



**State of Florida**  
**Department of Children and Families**


**Rick Scott**  
Governor


**Mike Carroll**  
Secretary

---

**DATE:** June 29, 2017

**TO:** Regional Managing Directors  
Community-Based Care Lead Agency CEOs

**THROUGH:** David L. Fairbanks, Deputy Secretary 

**FROM:** JoShonda Guerrier, Assistant Secretary for Child Welfare   
Vicki Abrams, Assistant Secretary for Operations 

**SUBJECT:** 2017-2018 Federal Poverty Level Guidelines

---

**PURPOSE:** The purpose of this memorandum is to provide updates of the Federal Poverty Level (FPL) guidelines that take effect July 1, 2017.

**BACKGROUND:** Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the United States Department of Health and Human Services to update at least annually the poverty guidelines. The FPL helps guide financial eligibility for certain federal programs, including the Temporary Assistance for Needy Families (TANF).

In child welfare, TANF funds help to pay administrative costs of the Florida Abuse Hotline, child protective investigation, and case management staff. This necessitates an eligibility determination for the child and his or her family at investigation and every 12 months thereafter. Eligibility for TANF 200% must be determined every 12 months for children receiving protective services in their own homes or in the home of a relative. TANF also helps fund Maintenance Adoption Subsidies (MAS) for special needs children who are not eligible to receive a Title IV-E-funded Maintenance Adoption Subsidy.

Please be reminded that eligibility for TANF 200% and TANF MAS funds is to be conducted through the Florida Safe Families Network (FSFN). FSFN has been updated to reflect the 2017-2018 FPL. Please refer to the Federal and State Funding Eligibility operating procedure (CFOP 170-15), available at: [centerforchildwelfare.org/kb/DCF\\_Pol/CFOP\\_170/CFOP170-15.pdf](http://centerforchildwelfare.org/kb/DCF_Pol/CFOP_170/CFOP170-15.pdf).

**NEW INFORMATION:** The attached Request for TANF Funds/Eligibility Form and TANF Maintenance Adoption Subsidy Desk Reference show the poverty guidelines for the 2017-2018 state fiscal year.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

**ACTION REQUIRED:** Please share this memorandum and attachment with all appropriate staff in your region, circuits, sheriff's offices and community-based care lead agencies.

**CONTACT INFORMATION:** If you have any questions or need clarification regarding this memorandum, please submit your questions to the eligibility redesign mailbox at [HQW.FS.eligibility.redesign@myflfamilies.com](mailto:HQW.FS.eligibility.redesign@myflfamilies.com).

**ATTACHMENT:**

Form CF-FSP 5244 – Request for TANF Funds/Eligibility Determination – 2017/2018

cc: Assistant Secretary for Economic Self-Sufficiency Jeri Culley  
Office of Child Welfare Directors  
Regional Family and Community Services Directors  
Center for Child Welfare



# Request for TANF Funds/Eligibility Determination – 2017/2018

**Eligibility Requirement:** To be eligible for the TANF funds: the child/family income must be less than 200% of the federal poverty level; the child must be living in the home of a parent or other specified relative; the individual must be a United States citizen or qualified non-citizen; and the child/family must be residing in Florida.

**Region/CBC Agency:** \_\_\_\_\_  
(Enter Region name [or name of CBC servicing the area] in which child/family reside)

**Date of Request:** \_\_\_\_\_  
(Date Form Initiated)

**Table 1: Information on Children and Adults in Household.**

Name	Social Security #	Date of Birth	Citizen or Qualified Non-citizen
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**1) Is (are) child(ren) living with a parent or other specified relative?**

- YES If Yes, continue with item #2; list name of relative and relationship to child:
- NO If No, child is not eligible for TANF.

**2) Is (are) child(ren) residing in Florida?**

- YES If Yes, continue with item #3.
- NO If No, child is not TANF eligible.

**3) Is the family currently receiving temporary cash assistance under WAGES or the Relative Caregiver Program?**

- YES If Yes, *financial criteria met*; submit to supervisor/designee for TANF eligibility determination.
- NO If No, continue with item #4.

**4) Family Income. Information obtained from:**

- Parent/Relative (check one):  Self declaration or  Documented: \_\_\_\_\_  
List documentation [i.e., pay stub, etc.]
- Collateral Source: \_\_\_\_\_  
List the source

Using information obtained from the parent or specified relative or through available/collateral contact information, make the "best determination possible" of the family's gross income. When income information is not obtained from the family, it may be obtained from the employment history of responsible adults or any prior determination of eligibility for public assistance [i.e., Food Assistance, Temporary Cash Assistance (WAGES), etc.].

If Item #4 above is checked, this section must be completed:

Determine: (A) What is the family size? \_\_\_\_\_  
(B) Estimated Family Income: \$ \_\_\_\_\_ per  month  year

**Table 2: 200% of the FPL by family size (effective date: July 1, 2017\*)**  
(For households larger than 10, add \$697 per month or \$8,364 per year for each additional household member.)

HOUSEHOLD SIZE AND FAMILY INCOME										
Household size	1	2	3	4	5	6	7	8	9	10
Monthly Income	2,010	2,707	3,404	4,100	4,797	5,494	6,190	6,887	7,584	8,280
	24,120	32,484	40,848	49,200	57,564	65,928	74,280	82,644	91,008	99,360

\*Federal Poverty Guidelines: 2017 Federal Poverty Guidelines (FPG) annual income levels are published in the Federal Register of January 25, 2017. (<http://aspe.hhs.gov/poverty/15poverty.cfm>)

**SIGNED:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(Date Form Completed)

**Based on the household information above, the family income is: (check one)**

- Less than 200% of the FPL ... CHILD/FAMILY IS ELIGIBLE
- At or above 200% of the FPL ... CHILD/FAMILY IS INELIGIBLE

**SIGNED:** \_\_\_\_\_  
Supervisor or Designee

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

Child(ren)'s eligibility was entered into FSN on (the date): \_\_\_\_\_ Person entering information: \_\_\_\_\_