



State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

DATE: March 19, 2010

TO: Regional Directors

THROUGH: David L. Fairbanks, Assistant Secretary for Programs
Pete Digre, Assistant Secretary for Operations
Barbara Palmer, Assistant Secretary for Administration

FROM: Alan Abramowitz, State Director, Office of Family Safety

SUBJECT: Supplemental Security Income and Title IV-E Foster Care Waiver
Action Required: Share memo and attachment
Due Date: Implement immediately

David L. Fairbanks
BA

PURPOSE: This memorandum provides a revised Notification of Foster Care Funding form (attached) for use when verifying foster care funding for Supplemental Security Income (SSI) applicants/recipients. It amends the guidance from June 29, 2009 and February 5, 2010.

BACKGROUND: Florida implemented its federally approved Title IV-E Foster Care Waiver in October 2006. The Department has been working with the SSI Program Team from Atlanta Regional Social Security Administration (SSA) Office to resolve concerns they had with the procedures the Department used to determine the proper treatment of foster care payments received under the Title IV-E waiver.

The Department of Health and Human Services (HHS) will accept the state's position regarding the source of funding for foster care payments for Title IV-E eligible children who also receive SSI, but they have requested verification for each individual case with the Department. The Department has established a methodology supporting its position that foster care maintenance payments are made from state funds when such payments are made on behalf of children receiving SSI.

ACTION REQUIRED: Distribute this memorandum and form to your region or circuit DCF/SSA liaison and community-based care lead agency. The DCF/SSA liaison must complete and sign the Notification of Foster Care Funding form, and the form must indicate that the foster care maintenance payments are from state funds on behalf of the child who receives SSI.

CONTACT INFORMATION: If you have questions, please contact Sallie Bond, Office of Family Safety, at (850) 922-0149 or Barney Ray, Administrative Services, at (850) 487-8883.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700



NOTIFICATION OF FOSTER CARE FUNDING

DATE _____

SOCIAL SECURITY ADMINISTRATION

Enter address
of local SSA
Office

Regarding:
Child's Name: _____ **Date of Birth:** _____
SSN _____

This is to advise that the Department of Children and Families/ _____
(Name of Lead Agency)
has been awarded care and custody of _____ and is the child's
(Name of Child)
representative payee.

The foster care maintenance payments on behalf of a child for whom an SSI application is pending or who receives SSI come from state funds, or if other fund source, e.g., IV-E, please list below:

Fund Source	Amount	Month/Year

Representative, Department of Children and Families

Address

Phone/FAX/Email