## WORK ACTIVITIES (MR 1820)

**NOTE:** This material is an overview for workers attending TANF policy training. Since this material is subject to change, workers should use the policy manual to look up information in the future.

Recipients in a single-parent AU are expected to participate at a level consistent with 30 hours per week when it is determined by the agency to be possible. The 30 hours may be in one activity or in a combination of activities. Fifty percent of TANF participants must be involved in countable work activities. For two parent families, 90% must participate for at least an average of 35 hours per week. The minimum hour of participation to meet federal requirements is an average of 30 hours per week for single parent families and 35 hours per week for two-parent households.

### **CORE (primary) WORK ACTIVITIES**

The work activities which may count toward the first 20 hours of participation for all families or the first 30 hours of participation for two-parent able-bodied families are:

- ✓ unsubsidized employment
- ✓ subsidized private sector employment
- ✓ subsidized public sector employment
- ✓ work experience
- ✓ on-the-job training
- ✓ job search/job readiness not to exceed 6 weeks per federal fiscal year (4 consecutive; 2 additional)
- ✓ community service
- ✓ vocational training not to exceed 12 months
- ✓ provision of child care services to an individual who is participating in community service

### **NON-CORE (secondary) WORK ACTIVITIES**

If the 20/30 hours are met in one or a combination of the above activities, up to 10 hours in a single-parent family and up to 5 hours in a two-parent family may be counted toward the federal work participation rate in the following three activities:

- ✓ satisfactory attendance in secondary school or equivalency
- ✓ job skills training directly related to employment
- ✓ education directly related to employment if recipient does not have a high school diploma or GED



## **NON-COUNTABLE (other) ALLOWABLE ACTIVITIES**

The following activities are ones which the state allows but which do not count toward the federal work participation rate:

- ✓ job search/job readiness after the 6 week limit has been reached
- ✓ vocational training in excess of 12 month limit
- ✓ English as a second language
- ✓ job readiness training which is independent of job search activity
- ✓ college
- ✓ mental health counseling/treatment
- ✓ substance abuse counseling/treatment
- ✓ life skills training
- ✓ parenting skills training

Parents who have not attained age 20 are required to participate in the following activities to meet their minimum required hours per week of work activity if they do not have a high school diploma or GED:

- ✓ attend secondary school or equivalent
- ✓ participate in education directly related to employment

**NOTE:** Minor parents under age 18 must participate in GED or secondary education to remain eligible for TANF.

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## SUPPORT SERVICES

Support services are available to applicants for TANF, recipients of TANF , and in certain circumstances to support former recipients as they transition off TANF. Support services are provided, when needed, to facilitate participation in all activities outlined in the TFSP. The worker and participant will determine together what support services are needed for each activity, and for acceptance or retention of employment. Support services will not exceed the maximum allowed by state law and funding.

Support services may include:

- ✓ child care
- ✓ transportation
- ✓ car repairs, car insurance and maintenance
- ✓ required wearing apparel
- ✓ eyewear, medical and dental services
- ✓ required tools
- ✓ occupational licensing fees
- ✓ transitional medical and child care services
- ✓ employment intervention services (EIS)
- ✓ transitional support services (TSS)
- ✓ work support payments (WSP)

Georgia Department of Human Resources  
**EMPLOYMENT SERVICES FAMILY ASSESSMENT**

\_\_\_\_\_ County Department of Family and Children Services

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_  
Client Name \_\_\_\_\_ Case Manager/Caseload \_\_\_\_\_  
Client ID Number \_\_\_\_\_ Case Manager Telephone \_\_\_\_\_

Date \_\_\_\_\_

**Section I**

**Personal Information**

Client's name \_\_\_\_\_ Home telephone # \_\_\_\_\_ Cell phone# \_\_\_\_\_  
Client's current address \_\_\_\_\_ Contact person's name \_\_\_\_\_ Contact's phone# \_\_\_\_\_  
Case manager \_\_\_\_\_ Caseload # \_\_\_\_\_

**Children**

_____	_____	_____	_____
Name	Age/DOB	AP's name	Child Support
_____	_____	_____	_____
Name	Age/DOB	AP's name	Child Support
_____	_____	_____	_____
Name	Age/DOB	AP's name	Child Support
_____	_____	_____	_____
Name	Age/DOB	AP's name	Child Support

**General Information**

Do you have a permanent place to live?  YES  NO If no, explain: \_\_\_\_\_

Do you own your home?  YES  NO If yes, how much is the mortgage? \$ \_\_\_\_\_

Do you rent your home?  YES  NO If yes, how much is the rent? \$ \_\_\_\_\_

Do you share your home?  YES  NO If yes, with whom? \_\_\_\_\_

Does your residence limit your choices of employment?  YES  NO If yes, explain: \_\_\_\_\_

Names and relationship of all other household members: \_\_\_\_\_

Applicant Services Assessment Form, Form 490, indicates the client is currently receiving the following services:

Employment Intervention Services  Domestic Violence  Mental Health  Other

**Section II**

What, if anything, makes it difficult for you to get or keep a job? (check all that apply)					
<b>Family Barriers</b> <i>(Referrals to DV, Child Care and Social Services)</i>		<b>Transportation Barriers</b> <i>(Back-up transportation plan required)</i>		<b>Personal Barriers</b> <i>(Referrals to DTAE, DOL, NCTW, VR)</i>	
<input type="checkbox"/>	Needs child care	<input type="checkbox"/>	Has no transportation	<input type="checkbox"/>	Has health problems
<input type="checkbox"/>	Needs care for disabled family member	<input type="checkbox"/>	Has no auto insurance	<input type="checkbox"/>	Has difficulty working with hands
<input type="checkbox"/>	Cares for disabled family member	<input type="checkbox"/>	Has an unreliable vehicle	<input type="checkbox"/>	Is unable to lift heavy objects
<input type="checkbox"/>	Cares for elderly family member	<input type="checkbox"/>	Has no current driver's license	<input type="checkbox"/>	Lacks skills and/or training
<input type="checkbox"/>	Has concern for child safety	<input type="checkbox"/>	Cannot drive	<input type="checkbox"/>	Has difficulty writing
<input type="checkbox"/>	Family opposes attempt to attain self-sufficiency	<input type="checkbox"/>	Needs vehicle repairs	<input type="checkbox"/>	Has difficulty reading
<input type="checkbox"/>		<input type="checkbox"/>	May lose license (court)	<input type="checkbox"/>	Has difficulty with math
<input type="checkbox"/>		<input type="checkbox"/>	Driver's license is suspended	<input type="checkbox"/>	Needs special aids/tools
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Is unable to read/write English.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Has difficulty speaking/understanding English
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Feels threatened
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Feels depressed
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Feels anxious
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Feels angry
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Severe emotional trauma
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Abuses drugs and/or alcohol
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Has legal problems

Employment Services worker's notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Based on individual information a referral is needed for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION III**

*(If the following questions were discussed in the applicant services employment assessment, do not ask here unless the issue requires further details)*

Have you ever had to pass a drug test to get a job?  YES  NO

If you had to take a drug test today, would you pass?  YES  NO

IN THE PAST TWELVE MONTHS ...	Yes	No
Have you sought help, been in treatment for, or attended a support group for alcohol or other drug use?		
If yes, was it voluntary or court-ordered? <i>(circle one)</i>		
Have you lost a job or been refused employment due to drug or alcohol use?		
Have you been in trouble with the law for drug-related problems?		
Have you sometimes not remembered things you said or did while you were drinking alcohol or using other drugs?		
Has a friend or family member, or anyone else told you that you drink alcohol or use drugs too much, or do you think you drink or use drugs too much?		
Do you fight or argue with others while under the influence of alcohol or drugs?		
Have you ever been to the emergency room or hospitalized as a result of alcohol or drug use?		
Do you think your spouse, partner or any other member of your household might have a problem with alcohol or other drugs?		
Are you interested in overcoming any problems with alcohol or drugs so you can become employed?		

**Employment services worker's notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Based on individual information referral is needed for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

FOLLOW UP NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Based on individual information a referral is needed for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disposition:**

A follow-up appointment is scheduled for \_\_\_\_\_ on \_\_\_\_\_  
participant's name date  
at \_\_\_\_\_  
location

According to individual information, \_\_\_\_\_ is determined to be:

- JOB-READY (*Placement time is up to 3 months from the date of assessment.*)
- NEAR JOB-READY (*Placement time is up to 6 months from date of assessment*)
- NOT JOB-READY (*Placement time is up to 12 months from the date of assessment*)

\_\_\_\_\_  
Case manager's signature

\_\_\_\_\_  
Date

Georgia Department of Human Resources  
TANF FAMILY SERVICE PLAN

Pilot County Department of Family and Children Services

Case Name Cady Nash  
Client Name Cady Nash  
Client ID Number XXXXXXXXXXXXXX  
Case Manager's Name/Load S. Mart # 111CM

Case Type  Initial  Update  
Active CPS case  Yes  No  
Months on TANF 08  
Case Manager's Phone Number: 7-411-1234

**Section A: (Personal Responsibilities)**

- I understand that as a TANF applicant/recipient I must meet the following responsibilities that have been checked:
  - Attend parent/teacher conferences.
  - Ensure that minor dependent children attend school.
  - Attend parenting class.(IF SCHEDULED)
  - Attend financial management counseling class.
  - Attend life skills class.
  - Attend addictive diseases counseling/treatment sessions.
  - Attend mental health counseling/treatment sessions.
  - Participate in rehabilitation services.
  - Comply with a DFCS child welfare case plan as appropriate.
  - Attend family planning counseling sessions.
  - Meet my work requirements including requirements to develop my TANF Family Service plan.

**Section B: (Work Requirements)**

*If requirements in Section B are not applicable, please stop here and go to Section C.*

- I understand that **full-time, stable employment** is the ultimate goal of this service plan.
- I understand that TANF cash assistance is **limited to 48 months** in a lifetime for my family and me.
- I understand that I must participate in all identified activities specified in this section of the service plan. Failure to meet this requirement will lead to a conciliation/sanction for my family and me.
- I understand that the Division of Family and Children Services (DFCS) may help me with subsidized childcare. DFCS may also help me with other job-related expenses such as transportation.
- When I find a job, I will provide DFCS with the name of my employer, my job title, the number of hours I will work and my wages. If DFCS asks me for more information, I will provide the additional information by the deadline given by DFCS.
- I understand that if I quit a job without good cause, my cash assistance may be reduced/terminated .
- I understand that before imposing a sanction, DFCS will give me a chance to explain why I failed to meet the requirements of my TANF Family Service Plan.
- I understand that I will help to develop the Family Service Plan and that my case manager and I must discuss any changes to this plan before the changes are made.
- I understand that I am ultimately responsible to provide verification to DFCS of my participation in a work activity.

TANF FAMILY SERVICE PLAN (cont.)

Phase 1

Employment Assessment Date: 8/6/06 Assessor: S. Mart

Short-Term Goal: Maintain Family Stability Goal will be met by this date: 10/31/06

Long-Term goal: Home Health Care Months on TANF: 8

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

Transportation  Family Issues  Personal  DV/SA/MH  Other

Explain: Ms. Nash needs transportation to participate in activity. Housing is a family issue. Ms. Nash is in counseling for Domestic Violence and Substance Abuse.

Job Readiness Level: (Check one box)

Job-Ready (up to 3 months)  Near Job-Ready (up to 6 months)  Not Job-Ready (up to 12 months)

Activities: (I) Participate in Substance Abuse Outpatient Treatment 18 hours per week

(II) Attend Domestic Violence Counseling 2 hours per week

(III) Obtain Housing

(IV) Work Experience 20 hours per week at Substance Abuse Treatment Center

Total hours per week 40

Participant will attend substance abuse treatment as scheduled. Maintain sobriety. Attend domestic violence counseling weekly. Follow-up with application for housing and Section 8. Ms. Nash will participate in work experience as scheduled. Submit attendance sheets for substance abuse and work experience bi-weekly by 5:00 pm Monday. Overall performance must be satisfactory.

Agency will arrange for transportation and assist with child care. Monitor participation and attendance in assigned activities. Communicate with case managers in related programs including CPS.

Short-term goal begin date: 8/7/06 Short-term goal achievement date: 11/3/06

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Case Manager's Signature/Load

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Phase Completion Review Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded  Satisfactory  Unsatisfactory

Explain Progress:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check applicable box(es))

Job Readiness Level Change  Activity Change/New plan  Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name/Load

TANF FAMILY SERVICE PLAN (cont.)

Applicant Job Search Monitoring Guide

During the job search monitoring process, the following questions should be considered:

- What positive things have happened during the client's job search?
- What resources did the client utilize to find the job leads?
- Is there any change in the job readiness level?
- Does the client expect to hear from any prospective employers?
- How soon might the client know the results from any interview?
- If the client was to be offered one of the jobs for which s/he applied, is there anything the client will need before being able to accept the job offer?
- Where else is the client planning to look for work?

Review Date	# of Job Contacts	Comments

Additional comments: 08/04/06 Applicant Job Search Waived. The client was determined Near Job Ready

\_\_\_\_\_

S. Mart \_\_\_\_\_ 08/04/06 \_\_\_\_\_

Case manager name and load number Date

TANF FAMILY SERVICE PLAN (cont.)

Phase II

New Assessment Date: 10/27/06

Assessor: Ms. Smart

Short-Term Goal: Prepare for Employment

Date Goal Accomplished:

Long-Term goal: Home Health Care Provider

Months on TANF: 11

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

Transportation    Family Issues    Personal    DV/SA/MH    Other

Explain: Gain knowledge and skills necessary for employment. As Home Health Care Provider

Job Readiness Level: (Check one box)

Job-Ready (up to 3 months)    Near Job-Ready (up to 6 months)    Not Job-Ready (up to 12 months)

Activities: (I) Participate in 7 hours per week of work experience at Spring Hill Home Health Agency.

(II) Attend 30 hours per week at Middle Georgia Tech: enrolled in CNA program

(III) Attend 3 hours per week in Alcoholics Anonymous meetings at Methodist Church

Total hours per week: WPU: (7), VOC (30), SAI (3)=40

Participant will **Attend CNA classes as scheduled and maintain 2.0 average; Participate in work experience 7 hours per week as scheduled and maintain satisfactory performance; Attend 3 Alcoholics Anonymous meetings per week (3 hours total). Call case manager with questions or concerns and communicate with other case managers in related programs, including CPS. Submit attendance sheets to case manager bi-weekly by Monday at 5:00 pm;**

Agency will **Provide childcare assistance, transportation, books, school supplies, and other incidentals as needed; case manager will monitor attendance at work site and school progress**

Short-term goal begin date: 11/6/06

Short-term goal achievement date: 12-29-06

Client's Signature

Case Manager's Signature/Load

Date

Date

Phase Completion Review

Date: \_\_\_\_\_

Months on TANF: \_\_\_\_\_

Exceeded

Satisfactory

Unsatisfactory

Explanation of progress: \_\_\_\_\_

{Check applicable box(es)}

Job Readiness Level Change

Activity Change/New plan

Conciliation/Sanction

Case Manager's Name/Load

Form 196 (Rev.08/2006)

TANF FAMILY SERVICE PLAN (cont.)

Monthly Review Phase \_\_\_\_\_ Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded  Satisfactory  Unsatisfactory

Explain Progress:

\_\_\_\_\_  
\_\_\_\_\_

(Check applicable boxes)

Job readiness level change  Activity Change/New Plan  Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

Monthly Review Phase \_\_\_\_\_ Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded  Satisfactory  Unsatisfactory

Explain Progress:

\_\_\_\_\_  
\_\_\_\_\_

(Check applicable boxes)

Job readiness level change  Activity Change/New Plan  Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

Monthly Review Phase \_\_\_\_\_ Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded  Satisfactory  Unsatisfactory

Explain Progress::

\_\_\_\_\_  
\_\_\_\_\_

(Check applicable boxes)

Job readiness level change  Activity Change/New Plan  Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

TANF FAMILY SERVICE PLAN (cont.)

Monthly Review Phase \_\_\_\_\_ Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded  Satisfactory  Unsatisfactory

Explain Progress:

\_\_\_\_\_  
\_\_\_\_\_

(Check applicable boxes)

Job readiness level change  Activity Change/New Plan  Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

Monthly Review Phase \_\_\_\_\_ Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded  Satisfactory  Unsatisfactory

Explain Progress:

\_\_\_\_\_  
\_\_\_\_\_

(Check applicable boxes)

Job readiness level change  Activity Change/New Plan  Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

Monthly Review Phase \_\_\_\_\_ Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded  Satisfactory  Unsatisfactory

Explain Progress:

\_\_\_\_\_  
\_\_\_\_\_

(Check applicable boxes)

Job readiness level change  Activity Change/New Plan  Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

TANF FAMILY SERVICE PLAN (cont.)

Monthly Review Phase \_\_\_\_\_ Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded

Satisfactory

Unsatisfactory

Explain Progress:

\_\_\_\_\_  
\_\_\_\_\_

(Check applicable boxes)

Job readiness level change

Activity Change/New Plan

Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

Monthly Review Phase \_\_\_\_\_ Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded

Satisfactory

Unsatisfactory

Explain Progress:

\_\_\_\_\_  
\_\_\_\_\_

(Check applicable boxes)

Job readiness level change

Activity Change/New Plan

Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

Monthly Review Phase \_\_\_\_\_ Date: \_\_\_\_\_ Months on TANF: \_\_\_\_\_

Exceeded

Satisfactory

Unsatisfactory

Explain Progress:

\_\_\_\_\_  
\_\_\_\_\_

(Check applicable boxes)  Job readiness level change  Activity Change/New Plan  Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

Form 196 (Rev.08/2006)

TANF FAMILY SERVICE PLAN (cont.)

Phase III

New Assessment Date: na

Assessor: Ms. S. Mart

Short-Term Goal: **Maintain self sufficiency**

Goal will be met by: 01/31/07

Long-Term goal: **Home Health Care**

Months on TANF: 14

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

Transportation     Family Issues     Personal     DV/SA/MH     Other

Explain: Child Care assistance

Job Readiness Level: (Check one box)

Job-Ready (up to 3 months)     Near Job-Ready (up to 6 months)     Not Job-Ready (up to 12 months)

Activities:    (I) **Job Search 8 hours a day, 40 hours a week**

(II) **Full-time employment**

Total hours per week: 40

Participant will : **actively seek employment, make daily contact with the casemanager to report job search results. Accept suitable offer of employment. Report employment within 24 hours of acceptance. Work with DFCS Job coach to secure employment and continue advancement post-TANF.**

Agency will: **Monitor job search daily, assist with support service, provide post-TANF job coach service.**

Short-term goal begin date: 01/02/07

Short-term goal achievement date: 1/31/07

Cady Nash  
Client's Signature

S. Mart  
Case Manager's Signature/Load

08/04/06  
Date

08/04/06  
Date

Phase Completion Review

Date: \_\_\_\_\_

Months on TANF: \_\_\_\_\_

Exceeded

Satisfactory

Unsatisfactory

Explanation of progress: \_\_\_\_\_

{Check applicable box(es)}

Job Readiness Level Change

Activity Change/New plan

Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name/Load

TANF FAMILY SERVICE PLAN (cont.)

Section C: (Signatures)

Read and check off the statements below. By checking a statement, you indicate that you understand and agree with the statement.

- I have read and I understand my personal responsibilities as specified in section A.
- I have read, agreed to and understand my work requirements as specified in section B.
- I understand that if there is any change in my circumstances, I must discuss it with my case manager and update the TFSP.
- I have helped to develop TANF Family Service Plan. My case manager and I have discussed, and I have agreed to all changes made to this plan.
- I understand that if I do not meet the requirements specified in section A or in Section B of my TANF Family Service Plan, the cash assistance that my family and I receive may be reduced or terminated.

\_\_\_\_\_ **Cady Nash** \_\_\_\_\_  
Participant's Signature

08/04/06 \_\_\_\_\_  
Date

\_\_\_\_\_ **s. Mart** \_\_\_\_\_  
Case Manager's signature

08/04/06 \_\_\_\_\_  
Date

# APPLICATION PROCESSING



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RAINING MANUAL

## OBJECTIVES FOR APPLICATION PROCESSING

- ✓ Participants will be able to define Applicant Services.
- ✓ Participants will be able to define “ Right to Same Day Filing”.
- ✓ Participants will be able to identify who may make an application for TANF.
- ✓ Participants will be able to determine who must be interviewed at TANF application.
- ✓ Participants will be able to define and calculate the Standard of Promptness.
- ✓ Participants will be able to define and calculate the Begin Date of Eligibility.
- ✓ Participants will be able to explain how TANF benefits are issued.

# OUTLINE OF APPLICATION PROCESSING

- I. INTRODUCTION
- II. APPLICANT SERVICES (MR 1805)
- III. THE APPLICATION PROCESS (MR 1105-1 thru 7)
- IV. ELIGIBILITY TIME FRAMES (MR 1105-10)
- V. BEGINNING DATE OF ELIGIBILITY FOR TANF (MR 1105-10)
- VI. REQUESTING VERIFICATION (MR 1105-11)
- VII. PROCESSING THE CASE ( MR 1105-16)
- VIII. SIMPLIFIED REAPPLICATION (MR 1105-9 and 15)

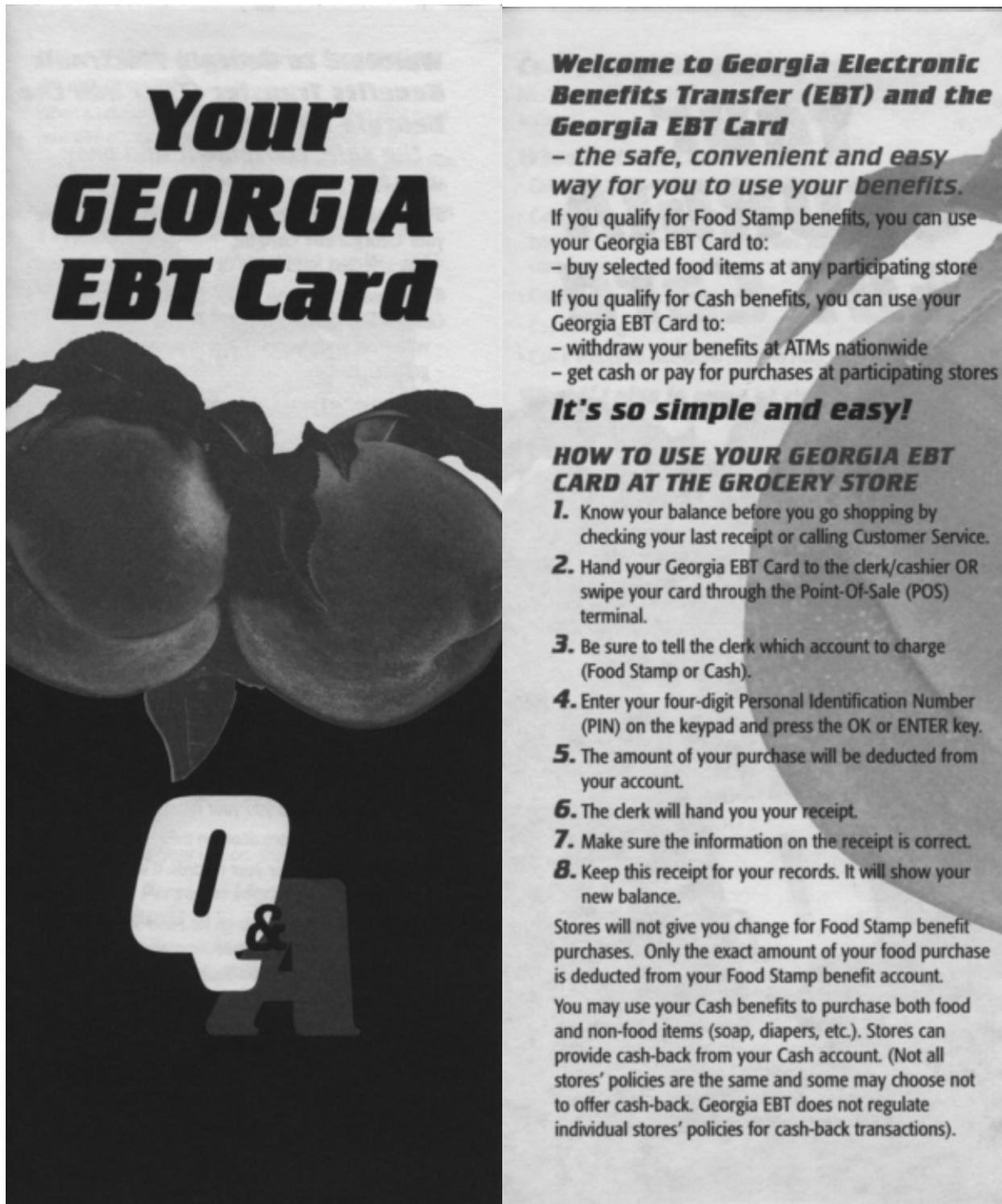


**VERIFICATION AT APPLICATION**

Job Seeker = Applicant/Recipient = Statement  
V = Verify by Third Party Source

Criteria	Requirement for TANF
Age	Statement (MR 1305)
App. for other benefits	V (MR 1355)
Citizenship	V (MR 1310)
Alienage	V (MR 1310)
Dependent Care Expense	V (MR 1615)
Deprivation:	Death - Statement (MR 1316) Continued Absence - Statement (MR1317) Incapacity - V (unless observed) (MR 1318) Recent Connection - Statement (MR 1319)
Enumeration	Statement if number available or V that application made (MR 1325)
Identity	Statement (MR 1330)
Immunization	V (MR 1360)
Living W/Spec. Relative	Statement (MR 1365)
Residency	Statement (MR 1340)
Resources	Refer to MR 1505, 1515
Income: Earned and Unearned	V (MR 1525, 1610)
Income from a Terminated Source	Verify the amount of income if questionable or if the income is actually being budgeted. Verify the date on which the final payment of income was received if questionable. Verify that the income has terminated if questionable.
AU Composition	Statement (MR 1205)

**NOTE:** Any information that is questionable should be verified by a third party source.



**Your  
GEORGIA  
EBT Card**

**Welcome to Georgia Electronic Benefits Transfer (EBT) and the Georgia EBT Card**  
– the safe, convenient and easy way for you to use your benefits.

If you qualify for Food Stamp benefits, you can use your Georgia EBT Card to:

- buy selected food items at any participating store

If you qualify for Cash benefits, you can use your Georgia EBT Card to:

- withdraw your benefits at ATMs nationwide
- get cash or pay for purchases at participating stores

**It's so simple and easy!**

**HOW TO USE YOUR GEORGIA EBT CARD AT THE GROCERY STORE**

- 1.** Know your balance before you go shopping by checking your last receipt or calling Customer Service.
- 2.** Hand your Georgia EBT Card to the clerk/cashier OR swipe your card through the Point-Of-Sale (POS) terminal.
- 3.** Be sure to tell the clerk which account to charge (Food Stamp or Cash).
- 4.** Enter your four-digit Personal Identification Number (PIN) on the keypad and press the OK or ENTER key.
- 5.** The amount of your purchase will be deducted from your account.
- 6.** The clerk will hand you your receipt.
- 7.** Make sure the information on the receipt is correct.
- 8.** Keep this receipt for your records. It will show your new balance.

Stores will not give you change for Food Stamp benefit purchases. Only the exact amount of your food purchase is deducted from your Food Stamp benefit account.

You may use your Cash benefits to purchase both food and non-food items (soap, diapers, etc.). Stores can provide cash-back from your Cash account. (Not all stores' policies are the same and some may choose not to offer cash-back. Georgia EBT does not regulate individual stores' policies for cash-back transactions).

### **HOW TO USE YOUR GEORGIA EBT CARD AT AN AUTOMATED TELLER MACHINE (ATM)**

(For a withdrawal of Cash benefits ONLY; Food Stamp benefits cannot be accessed through the ATM)

1. Know your balance and check to see if there is a surcharge for using the ATM.
2. Insert or swipe your card.
3. Enter your Personal Identification Number (PIN) and press the OK or ENTER key.
4. Select the key marked WITHDRAW CASH and then select CHECKING.
5. Enter the amount you'd like in whole dollar amounts (for example, \$20, \$40, \$60, etc.). Some machines only give cash in certain amounts, like \$5, \$10 or \$20 bills. Also, some ATMs may have a limit to how much you can withdraw.
6. Take your card, your receipt and your cash.
7. When you are in a safe place, count your cash and compare it to your receipt.
8. Keep your receipt to help you keep track of your balance the next time you need cash.

Georgia EBT does not regulate individual ATM policy.

### **Georgia EBT Questions and Answers**

#### **How do I get my benefits with the Georgia EBT Card?**

Each month your benefits will automatically be added to your account on the same day. As you use your benefits to get cash or buy goods, your account balance will decrease.

#### **When do I get my benefits?**

Benefits will be in your EBT account as listed below:

**Cash:** Cash benefits are available on your Georgia EBT Card on the FIRST calendar day of every month.

**Food Stamps:** This chart shows the Food Stamp Benefit Issuance Schedule. Find the last digit of your case number (not your card number) and then look across to find out the day of the month that your Food Stamp benefits will be available on your Georgia EBT Card.

<i>If your case number ends with</i>	<i>You will receive your Food Stamp benefits on the</i>
5	5th day of the month
6	6th day of the month
7	7th day of the month
8	8th day of the month
9	9th day of the month
0	10th day of the month
1	11th day of the month
2	12th day of the month
3	13th day of the month
4	14th day of the month

#### **Where can I use my Georgia EBT Card?**

You can use your Georgia EBT Card at participating stores and ATMs (cash machines for Cash benefits only) across the country where you see the Quest logo.



#### **What should I do if I lose my card?**

If your Georgia EBT Card is lost, stolen or damaged and you need a replacement card, call Customer Service toll-free at 1-888-421-3281.

#### **What is my card number?**

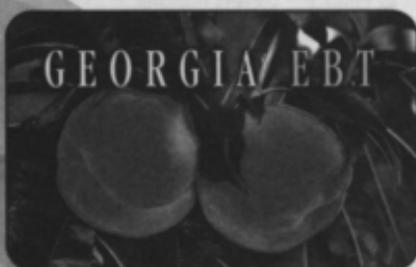
Your card number is the 16-digit number on the front of your card.

#### **What if my card won't work?**

Call Customer Service at 1-888-421-3281 and they will assist you. This number is found on the back of your card. Customer Service is available 24 hours a day, 7 days a week.

**What if there is an incorrect transaction on my account?**

When a retailer is paid either too much or too little from your EBT account due to a computer system error, a correction may be made to your balance. This correction could impact your current or next month's balance. You will be mailed an EBT adjustment notice of the correction if it reduces your balance. If you do not feel that the correction is accurate, you may contact your local DFCS office to request a fair hearing.



**How do I take care of my Georgia EBT Card?**

1. Sign the back of your card and remove the activation sticker.
2. Keep your card safe.
3. Keep your card clean.
4. Do not bend your card.
5. Keep your card away from magnets and electronic equipment, such as TVs, radios, VCRs, microwaves, etc.
6. Do not place it in direct sunlight (i.e., on your car's dashboard).
7. Do not write your PIN on your card.

**What is a Personal Identification Number (PIN)?**

A PIN is a four-digit secret number that allows only you to use your Georgia EBT Card. Never tell your PIN to anyone! If someone knows your PIN, they can use your card to get ALL of your benefits – and those benefits will not be replaced. You also should not write your PIN on your Georgia EBT Card and do not keep it written down in your wallet or purse. You will receive your PIN in the mail a day or two after you receive your first Georgia EBT Card.

**What if I forget my PIN?**

If you forget your PIN or want to change your PIN, call Customer Service at 1-888-421-3281 to select a new PIN. You should choose four numbers that are easy for you to remember, but hard for someone else to figure out.

**What if I enter the wrong PIN?**

If you are having trouble remembering your PIN, DO NOT try to guess your PIN when entering it on a POS terminal or ATM. If you enter the wrong PIN, you have three more chances to enter the correct number. If the correct PIN is not entered by the fourth try, you won't be able to use it until after midnight because a hold is placed on your card. In some cases, your card may be taken by the ATM. If the ATM keeps your card, contact Customer Service for a replacement card.

**What should I do if someone finds out my PIN?**

Immediately call Customer Service and select a new PIN.

**How will I know my account balance?**

The easiest way to know your account balance is to keep your receipts. If you don't have your receipts, you may call Customer Service. You should always know your account balance before you shop.

**What happens if the POS machine is not working?**

If you want to purchase eligible food items with your Food Stamp benefits, and the POS machine is not working or there is not one at the store, the cashier may fill out a paper form called a food benefit voucher. The cashier will write in your Georgia EBT Card number and the amount you are spending. DO NOT give the cashier your PIN. The cashier will call to see if you have enough benefits in your Food Stamp (ONLY) account to buy the food. If there is enough in your Food Stamp account, you will be asked to sign the voucher and will be given a copy of it. It is very important to keep this copy so you can subtract what you spent from the balance shown on your last EBT receipt. This will give you the current amount on your account. The store cannot process a manual voucher for Cash benefits.

**Can I go to a bank teller and withdraw money or inquire about my EBT account?**

No, you may only withdraw money from an ATM or through a cash-back/cash-only withdrawal at a participating store. If you have questions, call Customer Service or ask your caseworker.

**If I have less than \$10.00 worth of Cash benefits on my Georgia EBT Card, how will I get it out?**

You can make a Point-of-Sale purchase or cash-back transaction at participating stores to get these funds.

**Are there any fees for using my Georgia EBT Card?**

There is never a charge for using your card to buy food. At ATMs and/or POS machines where you see the Quest logo, the first two cash withdrawals each month are free. For each one after that, an 85-cent fee is automatically taken out of your Cash account.

A surcharge is an additional fee charged by the owner of an ATM or POS machine for using that machine to make a cash withdrawal. Surcharges, if any, for getting cash will also be taken from your account automatically. If you do not want to pay the surcharge, simply cancel your transaction and go to another ATM or POS location that does not charge a surcharge.

**No Fees**

- Food Stamp Benefit Purchases
- Cash Purchases
- Cash Back with Purchases
- Cash Withdrawals at an ATM or POS machine (first 2 per month)

**Fees**

- Cash Withdrawals at an ATM or POS machine (if over 2 per month) = 85 cents

**Surcharges**

- Cash Withdrawals at certain ATMs and POS machines; look for a sign near the ATM or POS machine that tells you the surcharge amount

**Can I deposit money into my EBT account?**

No. You may only withdraw money from your Cash account.

**When do I call Customer Service?**

- Call to activate your FIRST card.
- Call if your card is lost, stolen or damaged and report it immediately. Always call the minute you find out your card is gone.
- Call if you have forgotten or lost your PIN.
- Call to change your PIN.
- Call if you have questions or need help with your card.

**What if I plan to move or change my address?**

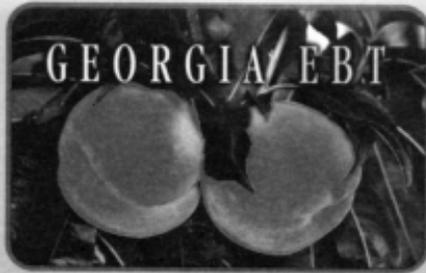
You must contact your DFCS worker if you move or change your address. Customer Service cannot assist you with your address change.

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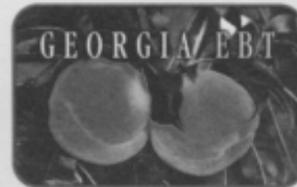
1429-GA-QA-E 04/05



**1-888-421-3281**

**HOW TO USE YOUR GEORGIA EBT CARD AT AN AUTOMATED TELLER MACHINE (ATM)**

- 1.** Know your balance and check to see if there is a surcharge for using the ATM.
- 2.** Insert or swipe your card.
- 3.** Enter your Personal Identification Number (PIN) and press the OK or ENTER key.
- 4.** Select the key marked WITHDRAW CASH and then select CHECKING.
- 5.** Enter the amount you'd like in whole dollar amounts (for example, \$20, \$40, \$60, etc.). Some machines only give cash in certain amounts, like \$5, \$10 or \$20 bills. Also, some ATMs may have a limit to how much you can withdraw.
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- 3.** Be sure to tell the clerk which account to charge (Food Stamp or Cash).
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- 5.** The amount of your purchase will be deducted from your account.
- 6.** The clerk will hand you your receipt.
- 7.** Make sure the information on the receipt is correct
- 8.** Keep this receipt for your records. It will show your new balance.

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1429-GA-WAL-E 04/05

Georgia Department of Human Resources

## EBT IN GEORGIA FACT SHEET

### What is EBT?

EBT, which stands for electronic benefits transfer, is the way Georgians receive cash and food stamp benefits. Instead of waiting for a check or food coupons to come in the mail, recipients use a debit card to withdraw cash benefits and purchase food and other items from local retailers.

Benefits available through EBT are Temporary Assistance for Needy Families (TANF) and food stamps. Other federal payments such as Social Security, Supplemental Security Income (SSI) and railroad retirement can be made available through the Georgia EBT card. Recipients use a debit card, called a Benefit Security Card, to get their benefits from automated teller machines (ATMs) and point-of-sale terminals at retail stores. They have their own personal identification number that enables them to use their benefits securely. Recipients may also choose to have their TANF benefits directly deposited into a personal bank account.

### Background

EBT in Georgia began as a concept in 1993 when Vice President Al Gore announced a goal to create a nationwide electronic benefits delivery system for all government benefits. That goal became law in 1996 when welfare reform legislation mandated that EBT be implemented in all states by October 1, 2002.

Georgia worked in cooperation with 10 other Southern states to design, develop and successfully implement a single card, multi-program EBT system. EBT was implemented in Georgia in July 1997 and has been operating statewide since November 1998. Moving benefits from a paper-based system to an electronic system has resulted in an estimated cost savings of \$1 million.

### Advantages of EBT

- EBT users receive their benefits in their accounts regularly, without having to wait for checks or coupons to arrive in the mail.
- EBT has reduced the incidence of fraud, theft and abuse.
- EBT streamlines the benefit delivery process and eliminates the cost of printing, storing, handling, shipping and disposing of the coupons and checks.
- Food stamp benefits are spent solely on food, since recipients can no longer receive cash back from coupons.
- Retailers no longer have to process food coupons or checks.
- Food can be purchased with an exact debit from a recipient's food stamp account, instead of recipients receiving cash back.

DHR Office of Communications - October 2000

# ASSISTANCE UNITS



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RAINING MANUAL

## OBJECTIVES FOR ASSISTANCE UNITS



- ✓ Participants will be able to determine who meets relationship.
- ✓ Participants will be able to define a “home.”
- ✓ Participants will be able to define temporary absence from the home for TANF.
- ✓ Participants will be able to determine who must be in the Standard Filing Unit (SFU) for TANF.
- ✓ Participants will be able to identify who cannot be in the assistance unit for TANF.
- ✓ Participants will review special situations that occur in AU policy for TANF.
- ✓ Participants will be able to determine verification required in AU policy for TANF.
- ✓ Participants will be able to identify the SUCCESS Financial Responsibility and Relationship codes on the STAT screen appropriate to TANF.

# OUTLINE FOR ASSISTANCE UNITS

- I. INTRODUCTION
- II. TANF ASSISTANCE UNITS (MR 1205, 1305, 1335)
- III. WHO MEETS RELATIONSHIP (MR 1335)
- IV. LIVING ARRANGEMENT (1335)
- V. TEMPORARY ABSENCE (MR 1335)
- VI. VERIFICATION OF LIVING ARRANGEMENTS (MR 1335-3)
- VII. WHO MUST BE IN SFU (MR 1205)
- VIII. WHO CANNOT BE IN AU (MR 1205)
- IX. SPECIAL SITUATIONS (MR 1335)
- X. DOCUMENTATION OF THE ASSISTANCE UNIT (MR 1335)
- XI. SUCCESS SCREENS



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## RELATIONSHIP AND LIVING ARRANGEMENTS IN TANF A Self-Study

*[As you complete the tasks listed below, please be sure to write down any questions you have about this material.]*

Read the list of "Who Meets Relationship" in manual on page 1335-2.

Complete the "Relationship" exercise on Workbook page 1.

Read manual page 1335-4 to see how relationship can be verified.

Read the definition of "home" in the policy manual on page 1335-1.

Read manual page 1335-4 to see how living arrangements can be verified.

On manual page 1335-6 read the block entitled "Adult is absent from the home . . ."

On manual page 1335-7 read the block entitled "Child is absent from the home . . ."

Complete the "Living Arrangements" exercise on workbook page 2.



**TANF ASSISTANCE UNITS  
MR 1205**

Step 1	Diagram situation
Step 2	<p>Exclude:</p> <ul style="list-style-type: none"> <li>x a child who is not deprived</li> <li>x a child who is not within degree of relationship to grantee-relative</li> <li>x an SSI recipient</li> <li>x an individual penalized for: <ul style="list-style-type: none"> <li>→ failure to meet enumeration requirement</li> <li>→ failure to meet immunization requirement</li> <li>→ failure to comply with prenatal care requirement</li> <li>→ failure to attend school (minor parent only)</li> <li>→ probation or parole violations, fleeing felons, and violent felons</li> <li>→ conviction of a felony related to controlled substances</li> <li>→ failure to live with parent or legal guardian (minor parents only)</li> </ul> </li> <li>x an individual disqualified due to IPV or adjudicated misrepresentation of residency</li> <li>x an adult or child who does not meet citizenship/alienage</li> <li>x parent living in the home who is sentenced to perform unpaid work/community service in lieu of imprisonment</li> <li>x an individual who is ineligible due to receipt of lump sum payment</li> </ul>
Step 3	Begin with the child(ren) for whom assistance is requested.
Step 4	Include eligible minor sibling(s), whole or half or adoptive, not excluded in Step 2.
Step 5	Include parent(s) - biological or adoptive - of all children in Step 3 and 4, not excluded in Step 2.
Step 6	Include at the AU's option, any other child(ren) within degree of relationship to an adult in the AU. For this/ these child(ren), complete Step 4 and 5.

Step 7	If there is no parent in the home or the parent(s) receive SSI, consider including as caretaker an adult who is living in the home and is within degree of relationship to the child(ren).
Step 8	Include at the AU's option, 18 year old full-time students

# ADDITIONAL EXAMPLES

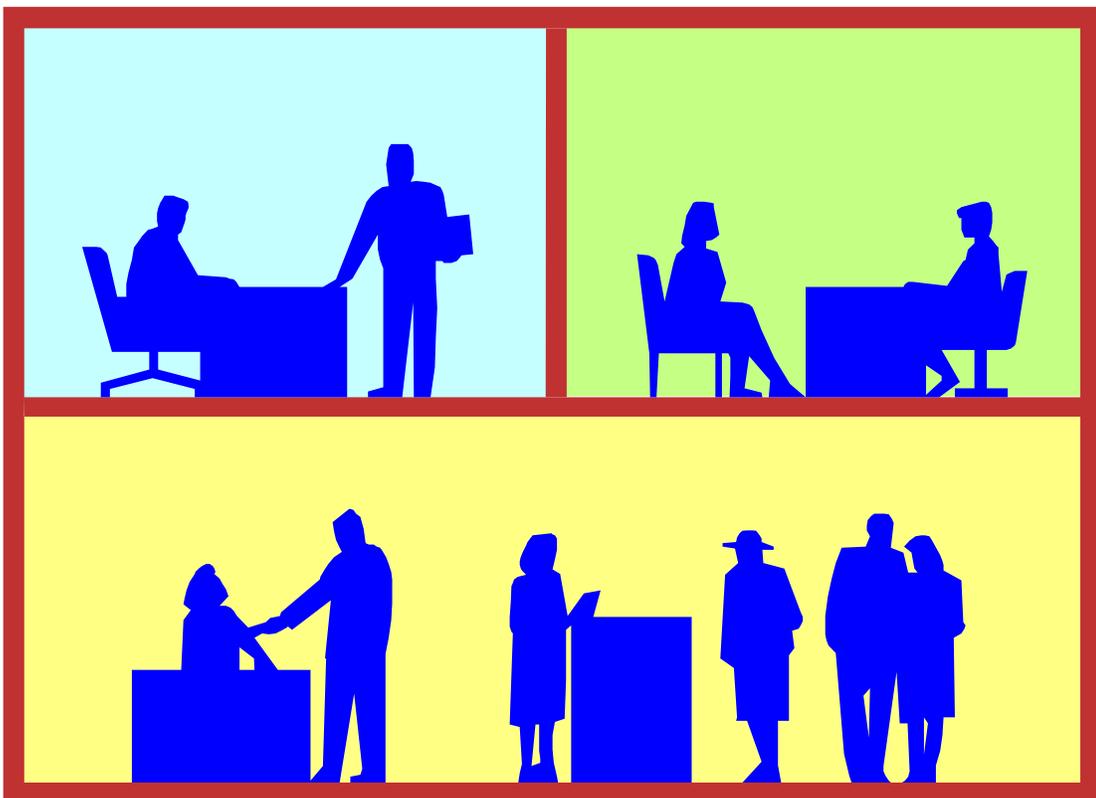
**FOR EACH SITUATION, WE WILL DETERMINE WHO MUST BE IN THE AU BASED ON SFU POLICY AND WHO COULD BE IN THE AU.**

1. Ms. Lee lives with her 3 minor children. If she applies for TANF for any one of these children, who must be included?
2. Mr. Green lives with his wife, Ms. Green, Calvin, his son from a previous marriage, and Buster, the Green's mutual child. Calvin and Buster are half-siblings. Buster is not deprived for TANF. Mr. Green applies for TANF for Calvin. Who must be included in the AU for TANF?
3. Ms. Riggs applies for TANF for her nephew, John (18), who is a senior in high school.
4. Ms. Rockefeller applies for TANF for her grandchildren, Michael and Callie (siblings).
5. Ms. Smith lives with her son, Charles (7), who receives SSI. She applies for TANF.
6. Ms. Jones lives with her two daughters, Emily (12) and Marie (16). Marie's baby, Jeffrey, is also in the household. Marie applies for TANF for Jeffrey. (No one in household currently receives benefits.)
7. Mr. Roberts lives with his children, Ann (10), Pete (14), and Kelly (17). Kelly's baby, Leila, also lives in the household. Mr. Roberts applies for TANF for his children.

8. Ms. Phelps lives with her son, Maurice, and her nieces, Patty and Betty. Ms. Phelps applies for TANF for Patty and Betty.
9. Ms. Jackson lives with her children, Kathy (9), Lester (12), Arthur (15), Cindy (17), and Chester (19), who is a full-time student. She applies for TANF for all of her children.
10. Ms. Conner applies for TANF for her children, Ben (15) and Lynn (18). Both children are full-time students.
11. Ms. Donner applies for TANF for Andrew (6) over whom she has legal guardianship. His father is deceased and his mother signed over his care to her friend Ms. Donner when the mother entered a hospice for HIV patients.
12. Mr. and Mrs. Players have one common child, Jerry (1) and Mrs. Players has two children of her own, Calvin (6) and Cary (9). They apply for TANF for their mutual child who is deprived.



# BASIC ELIGIBILITY



TRAINING MANUAL

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## OBJECTIVES FOR BASIC ELIGIBILITY CRITERIA

- ⇒ Participants will be able to determine eligibility and verification requirements for age, citizenship/alienage, enumeration, identity, and residency.
- ⇒ Participants will be able to apply the basic policy concerning application for other benefits for TANF.
- ⇒ Participants will be able to explain the concept of family cap for TANF cases.
- ⇒ Participants will be able to determine eligibility and verification requirements for preschool immunization in TANF.
- ⇒ Participants will be able to determine eligibility and verification requirement for living arrangements of a minor parent in TANF.
- ⇒ Participants will be able to define the TANF Clock.
- ⇒ Participants will be able to apply the prenatal care requirements for TANF.
- ⇒ Participants will be able to identify the consequences for lawbreakers and individuals who commit IPV in TANF
- ⇒ Participants will be able to identify the Basic Eligibility requirements for TANF that may be waived due to Domestic Violence and ADA.
- ⇒ Participants will be able to determine who is referred and who is not referred for participation with Employment Services.
- ⇒ Participants will be able to identify the procedures to refer a job seeker to Employment Services.
- ⇒ Participants will be able to identify SUCCESS fields related to family planning, pregnancy, school attendance for minor parents, TANF lifetime limit, Domestic Violence, immunization, family cap and work requirements.

## OUTLINE

- I. INTRODUCTION
- II. AGE (MR 1305)
- III. CITIZENSHIP (MR 1310)
- IV. ENUMERATION (MR 1325, 1430)
- V. IDENTITY (MR 1330)
- VI. RESIDENCY (MR 1340)
- VII. APPLICATION FOR OTHER BENEFITS (MR 1355)
- VIII. IMMUNIZATION (MR 1360)
- IX. LIVING ARRANGEMENTS OF A MINOR PARENT (MR 1365)
- X. PRENATAL CARE (MR 1370)
- XI. FAMILY CAP (MR 1375)
- XII. INTENTIONAL PROGRAM VIOLATIONS
- XIII. LAWBREAKER (MR 1387)
- XIV. LIFETIME LIMIT (MR 1390)
- XV. WORK REQUIREMENTS (MR 1349)
- XVI. SUCCESS SCREEN



**TANF NON-FINANCIAL CRITERIA CHART**

REFERENCE	CRITERION	POLICY	VERIFICATION
1305	Age	Adult may be any age. Children must be under 18, or 18 and in school full-time	Accept A/R statement for age; however, school attendance must be verified if child 18 and included in TANF.
1355	Application for Other Benefits	Applicant/Recipient must apply for and accept all monetary benefits (other than TANF) that any AU member is entitled to receive	Provide the A/R with a verification checklist and a deadline to verify that application for other benefits has been made prior to the approval for TANF benefits.
1205	Assistance Unit Size/Composition	Use a combination of SFU and relationship criteria to establish an AU	
1320	Child Support Enforcement	Recipients must assign their rights to child support to the state. Referrals must be made for all absent parents	
1310	Citizenship Alienage	Must be a US Citizen or see ESS 1015 for an alien policy	Citizenship – Verify by Third Party Source  Alienage - INS document and SAVE/WEB 1
1315, 1316, 1317, 1318, 1319	Deprivation	For single parents, child must be deprived of one or both parents due to continued absence or death. If both parents are in the home, one must be incapacitated or have a recent connection to the work force for the child to meet deprivation criteria	See TM-22
1325	Enumeration	Each person must provide SSN or proof that they have applied for SSN – good cause may apply for failure to provide	A/R statement of SSN or provide proof of application for SSN

REFERENCE	CRITERION	POLICY	VERIFICATION
1375	Family Cap	<p><b>AU began receiving TANF after May 1, 1997</b> - AU may not be eligible for incremental increase in Family Maximum for any added child if parent received TANF for 10 months prior to the birth of the child and child was conceived while parent receiving TANF.</p> <p><b>AU received cash assistance prior to May 1, 1997</b> -</p> <p><b>(A)</b> If parent received for 24 months between January 1994 and April 1997, AU will not be eligible for an incremental increase in Family Maximum for an added child if parent received TANF during the month of conception.</p> <p><b>(B)</b> If AU did not receive 24 months of cash assistance between January 1994 and April 1997, the 10 months time period applies beginning with May 1, 1997.</p>	
1330	Identity	The identity of a person applying for TANF must be established	A/R statement accepted
1360	Immunization	For children under 7, not in school, must verify at application the immunization series has been started. As long as a child is receiving TANF, the A/R must verify that immunizations are current.	Use Form 3231 or other certification from health providers
1385,1387	Lawbreaker	All A/R's are required to declare in writing at the time of application, review, or when adding a new AU member, whether they are convicted of fleeing felons, or probation or parole violators. They are not eligible.	A/R statement accepted.
1365	Living Arrangement of a Minor Parent (MCT)	A minor parent and his/her child must reside in the home of the minor parent's parent or legal guardian: see manual for good cause reasons and exemptions	A/R statement accepted.

REFERENCE	CRITERION	POLICY	VERIFICATION
1370	Prenatal Care	The pregnant woman must verify she attended at least one prenatal checkup in the last 90 day period	Verify with Prenatal Care Verification Form or other statement from care provider.
1335	Living with a Specified Relative	All children in the AU must be related to and living in the home with the person receiving assistance on their behalf.	A/R statement accepted. Legal guardianship must be verified.
1340	Residency	A/R must live or intend to live in Georgia; permanent dwelling or fixed address not required	Accept A/R statement
1205	Standard Filing Unit (SFU)	In addition to dependent child(ren), the AU is required by law to include the siblings (half, whole, and adoptive), and parents (natural and adoptive) of all minor children for whom assistance is requested	
1390	Lifetime Limit	Beginning 1/1/97, each month a AU receives Cash Assistance, transportation, incidentals, or TANF in another state counts toward the 48-Month LIFETIME limit in GA	

REFERENCE	CRITERION	POLICY	VERIFICATION
1349	Work Requirement	<p>Everyone considered work eligible has a work requirement</p> <ul style="list-style-type: none"> <li>◆ Adults receiving TANF <ul style="list-style-type: none"> <li>Parents</li> <li>Non Parent CTs</li> <li>Legal Guardians</li> <li>Minor parents CTs or spouse of a CT</li> <li>Both Able bodied parents in a two parent AU</li> </ul> </li> <li>◆ Non recipient parents with a work requirement <ul style="list-style-type: none"> <li>Disqualified parents</li> <li>Penalized parents</li> </ul> </li> </ul> <p>AU members must participate in the work program unless they meet an exemption</p> <p>A dependent child in AU who is not a parent does not have a work requirement.</p> <p>A parent who has care of a disabled family member living in the home does not have a work requirement.</p> <p>Note: An 18-year-old is not considered a child unless s/he is in school full time.</p>	

REFERENCE	CRITERION	POLICY	VERIFICATION
		<p>A single custodial parent of a dependent child under 12 months* of age is exempt (up to 3 months per child) from participation in the work program.</p> <p>Note: This exemption does not apply to parents under age 20 who have a work requirement. These parents are mandatory.</p> <p><b>*This exemption cannot exceed a total of 12 months in the lifetime of a single custodial parent.</b></p> <p>The following non recipient parents do not have a work requirement:</p> <ul style="list-style-type: none"> <li>◆ A parent who receives SSI</li> <li>◆ A parent who is ineligible because s/he cannot meet the eligibility criteria used such as citizenship</li> <li>◆ A parent who is classified as a law breaker</li> <li>◆ A minor parent who is not a CT or spouse of a CT</li> </ul> <p>An exemption is not available during an extension period.</p>	

**LIFETIME LIMIT FOR  
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES  
(MR 1390)**

ASSISTANCE UNIT	LIMIT APPLIES
Parent(s) included with their children	Yes
Penalized Parent(s) receiving for their children	Yes
Ineligible Parent(s) receiving for their children	Yes
IPV Disqualified Parent(s) receiving for their children	Yes
Non-parent grantee relative included with child(ren) as caretaker	Yes
Non-parent grantee relative not included, receiving as payee only	No
Minor parent(s) receiving as caretaker(s) for their children	Yes
Minor parent(s) receiving as a child along with their children	No
Parent receives TANF, only child receives SSI	Yes
Parent receives SSI	No

Once parents have received for 48 months, they have exhausted their lifetime limit. Their children, as long as they continue living with the parent, are also limited to 48 months. Children may be eligible to continue receiving with another non-parent relative. Once the non-parent has been included as caretaker for 48 months, s/he can be removed from the AU and continue receiving as payee-only for the related children. A non-parent grantee relative who has been included in an AU as a recipient for 48 months cannot receive TANF for his/her own children even if these children have never received TANF. Exception: If the non-parent grantee relative was included as a caretaker for less than 48 months, s/he can receive TANF for his/her own children for the months remaining of the 48-month lifetime limit.



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## EMPLOYMENT SERVICES REQUIREMENTS (Manual References: TANF 1820)

Participation in the work program includes, but is not limited to, the criteria listed below:

Meet job search requirements

Carry out personal responsibilities as stated on Section A of TANF Family Service Plan.

Complete assessment and participate in the development of TANF Family Service Plan.

Participate at a level equal to full-time employment (40 hours/week) when it is determined by the agency to be possible.

Maintain employment.

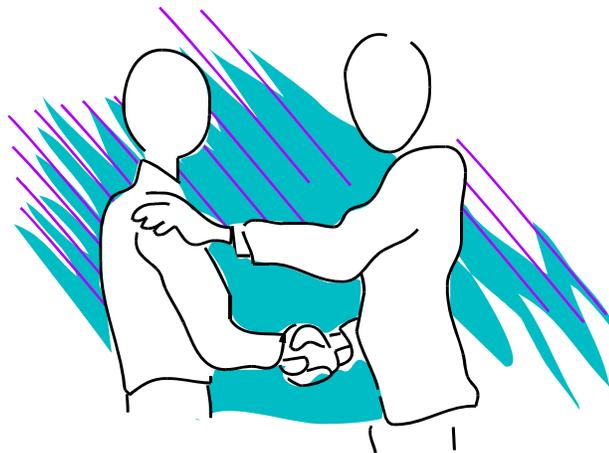
Meet the satisfactory progress and hours per week requirements for assigned work activities.

Cooperate in verifying attendance and provide documentation of progress in activities.

Cooperate with the CM, training providers and other appropriate staff.

Keep appointments.

Respond to appropriate job referrals and accept bona fide job offers.



# DEPRIVATION



TRAINING MANUAL

## OBJECTIVES FOR DEPRIVATION

- ⇒ Participants will be able to establish paternity.
- ⇒ Participants will be able to determine deprivation for TANF based on Continued Absence of one or both parents.
- ⇒ Participants will be able to determine which parents are referred to CSE.
- ⇒ Participants will be able to explain the policy and procedures involved with Child Support Enforcement.
- ⇒ Participants will be able to determine deprivation for TANF based on the Death of one or both parents.
- ⇒ Participants will be able to determine deprivation for TANF based on Incapacity in two parent families.
- ⇒ Participants will be able to determine deprivation for TANF based on Recent Connection to the Workforce in two parent families.
- ⇒ Participants will be able to identify SUCCESS fields and screens related to TANF deprivation.

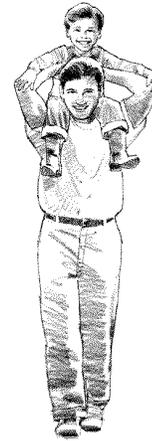


## OUTLINE OF DEPRIVATION

- I. ESTABLISHING PATERNITY (MR 1315)
- II. INTRODUCTION TO DEPRIVATION (MS 1315)
- III. CONTINUED ABSENCE FROM THE HOME (MR 1317 and 1320)
- IV. DEATH OF A PARENT (MR 1316)
- V. REQUIREMENTS FOR TWO PARENT FAMILIES (MR 1318 and 1319)
- VI. SUCCESS SCREENS



## PATERNITY (MR 1315)



Paternity must be established before we can determine if deprivation exists for a dependent child included in a TANF AU. Establish paternity at application and when adding a child to an existing AU.

Use this chart to assist you in establishing paternity.

<b>THE MOTHER WAS UNMARRIED AT THE TIME OF THE BIRTH</b>	
<b>IF</b>	<b>THEN</b>
The mother is available to make a statement.	Accept her statement. "Unknown father" is acceptable.
The mother is unavailable to make a statement.	Procure a birth certificate or other record that states who the father is.

<b>THE MOTHER WAS MARRIED AT THE TIME OF THE BIRTH</b>	
<b>IF</b>	<b>THEN</b>
The mother states her husband is the father.	No further proof is required.
The mother states that someone other than her husband is the father.	Determine where the biological father is.
The biological father is in the home.	Have the biological father sign Form 185, Affidavit of Paternity, and have it notarized.
The biological father lives somewhere else.	Get legal proof of paternity such as a court order for child support or legal paternity establishment.

**NOTE:** Until you establish paternity of the non-husband you must base deprivation on the husband; legally the husband is considered the father of any child born to his wife.

**ALWAYS REFER THE BIOLOGICAL FATHER TO CSE, WHETHER OR NOT YOU HAVE ESTABLISHED PATERNITY FOR HIM.**

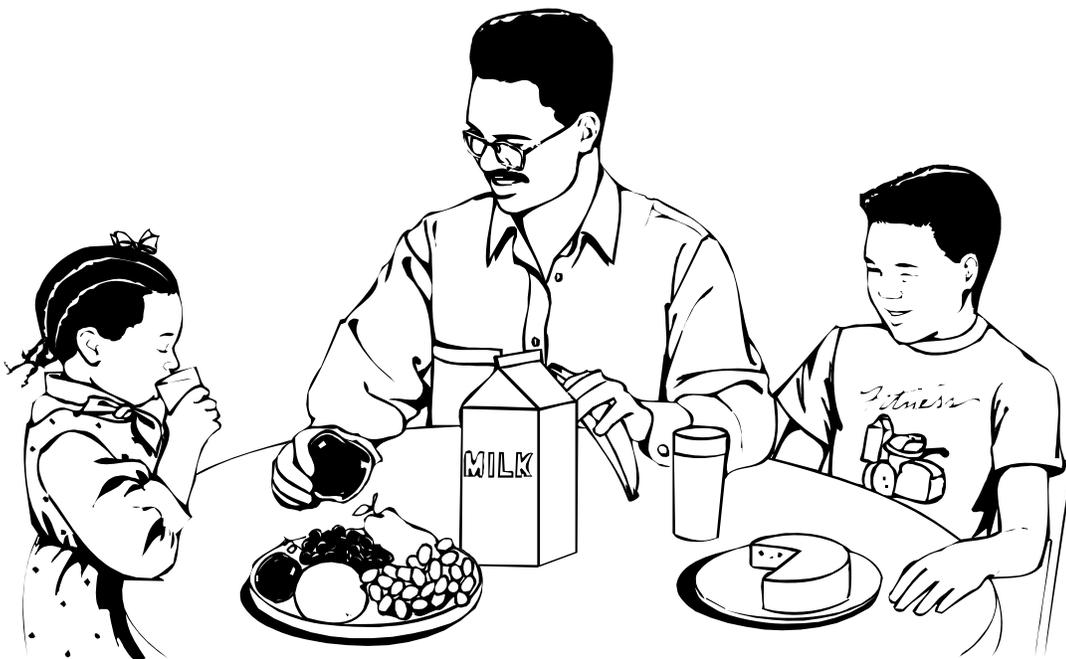
## PATERNITY ESTABLISHMENT: A NATIONAL PRIORITY

The failure to establish paternity denies a child entitlement to many economic and social privileges. Therefore, more efficient and effective efforts to perform this critical IV-D Program function serve the best interests of children. Paternity delayed is justice denied.

Some of these benefits do not come into effect until later in a person's adult life -- well after it is too late to establish paternity. For this reason, efforts to establish a legal father-child relationship have an enduring effect on children whose parents have elected not to marry.

If paternity determination is accomplished early, there is less opportunity for the father to estrange himself from his child and less time for the mother to distance herself and her child from the father.

Because of the increasing number of out-of-wedlock births and the resulting costs, paternity establishment is, and must continue to be, a high national priority. When establishment of paternity is delayed or neglected, children are deprived of the benefits both parents can contribute. An urgent need exists to identify the fathers of these children quickly and accurately. With two legally-responsible parents, a non-marital child has a greater chance to enjoy the same benefits -- financial, medical, and social -- that a child of a marriage enjoys.



## **BENEFITS OF PATERNITY ESTABLISHMENT**

### **Financial Advantages**

Placing primary responsibility upon parents, not taxpayers, to provide for the needs of their children, benefits everyone: children, both parents, and society. Establishing paternity paves the way for an unmarried mother to obtain supplemental funds from the other parent responsible for the child's existence. This opportunity is not only equitable, but it can promote self-sufficiency for an unmarried mother.

Establishing paternity and requiring fathers to contribute financially to their children's upbringing allows those children to thrive at a standard of living based upon the resources of both parents. The law recognizes that unmarried parents are no different from married parents with respect to the obligation to provide for the needs of their children.

Paternity establishment may prevent a mother from bearing the total financial responsibility for her child throughout 18 years or more of minority. Establishing paternity and requiring fathers to provide reasonable monthly support gives those mothers who choose to raise a child alone a better chance to become self-sufficient and avoid dependency upon public assistance. Child support payments from the father, determined according to presumptive, numeric guidelines, may provide a better standard of living for the household than reliance upon the TANF benefit.

Even if unmarried parents live together and openly acknowledge children born to them, serious difficulties can arise if paternity is not legally established. For instance, without proof of paternity, a child may not be able to establish himself as a dependent for inheritance purposes in an estate proceeding or to receive survivor benefits through the Social Security Administration upon the death of an alleged father.

### **Additional Social Entitlements**

In addition to entitling a child to financial support, paternity establishment is an essential element of a child's eligibility for many public and private benefits stemming from the father-child relationship. For example, in cases in which the father has been employed and has contributed to Social Security, the child is entitled to receive benefits through the Social Security system until the age of 18 in the event of the father's death, disability, or retirement during the child's minority.

If the father is a member of the Armed Forces, he can draw an extra allowance to provide a household for his dependents. For enlisted military personnel, this allowance may range from \$220 to \$342 per month. The child is also eligible for commissary and post exchange privileges. If the father incurs a service-connected disability, the child is eligible for an educational benefit, which can be as much as \$342 per month for a full-

time student. Children are also entitled to military health care and insurance (CHAMPUS) benefits. To qualify, the child must be acknowledged and supported by the father or there must be a judicial decree of paternity.

Non-marital children are also eligible for dependent benefits under worker's compensation if the father is injured on the job. Once paternity is established, children have the legal right to bring court action for damages if the father is injured or killed. For example, children born out of wedlock to a man who died in a freight elevator accident were entitled to recover under the Texas Wrongful Death Act. Similarly, a child whose 17-year-old alleged father died in an automobile accident before the child's 13-year-old mother even knew she was pregnant was entitled to seek recovery for the alleged father's wrongful death.

Paternity establishment is also important from the alleged father's perspective. Courts have addressed the issue of an unwed father's standing to sue for the wrongful death of a child born out of wedlock. A Kentucky court determined that the unwed father was entitled to share in the proceeds recovered, as he was considered "kindred." In another case, a Connecticut court refused to permit a father to establish paternity after the child died at age 8 months in an automobile accident. The father lived with the mother for 9 years, contributed child support, and was acknowledged as the child's father on the birth certificate. The child also had the same first and last names as the father. However, no legal determination of paternity had been made. Because Connecticut law recognized only paternity established during the lifetime of the child, the father's attempts to establish paternity were too late and he was denied the right to recover wrongful death benefits.

### **Emotional and Psychological Benefits**

Paternity identification may also be a factor in strengthening emotional growth and development in the child. A child gains the social advantages and psychological satisfaction of having a legally-identified father. The knowledge of the "paternal half" of family heritage, of cultural and religious ties, and of ancestral roots is important to many people. Unless a child can identify his father, the opportunity for obtaining this personal history is denied -- and often lost. Regardless of whether an ongoing personal relationship exists between the two parents, establishing the father-child relationship fosters a sense of self-esteem, identity, and social structure for the child.

Both fathers and children deserve the opportunity to enjoy the care and companionship aspects of a parent-child relationship. This includes a sense of involvement, importance, and belonging in each others' lives. Although custodial mothers sometimes discourage or block the development of relationships between children and their fathers, regular exercise of the right to spend time with each other is important to both.

Furthermore, development of relationships with the father's side of the "family tree" allows a child to experience the kinship and rewards of having paternal grandmothers, grandfathers, aunts, uncles, cousins, and siblings. In recent years, much attention has

been focused on tracing genealogical information, opening adoption records, and locating missing heirs.

Even if a meaningful relationship or bond between father and child does not develop as a result of paternity establishment, the child still has the opportunity to know something about the father. Likewise, the father achieves an awareness of his child as well as the right to object to the placement of the child for adoption. Paternity establishment is also the basis for a father to assert rights to visitation and custody of the child.

### Medical Interests

It is also in the child's best medical interests to know the identity of his father. A significant number of diseases, birth defects, and other disorders are genetically transmitted to children by their parents.

The importance of accurate medical history cannot be overemphasized. Of all children born, 3-5 percent have an inherited disorder. Many are not detectable at birth but have important implications later in life. A lack of knowledge may prevent appropriate medical care. In addition, many genetic disorders may be passed directly to the child's own offspring. Not knowing that the child is a potential carrier of a particular disorder prevents effective genetic counseling when the child becomes an adult and is ready to begin a family.

If fathers do not become aware of medical conditions until after they have lost track of their children or have no idea they have even fathered children, they cannot inform their children of the health risks to which they may be susceptible. Advance warning could be lifesaving information in the event the child is ever faced with a medical crisis.



For example, a disorder known as hypercholesterolemia, which causes a person to be highly prone to a heart attack at an early age, can be passed from one generation to the next. Any affected parent has a 50-50 chance of having a child similarly affected. While it is a treatable disorder, often the only indication for diagnosis and treatment is a medical history.

Early detection and prevention of diseases may be impossible without knowledge of family history. Where paternity is not established, children are deprived of valuable medical information. This information about the father's medical background can lead to a healthier life for a child. Paternity determinations also reduce the risk of accidental inbreeding which can be appreciable in small communities, particularly when several women may have children by the same father.

## Georgia Department of Human Resources

# GEORGIA FATHERHOOD PROGRAM

Georgia is helping more low-income fathers than any other state in the country. Since 1997, the Georgia Fatherhood Program has helped over 13,000 non-custodial parents find jobs that enable them to pay their child support. An additional 3,000 non-custodial parents are currently in job training classes, studying for their GED or receiving help to overcome other barriers to stable employment. The Georgia Fatherhood Program is sponsored by the Georgia Department of Human Resources and is recognized nationally as the most comprehensive program in the country for helping low-income fathers.

Welfare reform and the time limits on Temporary Assistance for Needy Families (TANF) benefits have raised awareness that receiving a child support check each month can make the difference in whether or not a family needs public assistance. In 2004, TANF cases represented 17 percent of all child support cases in Georgia. However, only 11 percent of all TANF cases received a child support check during the year. Georgia recognized early on that many non-custodial parents wanted to pay their court ordered child support, but lacked the economic capacity to do so. The Department of Human Resources' Office of Child Support Enforcement (OCSE) has partnered with other government and community agencies to develop a comprehensive network of services for this group.

### **The Fatherhood Program:**

- Generally takes three to six months to complete.
- Participants are required to work at least 20 hours per week while enrolled in the program.
- Participants are required to pay child support during this time.
- Upon completion of the program, participants receive assistance in obtaining full-time employment, earning a wage that they can live on and pay their child support.

**The Georgia Fatherhood Program is implemented by the Fatherhood Services Network, sponsored by the Department of Human Resources' Office of Child Support Enforcement. The Network includes:**

- Georgia Department of Human Resources
- Child Access and Visitation Program
- Voluntary Paternity Acknowledgement Program
- Georgia Family Connections Partnership
- OCSE, which contracts with:
  - Georgia Department of Technical and Adult Education
  - Georgia Department of Labor
  - DeKalb County Fatherhood Initiative Network

**Taxpayer Savings:**

- Decreased Medicaid cost. Non-custodial parents are required to obtain medical insurance through their employer if available at a reasonable cost.
- Decreased enforcement costs. Employer withholding of support payments eliminates the need for enforcement action.
- Decreased incarceration costs. Because judges now have a new sentencing alternative to jail, taxpayers save the estimated \$50 per day cost of housing an inmate.
- Decreased need for custodial parents to depend on TANF and other government services.

**Employer and Community Benefits:**

- Increased employment benefits the local economy.
- Reduction in the rate of repeat pregnancies by young participants.
- Local employers are finding new sources of skilled labor, which is often in short supply

**Judicial Support:**

- Judges now have a new alternative to jail for parents who are unable to pay their child support.

**Barriers facing many participants include:**

- Lack of a high school diploma (42%)
- Criminal record (56%)
- No transportation (43%)
- No driver's license (32%)
- Alcohol and substance abuse problems
- Mental health issues

**Looking to the future and overcoming the barriers:**

OCSE realizes that addressing these barriers is critical to expanding the success of the program to more low-income fathers. The office is working to establish new partnerships with Public Health, Mental Health, Family Connections and community-based groups to address the many barriers facing fathers and families. Communities across the state already have services in place that can help fathers and families right where they live. Many people believe that the family is the strength of the community, and the community of Georgia deserves strong fathers to continue to establish Georgia as a leader and role model for the nation.

For information about the Georgia Fatherhood Services Network, contact your local Child Support Enforcement office.

## THE ABSENT PARENT LETTER

If the child receiving TANF is eligible due to the continued absence of the parent(s), the FICM must attempt to contact the AP initially or later if the A/R is unable to find an address. This is usually accomplished by sending a Form 130 or Absent Parent(AP) letter. In sending the AP letter, the FICM is trying to establish whether the AP is paying any child support. By reading the AP letter, you will see that it also lets the AP know that s(he) is or will be incurring a debt to the state for all TANF which is paid to his/her child.

If the A/R provides you with a correct address for the Absent Parent, you're in luck! All you have to do is enter that address on the AP letter and drop it in the mail. That, however, is usually not the case. Normally, the A/R has only incomplete, if any, information on the AP's address. S(he) may know, for instance, that s(he) lives on "Campbellton Road" or that his/her mother lives on "Main Street." In this case, it's up to you, the FICM, to try to find an address for the AP and, in doing so, you are expected to use all the resources that are available to you. Some examples of available resources include:

- |                                |  |
|--------------------------------|--|
| <b>CSE files</b>               | S(he) may have been previously referred or may have another child in the system.   |
| <b>SUCCESS screening files</b> | S(he) may have a Food Stamp or TANF case or may have been on Public Assistance previously.   |
| <b>Telephone directories</b>   | Be careful here! A John Smith in an Atlanta phone book may not be a very good bet, but a Jose Garcia Marquez in Camilla may be worth a try.  |
| <b>City directories</b>        | These are available in some counties; they are cross-referenced by last name and street. These are especially useful because they list people who may not have a phone.  |
| <b>Other Agency Units</b>      | Such as FS, Social Service worker, etc.  |
| <b>Clearinghouse DOL Files</b> | This is a great source of information if you have a SSN. Unfortunately, not many people have the AP's SSN. One way of getting it, though, is through SUCCESS screening. If the AP has ever received any type of Public Assistance, there is a good chance that s(he) will have a SSN on SUCCESS. The DOL files may be accessed if other sources are utilized and the FIW is still unable to locate an address. |

There are several possibilities for AP responses (or lack thereof), so let's look at some of the most common.

- ✓ The F130 is not returned, there is no response at all -- try to get more information from the A/R at the next review. Remember, if the 130 is not returned, there is a chance that the AP is getting the letters.
  
- ✓ The F130 is returned, the AP denies paternity -- if the AP is not paying child support, and it is not questionable whether he/she is in the home (or you have verification that s/he is not in the home) - do not continue to send the AP letter. Refer the AP to CSE, it is up to them to establish paternity.
  
- ✓ The AP calls the FIW in response to the letter -- take his/her statement regarding the situation. Question him/her about the child support and medical coverage. If the AP states that s(he) is paying child support directly to the A/R, encourage him/her to pay through CSE for his/her own protection. In talking to the AP, remember that you are not to give the AP any information about the A/R (commonly asked questions are "What did s(he) tell you about child support?" and "I can't find him/her to pay child support, do you have an address for him/her?"). Remember that your A/R's confidentiality comes first. If the AP is calling to deny paternity, tell him that he should call CSE. Give him the phone number and the name of his agent if you can find it on CSE files. Any time you talk to an A/R or an AP about CSE, emphasize the advantages of cooperation. Say such things as "I'm sure that you want to contact CSE immediately to get this straightened out" and "I'm sure you want credit for all the things you're doing for your son/daughter, and that's why I think it's very important that you call CSE immediately so that it will never be your word against his/hers about what you've paid."
  
- ✓ F130 is returned by the post office stamped "addressee unknown" or "no forwarding address" - don't continue to send AP letters to that address. If possible, obtain more information from the A/R or another source. If that's not possible, simply document the record at each subsequent standard review to indicate that you have already tried to send a letter to that address. Keep checking your other sources at each standard review.

## COMMONLY ASKED QUESTIONS AND ANSWERS ABOUT THE AP LETTER

Q. Should I send an AP letter if the AP is in prison?

A. *Yes, for two reasons - first, some prisoners participate in work programs and may be paying some child support; second, even if the AP is in prison, we are required to notify him that he is incurring a debt to the state for TANF paid to his/her child/ren.*

Q. Should I send an AP letter if the AP is already paying child support through CSE?

A. *Not necessarily--check county policy on this issue*



## Georgia Department of Human Resources

### OFFICE OF CHILD SUPPORT ENFORCEMENT

Office of Child Support Enforcement (OCSE) services are available to Georgia parents who need assistance. The custodial parent may apply at the OCSE office that serves his/her county. There is an application fee of \$25 (free for recipients of Temporary Assistance for Needy Families). The custodial parent is asked to furnish legal documents, if available, and information about the non-custodial parent.

OCSE's budget for state fiscal year 2005 is \$68.6 million, including \$52.9 million in federal funds and \$15.7 million in state funds.

#### **Child support services include:**

- Locating non-custodial parents;
- Establishing paternity;
- Establishing and enforcing child support orders;
- Establishing and enforcing medical support orders;
- Collecting and distributing support payments.

#### **Recent customer service improvements:**

- Custodial and non-custodial parents may now enter and receive information about their case through an expanded Internet portal, using a password to protect confidentiality.
- All Georgia child support recipients now receive regular payments through direct deposit or debit cards. This has eliminated the problems of checks lost, stolen, or returned because the recipient moved with no forwarding address; shortened the time between collection and distribution; and saved an estimated \$6 million per year in postage, printing and staff time.

#### **Collection and enforcement tools available to OCSE:**

- Withholding child support from paychecks or unemployment benefits;
- Intercepting federal and/or state income tax refunds to pay child support arrears;
- Garnishing workers' compensation benefits;
- Reporting parents owing more than \$1,000 in child support payments to credit bureaus;
- Suspending or revoking driver's, professional or occupational licenses for failure to pay child support;
- Reviewing and modifying child support orders periodically;
- Intercepting lottery winnings of more than \$5,000;
- Filing contempt of court actions which may result in a jail sentence if the non-custodial parent is found in contempt of court;
- Filing liens and levy on tangible or intangible property;
- Seizing bank accounts after notice.

Office of  
Child Support  
Enforcement

Page 2

**Collections and distribution:**

- Georgia distributed \$549 million to child support recipients in FY 2004.
- Of the \$549 million distributed in FY 2004, \$7.4 million was collected from intercepted state tax refunds, \$30 million from federal tax refunds, 3.3 million from unemployment compensation benefits, \$40,656 from lottery winnings and \$34.3 million in payments by the Family Support Registry to parents whose case was not established by OCSE.
- In July 1999, the Family Support Registry began processing child support payments made by payroll deduction. The Registry, required by federal law, gives employers a central destination for all support payments.
- Since 2000, Georgia has collected \$2.5 billion in child support payments.

**Caseload:**

- OCSE has 481,718 cases in Georgia.
- The cases represent 516,000 children.
- Georgia child support agents have an average caseload of 641 cases each.
- Twenty-four percent of all children under 18 in Georgia have a case with OCSE.

**Parents under court order to pay child support through OCSE:**

- 344,308 in Georgia;
- About 50% of those who owe child support in Georgia pay;
- About 95% of non-custodial parents owing child support in Georgia are fathers;
- Approximately 230,738 cases receive a payment each month.

**OCSE does not:**

- Help anyone get a divorce;
- Find custodial parents;
- Take legal action about visitation rights or custody;
- Enforce court-ordered payment of unpaid bills not related to child support payments;
- Help legitimize children.

# WHAT IS RECENT CONNECTION TO THE WORK FORCE?

- ☺ Currently **WORKING** at least 20 hours per week or has worked an average of 20 hours per week in the four weeks prior to the application
- ☺ Receiving **UCB** in the month of application or has received UCB within the twelve months prior to the month of application
- ☺ Unemployed or working less than 20 hours per week and has **EARNED A TOTAL OF AT LEAST \$500** in the six months prior to the month of application. This period includes the application month and the six prior months.
- ☺ Currently receiving **RETIREMENT** benefits in the month of application or has received a retirement benefit in any of the 6 months prior to the month of application.
- ☺ Receiving **DISABILITY** benefits based on 100% disability in any of the last 6 months prior to the month of application.

**Note:** Establish deprivation on incapacity if disability benefits received in the month of application.

# EXAMPLES

EXAMPLES TO DEMONSTRATE HOW DEPRIVATION POLICY AFFECTS TANF AU:

**EXAMPLE 1:**

Mr. and Mrs. Jones apply for their two children. Mr. Jones has a recent connection to the workforce because he received Unemployment Compensation three months ago. The family currently has no income. The AU meets deprivation for TANF due to “recent connection to the work force.”

**EXAMPLE 2:**

Ms. Davis receives TANF for herself and her daughter, Amelia. She reports that she has a new baby whose father, Mr. Norris, is in the home. Mr. Norris works part-time but his income is low and does not cause financial ineligibility of the family. The TANF AU will now be Ms. Davis, Amelia, the baby, and Mr. Norris--the baby is deprived due to his father’s recent connection to the work force.

**EXAMPLE 3:**

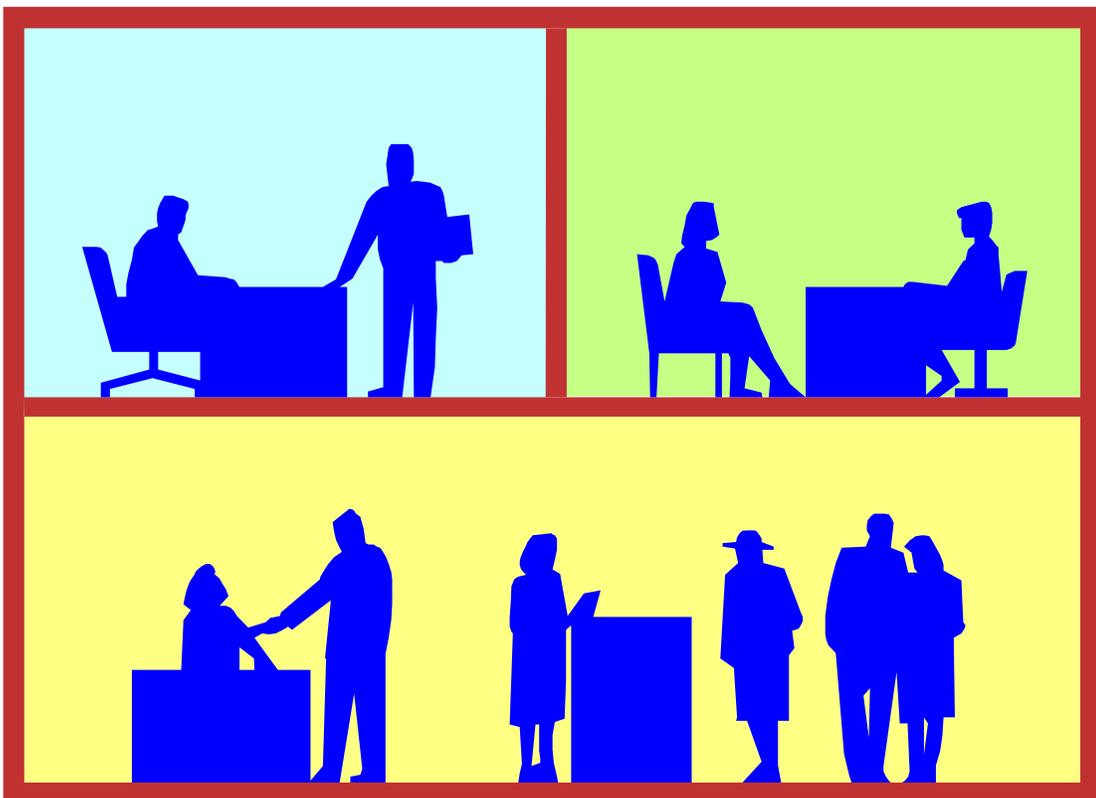
Ms. Roberts receives TANF for herself and her son, James. She reports that she has a new baby whose father, Mr. Burns, is in the home. Mr. Burns works full-time and his income will cause financial ineligibility of the family. Due to SFU, the TANF AU must be Ms. Roberts, James, the baby and Mr. Burns as the baby is deprived due to his father’s connection to the work force. They will be ineligible for TANF due to the income.



**VERIFICATION REQUIREMENTS FOR DEPRIVATION**

MR	CRITERIA	VERIFICATION	VERIFICATION IF QUESTIONABLE	OTHER INFORMATION
1317	Deprivation based on Continued Absence	A/R Statement	Third Party Collateral	Attempt to contact APs; Make Referrals to CSE
1316	Deprivation based on Death	A/R Statement	Death Certificate, newspaper, etc.	Application for, Receipt of, or Denial of survivor's benefits must be verified
1318	Deprivation based on Incapacity of one parent (both parents in the home)	Prima facie, FICM evaluation, medical evidence	Third Party Collateral	3 month adjustment period allowed after capacity is restored  Neither parent can be exempt from participation in Employment Services
1319	Deprivation based on Recent Connection to Work (both able bodied parents in home)	A/R Statement	Wage Stubs, DOL, Statement from employer	Neither parent can be exempt from participation in Employment Services

# FINANCIAL ELIGIBILITY



T

RAINING MANUAL

## OBJECTIVES FOR FINANCIAL ELIGIBILITY

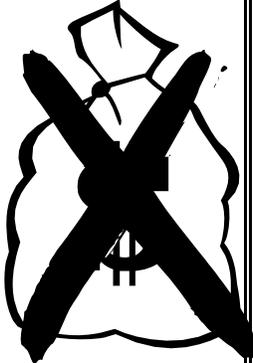
- ✓ Participants will be able to determine countable resource values for the more common liquid and non-liquid resources to determine resource eligibility.
- ✓ Participants will be able to determine whose resources will be counted in TANF.
- ✓ Participants will be able to apply the correct policy for vehicles in TANF.
- ✓ Participants will be able to request verification when appropriate.
- ✓ Participants will be able to identify the SUCCESS use field for vehicles in TANF.
- ✓ Participants will be able to define income.
- ✓ Participants will be able to identify the difference between earned and unearned income.
- ✓ Participants will be able to determine whose income to consider to determine eligibility for TANF.
- ✓ Participants will be able to identify the correct TANF income limits based on AU size.
- ✓ Participants will be able to determine how to treat various common types of income.
- ✓ Participants will be able to determine the gap payment a TANF AU is eligible to receive.
- ✓ Participants will be able to determine how to verify income.
- ✓ Participants will be able to determine how to address management with TANF customers.

# OUTLINE OF FINANCIAL ELIGIBILITY



- I. INTRODUCTION TO RESOURCES
- II. DEFINITION OF RESOURCES (MR 1505-1)
- III. WHOSE RESOURCES ARE INCLUDED (MR 1505-1)
- IV. RESOURCE LIMIT (MR 1501-1)
- V. OWNERSHIP OF RESOURCES (MR 1505 - 1-2)
- VI. TRANSFER OF A RESOURCE (MR 1505-6)
- VII. TREATMENT OF COMMON RESOURCE TYPES (MR 1510, 1515, 1520)
- VIII. CONVERSION OF RESOURCES (MR 1505-4)
- IX. VERIFICATION OF RESOURCES (MR 1505-7)
- X. SUCCESS
- XI. INTRODUCTION TO INCOME
- XII. WHOSE INCOME IS COUNTED (MR 1525-1)
- XIII. TREATMENT OF COMMON INCOME TYPES (MR 1530)
- XIV. VERIFICATION (MR 1525 - 2-3, 1610 - 2-5)
- XV. CLEARINGHOUSE REQUIREMENTS (MR 1415)
- XVI. MANAGEMENT

## WHOSE RESOURCES TO COUNT IN TANF

<p><b>COUNT</b></p>	<p><b>Caretaker</b></p> <p><b>Other eligible adult</b></p> <p><b>All eligible children</b></p> <p><b>Ineligible parents</b></p> <p><b>Penalized SFU individual</b></p> <p><b>Disqualified SFU and non-SFU individual</b></p> 
<p><b>DO NOT COUNT</b></p>	<p><b>Spouse of a married minor</b></p> <p><b>Parent(s) of a minor caretaker</b></p> <p><b>Stepparent</b></p> <p><b>Non-parent payee only</b></p> <p><b>SSI individual</b></p> <p><b>Penalized non-SFU individual</b></p> <p><b>Spouse of non-parent CT</b></p> <p><b>Ineligible children</b></p> 



**O's & A's**  
**THE EARNED INCOME TAX CREDIT**  
The EITC.  
You've earned it.  
Why not claim it?

**Am I eligible for this important tax break?**

The amount of the EITC varies—depending on total earnings, other income and certain other considerations. Yet some people who are eligible for the EITC fail to claim it.

Web sites: [www.irs.gov](http://www.irs.gov)

**The IRS provides help and free tax materials in many ways.**

- Volunteer Income Tax Assistance (VITA) sites are open from February 1 through April 15, 2002. IRS VITA volunteers can help you complete your tax return for free. Call 1-800-829-1040 for a site near you.
- Call 1-800-829-1040 for answers to EITC and other tax questions. Call 1-800-829-3676 for a free copy of Publication 596 and other IRS forms and publications.
- If you have access to TTY/TDD equipment for the hearing impaired, call 1-800-829-4059.

**What is the Earned Income Tax Credit?**

The EITC is a tax credit for people who work, but don't earn high incomes. If you qualify, you could pay less federal tax or no tax—even get a tax refund. To qualify, you must meet certain rules and file a tax return, even if you don't owe any tax or didn't earn enough money to require filing a return.

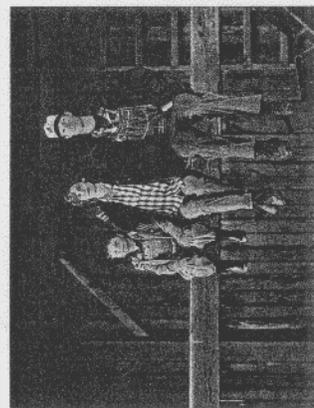


Working to put  
service first



Department of the Treasury  
Internal Revenue Service

www.irs.gov  
Publication 3211 (Rev. 12-01)  
Catalog Number 2973P



**Q: Who is a qualifying child?**

- A: A qualifying child is a child who:
- is your son, daughter, adopted child, grandchild, great-grandchild, stepchild or eligible foster child.
  - At the end of the year was:
    - under age 19, or
    - under age 24 and a full-time student, or
    - any age if permanently and totally disabled at any time during the year.
  - Lived with you in the United States for more than half of the year (if a foster child, for the entire year).
- An eligible foster child is a child who is your brother, sister, stepbrother or stepsister; or a descendant of any of them (including an adopted child); or is placed with you by an authorized placement agency. Also, you must care for the child as your own, and the child must live with you all year.



**Q: Am I eligible to claim the EITC?**

- A: To claim the EITC on your 2001 tax return, you must meet the following requirements:
- You must have earned income from employment or from self-employment.
  - Your earned income and modified adjusted gross income must be less than:
    - \$32,121 if you have more than one qualifying child,
    - \$28,281 if you have one qualifying child,
    - \$10,710 if you have no qualifying child.
  - Your investment income (such as interest) must be \$2,450 or less.
  - Your filing status cannot be married filing separately.
  - You cannot be a qualifying child of another person.
  - If you do not have a qualifying child, you must:
    - be age 25 but under 65 at the end of the year, and live in the United States\* for more than half the year, and not qualify as a dependent of another person.
- \*U.S. military personnel on extended active duty outside the United States are considered to live in the United States while on active duty.
- You must be a U.S. citizen or resident alien all year, or nonresident alien married to a U.S. citizen or resident alien and filing a joint return.

- Salary deferrals, such as under a 401(k) plan or the Federal Thrift Savings Plan,
- Mandatory contributions to a state or local retirement plan,
- Basic housing and subsistence allowances, value of in-kind housing and subsistence, and combat zone compensation for the military,
- Meals and lodging provided for the convenience of the employer,
- Housing allowance or rental value of a parsonage for the clergy,
- Excludable employer-provided benefits, such as dependent care, adoption and educational assistance benefits.

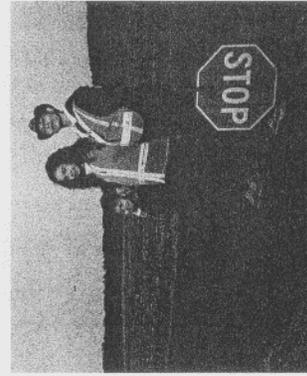


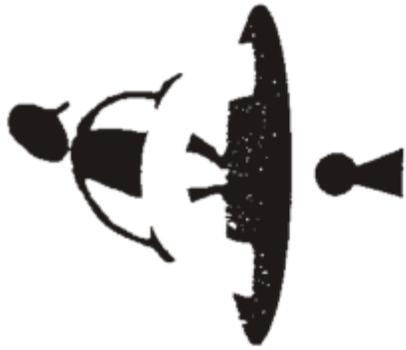
**Q: Do I need a Social Security number?**

- A: You, your spouse (if filing jointly) and any qualifying child you list on Schedule EIC must have valid SSNs issued by the Social Security Administration.
- If an SSN was obtained solely to receive federally funded benefits, such as food stamps, it is not valid for EITC purposes. The Social Security card will state **NOT VALID FOR EMPLOYMENT**.
  - If you or your spouse (if filing jointly) have an individual taxpayer identification number (ITIN), you cannot get any EITC.
  - If a qualifying child has an ITIN or an adoption taxpayer identification number (ATIN), you cannot get the EITC on the basis of that child.

**Q: How do I figure my EITC?**

- A: If you qualify for this credit, you have options:
- In most cases, all you need to claim the EITC is your tax return and instructions: 1040, 1040A or 1040EZ. However, if you are self-employed or filing Schedule C or C-EZ as a statutory employee, you may need to use Publication 596, *Earned Income Credit*. Also, in certain cases your Form 1040 instructions may refer you to that publication.
  - If you have a qualifying child, you must complete and attach Schedule EIC to your return.
  - If your EITC for 1997 or later was denied or reduced by the IRS, to claim the credit for 2001 you may need to attach Form 8862, *Information to Claim Earned Income Credit after Disallowance*, to your return. See your tax booklet instructions.
  - If you would like the IRS to figure your EITC for you, follow the instructions in your tax booklet.
- Q: How do I get advance EITC?**
- A: If you expect to qualify for the EITC in the year 2002, you can get part of the credit in your paycheck.
- You must receive wages and expect to have at least one qualifying child.
  - You must complete Form W-5, *Earned Income Credit Advance Payment Certificate*, and give it to your employer.





Do you need **MONEY**  
for...

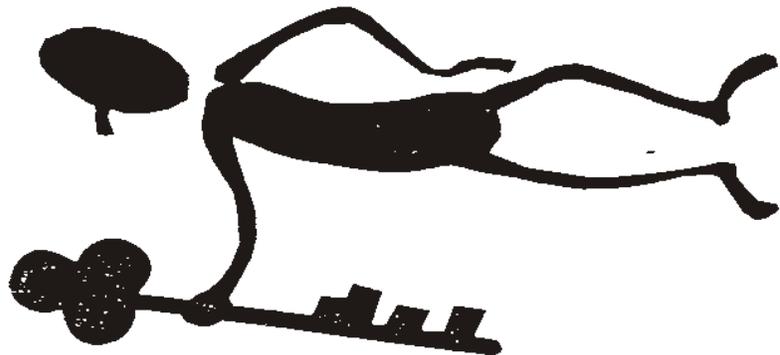
- \$ a new home
- \$ education
- \$ a new business



Don't let time run out  
without finding out  
about... IDA



## You Hold The Key !



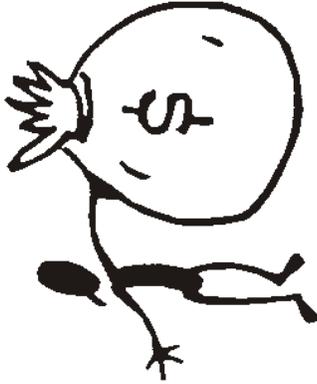
## Individual Development Account



### IDA

## What is an IDA?

- An Individual Development Account (IDA) is a special trust account set up for or on behalf of a TANF applicant or recipient.
- TANF applicants or recipients can contribute earned income to an IDA account. These funds may be matched by a non-profit organization.
- Money in an IDA account can only be used for the following purposes:
  - post-secondary education
  - first home purchase
  - start up of a new business
- Money in an IDA up to \$5,000 will not be counted as a resource in your TANF case.



## How do I set up an IDA?

You must let your DFCS worker know that you would like to open an IDA account. Your worker will help you develop a written plan and a deposit schedule.

Call your worker today to start saving for that new home, education or to start a new business.

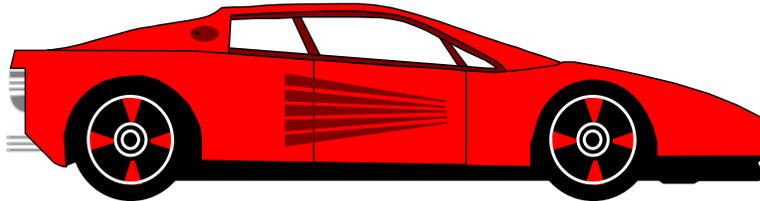


## CARS & TRUCKS & MOTORCYCLES & SUCH

### TANF

✓ Totally **EXEMPT** if:

- used primarily as a home
- income producing over 50% of the time



✓ Exclude **\$4650** off EV of **ONE** Vehicle per AU

- used to drive to seek, accept, or continue employment **OR** to attend training or school in preparation for employment.

*\*Exception: A \$4650 exclusion from the EV may be given to two vehicles in a two parent AU if both vehicles are used for one of the above reasons*

**OR**

✓ Exclude **\$1500** off EV of **ONE** licensed or unlicensed Vehicle per AU

- Not used to seek, accept or continue employment or to attend training or school in preparation for employment

✓ Count EV for all other Vehicle.

							FORD 1990-89	43
AV'G Trade - In	BODY TYPE	Model No.	M.S.R.P.	Weight	AV'G Loan	AV'G Retail		
<b>1990 FORD-Continued</b>								
<b>ESCORT-FWD</b>								
875	Hatchback 2D Pony .....	90	\$7402	2242	800	1950	D	
1100	Hatchback 2D LX .....	91	7806	2249	1000	2225	O	
1175	Hatchback 4D LX .....	95	8136	2310	1075	2325	M	
1325	Station Wagon 4D LX .....	98	8737	2313	1200	2700	E	
1525	Hatchback 2D GT .....	93	9644	2427	1375	2700	S	
<b>TEMPO - FWD</b>								
1225	Sedan 2D GL .....	31	\$9483	2529	1125	2375	I	
1300	Sedan 4D GL .....	36	9633	2587	1175	2450	C	
1375	Sedan 2D GLS .....	33	10300	2545	1250	2550		
1450	Sedan 4D GLS .....	36	10448	2603	1325	2625	C	
1500	Sedan 4D LX .....	37	10605	2628	1350	2675	A	
1575	Sedan 4D 4WD .....	39	11331	2808	1700	3100	R	
<b>MUSTANG</b>								
2100	Sedan 2D LX .....	40	\$9456	2759	1900	3350	S	
2225	Hatchback 2D LX .....	41	9962	2824	2025	3500		
3550	Convertible 2D LX .....	44	15141	2960	3200	4950		
2725	Sedan 2D LX Sport (V8) .....	40	12164	3037	2475	4050		
4175	Convertible 2D LX Sport (V8) .....	44	18183	3238	3775	5650		
3825	Hatchback 2D GT (V8) .....	42	13986	3191	3450	5250		
5125	Convertible 2D GT (V8) .....	45	18805	3327	4625	5700		
<b>PROBE - FWD</b>								
1950	Hatchback 2D GL .....	20	\$11470	2730	1775	3200		
2250	Hatchback 2D LX .....	21	13008	2970	2025	3525		
2550	Hatchback 2D GT Turbo .....	22	14726	3000	2300	3850		
<b>TAURUS - FWD</b>								
1525	Sedan 4D L .....	50	\$13361	3066	1375	2700		
1850	Station Wagon 4D L .....	55	14272	3244	1675	3075		
1700	Sedan 4D GL .....	52	13834	3089	1550	2900		
2025	Station Wagon 4D GL .....	57	14722	3258	1825	3275		
2325	Sedan 4D LX .....	53	16180	3125	2100	3600		
2675	Station Wagon 4D LX .....	58	17771	3285	2425	3975		
3325	Sedan 4D SHO .....	54	21633	3533	3000	4700		
<b>LTD CROWN VICTORIA</b>								
2225	Sedan 4D S .....	72	\$16630	3621	2025	3475		
2700	Sedan 4D .....	73	17257	3621	2450	4025		
2950	Sedan 4D LX .....	74	17894	3661	2675	4300		
2500	Station Wagon 4D .....	76	17668	3978	2250	3800		
2750	Station Wagon 4D LX .....	77	18418	3952	2475	4075		
2675	Country Squire S/W 4D .....	78	17921	3972	2425	3975		
2900	Country Squire S/W 4D LX ..	79	18671	4050	2625	4250		
<b>THUNDERBIRD</b>								
2950	Coupe 2D .....	60	\$14980	3581	2675	4300		
3275	Coupe 2D LX .....	62	17263	3618	2950	4650		
4325	Super Coupe 2D .....	64	20390	3809	3900	5800		
<b>1989 FORD</b>								
Veh. Ident.: 00000(Model)00K0000001 Up.								
<b>FESTIVA - FWD</b>								
525	Hatchback 2D L .....	6	\$5699	1713	475	1575		
650	Hatchback 2D L Plus .....	6	6372	1713	600	1700		
725	Hatchback 2D LX .....	7	7101	1750	675	1800		
<b>ESCORT - FWD</b>								
525	Hatchback 2D Pony .....	90	\$6964	2235	475	1550		
725	Hatchback 2D LX .....	91	7349	2242	675	1800		

DEDUCT FOR RECONDITIONING MAY-THRU AUGUST 1999

# Examples of Vehicles

## Determine the Countable Value of the following Vehicles:

1. 2002 Toyota Tercel - FMV \$6950  
A/R owes \$5000 - used to go to work



2. 2001 Honda Accord - FMV \$5200  
A/R owes \$2100 - used to look for work

1999 Honda Accord - FMV \$3100  
A/R owes \$1500 - used to look for work

3. 1990 Unlicensed Ford Pick-up FMV \$250  
A/R owes \$ 0 - used to haul dirt around on A/R's property

What if used to drive to work?

4. 1999 Olds Cutlass - FMV \$5000  
(owes \$3100) used to look for work



1996 Honda Civic \$3500 (owes \$1800)  
used by son to go to school

5. 1990 Chevy Pick-up - used to sell produce - FMV \$400  
(owes \$50)

1992 Ford LTD - FMV \$250 - used as family home (owes \$0)

6. 1994 Ford T-Bird - FMV \$4300 (owes \$4100) used for general transportation

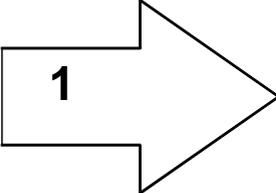
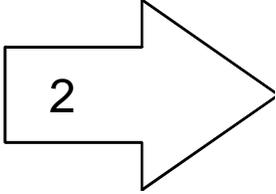
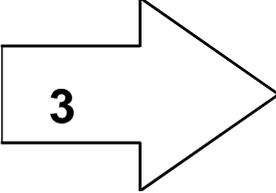
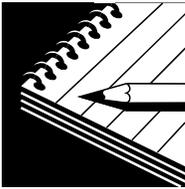
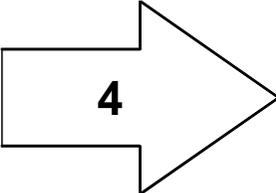
1989 Civic - FMV \$800 (owes \$250) used by son on  
Friday and Saturday nights.



7. 1991 Ford LTD - FMV \$3900 (owes \$0) used to look for work

1994 Civic - FMV \$1200 (owes \$90) used by son on Friday and Saturday nights.

# FOUR STEPS TO COUNTABLE RESOURCES

-   Determine who will be in the TANF AU.
-   Determine the countable resources for TANF.
-   Verify resources as appropriate.
-   Compare the countable resources to the \$1,000 resource limit.

# VERIFICATION OF RESOURCES FOR TANF (MR 1505/1515)

<b>Real Property</b>	Verify at application, standard review, and when initially reported, and when a change occurs.
<b>Jointly Owned Property</b>	Verify at application, standard review, and when initially reported, and when a change occurs.
<b>Vehicles (non-exempt)</b>	<p>Verify at application, standard review, and when initially reported, and when a change occurs.</p> <p>Verify by one of the following:</p> <ul style="list-style-type: none"> <li>➤ a tag receipt or assessed tax value multiplied by 2.5</li> <li style="text-align: center;"><b>or</b></li> <li>➤ the average trade-in value from the most current NADA book</li> <li style="text-align: center;"><b>or</b></li> <li>➤ a dealer's statement</li> </ul> <p>Classic or antique cars may be valued by a statement from a reliable source.</p>
<b>Amount Owed</b>	Verify amount owed whenever determining Equity Value
<b>Total Resources Exceed 75% of the Limit</b>	Verify all resources at application, standard review, or when a change occurs.
<b>Interest Earned from ONE Account Totals \$10 for a month</b>	Verify account balance at application, standard review, or when a change occurs.

<b>Real Property</b>	Verify at application, standard review, and when initially reported, and when a change occurs.
<b>When Changes in Amount Owed Could Cause Ineligibility</b>	Verify resource



# WHOSE INCOME TO CONSIDER IN TANF

<p><b>COUNT</b></p>	<p>Caretaker</p> <p>Other eligible adult</p> <p>All eligible children</p> <p>Ineligible parent(s)</p> <p>Penalized SFU individual</p> <p>Disqualified SFU or non-SFU individual</p> <p>Spouse of a married minor</p> <p>Spouse of a non-parent caretaker</p> <p>Parent(s) of a minor caretaker</p> <p>Stepparent</p> 
<p><b>DO NOT COUNT</b></p>	<p>Ineligible children</p> <p>SSI individual</p> <p>Penalized non-SFU individual</p> <p>Non-parent payees</p> 

## RSDI vs. SSI

Social Security may be referred to as **RSDI** (Retirement, Survivors, Disability Insurance) and is administered by the Social Security Administration (SSA). Social Security consists of many different programs. Benefits may be for disability, retirement, or death benefits (a check for a widow(er) or a check for a child whose parent is deceased or disabled).

RSDI is not welfare, but a retirement program. **ALL** monthly benefit amounts are based on how much the individual paid into the program (earning record) during his/her working years. Benefits paid to recipients of RSDI are made monthly and are received on the third day of the month.

Those adults under age 65 receiving RSDI are normally receiving disability payments. This coverage may continue even after age 65. This, however, is not always the case; therefore, the worker must determine the exact type of RSDI a person receives. This can be done by using the codes in the claim numbers.

A person determined eligible to receive RSDI disability by Social Security receives benefits based on how much s/he has paid into the system. If the monthly benefit amount falls below a specific limit, it will be supplemented with an SSI check. When this occurs, that person does not pay for Medicare insurance him/herself. The SSI entitles him/her to Medicaid.

Medicare is health insurance. Persons receiving RSDI Retirement become eligible for Medicare at age 65. Persons receiving Social Security Disability payment are eligible for Medicare (not Medicaid) after two years. Persons receiving dialysis become eligible for Medicare the month after dialysis begins.

Medicare consists of three parts. Part A provides payments for hospital stays. Medicare pays, after the set deductible, 80% of what it considers **Usual Customary Charges**. Medicare Part A is free to entitled individuals. Part B provides medical coverage at a rate of 80% after deductibles. Individuals pay a monthly premium for Part B coverage that is usually deducted from the recipient's RSDI check. The current monthly premium (effective 1/2007) for Part B is \$93.50. Medicare Part D provides prescription drug coverage for Medicare recipients. Individuals pay a monthly premium, deductibles, and co-payments. Assistance is available for some low income recipients to help defray the costs of the Medicare Part D coverage.

The SSA administers a second program, **Supplemental Security Income (SSI)**, which is based on disability and need. Disabled persons of any age might be eligible to receive SSI. There are income and resource limits for receiving an SSI check which are normally lower than Food Stamp limits. When a person applies for Social Security Disability, s/he must apply for SSI. If the disability can be determined before the payment history is researched and verified, the client can often receive an SSI check (based on disability) until Social Security (based on payment history) can be approved.

In general, a person eligible to receive SSI has not paid enough into the system to draw a Social Security check or has paid in so little that his/her Social Security check alone is not enough to live on. In the latter case, the person may receive a small SSI check in addition to his/her Social Security check. Also, a person over 65 is considered disabled in order to receive SSI even if they have never paid into Social Security.

**In 2007 the maximum SSI benefit for an individual is \$623 when living in his or her own home. The maximum SSI benefit for an individual is \$415.33 when living in the home of another. For couples, the maximum SSI benefit is \$934 when living in their own home and \$623 when living in home of another.**

A person who is approved for SSI automatically begins receiving Medicaid. Medicaid is free and is provided by the local DFCS office via DMA (Department of Medical Assistance). Some individuals are required to pay a minimal co-payment. Effective January 1, 2006, Medicaid does not cover prescription drugs. Drug coverage will be through Medicare Part D.

A person cannot receive both SSI and TANF. The individual must choose between the two programs.

**SOCIAL SECURITY CLAIM SUFFIXES\***  
(Or B.I.C.s - Benefit Identifying Codes)

(Person's own #)	DI	=	Supplemental Security Income (SSI)
(Person's own #)	A	=	Wage earner (person paid in - is retirement)
(Spouse's #)	B	=	Spouse benefit - living wage earner
(Parent's #)	C	=	Child benefit (parent is dead or disabled - stops at age 18)
(Deceased person's #)	D	=	Widow/widower
(Deceased person's #)	E	=	Benefit for young widow with minor child (stops when youngest child turns 16)
(Child's #)	F	=	Parent's benefit - drawing on child's account
(Person's own #)	HA	=	Disability
(Person's own #)	J or K	=	Special age benefit (very few living)
(Person's own #)	T	=	Entitlement to hospital benefit (not enough quarters to draw a check - Medicare B only)
(Deceased person's #)	W	=	Widow under 60 who is disabled

\* When a number follows the letter, more than one person is drawing on this claim number. Youngest is lowest number.

## WAGES OF A CHILD

IF	THEN
Child is under 18 and in elementary or secondary school at least ½ time	Exclude wages in TANF
Child is 18 and in elementary or secondary school at least ½ time ☆	Exclude wages in TANF
Child is TANF Minor Caretaker	Include wages in TANF
Child is not in school	Include wages in TANF

☆ Note: In order for 18-year-old to be included in TANF, he must be in school full-time.



## VERIFICATION OF INCOME POLICY FOR TANF MR 1530 and 1610

verification of fluctuating income requires 4 consecutive weeks  
verification of stable income requires a minimum of 1 month (4 or 5 weeks)

<b>AT APPLICATION</b>	
Verify all <b>countable</b> income and earnings of a child	
For <b>excluded</b> income, verify the basis of exclusion. Examples:	
Loans	Verify that the money is a loan; require a repayment agreement
Vendor payments	Verify from the source that the money is given in the form of a vendor payment (directly to the provider)
Educational Income	TANF: Verify that the income is intended to be used for education
<p><b>Terminated Income:</b> Verify from the source that the income has terminated, if questionable. Verify the amount of income only if the income is actually being budgeted.</p> <p>Example 1: Applicant receives last wages on 3/15, applies for assistance on 4/12. Termination does not have to be verified since it is not questionable; the terminated income does not have to be verified since no March budget will be completed.</p> <p>Example 2: Applicant receives last wages on 3/15, applies on 3/16. Termination does not have to be verified unless it is questionable; terminated income must be verified for TANF case if approved in March.</p> <p>Example 3: Applicant receives last wages on April 2, applies on 3/16 and is approved in April. Termination does not have to be verified unless it is questionable; terminated income must be verified as it will be budgeted for April.</p>	
<b>CHANGES</b>	
Income New Source	Verify
Income - amount changes	Verify
Income - Terminated	Verify
<b>AT REVIEW</b>	
Verify <b>ALL</b> income	

## COMPARING INCOME TO EXPENSES

At application and each review reported income should be compared to reported expenses. The purpose of this comparison is to look for discrepancies in reported information which may lead to discovery of unreported income.

If a family is reporting expenses which exceed income and the expenses are being paid, the worker must continue to interview the family about the situation until it is clear how the family is meeting expenses. Often, the family is receiving some type of income that they are not reporting. The most common types of unreported income are contributions (especially from family members), loans, vendor payments, or new wages.

At application and review, the Form 354, Expense Statement should be used to compare income to expenses. The worker should use the collected information about expenses to compare to the collected information about income and decide whether the family could reasonably pay this amount on the reported income.

The case can not be approved nor benefits continued if there is discrepant information about income and expenses.

Following are some examples to give you some ideas about interview and documentation techniques.



## MANAGEMENT INTERVIEW EXAMPLE #1

FICM: Miss Smith, let me review what we've discussed about your income and expenses. You state your only income is your TANF check of \$235/month. You've said that no one else pays any of your bills. In terms of expenses, you pay \$200/month rent, and about \$50/month in utilities. You receive Food Stamps of \$130/month which helps with groceries. That's a total of \$250/month expenses, yet your income is only \$235. How are you managing to pay all your bills?

MS: I don't always pay my whole electric bill.

FICM: How much do you usually pay on that?

MS: Usually about \$20/month.

FICM: All right, that's fine. I'd like for you to bring a copy of your receipts from the electric company to show how much you're paying each month. Will you do that?

MS: Yes, I could do that.



GEORGIA DEPARTMENT OF HUMAN RESOURCES  
EXPENSE STATEMENT

Application  Review  Change

I How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID	PAID BY WHOM
Rent / Mortgage	\$ 200	monthly	2/1	me
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	\$ 50	monthly	2/1	me
b. Gas				
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage				
e. Garbage				
f. Telephone				
<b>SUBTOTAL</b>				
Medical Expense				
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other				
<b>TOTAL</b>	<b>\$ 250</b>			

EXPEDITED?  Yes  No

1. Does anyone pay any of these bills or any other household bills for you?  Yes  No

If yes, who pays the bills? \_\_\_\_\_

What bills are paid? \_\_\_\_\_

2. Do you share the costs of monthly bills with anyone?  Yes  No

If yes, who? \_\_\_\_\_

What costs? \_\_\_\_\_

3. Comments / Documentation

*Ms. Smith verified on 2/9 that she only paid paid \$20 on the electric bill 2/1. Expenses paid partially - verification in CR.*

I certify that I have reviewed the information on this form with the applicant / recipient.

*Ina Baker*  
Signature (Case Manager)

*2/9/02*  
Date

COUNTY: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## MANAGEMENT INTERVIEW

### EXAMPLE #2

FICM: Miss Jones, let's review the information we've discussed so far about your income and expenses. You state your income includes wages of approximately \$800 per month. You've said your mother pays your telephone bill, but you pay your other bills. Your rent is \$650/month, your electric bill is \$85, your gas bill is usually about \$45, your water/sewage bill is \$50 every other month, your Life Insurance policy premiums are \$5.60 per month, and your furniture rental is \$60 per month. Now, that totals up to \$870.60 per month. This doesn't allow for basic expenses like soap, toiletries, and paper goods. How are you managing to pay your bills?

MJ: We're not, really. It's hard.

FICM: I can see that it is . . . tell me more about how you get by.

MJ: We just struggle through . . .

FICM: Let's take this month, for example: Did you pay your rent this month?

MJ: Yes, they'd kick me out if I didn't pay the rent.

FICM: What about your electric bill, did you pay \$85 for that this month?

MJ: No, I actually only paid \$45 because that's all I had . . .

FICM: And your gas bill, how much was that this month?

MJ: \$45, like I wrote down on the paper.

FICM: What about your water bill?

MJ: That didn't come this month, I paid it last month.

FICM: Alright, let's leave that for now . . . how about your furniture rental, did you pay that for February?

MJ: Yes, I need the bedroom furniture for the kids' room.

FICM: If we add up the rent and utilities, that already adds up to \$780, which leaves \$20 for the whole month for other things your Food Stamps can't buy. How could you pay the \$60 for the furniture rental?

MJ: My mother helps me out sometimes . . .

FICM: Let's focus on this month for now . . .how did you pay everything this month?

MJ: My mother helped me with the furniture payment, she knows the kids need the bedroom furniture.

FICM: Tell me about that . . .

MJ: She gave me \$60 to pay the bill, but I have to pay her back.

FICM: Do you have an agreement with her about how you'll pay the money back?

MJ: She said I could give her \$5 a month, she knows the kids need the stuff.

FICM: That's good that she can help you out.

MJ: Yea, she helps out in other ways, too. Sometimes we go to the store together and she pays for stuff we need, like school clothes or laundry detergent things like that.

FICM: That's wonderful, I'm glad you have her to help you. I know it's tough to raise two children by yourself.

MJ: Yes

FICM: I need to have you get your mom to write a statement about how she pays the phone bill. It would be great if she could show a canceled check where she paid your bill . . .

MJ: She pays in cash

FICM: Okay, her statement will work. I'll give you a paper to have her complete if that will be easier for you.

MJ: Okay

FICM: I also need for her to write a statement about the money she let you borrow for the furniture. She needs to be sure and tell how the money will be paid back.

MJ: Okay

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
EXPENSE STATEMENT

Application       Review       Change

I How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID	PAID BY WHOM
Rent / Mortgage	\$ 650	month	2/1	me
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	\$ 85	month	2/1	me
b. Gas	\$ 45	month	2/1	me
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage	\$ 50	month	2/1	me
e. Garbage				
f. Telephone	\$ 20	month	2/1	mother
<b>SUBTOTAL</b>				
Medical Expense				
Child Care Expenses				
Child Support Paid Out				
Life / Health Insurance	\$ 5.60	month	2/1	me
Auto Expense (payments, insurance, maintenance)				
Furniture Other	\$ 60	month	2/1	me
<b>TOTAL</b>	<b>\$ 915.60</b>			

EXPEDITED?     Yes     No

1. Does anyone pay any of these bills or any other household bills for you?     Yes     No

If yes, who pays the bills?    Ms. Jones' mother

What bills are paid?    Her mother paid the 2/1 furniture bill. It was a loan and Ms. Jones is repaying her \$5 per month. Her mother also pays the phone bill. (vendor payment)

2. Do you share the costs of monthly bills with anyone?     Yes     No

If yes, who? \_\_\_\_\_

What costs? \_\_\_\_\_

3. Comments / Documentation    Ms. Jones paid \$45 on the electric bill on 2/1. She pays only \$795.60 per month in expenses. Her income is \$860 per month (because of loan from mother - \$60).

I certify that I have reviewed the information on this form with the applicant / recipient.

Ina Naker  
Signature (Case Manager)

2/1/02  
Date

COUNTY: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

## MISMANAGEMENT

If the interview reveals that the Job Seeker has sufficient income to meet his/her expenses but is unable or unwilling to manage the check to benefit the children, the FICM may need to assign a protective payee to the case. Examples of things that would alert you that the check is being mismanaged include:

1. A Job Seeker buying clothes for him/herself but not for the children
2. Late or no rent payments although there is sufficient income to pay it
3. Utilities turned off although the payment amounts are affordable.

Remember that, for the most part, the Job Seeker is free to use the TANF check as s(he) sees fit as long as the children are cared for. Be wary of making value judgments about the Job Seeker's life-style. For example, the Job Seeker may choose to leave the children with a sitter and go out dancing on Friday and Saturday nights. As long as the children are being cared for, this is not a mismanagement case.

If the relative is unable to manage the check due to ignorance or lack of education, a service referral must be made by the FICM via Form 713, Inter-office Referral.

It may be necessary to assign a Protective Payee to the case. (See MR - 1915 - 1)



## INTERVIEW DESK AID

This desk aid provides suggestions for interviewing. The focus is on gathering complete and accurate information. The questions emphasize assistance unit composition, income, resources, expenses and work requirements.

**Assistance  
Unit  
Composition:**

1. "Tell me about the people who live/stay with you. Full-time or part-time?"
2. "Is there anybody who usually lives with you but is now out of town or away from home (at school, at work, in a hospital, in the military, or in jail)? How much money do they send you?"
3. "Is this everyone who lives/stays with you?"

**Resources**

*Vehicles*

1. "What kind of car do you have? Do you have any other cars? Do you have other vehicles (truck, camper, boat, motorcycle, etc.)?"
2. "In whose name is the vehicle listed?"
3. "Do you have a car or other vehicle at home or that you use that doesn't belong to anyone in your household?"
4. "Do you or any household member have an inoperative, non-running, or unlicensed vehicle?"
5. "Do you have a car note? How much is it? How is it paid?"
6. "How do you get to the grocery store?"

*Savings/  
Checking*

1. "How much money do you have in your bank account?" (Ask same question for each household member.)
2. "How much do you have in credit union, cash on hand?"
3. "Does anyone owe you money? How much and how often are they paying on this loan?"
4. "Do you or any household member have any savings bonds?"
5. "Is your name on anyone else's bank or savings account?"

*Real Estate*

1. "Do you own or are you buying your home? What other property do you own? What other property are you buying?"
2. "How much money do you get for the use of your property?"
3. "Has anyone left you any property or do you share property with someone?"

**Income:**

*Income from  
Work*

1. "Where do you work? How much do you earn before anything is taken out?" (Ask same questions for each household member of working age.)
2. "How much money do you get for the use of your property?"
3. "Does anyone in your household do day work or hire out?"
4. "Does anyone do any work for anyone or do anything for money?"
5. "Does anyone work only at certain times of the year?"
6. "Is anyone expecting to go to work soon?"
7. "Are you seeking work regularly? Where have you looked? When?"

*Self-Employed*

1. "Is anyone in business for him/herself?"
2. "Tell me about his/her work."

**Other Income**

Ask these questions for each AU member:

*Amounts*

1. "Do you get a welfare/TANF check? How much and for whom?"
2. "Do you get a government check (green or gold) or an old age check, or a disability check?"
3. For members with RSDI:
  - a. "Is the amount of your check the amount they told you that you would get?"
  - b. "Is this the amount you get after they take out for your insurance?"
  - c. "How much do they take out for your insurance?"
4. "Does anyone loan you money to pay your bills?"
5. "Do you receive any help from the children's father?"

**Expenses**

*Dependent  
Care:*

1. "Do you ever have to pay anyone to look after your children (or name of disabled adult)? When do you have to do this?"
2. "Do you leave your child at a day care center or with anyone at no charge?"

*Others:*

1. "Do you owe money to a bank/finance company?"
2. "Are you making payments on furniture, appliances, etc.?"
3. "Do you have monthly credit card payments?"

# BUDGETING



TRAINING MANUAL

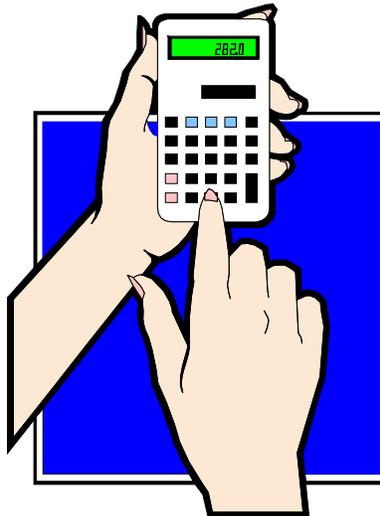
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## OBJECTIVES FOR BUDGETING

- ✓ Participants will be able to identify the Gross Income Ceiling limit, Standard of Need, and the Family Maximum based on AU size.
- ✓ Participants will be able to calculate representative income and deductions.
- ✓ Participants will be able to determine when to use actual or converted income and expenses.
- ✓ Participants will be able to demonstrate how to complete an initial application budget.
- ✓ Participants will be able to apply the correct Gross Income Ceiling, Standard of Need, and Family Maximum to a TANF budget.
- ✓ Participants will be able to apply the appropriate earned income deductions (\$90 standard work deduction, \$30 plus 1/3 deduction, and the dependent care deduction) to a TANF budget.
- ✓ Participants will be able to identify the four months of the \$30 plus 1/3 deduction.
- ✓ Participants will be able to identify the eight months of the \$30 deduction..
- ✓ Participants will be able to calculate the maximum dependent care deduction an AU can receive.
- ✓ Participants will be able to identify the SUCCESS fields and screens related to TANF budgeting.

## OUTLINE OF BUDGETING

- I. INTRODUCTION (MR 1605)
- II. ELIGIBILITY PAYMENT TABLE (MR 1501 and 1605)
- III. PRORATION OF INITIAL BENEFITS (MR 1110)
- IV. DETERMINING FINANCIAL ELIGIBILITY (MR 1605)
- V. DETERMINING REPRESENTATIVE AMOUNTS (MR 1610)
- VI. DETERMINING MONTHLY AMOUNTS (MR 1610)
- VII. TANF DEDUCTIONS (MR 1615)
- VIII. SUCCESS SCREENS



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## DETERMINING MONTHLY INCOME/EXPENSES AT INITIAL APPLICATION

<i>Income Is Received For The Full Month and The Income Is Expected to Continue</i>
---

**Example 1:**

Job seeker applies for TANF on October 5 and is approved on October 26.

She is employed and provides the following 4 check stubs as verification of income. She expects this to continue; checks are representative of usual pay.

9/11	\$70.72
9/18	\$68.39
9/25	\$74.61
10/2	<u>\$71.34</u>
	$\$285.06 \div 4 = \$71.26 \times 4.3333 = \$308.79$

\$308.79 should be budgeted for the month of October and the ongoing month of November.

**Example 2:**

Job Seeker applies for TANF on October 5 and is approved on November 6.

She is employed and provides the following 4 check stubs which are representative of her usual earnings:

9/11	\$126.84
9/18	\$137.60
9/25	\$132.90
10/2	<u>\$138.20</u>
	$\$535.54 \div 4 = \$133.88 \times 4.3333 = \$580.14$

\$580.14 should be budgeted for November and ongoing for TANF. (The AU is not eligible for TANF in October.)

***Income Is Received For a Full Month But Is Not Expected to Continue***

**Example 3:**

Job Seeker applies for TANF on May 4 and is approved on May 25.

She will receive her last UCB check on May 29.

She has received \$130 per week for the past 16 weeks.

Budget \$563.32 for May in TANF (\$130 x 4.3333 - A/R will receive a full month's income in May.)

Budget no income from this source in the ongoing months.



***Income Terminates in the Month of Application***

**Example 4:**

Job Seeker applies for TANF on June 10 and is approved on June 29.

She lost her job; her last check will be received on June 16.

She provides the following bi-weekly check stubs:

6/2	\$273
5/19	<u>\$301</u>
	\$574 ÷ 2 = \$287.00

Budget \$560.00 for June in TANF (the 6/2 check plus \$287.00 to represent the check she will receive on 6/16).

Budget no income from this job for ongoing months.

**Example 5:**

Customer applies for TANF on May 22 and is approved on June 10.

She lost her job; her last check was received on May 15.

She provides the following weekly check stubs:

5/1	\$290
5/8	\$278
5/15	\$230

No TANF will be issued for May.

Budget no income from this source in June or the ongoing months.



***Income Is New and a Full Month Will Not Be Received in the Application Month***

**Example 6:**



Job Seeker applies for TANF on July 6 and is approved on July 27.

She has a new job and she will receive her first check on July 15; she will earn \$5.25 per hour for 25 hours per week.

$\$5.25 \times 25 = \$131.25$  representative weekly amount

Budget  $\$131.25 \times 3 = \$393.75$  (for 7/15, 7/22, and 7/29) for July in TANF.

Budget  $\$131.25 \times 4.3333 = 568.74$  for August and ongoing months.

***Income Is New and a Full Month Will Be Received in the Application Month***

**Example 7:**

Job Seeker applies for TANF on July 20 and is approved on July 24.

She has a new job and she received her first check on July 3; she earns \$5.15 per hour and averages 15 hours per week.

She provides the following weekly check stubs:

7/3    \$61.80  
7/10   \$66.95  
7/17   \$77.25

The representative amount is  
 $\$61.80 + \$66.95 + \$77.25 = \$206$   
 $\$206 \div 3 = \$68.66$

Budget  
 $\$68.66 \times 4.3333 = \$297.52$  for July and ongoing in TANF.

Note: The difference between Example 6 and Example 7. In Example 7 the income was converted even though it was a new source of income. This is because the Job Seeker will receive a full month of income for July and ongoing.

---

## FACTS ABOUT \$30 + 1/3 IN TANF

- ✓ \$30 + 1/3 is a deduction given only to earned income
- ✓ \$30 + 1/3 is available to each AU member with earnings
- ✓ \$30 + 1/3 is received for four consecutive months
- ✓ After it is received for four consecutive months, the individual can NEVER receive it again until they have been off TANF for at least twelve consecutive months
- ✓ Each employed individual can receive \$30 + 1/3 and each individual can be in different stages of \$30 + 1/3

- 
- 
- ✓ After receiving four consecutive months of \$30 + 1/3, the individual receives 8 consecutive months of \$30

### To determine if eligible for \$30 + 1/3 at initial application:

- A/R must have correctly received TANF in one of the four months prior to the month of application

**OR**

- A/R must pass the SON test

<b>BE CAREFUL</b> - If previously exhausted \$30 + 1/3 and has not been off TANF for 12 consecutive months then is not eligible for \$30 + 1/3 again.
---

### To determine if eligible for \$30 + 1/3 for ongoing cases:

- A/R must have never received four consecutive months of \$30 + 1/3 before

**OR**

- A/R must have been off TANF for a minimum of twelve consecutive months since receiving it

**NOTICE** - The SON Test is only completed for initial applications when individual has not correctly received TANF in 1 of last 4 months prior to initial application.

# Sample 30 + 1/3 Budgets in TANF

1. Ms. Jamie Jones applies for TANF for herself and her daughter on April 3. Ms. Jones has never received TANF before. She reports her earned income is \$50 a week which she earns cleaning houses for 1 day a week. In addition to her earnings, her daughter receives \$50.00 a month direct child support. Case is completed April 27.

**SEE SAMPLE BUDGET ATTACHED**

2. Ms. Daisy Allison applies for TANF for herself and her two children on April 27. Ms. Allison previously received TANF in January and February. Prior to that she had never received TANF before. Ms. Allison is employed. She earns \$85.00 a week. In addition to her earnings, her son receives \$100.00 a month RSDI on his deceased father's account. Case is approved May 19.

**SEE SAMPLE BUDGET ATTACHED**

3. Look at how Ms. Allison's budget would look after the expiration of the 1/3 deduction has occurred.

**SEE SAMPLE BUDGET ATTACHED**

4. Ms. Alice Kulwicki has an ongoing TANF case (AU of 4). She reports May 8 that she began working and received her first check on May 4. She is earning \$100 a week. She has never received four consecutive months of \$30 + 1/3.

**SEE SAMPLE BUDGET ATTACHED**

Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <u>Jamie Jones</u>		Number in AU <u>2</u>	Action Taken: <input type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <u>012345690</u>		Effective Month <u>April</u>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross wages \$ <u>216.66</u>		
Total Nonexempt Resources \$ <u>0</u>		Less \$90 \$ <u>126.66</u>		
Resource Limit \$ <u>1000</u>		Less Child Care \$ <u>126.66</u>		
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ <u>176.66</u>		
<b>B. Income Ceiling Test</b>		Plus earned Income \$ _____		
Gross Income \$ <u>266.66</u> (Plus deemed, less allocated income)		Less Allocation \$ _____		
Gross Income Ceiling \$ <u>659.00</u>		Total \$ <u>177</u>		
Surplus/Deficit \$ <u>Eligible</u>		SON \$ <u>356</u>		
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ _____		
		Eligible for \$30 + 1/3? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		<u>April, May, June, July</u>		
<b>Eligibility/Payment Budget</b>				
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		<u>356</u>		
2. Earned Income				
<u>Mrs. Jones</u>		<u>216.66</u>		
<b>Total Earned Income</b>		<u>216.66</u>	<b>Subtotals</b>	<u>Wages</u>
3. Less \$90		<u>90.</u>	<u>126.66</u>	<u>\$50/wk</u>
4. Less \$30		<u>30.</u>	<u>96.66</u>	<u>x4.3333</u>
5. Less 1/3		<u>32.22</u>	<u>64.44</u>	<u>216.66</u>
6. Less child care				
7. Net Earned income			<u>64.44</u>	
8. Plus Unearned Income				
9. Plus Child Support (Less \$50 - Medicaid only)		<u>50.</u>	<u>114.44</u>	
10. Plus Deemed Income				
11. Less Allocation				
12. Total Countable Income			<u>114.44</u>	<u>114.</u>
13. Surplus/Deficit (SON less line 12)				<u>242.</u>
14. Family maximum				<u>235.</u>
15. Benefit Amount				<u>235</u>

Georgia Department of Human Resources

TANF BUDGET SHEET

(Example #2: \$30 and 1/3, Initial Application, No SON Test)

Name of Grantee Relative <b>Daisy Allison</b>	Number in AU <b>3</b>	Action Taken: <input type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>123456910</b>	Effective Month <b>May</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>	Resource Limit \$ <u>1000</u>	Less \$90 \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Less Child Care \$ _____	
<b>B. Income Ceiling Test</b>		Plus Unearned Income \$ _____	
Gross Income \$ <u>468.33</u> (Plus deemed, less allocated income)	Gross Income Ceiling \$ <u>784</u>	Plus Deemed Income \$ _____	
Surplus/Deficit \$ _____	Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Less Allocation \$ _____	
		Total \$ _____	
		SON \$ _____	
		Surplus/Deficit \$ _____	
		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>Received TANF in 1 of last 4 months</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit	<b>424</b>		
2. Earned Income			
<b>Mrs. Allison - Wages</b>	<b>368.33</b>	<b>Wages</b>	
		<b>\$85.00/Wk</b>	
		<b>x 4.3333</b>	
		<b>\$368.33</b>	
<b>Total Earned Income</b>	<b>368.33</b>	<b>Subtotals</b>	
3. Less \$90	<b>90</b>	<b>278.33</b>	
4. Less \$30	<b>30</b>	<b>248.33</b>	
5. Less 1/3	<b>82.77</b>	<b>165.56</b>	
6. Less Child Care			
7. Net Earned Income		<b>165.56</b>	
8. Plus Unearned Income <b>(RSDI)</b>	<b>100</b>	<b>265.56</b>	
9. Plus Child Support (Less \$50 - Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>265.56</b>	<b>266</b>
13. Surplus/Deficit (SON less line 12)			<b>158</b>
14. Family Maximum			<b>280</b>
15. Benefit Amount			<b>158</b>

Georgia Department of Human Resources

TANF BUDGET SHEET

(Example #3: Expiration of 1/3 Deduction)

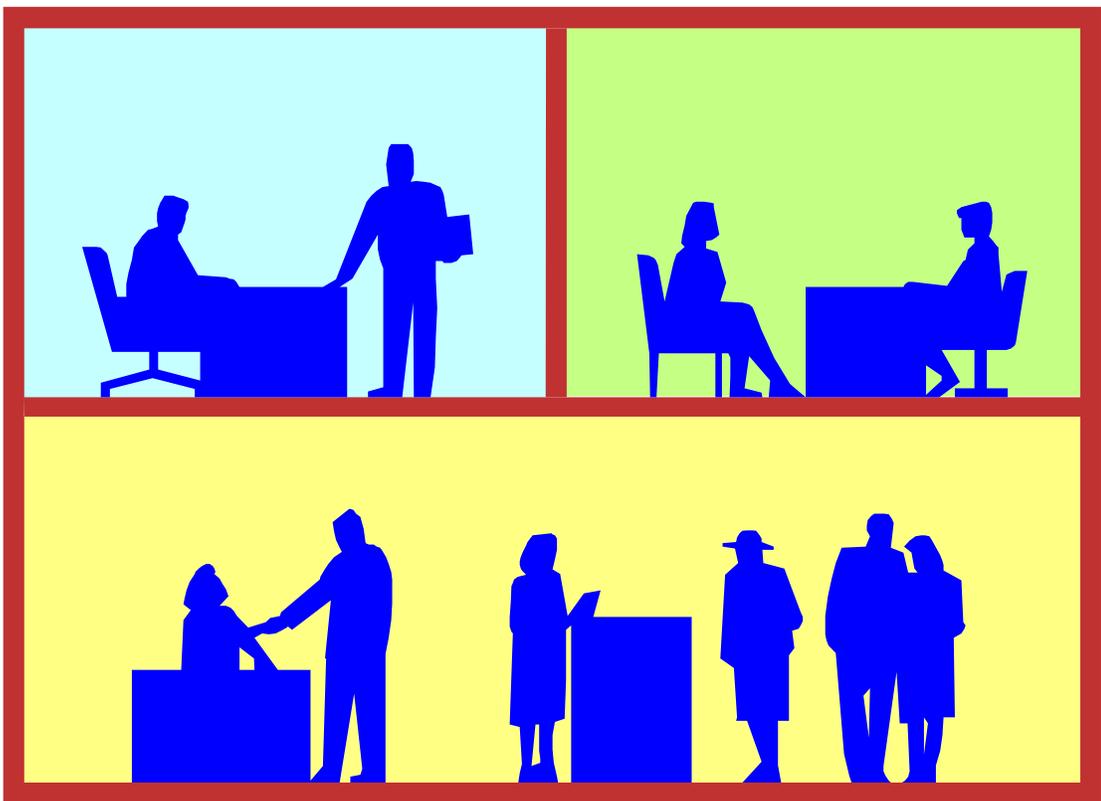
Name of Grantee Relative <b>Daisy Allison</b>	Number in AU <b>3</b>	Action Taken: <input type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>123456910</b>	Effective Month <b>September</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources	\$ <u>0</u>	Less \$90	\$ _____
Resource Limit	\$ <u>1000</u>	Less Child Care	\$ _____
Eligible Based on Resources?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plus Unearned Income	\$ _____
<b>B. Income Ceiling Test</b>		Plus Deemed Income	\$ _____
Gross Income	\$ <u>468.33</u>	Less Allocation	\$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling	\$ <u>784</u>	SON	\$ _____
Surplus/Deficit	\$ _____	Surplus/Deficit	\$ _____
Eligible based on ceiling test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Eligibility/Payment Budget</b>			
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit	<b>424</b>		
2. Earned Income		Subtotals	Wages \$85.00/week x 4.3333 \$368.33
<b>Mrs. Allison - Wages</b>	<b>368.33</b>		
<b>Total Earned Income</b>	<b>368.33</b>		
3. Less \$90	<b>90</b>	<b>278.33</b>	
4. Less \$30	<b>30</b>	<b>248.33</b>	
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income		<b>248.33</b>	
8. Plus Unearned Income (RSDI)	<b>100</b>	<b>348.33</b>	
9. Plus Child Support (Less \$50 - Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>348.33</b>	<b>348</b>
13. Surplus/Deficit (SON less line 12)			<b>76</b>
14. Family Maximum			<b>280</b>
15. Benefit Amount			<b>76</b>

Eligible for 8 months of \$30 deduction: September - April

**Georgia Department of Human Resources**  
**TANF BUDGET SHEET**  
(Example #4: Ongoing \$30 and 1/3)

Name of Grantee Relative <i>Alice Kulwicki</i>	Number in AU <i>4</i>	Action Taken: <input type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <i>123454320</i>	Effective Month <i>June</i>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u><i>0</i></u>		Less \$90 \$ _____	
Resource Limit \$ <u><i>1000</i></u>		Less Child Care \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____	
Gross Income \$ <u><i>433.33</i></u> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <u><i>925</i></u>		Total \$ _____	
Surplus/Deficit \$ _____		SON \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ _____	
		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit	<i>500</i>		
2. Earned Income			<i>Wages \$100.00/week x 4.3333 \$433.33</i>
<i>Ms. Kulwicki Wages</i>	<i>433.33</i>		
<b>Total Earned Income</b>	<i>433.33</i>	<b>Subtotals</b>	
3. Less \$90	<i>90</i>	<i>343.33</i>	
4. Less \$30	<i>30</i>	<i>313.33</i>	
5. Less 1/3	<i>104.44</i>	<i>208.89</i>	
6. Less Child Care			
7. Net Earned Income		<i>208.89</i>	
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<i>208.89</i>	<i>209</i>
13. Surplus/Deficit (SON less line 12)			<i>291</i>
14. Family Maximum			<i>330</i>
15. Benefit Amount			<i>291</i>

# CHANGES



T

RAINING MANUAL

## OBJECTIVES FOR CHANGES

- ⇒ Participants will be able to identify what changes are required to be reported by TANF AUs.
- ⇒ Participants will be able to identify the time frames for taking action on reported changes.
- ⇒ Participants will be able to apply the correct verification requirements for reported changes.
- ⇒ Participants will be able to process changes in income, deductions, and AU composition.
- ⇒ Participants will be able to determine when Adequate or Timely Notice is appropriate.
- ⇒ Participants will be able to demonstrate how to determine the effective month for untimely reported wages.

## OUTLINE OF CHANGES

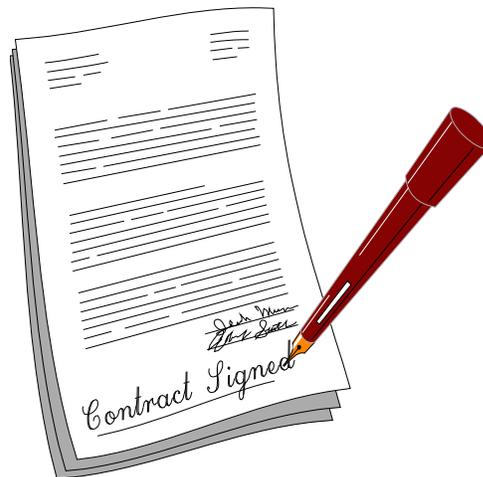
- I. INTRODUCTION (MR 1701)
- II. REPORTING OF CHANGES (MR 1720)
- III. TIME FRAMES FOR TAKING ACTION (MR 1720)
- IV. REQUIRED VERIFICATION (MR 1720)
- V. NOTIFICATION (MR 1705)
- VI. WHEN CHANGES ARE EFFECTIVE (MR 1701)
- VII. FINANCIAL CHANGES RESULT IN DECREASE (MR 1730)
- VIII. FINANCIAL CHANGES RESULT IN INCREASE (MR 1730)
- IX. SUPPLEMENTALS/CORRECTIVES
- X. UNTIMELY REPORT OF INCOME (MR 1615)
- XI. AU COMPOSITION CHANGES (MR 1740)
- XII. MISCELLANEOUS CHANGES (MR 1745)
- XIII. HEARINGS (MR 2200)



## VERIFICATION REQUIREMENTS FOR CHANGES

CHANGES REPORTED	VERIFICATION REQUIREMENT
AU change, person moves in	Accept A/R statement for relationship, DOB and SS# unless questionable. If SS# is not known, verify application for SS# by TPS*. Verify any income or non-liquid resources by TPS.
AU change, person moves out	Accept A/R statement unless questionable.
Acquisition of Vehicle	<ul style="list-style-type: none"> <li>• If excluded - A/R statement unless questionable</li> <li>• If counted - verify by TPS</li> </ul>
Acquisition of Real Property	Verify by TPS within a reasonable amount of time
All other changes in or acquisition of resources	Verify by TPS if total countable resources exceed 75% of the resource limit
Residence	Accept A/R statement, unless questionable
Income - New Source	Verify by TPS within a reasonable amount of time
Income - amount changes	Verify by TPS within a reasonable amount of time
Terminated Income	Verify by TPS within a reasonable amount of time
Excluded Income	Verify by TPS within a reasonable amount of time
Dependent Care	Verify by TPS within a reasonable amount of time  If terminated, accept A/R statement unless questionable.

\* TPS - Third Party Source



## EFFECTIVE MONTH OF FINANCIAL CHANGES IN TANF

CHANGE RESULTS IN...	EFFECTIVE MONTH
Decrease in Benefit/Total Ineligibility  New/Increased Income Terminated/Decreased Deduction	Effective the month after the change occurs, or the second month after the change occurs, depending on when the worker takes action and timely notice expires  –use representative amount x conversion  If no timely notice required, effective the month after the change occurs
NOTE: THE WORKER MUST ACT ON FINANCIAL CHANGES WITHIN TEN DAYS; FAILURE TO ACT TIMELY IS AN ERROR AND MAY CREATE OVERPAYMENTS.	
Increase in Benefit  Terminated/Decreased Income New/Increased Deduction	Effective the month after the change is reported or the month in which verification is provided; whichever is later.
NOTE: THE WORKER MUST ACT ON FINANCIAL CHANGES WITHIN TEN DAYS; FAILURE TO ACT TIMELY IS AN ERROR AND MAY CREATE UNDERPAYMENTS.	



## EXAMPLES: CHANGES IN INCOME AND DEDUCTIONS

### A. New Income or Increased Income

#### EXAMPLE #1:

An ongoing recipient begins working and receives her first check on July 1.

The change is reported/verified on July 10. Worker processes change on July 10 to add new income; timely notice expires July 20.

The change will be made effective August (representative amount multiplied by the appropriate conversion factor).

30 and 1/3 months: August, September, October and November.

#### EXAMPLE #2:

An ongoing recipient begins working and receives her first check on July 29.

The change is reported on August 4. Verification received and FICM processes change on August 7 to add new income.

The change will be made effective September (representative amount multiplied by the appropriate conversion factor).

30 and 1/3 months: September, October, November and December.



## **EXAMPLES: CHANGES IN INCOME AND DEDUCTIONS (continued)**

### **EXAMPLE #3:**

A job seeker begins working and receives her first pay check on July 10. The change is reported and verified on July 20. Trial budget is completed and recipient continues to be eligible. Case action is processed to add new income and timely notice is mailed on July 20. Timely notice will expire on July 30, which is during the window period. The change is effective September 30 and 1/3 months: September, October, November, and December.

### **EXAMPLE #4:**

An ongoing recipient reports an increase in wages; she will receive the first check with the increased amount on July 15.

The change is reported/verified July 25.

Trial budget is completed; recipient continues to be eligible.

Case action is processed and timely notice is mailed on July 25.

Timely notice will not expire until August. The change is effective September.

### **EXAMPLE #5:**

An ongoing recipient reports on July 7 that she received her first child support check from the AP on July 7. Verification is provided on July 7.

Trial budget is completed; recipient continues to be eligible, case action is processed and timely notice is given on July 7. The change will be made effective August.

## **EXAMPLES: CHANGES IN INCOME AND DEDUCTIONS (continued)**

### **B. Terminated or Decreased Income**

#### **EXAMPLE #1:**

An ongoing recipient reports on February 23 that she lost her job and will receive her last check on March 6 in the amount of \$103.

She verifies this change on March 1.

Change the income to \$103 for March (a corrective must be issued). Delete the income effective April.

#### **EXAMPLE #2:**

An ongoing recipient reports on July 7 that she lost her job and received her last check on June 23.

She verifies this change on July 10.

Remove the income effective August, which is the ongoing month.

A corrective is not due for the month of July as the change was not reported or verified until July.

### **C. New or Increased Dependent Care Costs**

#### **EXAMPLE #1:**

An ongoing recipient reports on July 7 that she started paying child care on March 19.

She verifies this change on July 10.

Add the deduction for the ongoing month of August.

#### **EXAMPLE #2:**

An ongoing recipient reports and verifies on May 6 that she began paying child care on May 1. She pays \$30 every Wednesday.

FICM computes the change on May 15.

The deduction is added for the ongoing month of June.

## EXAMPLES: CHANGES IN INCOME AND DEDUCTIONS (continued)

### EXAMPLE #3:

An ongoing recipient reports on September 28 that she started paying child care on September 21. She pays \$40 every Friday.

She verifies this change on October 16.

FICM completes the change on October 19.

The deduction is added for October using the correct converted amount.

### EXAMPLE #4:

An ongoing recipient reports on April 16 that her child care amount will increase effective with her May 8 payment.

She verifies this change on April 20. FICM completes the action on April 22.

Change the child care deduction for the ongoing month of May to reflect the anticipated amount she will pay.

Change the child care deduction for June to the correct converted amount.

## D. Terminated or Decreased Dependent Care Costs

### EXAMPLE:

An ongoing recipient stops paying child care. She makes the last payment on August 1.

The change is reported on August 10. A/R verifies the change August 14, and the FICM completes the change that day.

If the recipient is eligible on the trial budget, the FICM would delete the child care for the ongoing month of September. Timely notice expires August 24, before the window period.



## ***Things to think about when an ongoing client reports a new job***

**REQUEST VERIFICATION AND ADD THE INCOME TO THE CASE WITHIN 10 DAYS OF RECEIPT OF VERIFICATION**

**Go directly to SUCCESS to document the change**

**Ask if they're paying child care; request verification as needed**

**Compute a trial budget to determine how the income affects eligibility.**

**DISCUSS THE OPTION OF CLOSING THE TANF CASE**



## UNTIMELY REPORT OF EARNINGS (MR 1615-9)

When a recipient reports new wages untimely, s/he receives no earned income deductions in TANF. This penalty is applied from the first month the wages should have been included **through** the month of report.

No \$90 deduction  
No 30 plus 1/3 deduction  
No child care deduction

In TANF, the penalized months will count as 30 plus 1/3 months.

**Example 1:** Recipient begins work April 5<sup>th</sup>. Her first paycheck was received on April 20. She reports the change on June 29. The first month the wages are counted in TANF is June. No earned income deductions will be given for the month of June in TANF. In TANF, June will count as the first 30 plus 1/3 month.

**Example 2:** Recipient begins work January 9<sup>th</sup>. Her first paycheck was received on January 21. She reports the change on June 16. The first month the wages are counted in TANF is March. No earned income deductions will be given for the months of March through June in TANF. In TANF, the 30 plus 1/3 months will be March through June. For the ongoing month of July, s/he will receive \$30 deduction.

**Example 3:** Recipient begins work on February 21<sup>st</sup> and receives her first paycheck February 28<sup>th</sup>. She reports the change on June 16<sup>th</sup>. The first month the wages are counted in TANF is April. No earned income deductions will be given for the months of April through June in TANF. In TANF, the 30 plus 1/3 months will be April through July.

### **Example 4: Untimely Report of Wages**

Ongoing recipient begins working on June 1<sup>st</sup>.  
She received her first paycheck on June 13<sup>th</sup>.  
She reports the change on August 3<sup>rd</sup>.

If the recipient is eligible on the trial budget, add the income to TANF for the ongoing month of September - use the representative amount multiplied by the appropriate conversion factor. Based on the untimely report policy, the change must be effective August for TANF and therefore, the recipient was overpaid in TANF.

Verify the beginning date of employment and all wages in order to correctly determine the 30 plus 1/3.

For TANF, the first 30 plus 1/3 month is August.

Remember, the recipient reported untimely, therefore, no earned income deductions will be given in TANF for the month of August.

## ADDING ASSISTANCE UNIT MEMBERS (MR 1740)

CHANGE	TANF Policy
Adding an AU member	<b>Standard Filing Unit</b> (annotate current application - AFA)  Add effective the month after report or the month in which all verification is received, whichever is later.
	<b>Non-SFU</b> (complete new application - AFA)  Add effective the month after the signed application is received or the month in which all verification is received, whichever is later.

\* SFU - when adding an AU member with income or resources which results in an overpayment or the AU being ineligible, allow timely notice.

\* Non-SFU - when adding an AU member with income or resources which results in the AU being ineligible, exclude the non-SFU member.



## NON-FINANCIAL CHANGES\* (MR 1740)

CHANGE	TANF Policy
Deleting an AU Member	If the change will cause an increase in TANF - delete effective the month after report  If the change will cause a decrease in TANF - delete effective the month after the change occurred
Other Non-financial changes	If the change will cause an increase in TANF - make the change effective the month after report  If the change will cause a decrease or termination in TANF - make the change effective the month after the change occurred

\* Does not include Penalties.



# SANCTIONS



TRAINING MANUAL

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# OBJECTIVES FOR SANCTIONS

- ⇒ Participants will be able to identify material violations.
- ⇒ Participants will be able to determine examples of good cause.
- ⇒ Participants will be able to identify when the one-time only conciliation has been used.
- ⇒ Participants will be able to use the steps in conducting the conciliation process at initial application and in ongoing situations.
- ⇒ Participants will be able to identify the consequences of the first, second, and subsequent sanctions.
- ⇒ Participants will be able to apply the steps to impose sanctions.
- ⇒ Participants will be able to complete a Form 329, TANF Sanction Notice.
- ⇒ Participants will be able to identify the SUCCESS fields and screens related to TANF sanctions.

# OUTLINE (MR1351)

- I. INTRODUCTION
- II. MATERIAL VIOLATIONS
- III. GOOD CAUSE
- IV. OVERVIEW OF CONCILIATION
- V. CONCILIATION PROCESS
- VI. OVERVIEW OF SANCTIONS
- VII. SANCTIONS PROCESS
- VIII. SUCCESS



## Material Violations

A material violation is a failure to meet, without good cause, one of the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

A material violation, without \_\_\_\_\_, can result in a sanction.

## Sanctions

A sanction is the consequence of an assistance unit (AU) member committing a material violation. A sanction is either:

1. \_\_\_\_\_
2. \_\_\_\_\_.

A sanction is imposed on the entire \_\_\_\_\_, not only on an individual AU member.

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## Good Cause

When an AU has “good cause,” it means that the AU

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If an AU has failed to meet a requirement contained in its \_\_\_\_\_  
\_\_\_\_\_, but has good cause, then  
no \_\_\_\_\_ has taken place and the AU will not be  
subject to a \_\_\_\_\_.

## Conciliation Process

A conciliation may be used only \_\_\_\_\_ in a lifetime of TANF receipt.

By “used”, we mean either that:

- 1) \_\_\_\_\_, OR
- 2) \_\_\_\_\_.

Your client has the right to claim good cause for not meeting the requirement.

If your client has good cause, then there is no \_\_\_\_\_,  
there is no need to \_\_\_\_\_, and the once-in-a-lifetime conciliation is  
not \_\_\_\_\_.

<b>Conciliation</b>	
<b>IF</b>	<b>THEN</b>
<p>Your client fails to meet a TFSP requirement</p> <p style="text-align: center;">OR</p> <p>fails to report a child has moved out of the home</p>	<p>Determine if a conciliation has already been used.</p>
<p>A conciliation has already been used</p>	<p>Begin the sanction process.</p>
<p>A conciliation has not been previously used</p>	<p>Send a conciliation letter (Form 190) to your client within 7 days of becoming aware of the possible violation. Schedule an appointment within 14 days of becoming aware of the possible violation.</p>
<p>A conciliation appointment is scheduled and your client fails to attend</p>	<p>Send a manual notice to deny or terminate the TANF case. Allow timely notice for the termination. <b>Pend the conciliation.</b></p> <p>Flag the case!</p>
<p>Your client attends the conciliation appointment and establishes good cause</p>	<p>There is no material violation and NO conciliation is used.</p> <p>If your client fails to meet a requirement in the future, schedule a conciliation appointment.</p>

<b>Conciliation (cont.)</b>	
<b>IF</b>	<b>THEN</b>
<p>Your client attends the appointment and</p> <ul style="list-style-type: none"> <li>• does not have good cause</li> </ul> <p style="text-align: center;">BUT</p> <ul style="list-style-type: none"> <li>• states that s/he will comply in the future,</li> </ul>	<p>This is a conciliated material violation.</p> <p>The one-time conciliation has been used.</p> <p>The client does not have to comply with the requirement during the conciliation process.</p>
<p>Your client attends the appointment and</p> <ul style="list-style-type: none"> <li>• does not have good cause</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>• states s/he will NOT comply in the future,</li> </ul>	<p>This is an unconciliated material violation.</p> <p>At application: Deny the application and send a manual notice to your client</p> <p>Ongoing Case: Obtain written supervisory approval and begin the sanction process immediately. Give your client timely notice (with Form 329). During this period, s/he may decide to either</p> <ul style="list-style-type: none"> <li>• Request voluntary closure of TANF</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• Agree to comply</li> </ul>

<b>Conciliation (cont.)</b>	
<b>IF</b>	<b>THEN</b>
The TANF case is closed to postpone the sanction,	The sanction pends until the client reapplies at a later date and is determined eligible.  Flag the case!
Your client changes his or her mind during the timely notice period and states that s/he will comply in the future,	Do not impose a sanction. BUT, this will count as your client's one conciliation.  Since the client only has one conciliation in his or her lifetime, the conciliation process can only take place prior to imposing a FIRST sanction
Your client conciliates, but then fails to meet a requirement again,	Because your client may conciliate only once during his or her lifetime, begin the process to impose a first sanction.

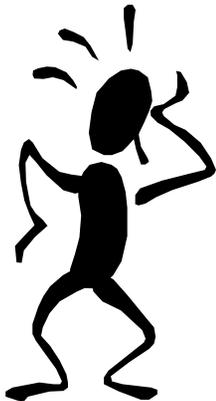
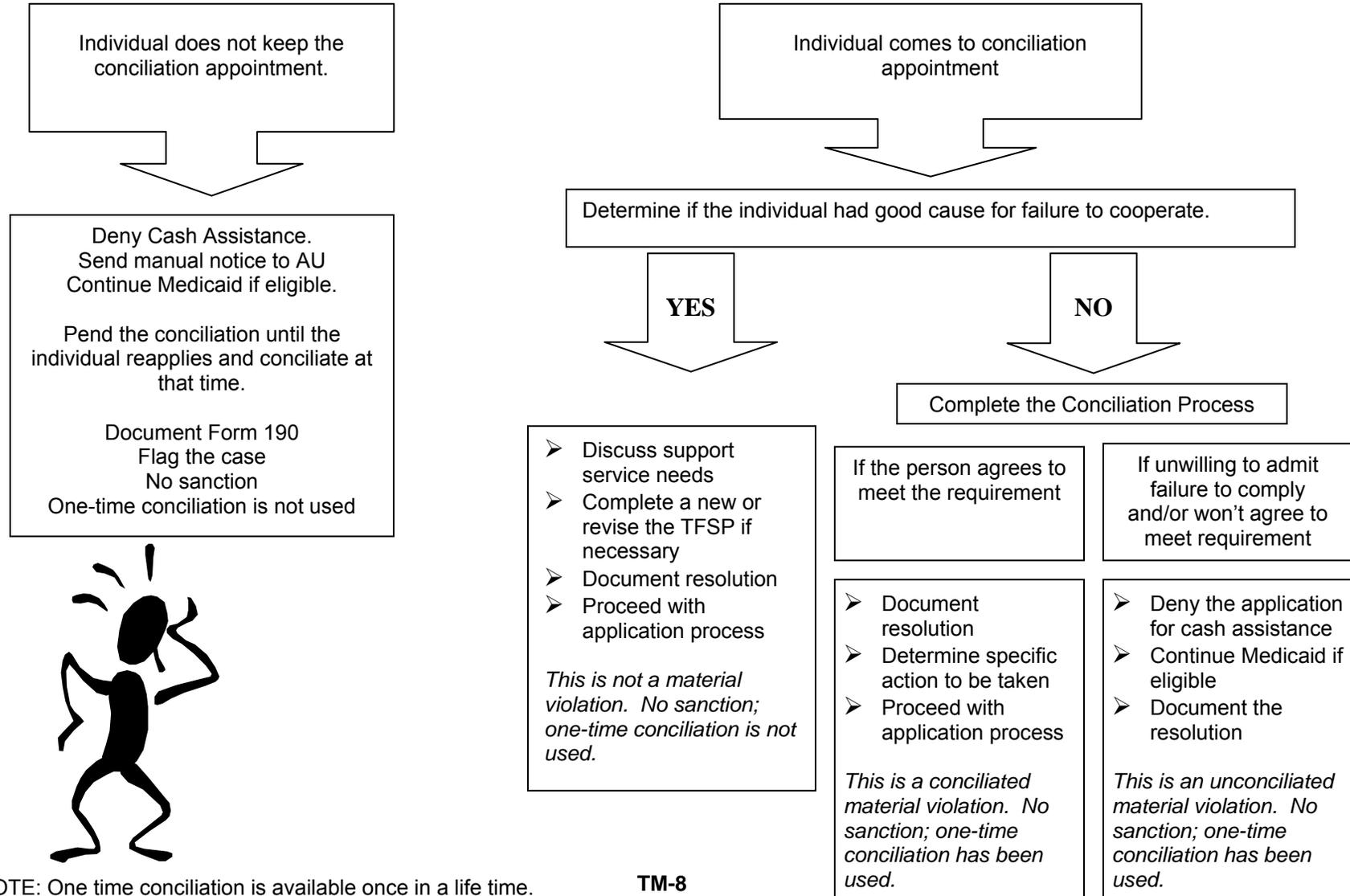
**NOTE:**

► An **applicant** who fails to participate with applicant services or meet a TFSP requirement without good cause, and who does not successfully conciliate, **will be denied**. No sanction will be imposed for failure to meet requirements at application.

► A **recipient** who fails to meet a TFSP requirement or report a child absent from the home without good cause and who does not successfully conciliate, **will cause the AU to be sanctioned**.

## The Conciliation Process at Application (One-time Conciliation Available)

Send a TANF Material Violation Conciliation Letter within 7 days of becoming aware of a possible material violation. Schedule an appointment with the person who failed to comply and with grantee relative, if different, no later than 14 days after becoming aware of possible material violation.



\*NOTE: One time conciliation is available once in a life time.

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**EXAMPLE OF CONCILIATION AT APPLICATION**

Ms. Smith applies for TANF on 7/10. She is ready to look for work and she agrees to participate in applicant services. Ms. Smith fails to go to the DOL workshop on 7/31.

**IF**

**THEN**

Ms. Smith fails to attend DOL workshop.

Send a conciliation letter (Form 190) within seven days of becoming aware of the problem.

Schedule an appointment no later than 14 days of becoming aware of the possible material violation.

Ms. Smith does not come in for the conciliation appointment or respond to Form 190.

Deny the cash assistance.  
Pend the conciliation until she reapplies.  
**Flag the case.**

Ms. Smith comes in for the appointment; she has good cause for failing to meet the requirement

Discuss any need for support services.  
Complete a new or revise the TFSP.  
Document Form 190 with "Good Cause" resolution.  
Proceed with the application process.  
One-time only conciliation has not been used.

Ms. Smith comes in for the appointment; she does not have good cause but she admits that she failed to comply and agrees to comply in the future.

Discuss any need for support services.  
Document Form 190 with the resolution, specific action to be taken.  
Explain that failing to meet the requirement a second time will result in denial of the application.  
This is a conciliated material violation  
**One-time only conciliation has been used.**  
Do not impose a sanction.  
Proceed with the application process.

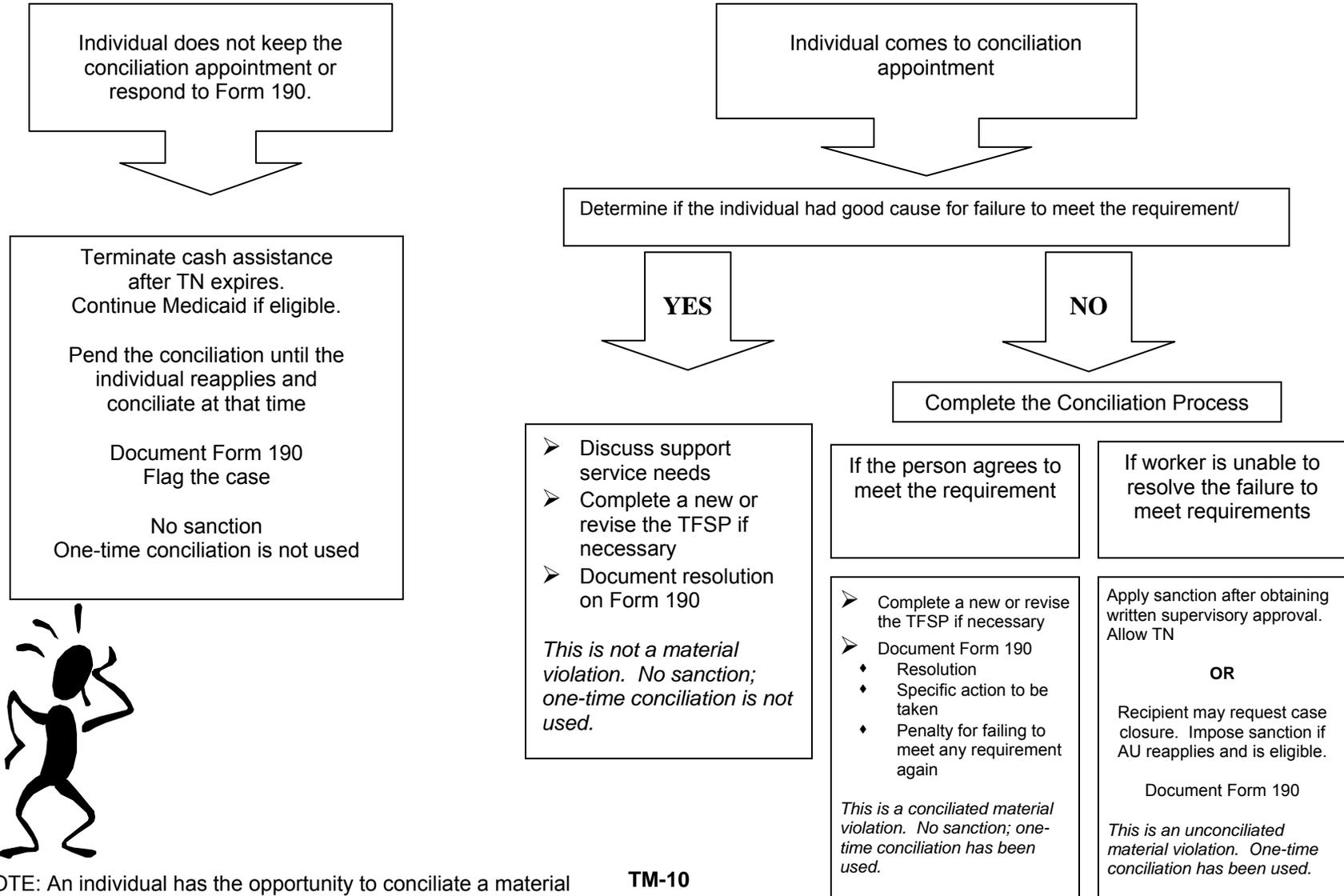
Ms. Smith comes in for the appointment; she does not have good cause and she states that she does not intend to comply with this requirement.

Deny the cash assistance.  
**One-time only conciliation has been used.**



## The Conciliation Process in an Ongoing Case (One-time Conciliation Available\*)

Send a TANF Material Violation Conciliation Letter within 7 days of becoming aware of a possible material violation. Schedule an appointment with the person who failed to comply and with grantee relative, if different, no later than 14 days after becoming aware of possible material violation.



\*NOTE: An individual has the opportunity to conciliate a material violation only one time in his/her receipt of TANF.

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### EXAMPLE OF CONCILIATION IN AN ONGOING CASE

Ms. Jones is an ongoing TANF recipient. She has completed her TFSP and is scheduled to attend family planning on 8/3.

IF	THEN
Ms. Jones fails to attend family planning classes scheduled; FICM is notified on 8/5.	Send a conciliation letter Form 190 within seven days of becoming aware of the problem. Schedule an appointment no later than 14 days of becoming aware of the possible material violation.
Ms. Jones does not come in for the conciliation appointment or respond to Form 190.	Terminate the cash assistance for failure to cooperate; allow timely notice. Pend the conciliation until she reapplies and conciliate at that time. This is not a material violation; do not impose a sanction.
Ms. Jones comes in for the appointment; she has good cause for failing to meet the requirement.	Discuss support services needs. Determine if a revision to the TFSP is needed. Document the resolution on Form 190. Have Ms. Jones sign Form 190. Do not impose a sanction; this is not a material violation. <b>One-time only conciliation has not been used.</b>
Ms. Jones comes in for the appointment; she does not have good cause but she admits that she failed to comply and agrees to meet the requirement in the future.	Discuss support services needs. Determine if a revision to the TFSP is needed. Document Form 190 with the resolution and specific action to be taken. Explain that failure to meet any TFSP requirement again, without good cause, will result in a sanction to the AU. Do not impose a sanction. This is a conciliated material violation. <b>One-time only conciliation has been used.</b>
Ms. Jones comes in for the appointment; she does not have good cause and she states that she does not intend to comply with this requirement.	Explain again the consequences for failure to cooperate with the TFSP. If the participant still wants to receive TANF: have a supervisor review the case, and send a timely notice (Form 329) to impose sanction.  If Ms. Jones opts to terminate the TANF in order to postpone the sanction, pend the sanction until the AU reapplies at a later date and is determined to be eligible.  <b>Flag the case.</b>

## Rules Common to ALL sanctions

The following rules apply to **all sanctions**:

- Supervisory approval is required.
- The AU is given timely notice via Form 329, TANF Sanctions
- The sanction is imposed when timely notice ends.
- There is no compliance process once the sanction is imposed.
- Good cause for failure to meet the requirement leading to the material violation may be established at **ANY** time during the process, even after the sanction is imposed.
- Once imposed, the sanction must run its course, even if the client:
  - may now be exempt or
  - meets the requirement during sanction period

**If the AU becomes totally ineligible for TANF during the timely notice period, terminate the TANF for the other reason. Do NOT impose the sanction.**

## FIRST SANCTION

A first sanction:

- Is the consequence of a material violation
- Is imposed at end of the 10- day timely notice period
- Results in a 25% reduction in cash assistance
- Continues for three calendar months
- Does not allow for a compliance process
- Can be postponed by the client voluntarily closing his or her TANF case
- Can be avoided by the client meeting the requirement before timely notice expires

<b>First Sanction</b>	
<b>IF</b>	<b>THEN</b>
<p>Your client fails to meet a TFSP requirement</p> <p style="text-align: center;">OR</p> <p>Fails to report a child moved,</p> <p style="text-align: center;">AND</p> <p><b>Has used his or her one-time conciliation</b></p>	<p>Begin the sanction process.</p> <p>Send the TANF Sanction Notice (Form 329).</p>
<p>The client meets the requirement during the timely notice period</p>	<p>Do not impose a sanction.</p>
<p>The client fails to meet requirement during the timely notice period</p>	<p>Impose the sanction. The sanction will continue for three calendar months</p>
<p>The client chooses to close the TANF case to postpone the sanction</p>	<p>Pend the sanction, and impose it in the future if the client reapplies and is approved for TANF. Impose the sanction for the full three months or any portion of the three months that have not been served</p>
<p>A closure for any reason occurs during the first sanction period</p>	<p>Pend the sanction until the AU reapplies and is approved for TANF again. Impose the sanction for the full three months or any portion of the three months that have not been served</p>

### Ending the first sanction

In the third month of the first sanction:

- Lift the sanction for the ongoing month (fourth month), restore benefits to the full amount
- Schedule an appointment to review and update your client's TFSP. Schedule the appointment prior to the timely notice cut-off so the case can be closed for the ongoing month if the client fails to keep the appointment

<b>Ending the First Sanction</b>	
<b>IF</b>	<b>THEN</b>
Your client attends the scheduled appointment	Update the TFSP, schedule appropriate work activities, and explain the consequences of another failure to meet the TFSP requirements.
Your client fails to attend the scheduled appointment	Close the TANF case for failure to cooperate; this is NOT a pending sanction

<b>After the First Sanction</b>	
<b>IF</b>	<b>THEN</b>
The client has "served" her sanction months, and then reapplies,	<ul style="list-style-type: none"> <li>• Assign her to applicant job search, if appropriate</li> <li>• Develop a new work plan</li> <li>• Approve the application if the AU is eligible</li> <li>• Make sure your client understands the consequences of another failure to meet the requirements of the TFSP</li> </ul>

## SECOND SANCTION

A second sanction:

- Is the consequence of a material violation following a first sanction
- Is imposed at end of the 10-day timely notice period
- Consists of termination of the TANF case
- Continues for three calendar months
- Does not allow for a conciliation process prior to the sanction being imposed, though the client may always claim good cause at any time
- Does not allow for a compliance process
- Cannot be avoided by the client voluntarily closing her TANF case.

<b>Second sanction</b>	
<b>IF</b>	<b>THEN</b>
Your client fails to meet a TFSP requirement  OR  Fails to report a child moved,  AND  <b>Has had a first sanction imposed.</b>	Begin the sanction process.  Send the TANF Sanction Notice (Form 329).
Your client meets the requirement during timely notice period	Do not impose a sanction.
Your client fails to meet the requirement during the timely notice period,	Impose a sanction. The sanction must continue for three calendar months.
Your client chooses to close the TANF case to postpone the sanction,	Explain that closure of the case <b>IS</b> the sanction, and that the closure will be for three months.

### Ending the second sanction

The 2<sup>nd</sup> sanction ends only when the three-month termination runs its course. Your client may apply for TANF at any time after the sanction is imposed.

- If your client applies more than 45 day before the end of the sanction period (the last day of the third calendar month of the three month sanction period), deny the application.
- If your client applies within 45 days of the end of the sanction period, process the application in the normal manner.

---

## SUBSEQUENT SANCTIONS

After an AU has received a **first AND second** sanction, another material violation requires that a subsequent sanction be imposed.

There are two steps in the subsequent sanctions process:

- 1) A 25% reduction in cash assistance for three calendar months and
- 2) A 12-month termination of cash assistance

### First Subsequent Sanction

A first subsequent sanction:

- Is the consequence of a material violation following a first and second sanction
- Is imposed at end of the 10-day timely notice period
- Results in 25% reduction in cash assistance
- Continues for three calendar months
- Does not allow for a conciliation process prior to the sanction being imposed, though the client may establish good cause at any time
- Does not allow for a compliance process
- Can be avoided by the client voluntarily closing his or her TANF case.

**First Subsequent Sanction (continued)**

<b>First subsequent Sanction</b>	
<b>IF</b>	<b>THEN</b>
Your client fails to meet a TFSP requirement OR fails to report a child in the AU has moved, AND <b>has previously had a 1<sup>st</sup> and 2<sup>nd</sup> sanction,</b>	Begin the sanction process. Send the TANF Sanction Notice (Form 329).
Your client meets the requirement during the timely notice period	Do not impose a sanction.
Your client fails to meet the requirement during the timely notice period	Impose a sanction. The sanction will continue for three calendar months.
Your client chooses to close TANF to postpone sanction,	Pend the sanction and impose it if your client reapplies in the future. Impose the sanction for the full three months or any portion of the three months that have not been served

**Ending the First Subsequent Sanction**

In the third month:

- Lift the sanction for the ongoing month (the fourth month), restore benefits to the full amount
- Schedule an appointment to review and update your client's TFSP. Schedule the appointment prior to the timely notice cut-off so the case can be closed for the ongoing month if the client fails to keep the appointment

<b>Ending the First subsequent Sanction</b>	
<b>IF</b>	<b>THEN</b>
your client attends her scheduled appointment	Update the TFSP, schedule appropriate work activities, and explain the consequences of another failure to meet the personal responsibility or work requirements.
your client fails to attend her scheduled appointment	Close the TANF case for failure to cooperate; this is NOT a pending sanction

<b>After the First Subsequent Sanction</b>	
<b>IF</b>	<b>THEN</b>
The client has "served" her sanction, and then reapplies	<ul style="list-style-type: none"><li>◆ Assign her to applicant job search, if appropriate</li><li>◆ Develop a new TFSP</li><li>◆ Approve the application if the AU is eligible</li><li>◆ Make sure your client understands the consequence of another failure to meet the requirements of the TFSP.</li></ul>

## SECOND SUBSEQUENT SANCTION

A second subsequent sanction:

- Is the consequence of a material violation following a first subsequent sanction
- Is imposed at end of the 10-day timely notice period
- Consists of termination of the TANF case
- Continues for twelve calendar months
- Does not allow for a conciliation process prior to the sanction being imposed, though the client may establish good cause at any time
- Does not allow for a compliance process
- Cannot be avoided by the client voluntarily closing her TANF case
- Requires approval by a review panel before being imposed
- Requires that a home visit be made before being imposed.

<b>Second Subsequent Sanction</b>	
<b>IF</b>	<b>THEN</b>
Your client fails to meet a TFSP requirement  OR  fails to report a child moved,  AND  <b>has previously had 25% reduction for a first subsequent sanction,</b>	Obtain approval from internal and panel reviews.  If approved by the panel, send the TANF Sanction Notice (Form 329)
Your client meets the requirement during the timely notice period,	Do not impose a sanction.
Your client fails to meet the requirement during the timely notice period,	Impose a sanction. The sanction will continue for 12 calendar months.
Your client chooses to close TANF to avoid a sanction	Explain that closure of the case <b>IS</b> the sanction, and that it will be for twelve months.

---

## Ending the Second Subsequent Sanction

The 2<sup>nd</sup> subsequent sanction can end when the twelve-month termination runs its course.

Your client may apply for TANF at any time after the sanction is imposed.

- If your client applies more than 45 days before the end of the sanction period (the last day of the twelfth calendar month of the 12-month sanction period) deny the application.
- If your client applies within 45 days of the end of the sanction period, process the application in the normal manner.

## ADDITIONAL SUBSEQUENT SANCTIONS

After imposing a second subsequent sanction, alternately apply the 25% reduction and the 12-month closure if there are additional material violations. This cycle may be repeated for as long as the AU accesses the TANF program during the 48-month lifetime limit and continues to commit material violations.

# REVIEWS



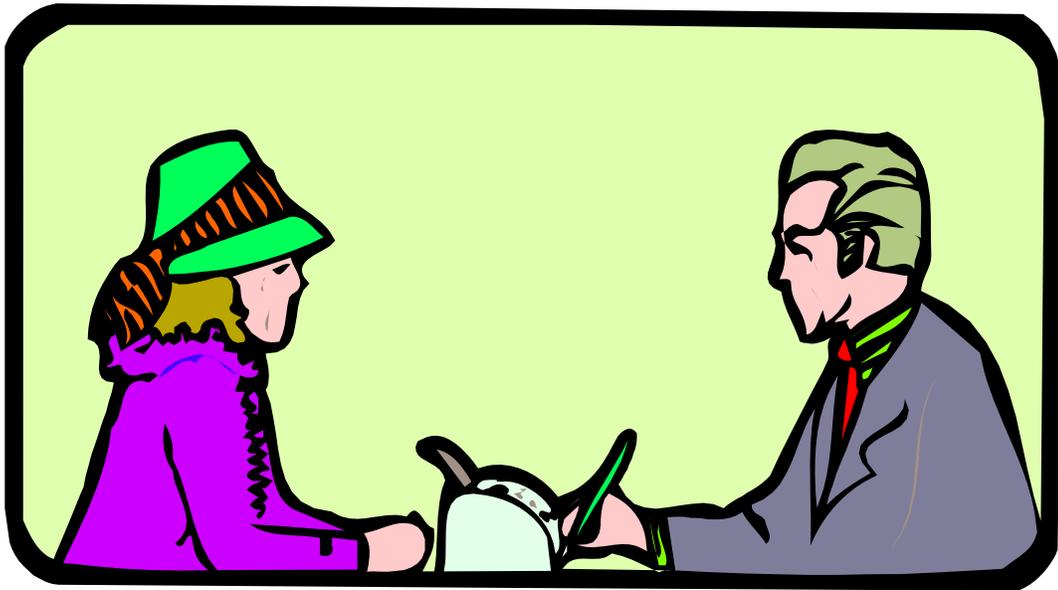
TRAINING MANUAL

## OBJECTIVES FOR REVIEWS

- ⇒ Participants will be able to identify the time frames for Reviews.
- ⇒ Participants will be able to determine who must be interviewed at Review.
- ⇒ Participants will be able to identify the forms to be completed at Review.
- ⇒ Participants will be able to explain the purpose of a Review.
- ⇒ Participants will be able to identify the points of eligibility to cover at Review.
- ⇒ Participants will be able to correctly apply verification requirements at Review.
- ⇒ Participants will be able to identify what type of notification is generated at Review.
- ⇒ Participants will be able to identify the SUCCESS process for Reviews.

## OUTLINE

- I. INTRODUCTION (MR 1701)
- II. TANF REVIEWS (MR 1710)
- III. WHO MUST BE INTERVIEWED (MR 1710-1)
- IV. INTERVIEWING AT REVIEW (MR 1710-1)
- V. REQUIRED FORMS AT REVIEW (MR 1710-3)
- VI. VERIFICATION
- VII. PROCEDURES (MR 1710-5)
- VIII. NOTIFICATION (MR 1705)
- IX. SUCCESS



## REVIEW DESK GUIDE

### Living Arrangements:

Who lives in your home and how are they related to you?  
Has anyone moved in or out of your home?  
Is a minor parent living in the home with you?  
Is anyone in the AU pregnant?

### Deprivation:

Are the children deprived?  
Do you receive child support from the absent parent?  
If not, what efforts have been made to secure support?

### Personal Responsibilities :

Are the personal responsibility requirements being met by the AU?  
Are the personal responsibilities the same?  
Is a new TFSP required?

### Immunizations:

Are immunization requirements met?

### Resources:

Do you or does anyone in your home have any of the following: cash, checking, savings, or credit union accounts CD's, stocks, bonds, land, houses, business, or other valuables (list is not inclusive)?

**Income/Deductions:**

Do you or does anyone in your home have any of the following: wages, self-employment, commissions, tips, WIA, Job Corps, training allowances, rental income, or income from a roomer/boarder?

Do you or does anyone in your home receive any of the following: Social Security, SSI, child support, contributions, VA, Railroad Retirement, Worker's Compensation, Unemployment, sick pay, interest or dividends, educational loans or income, striker benefits (list is not inclusive)?

Do you pay child care?

Do you or does anyone in your home pay child support to someone?  
Explain lump sum policy.

**Work Requirements:**

Review the work requirements for each AU member.

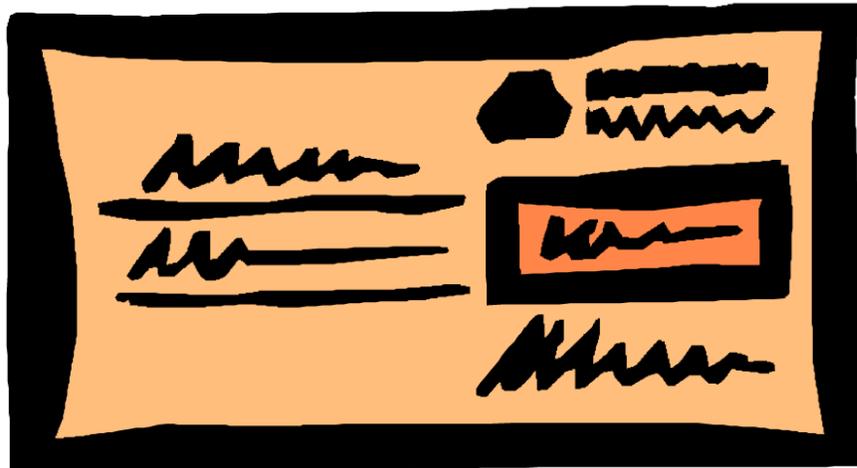
**Management:**

Does the AU have sufficient income to meet their needs?  
How are they managing their income and expenses?

## VERIFICATION AT REVIEW

Eligibility Requirements	Verification
Deprivation	Accept statement Re-verify incapacity if period has ended
Immunization	Verify if no future date on 3231 in CR
Living Arrangements	Accept statement
Resources	Verify per policy
Earned Income	V
Unearned Income	V
Dependent Care	V

V = Verify by Third Party Source



## Processing Reviews on SUCCESS

### Standard... 1<sup>st</sup> Month

Date	SUCCESS does this...	You do this...
Beginning of month before review end month	Identifies all cases that are due for review by the end of the review month. Automatically schedules review appointment and sends you an alert.	Confirm the review interview or reschedule if required.
14 <sup>th</sup> of the month before review end month	Sends you an alert to remind you that this is the last day you can reschedule the appointment.	Make any last minute schedule changes.
15 <sup>th</sup> of the month before review end month	Sends appointment notice to the A/R.	--



## 2<sup>nd</sup> Month

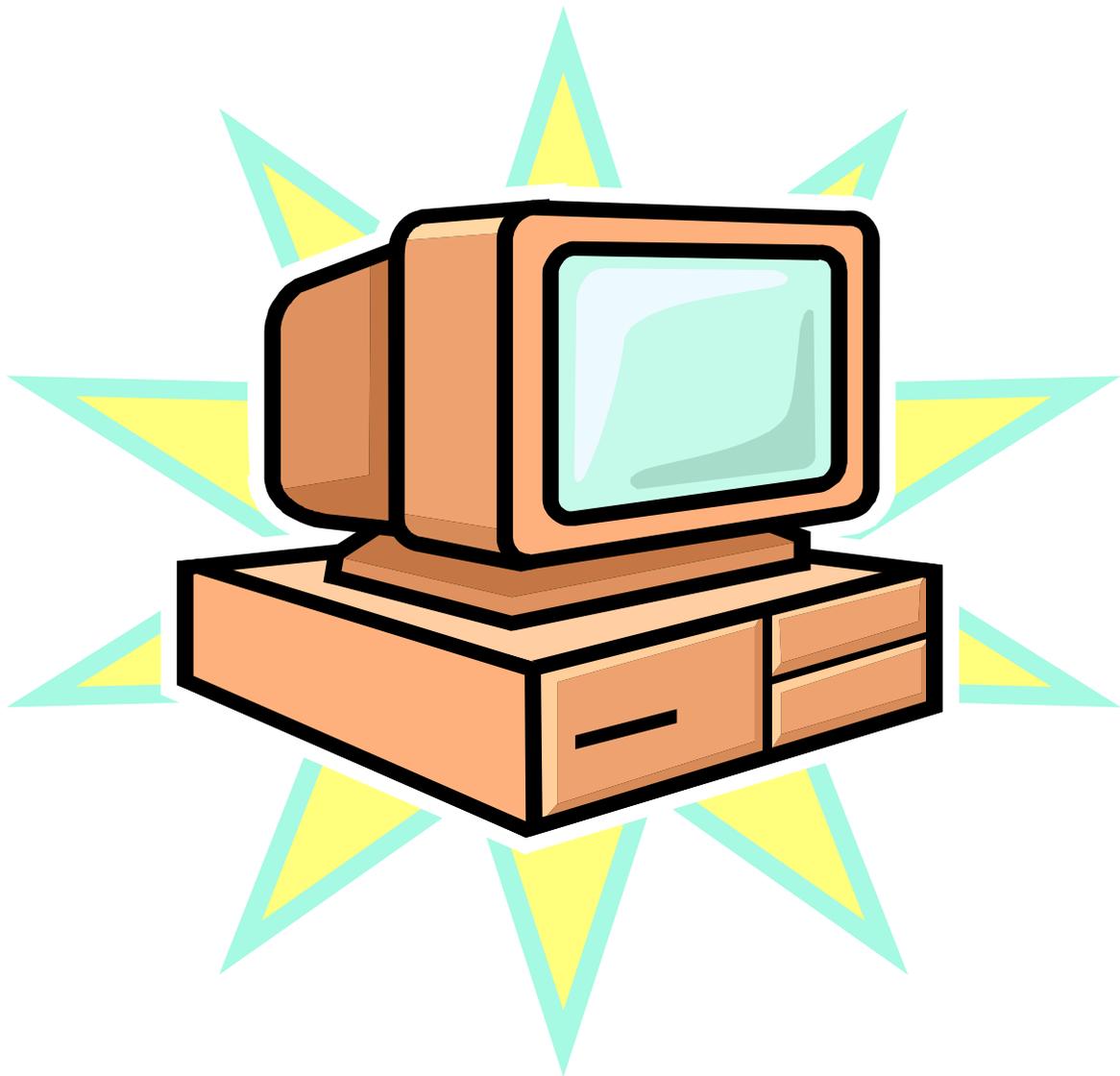
### Review Month

Date	SUCCESS does this...	You do this...
Review end month	--	Meet with the A/R for the scheduled review appointment. Initiate the review in SUCCESS. Complete the review before the end of the month.
Night of scheduled appointment	Sends notice warning of closure if A/R misses the appointment.	--
End of review period	Closes TANF AUs if review has not been initiated. Sends a notice of closure Initiated TANF but not completed - issues on-going benefit and pends the review	--



# 3<sup>rd</sup> Month

Date	SUCCESS does this...	You do this...
End of 3 <sup>rd</sup> month	Generates an alert for TANF if initiated and not completed	Evaluates for closure



# GRANDPARENTS RAISING GRANDCHILDREN



TRAINING MANUAL

## OBJECTIVES

- ⇒ Participants will be able to determine eligibility for Grandparents Raising Grandchildren (GRG) benefits based on non-financial requirements.
- ⇒ Participants will be able to determine eligibility for Grandparents Raising Grandchildren (GRG) benefits based on financial requirements.
- ⇒ Participants will be able to complete forms needed to process a GRG benefit.
- ⇒ Participants will be able to request appropriate verification.

## OUTLINE

- I. OVERVIEW
- II. REQUIREMENTS GRANDPARENTS MUST MEET (1210)
- III. CASH ASSISTANCE (1210)
- IV. ESTABLISHING ELIGIBILITY (1210, 1525, 1530)
- V. STANDARD OF PROMPTNESS (1105, 1210)
- VI. RELATIONSHIP (1210, 1315, 1335)
- VII. APPLICATION PROCESSING (1210)

---

## GROSS INCOME LIMITS FOR GRG BENEFITS

# IN AU	GIL (based on 160% of FPL)
1	1277
2	1712
3	2146
4	2581
5	3016
6	3450
7	3885
8	4320

---

## EXAMPLE: GRANDPARENTS RAISING GRANDCHILDREN MONTHLY SUPPLEMENT PAYMENT

O/V: 10/26/06

Mr. Harmon Mack, age 62, is currently the caretaker for his two grandsons, Jason (7) and Ansil (4). These boys belong to his daughter, Salli Mack. The children have been in his care for the past 7 months of which he has received TANF for the past four. A/R's only income is RSDI of \$792.90 per month (verified by Clearinghouse), and the TANF benefit of \$235.00 per month. Mr. Mack states that having the boys has resulted in a hardship in meeting expenses. He states that the additional money would be helpful in providing clothing and school supplies. Mr. Mack has been made aware that the Monthly Supplement Payment (MSP) may cause his FS benefit to decrease.

F354 completed – expenses exceed income

Form 351 completed; see attached

Form 281 completed and forwarded to Accounting; copy retained in CR

Form 282 completed and mailed to A/R; copy retained in CR

11/04/06

AU has been approved for the MSP as of November; the monthly payment will be \$100.

Georgia Department of Human Resources  
INTERAGENCY/INTEROFFICE REFERRAL AND FOLLOW-UP  
Grandparents Raising Grandchildren

DATE: 10 / 26 / 06

TO:  Division of Family and Children Services  
 Division of Aging Services  
 AAA \_\_\_\_\_  
 Office of Child Support Services

FROM:  Division of Family and Children Services  
 Division of Aging Services  
 AAA \_\_\_\_\_  
 Office of Child Support Services

ATTN: \_\_\_\_\_

BY: Ma Worker

RE: Harmon Clay Mack  
GrG Name (First, Middle, Maiden, Last)

407 Bannister Place  
ADDRESS (Number, Street-Route-P.O. Box) Apt. No.

Blythe  
CITY

Ga. 30918  
STATE ZIP CODE

121  
COUNTY

706 824 0001  
TELEPHONE (Home) Other

Gender:  M  F BIRTHDAY: 12 / 02 / 42 RACE \_\_\_\_\_ SOC. SEC. NO.: 267-00-0001

AGING SERVICES

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Caregiving, including GrG.         | <input type="checkbox"/> Community Care Services Program       | <input type="checkbox"/> Wellness Programs    |
| <input type="checkbox"/> Elder Rights and Advocacy Programs | <input type="checkbox"/> Home and Community Based              | <input type="checkbox"/> Senior Centers       |
| <input type="checkbox"/> Long Term Care Ombudsman           | <input type="checkbox"/> AAA Information & Assistance Services | <input type="checkbox"/> Home Delivered Meals |

Adult Protective Services: DO NOT USE 713G, Call 888-774-0152 to report instances of abuse, neglect or exploitation of disabled adults or elder persons (who are NOT residents of nursing homes or personal care homes)

CHILD SUPPORT:  Medical support for child  Payment Redirect  
(NOTE: Complete Page 2)

DFCS: OFI  TANF (review for enhanced services)  Food Stamps  Medicaid  Child Care  Energy Assistance  
 Refugee Assistance

Social Services  Adoption Services  ICPC  Foster Care  Child Protective Services  
 Relative Care Subsidy  Subsidized Guardianship  Relative Foster Care  Enhanced Relative Rate

FOLLOW-UP COMMENTS

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Services accepted  | <input type="checkbox"/> Services denied | <input type="checkbox"/> Services pending | <input type="checkbox"/> Incorrect referral |
| <input type="checkbox"/> Referred to: _____ | <input type="checkbox"/> Case closed     |   |   |

REPLY TO: \_\_\_\_\_  
NAME  
\_\_\_\_\_  
AGENCY  
\_\_\_\_\_  
E-MAIL ADDRESS

PLEASE REPLY BY: \_\_\_\_\_  
DATE

Office of Child Support Services <b>Grandparents Intervention Referral Form</b>	I. B. MEDICAID (Foster Care- Medicaid) I. B. NON-MEDICAID (Adoption Assistance) I. F. (Foster Care) I. S. (Foster Care) I. S. (Foster Care) (No application fee is required.)
Referral Source: <input type="checkbox"/> Aging <input type="checkbox"/> DFCS <input type="checkbox"/> RevMax Center      Phone Number: ( ) _____ Referring Party: <u>Uma Worker</u> Fax Number: ( ) _____	
<p><i>Please note: If the mother has children by different fathers, list only the children of one (1) father per referral form.</i></p> NAME OF CHILD(REN): <u>Jason Brown</u> <input checked="" type="checkbox"/> M <input type="checkbox"/> F; Race: <u>M</u> DOB: <u>11/01/98</u> SSN: <u>261 01 1110</u> Medicaid/SUCCESS ID: <u>101101791</u> <u>Axsil Brown</u> <input checked="" type="checkbox"/> M <input type="checkbox"/> F; Race: <u>M</u> DOB: <u>02/07/02</u> SSN: <u>261 01 0010</u> Medicaid/SUCCESS ID: <u>101101799</u> _____ <input type="checkbox"/> M <input type="checkbox"/> F; Race: _____ DOB: ____/____/____ SSN: _____ Medicaid/SUCCESS ID: _____	
Race Codes: A (Asian); B (Black); H (Hispanic); M (Mixed); N (Native American); P (Pacific Alaskan Native); U (Unknown); W (White)	
Name of Mother: <u>Salli Mack</u> Race: <u>W</u> SSN: <u>261 01 0101</u> DOB: <u>04/09/74</u> <u>615 Greene St. Augusta, Ga. 30901</u> Mother's Address: <u>Stacy's Steakhouse 820 Broad Street Augusta, Ga. 30901</u> Mother's Employer (Last Known) and Work Address: _____	
Name of <input type="checkbox"/> Legal Father <input checked="" type="checkbox"/> Putative Father      Father Is Receiving (check all that apply): <input type="checkbox"/> TANF; <input type="checkbox"/> SSI <u>Avery Brown</u> Race: <u>B</u> SSN: <u>vnkn</u> DOB: ____/____/____ Father's Address (If Different than Mother) _____ Father's Employer (Last Known) and Work Address: <u>Richmond County</u>	
Grandparent Guardian: <u>Harmon C. Mack</u> Grandparent's Address: <u>407 Bannister Place, Blythe, Ga. 30918</u> Phone Number: <u>706 824 0001</u> Race: <u>W</u> SSN: <u>267 00 0001</u> DOB: <u>12/02/42</u> <b>IMPORTANT:</b> Has Paternity Been Established? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how? <u>NO</u> Parents Are: <input type="checkbox"/> Married; <input checked="" type="checkbox"/> Never Married; <input type="checkbox"/> Separated; <input type="checkbox"/> Divorced Parent(s) Receiving Adoption Assistance Payments? <input type="checkbox"/> Yes    Amount? \$ _____ Paid to Whom? _____ Has child support been ordered in the juvenile court? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If YES, attach a copy of the order for OCSE. If child support was ordered in another court of competent jurisdiction, specify the type of order and attach a copy, if available. <input type="checkbox"/> OCSE order <input type="checkbox"/> Divorce order    Order issued in _____ County, State of _____ <input type="checkbox"/> Medicaid eligibility determination is "pending". COMMENTS: _____	

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
EXPENSE STATEMENT

Application     Review     Change

Does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID	PAID BY WHOM
Rent / Mortgage	\$570	/MO	10/03/	Mr. Mack
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	57.43	/MO	10/09	Mr. Mack
b. Gas	69.00	/MO	10/09	" "
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage	30.00	/MO	10/09	Mr. Mack
e. Garbage				
f. Telephone	75.00	/MO	10/09	Mr. Mack
<b>SUBTOTAL</b>	<b>801.43</b>			
Medical Expense				
Child Care Expenses	125.00	/MO	10/05	Mr. Mack
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)	100.00	/MO		Mr. Mack
Other <i>Clothing / school supplies</i>	90.00	/MO		Mr. Mack
<b>TOTAL</b>	<b>\$1116.43</b>			

EXPEDITED?     Yes     No

Does anyone pay any of these bills or any other household bills for you?     Yes     No

If yes, who pays the bills? \_\_\_\_\_

What bills are paid? \_\_\_\_\_

Do you share the costs of monthly bills with anyone?     Yes     No

If yes, who? \_\_\_\_\_

What costs? \_\_\_\_\_

Comments / Documentation \_\_\_\_\_

I certify that I have reviewed the information on this form with the applicant / recipient.

Signature (Case Manager) Mr. Norman Mack

Date 10/26/06

UNITY: \_\_\_\_\_ CASE NUMBER: 10141011

1354 (Rev. 9-02) **AV's MONTHLY GROSS INCOME OF \$1027.90 IS INSUFFICIENT TO MEET MONTHLY EXPENSES OF \$1116.43. DEFICIT \$88.53**

Georgia Department of Human Resources  
**GRG TANF Monthly Subsidy Payment (MSP) and/or  
Crisis Intervention Services Payment (CrISP)**  
Worksheet

Grandparents Name: Mark, Harmon Date of completion 11/04/YR  
AU ID # 101141011 CL ID # 100211010  
Application date: 10/26/YR SOP: 12/09/YR

**PART A**

*Following questions should be asked to determine eligibility for GRG Services:*

1. Is the child living with the grandparent? Yes  No   
*If No, the grandparent is not eligible to receive CRISP or MSP.*

2. Is the grandparent 60 years old or older? Yes  No   
*If No, next question must be asked.*

3. Is the grandparent disabled? Yes  No   
*If No to #2 and 3, the grandparent is not eligible to receive CRISP or MSP.*

4. Is the grandparent participating in any existing foster care program and/or receiving per diem payments for the child for whom assistance is requested? Yes  No   
*If Yes, the grandparent is not eligible to receive CRISP or MSP.*

5. What is the household income? \$792.90  
*Do not count TANF benefits in this calculation.*

6. Is this household's income below 160% of the Federal Poverty Level (FPL)? Yes  No  (\$2146)  
*If No, the grandparent is not eligible to receive CRISP or MSP.*

**PART B**

*Complete this section to determine the need and amount of MSP and/or CRISP:*

1. What is this household's source of income? RSDI \$792.90  
*Enter dollar amount and source*

2. Enter the total household's income including TANF benefits: \$1027.90

3. Complete Form 354, Expense Statement

4. Enter the total expenses from Form 354: \$1116.43

GRG TANF MSP and/or CRISP Work sheet (cont.)

5. Is management met?

*If the household's income is more than expenses, the grandparent does not meet the need to receive MSP and/or CRISP.*

Yes \_\_\_\_\_ No

6. How many grandchildren are there in the GRG AU?

Two (2)

7. What is the AU's MSP amount?

*@ \$50.00 per eligible grandchild, per month  
Enter this amount on Form 281 and Form 282*

\$50 x 2 = \$100

8. Was the impact of the MSP on the food stamp benefits explained?

Yes  No \_\_\_\_\_

**PART C**

*Complete this section to determine the need and amount of CRISP:*

1. Has this grandparent previously received CRISP?

*If Yes, the grandparent is not eligible for CRISP.*

Yes \_\_\_\_\_ No

2. Does the grandparent present an emergency/crisis situation?

*If No, the grandparent is not eligible for CRISP*

Yes \_\_\_\_\_ No

3. Was the emergent need verified?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. How much is the emergent need?

\_\_\_\_\_

5. What is the AU's CRISP amount?

*Show calculation:*

*(Use Example from MT 13 page 1210-4)*

*Enter this amount on Form 281 and Form 282*

\_\_\_\_\_

6. Date MSP and/or CRISP was approved:

11/04/06

7: Date Form 281 was sent to accounting:

11/04/06

Amia Wkr / 2100  
Case Manager's name/load #

November 04, 06  
Date

[Signature]  
Supervisor's name

11/04/06  
Date

Georgia Department of Human Resources  
**GRANDPARENTS RAISING GRANDCHILDREN (GRG)**  
TANF Monthly Subsidy Payment (MSP)  
Crisis Intervention Services Payment (CRISP)

Richmond County Department of Family and Children Services

Case Name Mack, Harmon C.

Case Number 101141011

Client Name Mack, Harmon C.

Case Manager/Caseload Ima Wko / 2100

Client ID Number 100211010

Telephone Number 706 854 0014

Date 11/04/06

Client Mailing Address 407 Bannister Place

City Blythe State Ga. Zip 30918

Grandchild's name: Jason Brown Grandchild's SSN: 261 01 1110  
Grandchild's name: Ansil Brown Grandchild's SSN: 261 01 0010  
Grandchild's name: \_\_\_\_\_ Grandchild's SSN: \_\_\_\_\_  
Grandchild's name: \_\_\_\_\_ Grandchild's SSN: \_\_\_\_\_

**1. Approval for Monthly Subsidy Payment (MSP):**

Monthly Subsidy Payment (Program 729 01)	
Number of Grandchildren included in the AU:	<u>two (2)</u>
Total amount of monthly Subsidy: \$	<u>100</u> (\$50.00 per grandchild)
Effective month of first payment:	<u>November</u>

**2. Approval for Crisis Intervention Services Payment (CRISP):**

Program 729 99	Amount of CRISP: \$ _____
----------------	---------------------------

Mail \_\_\_\_\_ Case Manager Pick-up \_\_\_\_\_  
Sign at pick-up \_\_\_\_\_ Date \_\_\_\_\_

**3. MSP termination/reduction: (Please circle one)**

Amount of MSP: \$ _____	Termination/ Reduction date: _____
-------------------------	------------------------------------

Ima Worker  
Case Manager Signature  
[Signature]  
Supervisor's Signature

November 04, 2006.  
Date  
11/04/06  
Date

Georgia Department of Human Resources  
**DISPOSITION NOTIFICATION**  
Grandparents Raising Grandchildren (GRG) Monthly Subsidy Payments  
And/or Crisis Intervention Services Payments

Richmond County Department of Family and Children Services

Mr. Harmon Mack  
407 Bannister Place  
Blythe, Ga. 30918

101141011  
Case Number  
Ima Wkr / 2100  
Case Manager / Caseload  
706 854 0014  
Telephone  
NOVEMBER 04, 2018  
Date

**PROCEDURES FOR REQUESTING A HEARING ARE ON THE BACK OF THIS FORM**

This action is to become effective Nov '18 FOR FREE LEGAL SERVICES CALL 706 860-9000

- You have been approved to receive a GRG Monthly Subsidy Payment of \$ 100 effective November '18
- You have been approved to receive a GRG Crisis Intervention Services Payment (CRISP) of \$ \_\_\_\_\_ effective \_\_\_\_\_.
- You are not eligible to receive a GRG Monthly Subsidy Payment (MSP) because \_\_\_\_\_
- You are not eligible to receive a GRG Crisis Intervention Services Payment (CRISP) because \_\_\_\_\_
- Your GRG Monthly Subsidy Payment will be terminated effective \_\_\_\_\_ because \_\_\_\_\_

Should you have any questions about your GRG Crisis Intervention Services Payment or your GRG Monthly Subsidy Payment in-eligibility period, please call your case manager at the telephone number listed above.

Manual reference:

Ima Wkr 706 854 0014  
Case Manager's Name / Phone Number

11/04/18  
Date

If you want a hearing, fill out this form and return the top portion to your county Department of Family and Children Services office	Today's Date
Signature of Person Requesting Hearing	Telephone Number Where You Can Be Reached

Use this space to tell us why you want a hearing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK (✓) ONE**

- I DO NOT WANT to continue receiving the cash assistance I now receive while waiting for the hearing decision.
  
- I WANT to continue receiving the cash assistance I now receive while waiting for the hearing decision. *I understand that I WILL BE REQUIRED TO REPAY the Department of Human Resources any overpayment in TANF cash assistance to which I was not entitled as determined by the hearing official.*

-----  
If your eligibility changes you will be advised in writing. If, for any reason, you think proper consideration has not been given to your situation, you have the right to request a hearing with the Office of State Administrative Hearings. Procedures for requesting a hearing are below.

If you request a hearing within **ten days** from the date on the top front of this form, your TANF cash assistance may be continued or your case returned to the same status it was in prior to this action, unless the hearing official decides the sole reason is one of state or federal law or policy.

**HEARING PROCEDURES**

You may request a hearing either orally or in writing by notifying the county Department of Family and Children Services. You have **thirty days** from the date on this form to request a hearing. If you request a hearing for TANF orally, you have **fifteen days** from the date of your oral request to submit your request in writing. The hearing is held for TANF by a representative of the Office of State Administrative Hearings. Any member of the staff will be glad to furnish the necessary forms and help you request a hearing, and assist you in every way possible to prepare for the hearing. You may be represented at such a hearing by an authorized representative, such as legal counsel, a relative, friend or other spokesperson, or you may represent yourself. Free legal services may be available to you in your community. If you are interested in legal services, call the number for free legal services listed on the front of this form.

# CLOSING



TRAINING MANUAL

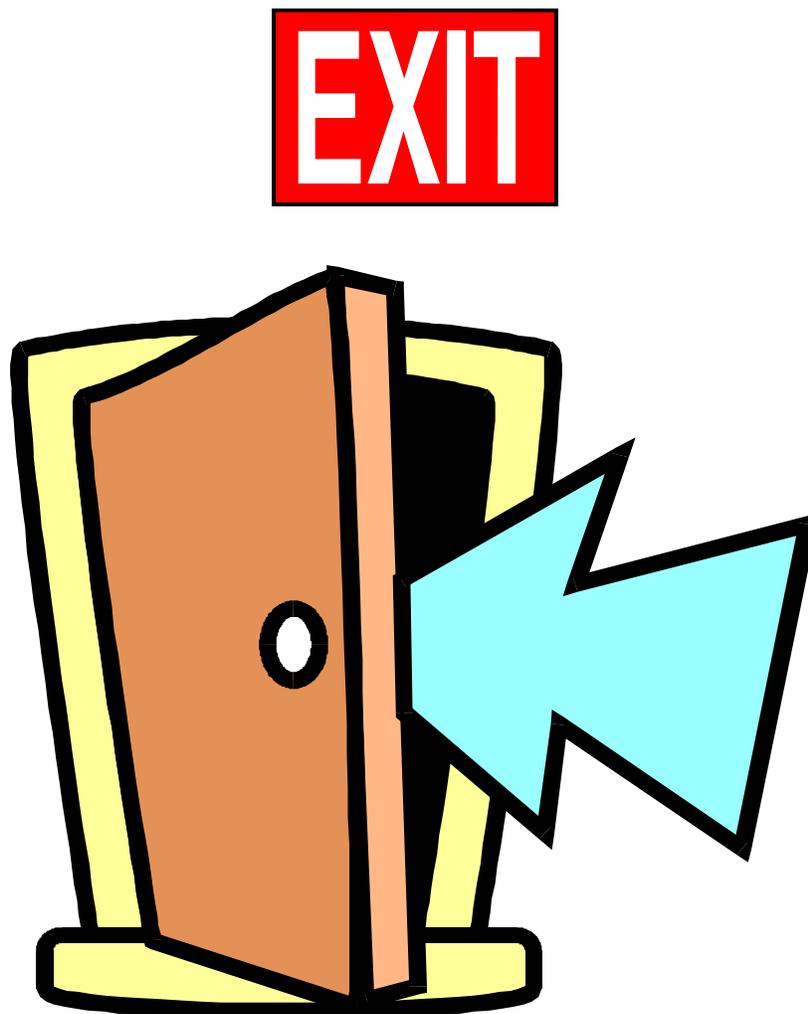
## OBJECTIVES

- ✓ Participants will set goals to be accomplished within the next 30 days.
- ✓ Participants will establish networks to provide support after returning to the agency.
- ✓ Participants will be given their final evaluations of training.
- ✓ Participants will complete evaluations of training.

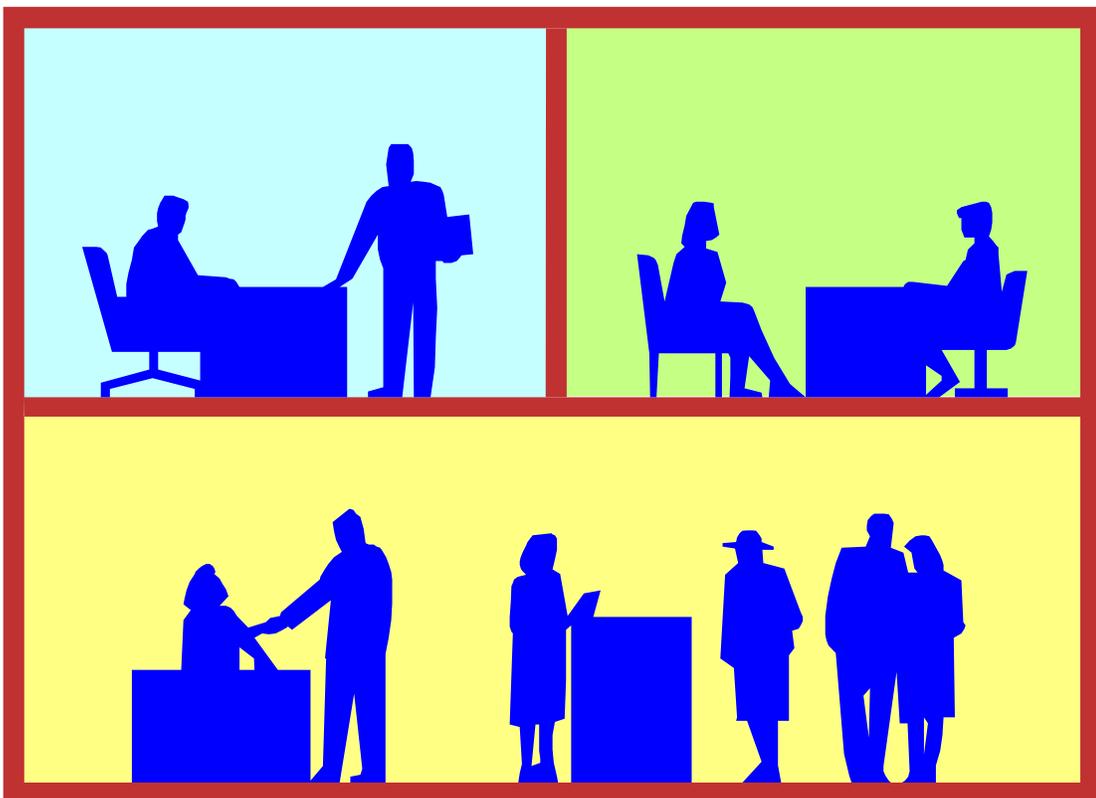


## OUTLINE OF CLOSING

- I. INTRODUCTION
- II. CLOSING ACTIVITY
- III. FINAL PARTICIPANT EVALUATIONS
- IV. FINAL COURSE EVALUATIONS



# REFERENCE MATERIAL



TRAINING MANUAL

LIST OF CONTENTS

Weekly Planner Calendar ..... R-1

TANF, FS, MEDICAID Eligibility Payment Table ..... R-2

SUCCESS Critical Dates for 2006 ..... R-3

# Weekly Planner



January						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

GEORGIA DEPARTMENT OF HUMAN RESOURCES ELIGIBILITY / PAYMENT TABLES  
TANF/LIM GROSS INCOME CEILING/STANDARD OF NEED/FAMILY MAXIMUM  
MEDICALLY NEEDY INCOME LEVEL • RSM INCOME LEVEL • TMA EARNINGS LEVEL  
FS INCOME CEILING/NET INCOME LIMIT/MAXIMUM ALLOTMENT

TANF ((March 1991) and LIM				OTHER FAMILY MEDICAID (February 2006)					FOOD STAMPS (October 2005)				
No In AU*	TANF & LIM Gross Income Ceiling	TANF & LIM Standard of Need Limits	TANF Family Max	MNIL	RSM 100% FPL Child 6-18	RSM 133% FPL Child 1-5	RSM/TMA 185% FPL Infant < 1	RSM 200% FPL PgW NB	AU SIZE	Elderly/Disabled Reference For Separate AU Status	Max Gross Income Limit	Max Net Income Limit	Max Allotment
1	435	235	155	208	817	1087	1511	1634	1	1316	1037	798	152
2	659	356	235	317	1100	1463	2035	2200	2	1765	1390	1070	278
3	784	424	280	375	1384	1840	2560	2767	3	2213	1744	1341	399
4	925	500	330	442	1667	2217	3084	3334	4	2661	2097	1613	506
5	1060	573	378	508	1950	2594	3608	3900	5	3109	2450	1885	601
6	1149	621	410	550	2234	2971	4132	4467	6	3558	2803	2156	722
7	1243	672	444	600	2517	3348	4656	5034	7	4006	3156	2428	798
8	1319	713	470	633	2800	3724	5180	5600	8	4454	3509	2700	912
9	1389	751	496	667	3084	4102	5706	6168	449		354	272	114
10	1487	804	530	708	3368	4480	6232	6736	(Each additional member)				
11	1591	860	568	758	3652	4858	6758	7304	<b>Standard. Deduction</b> AU Size 1-4      \$134 AU Size 5        \$157 AU Size ≥ 6      \$179		<b>H/C SUA:</b> \$323 <b>Non-H/C SUA:</b> \$175  <b>Telephone Standard:</b> \$30		
									<b>Excess Shelter Limit:</b> \$400 (Except AU with elderly or disabled member) <b>Dependent Care Limits</b> (each): TANF/LIM/FS: Dependent < 2 = \$200 Dependent 2+ = \$175				

**SUCCESS CRITICAL DATES FOR 2006**

<b>APRIL</b>						
<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>
						<b>1</b> SUCCESS will not be available due to Month Begin Processing
<b>2</b> SUCCESS will be available	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> MICS Jobs	<b>8</b> SUCCESS will be available
<b>9</b> SUCCESS will not be available due to system maintenance	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b> Child Support Auto Update Last day to change review appointments before review notices are mailed	<b>15</b> No Saturday keying due to long cycle processing of the Child Support Update
<b>16</b> SUCCESS will be available	<b>17</b>	<b>18</b> Last day to give timely notice to have the adverse action expire within the month	<b>19</b>	<b>20</b>	<b>21</b> Last day to key Employment Service hours	<b>22</b> SUCCESS available late A.M.
<b>23</b> SUCCESS will be available	<b>24</b> HOLIDAY	<b>25</b> TANF Cash Issuance Cycle	<b>26</b>	<b>27</b>	<b>28</b> Deletion of the Scratch Pad Area (SPA) Month End Processing	<b>29</b> No Saturday keying due to Month End Processing
<b>30</b> SUCCESS will be available						

# DOCUMENTATION SAMPLES



TRAINING MANUAL

## List of Contents

ESS County Letter 01-04 Cover Letter: SUCCESS Documentation Standards	D-1 – D-3
ESS County Letter 02-02: Documentation Standards and ADTs	D-4 – D-104
General Sample Form 256 (TANF/FS/Medicaid Interview Guide)	D-105 – D128























































































































































































































**Recipient in LA "D" (Institutionalized) (INST)**

INST. Type: \_\_\_\_\_ Provider ID: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
 INST. Type: \_\_\_\_\_ Provider ID: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Private Pay Per diem: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_

LOC \_\_\_\_\_  
 LOC \_\_\_\_\_

N/A for TANT

Remarks: (Including incurred med.)

**Aliens Refugee/Entrant (ALAS)**

Name	Citizen	Elig. Status Verification	Doc Type	Spouse Alien Y or N	Country of National Origin	Permanent Date	INS Number
<div style="border: 2px solid black; padding: 5px;">                     ALAS: Document 40 qualifying quarters for aliens; unsatisfactory school attendance and good cause for a minor parent; school attendance discrepancies (Example: a child is attending a school outside of their district.)                 </div>							

Remarks: (Including emergency med., begin/end dates)

Students (ALAS)							Meal Provided	20 HR/WK Work Req.
Name of Student	Student Status	Educ. Level	Name of School or Program	Dep. Care Respon.	Graduation Date			
Remarks: Complete as appropriate								
Food Stamp Medical Expense (FSME)								
Name of AU Member	Frequency	Prorated No. of Months	Expense Type	Amount Verif.	Incurred	TPL Amount		
Remarks: N/A for TANF								

**Deprivation (Medical Assistance Only): Absent Parent Identification (APID)**

AP Name (First, Middle, Last, Suffix): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dep. Name	Legal Rel.	P...	Dep. Name	Legal Rel.	Pat. Type

N/A for TANF

IV-D Coop: \_\_\_\_\_ Referral Date: \_\_\_\_\_ UCB: \_\_\_\_\_ Other In: \_\_\_\_\_

130 Form Date: \_\_\_\_\_

Good Cause Doc: \_\_\_\_\_

**Absent Parent Address (APAD)**

Current Address: Street	Apt.:	City:	State:	ZIP Code:	Telephone No.:	Date at Address:
Previous Address: Street	Apt.:	City:	State:	ZIP Code:	Telephone No.:	Date at Address:
AP's Father's Address: Street	Apt.:	City:	State:	ZIP Code:	Telephone No.:	Date at Address:
AP's Mother's Address: Street	Apt.:	City:	State:	ZIP Code:	Telephone No.:	Date at Address:

Remarks:

**APID:** For TANF document non-cooperation with CSE; Good cause for failure to cooperate; changes and discrepancies in AP information and dates any email Form 173 is sent to CSE; if system Form 130 is sent, document date and worker load #; if AP is unknown, explain.

**APAD, APDE, APEM, and APCO:** For TANF document changes and date e-mail Form 173 sent to CSE.

<b>Absent Parent Demographic (APDE)</b>												
Marital Information: Status			Date:			City:			State:			
Rel. of HOH to AP:				Drivers License State:				License Plate No.:				
Date of Birth:		Approx. Age:		Birth Place: City		Birth Place: State		Sex:		Race:		
Height (Inches):			Hair Color:			Eye Color:			Weight (lbs):			
Military Information: Status			ID No.:		Branch:		Entry Date:		Exit Date:		Allotment Receipt:	
Incarceration Information: Release Date:			Sentence Length (Mo./Yr.):			Min. Confine (Mo./Yr.):			Inst.:			
<b>Absent Parent Employment (APEM)</b>												
Primary Employer:						Occupation:			Empl. Date (Mo./Yr.):			
Employer Name:				Employer Address:								Telephone No.:
Secondary Employer:				Occupation:			Empl. Date (Mo./Yr.):					
Employer Name:				Employer Address:								Telephone No.:
Former Employer:				Occupation:			Empl. Date (Mo./Yr.):					
Employer Name:				Employer Address:								Telephone No.:
<b>Absent Parent Court Order (APCO)</b>												
Order Date:			Support Obligation:			Support Arrears:			Freq:			
Payer Code:						Docket No.:			Last Amount:			
Paying Support:						Date of Last Payment:			\$			
Agency Receiving Payment:												



**Resources 3 (RES3)**

Do you or anyone in your household have any of the following: Safety deposit box, business holdings, non-home consumption produce, livestock or other valuables?

Name	Type	FMV Verif.	ENCOMB Verif.	Annl Rate Return - Verification
<b>RES3 Details for any resources listed on this screen; conversion or disposition of resources</b>				

**RES3 Details for any resources listed on this screen; conversion or disposition of resources**

**Transfer of Resources (TRAN)**

Has AU transferred any resources recently?  Yes  No Name: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Discovery Date: \_\_\_\_\_ Transferee Relationship: \_\_\_\_\_  
What? \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Verif: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_ Verif: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Undue Hardship (IND./Reason): \_\_\_\_\_

Remarks: \_\_\_\_\_

RESOURCES for prior months	Yes	No	OWNER	Month:		Month:		Month:	
				AMT.	EXC.	AMT.	EXC.	AMT.	EXC.
-Cash									
-Money Loaned Out									
-Checking Account									
-Savings Account									
-Credit Union Savings									
-Certificates									
-Stocks / Bonds									
-Notes Receivable / Secured Notes									
-Safety Deposit Box (Cash Value of Contents)									
-Licensed Vehicles									
-Unlicensed Vehicles									
-Motorcycles or other Motorized Vehicles									
-Farm Equipment / Machinery / Livestock									
-Boats									
-Vacation Homes									
-Other Real Property (Non-home Place)									
-Other Property of Unusual Value									
-Nonrecurring Lump Sum Payment									
-Personal Property and Household Goods									
-Other Resource (s)									
-Trust Funds									
-Prepaid Burial Contract									
-Cemetery Lot									
-Burial Funds									

Complete as appropriate

**Earned Income 1 (ERN1)**

Do you or anyone in your household have any of the following: Wages, self-employment, commission/tips, roomer/boarder income, rent, mortgage payment, sick pay, work program, JTTA, job corps, training allowance, use/sell of personal property or other income?

Name:		Employer Name:		Telephone No.:	
Employer Address:					
Type:	Begin Date:	1st. Pay Date:	End Date:	LT RPT:	
Name:	<b>ERN1: Document employment record to track current employer's name, begin/end dates, reason for termination and how verified; resolution of discrepancies in Clearinghouse information. For TANF document months of \$30 and 1/3.</b>				
Employer					
Type:	Begin Date:	1st. Pay Date:	End Date:	LT RPT:	
Name:	Employer Name:				
Employer Address:			Telephone No.:		
Type:	Begin Date:	1st. Pay Date:	End Date:	LT RPT:	

**Earned Income 2 (ERN2)**

Have you or anyone in your household quit a job or refused a job in the last year?  Yes  No

If yes, who? \_\_\_\_\_

Date of Quit: \_\_\_\_\_

Good Cause: \_\_\_\_\_

Wages/Hrs: \_\_\_\_\_

Name of Person Working:		Employer Name:	
Average Hours:	Frequency of Pay:	Day of Week Paid:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	
Name of Person Working:		Employer Name:	
Average Hours:	Frequency of Pay:	Day of Week Paid:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	
Name of Person Working:		Employer Name:	

**ERN2: Document hourly rate of pay; tips, if not included in gross pay; reason any pay period is NOT considered representative; if verification of pay is not in the case record, document how it was verified (TC, YTD, etc.); calculation of representative pay and frequency of pay.**

EARNED INCOME for prior months	Yes	No	OWNER (Person Receiving)	Month:		Month:		Month:	
				AMT.	EXC.	AMT.	EXC.	AMT.	EXC.
-Wages / Salaries									
-Commissions / Tips									
-Roomers / Boarders									
-Self Employment									
-Job Corps									
-JTPA									
-Real Property (Mortgages, Rentals, Leases, Etc.)									
-Personal Property									
-Other									
			<i>Complete as appropriate</i>						
EXPENSES for prior months			OWNER (Person Receiving)	Month:		Month:		Month:	
				AMT.	EXC.	AMT.	EXC.	AMT.	EXC.
-Child Care / Attendant Care									
-Taxes Deducted from Check									
-Child Support Paid Out									
-Other									

**VERIFICATION and DOCUMENTATION**

**Potential Income Development**

**PAST EMPLOYMENT AND MILITARY SERVICE RECORDS  
OF SPOUSE OR PARENTS (If Client is Child)**

**PAST EMPLOYMENT AND MILITARY SERVICE RECORDS  
OF CLIENT**

	NAME and ADDRESS of EMPLOYER	TYPE of JOB	DATE of EMPLOYMENT		NAME and ADDRESS of EMPLOYER	TYPE of JOB	DATE of EMPLOYMENT	
			FROM	TO			FROM	TO
1.								
2.								
3.								
4.								

Based on the employment history, document possible entitlement to retirement benefits:

Document A / R's possible entitlement to other benefits, including union pensions, disability benefits, unemployment, VA benefits:

<b>Deem/Allocate (DEAL)</b>				
Deemer Budget:	No. of IRS Dep.:	Alimony/Verif.:	Other Exp/Verif.:	
Child Support Paid Outside Home:	Oblig. Amount/Verif.:	Paid Amount/Verif.:		
	Oblig. Amount/Verif.:	Paid Amount/Verif.:		
	Oblig. Amount/Verif.:	Paid Amount/Verif.:		
ABD Allocation:	Inelig. Ind.:	Amount/Verif.:	Inelig. Ind.:	Amount/Verif.:
	Inelig. Ind.:	Amount/Verif.:	Inelig. Ind.:	Amount/Verif.:
	Inelig. Ind.:	Amount/Verif.:	Inelig. Ind.:	Amount/Verif.:
No. of ABD Child Appl. Recip.:				
Amount Act. Contributed/Verif.:				
No. of other Sponsored Aliens:				
No. of other FS Recip Sponsored:				
Client ID who can allocate to me:				
AF Allocation:				
Remarks:	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p>DEAL: Document alien sponsor's name and address. For Deemor Budgets document names of persons counted as IRS dependents.</p> </div>			

**Dependent Care (CARE)**

Do you or anyone in your household pay dependent care expenses?  Yes  No  
 If yes, who?

Provider Name, Address & Telephone No.	Day of Week Paid	Reason	Name(s) of Person(s) Who Need(s) Care	Under 2 Yrs.: Y/N	Frequency	Date Paid	Amount of Expense/Verif.

Remarks:

CARE: Document the dependent care arrangements if the AU is eligible for the dependent care deduction and no child care expense is reported; if subsidized child care is provided.

Unemployed Parent							
Parent's Name	Princ. Earned Relationship	Princ. Earner	PE Over Qtr.	Status	Monthly Hours	Last Date of Full Employment	Doc. Qtrs/Status/Amts

Spouses Name: \_\_\_\_\_

Remarks: (Document 2trs/Status/Amts)

*NA*

**Unearned Income (UINC)**

Do you or anyone in your household have any of the following: RSDI, alimony, direct child support, contributions, VA, worker's compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, education income or striker benefits?

Name	Source	Frequency	Claim No.	Deduct. Type/Amount Verif.	Doc. Date Received Amount Verif.

Is anyone potentially eligible for other benefits?  Yes  No      Who? \_\_\_\_\_ Date \_\_\_\_\_ Stat \_\_\_\_\_  
 Appl type \_\_\_\_\_ Stat \_\_\_\_\_ Date \_\_\_\_\_ Appl Type \_\_\_\_\_

Remarks: **UINC: Document the date payments will begin and/or terminate; the source and expected duration of any contributions; reason net instead of gross is used; calculations of interest payments or child supports payments to a monthly amount; financial aid for students; if A/R is receiving RSDI on someone else's account, document the name and relationship; reason any fluctuating income is not considered representative; details of application for other benefits; results of UCB/SDX/BENDEX automatic matches and the resolution of any discrepancies**

UNEARNED INCOME for prior months	No	Yes	Owner (Person Receiving)		Month :		Month :		Month :	
			AMT.	EXC.	AMT.	EXC.	AMT.	EXC.	AMT.	EXC.
SSI										
Social Security										
TANF										
Alimony or Child Support										
Civil Service Annuity										
Allotments (Military or other)										
Union Funds / Pension Benefits										
Payments from Gov't Programs										
Annuities										
Contributions or Gifts										
Employee's Retirement										
Housing assistance										
Inheritance										
Interest or Dividends										
Life insurance Proceeds										
Loans										
Support and Maintenance										
Railroad Retirement										
Rent Received										
Trust Proceeds										
Unemployment Compensation										
Veteran's Pension										
Veterans Check (Education)										
Veterans Check (Non-Educational)										
Vendor Payments										
Other Veteran Income (Veterans Aid & Attendance and VA Compensation)										
Worker's Compensation										
Other Disability or Sick Benefits										
Diverted Income										
Other Income Based on Need										
Sirike Benefits										
IV-D Payments (Through CSE)										
Education Grants, Scholarships or Loans										
GA Payments										
Foster Care Payments										

**Public Law (PLAW)**

Client Name: \_\_\_\_\_ RSDI Claim No.: \_\_\_\_\_ Concurrent & Correct  
 Previous Receipt of: SSI/MSS/ABD  Yes  No RSDI Initial/Increase Entitlement Amount: \$ \_\_\_\_\_  
 Receipt of SSI/MSS/ABD  Yes  No Date of SSI/MSS/ABD Ineligibility: \_\_\_\_\_  
 Reason for SSI/MSS/ABD Ineligibility: \_\_\_\_\_  
 RSDI Initial/Increase Entitlement/Verif.: \_\_\_\_\_  
 Cola Disregard Amount: \_\_\_\_\_

Remarks:

N/A for TANF

**Work Registration/Participation (WORK)**

Name	HS Grad. Yes/No	Exempt Reason (EA)	Exempt Reason (FS)	Part. Date	No Offense	Supp Work	Designated Adult Yes/No
<p><b>WORK:</b> For TANF document good cause for not participating in Applicant Services; parent's choice if Form 489 is completed; if exemption is chosen, give the dates used.</p>							

Remarks:

**In-kind Support & Maintenance I (ISM1)**

HH Expense Type	Amount/Verification	HH Expense Type	Amount/Verification
Rent		Mortgage	
Electric		Taxes	
Gas		Water	
Sewer		Garbage	
Heating Fuel		Insurance	
Food		Other	

Clients Contribution Type	Amount/Verif.	Outside Contribution Type	Amount/Verif.
Food		Food	
Shelter		Shelter	
Other			

Inside Contribution Type	Amount/Verif.
Food	
Shelter	
Other	

Number Sharing: Food \_\_\_\_\_ Shelter \_\_\_\_\_ HH Situation \_\_\_\_\_  
 Ownership Rent Liability: \_\_\_\_\_ Parent/Child: \_\_\_\_\_

Remarks: *N/A for TANF*

**Shelter Expenses (SHEL)**

Primary Heat/Cool: \_\_\_\_\_ Phone TD: \_\_\_\_\_ Rec. Liheap: \_\_\_\_\_ Switch Date (MM/YR) \_\_\_\_\_ Public Housing: \_\_\_\_\_ SUA Type: \_\_\_\_\_  
 No. Sharing: \_\_\_\_\_

Expense Type	Amount/Verification	Expense Type	Amount/Verification
Rent		Mortgage	
Taxes		Insurance	
Gas		Electric	
Telephone		Water	
Sewer		Garbage	
Maint.		Oil	
Other Fuel		Other	

Landlord Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Remarks: *N/A for TANF*

**Foster Care (FCAR)**

Name	Date Petition Filed	Type of Placement	Date of Court Order Placement Agreement	Order Wording Valid Agreement Indicator	Name of Agency Individual w/ Placement Respon.	Date Court Order Placement Expires
<p><b>Document</b></p> <p>1. Name of Foster Parent / Placement Source _____</p> <p>2. Explanation of Circumstances for AF-FC _____</p> <p>3. If not living with a specified relative in month of petition, was child eligible in any of 1 of 6 prior months? _____</p> <p>4. Does deprivation still exist in home from which removed? _____</p> <p style="text-align: center; font-size: 2em;">N/A for TANF</p>						

**AU Non-Financial Misc. (MISC)**

Remarks:

1. Hand Typed Issuance \_\_\_\_\_
2. Food Stamp Issuance type \_\_\_\_\_
3. ATP Print County \_\_\_\_\_
4. ATP Cycle Number \_\_\_\_\_
5. QRF Sent Cd. \_\_\_\_\_
6. QRF Center \_\_\_\_\_
7. Presumptive Eligible \_\_\_\_\_
8. Calculate Eligible Indicator \_\_\_\_\_
9. Trial Household Indicator \_\_\_\_\_
10. Pro OVR \_\_\_\_\_
11. Exp. Service \_\_\_\_\_
12. SLAM Indicator \_\_\_\_\_
13. Extended MA Start Date \_\_\_\_\_  
COA Cor. \_\_\_\_\_
14. Review Complete Mandatory Standard Reason OVR \_\_\_\_\_
15. Delay Reason \_\_\_\_\_
16. QMB OVR \_\_\_\_\_
17. RSM Eligible OVR \_\_\_\_\_
18. Next Review \_\_\_\_\_
19. Appointment Date \_\_\_\_\_
20. Appointment Type \_\_\_\_\_
21. Appointment Letter Print Location \_\_\_\_\_

**MISC:** Document why the case is over the SOP; the AU's financial management, including the resolution of discrepancies; that Form 354 is in the record; the total available net income and the total paid expenses and the resolution of any discrepancies.

**Signatures**

I certify that this Form has been examined by me. My answers are correct and complete to the best of my knowledge.

Applicant/Representative \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

In Accordance with the Rules and Regulations of the Georgia Department of Human Resources, I have investigated this case and recommend as indicated below (check box(es) and circle appropriate programs).

- Approve      CA      FS      MA      Refugee
- Deny or Disposition      CA      FS      MA      Refugee
- Continue Assistance      CA      FS      MA      Refugee

DFCS Staff \_\_\_\_\_ Date \_\_\_\_\_

Remarks:

Case Narrative:

**NARR:** Document application, review, or change; type of contact and/or action being taken; Claims information such as UI, OI, claims action, OIS referrals or IPV disqualification; initial conversation with A/R.

For TANF document Lifetime Limit closures and hardship waiver extensions, document reference to the TANF Lifetime Limit case staffing and case disposition. Remember to reference any SUCCESS screens, which contain additional details of the staffing and case disposition.