



**TANF Needy Family
Contractor Training
for
TANF Eligibility and TEVS
(For New Staff)**



**Department of
Workforce Services**

Updated
August 2016

What is TANF?

- The Temporary Assistance for Needy Families (TANF) program 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.
- TANF Needy Family describes a population that can be served using TANF funds. This population consists of:
 - Families with dependent children under the age of 18, living in the home, or
 - a pregnant woman in her third trimester
- Services are provided through a contractual agreement with external providers.



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. Reduce the dependency of needy parents by promoting job preparation, work, and marriage.
3. Prevent and reduce the incidence of out-of-wedlock pregnancies.
4. Encourage the formation and maintenance of two-parent families.

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

**Purposes 3 and 4 do not.*



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 or currently receiving DWS benefits.
- A valid Social Security Number is required for all eligible household members.



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 3rd trimester.

2. Citizenship/Legal Residency

- a) US Citizen
- b) Legal Permanent Resident

3. Identity

- a) Photo ID of Adult

4. Income or Categorical Income Eligibility

- a) Household income at or below 200% FPL (verified with paystubs)
- b) Currently receiving public assistance (verified through eShare)



How to complete Form 115 and Form 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

D189140015101

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

R <input type="checkbox"/> D <input type="checkbox"/> Employment Information (wages, hours worked, schedule, etc.)	R <input type="checkbox"/> D <input type="checkbox"/> Employment Plan Development/Renegotiation	R <input type="checkbox"/> D <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 _____ Utah resident? Yes No
Alien registration number _____ Gender: Female Male

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

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

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

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

Form 115

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.

DWS-WDD 115
Rev. 3/2014

State of Utah
Department of Workforce Services
RELEASE/DISCLOSURE OF INFORMATION & CONSENT FOR COORDINATED SERVICES
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Where UWORKS is Unavailable

D1991400 1510101

John Doe
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

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

R	D	R	D	R	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Customer _____ Date _____
 Signature of Parent or Guardian, if under age 18 _____ Date _____

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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 [722 Identity](#) must be provided to verify identity.
- At least one eligible household member must be under 18.
- Refer to [721 Citizenship and Utah Residency](#) 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 [722 Identity](#) for Acceptable Documentation (i.e. 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. Refer to [721 Citizenship and Utah Residency](#) for more detail.

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.
- *Contractor only needs to obtain copy of I94 or Permanent Resident card. DWS will verify Alien status.***

Form 300 Section 2



■ Categorical Eligibility

- a) To verify Categorical Eligibility, Contractor will click on eShare link.
- b) Customers **currently** receiving any of the programs listed in Section 2 of Form 300, meet all TANF eligibility and may begin contracted services.
 - Categorical Eligibility programs include: Financial, Food Stamps, Medical and WIC
 - Only documentation needed in case file:
 - Eshare benefit issuance screen and picture id for adult.
- c) Families **NOT** receiving any DWS benefits must meet all TANF eligibility requirements.
 - Contractors **MUST** gather all documentation including copies of ID, SSN card, Household Composition, and Income verification and maintain in case file.

Form 300 Section 3

(Only Non-Public Assistance 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 [725 Income](#) for Includable and Excludable Income and Acceptable Documentation
- Collect previous ONE FULL month of paystubs.
 - Go off check date and not pay period date
 - Refer to [726 Income Guidelines](#) (200% FPL)
- Provide documentation for each family member who has income.
- List monthly gross income on Form 300.





TEVS and eShare Process

Eligibility must be determined prior to serving customer.

➤ Step 1:

Complete the following:

1. Form 300: TANF Needy Family Eligibility form
2. Form 115: Release/Disclosure of Information form

➤ Step 2:

1. Using eShare interface, verify if household is currently receiving DWS benefits. (You will need your security token)
2. Return to TEVS and enter information for all TANF eligible household members and select appropriate eligibility status for the household. A primary household member must be identified for each household.
 - a. Begin by first adding a primary household member. (The primary household may be an undocumented parent. If both parents are undocumented, only enter one parent in TEVS.)
 - b. If the primary household member is undocumented, check the “Member Excluded” box. The individual will not be counted in the TANF household.
 - c. Enter all other TANF eligible household members in TEVS. (Do NOT enter any customer information who does not have a Social Security number.)

Categorically Eligible

(For customers currently receiving public assistance)

Step 3:

a.) If the household is currently receiving benefits, select “Categorically Eligible” for Eligibility Status.

- Customer/household meets all TANF eligibility and may begin services.
- Maintain copies of documentation in case file: completed form 300, form 115, print off of eShare benefit screen and picture ID for primary household member.

b.) If household is NOT receiving benefits, TANF eligibility will need to be determined by Contractor and all required documentation collected and maintained in case file.

See next slide “Determined Eligible by Contractor”.



Determined Eligible by Contractor

(Only for customers NOT receiving DWS benefits)

- 1) In TEVS, select “Determined Eligible by Contractor” under Eligibility Status.
- 2) In the Comments Box, narrate the gross monthly household income and what documentation used to determine income.
- 3) Collect all required documentation for eligibility and maintain in case file for program monitoring.

After eligibility has been determined by Contractor:

- ◆ Begin serving the household/customer.
- ◆ DWS will retrieve your TEVS entry and verify information in eShare.

*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)





When notified by DWS that customer information cannot be verified, Contractor **must**:

- Update participant information in TEVS within **15 days**.
- Information is not corrected within **15 days**, a **SECOND** notice is sent to Contractor advising 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.

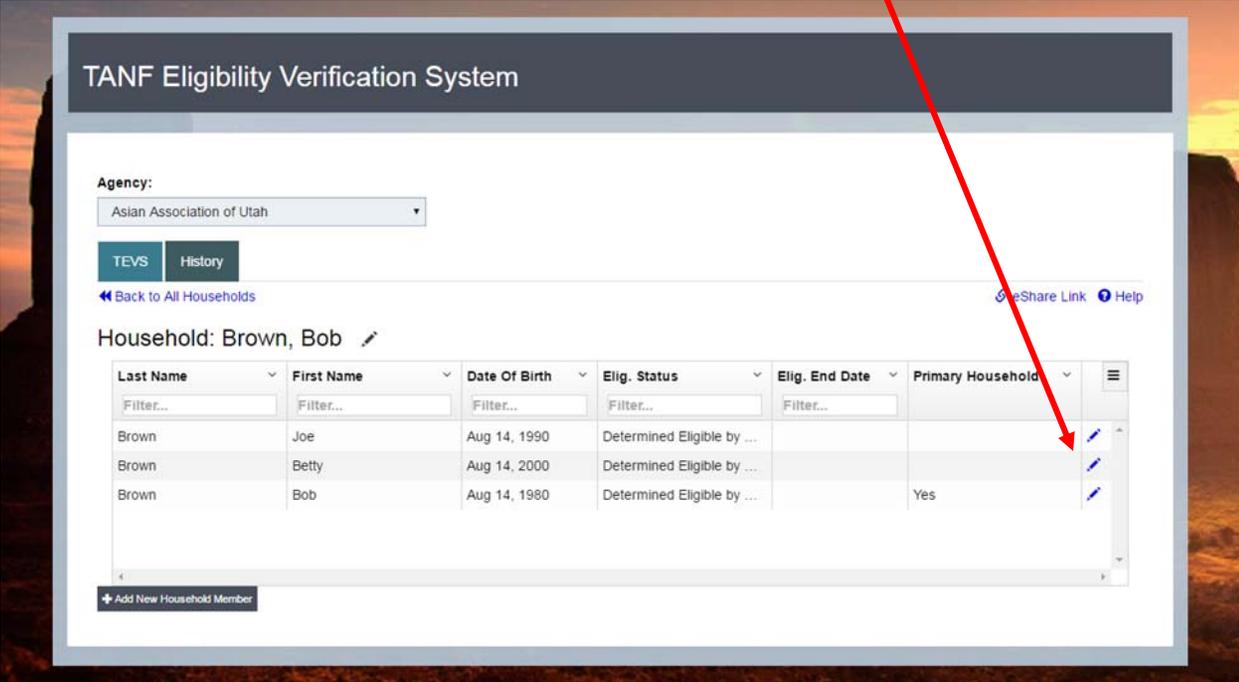


If there are **NO** other eligible household members, funding for services must end.

For detailed procedure, refer to Policy Reference [727 eShare and TEVS Verification](#).

To Remove or Edit Household Member in TEVS

- Search for household member in TEVS
- Locate household member and click to edit information



The screenshot displays the TANF Eligibility Verification System (TEVS) interface. At the top, the title "TANF Eligibility Verification System" is visible. Below the title, there is a section for "Agency:" with a dropdown menu set to "Asian Association of Utah". There are two buttons: "TEVS" and "History". Below these buttons, there is a link "Back to All Households" and a "Share Link" icon. The main section is titled "Household: Brown, Bob" with an edit icon. Below this, there is a table with columns: "Last Name", "First Name", "Date Of Birth", "Elig. Status", "Elig. End Date", and "Primary Household". The table contains three rows of data. A red arrow points to the edit icon (pencil) in the rightmost column of the row for "Brown, Bob".

Last Name	First Name	Date Of Birth	Elig. Status	Elig. End Date	Primary Household	
Brown	Joe	Aug 14, 1990	Determined Eligible by ...			
Brown	Betty	Aug 14, 2000	Determined Eligible by ...			
Brown	Bob	Aug 14, 1980	Determined Eligible by ...		Yes	

At the bottom left of the table, there is a button labeled "Add New Household Member".

Edit or Remove Household Information

Review household information for accuracy and edit any incorrect fields.

To remove household member.

Member Form

First Name: Betty

Middle Initial:

Last Name: Brown

Date of Birth: 08/14/2000

SSN:

Alien Reg Number: 45645645465

Case Number: 548646

Agency Name: Asian Association of Utah

Eligibility Status: Determined Eligible by Contractor

End date Elig: MMDDYYYY

Eligibility End Date Notes:

Comments: Whatever

Names	Service End Date	Notes
Interagency		
Other		
Rapid Rehousing		
Refugee		
TANF grant -Addiction Intervention/Support		
TANF grant- Adult mentoring		
<input checked="" type="checkbox"/> TANF grant- Basic technology skills		

1. Change the Eligibility Status to “Not Eligible”
2. Enter End Date
3. In Eligibility End Date Notes field, state reason not eligible.

Required 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. eShare printout or marriage license, divorce decree, birth certificate, court orders, etc.*
4. **Citizenship**
 - a. *Ex. eShare printout or birth certificate, permanent resident card, passport, etc.*
5. **Identity**
 - a. *Photo ID of adult household member is required, even if undocumented.*
6. **Income or Categorical Income Eligibility**
 - a. *Ex. eShare printout or check stubs, benefit approval letter, etc.*

*Case files can be stored via hard copy or electronically.

TANF Needy Family Guide

Determined Eligible by Contractor (Non-Public Assistance)	Categorically Eligible (Receiving Public Assistance)
<p>Must follow standard TANF Eligibility process.</p> <ol style="list-style-type: none">1. Complete Form 300 listing all TANF household member's Name, SSN, and DOB.2. Complete Form 115.3. Enter information into TEVS.4. Collect ALL documentation for each member: SSN cards, birth certificates or permanent resident cards, and paystubs, etc.5. Collect picture ID of parent/adult caretaker. <p>*Include all documentation in case file.*</p>	<p>Customer must be current recipient of Categorical Eligibility programs listed in Section 2 of Form 300.</p> <ol style="list-style-type: none">1. Complete Form 300.2. Complete Form 115.3. Enter information into TEVS.4. Print off eShare benefit issuance screen or for WIC, a benefit approval letter.5. Collect picture ID of parent/adult caretaker. <p>*Include all documentation in case file.*</p>

Resources



Contractor Site

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

TEVS System

<https://jobs.utah.gov/jsp/tevs2>

Policy References

- [724 Categorical Income Eligibility](#)
- [721 Citizenship and Utah Residency](#)
- [727 eShare and TEVS Verification](#)
- [723 Family Composition](#)
- [722 Identity](#)
- [725 Income](#)
- [726 Income Guidelines](#)

Contact Information

Sarah Lu

TANF Contract Analyst/TEVS Program Specialist

sarahlu@utah.gov

385-722-4369

Kimberly Carter

TANF Contract Analyst

kicarter@utah.gov

385-214-5483

Brian Prettyman

TANF Contract Analyst

bpretty@utah.gov

801-889-5619

Jolene Hill

TANF Program Manager

johill@utah.gov

801-526-4370

