

# Rapid Re-Housing Grant Orientation



**DEPARTMENT OF WORKFORCE  
SERVICES**

**MARCH 25, 2015**



**Department of Workforce Services**

# Who's Who



- **Sisifo Taatiti – TANF Program Manager**
- **Brian Prettyman – TANF Contract Analyst**
- **Jolene Hill – TANF Contract Analyst**
- **Kayl Smith – Auditor**
- **Chris Boyadjian – Auditor**
- **Debbie Lyberger – Financial Manager**

# Overview



- TANF is a Federal Block Grant awarded to states to implement innovative strategies and approaches to remove families from a cycle of dependency on public assistance and into work
- Serves families with dependent children under the age of 18 living in the home
- Services may be provided through contractual agreements with community partners

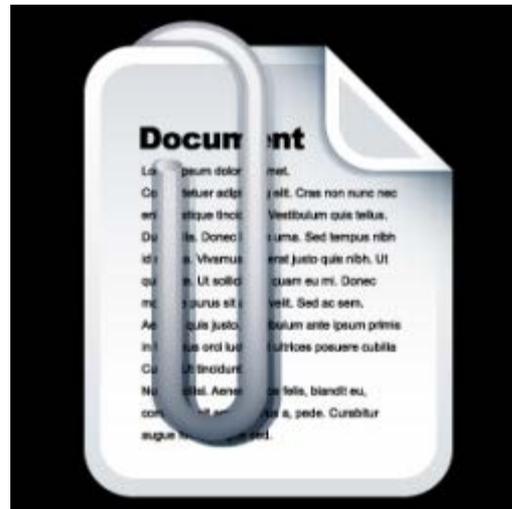
# Four Purposes of TANF



1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives
2. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies
4. Encourage the formation and maintenance of two-parent families

**\*Purposes 1 and 2 require income eligibility determination.**

# Attachments



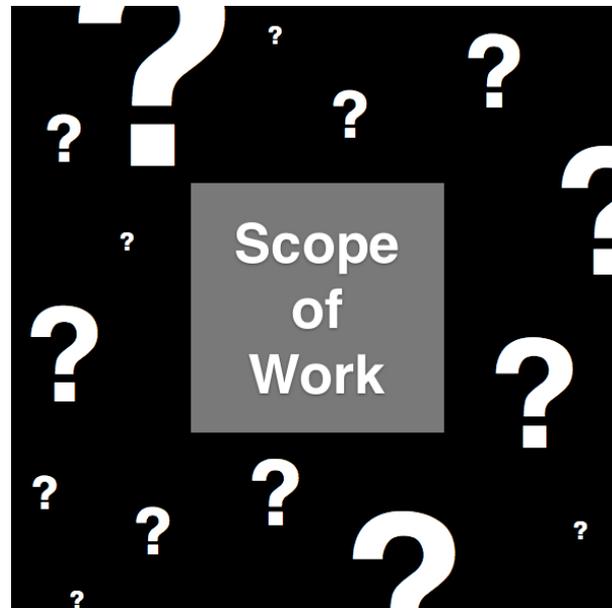
# Attachments



- Comply with all terms, conditions and attachments set forth herein including, but not limited to:
  - Attachment A - Grant Terms and Conditions
  - Attachment B - Scope of Work/Performance Requirements
  - Attachment C - Non-Disclosure Agreement
  - Attachment D - Code of Conduct
  - Attachment E - Background Check Policy
  - Attachment F - Financial Reporting
  - Attachment G - Form 115
  - Attachment H - Form 300
  - Attachment I- UHMIS Information Consent Release Form
  - Attachment J- Grant Proposal
  - Attachment K - Budget Detail



# Scope of Work



# Funding Period



- April 1, 2015-March 31, 2018



# Determining Appropriateness



- **Housing-related services (Deposits, utilities, fees, rent and back-payments)**
- **Crisis situations**
- **Non-Recurrent**
- **Four calendar months**
- **Expectation to result in self-sufficiency after the 4 months**

# Reporting: Measurements & Outcomes



- Provide outcome measurement as specified in the RFGA proposal and *Attachment B: Scope of Work*
- Individual program outcomes outlined in your grant
- DWS required outcomes
- Quarterly Progress Reports
- Provide annual reports to include outcomes, program overview, and progress.
  - Annual Report: Due March 1, 2016

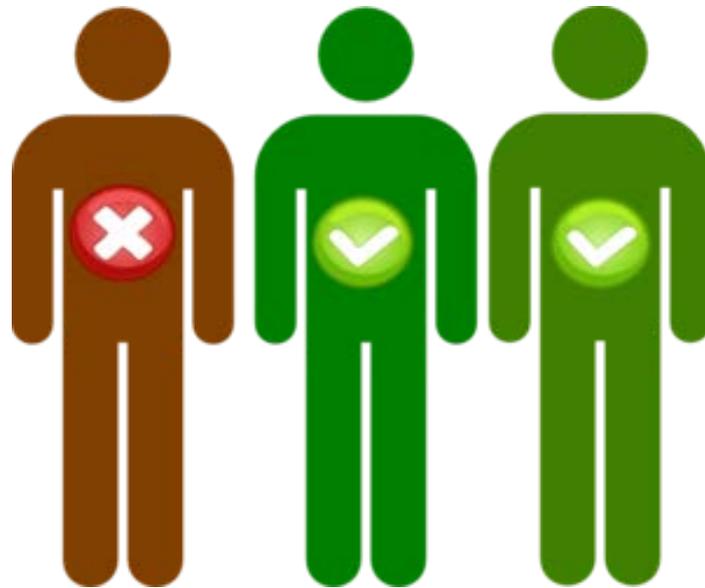


# Scope of Work (cont.)



- Collaborate with local DWS offices on services available to customers.
- Be familiar with your local Rapid Re-Housing Employment Specialist (RRES) and their contact information.
- Submit requests for reimbursement of expenses using the reimbursement-billing template provided by DWS
- DWS will strive to make timely payments. Turn-around-time for payment is determined by accuracy of invoice and approval by DWS Finance Division.
- Submit requests for expense reimbursement quarterly per contract year unless otherwise pre-approved by DWS.

# Eligibility Determination



<http://jobs.utah.gov/services/tevs/tanfcontract.html>

# Eligibility Requirements



- Household income at or below 200% of Federal Poverty Level (FPL).
- Meet eligibility criteria as outlined on TANF Needy Family Eligibility Form 300.
- A valid Social Security Number is required for all eligible household member.



# Eligibility Criteria



Eligibility is determined by looking at:

## 1. Family Composition/Relationship

- a) Have at least one eligible child under the age of 18, living in the home or
- b) A woman pregnant in her 3<sup>rd</sup> trimester.

## 2. Citizenship/Legal Residency

- a) US Citizen
- b) Legal Permanent Resident

## 3. Identity

- a) Photo ID

## 4. Income or Categorical Income Eligibility

(via myCase printout or benefit approval letter)

- a) Household income at or below 200% Federal Poverty Level



# Eligibility Process



\*Eligibility must be determined prior to services being provided.\*

## Step 1:

- Contractors must determine eligibility by completing a TANF Needy Family Eligibility Form 300 and a Release of Information Form 115
  - Collect ALL necessary documentation to complete Form 300.

## Step 2:

- Contractors must enter participant information into the TANF Eligibility Verification System (TEVS)
  - Each participant only needs to be entered ONCE, unless notified by DWS.

## Step 3:

- Contractor may begin serving customer.



# Documentation



- **Items needed in participant case file:**

1. **Completed Form 300 (Sign and Date)**
2. **Form 115 (Sign and Date)**
3. **Family Composition/Relationship**
  - a. *Ex. Marriage license, divorce decree, birth certificate, court orders, etc.*
4. **Citizenship**
  - a. *Ex. Birth certificate, permanent resident card, passport, etc.*
5. **Identity**
  - a. *Ex. SSN card, drivers license, picture id, etc.*
  - b. *Photo ID of adult household member is required, even if undocumented.*
6. **Income or myCase benefit history printout**
  - a. *Ex. check stubs, self employment ledgers, benefit approval letter, etc.*

\*Refer to [Table 9](#) for complete list.\*

Case files can be stored via hard copy or electronically.

# Completing Forms 115 and 300



DWS-WDD 115  
Rev. 3/2014

State of Utah  
Department of Workforce Services  
**RELEASE/DISCLOSURE OF INFORMATION & CONSENT FOR COORDINATED SERVICES**  
ONLY for use by Contracts and Refugee Home Visits  
Where UWORKS is Unavailable

D18914001510101

Name (Print) \_\_\_\_\_ PID \_\_\_\_\_ Case # \_\_\_\_\_

I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information only to the agencies listed below with the restriction that the information cannot be passed on to any other person or entity/agency..... Yes  No

<input type="checkbox"/> Div. of Child & Family Services	<input type="checkbox"/> Div. of Services for People with Disabilities	<input type="checkbox"/> Div. of Juvenile Justice Services
<input type="checkbox"/> Job Corps	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> Local Mental Health Providers
<input type="checkbox"/> School Districts	<input type="checkbox"/> State/Local Health Department	<input type="checkbox"/> Substance Abuse Treatment Providers
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Social Security Administration	<input type="checkbox"/> Any & All Employer/Worksite
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

The information selected below is to be released and/or disclosed to coordinate a variety of services on my behalf. In order to provide these services, representatives of public and private agencies may be working together and may need to share information about me with one another.

I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor.

**Note: DWS does not disclose controlled documents without consent of the DWS Legal Department.**  
R = Release my information from a third party to DWS. D = Disclose my information from DWS to a third party

<b>R D</b> <input type="checkbox"/> Employment Information (wages, hours worked, schedule, etc.)	<b>R D</b> <input type="checkbox"/> Employment Plan Development/Renegotiation	<b>R D</b> <input type="checkbox"/> Legal Information (court documents/orders, etc.)
<input type="checkbox"/> Add'l. Monitoring Information (WSL, CTW, job leads/contacts, etc.)	<input type="checkbox"/> School Information (progress, attendance, schedule, etc.)	<input type="checkbox"/> Treatment Information (plan, schedule, attendance, etc.)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Signature of Customer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian, if under age 18 \_\_\_\_\_ Date \_\_\_\_\_

Equal Opportunity Employer Program  
Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162

DWS-ESD-WDD 300  
Rev. 09/2014

Department of Workforce Services  
**TANF NEEDY FAMILY ELIGIBILITY FORM**

Case/PID # (if applicable) \_\_\_\_\_

**Section 1: Household information**

There must be a dependent child under age 18 living in the home. A Social Security number is a condition of eligibility for assistance required by section 1137 of the Social Security Act. Services will not be delayed or discontinued pending the issuance or verification of a Social Security number, if the applicant has documented application for one. Social Security numbers must be provided for all individuals included in the TANF Needy Family household size.

Please use a black ball point pen to complete form

Parent or relative caretaker name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Address \_\_\_\_\_ Utah resident?  Yes  No  
Date of birth (MM/DD/YYYY) \_\_\_\_\_ Alien registration number \_\_\_\_\_ Date of entry \_\_\_\_\_ Gender:  Female  Male

Spouse or relative caretaker name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date of birth (MM/DD/YYYY) \_\_\_\_\_ Date of entry \_\_\_\_\_  
Alien registration number \_\_\_\_\_ Gender:  Female  Male

Dependent child name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date of birth (MM/DD/YYYY) \_\_\_\_\_  
Alien registration number \_\_\_\_\_ Gender:  Female  Male

Dependent child name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date of birth (MM/DD/YYYY) \_\_\_\_\_  
Alien registration number \_\_\_\_\_ Gender:  Female  Male

Dependent child name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date of birth (MM/DD/YYYY) \_\_\_\_\_  
Alien registration number \_\_\_\_\_ Gender:  Female  Male

Dependent child name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date of birth (MM/DD/YYYY) \_\_\_\_\_  
Alien registration number \_\_\_\_\_ Gender:  Female  Male



State of Utah  
Department of Workforce Services  
**RELEASE/DISCLOSURE OF INFORMATION &  
CONSENT FOR COORDINATED SERVICES**  
ONLY for use by Contracts and Refugee Home Visits  
Where UWORKS is Unavailable



D18914001510101

John Doe

Name (Print)

PID

Case #

Make sure the "Yes" box is checked.

Mark "Other" and write the name of your organization.

Mark both "R" and "D" in "Other" and write in "TANF Eligibility".

Customer needs to sign and date.

I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information only to the agencies listed below with the restriction that the information cannot be passed on to any other person or entity/agency.  Yes  No

- Div. of Child & Family Services
- Job Corps
- School Districts
- Vocational Rehabilitation
- Div. of Services for People with Disabilities
- Juvenile Court
- State/Local Health Department
- Social Security Administration
- Div. of Juvenile Justice Services
- Local Mental Health Providers
- Substance Abuse Treatment Providers
- Any & All Employer/Worksite

Other, Your Organization Name

The information selected below is to be released and/or disclosed to coordinate a variety of services on my behalf. In order to provide these services, representatives of public and private agencies may be working together and may need to share information about me with one another.

I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor.

**Note: DWS does not disclose controlled documents without consent of the DWS Legal Department.**

R = Release my information from a third party to DWS      D = Disclose my information from DWS to a third party

- |   |  |   |
|---|--|---|
| <b>R</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>                             | <b>R</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>                | <b>R</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>               |
| <input type="checkbox"/> Employment Information (wages, hours worked, schedule, etc.)           | <input type="checkbox"/> Employment Plan Development/Renegotiation                 | <input type="checkbox"/> Legal Information (court documents/orders, etc.)         |
| <input type="checkbox"/> Add'l. Monitoring Information (WSL, CTW, job leads/contacts, etc.)     | <input type="checkbox"/> School Information (progress, attendance, schedule, etc.) | <input type="checkbox"/> Treatment Information (plan, schedule, attendance, etc.) |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Other, TANF Eligibility | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____  |

Signature of Customer

Date

Signature of Parent or Guardian, if under age 18

Date

**Equal Opportunity Employer Program**

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# Form 300 Section 1



## ■ **Household Information**

- All eligible household members must be listed on Form 300. (Do not list undocumented family members.)
- All information must be provided, including a Social Security Number for each eligible household member.
- Must have at least one eligible household member under the age of 18 living in the home.
- Documentation must be collected for all eligible members.

# Who Is Included?



A family is a group of individuals living together:

- Related by blood, marriage or decree of court
- Must include at least one eligible dependent child or a pregnant woman in her third trimester. (Pregnancy due date must be verified)
- Natural and adoptive parents, step-parents or relative caretakers including:
  - Grandparents
  - Aunts/Uncles
- All eligible minor dependents: siblings, half-siblings, step-siblings and adopted siblings living in the same household.
- Relationship for all minor dependents listed must be present in case file.
- Social Security numbers must be provided and verified for all family members included in TANF Needy Family household.

# Citizenship



- Households must include at least one US citizen or qualified eligible alien to be eligible for TANF Needy Family services.
- If citizenship documentation (for adult) does not contain a photograph, at least one additional document from [Table 9](#) must be provided to verify identity.
- At least one eligible household member must be under 18.
- Refer to [Table 9](#) for Citizenship Criteria.

\*Documentation must be in case file.



# Identity



- Proof of identity must be provided for parent or relative caretaker household member (this includes undocumented parent).
  - Refer to [Table 9](#) for Identity (ex: drivers license, driving privilege card, work id, etc.)

\*Photocopy of document must be included in the case file.



# Qualified and Eligible



- TANF alien customers must meet both **‘Qualified and Eligible’** criteria:
  - a. Aliens who meet both qualified and eligible are listed in DWS Eligibility Manual, [\(Policy section 720-1\)](#)  
Ex: Refugees, Asylees, or Iraqi and Afghani refugees granted special status.
  - b. In addition, Legal Permanent Resident aliens who enter United States on or after August 22, 1996 must have 5 years as a qualified alien, or 40 covered quarters.

\*I-94 or Alien status is verified by DWS through eShare interface\*

# Form 300 Section 2



- **Categorical Eligibility**
- For customers **currently** receiving any of the Categorical Eligibility programs listed in Section 2 of Form 300, contractors may now use a myCase benefit printout or monthly benefit approval letter to verify TANF eligibility.
  - Medicaid programs include: Family, Child, or Pregnant Medicaid.
- Contractor no longer needs to gather documentation to verify:
  - Income, Household Composition, and Citizenship/Legal Residency.
- For families **NOT** receiving any of the programs listed, contractors **MUST** gather documentation including copies of ID, SSN card, Household Composition, and Income verification in participant case file.

\*If any of the services in Section 2 are marked, skip Section 3, Income Guidelines.\*

# Categorical Eligibility Process



- If the individual/family is receiving any of the Categorical Eligibility programs, the contractor only needs to collect:
  1. **Identity** (picture ID) for parent or adult caretaker.
  2. **myCase printout** for the **current benefit month or a monthly benefit approval letter** verifying which benefits currently receiving.
  3. **Fill out Form 300** listing all eligible household members including SSN for each household member. (Do not need copy of SSN card.)
  4. **Signed and dated Form 115** in case file.
- (Current benefit month refers to the same month the Form 300 is completed, signed, and dated.)
- \*Documentation of Categorical Eligibility must in case file.\*

# Form 300 Section 3

## (Non-Categorical Eligibility Household)



### ■ Income Guidelines

- All parent or relative caretaker income must be counted, even if not eligible to be included in household size.
- All includable income must be counted in determining eligibility.
  - Refer to [Policy Section 720-5](#), Includable and Excludable Income
- Collect previous ONE FULL month of income.
  - Refer to [Table 13](#) for Income Guidelines (200% FPL)
- Provide documentation for each family member who has income.
- List monthly gross income on Form 300.

# TEVS (TANF Eligibility Verification System)



## ■ Contractor's Responsibilities

After eligibility has been determined using Form 300:

- Enter customer information into TEVS at:  
<https://jobs.utah.gov/jsp/tevs/welcome.do>
- Begin serving the household/customer unless notified by DWS that information cannot be verified.
  - ✦ (You will only be notified if there is a discrepancy.)
- DWS will retrieve and verify the information in eShare weekly.



\*Form 300 and TEVS entry is only done ONCE for the customer to receive TANF funding over the course of the program/service, except when:

- a.) notified by DWS that information cannot be verified or
- b.) there is a gap in service of more than 30 days or
- c.) there is a change in household size (re-look at Income Chart for new household size)

# TEVS



- If notified by DWS that customer information cannot be verified, Contractor **must**:
  - Correct information within 15 calendar days and re-enter into TEVS.
- If information is not corrected within **15 days**, a **SECOND** notice is sent advising Contractor that individual is no longer eligible for TANF Needy Family services.



If there are other eligible household members, re-calculate eligibility based on the reduced household size.



If there are **NO** other eligible household members, funding for services must end.

# TEVS



## ■ **DWS Responsibilities**

- Retrieve TEVS report weekly.
- Verify information matches with eShare interface.
- Things we verify:
  - ✦ Name, SSN, Date of Birth
  - ✦ Social Security Income/Qualifying Quarters
  - ✦ Alien Status
  - ✦ Unemployment
  - ✦ Birth Records
  - ✦ Wage Data
- Notify contractors of discrepancies.
- Provide technical assistance.



# TANF Needy Family Eligibility Guide

## Non-Public Assistance

Must follow regular TANF Eligibility process.

1. Complete Form 300 listing all TANF household member's Name, SSN, and DOB.
2. Collect **ALL** documentation for Household, Citizenship, Income and Identity. Documents include: SSN cards, birth certificates or permanent resident cards, court decrees, and paystubs, etc.
3. Collect picture ID of parent/adult caretaker.
4. Signed and dated Form 300 and Form 115 in case file.
5. Enter information into TEVS.

\*Include all documentation in case file.\*

## Current Public Assistance

Customer must be current recipient of Categorical Eligibility programs listed in Section 2 of Form 300.

1. Complete Form 300 listing all TANF household member's Name, SSN, and DOB.
2. On Form 300- Section 2: Mark programs received.
3. Collect current benefit printout from myCase account or benefit approval letter.
4. Collect picture ID of parent/adult caretaker.
5. Signed and dated Form 300 and Form 115 in case file.
6. Enter information into TEVS.

\*Include all documentation in case file.\*

# Resources



## Policy Reference

- [120-14 TANF Needy Family](#)
- [Table 9- Acceptable Documentation](#)
- [Table 13- Income Guidelines](#)
- [Includable and Excludable Income](#)

## Contractor Site

<http://jobs.utah.gov/services/tevs/tanfcontract.html>

## TEVS Training Video

<http://jobs.utah.gov/services/tevs/tevstrain.html>

# Rapid Re-Housing Employment Pathway



## [Rapid Re-Housing Employment Pathways](https://docs.google.com/document/u/0/d/16LjfXpUFLbLVL63i46VXXPARZmYe8xcGDS4hyiCAZvs/pub)

(<https://docs.google.com/document/u/0/d/16LjfXpUFLbLVL63i46VXXPARZmYe8xcGDS4hyiCAZvs/pub>)



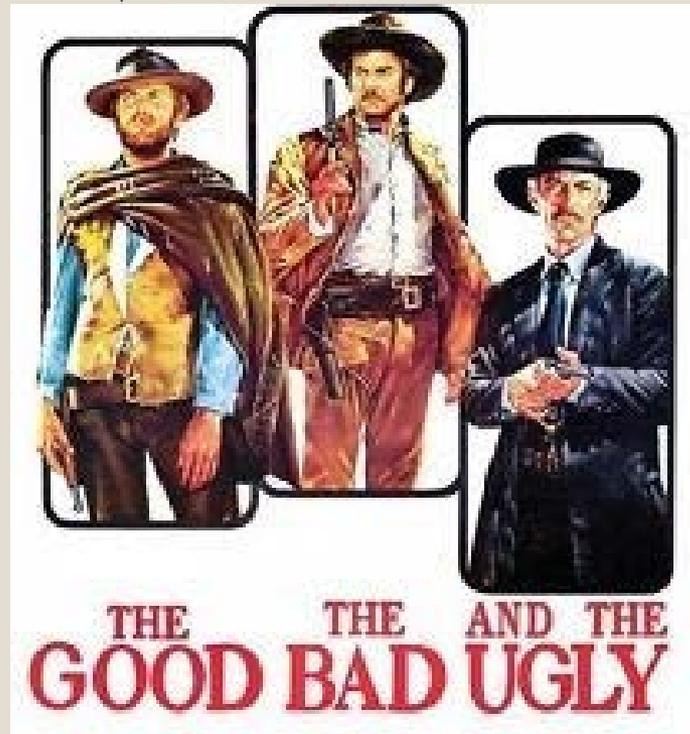
# FINANCE REQUIREMENTS



# Fiscal Review



- DWS Auditors
  - Kayl Smith
  - Chris Boyadjian
- Financial Manager
  - Debbie Lyberger



# Invoice and Documentation



## ○ **RR Finance Training**

- **Tuesday, April 14, 2015 9:00am-11:30pm**
- **1385 S. State Street, room 157A**
- **SLC, UT 84115**
- **Webinar option will be available**



- **Budget & Payment/Invoice forms & documentation**
- **Allowable Expenses**
- **Allocations of shared expenses**

# Contract Monitoring



# Contract Monitoring/Documentation



## ○ Program Monitoring

- Annual Program Monitoring: In person
  - Employee Files
  - Customer Case Files
    - Refer to eligibility training for file requirements

# Questions?



Brian Prettyman  
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