



State of Florida
Department of Children and Families

Charlie Crist
Governor

Robert A. Butterworth
Secretary

DATE: April 27, 2007

TO: District/Region Administrators, Community-Based Care CEOs,
Sheriff's Offices

THROUGH: George Sheldon, Assistant Secretary for Operations *George Sheldon*
David Fairbanks, Acting Assistant Secretary for Programs *David Fairbanks*

FROM: *Patricia Badland*
Patricia Badland, Director of Office of Family Safety

SUBJECT: Revision of Summer Road to Independence Needs Assessment Tools

Purpose: The purpose of this memorandum is to respond to a request that was made by the Independent Living Coordinators working for Community-Based Care lead agencies or subcontractors. The request was for a review and revision of the Road to Independence Program Summer Needs Assessment tools. These tools have been revised to make them more user friendly for staff while continuing to conform with Rule 65C-31, F.A.C. The revised tools were sent to a sample of field staff for testing. Favorable comments were received. These tools are needed in order to determine the Road to Independence Program award for the summer months, May through August.

Action Required: Please share these tools with staff who assist in determining award amounts for the Road to Independence Program. The revised form should be used from this point forward for all award determinations conducted for the summer months.

Background: Section 409.1451(5)(b)1., provides; "...the amount of the (Road to Independence Program) award shall be based on the living and educational needs of the young adult and may be up to, but may not exceed, the amount of earnings that the student would have been eligible to earn working a 40-hour-a-week federal minimum wage job." Rule 65C-31.008, F.A.C., requires that a separate award determination be conducted during the summer months. Revised tools for the summer months have been developed, and are ready for dissemination.

Contact Information: For additional information, please contact Joel Atkinson at 850-921-4118, SC 291-4118 or at Joel_Atkinson@dcf.state.fl.us.

Attachments

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency



Student's Name:

SSN:

Name of School:

Date:

Caseworker Completing Form:

Living and Educational Expenses for 20__ - 20__ Summer Months:

INCOME COST/NEED DEDUCTIONS

1	Actual Ed and Living Exp. (Summer) OR Estimated Ed and Living Exp Academic Year	0			
2	# months in academic year # of Summer months	0	0		
	Ed and Living Exp Summer			0	
3	Actual Tuition and Fees (Summer)(if zero, enter 0) OR Estimated Tuition and Fees Academic Year	0			
		0			Tuition and fee Exemption 0
4	Federal Scholarships received (Pell Grants) # Summer months	0			
	Federal Scholarship Deduction during the Summer				0
5	Other Federal Income (SSI, Social Security) (Monthly) X # of Summer months Total Federal Income	0		0	0
				0	0
6	Young Adult's Earned Income - Summer: X # Summer months Total Earned Income Income Protection Allowance Young Adult's Available Income:	0	0.00	0	
	OR Monthly Earnings	0		0	
				0	
				0	
				0	0
7	Alternate Sources of Funding: (Summer)	0			0
8	Other Scholarships and/or Grants from State and/or Community Sources: Summer Amount: Disregard: Amount deducted:			0	
				500	
				0	0
	Totals:			0	0
	Total Need:			0	
	Monthly Award:	#DIV/0!			
	Minimum Award	#DIV/0!			

Breakdown of Educational/Financial Resources Available to the Student

Total Earned Income/State and Local Scholarships:	0
Summer RTI Award:	75
Federal Scholarships	0
Other Federal Income: (SSI/SSA Benefits)	0
Federal Funds Received Counting Toward COA:	75
Amount below COA:	-75
Total Federal Funds Received:	75
Total Summer Income Available to the Student:	75
Monthly Income Available to the Student:	#DIV/0!
Summer Fee Exemption:	0



Student's Name:

SSN:

Name of School:

Date:

Caseworker Completing Form:

Living Expenses for 20_ - 20_ Summer Months:		Not Attending School:		INCOME	COST/NEED	DEDUCTIONS
1	Living Expense Academic Year	0				
2	# of months in Academic Year	0				
	# of Summer Months	0				
	Summer Living Expenses				#DIV/0!	
3	Federal Scholarships received (Pell Grants)	0				
	X # Summer months	0				
	Federal Scholarship Deduction during the Summer					0
4	Other Federal Income (SSI, Social Security) (Monthly)		Non-Deduction: 0	Deduction: 0		
	X # of Summer months	0				
	Total Federal Income				0	0
5	Young Adult's Earned Income - Summer:	Weekly Hours: 0	Hourly Wage: 0.00	Monthly: 0		
	OR Monthly Earnings	0		0		
	X # Summer months	0				
	Total Earned Income				0	
	Income Protection Allowance				0	
	Young Adult's Available Income:				0	0
6	Alternate Sources of Funding: (Summer)	0				0
7	Other Scholarships and/or Grants from State and/or Community Sources:					
	Summer Amount:				0	
	Disregard:				500	
	Amount deducted:				0	0
Totals:					#DIV/0!	0
Total Need:					#DIV/0!	
Monthly Award:		#DIV/0!				
Minimum Award		#DIV/0!				

Breakdown of Educational/Financial Resources Available to the Student

Total Earned Income/State and Local Scholarships:	0
Summer RTI Award:	#DIV/0!
Federal Scholarships	0
Other Federal Income: (SSI/SSA Benefits)	0
Federal Funds Received Counting Toward COA:	#DIV/0!
Amount below COA:	#DIV/0!
Total Federal Funds Received:	#DIV/0!
Total Summer Income Available to the Student:	#DIV/0!
Monthly Income Available to the Student:	#DIV/0!