



# The Economic Self-Sufficiency Analysis: Final Annual Report

*Fiscal Year 2022-2023*

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**Early Childhood Policy Research Group (ECPRG)**

*University of Florida Anita Zucker Center for Excellence in Early Childhood Studies*



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*This work is the result of the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies' Early Childhood Policy Research Group (ECPRG) in collaboration with the following partnership organizations and individuals.*

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- Florida Department of Children and Families
- Florida Agency for Health Care Administration
- Public Housing Authority, Gainesville
- U.S. Department of Housing and Urban Development

# Table of Contents

- Executive Summary ..... 3**
- Introduction..... 6**
- ESSA Services: Eligibility & Participation..... 7**
  - The Florida School Readiness Program .....7
  - The Supplemental Nutrition Assistance Program..... 10
  - The Temporary Cash Assistance Program..... 13
  - Medicaid ..... 16
  - The Housing Choice Voucher Program ..... 19
  - Eligibility Policy Comparison ..... 22
  - Estimate of Eligible Populations Using Services ..... 23
- Data Curation & Linkage ..... 25**
  - Data Curation ..... 25
  - Data Linkage ..... 27
- Service Usage ..... 33**
  - Florida School Readiness Program ..... 34
  - Supplemental Nutrition Assistance Program ..... 35
  - Medicaid ..... 35
  - Temporary Cash Assistance..... 36
- Service Combinations ..... 37**
  - Lifetime Service Combinations ..... 37
  - Concurrent Service Use ..... 41
  - Simulating Benefits Cliffs ..... 46
- Key Insights & Discussion ..... 54**
  - Key Insights ..... 54
  - Limitations ..... 55
- References ..... 57**
- Appendices ..... 62**

## Executive Summary

On June 11, 2021, the Florida Legislature passed House Bill 1349 (CS/CS HB 1349) requiring the Division of Early Learning (DEL) to coordinate with the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies (AZC) to conduct an economic self-sufficiency analysis (ESSA). Per Florida statute, the scope of the analysis is as follows:

*"Section 3. (1) The Office of Early Learning within the Department of Education shall coordinate with the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies to conduct an analysis of, at a minimum, recipients of the Supplemental Nutrition Assistance Program established under [7 U.S.C. ss. 2011 et seq.](#), the temporary cash assistance program under [s. 414.095](#), Florida Statutes, the Medicaid program under [s. 409.963](#), Florida Statutes, the school readiness program under [part VI of chapter 1002](#), Florida Statutes, and the Housing Choice Voucher Program established under [42 U.S.C. s. 1437f](#).*

*(2) The analysis must include a review of eligibility criteria, the manner in which each program establishes and documents eligibility and disbursement policies, the frequency of eligibility determinations, and the number of families receiving multiple program services out of the total number of eligible families.*

*(3) The University of Florida Anita Zucker Center for Excellence in Early Childhood Studies shall, through its analysis, develop participant profiles based on the number of families receiving multiple program services that include family composition and the most frequent program services or combination of services families are accessing in each county or geographic region.<sup>1</sup>"*

Since the ESSA legislation was passed, the Early Childhood Policy Research Group (ECPRG) has engaged in extensive collaboration with the DEL to secure four, three-party Data Sharing Agreements (DSA) at the following agencies: Florida Department of Education's DEL, Florida Department of Children and Families (DCF), Florida Agency for Health Care Administration (AHCA), and the U.S. Department of Housing and Urban Development (HUD). These four agencies administer the five ESSA programs. As of March 31, 2022, all DSAs were fully executed, and all data were received by October 2022.

The ECPRG used these data to describe service use within each program and linked children and households across services to describe service combinations used by Florida households. The following report serves to fulfill all requirements of CS/CS HB 1349. The report describes eligibility requirements for each service, household participation in single and multiple services, and descriptions of services use variation among families participating in any of the five ESSA programs included in this analysis. To facilitate stakeholders' understanding, the ECPRG created an [ESSA website](#) (password: sunshine) that includes interactive visualizations to illustrate

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<sup>1</sup> Chapter 2021-87, 2021

the complexity of service participation and use at the state and local levels. This website will be made publicly available once approved by stakeholders and housed on the [Sunshine State Early Childhood Information Portal](#) (the Sunshine Portal).

## **Key Insights**

This report serves as a first look at Florida households using multiple services and relates this use to potential benefits cliffs. The results reported throughout this document are based on administrative data from Florida and federal agencies. Through this project, the ECPRG successfully created a linkage methodology, generated a preliminary descriptive report of services used by households with young children in Florida, and created a data system which integrates demographic and public assistance program participation data from multiple state agencies. While this report reflects the prevalence of services usage, it does not report outcomes or impact of any service use. The results, therefore, serve as a baseline to describe how low-income households enroll and participate in services that support access to healthcare, nutrition, housing, cash assistance and child care. The ECPRG is committed to maintaining collaborative partnerships with DCF, AHCA, HUD, and DEL to continue identifying reasonable measures of program outcomes and factors which relate to reasonable access to programs that support economic growth. Through analyses and discussions with partnering agencies, the ECPRG would like to highlight the following key insights:

### ***Common Service Combinations***

- Most households enrolled in public assistance programs used more than one service during the 2012-2021 period.
- The most frequent service combinations include Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and/or the Florida School Readiness Program (SR). This pattern of service use is seen in lifetime service combinations and concurrent services combinations.

### ***Frequently Used Services***

- Approximately 70% of the households included in these analyses enrolled in either Medicaid or SNAP at some time during their participation in public assistance programs. While this is largely explained by the fact that these are entitlement programs, these programs also provide the most basic needs for households – food and health care.
- Medicaid and SNAP were often used concurrently. The elevated level of concurrent enrollment in these two entitlement programs is likely facilitated by the unified application system being implemented by the Florida Department of Children and Families. These programs also had the longest service usage with a median usage of 23-26 months.

### ***Common Service Usage Patterns***

- Program purpose and eligibility policies have a predictable effect on the use of services, as seen in the concurrent services use analyses. Specifically, usage combinations that included Temporary Cash Assistance (TCA) had

shorter usage lengths, service combinations that included SR had usage lengths aligned with 12-month eligibility requirements, and combinations that included SNAP and/or Medicaid enrollment had the longest usage, consistent with the program aims of maintaining access to health care and nutrition assistance when families are eligible.

- Changes to eligibility policies and changes in the state economy during the COVID-19 period (2019-2021) potentially influenced unanticipated trends in service use, particularly regarding the length of time households used TCA, which was greater in 2019-2021 than it was in 2012-2018.

## Introduction

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# ESSA Services: Eligibility & Participation

Per HB 1349, the ECPRG conducted an extensive review of documentation of program specific eligibility requirements, intake processes, and redetermination processes. Once the documentation review process was completed, descriptions of service policies and practices were developed and shared with agency personnel from each program. Final descriptions of eligibility requirements, intake processes, and redetermination processes described in this report have been fully vetted by each agency administering each program.

## The Florida School Readiness Program

The Florida School Readiness (SR) program provides financial support for child care to working families. The purpose of this program is to enhance children's learning and to facilitate families' progress toward economic self-sufficiency<sup>2</sup>. Participating families enroll their children with SR-contracted child care providers, and the Florida Division of Early Learning (DEL) funds a portion of the cost for care. The SR program is funded primarily through the Child Care Development Fund (CCDF)<sup>3</sup> and through a percentage of Florida's Temporary Assistance for Needy Families (TANF) block grant, with amounts varying by year<sup>4</sup>. The program is administered by DEL via 30 local Early Learning Coalitions (ELCs) and the Redlands Christian Migrant Association (RCMA)<sup>5</sup>.

### SR Eligibility Requirements

Florida School Readiness program eligibility requirements are established at the state level within the federal guidelines established by the Child Care Development Block Grant (CCDBG). Eligibility determinations are made at the local level by ELCs and the RCMA. A household must meet the following requirements to be eligible for SR<sup>6,7,8</sup>:

- Florida resident<sup>8</sup>
- U.S. citizen or have a qualified noncitizen status<sup>8</sup>
- Have a child between ages 0-13<sup>8</sup>
- Purpose for care. A family must meet at least one of the following:
  - Family is working and/or in school and economically disadvantaged
    - Gross income less than or equal to 150% FPL for initial eligibility; less than 85% State Median Income (SMI) for continued eligibility<sup>8</sup> (countable income includes: Gross income, TANF, child support<sup>9</sup>)

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<sup>2</sup> Florida Office of Early Learning, n.d.

<sup>3</sup> Division of Early Learning, 2021b

<sup>4</sup> Center on Budget and Policy Priorities, n.d.

<sup>5</sup> Division of Early Learning, 2021a

<sup>6</sup> School Readiness Eligibility Provisions: Fla. R. 6M-4.200, 2021

<sup>7</sup> R. Williams, personal communication, March 8, 2022

<sup>8</sup> § 1002.81-1002.87(1), 2021

<sup>9</sup> Ilin and Terry, 2021

- Assets cannot exceed \$1 million (Countable assets include cash, savings and checking account<sup>9</sup>)
- Work, education, or permitted training for at least 20 hours/week<sup>8</sup>
- Parent has a permanent or temporary disability<sup>7</sup>
- Child is identified as "at risk" and referred by DCF or DCF contracted providers<sup>8</sup>
- Family is participating in the TCA program or Transitional Child Care (TCC) program, both funded by the TANF block-grant<sup>8</sup>

## **SR Application Process**

Families apply for the program through the state's [Family Portal](#). After families complete their application, they are placed, if applicable, on a waiting list managed by their local ELC. Once the local ELC determines funding is available to serve families on the waiting list, ELCs contact families to request additional verification documents, which families have 30 days to submit, to make the final eligibility determination<sup>6</sup>.

Documentation requirements include:

- Proof of child's name and date of birth
- Proof of citizenship or qualified noncitizen status
- Verification of residency
- Parent legal ID and documentation of guardianship
- Family size
- Proof of work/school
- Proof of income
- Documentation of earned income or unearned income
- Proof of parental disability (if applicable)

Proof of a valid at-risk DCF referral or participation in TANF provides automatic documentation for many of the listed requirements<sup>6</sup>.

## **SR Eligibility Determination & Benefit Receipt**

Since the SR program is not an entitlement program, local ELCs issue Payment Certificates following eligibility determinations based on the availability of funding. Payment Certificates, when issued to families, can be used at any childcare provider who is contracted with the DEL to serve SR families. Before the DEL statewide information system was modernized in fiscal year 2018/19, parents were given a hardcopy of this Certificate to bring to providers. Currently, the Enhanced Field System (EFS) Modernization completes this process automatically and electronically. Unfortunately, being awarded a Payment Certificate does not guarantee a vacancy at a family's preferred SR provider, which could extend families' wait-times prior to receiving SR funded childcare services. The family

eligibility duration varies by purpose for care and is described in the following section.

### **SR Eligibility Redetermination**

The three categories that establish the purpose for care have different eligibility lengths.

#### *Working and/or in School and Economically Disadvantaged (Funded by CCDF)*

As required under federal CCDF rule, families who meet the purpose for care requirements receive 12 months of eligibility if the family income remains below 85% SMI. If a family experiences a change in employment or income that results in a gross income greater than 85% SMI, they are no longer eligible for service. If a family loses their purpose for care, the family is given three months to reestablish a purpose for care before services are discontinued<sup>6</sup>.

Families are required to report any changes in employment and income to their local ELC. Every 12 months, families are required to redetermine their eligibility which includes a re-verification of income and proof of residency<sup>6</sup>.

#### *At Risk Children (Funded by CCDF)*

As required by federal CCDF rule, families must be given 12 months of eligibility. If a DCF referral concludes and is not renewed, typically following a 6-month period, a family has three months to establish a different purpose of care to receive their remaining 6 months of eligibility<sup>6</sup>.

#### *TCA & TCC Families (Funded by TANF)*

Families are not granted 12 months of eligibility as is required under CCDF funding. If a TCA referral concludes without renewal, typically following a 6-month period, a family has three months to establish a different purpose of care to continue receiving service<sup>6</sup>.

## The Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP) is a federal program of the U.S. Department of Agriculture Food and Nutrition Service (USDA FNS). The primary purpose of SNAP is to provide "nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency"<sup>10</sup>. Households participating in SNAP are given an Electronic Benefit Transfer (EBT) card with benefits added monthly<sup>11</sup>. State agencies are responsible for program administration, eligibility determinations, and benefit disbursement<sup>12</sup>. In Florida, these responsibilities are held by DCF.

### SNAP Eligibility Requirements

While most of the SNAP eligibility requirements are set at the federal level<sup>13</sup>, Florida has used the Broad-Based Categorical Eligibility (BBCE) option to increase the gross income threshold from 130% FPL to 200% FPL<sup>14</sup>. All eligibility determinations are made at the state level by DCF. A household with dependent children must meet the following basic requirements to be eligible for SNAP:

- Florida resident<sup>15</sup>
- U.S. citizen or have a qualified noncitizen status<sup>15</sup>
- Social Security Number or proof of application to obtain one<sup>15</sup>
- Gross income at or below 200% Federal Poverty Level (FPL)<sup>15</sup>
  - Countable income includes wages, profits, interest income, child support, Unemployment Insurance payments, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) and TANF<sup>9,16</sup>
  - Asset limits: \$2,750 (\$2,500 prior to October 2022) for households with a disqualified member; \$4,250 (\$3,750 prior to October 2022) for households with an elderly or disabled member<sup>17</sup>
- Net income at or below 100% FPL (gross income – deductions)<sup>13</sup>
  - Deductions include excess shelter, standard, 20% earned income, dependent care for work/school, Heating and Cooling Standard Utility Allowances (HCSUA)<sup>9</sup>

Households in which everyone is receiving Temporary Cash Assistance (TCA) and/or the Supplemental Security Income (SSI) are also eligible for SNAP; however, individuals who are disqualified members are not eligible.

Individuals who meet at least one of the following are not eligible for SNAP<sup>15,16</sup>

- Convicted of felony drug trafficking after, October 22, 1996

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<sup>10</sup> Food and Nutrition Service, n.d.a

<sup>11</sup> Center on Budget and Policy Priorities, June 2019

<sup>12</sup> Food and Nutrition Service, n.d.b

<sup>13</sup> Food and Nutrition Service, February 2022

<sup>14</sup> U.S. Department of Agriculture, January 2022

<sup>15</sup> Florida Department of Children and Families, n.d.c

<sup>16</sup> Florida Department of Children and Families written communication, April 11-26, 2022

<sup>17</sup> Florida Department of Children and Families written communication, March 10, 2023

- Fleeing a felony warrant
- Breaking SNAP rules

## **SNAP Application Process**

The Florida DCF Office of Economic Self-Sufficiency processes applications and eligibility determinations for SNAP, TCA, and Medicaid. Individuals apply for these programs online at [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida) through their MyACCESS account, in-person at a local Customer Service Center or community partner site, or mail/fax a paper copy to their local Customer Service Center<sup>18</sup>. An example application is included in this report as **Appendix B**. The necessary documentation for applications varies by household circumstance<sup>16</sup>. Examples of information that may be requested include:

- Social Security Number (or application for one)<sup>15</sup>
- Verification of identity<sup>15</sup>
- Earned and unearned income<sup>18</sup>
- Household expenses<sup>19</sup>

Applicants must participate in an eligibility interview with DCF staff to clarify information about their identity and household circumstances. The eligibility interviews are conducted via telephone unless the applicant requests a face-to-face interview. If additional documentation is requested, applicants must provide this prior to eligibility determination<sup>18</sup>.

*COVID-19 Note: Between November 25, 2020 and June 30, 2021 Florida waived the requirement for initial and recertification interviews due to the COVID-19 pandemic<sup>20</sup>.*

## **SNAP Eligibility Determination and Benefit Receipt**

SNAP eligibility is determined by DCF within 30 days of the application completion<sup>18</sup>. As an entitlement program, all individuals who apply and are determined eligible must receive the service<sup>11</sup>. After an application is approved, recipients are mailed an EBT card with initial benefits prorated from the date of application. After initial approval, benefits are loaded monthly on a specified date, based on the applicant's case number<sup>16,18</sup>, between the 1<sup>st</sup> and 28<sup>th</sup> of the month<sup>16,18</sup>.

Most SNAP households with minors maintain eligibility for 6 months before an eligibility recertification is required. Households where all members are elderly and/or disabled and have no earned income can be assigned a 12-month certification period<sup>16</sup>.

## **SNAP Eligibility Redetermination**

To recertify eligibility, a family must submit an application and the requested verification documents. A family may be required to complete an interview

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<sup>18</sup> Florida Department of Children and Families, n.d.a

<sup>19</sup> ACCESS Florida, n.d.

<sup>20</sup> Food and Nutrition Service, June 2021

depending on the family's *active* or *passive* status within the redetermination cycle. A redetermination will either be considered *active*, requiring an interview, or *passive*, not requiring an interview. This status alternates with each redetermination. For example, after the initial 6 months of service a household will have a *passive* status. After the second 6 months of service the family will have an *active* status<sup>16</sup>.

Households must report when their monthly gross income exceeds 130% FPL and when an able-bodied adult who is subject to work requirements has a change in work hours below 20 hours per week by the 10<sup>th</sup> of the month after the month of change<sup>15</sup>.

*COVID-19 Note: From April to August 2020, individuals who were scheduled for a required redetermination of their eligibility were provided an additional 6 months in the program without redetermination<sup>16</sup>.*

## The Temporary Cash Assistance Program

The Temporary Cash Assistance (TCA) program provides cash assistance through EBT cards to support needy families in becoming self-sufficient<sup>21</sup>. The program is funded by the federal block grant, Temporary Assistance for Needy Families (TANF), which is a program of the U.S. Department of Health and Human Services. The program is administered by the Florida DCF<sup>22</sup>.

### TCA Eligibility Requirements

TCA eligibility requirements are established at the federal level through the TANF block grant; however, eligibility determinations are made at the state level by DCF. A household must meet the following basic requirements to be eligible for TCA:

- Florida resident<sup>23</sup>
- U.S. citizen or have a qualified noncitizen status<sup>23</sup>
- Social Security Number or proof of application to obtain one<sup>23</sup>
- Gross household income less than 185% FPL<sup>21</sup>
  - Assets must not exceed \$2,000<sup>21</sup>
  - When vehicles are needed for work, assets must not exceed \$8,500<sup>21</sup>
  - Disregards<sup>16</sup>
    - \$90 disregarded with the potential to be eligible for an additional \$200 and ½ income disregard.
- Have a minor child living within the home of a blood relative or be a pregnant woman in her last month of pregnancy<sup>23</sup>
- Cooperate in Child Support Enforcement, if applicable<sup>23</sup>
  - Assist in identifying, locating, and confirming paternity of parent not living in home
- Children under five are up to date on immunizations<sup>21</sup>
- Children ages 6-18 must attend school and parents must attend school conferences<sup>21</sup>
- Select individuals who have been referred by other agencies to DCF may be required to participate in a work activity for a maximum of 40 hours a week<sup>23</sup> (waived during COVID-19 pandemic<sup>16</sup>).

Children not residing in the same household as their parents but living with a relative, within the degree of relationship as defined by DCF<sup>22</sup>, are eligible for child-only TCA. Additionally, children who are citizens but living with family who are not citizens can receive child-only TCA<sup>16</sup>.

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<sup>21</sup> Florida Department of Children and Families, n.d.e

<sup>22</sup> Florida Department of Children and Families, 2019

<sup>23</sup> § 414.095, 2021

## **TCA Application Process**

The Florida DCF Office of Economic Self-Sufficiency processes applications and eligibility determinations for SNAP, TANF, and Medicaid. Individuals can apply for these programs online at [ACCESS Florida](#), in-person at a local Customer Service Center or community partner site, or mail/fax a paper copy to their local Customer Service Center<sup>18</sup>. An example application is included in this report as **Appendix B**. Applicants are required to participate in an eligibility interview with DCF staff to clarify information about their identity and household circumstances. Eligibility interviews are conducted via telephone unless the applicant requests a face-to-face interview. If additional documentation is requested, applicants must provide this prior to their eligibility determination<sup>18</sup>.

Applicants are only required to submit verification documentation if their caseworker finds it necessary. This documentation may include, for example, verification of income and/or completion of work registration<sup>16</sup>.

If a household chooses to discontinue TCA benefits and later chooses to resume the receipt of benefits, the household is treated as a new applicant and must undergo the initial application processes, although they may not need to receive a new EBT card<sup>16</sup>.

## **TCA Eligibility Determination and Benefit Receipt**

TCA eligibility is determined within 30 days of the application. If determined eligible, TCA recipients are mailed an EBT card<sup>18</sup> unless they request to receive benefits via direct deposit<sup>16</sup>. Benefits begin on the date the application is approved or 30 days after the date of the application, whichever is earlier<sup>23</sup>. After initial approval, benefits are loaded monthly on a specific date, between the 1<sup>st</sup> and 3<sup>rd</sup> of the month, based on an applicant's case number<sup>16</sup>.

A household is eligible to receive TCA benefits for a cumulative 48 months<sup>22</sup> unless a hardship exemption is granted (e.g., minor, responsible for disabled member)<sup>16</sup>. TCA households receive 6-months of eligibility at a time. Child-only TCA cases receive 12 months of eligibility or 6 months of eligibility if the children are citizens living with relatives who are not citizens.

## **TCA Eligibility Redetermination**

To redetermine eligibility, a household must provide and submit a request for review of required verification documents. This may include the parent or caretaker relative's statement of completion of the required attendance at school conferences. The Department of Education notifies the Department of Children of Families if a child is habitually truant or has dropped out of school. DCF determines if good cause exists for noncooperation prior to removing the child from TCA benefits<sup>16</sup>.

*COVID-19 Note: From April to August 2020, individuals who were scheduled to require a redetermination of their eligibility were provided an additional 6 months in the program without redetermination<sup>16</sup>.*

Families may also be required to complete an interview depending on the redetermination cycle. A redetermination will either be considered "active," requiring an interview, or "passive," not requiring an interview. This status alternates for each redetermination. For example, after the initial 6 months of service a household will have a passive status. After the second 6 months of service, they will have an active status<sup>16</sup>.

Families must report any changes to income, household composition and address within 10 days of the change<sup>16</sup>.

Table 1. TCA State Adaptation

| <b>Federal TANF Requirement<sup>24,17</sup></b>   | <b>Florida Adaptation</b>  |
|---|--|
| <p>Must serve "needy" families, as defined by the state.</p> <p>Florida has two definitions for "needy". The first definition applies to a family applying to receive TCA for on-going basic needs. The second definition applies to families seeking eligibility for a non-assistance service or activity.</p> | <p>Needy families defined by DCF as:</p> <ul style="list-style-type: none"> <li>a. The family is determined by the department to have an income at or below 185 percent of the federal poverty level for TCA or 200 percent of the federal poverty level for other TANF non-assistance services;</li> <li>b. The family meets the requirements of s. <u>414.095</u>(2) and (3) related to residence, citizenship, or eligible noncitizen status; and</li> <li>c. The family provides any information that may be necessary to meet federal reporting requirements specified under Part A of Title IV of the Social Security Act.<sup>25</sup></li> </ul> |
| <p>State discretion in setting benefit amounts received by families.</p>  | <p>Families receive between \$95 and \$919 monthly depending on family size and shelter obligations<sup>23</sup>.</p>  |
| <p>Benefits can be provided for up to a cumulative 60 months.</p>   | <p>Florida allows for up to 48 cumulative months<sup>21</sup>.</p>   |

<sup>24</sup> Center on Budget and Policy Priorities, March 2022

<sup>25</sup> § 414.045, 2021

## Medicaid

Medicaid is funded jointly by the federal government and the state of Florida to provide free or low-cost health coverage to low-income families<sup>26</sup>. Eligibility for Medicaid is determined by DCF or the Social Security Administration, while AHCA is the state agency responsible for the Medicaid program and administers Medicaid services.

### Medicaid Eligibility Requirements

Medicaid eligibility requirements are made at both the state and federal level<sup>27</sup>. Eligibility determinations are made by the Florida DCF, the Social Security Administration for SSI recipients<sup>28</sup>, and in certain cases, by approved healthcare providers/Qualified Designated Providers (QDP)<sup>29,16</sup>. To be eligible for Medicaid, all individuals must meet the following:

- Florida resident<sup>30</sup>
- U.S. citizen or legal noncitizen<sup>29</sup>
- Meet specified income limits identified below

There are seven populations of children/families eligible for Medicaid, each with various income eligibility requirements<sup>9,30</sup>, calculated by the Modified Adjusted Gross Income (MAGI) as required in the 2014 Affordable Care Act<sup>31</sup>. All individuals are given a 5% MAGI income disregard<sup>16</sup>

- Pregnant women (185% FPL<sup>16</sup>): Prior to May 2022, women were eligible for the duration of pregnancy and two months postpartum<sup>30</sup>. This duration of eligibility was extended to 12 months of coverage on [May 25, 2022](#).
- Parents/Caretakers (31% FPL<sup>16</sup>): Consisting of relatives within specified degree of relationship as defined by DCF<sup>30</sup> to at least one dependent younger than 18 years old living in the household<sup>30</sup>
- Children ages 0-1 (200% FPL, additional 3% disregard<sup>16</sup>): Are not legally emancipated<sup>30</sup>
- Children ages 1-5 (133% FPL, additional 5% disregard<sup>16</sup>): Are not legally emancipated<sup>30</sup>
- Children ages 6-18 (133% FPL<sup>16</sup>): Unmarried, have an annulled marriage, or are not legally emancipated<sup>30</sup>
- Former foster care children (no income limit<sup>16</sup>): Children ages 18-25 who were under the responsibility of the State and receiving Medicaid when they aged out of foster care at 18 –years old<sup>30</sup>

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<sup>26</sup> Benefits.gov, n.d.

<sup>27</sup> Medicaid and CHIP Payment and Access Commission, n.d.

<sup>28</sup> Florida Department of Children and Families, n.d.b

<sup>29</sup> Centers for Medicare and Medicaid Services, n.d.

<sup>30</sup> Florida Department of Children and Families, n.d.

<sup>31</sup> Labor Center, March 2021

- Individuals receiving Social Security Income (SSI)<sup>30</sup> (74% FPL, no 5% MAGI disregard<sup>16</sup>)

### **Medicaid Application Process**

The Florida DCF Office of Economic Self-Sufficiency processes applications and eligibility determinations for SNAP, TCA, and Medicaid. Individuals can apply for these programs online at [ACCESS Florida](#), in-person at a Customer Service Center or local community partner site, or mail/fax a paper copy to their local Customer Service Center<sup>18</sup>. Please see an example application in **Appendix B**. Applicants are not required to participate in an eligibility interview unless DCF staff need to clarify information<sup>16</sup>. If additional documentation is requested, applicants must provide this prior to their eligibility determination<sup>18</sup>. This documentation may include, but is not limited to, proof of identity, citizenship, and income<sup>16</sup>.

Individuals receiving SSI are granted automatic eligibility and do not need to submit a separate application for the Medicaid program<sup>30</sup>.

### **Medicaid Eligibility Determination and Benefit Receipt**

A majority of the Medicaid population's eligibility determinations are made by DCF. Individuals receiving SSI, as determined by the Social Security Administration, are automatically eligible. Additionally, qualified hospital providers can grant Presumptive Eligibility for Pregnant Women (PEPW)<sup>16</sup> and "presumptive eligibility," determinations for those actively seeking health care<sup>30</sup>. Medicaid is an entitlement program – the government is required to provide services to all who apply and are eligible<sup>32</sup> with services administered through AHCA. Once an individual is determined eligible, he/she is mailed a Medicaid card. Individuals can also print a temporary Medicaid card through their MyACCESS account<sup>30</sup>. Medicaid eligibility lasts for 12 months<sup>30</sup>.

### **Medicaid Eligibility Redetermination**

There are two types of redeterminations (called renewals): passive and active. An active renewal requires an eligibility interview while a passive renewal does not. Florida utilizes an automated process for passive renewals which does not require recipients to apply and includes an electronic verification of data. If the automated process is successful, an individual will receive a notice that they have been recertified. If the automated process is not successful, or an individual has an active renewal, they will be sent a notice that they need to recertify. Once the household completes the recertification application, they will be assigned to an eligibility specialist who will verify and process the case<sup>16</sup>.

If a child is determined ineligible at the time of redetermination, Continuous Medicaid Eligibility allows for a limited extension of services. Continuous coverage is applied within an eligibility period if there is a change of circumstances that would otherwise render the child ineligible. Children ages 0-4 may continue receiving

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<sup>32</sup> Medicaid and CHIP Payment and Access Commission, n.d.

services for up to 12 months from their last eligibility review. Children ages 5-19 may continue receiving services for up to 6 months<sup>16,30</sup>.

Families must report changes that may affect eligibility within 10 days. These changes may include changes to income, number of household members, and address<sup>30</sup>.

*COVID-19 Note: Federal guidelines required Medicaid eligibility be maintained for anyone receiving Medicaid as of March 18, 2020 through the end of the Public Health Emergency unless a case closure was requested, an individual relocated outside of Florida, or upon a client's death<sup>16</sup>.*

## The Housing Choice Voucher Program

The Housing Choice Voucher Program (HCV) assists eligible households in accessing safe and sanitary housing. Participants are granted a voucher and can choose any housing that meets the minimum health and safety standards. The HCV services are administered locally through Public Housing Agencies (PHA) who receive federal funding from the U.S. Department of Housing and Urban Development (HUD)<sup>33</sup>.

### HCV Eligibility Requirements

Eligibility requirements are established at the federal level and determinations are made at the local level through PHAs. A household must meet the following basic requirements to be eligible for HCV<sup>34</sup>:

- U.S. citizen or non-citizen with eligible immigration status
- Household must have an adjusted gross income (gross income – deductions) that meets one of the following:
  - Low Income<sup>35</sup>: 80% local median income<sup>36</sup> that is continuously assisted (e.g., receiving other housing supports, identified in PHA administrative plan)<sup>35</sup>
  - Very Low Income<sup>35</sup>: 50% local median income<sup>36</sup>
  - Extremely Low Income<sup>35</sup>: 30% local median income<sup>36</sup> (Note: 75% of households served must be extremely low-income)<sup>35</sup>
- Deductions are applied for households with dependents and/or elderly/disabled<sup>9</sup>

### HCV Application Process

Households apply to their local PHA by providing information on family income, assets, and composition<sup>33</sup>. There are no requirements regarding application format, with some PHAs offering online applications and others requiring in-person submissions. Once the application is received, the household is placed on the waiting list<sup>37</sup>.

When a household reaches the top of the waiting list, their local PHA will request the following documentation for each member of the household to confirm eligibility<sup>37</sup>.

- Social Security Number
- Birth certificate
- Photo ID (for individuals who are at least eighteen years old)
- Documentation of all income sources
- Documentation of expenses

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<sup>33</sup> U.S. Department of Housing and Urban Development, n.d.a

<sup>34</sup> §982.1, 1995

<sup>35</sup> §982.201, 1995

<sup>36</sup> U.S. Department of Housing and Urban Development, n.d.b

<sup>37</sup> K. Tabor, personal communication, March 10, 2022

Using this updated documentation, a family is reassessed to determine if they are still at the top of the waiting list before receiving service. Reaching the top of the waiting list is dependent upon which income is targeted as the priority at a given time. PHAs are required to ensure that 75% of households served are identified as extremely low-income. Income targets change throughout the year to continue to meet this requirement and serve families of higher incomes once that target has been met<sup>37</sup>.

Additionally, if confirmed eligible, the household must undergo a background screening and a confirmation that they are not included on the sex-offender registry<sup>37</sup>.

### **HCV Eligibility Determination and Benefit Receipt**

The PHA verifies family income, assets, and composition with third parties including local agencies, employers, and banks to confirm eligibility and the amount of Housing Assistance Payment a household is eligible to receive<sup>33</sup>.

HCV is not an entitlement program. Once removed from the waiting list and granted a voucher, the voucher holder chooses which unit they would like to occupy and reaches a leasing agreement with the landlord for an annual lease. The local PHA then inspects the unit and determines if the unit meets the basic health and safety standards and if the requested rent is reasonable. The determination on reasonable cost only affects the amount of money granted in the voucher, not the price charged by the landlord. Families are required to pay between 30%-40% of their adjusted gross income for both rent and utilities<sup>33</sup>. Eligibility lasts for at least 12 months<sup>38</sup>.

### **HCV Eligibility Redetermination (Reexamination)**

All HCV households must undergo reexamination at least every 12 months. HUD recommends this reexamination occur within 12 months of the anniversary when a household entered the program or within 12 months of the PHA's contract with the property owner regarding rent payment. Also, PHAs may choose to conduct reexaminations within those 12 months and must complete one when requested by a household. Reexaminations may occur in person or through the mail, depending on the local PHA, and must include<sup>38</sup>:

- Updated HUD-9886 (release of information) signed by all adult household members
- Declaration of income, assets, deductions, expenses, and household characteristics
- Verification and calculation of income, assets, deductions, expenses, and household characteristics
- Review and update voucher size
- Verification of utility allowance and payment standard

Reexaminations often result in changes to Housing Assistance Payment, Tenant Rent, and Total Tenant Payment<sup>38</sup>. Families remain a part of the HCV program until their income becomes high enough that their required 30-40% contribution covers the entire rent cost. When this occurs, households remain in the HCV program for an additional 6 months, although they do not receive funding<sup>37</sup>.

PHAs can choose to implement a streamlined income determination which allows a PHA to verify a household's adjusted fixed income sources (e.g., social security, insurance policies, pension plans) on a 3-year cycle. This process is only available to households with at least 90% of their unadjusted income consisting of fixed income sources. In the first year, households must complete a full income verification. In the second and third years, the PHA will apply a Cost-of-Living Adjustment (COLA) to fixed incomes instead of a full reverification and recalculation. Non-fixed income sources can either be reverified or adjusted for inflation<sup>38</sup>.

PHAs can also choose to streamline reexaminations when an additional family member has been added to the household. In these cases, the individual being added to the household will need to verify their personal information (e.g., social security number, criminal background check) but the PHA does not need to reverify and calculate the household income<sup>38</sup>.

Finally, PHAs establish guidelines regarding reporting household changes related to income and household composition<sup>38</sup>.

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<sup>38</sup> U.S. Department of Housing and Urban Development, 2019

## Eligibility Policy Comparison

The eligibility requirements, determination location, entitlement program status, period of redetermination and cumulative eligibility limits for each of the five programs that are available to families in Florida for the purpose of supporting economic mobility are summarized in Table 2.

Table 2. Eligibility Comparison

|                 | <b>Administering Agency</b>      | <b>Eligibility Requirements</b>                          | <b>Eligibility Determinations</b>                 | <b>Entitlement Program?</b> | <b>Re-Determination Period</b> | <b>Cumulative Eligibility Limit</b> |
|-----------------|----------------------------------|--|---|-----------------------------|--------------------------------|-------------------------------------|
| <b>SNAP</b>     | <b>Florida DCF</b>               | <b>Federal; State BBC income revisions</b>               | <b>State</b>                                      | <b>Yes</b>                  | <b>6 months</b>                | <b>No limit</b>                     |
| <b>TCA</b>      | <b>Florida DCF</b>               | <b>State; Within federal TANF block-grant guidelines</b> | <b>State</b>                                      | <b>No</b>                   | <b>6 months</b>                | <b>48 months</b>                    |
| <b>SR</b>       | <b>Florida DEL; ELCs; RCMA</b>   | <b>State; Within federal CCDF block-grant guidelines</b> | <b>Local: ELC, RCMA</b>                           | <b>No</b>                   | <b>12 months</b>               | <b>Ages 0 to 13</b>                 |
| <b>HCV</b>      | <b>U.S. HUD; PHAs</b>            | <b>Federal</b>   | <b>Local: PHA</b>                                 | <b>No</b>                   | <b>Within 12 months</b>        | <b>No limit</b>                     |
| <b>Medicaid</b> | <b>Florida DCF; Florida AHCA</b> | <b>State; Within federal guidelines</b>                  | <b>Federal: SSA<br/>State: DCF<br/>Local: QDP</b> | <b>Yes</b>                  | <b>12 months</b>               | <b>Child in home ages 0 to 19</b>   |

## Estimate of Eligible Populations Using Services

The ECPRG partnered with the Federal Reserve Bank of Atlanta (FRB-A) to estimate the percentage of eligible households using each of the five ESSA programs in 2021.

### Estimating Eligible Populations

The [Policy Rules Database](#) (PRD) was created by the FRB-A to describe eligibility policies across states for public assistance programs. With this tool, the FRB-A used the American Community Survey (ACS) to estimate the number of households who met eligibility criteria as defined in the PRD<sup>39</sup>. Specifically, for each household response unit in the ACS, the PRD evaluated its income, family size, and other relevant characteristics against Florida-specific rules for public assistance eligibility<sup>40</sup>. The PRD estimates eligibility based on income but does not account for other eligibility activities that may be required to receive services. Therefore, estimates reflect all income-eligible households. The PRD assigned estimated eligibility, by service, to each household response unit. Once the FRB-A estimated the number of eligible households from the ACS sample, the team used ACS sample weights to estimate the number of households in Florida eligible for each service. For further information on the FRB-A methodology, please see Appendix C.

The inclusion criteria for households varied slightly across services to best align populations' estimates from the ACS to the population present in the administrative data. For SNAP, TCA, and HCV, households were required to have at least one child under the age of 14 to be included. For SR, households were required to have a child under the age of 13, and for Medicaid, households were required to have a child under the age of 6.

### Estimating Populations Using Service

The ECPRG used administrative datasets obtained from the DCF, AHCA, and DOE to identify the number of households who used services in 2021. To align with the FRB-A estimates of income eligible populations, the ECPRG restricted the datasets to include households who received services based on economic standing. The team restricted SR, SNAP, TCA, and HCV to include only households with a household size of two or greater to exclude children who received services for non-economic reasons (e.g., foster care). Medicaid does not report households' size; however, the research team removed all households who received services based on "presumptive eligibility," which grants eligibility to individuals seeking immediate hospital care without health insurance. The SNAP and TCA datasets did not include a variable which allowed the ECPRG to further delimit between households who received services based on economic eligibility versus other eligibility criteria. Because of these limitations, the following results should be interpreted as rough estimates.

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<sup>39</sup> The FRB-A inflated 2019 ACS income using the Average Wage Index (AWS) to estimate 2021 household income. Household eligibility estimates based on 2019 population.

<sup>40</sup> For SR, the continuous eligibility threshold (85% of SMI) was used.

## Results

The number of households who participated in services, as reported by each service's administrative dataset, was divided by the ACS estimates of the total eligible households. This formula produced the percentage of eligible Florida households who used each of the five ESSA services, found in Table 3.

Table 3. Percent of Eligible Households Using Services, 2021

|                 | <b>Eligible Households*</b> | <b>Participating Households</b> | <b>% Eligible Participating</b> |
|-----------------|-----------------------------|---------------------------------|---------------------------------|
| <b>SR</b>       | <b>760,387</b>              | <b>125,233</b>                  | <b>16.5%</b>                    |
| <b>SNAP</b>     | <b>571,858</b>              | <b>686,830</b>                  | <b>120.1%</b>                   |
| <b>TCA</b>      | <b>99,842</b>               | <b>28,452</b>                   | <b>28.5%</b>                    |
| <b>Medicaid</b> | <b>359,606</b>              | <b>262,649</b>                  | <b>73.0%</b>                    |
| <b>HCV</b>      | <b>394,746</b>              | <b>45,782</b>                   | <b>11.6%</b>                    |

\*Households who meet income eligibility.

The TCA program reports 28.5% of eligible households using services, SR reports 16.5% of eligible households using services, and HCV reports the smallest percentage of eligible households using services at 11.6%. There are multiple reasons that could explain why eligible households do not participate in these services. For instance, these three programs are not entitlement programs and may not have enough funding or resources to support all households. Second, a household may choose not to take up a given service. For example, some households may prefer a family member to provide child care instead of the traditional child care settings offered in the SR program. Finally, a household may need services but face barriers to accessing resources.

Please note that the proportion of eligible households participating in SNAP and Medicaid, reported in Table 3, is high. Estimates of Florida's current number of income-eligible households are reflective of population undercounts acknowledged by the [US Census Bureau](#). This is of particular concern for vulnerable populations, many of whom are likely eligible for public assistance programs. Additionally, as mentioned in the previous section, these estimates may also be high due to limitations of the data received that were used to determine which households received services based on income eligibility alone. The ECPRG will continue working with partner agencies and the FRB-A to investigate improvements to data sources and/or methodology to more accurately estimate the percentage of eligible households participating in these two programs.

# Data Curation & Linkage

The ECPRG holds four Data Sharing Agreements (DSA) with the following agencies: Florida Agency for Health Care Administration (AHCA), Florida Department of Children and Families (DCF), Florida Department of Education's Division of Early Learning (DEL), and the U.S. Department of Housing and Urban Development (HUD). Combined, these DSAs provided the ECPRG with all necessary datasets to describe household enrollment and use in multiple services.

## Data Curation

As data were received, the data curation team created analytic datasets (that did not include personally identifiable information (PII)), for the research team to inspect, validate, and explore; thereby obtaining greater familiarity with the information contained within each of the administrative datasets. The team ran analyses on data completeness, conducted data validation and accuracy checks by duplicating publicly available reports, and shared initial findings with relevant state and local representatives for feedback and to verify the team's understanding.

**Appendix A** includes the complete data codebook.

ESSA datasets included in the Early Childhood Integrated Data System were maintained in a secure data bank housed at the [University of Florida Research Shield \(ResShield\)](#) computing environment that meets and exceeds FISMA standards, and complies with the NIST 800-53 rev4 "moderate" classification. All work involving Personal Identifying Information or Protected Health Information was conducted in this highly secure computing environment.

Table 4. Data Assets

| <b>Service (Source)</b>        | <b>Records Received</b> | <b>Records Removed</b> | <b>Reason for Removal</b>   | <b>Records Used</b> | <b>Child Age Range</b> | <b>Children used in analysis</b> | <b>Households used in analysis</b> |
|--------------------------------|-------------------------|------------------------|---|---------------------|------------------------|----------------------------------|------------------------------------|
| <b>Medicaid</b><br><i>AHCA</i> | 24,725,946              | 1,514,056              | 2012-2021 restricted. Excluded children older than 6.                             | 23,211,890          | 0-5                    | 2,345,702                        | 1,589,482                          |
| <b>SNAP</b><br><i>DCF</i>      | 116,240,436             | 2,480,093              | 2012-2021 restricted. Excluded children older than 13.                            | 113,760,343         | 0-13                   | 1,550,629                        | 1,550,629                          |
| <b>TCA</b><br><i>DCF</i>       | 6,694,698               | 254,805                | 2012-2021 restricted. Excluded children older than 13.                            | 6,439,893           | 0-13                   | 423,860                          | 224,309                            |
| <b>SR</b><br><i>DEL</i>        | 33,743,422              | 14,460,518             | 2012-2021 restricted. Excluded VPK/VPKS, foster children, children older than 13. | 19,282,904          | 0-13                   | 431,172                          | 728,400                            |
| <b>HCV</b><br><i>HUD</i>       | 5,054,209               | 1,710,651              | 2012-2021 restricted. Included HCV only. Excluded children older than 13.         | 3,343,558           | 0-13                   | 220,709                          | 89,771                             |

## Data Linkage

Data linkage is a process of pairing records from two or more datasets to select pairs that belong to the same entity. The ECPRG completed a data linkage between all ESSA datasets to identify service combinations and service-use patterns across programs.

### Methodology

Data linkage is a process of pairing records from two or more datasets to select pairs that belong to the same entity. Partners at the University of Florida Family Data Center (FDC) adapted the Agency for Health Care Research Quality Surveillance, Epidemiology, and End Results - Medicare ([SEER-Medicare](#)) Methodology to perform deduplication and linkage tasks. The FDC linkage team implemented this linkage method across different datasets and within a single dataset (i.e., deduplication) to identify multiple entries (e.g., childcare enrollments) for one child. The final output of the linkage assigned a child ID to all records which uniquely identifies individuals across different datasets.

In preparation for implementing the linkage process, the team standardized all personal identifiers used for linkages, such as first and last name, middle initial, gender, date of birth, and social security number. Table 5 shows how the FDC pre-processed these identifiers to standardize the data for linkage. Data from the other identified government services will follow the same data preparation and linkage methodology shown in the example that follows.

Table 5. Data Cleaning and Standardization

| Identifier                          | Standardization   | Acceptable Values  |
|-------------------------------------|---|--|
| <b>First/Last Name</b>              | Convert to upper case.<br>Remove all punctuation.<br>Remove all digits.<br>Replace consecutive spaces with a single space.<br>Remove leading and ending spaces. | Not null   |
| <b>Date of Birth</b>                | Convert to 'YYYYMMDD'.  | Birth Year: $\geq 1900$<br>&& $\leq 2018$<br>Birth Month: [1,12]<br>Birth Day: [1,31]  |
| <b>Social Security Number (SSN)</b> | SSN with 3-2-4 format will have the '-' removed and stored as a 9-character string  | Length must be 9.<br>Numbers with all zeroes in any of the 3-2-4-digit groups are invalid.<br>Numbers 000, 666, or 900-999 in the 3-digit group are invalid. |
| <b>Gender/Sex</b>                   | Convert to upper case. Convert Female to F, Male to M, and all else to U.   |  |

After the data standardization, an **Entity ID** was assigned in each dataset based on either agency-assigned ID or identifier combinations. For example, in the birth certificate dataset, each record represents a new birth and has been assigned a unique entity ID. In the DEL children enrollment dataset, according to the data dictionary, the **Entity ID** is assigned based on the combination of children's SSN (could be a system-assigned pseudo-SSN) and coalition ID. As this entity ID is unique only within the dataset, the FDC combined it with the dataset name to make it unique across the datasets. From each dataset, a table was created from the unique combination of children's first name, last name, middle initial, date of birth, SSN, gender, entity ID, and dataset name. Then the tables were used as the input of the linkage steps.

The adapted SEER-Medicare data linkage method implemented for these data consists of multiple steps of deterministic matches using different criteria in each step. A deterministic match required that both the value and the order of all the characters (either digits or letters) in a field were identical. In the first step, two records must match on SSN and one of the following:

1. First and last name
2. Last name, month of birth, and gender
3. First name, month of birth, and gender

When either the SSN was missing or did not match, or two records failed to meet the first step, a second step was used: two records must match on last name, first name, month of birth, gender, and one of the following:

1. Seven to eight digits of the SSN
2. Two or more of the following: year of birth, day of birth, middle initial. This protocol represents our Protected Health Information (PHI-only) algorithm.

Based on the linkage, FDC assigned a unique Child ID to each identified match. As shown in Table 6, a crosswalk table was created, including **Child ID**, **Entity ID**, and Dataset (or Agency) that provided the data. In Table 7, two children from different data sources were assigned with the same **Child ID**. *Note: all information included in the examples below are simulated for illustration purposes only.*

Table 6. Data Format

| <b>Child ID</b> | <b>Dataset Name</b>     | <b>Entity ID</b> |
|-----------------|-------------------------|------------------|
| <b>45692</b>    | Medicaid eligibility    | 5507175          |
| <b>45692</b>    | DEL children enrollment | 1462314          |

The algorithm created linkages across datasets and duplicated the children's identifiers originally assigned by the agency.

In the example below (Table 7), two records from the DEL were associated with different DEL-assigned IDs [Entity ID] = 686989 or 603722. After duplication, they were assigned the same [Child ID] = 2897 and identified as the same child.

Table 7. Duplicate Records

| Child ID | Data Source | Entity ID |
|----------|-------------|-----------|
| 2897     | DEL         | 686989    |
| 2897     | DEL         | 603722    |

### Linkage Results

Table 8 describes the results of the linkage for the five ESSA services and additional data sources from the Sunshine Portal used in analyses. Approximately 75% of child records were found to be present in more than one dataset. Not all children are expected to be linked/found in multiple datasets. Linkage is not established if a child/household is present in only one system, or if there were errors in any of the following identifiers supplied by the agencies: date of birth, name, and/or Social Security Numbers (SSNs).

Table 8. Linkage Results

| Service                                  | Records     | Unique Children | Children Linked | Children Unlinked | Records not included in linkage |
|--|-------------|-----------------|-----------------|-------------------|---------------------------------|
| <b>Medicaid</b><br><i>2012-2021</i>      | 24,725,946  | 2,762,146       | 2,450,525       | 311,621           | -                               |
| <b>SR</b><br><i>FY 12-18</i>             | 24,754,246  | 1,589,345       | 1,232,085       | 357,260           | -                               |
| <b>SR</b><br><i>FY 19-22</i>             | 8,989,176   | 353,272         | 334,761         | 18,511            | -                               |
| <b>HUD</b><br><i>2011-2021</i>           | 5,054,209   | 980,141         | 232,625         | 7,236             | 740,280                         |
| <b>SNAP</b><br><i>2010-2021</i>          | 116,240,436 | 3,178,344       | 2,359,015       | 819,329           | -                               |
| <b>TCA</b><br><i>2010-2021</i>           | 6,694,698   | 428,718         | 424,882         | 3,836             | -                               |
| <b>Vital Stats</b><br><i>2012-2021</i>   | 2,377,128   | 2,377,128       | 1,785,602       | 591,526           | -                               |
| <b>Child Welfare</b><br><i>2010-2021</i> | 1,145,940   | 661,360         | 577,685         | 83,675            | -                               |
| <b>Homeless</b><br><i>2014-2021</i>      | 34,849      | 33,454          | 29,606          | 3,848             | -                               |
| <b>SWD</b><br><i>2014-2021</i>           | 338,293     | 192,924         | 173,726         | 19,198            | -                               |

Data integration note: Data received as of October 2022. 740,280 records in the HUD dataset could not be used. This occurred because the HUD dataset contains records on all household members, including adults, who could not be linked at the child level. Therefore, these data were not included in the linkage process.

### Linkage Performance

The FDC used valid demographic records from Table 8 to test the linkage performance. To evaluate the FDC algorithm performance, the research and data curation teams identified SSNs as the “gold standard” for reporting performance metrics (Tables 9 and 10).

Since certain agencies involved in the study do not collect SSNs, the FDC conducted further tests to evaluate the performance of the PHI-only algorithm on Protected Health Information (PHI) exclusively.

The FDC reported the performance metrics based on Entity ID, including recall (sensitivity), precision (positive predictive value), false positive rate, and false negative rate.

During linkage, recall is a performance metric that measures the ability of a linkage algorithm to correctly identify all the relevant matches in a dataset. Specifically, recall is the proportion of true matches that the algorithm correctly identified as matches, out of all the actual matches that exist in the dataset. In other words, recall measures the algorithm's ability to identify all the true matches while minimizing false negatives (i.e., cases where two records that belong to the same entity are not linked). When evaluating the FDC algorithm's performance using SSNs as the gold standard, the recall is calculated as the number of children linked correctly by the FDC algorithm divided by the total number of children linked using SSNs. Similarly, when evaluating the PHI-only algorithm's performance using SSNs as the gold standard, the recall is calculated as the number of children linked correctly by the PHI-only algorithm divided by the total number of children linked using SSNs.

The other linkage performance metric, precision, measures the accuracy of a linkage algorithm in identifying true matches. It is the proportion of true matches that the algorithm correctly identified as matches, out of all the pairs identified as matches by the algorithm, whether they are true or false. It measures the algorithm's ability to minimize false positives (i.e., cases where two records are linked even though they do not belong to the same entity), which is essential to ensure the accuracy and quality of the linked data. For instance, if a linkage algorithm identified 100 pairs as matches, but only 90 of them were true matches, the precision of the algorithm would be 90%. A higher precision rate indicates that the algorithm is more accurate in identifying true matches and minimizing false positives.

When considering SSNs as the gold standard, the precision of the FDC algorithm is calculated as the number of children linked correctly using SSNs divided by the total number of children linked by the FDC algorithm. Similarly, the precision of the PHI-only algorithm is calculated as the number of children linked correctly using SSNs divided by the total number of children linked by the PHI-only algorithm.

There is a delicate balance between precision and recall that must be achieved. High precision rate may come at the expense of lower recall rates, where some true matches may not be identified by the algorithm. Thus, a balance between recall and precision is crucial in ensuring the effectiveness of linkage algorithms.

Tables 9, 10, and 11 show the number of unique children linked using different methods, reported based on Entity ID. Each cell in the table indicates the total

number of linked children. For example, in Table 9, the cell value of 26,408 means that 26,408 children were only linked using SSNs, and the cell value of 8,768,855 means that 8,768,855 children were only linked using the FDC algorithm. Out of the 2,352,758 children linked using SSNs, the FDC algorithm correctly identified 2,326,350 children, resulting in a recall of 98.9%.

Table 9. Linkage Performance Using All Records (+: linked; -: unlinked)

|              | <b>FDC+</b> | <b>FDC-</b> | <b>Total</b> |
|--------------|-------------|-------------|--------------|
| <b>SSN+</b>  | 2,326,350   | 26,408      | 2,352,758    |
| <b>SSN-</b>  | 8,768,855   | n/a         | n/a          |
| <b>Total</b> | 11,095,205  | n/a         | n/a          |

Recall: 98.9%

Table 10. Linkage Performance Using Records with SSNs (+: linked; -: unlinked)

|              | <b>FDC+</b> | <b>FDC-</b> | <b>Total</b> |
|--------------|-------------|-------------|--------------|
| <b>SSN+</b>  | 2,289,486   | 63,272      | 2,352,758    |
| <b>SSN-</b>  | 31,158      | n/a         | n/a          |
| <b>Total</b> | 2,320,644   | n/a         | n/a          |

Recall: 97.3%

Precision: 98.7%

Table 11. Linkage Performance Using Records with SSNs (+: linked; -: unlinked)

|              | <b>PHI+</b> | <b>PHI -</b> | <b>Total</b> |
|--------------|-------------|--------------|--------------|
| <b>SSN+</b>  | 1,989,958   | 362,800      | 2,352,758    |
| <b>SSN-</b>  | 50,246      | n/a          | n/a          |
| <b>Total</b> | 2,040,204   | n/a          | n/a          |

Recall: 84.6%

Precision: 97.5%

PHI-only algorithm: two records must match on last name, first name, the month of birth, gender, and two or more of the following: year of birth, day of birth, middle initial.

The overall recall of the FDC linkage algorithm was 98.9% (Table 9). Table 10 displays the performance of the FDC algorithm for records with SSNs, with a 97.3% recall and a 98.7% precision. As shown in Table 11, the PHI-only algorithm still achieved a 97.5% precision and an 84.6% recall. The high precision ensures that any inaccuracies during the initial identification stage do not propagate to the subsequent consolidation stage.

The FDC also randomly selected 200 samples for the error analysis from the false positives and false negatives, using SSNs as the gold standard. False positives during linkage refer to cases where records are incorrectly linked, and the linkage algorithm incorrectly identifies them as belonging to the same entity when they do not. In other words, a false positive occurs when the linkage algorithm produces a link between two records that should not be linked. False positives can impact the accuracy of the linkage process, leading to errors in data analysis and decision-making. Therefore, it is essential to minimize false positives during linkage by using robust and accurate linkage algorithms and by validating the linkage results using

multiple sources of information. In contrast, a false negative occurs when the linkage algorithm fails to identify a pair of records that should have been linked. False negatives can happen due to several reasons, such as errors in data entry, missing or incomplete data, or differences in data formats or spelling variations.

Upon manual review, the team discovered that 56 of the 200 (28%) potential false positives were true false positives, while 109 of the 200 (54.5%) potential false negatives were true false negatives (Table 12). Therefore, the PHI-only algorithm resulted in a false positive rate of 0.69% (i.e.,  $(50,246/2,040,204) \times 0.28$ ) and a false negative rate of 8.4% (i.e.,  $(362,800/2,352,758) \times 0.545$ ). The occurrence of false negatives can most often be attributed to either entirely different last names or misspellings in first names. When SSNs are not available, our PHI-only algorithm prioritizes the precision and minimizes false positive rate to ensure the linked data is reliable.

Table 12. Examples of Potential False Positives & False Negatives for Manual Review

| <b>Child ID</b> | <b>SSN</b> | <b>First Name</b> | <b>Last Name</b> | <b>Middle Initial</b> | <b>Gender</b> | <b>Date of Birth</b> | <b>Dataset</b> |
|-----------------|------------|-------------------|------------------|-----------------------|---------------|----------------------|----------------|
| <b>111</b>      | 998877666  | John              | Smith            | A                     | Male          | 1/1/2018             | Medicaid       |
| <b>111</b>      | 998877766  | John              | Smith            |                       | Male          | 1/1/2018             | TCA            |
| <b>123</b>      | 998855522  | Liz               | Doe              |                       | Female        | 4/5/2012             | HUD            |
| <b>124</b>      | 998855522  | Lizz              | Doe              |                       | Female        | 4/5/2012             | DCF            |
| <b>426</b>      | 124552638  | Peter             | Parker           | M                     | Male          | 3/12/2014            | SR 12-18       |
| <b>578</b>      | 124552638  | Peter             | Jackson          | M                     | Male          | 3/12/2014            | Medicaid       |

# Service Usage

The following section describes how households have used the ESSA services. To be included in analyses, a household was required to have a child under the age of 6 enrolled in services between 2012-2021. This age delimitation was chosen to maintain consistent ages across services. Additionally, for SR, households who qualified for the program under the “at-risk” eligibility category were removed.

## Data & Methodology

The ECPRG used administrative datasets that include service use information for SR, SNAP, Medicaid, and TCA. The service data for the HCV program were not specific enough for calculating the ESSA service use metrics and is not included in this part of the analysis. Table 13 shows the number of unique households with a child under the age of 6 who received services. Counts of SR households are split across two rows because data were not available between July 1, 2018, and June 30, 2019. TCA, SNAP, and Medicaid data were available for 2012-2021. Households who qualified for SR services under the “at-risk” eligibility category were removed because this group functions under different eligibility rules than those who qualify under income-related eligibility. Analyses describe service use among households with at least one child below the age of 6 using the service.

Table 13. Number of Households

| Service Data Set | Households |
|------------------|------------|
| SR 2012-2018     | 254,056    |
| SR 2019-2021     | 189,257    |
| TCA              | 165,023    |
| SNAP             | 1,159,348  |
| Medicaid         | 1,589,886  |

To describe service-use, the ECPRG developed the following four metrics:

- Service Usage: The total length of time a family/individual was enrolled in a service, excluding breaks in service (i.e., sum of months that services were used).
- Service Duration: The total length of time between a family/individual’s first enrollment date and last enrollment date, including breaks in service.
- Effective Rate: Service Usage divided by Service Duration, reported as the proportion of time a family/individual used a service.
- Dispersion: The level of variation in the way households used services within each service combination. A larger dispersion value indicates greater variation within a given metric.

## Results

Table 14 describes the median service-use statistics for each program, except for the HCV Program, where the dataset only allowed for the calculation of households' service duration.

SR, Medicaid, and TCA all have a median effective rate of 1, indicating that at least half of the enrolled households use the program without breaks in service. The SNAP has a median effective rate of 0.94, indicating that fifty percent of households spend 94% of their time engaged with the program using services. Households use Medicaid for the longest period with a median usage of 42 months, followed by the SNAP (37 months) and SR (16 months in 2012-2018 and 13 months in 2019-2021).

Regarding TCA, this program is designed to allow households to enroll for up to 48-months when they need support. Stakeholders often describe this program as intended to be used in multiple terms, "turned on-and-off" by families as need arises. While this may be the tendency of many households, the median TCA household uses the service once for 8 months of continuous service.

Table 14. Individual Service Use Metrics

| <b>Service</b>  | <b>Number of Households</b> | <b>Median Usage<br/><i>months</i></b> | <b>Median Duration<br/><i>months</i></b> | <b>Median Effective Rate</b> |
|-----------------|-----------------------------|---------------------------------------|--|------------------------------|
| <b>SR 12-18</b> | 254,056                     | 16                                    | 19                                       | 1                            |
| <b>SR 19-21</b> | 189,257                     | 13                                    | 14                                       | 1                            |
| <b>SNAP</b>     | 1,159,348                   | 37                                    | 58                                       | 0.94                         |
| <b>Medicaid</b> | 1,589,886                   | 42                                    | 44                                       | 1                            |
| <b>TCA</b>      | 165,023                     | 8                                     | 10                                       | 1                            |

### ***Florida School Readiness Program***

Most SR households receive 12 months of eligibility. As seen in the years 2012-2018 and 2019-2022, the median household used the service for just over one year without a break in service. The median usage for SR from 2012-2018 was 16 months and the median service usage between 2019-2021 was 13 months. Both periods have a median effective rate of 1, indicating that at least half of the households used SR with no breaks in service. In 2019-2021, however, the 25<sup>th</sup> percentile is 1 which indicates that at least 75% of SR families used the program without breaks in service.

The differences in duration and usage for 2012-2018 versus 2019-2021 periods are likely the result of the amount of time covered by each dataset and should not be interpreted as a true change in how the services were used by households. The differences in the time periods (7 years versus 3 years, respectively) are likely to have resulted in the censoring of the measured durations over which households interacted with SR. Simply, some users' complete patterns of durations might not have been fully captured across the period 2019-2021, with many households still using the program by the end of the period.

Table 15. SR Service Use, January 2012 - June 2018

|                        | <b>25<sup>th</sup><br/>Percentile</b> | <b>Median</b> | <b>75<sup>th</sup><br/>Percentile</b> | <b>Range</b> | <b>Dispersion</b> |
|------------------------|---------------------------------------|---------------|---------------------------------------|--------------|-------------------|
| <b>Usage months</b>    | 7                                     | 16            | 32                                    | 1-78         | 0.64              |
| <b>Duration months</b> | 8                                     | 19            | 39                                    | 1-78         | 0.66              |
| <b>Effective Rate</b>  | 0.93                                  | 1             | 1                                     | 0.03-1       | -                 |

Florida Division of Early Learning Administrative Dataset  
N=254,056 households

Table 16. SR Service Use, July 2019 - December 2021

|                        | <b>25<sup>th</sup><br/>Percentile</b> | <b>Median</b> | <b>75<sup>th</sup><br/>Percentile</b> | <b>Range</b> | <b>Dispersion</b> |
|------------------------|---------------------------------------|---------------|---------------------------------------|--------------|-------------------|
| <b>Usage months</b>    | 6                                     | 13            | 23                                    | 1-30         | 0.59              |
| <b>Duration months</b> | 6                                     | 14            | 25                                    | 1-30         | 0.61              |
| <b>Effective Rate</b>  | 1                                     | 1             | 1                                     | 0.07-1       | -                 |

Florida Division of Early Learning Administrative Dataset  
N=189,257 households

### **Supplemental Nutrition Assistance Program**

The median SNAP household used the service for 37 months and received support 94% of the time they were associated with the program. Household position within the population distribution, reflected as percentiles, reveal considerable variation in service use among households at the 25<sup>th</sup> percentile with 14 months of usage versus households at the 75<sup>th</sup> percentile with 74 months of usage. The median effective rate of .94 indicates breaks in services were short compared to the household's duration of association with the program. More than 25% of the population, however, used SNAP for 70% of their time engaged with the program. This could indicate either multiple breaks or longer breaks in service usage compared to their service duration.

Table 17. SNAP Service Use

|                        | <b>25<sup>th</sup><br/>Percentile</b> | <b>Median</b> | <b>75<sup>th</sup><br/>Percentile</b> | <b>Range</b> | <b>Dispersion</b> |
|------------------------|---------------------------------------|---------------|---------------------------------------|--------------|-------------------|
| <b>Usage months</b>    | 14                                    | 37            | 74                                    | 1-111        | 0.68              |
| <b>Duration months</b> | 18                                    | 58            | 99                                    | 1-111        | 0.69              |
| <b>Effective Rate</b>  | 0.7                                   | 0.94          | 1                                     | 0.02-1       | -                 |

Florida Department of Children and Families Administrative Dataset  
N=1,159,348 households

### **Medicaid**

In Medicaid, the service usage measure reflects enrollment in the program (health care coverage), not necessarily the receipt of medical care. The median usage for Medicaid was 42 months with a broad range between the 25<sup>th</sup> percentile (19 months) and the 75<sup>th</sup> percentile (75 months). The effective rate of 1 for households at the 25<sup>th</sup> percentile indicates that at least 75% of households enrolled in Medicaid without breaks in service coverage. Medicaid households had a median duration of 44 months. The top 25% of households using Medicaid used the service for at least 81 months.

Table 18. Medicaid Service Use

|                               | <b>25<sup>th</sup><br/>Percentile</b> | <b>Median</b> | <b>75<sup>th</sup><br/>Percentile</b> | <b>Range</b> | <b>Dispersion</b> |
|-------------------------------|---------------------------------------|---------------|---------------------------------------|--------------|-------------------|
| <b>Usage</b> <i>months</i>    | 19                                    | 42            | 75                                    | 1-131        | 0.6               |
| <b>Duration</b> <i>months</i> | 19                                    | 44            | 81                                    | 1-131        | 0.62              |
| <b>Effective Rate</b>         | 1                                     | 1             | 1                                     | 0.03-1       | -                 |

Florida Agency for Health Care Administration Administrative Dataset  
 N=1,589,886 households

***Temporary Cash Assistance***

Households eligible for TCA can enroll for a cumulative 48 months and this program is intended for intermittent use. The median usage for TCA was 8 months and the median TCA household had an effective rate of 1, revealing that they received support 100% of the time they were associated with the program. At least 25% of TCA users had a duration of 40 months or greater, with the median user engaged with the program for 10 months.

Table 19. TCA Service Use

|                               | <b>25<sup>th</sup><br/>Percentile</b> | <b>Median</b> | <b>75<sup>th</sup><br/>Percentile</b> | <b>Range</b> | <b>Dispersion</b> |
|-------------------------------|---------------------------------------|---------------|---------------------------------------|--------------|-------------------|
| <b>Usage</b> <i>months</i>    | 4                                     | 8             | 20                                    | 1-111        | 0.67              |
| <b>Duration</b> <i>months</i> | 4                                     | 10            | 40                                    | 1-111        | 0.82              |
| <b>Effective Rate</b>         | 0.73                                  | 1             | 1                                     | 0.02-1       | -                 |

Florida Department of Children and Families Administrative Dataset  
 N=165,023 households

# Service Combinations

Each of the five ESSA services provide different and important household supports to low-income families. Many Florida households choose to use multiple supports and enroll in more than one service. Using the linked dataset, the ECPRG identified the extent to which households enrolled in multiple services, both concurrently and throughout their entire time in the public assistance system (which we denote hereafter as "Lifetime"). Additionally, the team built upon results from individual service-use metrics to better describe how households use each service within service combinations.

The analyses that follow describe households' use of services between 2012–2021, with the exception of July 2018 – June 2019 due to data system challenges in the SR program. Each analysis describes a distinct population of households, described below.

## Lifetime Service Combinations

The ECPRG created visualizations of service combinations that can be found on the [ESSA website](#) (password: sunshine). Lifetime service combinations were identified for households within the 2012-2021 period, excluding July 2018 – June 2019.

### Data & Methodology

The dataset constructed for this analysis of Lifetime Service Combinations consisted of all households who met the following criteria:

- 1) Used at least one of the five ESSA programs between the years 2012 and 2021
- 2) Had at least one child younger than 14 years old using services, or younger than 6 years old for Medicaid.

The ECPRG created a household-level identification variable (Household ID) based on the available household information from the SNAP, TCA, Medicaid, SR and HCV programs. This resulted in 2,188,236 households represented in these descriptions.

Using each of the five service record datasets and Household ID, the ECPRG created a variable labeled "Service." This variable represents household service combinations including any service record that can be seen for an individual within the household. Variables for county of home address and household size were created by extracting information from available records at the last date in the data system. Therefore, households are reported with their most recent county of residence and household size. Where county and household size information were unavailable, instances were flagged as "NA." This was mostly the case when the only service households used was Medicaid.

Finally, to properly structure the data, the ECPRG created a group identifier ID variable labeled "Combo ID," which grouped together: service uptake combination, county, and household size. The number of households was obtained for each

Combo ID. The final data set was structured with each row uniquely representing each Combo ID (see Table 20).

Table 20. Data Structure Example

| Combo ID | Service                      | County       | Household Size | # of Households |
|----------|------------------------------|--------------|----------------|-----------------|
| 3239     | Medicaid                     | Broward      | NA             | 2,253           |
| 4554     | Medicaid, SNAP, SR           | Miami-Dade   | 2              | 20,268          |
| 7542     | SNAP, SR                     | Walton       | 6              | 18              |
| 1486     | HCV, Medicaid, SNAP, SR, TCA | Hillsborough | 3              | 322             |

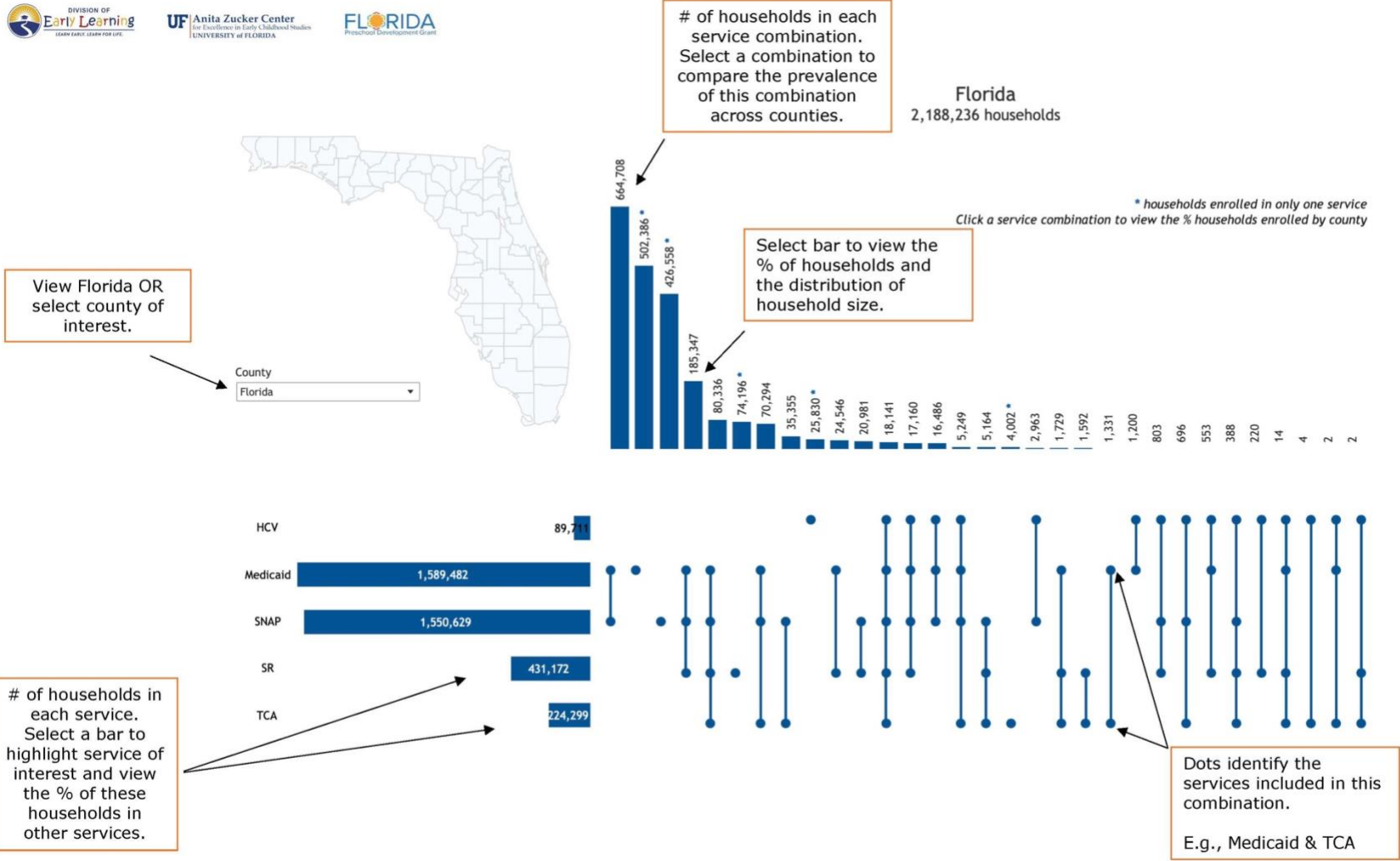
### Visualizing Service Combinations

The service combinations chart uses a visualization technique called an UpSet plot. Please see Figure 1 for an orientation to the tool. Each row corresponds to one of the five services. The horizontal bar represents the number of households enrolled in each service. The dot indicates which service a household is enrolled in. If there are multiple services, they are connected with a vertical line. The vertical bar represents the number of households enrolled in specific combinations of services. Bars are pre-sorted in descending order for user's convenience, to allow users to quickly locate which service combinations are most common. Service combinations are presented at the state and county levels.

Users can view more information about a service combination of interest by selecting any vertical bar. The selection will reveal the distribution of household size within that combination. This selection will also adjust the map of Florida to reveal the percentage of families within each county who are reported as using that same service combination.

Users can also view more information about one service of interest by selecting that service's horizontal bar. When selecting a given service's horizontal bar, the other four services' horizontal bars will be partitioned into two parts. The dark blue indicates that the selected services are co-enrolled by households. The service combinations (vertical bars and dots) that contain the selected service are also highlighted. Additionally, the tab titled "ServiceDyad" describes the percentage of families enrolled in one service that also enrolled in another service of interest.

Figure 1. UpSet Plot Orientation



## Results

For the households included in the analysis Medicaid and SNAP, the two entitlement programs included in the analysis, had the highest program enrollment serving 1.59 million and 1.55 million households, respectively. The SR program was the next largest, serving 431,172 households, followed by TCA serving 224,299 households, and the HCV Program, serving 89,711 households.

When examining the lifetime services, the UpSet plot shows the occurrence of single and multiple service use combinations among households at any point during the 2012 to 2021 period. The most frequently occurring lifetime service use combination is Medicaid & SNAP with 664,708 (30.4%) of all 2.19 million households included in the data. The second and third most frequently observed lifetime service use combinations are Medicaid only 502,386 (23.0%) and SNAP only 426,558 (19.5%). The fourth most frequently observed lifetime service combination includes Medicaid/SNAP/SR with 185,347 households (8.5%). These four service use groups account for 81.4% of households included in the data and all other service combinations combined representing 18.6% of all households throughout the state.

When examining the service use patterns at the county level, the order of the most frequently observed combinations is similar. Many counties had the same most frequent service combinations described at the state level; however, the percentage of households using each combination often varied across counties. For example, for households in Leon County, the most frequent service combination was co-enrollment in both Medicaid and SNAP (22.1% of households). In Hillsborough County, this was also the most frequent service combination, accounting for 29.9% of households in Hillsborough County.

The ServiceDyad shows that most households enrolled in SR, TCA, and HCV were also enrolled in SNAP and/or Medicaid. For example, 96.1% of TCA households were enrolled in SNAP and 76.0% of SR households were also enrolled in Medicaid. SNAP and Medicaid were often used in combination with each other as well, with 68.2% of SNAP households also using Medicaid and 66.5% of Medicaid households also using SNAP.

*For a summary of key findings, please see the infographic found on the [ESSA website](#) (password: sunshine).*

## Concurrent Service Use

Lifetime service combinations identify households using multiple services but do not describe the extent to which concurrent enrollment occurred. To better understand concurrent combinations, the ECPRG conducted a series of analyses to describe common services used concurrently and service-use metrics for these combinations. To be included in analyses, a household had to have a child under the age of 6 enrolled in one of the services. The SR population was further restricted to including only households eligible to receive services based on their income (i.e., children/households that established purpose of care for non-economically disadvantaged eligibility categories were excluded). The HCV Program could not be included in these analyses because the data structure made it challenging for the research team to confidently identify when households were actively using the service.

### Data & Methodology

The ECPRG created a household-level identification variable (Household ID) based on the available household information from the SNAP, TCA, Medicaid and SR services.

The ECPRG conducted two analyses with different time periods due to data limitations in the SR program between July 2018 and June 2019. Data were restricted to January 2012 to June 2018 for the first analysis, and July 2019 to December 2021 to ensure that all five ESSA services had common date parameters. Similarly, to maintain consistency across datasets, a household had to have at least one child under the age of 6 at the time-of-service use to be included in analyses. This resulted in 1,407,149 households for 2012-2018 and 1,364,079 households for 2019-2021.

Using each of the service record datasets and Household ID, the ECPRG identified households enrolled in multiple services concurrently. For each service combination, the team used the service-use metrics to describe household usage for each combination.

### Results

Table 21 describes the number of households enrolled in service combinations during the same time and the median usage for each combination. Please note that households may be present in multiple service combinations if they used various services at different times throughout their service use.

The most frequently observed services used in 2019-2021 include Medicaid and SNAP. When accounting for concurrent enrollment of households at some point during the 2019-2021 period, Medicaid-only was observed among 1.06 million (78.3%) households. Enrollment in SNAP-only was observed for 836,400 (61.3%) households, and concurrent usage of Medicaid/SNAP 662,132 (48.5%) households. Enrollment in the SR program-only was observed among 189,257 (13.9%) households. The number of households enrolled in other service use groupings were

less prevalent; each of the other observed combinations had less than 5% of the sample included in this analysis. These results are similar to the most frequent combinations seen in lifetime service use, which did not account for concurrent service use within households. Medicaid and SNAP, alone and used together, are consistently observed as the most frequent combinations.

Dispersion describes the level of variation in how households used services within each service combination. A larger value indicates greater variation, a smaller value indicates lower variation, or more consistency seen across households. Most usage results show similar dispersion, ranging roughly between 0.5 to 0.7. Medicaid only is the exception with a dispersion of 0.22 indicating less variability in service use among this population than others.

When examining the usage differences of concurrent services groups, the median household usage for Medicaid, Medicaid/SNAP, and SNAP were the highest 3 categories with median usage of 36 months, 23 months, and 21 months respectively. For households with concurrent enrollment combinations including SR and SR-only, median usage ranged from 11-14 months. Conversely, when household concurrent enrollment included TCA, median usage tended to be at the lowest levels ranging from 6-8 months.

The effect that enrollment in specific programs has on the usage of services within the concurrent service use analysis is to be expected, based primarily on the eligibility and service design elements for each of the services included in this analysis. For example, TCA is a program designed to be used intermittently among households to address temporary needs for additional financial resources. As such, we see that when TCA enrollment is part of the concurrent services use combination, usage is about half (or less) the usage of service combinations that do not include TCA. A similar service use pattern is observed when SR is a service included in the combination. Program eligibility periods for the SR program are typically 12 months; therefore, it is not surprising that when SR enrollment is part of the service combination, usage ranges between 11-14 months, consistent with the eligibility duration.

Table 21. Concurrent Service-Use, July 2019 – December 2021

| Service Combination        | Number of Households | Usage months                     |
|----------------------------|----------------------|----------------------------------|
|                            |                      | <i>median, range, dispersion</i> |
| <b>Medicaid</b>            | 1,068,662            | <b>36</b> , 1-47, 0.22           |
| <b>SNAP</b>                | 836,400              | <b>21</b> , 1-36, 0.53           |
| <b>Medicaid, SNAP</b>      | 662,132              | <b>23</b> , 1-36, 0.55           |
| <b>SR</b>                  | 189,257              | <b>13</b> , 1-30, 0.59           |
| <b>TCA</b>                 | 66,181               | <b>8</b> , 1-36, 0.65            |
| <b>Medicaid, TCA</b>       | 60,632               | <b>7</b> , 1-36, 0.64            |
| <b>TCA, SNAP</b>           | 60,492               | <b>6</b> , 1-36, 0.67            |
| <b>Medicaid, TCA, SNAP</b> | 56,267               | <b>6</b> , 1-36, 0.67            |
| <b>SR, Medicaid</b>        | 47,999               | <b>14</b> , 1-30, 0.61           |

|   |        |                        |
|---|--------|------------------------|
| <b>SR, SNAP</b>   | 38,817 | <b>11</b> , 1-30, 0.58 |
| <b>SR, Medicaid, SNAP</b>   | 30,992 | <b>12</b> , 1-30, 0.60 |
| <b>SR, TCA</b>  | 2,682  | <b>7</b> , 1-30, 0.67  |
| <b>SR, Medicaid, TCA</b>  | 2,485  | <b>7</b> , 1-30, 0.67  |
| <b>SR, TCA, SNAP</b>  | 2,470  | <b>6</b> , 1-30, 0.65  |
| <b>SR, Medicaid, TCA, SNAP</b>  | 2,328  | <b>6</b> , 1-30, 0.65  |
| <i>Note.</i> Households may be present in multiple combinations if their concurrent service use varied. |        |                        |

Service agencies' administrative datasets  
N= 1,364,079 households

Results of concurrent service usage for January 2012 to June 2018 showed the same top four service combinations. Table 22 describes the frequency of service combinations between 2012 to 2018, and Table 23 describes more detailed service-use metrics for the top four combinations across both time periods. The most frequent combinations are also used for the longest period. Households using Medicaid-only had the longest amount of time, with a median of 34 or 36 months. The SNAP-only is used for the second longest amount of time with a median of 32 months in 2012-2018 and 21 months in 2019-2021. Households enrolled in SR (concurrently with Medicaid, SNAP, Medicaid/SNAP, or SR only) had a moderate median usage ranging from 13-16 in 2012-2018 compared to 11-14 months in 2019-2021.

Table 22. Concurrent Service-Use, January 2012 – June 2018

| <b>Service Combination</b>  | <b>Number of Households</b> | <b>Usage months</b>              |
|---|-----------------------------|----------------------------------|
|   |                             | <i>median, range, dispersion</i> |
| <b>Medicaid</b>   | 1,260,472                   | <b>34</b> , 1-84, 0.59           |
| <b>SNAP</b>   | 976,898                     | <b>32</b> , 1-75, 0.67           |
| <b>Medicaid, SNAP</b>   | 850,862                     | <b>26</b> , 1-75, 0.65           |
| <b>SR</b>   | 254,056                     | <b>16</b> , 1-78, 0.64           |
| <b>SR, Medicaid</b>   | 196,041                     | <b>15</b> , 1-78, 0.61           |
| <b>SR, SNAP</b>   | 182,159                     | <b>13</b> , 1-69, 0.64           |
| <b>SR, Medicaid, SNAP</b>   | 169,405                     | <b>13</b> , 1-69, 0.62           |
| <b>TCA</b>  | 137,072                     | <b>7</b> , 1-75, 0.65            |
| <b>TCA, SNAP</b>  | 129,967                     | <b>6</b> , 1-75, 0.68            |
| <b>Medicaid, TCA</b>  | 124,757                     | <b>7</b> , 1-75, 0.62            |
| <b>Medicaid, TCA, SNAP</b>  | 118,744                     | <b>6</b> , 1-75, 0.67            |
| <b>SR, TCA</b>  | 45,247                      | <b>4</b> , 1-69, 0.67            |
| <b>SR, TCA, SNAP</b>  | 44,260                      | <b>4</b> , 1-69, 0.64            |
| <b>SR, Medicaid, TCA</b>  | 42,100                      | <b>4</b> , 1-69, 0.64            |
| <b>SR, Medicaid, TCA, SNAP</b>  | 41,259                      | <b>4</b> , 1-69, 0.64            |
| <i>Note.</i> Households may be present in multiple combinations if their concurrent service use varied. |                             |                                  |

Source: Service agencies' administrative datasets  
N= 1,407,149 households

Table 23. Service Use Metrics among Top Service Combinations

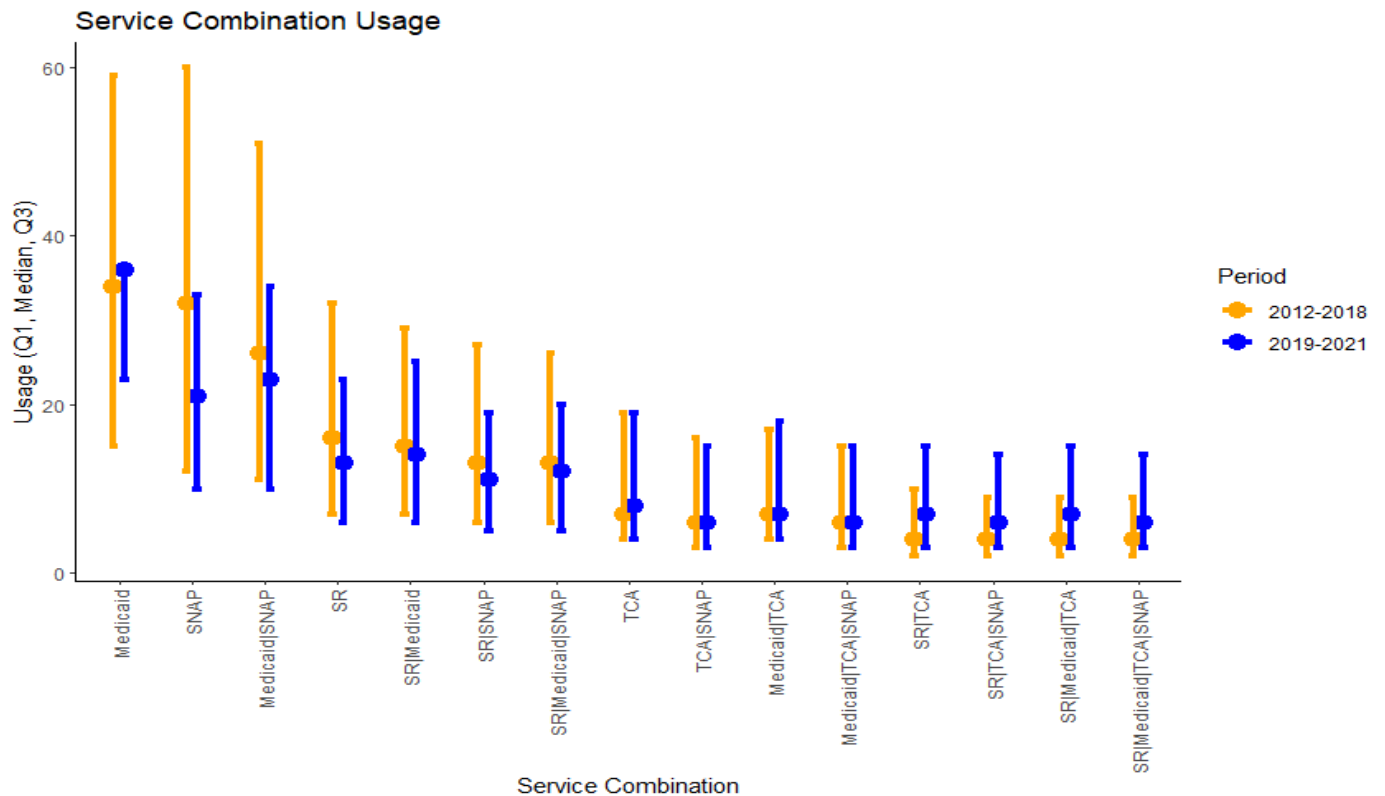
|                                | Years   | Number of Households | Usage <i>months</i> |        |                 |
|--------------------------------|---------|----------------------|---------------------|--------|-----------------|
|                                |         |                      | 25th Percentile     | Median | 75th Percentile |
| <b>Medicaid</b>                | 2012-18 | 1,260,472            | 15                  | 34     | 59              |
|                                | 2019-21 | 1,068,662            | 23                  | 36     | 36              |
| <b>SNAP</b>                    | 2012-18 | 976,898              | 12                  | 32     | 60              |
|                                | 2019-21 | 836,400              | 10                  | 21     | 33              |
| <b>Medicaid, SNAP</b>          | 2012-18 | 850,862              | 11                  | 26     | 51              |
|                                | 2019-21 | 662,132              | 10                  | 23     | 34              |
| <b>SR</b>                      | 2012-18 | 254,056              | 7                   | 16     | 32              |
|                                | 2019-21 | 189,257              | 6                   | 13     | 23              |
| <b>SR, Medicaid</b>            | 2012-18 | 196,041              | 7                   | 15     | 29              |
|                                | 2019-21 | 47,999               | 6                   | 14     | 25              |
| <b>SR, SNAP</b>                | 2012-18 | 182,159              | 6                   | 13     | 27              |
|                                | 2019-21 | 38,817               | 5                   | 11     | 19              |
| <b>SR, Medicaid, SNAP</b>      | 2012-18 | 169,405              | 6                   | 13     | 26              |
|                                | 2019-21 | 30,992               | 5                   | 12     | 20              |
| <b>TCA</b>                     | 2012-18 | 137,072              | 4                   | 7      | 19              |
|                                | 2019-21 | 66,181               | 4                   | 8      | 19              |
| <b>TCA, SNAP</b>               | 2012-18 | 129,967              | 3                   | 6      | 16              |
|                                | 2019-21 | 60,492               | 3                   | 6      | 15              |
| <b>Medicaid, TCA</b>           | 2012-18 | 124,757              | 4                   | 7      | 17              |
|                                | 2019-21 | 60,632               | 4                   | 7      | 18              |
| <b>Medicaid, TCA, SNAP</b>     | 2012-18 | 118,744              | 3                   | 6      | 15              |
|                                | 2019-21 | 56,267               | 3                   | 6      | 15              |
| <b>SR, TCA</b>                 | 2012-18 | 45,247               | 2                   | 4      | 10              |
|                                | 2019-21 | 2,682                | 3                   | 7      | 15              |
| <b>SR, TCA, SNAP</b>           | 2012-18 | 44,260               | 2                   | 4      | 9               |
|                                | 2019-21 | 2,470                | 3                   | 6      | 14              |
| <b>SR, Medicaid, TCA</b>       | 2012-18 | 42,100               | 2                   | 4      | 9               |
|                                | 2019-21 | 2,485                | 3                   | 7      | 15              |
| <b>SR, Medicaid, TCA, SNAP</b> | 2012-18 | 41,259               | 2                   | 4      | 9               |
|                                | 2019-21 | 2,328                | 3                   | 6      | 14              |

## Visualizing Service Combination Usage

Figure 2 illustrates the service combination distribution for usage of all service combinations for the 2012-2018 and 2019-2021 service periods. The two endpoints represent the 25<sup>th</sup> and 75<sup>th</sup> percentiles, and the bold dot represents the median.

The blue lines, representing the 2019 to 2021 service period, show that combinations that include TCA have a higher median service use than the orange lines, which represent the 2012-2018 service period. Specifically, the median households from 2019-2021 tended to use TCA, TCA/SNAP, Medicaid/TCA, Medicaid/TCA/SNAP, SR/TCA, SR/TCA/SNAP, SR/Medicaid/TCA, and SR/Medicaid/TCA/SNAP for greater lengths of time compared to households from 2012-2018. To summarize, despite there being three years less during 2019-2021 than 2012-2018, Florida households used service combinations that included TCA for longer periods of time in more recent years. This divergent trend could be evidence that policies enacted during and in response to the COVID-19 pandemic resulted in a different usage pattern of the TCA program.

Figure 2. Service Combination Usage



## Simulating Benefits Cliffs

For years, stakeholders have been concerned about the potential for households to face benefits cliffs while participating in one or more public services. The ECPRG partnered with the FRB-A to investigate the extent to which households participating in the most frequent concurrent enrollment of public assistance programs may be experiencing benefits cliffs.

A benefits cliff occurs when increases in household income puts a family above the income eligibility threshold for public assistance programs, but the increased income is not sufficient to cover the costs of the lost benefit. Due to the loss of these programs, career advancement opportunities can result in the family being financially worse and experiencing an overall decrease in net financial resources. Net financial resources are defined as income after taxes, plus any public benefits received minus basic household expenses.

As described in prior sections, the most common service combinations used by SR families include SR, SNAP, and Medicaid for children. For this reason, the FRB-A used this service combination to run a simulation using two different household types and two hypothetical income increase scenarios to describe changes to net financial resources and whether these circumstances would lead to benefits cliffs.

### Methodology

The FRB-A used their [Career Ladder Identifier and Financial Forecaster \(CLIFF\)](#) tool to simulate changes in income, net financial resources, and potential benefits cliffs. This tool is powered by the [Policy Rules Database](#) (PRD) to project how employment income increases may affect a household's eligibility for services, benefit amounts, and resulting net financial resource change for this household.

### Simulated Households & Income Changes

For each scenario, the FRB-A included two household types, as described in Table 24. Household Type A included one adult and one child aged 2. This household entered the SR program with a hypothetical annual income of \$22,196, the average wage of this household type in 2021 when they began SR. Household Type B included one adult and two children ages 2 and 6. This household began with a hypothetical annual income of \$25,324, the average wage of this household type in 2021 when they began SR. Both households were simulated to be living in Hillsborough County where the median wage and cost of living are similar to the statewide median.

Table 24. Simulated Households

| Households | Adults          | Children               | Starting Income | Location                |
|------------|-----------------|------------------------|-----------------|-------------------------|
| Type A     | 1 adult, age 25 | 1 child, age 2         | \$22,196        | Hillsborough County, FL |
| Type B     | 1 adult, age 25 | 2 children, ages 2 & 6 | \$25,324        | Hillsborough County, FL |

For each household type, the FRB-A simulated hypothetical increases in income. The team highlighted two specific increases in employment income, \$2,000 and \$10,000, which are both typical assumptions used to estimate benefits cliffs in the literature<sup>41</sup>.

### ***Calculating Household Service Benefits***

All household types were presumed to be participating in the same service combination, which was identified by the UF team as common among SR households. The service combination includes CCDF/SR, SNAP, Children's Health Insurance Program (CHIP), and federal tax credits (Child and Dependent Care Tax Credit (CDCTC), Child Tax Credit (CTC), and Earned Income Tax Credit (EITC)). Although the UF team does not have administrative data on CHIP and tax credits, the FRB-A team chose to include this service in the model given their high eligibility rates and importance to working families' budgets. In the most recently available data for CHIP in Florida, more than 90% of eligible children participate<sup>42</sup>. More than 80% of eligible taxpayers in Florida participate in EITC<sup>43</sup>. Participation rates for the CTC and CDCTC are currently unavailable.

### ***Calculating Household Expenses***

The Minimum Household Budget is the bare minimum cost of household basics necessary to live and work in the modern economy. These basic budget items include housing, childcare, food, transportation, technology, and healthcare, plus taxes and a contingency (miscellaneous) fund equal to 10 percent of the household budget. The budget is calculated separately for each county or county-equivalent and for different household types.

## **Results**

Across both household simulations, households using SR, SNAP, CHIP, and all available tax credits experienced no benefits cliffs as their employment income increased. This is because households who enter the SR program are at or below 150% of FPL and therefore remain below the income threshold for significant benefits cliffs even with a \$2,000-\$10,000 increase in employer wages.

However, with the potential wage increases, families are experiencing high effective marginal tax rates. Effective marginal tax rates reflect the percent of new earnings that are lost due to increases in income tax and payroll tax, and reductions in public benefits. In the hypothetical scenario where wages increase by \$2,000, the effective marginal tax rate is 58% for the household with one child and 63% for the household with two. With the hypothetical increase in wages of \$10,000, the effective marginal tax rate is 63% for the household with one child and 65% for the household with two children. For both simulations, the public assistance loss is concentrated in the SNAP and EITC. These results indicate that a family's reduction in public assistance means they are not experiencing the full financial benefit of their wage increases since their net resources decline. As a result, when accounting

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<sup>41</sup> Chien & Macartney, 2019

<sup>42</sup> Kaiser Family Foundation, n.d.

<sup>43</sup> Internal Revenue Service, 2022

for expenses, both simulations reveal that households likely struggle to meet basic expenses even as they become ineligible for services.

Table 25. Benefits Cliffs Results

| Family Type                                    | Scenario             | Employer Income | SR Value | SNAP Value | CHIP Value | CDCTC Value | CTC Value | EITC Value | Expenses | Net Resources | Effective Tax Rate |
|--|----------------------|-----------------|----------|------------|------------|-------------|-----------|------------|----------|---------------|--------------------|
| Type A: One Adult, One Child (Age 2)           | Average Entry Income | \$22,196        | \$7,905  | \$3,350    | \$1,636    | \$638       | \$2,000   | \$3,190    | \$51,928 | -\$11,012     | NA                 |
|  | \$2,000 Increase     | \$24,196        | \$7,905  | \$2,870    | \$1,636    | \$638       | \$2,000   | \$2,871    | \$52,281 | -\$10,164     | 58%                |
|  | \$10,000 Increase    | \$32,196        | \$7,480  | \$686      | \$1,576    | \$850       | \$2,000   | \$1,592    | \$53,693 | -\$7,312      | 63%                |
| Type B: One Adult, Two Children (Ages 2 and 6) | Average Entry Income | \$25,324        | \$11,569 | \$5,178    | \$3,452    | \$956       | \$4,000   | \$4,758    | \$68,238 | -\$13,000     | NA                 |
|  | \$2,000 Increase     | \$27,324        | \$11,569 | \$4,698    | \$3,452    | \$956       | \$4,000   | \$4,336    | \$68,591 | -\$12,255     | 63%                |
|  | \$10,000 Increase    | \$35,324        | \$11,082 | \$2,925    | \$3,392    | \$1,200     | \$4,000   | \$2,652    | \$70,053 | -\$9,477      | 65%                |

Figures 3 and 4 describe the change in benefit amounts as earnings increase for a hypothetical family in Hillsborough County. The chart below shows the dollar value and composition of public assistance at different income levels. As income increases, the value of each selected public assistance program changes. For some programs, the value of public assistance gradually phases out, while for others the loss is sudden. The chart also includes specific information indicating where the average SR family income is at enrollment of the program, as well as where the family would be with the hypothetical \$2,000 and \$10,000 increases.

Figure 3. Single Adult, One Child Benefits

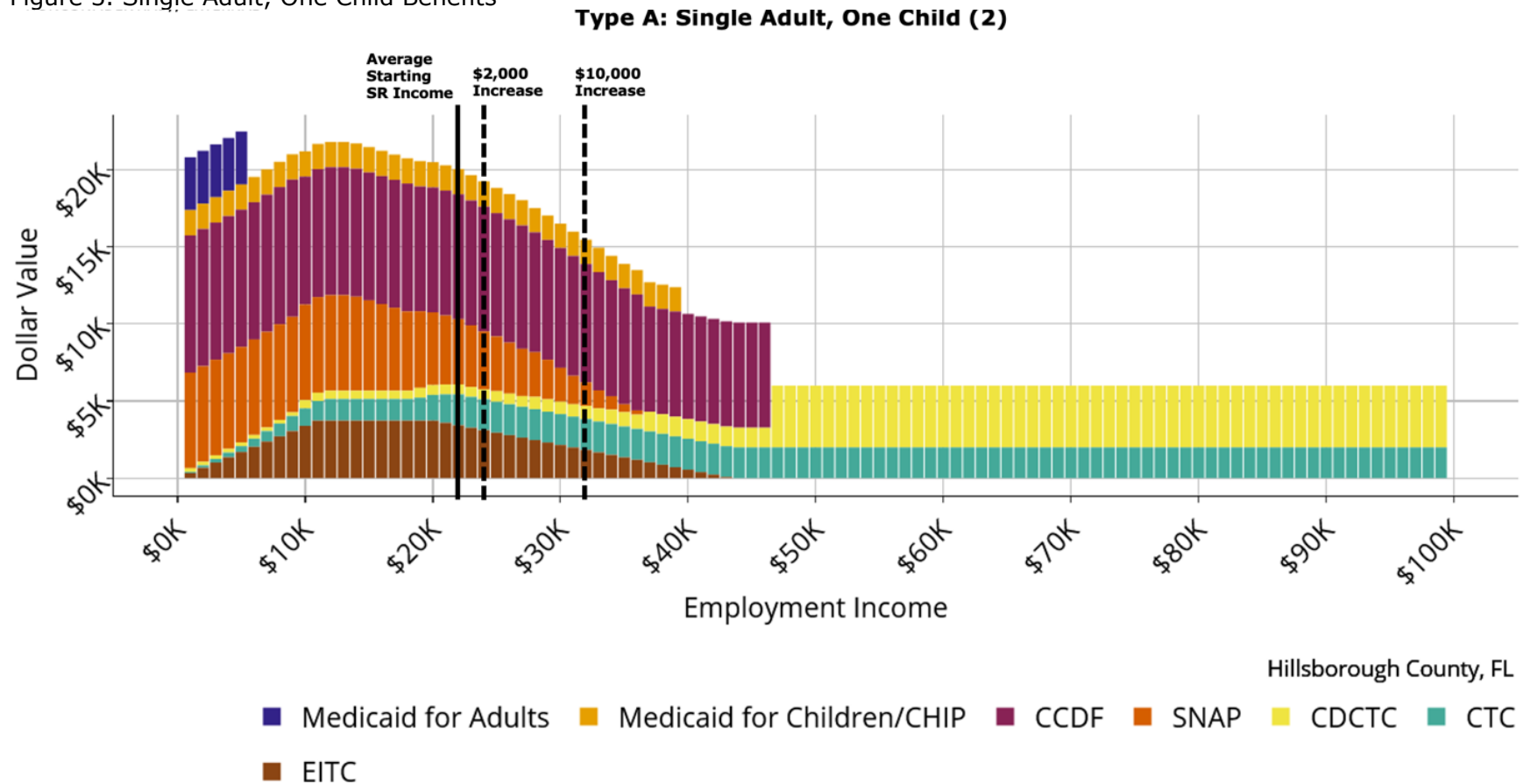
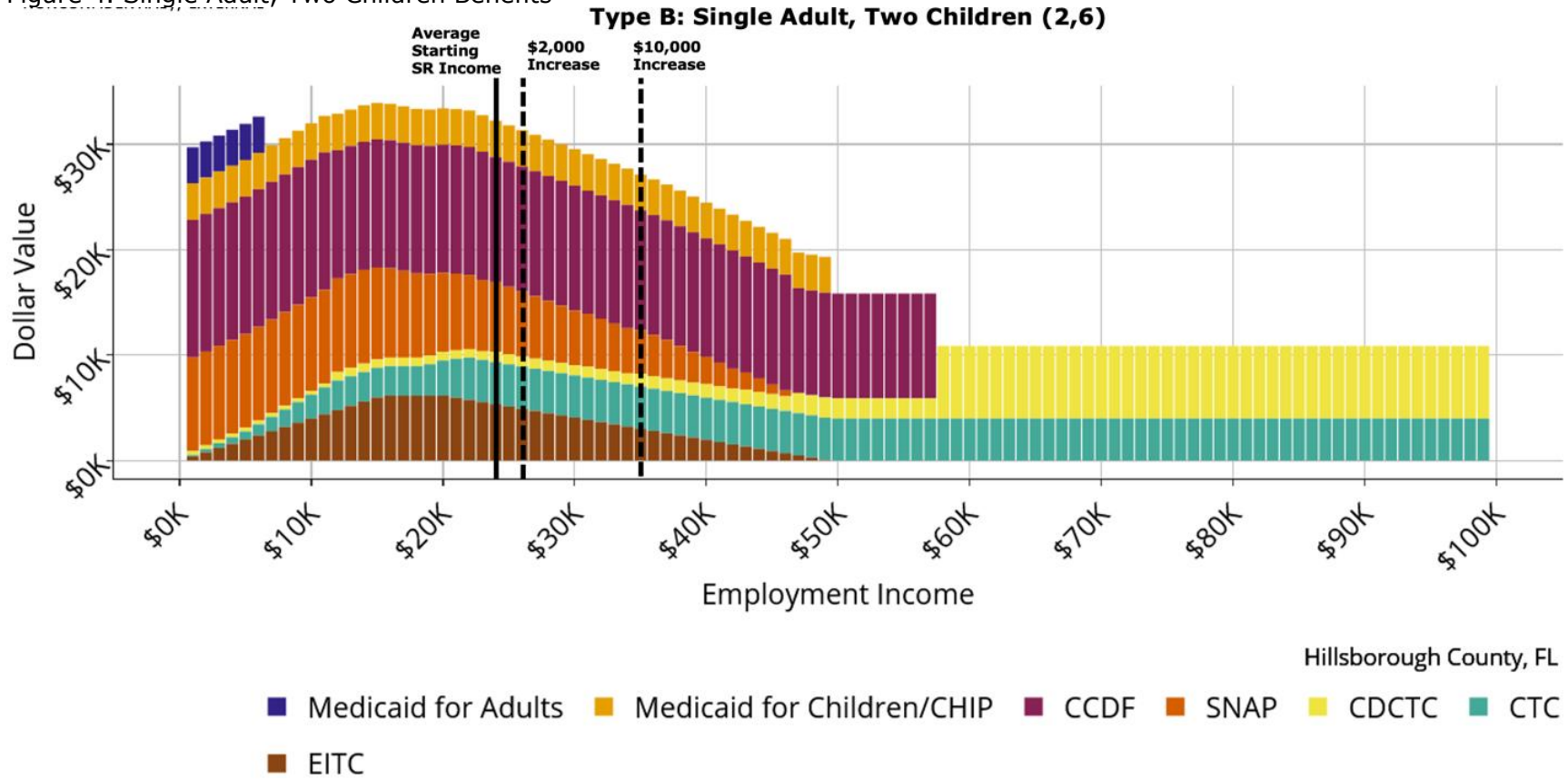


Figure 4. Single Adult, Two Children Benefits



Figures 5 and 6 describe a household’s net financial resources, accounting for basic household expenses, public service benefits, and employment income. Please note that net financial resources represent the resources needed to meet basic household expenses in Hillsborough County. When values are shown in the negative, the family cannot cover their basic expenses even with public assistance. This financial challenge requires families to reduce household expenses, potentially resulting in some basic needs not being adequately addressed.

Figure 5. Single Adult, One Child Net Resources

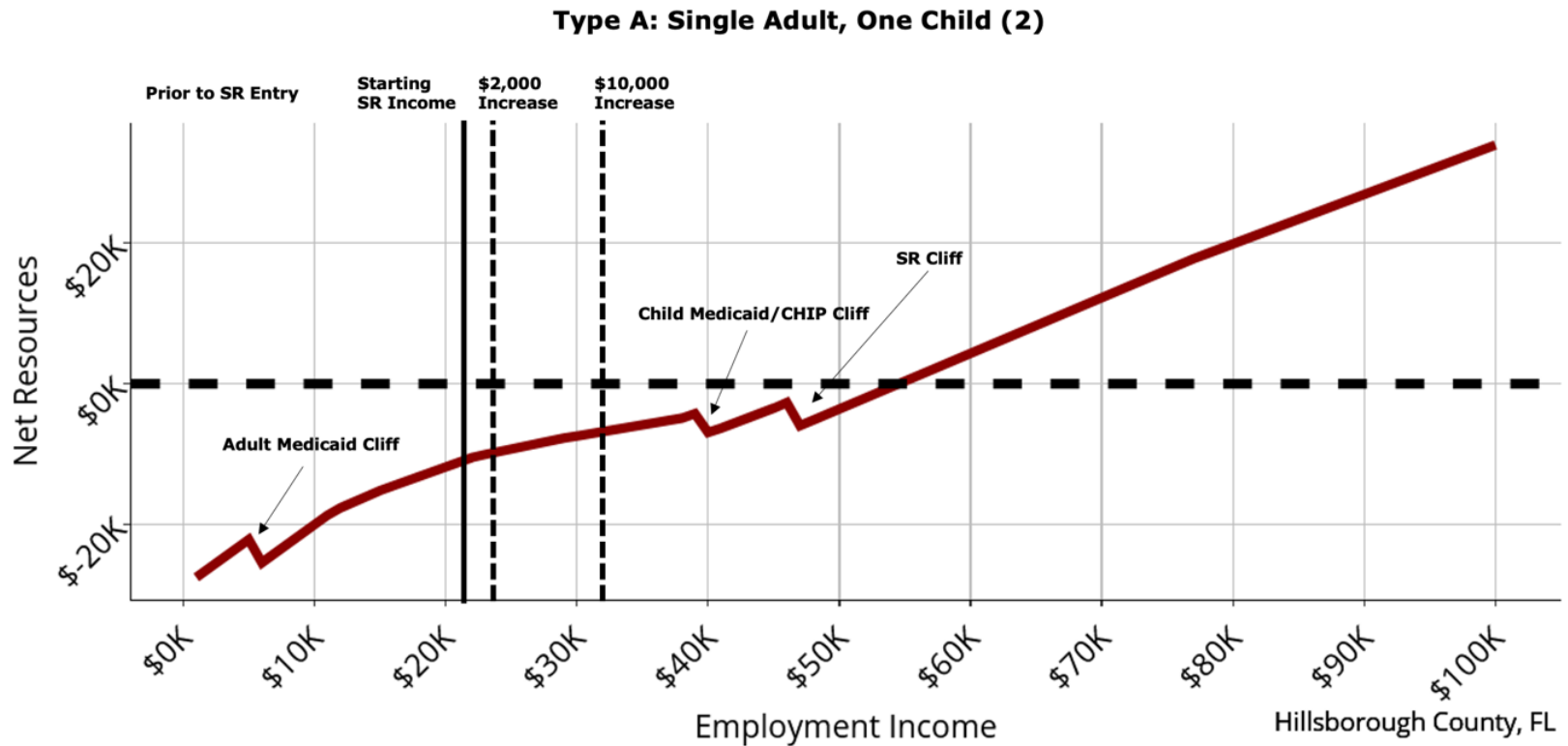
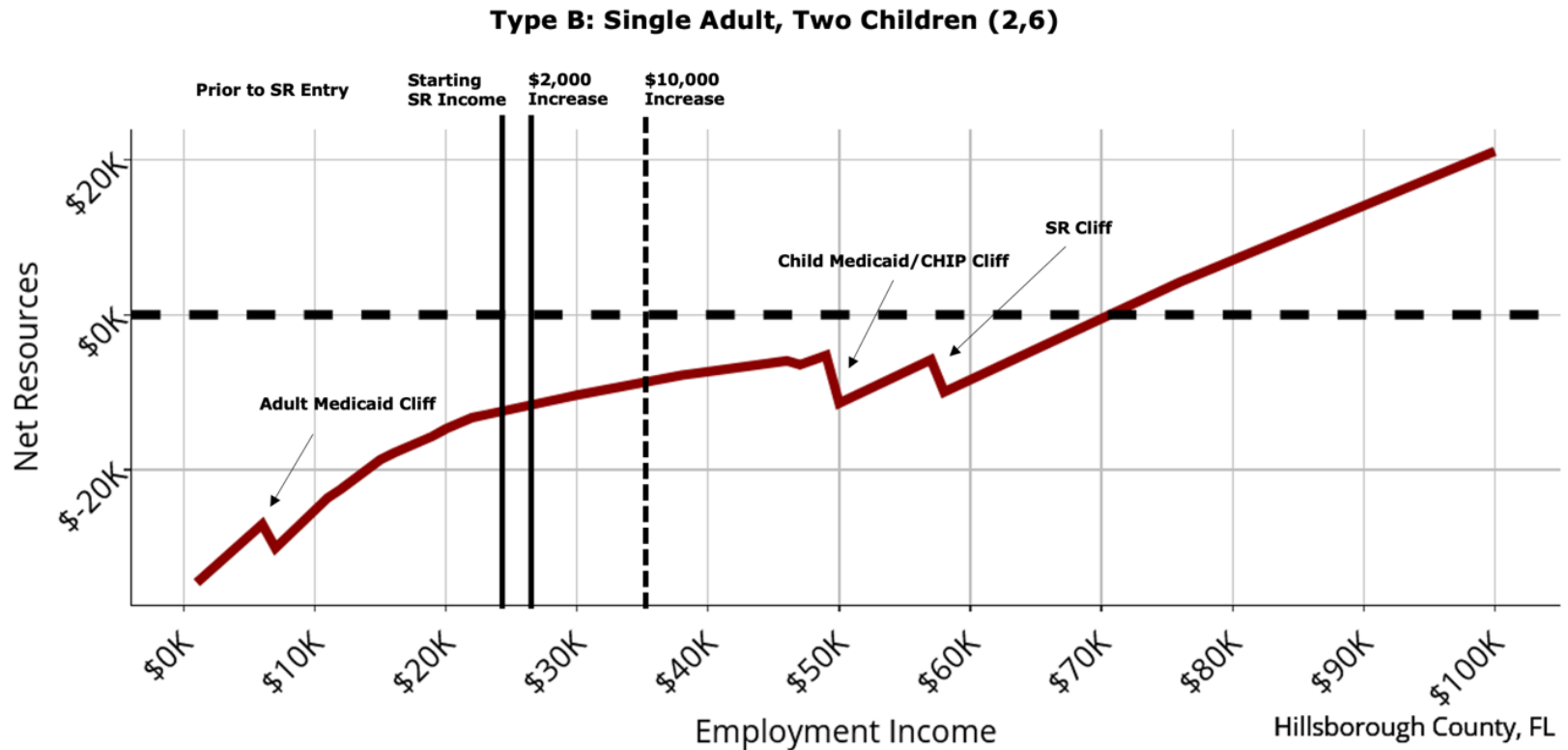


Figure 6. Single Adult, Two Children Net Resources



As seen across figures, both household types could experience benefits cliffs for CHIP and SR as earnings continue to increase.

Most notable from this simulation is that SR households that (1) enter the program with the average household income and (2) see an income increase between \$2,000-\$10,000 will maintain net resources below zero throughout their usage of SR, SNAP, CHIP, and available tax credits. This indicates that these households are likely making tough decisions on their household budget to meet their needs even as their employment income increases, and they become ineligible for services.

# Key Insights & Discussion

This report serves as a first look at Florida households using multiple services and relates this use to potential benefits cliffs. The results reported throughout this document are based on administrative data from Florida and federal agencies. Through this project, the ECPRG successfully created a linkage methodology, generated a preliminary descriptive report of services used by households with young children in Florida, and created a data system which integrates demographic and public assistance program participation data from multiple state agencies. While this report reflects the prevalence of services usage, it does not report outcomes or impact of any service use. The results, therefore, serve as a baseline to describe how low-income households enroll and participate in services that support access to healthcare, nutrition, housing, cash assistance and child care. The ECPRG is committed to maintaining collaborative partnerships with DCF, AHCA, HUD, and DEL to continue identifying reasonable measures of program outcomes and factors which relate to reasonable access to programs that support economic growth.

## Key Insights

Through analyses and discussions with partnering agencies, the ECPRG would like to highlight the following key insights.

### ***Common Service Combinations***

- Most families enrolled in public assistance programs used more than one service during the 2012-2021 period.
- The most frequent service combinations include Medicaid, SNAP, and/or SR. This pattern of service use is seen in lifetime service combinations and concurrent services combinations.

### ***Frequently Used Services***

- Approximately 70% of the families included in these analyses enrolled in either Medicaid or SNAP at some time during their participation in public assistance programs. While this is largely explained by the fact that these are entitlement programs, these programs also provide the most basic needs for families – food and health care.
- Medicaid and SNAP were often used concurrently. The elevated level of concurrent enrollment in these two entitlement programs is likely facilitated by the unified application system being implemented by the Florida Department of Children and Families. These programs also had the longest service usage with a median usage of 23-26 months.

### ***Common Service Usage Patterns***

- Program purpose and eligibility policies have a predictable effect on the use of services, as seen in the concurrent services use analyses. Specifically, usage combinations that included Temporary Cash Assistance (TCA) had shorter usage lengths, service combinations that included SR had usage lengths aligned with 12-month eligibility requirements, and combinations that

included SNAP and/or Medicaid enrollment had the longest usage, consistent with the program aims of maintaining access to health care and nutrition assistance when families are eligible.

- Changes to eligibility policies and changes in the state economy during the COVID-19 period (2019-2021) potentially influenced unanticipated trends in service use, particularly regarding the length of time households used TCA, which was greater in 2019-2021 than it was in 2012-2018.

## Limitations

Upon conducting analyses, the ECPRG identified the following limitations related to the data available to the research team.

### ***Data on Household Income***

The data included in the Early Childhood Integrated Data System, which is developed and maintained by the ECPRG, allowed the research team to identify and describe the characteristics of individuals and households that have used each of the ESSA services and how they interacted with the services. This data has enabled analyses describing the interactions of households with public benefit programs in Florida.

Each agency whose programs are included in the ESSA analyses supplied income information considered at the time of program eligibility determination. The income information recorded by the specific programs at the time of eligibility determination is influenced by the diverse ways household income is treated, with various standards and requirements regarding what sources of income are counted or disregarded. Furthermore, income information is collected only when families are engaged in the eligibility determination process. The result is that household income as currently included in the Early Childhood Integrated Data System is not appropriate as an outcome measure related to household economic mobility.

The conduct of research that identifies the effect of public benefit programs on economic mobility requires a consistent measure of household income that can be used regardless of service participation and is measured at consistent, predictable intervals. In the upcoming year, the ECPRG will work with the DEL and the DOE to explore potentially accessing additional data sources, such as the Florida Education and Training Placement Information Program (FETPIP). Data from FETPIP may provide this information, as well as participant enrollment in Florida's workforce development system, including career and technical education and training programs designed specifically to support enhanced earning potential and economic mobility.

Through continued collaboration with administering agencies and other stakeholders, the ECPRG is hopeful that including these data enhancements in future iterations will help to further expand our understanding of the relationships between service usage and households' economic self-sufficiency.

***Available Child Age Range***

Currently, the Early Childhood Integrated Data System includes records for children under the age of 14 for SNAP, TCA, and SR or below the age of 6 for Medicaid. Currently, DSAs are written to support the DEL in administering the SR program, which serves children up to the age of 14, and/or to conduct analyses on the birth-to-five population. This limitation has resulted in censoring household experiences to only describe service usage while children are eligible for childcare subsidy. The ECPRG hopes to expand these scopes for future iterations to include children from birth to eighteen years old. This will allow for a more comprehensive analysis of Florida families that participate in public benefit programs.

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**Appendix A:**

**The Economic Self-Sufficiency Analysis Data Dictionary**

# Data Dictionary

Economic Self-Sufficiency  
Analysis

## AHCA's Medicaid Eligibility

| Data Field Name          | Data Dictionary Description       |
|--------------------------|-----------------------------------|
| DATEOFBIRTH              | Recipient's Date of Birth         |
| RACECODE                 | Recipient's Race                  |
| AIDCATEGORYEFFECTIVEDATE | Aid Category Effective Start Date |
| AIDCATEGORYENDDATE       | Aid Category Effective End Date   |

### DCF's SNAP and TCA

| Data Field Name             | Data Dictionary Description   |
|-----------------------------|---|
| YYYYMM                      | BenefitMnth   |
| K_white                     | Child race - White  |
| K_black                     | Child race - Black  |
| K_a_indian                  | Child race - American indian /Alaska native   |
| K_asian                     | Child race - Asian  |
| K_hawaiian_Pacific_Islander | Child race - Native Hawaiian and other Pacific Islander   |
| K_other_race                | Child race - Other  |
| K_unknown_race              | Child race - Unknown  |
| K_DOB                       | Child Date of Birth   |
| county                      | County  |
| PC_DOB                      | PC_DOB  |
| HH_size                     | count of <u>Eligible</u> persons in the HH - may be different per month - sometimes, only the CHILD is eligible - so HH size will be = 1 -- SNAP and TANF have different Household Size requirements, so child may be in 2 diff HH sizes in same month, TANF and SNAP |

## DOE/DEL's Child Enrollment

| Data Field Name                 | Data Dictionary Description   |                            |  |
|---------------------------------|---|----------------------------|--|
| Parent_DOB                      | Parent Date of Birth (not required)   |                            |  |
| HomeCountyID                    | Parent County Code  |                            |  |
| ChildEthnicity                  | Hispanic or Non-Hispanic  |                            |  |
| Child_Asian                     | Child Asian Race Flag   |                            |  |
| Child_HawaiianPacific           | Child Hawaiian Race Flag  |                            |  |
| Child_Black                     | Child Black Race Flag   |                            |  |
| Child_Us_Indian_Alaskan         | Child US Indian Race Flag   |                            |  |
| Child_White                     | Child White Race Flag   |                            |  |
| Child_Other                     | Child Other Race Flag   |                            |  |
| Child_PreferNotToAnswer         | Child No Answer Race Flag   |                            |  |
| Child_DOB                       | Child Date of Birth   |                            |  |
| ServicePeriodMonth              | Month Services Provided   |                            |  |
| ServicePeriodYear               | Year Services Provided  |                            |  |
| Family Size                     | Family Size   |                            |  |
| BillingGroupCode                | See 'School Readiness Billing Groups' below.  |                            |  |
| EligibilityCode                 | Eligibility is a subdivision of the Billing Group. See 'School Readiness Billing Groups' below. |                            |  |
| AnnualIncome                    | Annual Income   |                            |  |
| School Readiness Billing Groups |   |                            |  |
| Billing Group                   | Eligibility Code  | Eligibility Title          | Definition   |
| ARRA                            | AR27  | SR Income Eligible<br>ARRA | Use the ARRA AR27 when transferring clients from BG8 27. The coalition does not need to transfer clients from ARRA to AR27 if the client has already been assigned the ARRA eligibility. Services provided to a family in which the parents with whom the child resides are each employed or engaged in eligible education activities <b>(unless exempt from work requirements due to age or disability as documented by a licensed physician)</b> a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be |

|      |      |                         |  |
|------|------|-------------------------|--|
|      |      |                         | <p>determined in accordance with the terms of the variance. <b>The family income shall not exceed 150% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance.</b> In two-parent families, each parent must individually meet the employment/education/training criteria <b>(unless exempt from work requirements due to age or disability as documented by a licensed physician).</b> This includes a case when the parent(s) or legal guardian places a child with a relative, permanently or on a short term basis, and is not receiving temporary cash assistance and income eligibility is based on the child's income and the guardian's income (<i>s. 411.201(6), F.S. and Rule 6M-4.203, F.A.C., Public Law 111-5, American Recovery and Reinvestment Act of 2009</i>).</p> |
| ARRA | AR31 | SR Income Eligible ARRA | <p>Use ARRA AR31 when transferring clients from BG8 31. The coalition does not need to transfer clients from ARRA to AR31 if the client has already been assigned the ARRA eligibility. Services provided to a family in which the parents with whom the child resides are each employed or</p>  |

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|  |  |  | <p>engaged in eligible education activities <b>(unless exempt from work requirements due to age or disability as documented by a licensed physician)</b> a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance.</p> <p><b>The family income shall be between 151% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance.</b> A client with a family income that exceeds 150% of the FPL should be transferred to the appropriate billing group/eligibility code. In two-parent families, each parent must individually meet the employment/education/training criteria <b>(unless exempt from work requirements due to age or disability as documented by a licensed physician)</b>. This includes a case when the parent(s) or legal guardian places a child with a relative, permanently or on a short term basis, and is not receiving temporary cash assistance and income</p> |
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|      |      |                            | <p>eligibility is based on the child's income and the guardian's income.</p> <p><b>The use of the Eligibility Code is optional; it may be used in lieu of the ARRA Eligibility Code for those ELC's that would prefer to transfer clients from BG 31 to ARRA AR31 to maintain the continuity for eligibility codes.</b> (s. 411.201(6), F.S. and Rule 6M-4.203, F.A.C., Public Law 111-5, American Recovery and Reinvestment Act of 2009).</p>   |
| ARRA | ARRA | SR Income Eligible<br>ARRA | <p>Services provided to a family in which the parents with whom the child resides are each employed or engaged in eligible education activities <b>(unless exempt from work requirements due to age or disability as documented by a licensed physician)</b> a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance.</p> <p><b>The family income shall not exceed 150% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance.</b> If an existing client transfers</p> |

|      |      |                      |   |
|------|------|----------------------|---|
|      |      |                      | <p>from another SR billing group, the family income may exceed 150% of the FPL but may not exceed 200%. In two-parent families, each parent must individually meet the employment/education/training criteria</p> <p><b>(unless exempt from work requirements due to age or disability as documented by a licensed physician).</b></p> <p>This includes a case when the parent(s) or legal guardian places a child with a relative, permanently or on a short term basis, and is not receiving temporary cash assistance and income eligibility is based on the child's income and the guardian's income.</p> <p><b>The use of the Eligibility Code is optional; it may be used in lieu of the ARRA Eligibility Code for those ELC's that would prefer to transfer clients from BG 27 to ARRA AR27 to maintain the continuity for eligibility codes.</b> (s. 411.201(6), F.S. and Rule 6M-4.203, F.A.C., Public Law 111-5, American Recovery and Reinvestment Act of 2009).</p> |
| ARRA | UNEM | SR Unemployment ARRA | <p>Services provided to a family either 1) receiving Florida unemployment compensation (UC) benefits or for a family 2) applying to receive</p>   |

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|  |  |  | <p>UC benefits. 1) Families currently receiving UC benefits must demonstrate evidence of UC benefit receipt and that family income is at or below 150 percent of the FPL. If an existing client transfers from another SR billing group, the family income may exceed 150% of the FPL but may not exceed 200%. A family maintains in this category for a maximum of six months as long as the family continues to receive UC benefits, complies with the requirements of the UC program, and family income remains below 200% FPL. 2) A UC applicant's family shall be determined eligible for an initial period of 30 days under this eligibility category if the family demonstrates evidence of UC benefit application and that family income is at or below 150% of the FPL. A UC applicant's family will maintain SR eligibility subject to demonstrating evidence of a pending appeal or evidence of UC benefit receipt. If a child is eligible to receive SR services under any other eligibility category, the coalition shall offer the child services under the alternative eligibility category (Rule 6M-ER09-2 F.A.C.).</p> |
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| BG1 | 11 | At Risk In Home | <p><b>Description:</b> Child care for a child from a family that is receiving in-home protective services and is under supervision by DCF/contracted provider for abuse, neglect, abandonment and/or exploitation.</p> <p><b>Applicable Purpose for Care:</b> Child Protection (CP)</p> <p><b>Work Requirements:</b> N/A</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization Form:</b> Yes -- from DCF or contracted community-based provider</p> <p><b>Income Eligible:</b> Eligibility is not dependent on income, but if available should be used to calculate parent fee.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit.</p> <p><b>Countable Income:</b> If available, count earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has</p> |
|-----|----|-----------------|--|

|     |    |                     |   |
|-----|----|---------------------|---|
|     |    |                     | <p>attained 22 years.<br/> <b>Authorization Period:</b><br/> 12 months.<br/> <b>Reference:</b> 45 CFR, §§ Part(s) 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(1)(c) &amp; 1002.87 (1)(b)(e), F.S.;</p>   |
| BG1 | 13 | At Risk Foster Care | <p><b>Description:</b> Child care for a child in foster care protective services under supervision by DCF/contracted provider for abuse, neglect, abandonment, or exploitation.<br/> <b>Applicable Purpose for Care:</b> Child Protection (CP)<br/> <b>Work Requirements:</b> N/A<br/> <b>Child Age Requirements:</b> Birth to younger than 13 years<br/> <b>Child Care Authorization Form:</b> Yes -- from DCF or contracted community-based provider<br/> <b>Income Eligible:</b> Eligibility is not dependent on income, but if available should be used to calculate parent fee.<br/> <b>Household Size:</b> Related child(ren) on the Child Care Authorization Form only<br/> <b>Countable Income:</b> If available, count child(ren)'s income only<br/> <b>Authorization Period:</b> 12 months.<br/> <b>Reference:</b> 45 CFR §§ 98.20(a)(1)(ii), 98.44, 98.50 ; CCDF State Plan, Part 2.5;</p> |

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|     |     |                   | Sections 1002.81(1)(c), and 1002.87 (1)(b)(e), F.S.,   |
| BG1 | 11D | At Risk Diversion | <p><b>Description:</b> Child care for a child who is in a diversion program provided by DCF/contractor and who is from a family that is actively participating and complying in DCF-prescribed activities.</p> <p><b>Applicable Purpose for Care:</b> Child Protection (CP)</p> <p><b>Work Requirements:</b> N/A</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization Form:</b> Yes -- from DCF or contracted community-based provider</p> <p><b>Income Eligible:</b> Eligibility is not dependent on income, but if available should be used to calculate parent fee.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit.</p> <p><b>Countable Income:</b> If available, count earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children including a concurrently enrolled high school student who has attained 18</p> |

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|     |     |                     | <p>years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Authorization Period:</b> 12 months.</p> <p><b>Reference:</b> 45 CFR, §98.20(a)(1)(ii), 98.44, 98.50; CCDF Part 2.5; Sections 1002.81(1)(b) and 1002.87(1)(b)(e), F.S.;</p>  |
| BG1 | 14R | At Risk Out of Home | <p><b>Description:</b> Child care for a child placed in court-ordered custody of a relative/non-relative by DCF/contracted provider and receiving out-of-home protective services.</p> <p><b>Applicable Purpose for Care:</b> Child Protection (CP)</p> <p><b>Work Requirements:</b> N/A</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization:</b> Yes -- from DCF or contracted community-based provider</p> <p><b>Income Eligible:</b> Eligibility is not dependent on income, but if available should be used to calculate parent fee.</p> <p><b>Household Size:</b> Related child(ren) on the Child Care Authorization only</p> <p><b>Countable Income:</b> If available, count child(ren)'s income only</p> <p><b>Authorization Period:</b> 12 months.</p> <p><b>Reference:</b> 45 CFR §§98.20(a)(1)(ii),</p> |

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|     |     |                 | 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(1)(d), and 1002.87(1)(b)(e), F.S.;  |
| BG1 | FAM | Family Supports | <p><b>Description:</b> Child care for a child from a family that is in the custody of a parent who is a victim of domestic violence and who is residing in a certified domestic violence center.</p> <p><b>Applicable Purpose for Care:</b> Child Protection (CP)</p> <p><b>Work Requirements:</b> N/A</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization Form:</b> Yes -- from a DCF-Certified Domestic Violence Center</p> <p><b>Income Eligible:</b> Eligibility is not dependent on income, but if available should be used to calculate parent fee.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit.</p> <p><b>Countable Income:</b> If available, count earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student</p> |

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|     |      |                  | <p>who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Authorization Period:</b> 12 months.</p> <p><b>Reference:</b> 45 CFR §§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(1)(e), and 1002.87 (1)(b)(e), F.S.;</p>  |
| BG1 | HOME | At Risk Homeless | <p><b>Description:</b> Child care for a child from a family that is in the custody of a parent/guardian who is homeless as verified by a DCF designated-lead agency on homelessness and is participating with a DCF designated-lead agency's continuum of care services plan for homeless families.</p> <p><b>Applicable Purpose for Care:</b> Child Protection (CP)</p> <p><b>Work Requirements:</b> N/A</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization Form:</b> Yes -- from a DCF-Designated Lead Agency on homelessness</p> <p><b>Income Eligible:</b> Eligibility is not dependent on income, but if available should be used to calculate parent fee.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18</p> |

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|     |    |                           | <p>years of age or older who are currently residing in the same dwelling unit.</p> <p><b>Countable Income:</b> If available, count earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Authorization Period:</b> 12 months.</p> <p><b>Reference:</b> 45 CFR, §§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(1)(f) and 1002.87(1)(b)(e), F.S.;</p> |
| BG1 | IN | Protective Invest In Home | <p><b>Description:</b> Child care for a child from a family who has been referred for investigation by DCF/contracted provider for abuse, neglect, abandonment and/or exploitation. Child remains in the home with the alleged perpetrator.</p> <p><b>Applicable Purpose for Care:</b> Child Protection (CP)</p> <p><b>Work Requirements:</b> N/A</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization:</b> Yes -- from DCF or contracted</p>   |

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|-----|-----|-------------------------|---|
|     |     |                         | <p>community-based provider</p> <p><b>Countable Income:</b> If available, count all earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit and authorized eligibility by the referring agency.</p> <p><b>Income Eligible:</b> Eligibility not dependent on income, but if available should be used to calculate parent fee.</p> <p><b>Authorization Period:</b> 12 months.</p> <p><b>Reference:</b> 45 CFR §§§98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(1)(a) &amp; 1002.87 (1)(b)(e), F.S.; 65C-29.003(9), F.A.C.</p> |
| BG1 | OUT | Protect Invest Out Home | <p><b>Description:</b> Child care for a child from a family who has been referred for investigation by DCF/contracted provider for abuse, neglect, abandonment and/or exploitation.</p>   |

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|       |     |  | <p>Child has been removed from the alleged perpetrator's home where the investigation is being conducted.</p> <p><b>Applicable Purpose for Care:</b> Child Protection (CP)</p> <p><b>Work Requirements:</b> N/A</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization:</b> Yes -- from DCF or contracted community-based provider</p> <p><b>Countable Income:</b> If available, count child(ren)'s income only</p> <p><b>Household Size:</b> Related child(ren) on the Child Care Authorization only</p> <p><b>Income Eligible:</b> Eligibility not dependent on income, but if available should be used to calculate parent fee.</p> <p><b>Authorization Period:</b> 12 months.</p> <p><b>Reference:</b> 45 CFR, §§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(1)(a) &amp; 1002.87 (1)(b)(e), F.S.;, 65C-29.003(9), F.A.C.</p> |
| BG1RC | RC2 | SR Respite Care Protective Services<br><b>PRIORITY CATEGORY #2</b> | <p>Services provided to alleviate a crisis (acute situation that places a child at risk because of parental or guardian emergency need for respite, lack of resources, special needs of the child, or</p>   |

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|     |    |   | <p>extenuating circumstances beyond the family's control that require short term assistance to increase family stability and decrease risk potential) or to provide child care services in a hospital-based, mildly ill child care program as described in the CCDF State Plan. <b>The family must be in an open protective services case to receive respite services.</b> Respite child care alleviates a crisis in the family and avoids out of home placement, while assuring the safety of the child is maintained. <b>Respite care is limited to no more than 30 days per child in any fiscal year and may be provided for up to 24 hours per day.</b> On a case by case basis, this may also include services provided to a family affected by a natural disaster to ensure a child's safety and protection. Such services would include child care (<i>Rule 60BB-4.201, F.A.C.; Rule 60BB-4.202, F.A.C.; CCDF State Plan Appendix 2; and s. 411.01(6), F.S.</i>).</p> |
| BG3 | 21 | <p>SR Welfare Transition (Temporary cash assistance (TCA)) (WT)(Formerly WAGES) Not Working<br/><b>PRIORITY CATEGORY #1</b></p> | <p>Services provided to a TANF recipient who receives temporary cash assistance (TCA), is not working, and is involved in job preparation activities. A referral authorizes child care for periods of job</p>  |

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|     |     |                 | search, education, and training plus reasonable travel time. In two parent families, both parents must meet the participation criteria ( <i>Rule 60BB-4.202, F.A.C. and s. 411.01(6)(a)2, F.S.</i> ).  |
| BG3 | 28A | TANF Child Only | <p><b>Description:</b> Child care for a child who is recipient of temporary cash assistance as a TANF "child only case" who has been placed with a relative permanently or on a short-term basis. Must have documentation from the DCF showing TANF amount with the recipient's name. Guardian(s) must meet the purpose for care requirements.</p> <p><b>Applicable Purpose for Care:</b> Employment (EM), Education &amp; Training (ET), Both Employment and Training and/or Education (TT) or Disability (DI)</p> <p><b>Work Requirements:</b> Guardian(s) must be working or engaged in eligible education/training activities at least 20 hours per week or may be exempt from work requirements due to age or disability, as determined and documented by a physician licensed under chapter 458 or chapter 459, F.S.</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care</b></p> |

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|     |     |   | <p><b>Authorization Form:</b><br/>No (verification of TANF child only payment needed)</p> <p><b>Countable Income:</b><br/>Child(ren) income only</p> <p><b>Household Size:</b><br/>Child(ren) only</p> <p><b>Income Eligible:</b> Yes-<br/>- child's income at or below 150 percent of FPL for entry into program, at or below 200 percent of the FPL for continued eligibility.</p> <p><b>Authorization Period:</b><br/>12 months or less</p> <p><b>Reference:</b> 45 CFR §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(7) &amp; 1002.87(1)(c)(f), F.S.;</p>                            |
| BG3 | 28B | SR WT (Formerly WAGES) Refugee Not Working<br><b>PRIORITY CATEGORY #1</b> | <p>Services provided to an eligible refugee, asylee, Cuban/Haitian entrant and parolee, Amerasian, Iraqi and Afghan special immigrant, USDHHS-certified victim of a severe form of human trafficking, or a resident alien who was admitted to the U.S. under one of the above categories, who is a TANF recipient receiving TCA, with a documented referral for child care by a refugee program funded employment services (education and training) provider (<i>Rule 6M4.202, F.A.C.; section 208 of the Immigration and Nationality Act (INA); Amerasian Homecoming Act, Section 584 of the Foreign Operations,</i></p> |

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|     |      |                 | <i>Export Financing and Related Programs Appropriations Act of 1988 (P.L. 100-202), as amended; P.L. 106-386, Victims of Trafficking and Violence Protection Act of 2000; and section 101(1)(27) of the Immigration and Nationality Act (INA)).</i>   |
| BG3 | TCAN | TCA Not Working | <p><b>Description:</b> Child care for a child from a family that includes a parent (including an eligible TANF refugee), who is receiving temporary cash assistance (TCA) under chapter 414 F.S., and subject to the federal work requirements, who is not working but is involved in activities assigned by the referring agency. In two parent families, both parents must have a purpose for care as documented on the Child Care Authorization Form.</p> <p><b>Applicable Purpose for Care:</b> Education &amp; Training (ET), Job Search (JS) or Work Activity (WA)</p> <p><b>Work Requirements:</b> Based on the federal work requirements activity assigned by the referring agency.</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization Form:</b> Yes -- from Welfare Transition Program/local workforce board</p> <p><b>Income Eligible:</b> Yes -</p> |

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|       |     |               | <p>- at or below 185 percent of Federal Poverty Level (Determined by DCF)</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are included in the TANF assistance group.</p> <p><b>Countable Income:</b> Countable unearned income from all household members who are included in the TANF assistance group. Employment income should not exist for this category. Exclude income earned by children including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Authorization Period:</b> Based on Child Care Authorization Form - maximum is six months.<br/>Reference: 45 CFR §§98.44, 98.50; CCDF State Plan, Part 2.5; Section 1002.87(1)(a), F.S.; Rule 6M-4.200(2)(b), F.A.C.</p> |
| BG3AP | APP | TCA Applicant | <p><b>Description:</b> Temporary child care for a child from a family that is economically disadvantaged who has applied for TCA, including an up-front diversion payment in order to seek employment.</p> <p><b>Applicable Purpose for Care:</b> Employment</p>   |

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|  |  |  | <p>(EM), Education &amp; Training (ET), Employment and Education and/or Training (TT), Job Search (JS) or Work Activity (WA)</p> <p><b>Work Requirements:</b> Based on the federal work requirements activity assigned by the referring agency.</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years.</p> <p><b>Child Care Authorization Form:</b> Yes -- Welfare Transition Program/local workforce board</p> <p><b>Countable Income:</b> Earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit.</p> <p><b>Income Eligible:</b> Yes- - at or below 150 percent of FPL for entry into program, at or below 200 percent of the FPL for continued eligibility.</p> <p><b>Authorization Period:</b></p> |
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|      |     |             | <p>One 30-day period.<br/> <b>Reference:</b> 45 CFR, §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(7) &amp; 1002.87(1)(c)(f), F.S.; Section 1002.89, F.S.</p>   |
| BG3R | RCG | At Risk RCG | <p><b>Description:</b> Child care for a child who is a recipient of the Relative Caregiver payment and determined to be a court ordered dependent by a Florida court and placed in a relative's home by the DCF/contracted provider.<br/> <b>Applicable Purpose for Care:</b> Child Protection (CP)<br/> <b>Work Requirements:</b> N/A<br/> <b>Child Age Requirements:</b> Birth to younger than 13 years<br/> <b>Child Care Authorization:</b> No -- verification of current RCG payment is required<br/> <b>Countable Income:</b> If available, count child(ren)'s income only<br/> <b>Household Size:</b> Related child(ren) only<br/> <b>Income Eligible:</b> Eligibility not dependent on income, but if available use to calculate parent fee.<br/> <b>Authorization Period:</b> 12 months or less<br/> <b>Reference:</b> 45 CFR, §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(1)(d) &amp; 1002.87 (1)(b)(e), F.S.</p> |

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| BG3T | 21T  | SR WT (Formerly WAGES) Diversion Program<br><b>PRIORITY CATEGORY #1</b> | Referrals from the local workforce boards for temporary child care for a parent who has applied for cash assistance and temporary child care services to seek employment and has opted to receive diversion payment in lieu of ongoing cash assistance. Child care for up-front diversion should be provided for <b>up to</b> 30 days from the date the up-front diversion process officially started ( <i>Rule 6M-4.202, F.A.C., s. 411.01(6), F.S.,(s. 414.017, F.S., and Rule 65A-4.212, F.A.C.)</i> ). |
| BG3W | 21W  | SR WT (Formerly WAGES) Working<br><b>PRIORITY CATEGORY #1</b>           | Services provided to a TCA recipient, based on a documented referral, who is employed, or employed and involved in job preparation activities. Child care shall be available during the hours of employment and/or work activities plus reasonable travel time. In two parent families, both parents must meet the participation criteria ( <i>Rule 6M-4.202, F.A.C. and s. 411.01(6), F.S.</i> ).   |
| BG3W | 28BW | SR WT (formerly WAGES) Refugee Working<br><b>PRIORITY CATEGORY #1</b>   | Services provided to an eligible refugee, asylee, Cuban/Haitian entrant and parolee, Amerasian, Iraqi and Afghan special immigrant, USDHHS-certified victim of a severe form of human trafficking, or a resident alien who was admitted to the U.S.  |

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|      |      |             | under one of the above categories, based on a documented referral, who is a working TANF recipient receiving TCA and has been referred for child care by a refugee program funded employment services provider ( <i>Rule 6M-4.202, F.A.C. and s. 208 of the Immigration and Nationality Act (INA)</i> ).   |
| BG3W | TCAW | TCA Working | <p><b>Description:</b> Child care for a child from a family that includes a parent (including an eligible TANF refugee), who is employed and receiving temporary cash assistance under chapter 414 F.S., and subject to the federal work requirements. In two parent families, both parents must have a purpose for care as documented on the Child Care Authorization Form.</p> <p><b>Applicable Purpose for Care:</b> Employment (EM), Both Employment and Training and/or Education (TT)</p> <p><b>Work Requirements:</b> Based on the federal work requirements activity assigned by the referring agency.</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization Form:</b> Yes -- from Welfare Transition Program/local workforce board</p> <p><b>Income Eligible:</b> Yes -</p> |

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|     |     |                | <p>- at or below 185 percent of FPL (Determined by DCF)</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are included in the TANF assistance group.</p> <p><b>Countable Income:</b> Earned and countable unearned income from all household members who are included in the TANF assistance group. Exclude income earned by children including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Authorization Period:</b> Based on Child Care Authorization Form - maximum is six months.</p> <p><b>Reference:</b> 45 CFR §§98.44, 98.50; CCDF State Plan Part 2.5; Section 1002.87(1)(a), F.S.; Rule 6M-4.200(2)(b), F.A.C.</p> |
| BG5 | 23B | SR TCC Working | <p>Services provided to a family with earned income who has lost their eligibility for TCA because of excess earned income, new or increased child support, loss of time limits (with earned income), or who "opts not to receive" TCA. Continued eligibility is for up to a total of 24 consecutive months from the first month of Temporary Child Care (TCC) eligibility as determined</p>   |

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|     |     |  | by Workforce Development, regardless of when temporary cash assistance is canceled. A documented referral establishes the time frames for authorized child care. <b>Total family income may not exceed 200% of FPL</b> (Rule 60BB-4.202, F.A.C.).  |
| BG5 | 23C | SR TCC/Working Combined with Education (TEd) | Services provided to a family with earned income who has lost their eligibility for TCA because of excess earned income, new or increased child support, loss of time limits (with earned income), or who "opts not to receive" TCA, and who is obtaining education or training to improve job skills in order to <u>maintain or improve</u> employment. <b>Must meet full TCC requirements and need additional child care to cover educational needs.</b> Continued eligibility is for up to a total of 24 consecutive months from the first month of Temporary Child Care (TCC) eligibility as determined by Workforce Development, regardless of when temporary cash assistance is canceled. A documented referral establishes the time frames for authorized child care. <b>Income may not exceed 200% of FPL</b> (s. 411.01(6), F.S., and |

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|     |     |                                  | <i>Rule 60BB-4.202, F.A.C.).</i>  |
| BG5 | 23D | SR TCC Working through Diversion | Services provided to a family who meets up-front diversion criteria. Continued eligibility for up to a total of 24 consecutive months from the first month of TCC eligibility as determined by a documented referral from Workforce Development. A documented referral establishes the time frames for authorized child care. <b>Income may not exceed 200% of FPL.</b> The coalition should use this OCA to provide services to an individual who was determined eligible for but opted not to receive temporary cash assistance ( <i>s. 414.017, F.S., and Rule 65A-4.212, F.A.C.).</i> |
| BG5 | TCC | Transitional Child Care          | <b>Description:</b> Child care for a child from a family that includes a parent or parents who transitions from a workforce program into employment as described in Section 445.032, F.S. In two parent families, both parents must have a purpose for care as documented on the Child Care Authorization Form.<br><b>Applicable Purpose for Care:</b> Employment (EM), Both Employment and Training and/or Education (TT).<br><b>Work Requirements:</b> Employment or Both   |

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|     |    |                      | <p>Employment and Education and/or Training based on documented Child Care Authorization Form.</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization Form:</b> Yes -- Welfare Transition Program/local workforce board</p> <p><b>Countable Income:</b> Earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit.</p> <p><b>Income Eligible:</b> Yes - - at or below 200 percent of FPL for initial entry and continued eligibility.</p> <p><b>Authorization Period:</b> 12 months or less.</p> <p><b>Reference:</b> 45 CFR §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Section 1002.81(7) &amp; 1002.87(1)(d), F.S.;</p> |
| BG7 | 25 | SR Migrant Farm Work | Services provided to a family in which the   |

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|     |    |                | <p>parents with whom a child resides are migrant farm workers as defined in Rule 60BB-4.100(16), F.A.C., and are employed for at least 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance.</p> <p><b>The income shall not exceed 150% of the Federal Poverty Level (FPL) to enter the program and shall not exceed 200% to continue to receive financial assistance (Rule 6M-4.203, F.A.C.; and s. 411.01(6), F.S.). See 97CFO for referral based migrant clients.</b></p> |
| BG8 | 26 | SR Teen Parent | <p>Services provided to a child of teenage (under 18 years of age) parent(s) who are employed a minimum of 20 hours per week or who are enrolled in a high school diploma or GED program who are not involved in a Department of Education Drop Out Prevention program or a Workforce Development teen parent program. The teen parent may also be attending other job training. The definition of a teenage parent includes a person who</p>  |

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|     |    |                           | is pregnant, who is the legal or alleged father of an unborn child, or who is the parent of the child. <b>Income of the teenage parent shall not exceed 200% of the FPL</b> ( <i>s. 411.01(6), F.S. and Rule 6M-4.202, F.A.C.</i> ).   |
| BG8 | 27 | SR Income Eligible ≤ 150% | Services provided to a family in which the parents with whom the child resides are each employed or engaged in eligible education activities ( <b>unless exempt from work requirements due to age or disability as documented by a licensed physician</b> ) a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance. <b>The family income shall not exceed 150% of the Federal Poverty Level (FPL) to enter the program and shall not exceed 200% to continue to receive financial assistance; however, a client with a family income that exceeds 150% of the FPL should be transferred to the appropriate billing group/eligibility code.</b> In two-parent families, each parent must individually meet the |

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|     |    |                              | <p>employment/eligible education activity criteria <b>(unless exempt from work requirements due to age or disability as documented by a licensed physician)</b>. This category includes cases when the child has been placed with relatives or non-relatives by the parent(s) or legal guardian, permanently or on a short-term basis, and is not receiving temporary cash assistance, and income eligibility is based on the child's income and the guardian's income (non-TANF "Child Only" cases) (<i>s. 411.01(6), F.S., and Rule 6M-4.203, F.A.C.</i>).</p>   |
| BG8 | 29 | SR SSI and/or SSA Disability | <p>Services provided to a family in which:</p> <ul style="list-style-type: none"> <li>• A parent(s)/guardian(s) receives SSI, SSA disability benefits (not survivor's benefits), or 100% VA disability (not partial disability), the family is income eligible, and the parent(s)/guardian(s) in the home has/have an established purpose(s) for care. <p>NOTE: If a parent in the home is in receipt of SSA disability benefits, then all dependents in the home should also be in receipt of benefits under the disabled parent's claim number and should be explored for such benefits. All of</p> </li></ul> |

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|  |  |  | <p>the preceding listed income is countable income in the total family income; or</p> <ul style="list-style-type: none"> <li>• A child is in receipt of SSI (child's SSI income is not included in the family's total gross income calculation), the family is income eligible, and the parent(s)/guardian(s) in the home has/have an established purpose(s) for care.</li> </ul> <p>NOTE: In certain instances, it may be more beneficial to a family in which a child receives this income to be considered a household of one and to exclude this income. However, if doing so would create an adverse impact on other children in the household, then the child receiving SSI can remain as part of the full household and this income type still be excluded.</p> <p>If both parents are in the home, only one shall be required to be an SSI/SSA disability benefits/100% VA disability recipient; however, both parents must meet the purpose for care requirement. The purpose of the child care shall be to enable employment of the parent/relative, and/or to assist the parent in caring for the child because of the parent's/relative's disability as documented by a</p> |
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|     |    |                    | <p>physician’s statement. If the disability claimed is permanent, only one disability eligibility is required. Note: A child in receipt of SSA (under a non-residential disabled parent whose family is income eligible and whose custodial parent(s)/guardian(s) in the home has/have an established purpose(s) for care is better served under either BG8-27 or BG8-31. If, however, the same child is placed on a referral, then the child is to be served under the appropriate referral billing group. (Rule 6M-4.100(22)(a-d), F.A.C. and CCDF 3.3.2.)</p>            |
| BG8 | 30 | SR Native American | <p>Services provided to a child whose parents are members of federally recognized Native American tribes and who need child care in order to obtain or maintain employment or eligible education activities a minimum of 20 hours per week. If a coalition receives a variance from the definition of “working family” under rule 6M-4.100(22), F.A.C, the participant’s eligibility shall be determined in accordance with the terms of the variance. <b>Income shall not exceed 150% to enter the program and shall not exceed 200% of FPL to continue to receive</b></p> |

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|     |    |                                   | <b>financial assistance</b><br>(45 CFR Part 98.20).  |
| BG8 | 31 | SR Income Eligible<br>151% - 200% | <p>Services provided to a family in which the parent/guardian with whom the child resides are each employed or engaged in eligible education activities <b>(unless exempt from work requirements due to age or disability as documented by a licensed physician)</b> a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance.</p> <p><b>The family income must be between 151% and 200% of the FPL for this eligibility category. Clients should only be placed in this category upon redetermination from a prior eligibility category or from the TCA or TCC categories.</b> In two-parent families, each parent must individually meet the employment/eligible education activity criteria <b>(unless exempt from work requirements due to age or disability as documented by a licensed physician)</b>. This category includes cases when the parent(s) or legal</p> |

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|     |    |                     | guardian has placed the child with relatives <b>or non-relatives</b> , permanently or on a short-term basis, and is not receiving temporary cash assistance. Income eligibility would include the total family earned and unearned income ( <i>s. 411.201(6), F.S., and Rule 6M-4.203, F.A.C.</i> ).  |
| BG8 | 33 | SR Adoption Subsidy | Services provided to a child receiving adoption subsidy payments from the Federal Title IV_E program under the Social Security Act, or a state program. Adoption assistance subsidy provides financial assistance to families based on the child's special needs at the time of the adoptive placement. These benefits are paid to the child and may include a monthly adoption assistance payment and/or Medicaid Card. This income must be verified before it can be excluded. For cases that contain these incomes, the child receiving these income types can be considered a Head of Household of one and have these income sources excluded. However, if doing so creates an adverse impact on other children in the household, then the children can remain as part of the full household under an |

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|     |      |                           | <p>applicable billing group and still have these incomes sources excluded. (CCDF State Plan Section 3.3.2.). Use this Billing Group only when the child(ren) is considered Head of Household. If more than one child in the household receives the adoption subsidy, the household size is determined by the number of children in the household receiving the subsidy. Although the child may be Head of Household, the parent/guardian with whom the child resides must be employed or engaged in eligible education activities (unless exempt from work requirements due to age or disability as documented by a licensed physician) a minimum of 20 hours per week. each parent/guardian must have a Purpose for Care. <b>Income must be less than 150% of the federal poverty level for initial eligibility.</b></p> |
| BG8 | ECON | Economically Disadvantage | <p><b>Description:</b> Child care for a child from a family that is economically disadvantaged including, but not limited to, a working migratory family that is economically disadvantaged as defined by 34 CFR s. 200.81(d) or (f) or an agricultural worker who is employed by more than one agricultural</p>  |

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|  |  |  | <p>employer during the course of a year, and whose income varies according to weather conditions and market stability.</p> <p><b>Applicable Purpose for Care:</b> Employment (EM), Education &amp; Training (ET), Both Employment and Training and/or Education (TT), Migrant Employed (ME) or Disability (DI)</p> <p><b>Work Requirements:</b> In a one parent family, the parent must be employed at least 20 hours per week or engaged in eligible educational activities unless exempt from work requirements due to age or disability. In two parent families, both parents must be working a combined total of 40 hours per week or engaged in eligible education activities unless exempt from work requirements due to age or disability. Parent(s) with whom the child resides can be exempt from work requirements due to age or disability, as determined and documented by a physician licensed under chapter 458 or chapter 459, F.S.</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization Form:</b> No</p> <p><b>Countable Income:</b></p> |
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|       |    |                               | <p>Earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit.</p> <p><b>Income Eligible:</b> Yes-<br/>- at or below 150 percent of FPL for entry into program, at or below 85 percent SMI for continued eligibility; if 85 percent of State Median Income (SMI) is less than 150 percent of FPL, 85 percent SMI is the income threshold for eligibility. A graduated phase-out may be implemented at the end of the 12-month eligibility period if income is greater than 150 percent of FPL but less than 85 percent of SMI.</p> <p><b>Authorization Period:</b> 12 months.</p> <p><b>Reference:</b> 45 CFR. §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(7) &amp; 1002.87(1)(c)(f), F.S.;</p> |
| BG8HS | HS | SR Working Poor/HS Criteria – | The Head Start Program focuses on low income children and  |

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|       |    | Local Coalition Option  | provides an educational program that emphasizes nutrition, health, and social sciences and encourages strong parent involvement. Services in this category must be in an approved coalition plan ( <i>Rule 6M-4.203, F.A.C. and s. 411.01(6), F.S.</i> ).<br><b>Allocations to this OCA require Agency approval.</b>   |
| BG8LC | LC | SR 411 – Local Coalition Option                               | Eligibility requirements must comply with s. 411.01, F.S. A coalition must describe this eligibility initiative in the coalition's plan and the Agency must approve prior to the coalition incurring any expenditures ( <i>Rule 6M-4.203, F.A.C. and s. 411.01(6), F.S.</i> ).<br><b>Allocations to this OCA require Agency approval.</b>  |
| BG8NW | NW | SR Single Parent Not Working/ Child at Risk of School Failure | Services provided to a one parent family with whom the child resides where the parent is not employed or engaged in education activities a minimum of 20 hours per week and where the child is determined to be at risk of school failure. <b>The family income must not be higher than 150% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance</b> ( <i>Rule 6M-4.203, F.A.C. and s. 411.01(6), F.S.</i> ).<br><b>Allocations to this OCA require Agency approval.</b> |

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| BG8OP | OPW  | SR Two Parents/One Parent Not Working/ Child at Risk of School Failure | <p>Services provided to a two parent/guardian family with whom the child resides where only one parent is employed or engaged in eligible education activities a minimum of 20 hours per week and where the child has been determined to be at risk of school failure. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance.</p> <p><b>See OCA Attachment 3, Eligibility Determination Factors for a Child at Risk of Future School Failure for additional information. The attachment is available on the OEL website: Early Learning&gt;For Coalitions&gt;Coalition Resources&gt;OCA Working Definitions. The family income shall not exceed 150% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance (Rule 6M-4.203, F.A.C. and s. 411.01 (5)(d)4.j.(6), F.S.).</b></p> |
| BGCSO | CSED | Contracted Slots Econ Dis  | <p><b>Description:</b> Contracted slots child care up to the regular SR pay rate (excluding Gold Seal) and in accordance with</p>   |

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|       |     |                           | <p>regular SR attendance rules, for children meeting the eligibility of billing group Economically Disadvantaged BG8-ECON. This OCA is included in the local match requirement for working poor eligible participants of six percent on child care slots.</p> <p><b>Authorization Period:</b> 12 months.</p>  |
| BGCSO | CSO | Contracted Slots<br>Other | <p><b>Description:</b> Contracted slots child care up to the regular SR pay rate (excluding Gold Seal) and in accordance with regular SR attendance rules, for children meeting the eligibility of billing groups other than Economically Disadvantaged BG8 and the Child Care Executive Partnership (CCEP) and having an authorization period of 12 months. Billing Groups that can transfer to BGCSO/CSO are: At Risk Diversion BG1 11D, At Risk Homeless BG1 HOME, Family Supports BG1 FAM, At Risk Home, BG1 11, Protective Investigation In Home BG1 IN, and Special Needs CF SN. The applicable purpose for care, work requirements, child age requirements, referral, countable income, household size and income eligible follows those applicable based on eligibility of allowable billing groups</p> |

|       |      |                                   |   |
|-------|------|-----------------------------------|---|
|       |      |                                   | and eligibility groups listed within this description..<br><b>Authorization Period:</b><br>12 months.   |
| BGCSO | CSOC | CS Other Child Only               | <b>Description:</b><br>Contracted slots child care up to the regular SR pay rate (excluding Gold Seal) and in accordance with regular SR attendance rules, for children meeting the eligibility of billing groups with countable income for child only and having an authorization period of 12 months. Billing Groups that can transfer to BGCSO/CSOC are: BG1 14R, BG1 13, BG1 OUT. The applicable purpose for care, work requirements, child age requirements, referral, countable income, household size and income eligible follows those applicable based on eligibility of allowable billing groups and eligibility groups listed within this description.<br><b>Authorization Period:</b><br>12 months. |
| BGD   | DIN  | Natural Disaster - New Enrollment | Services provided to a disaster impacted family, for a new enrollment. This OCA includes a family whose workplace is temporarily inoperable or destroyed, home is severely damaged or has been condemned by local or federal officials, or place of primary or secondary education is temporarily inoperable  |

|       |     |                       |  |
|-------|-----|-----------------------|--|
|       |     |                       | or destroyed. A coalition in a natural disaster area may choose to waive fee, income eligibility, and work requirements on a <u>case by case</u> basis for a family who is in need of services to ensure a child's safety and protection ( <i>CCDF State Plan and Rule 6M-4.400(1)(b)2.f., F.A.C.</i> ).   |
| BGSNT | SNT | SR Special Needs Teen | Services provided to <b>children ages of 13 through 18</b> who are physically or mentally incapable of self-care, or are under court supervision, and resides with a family whose <b>income does not exceed 200% of the federal poverty level (FPL)</b> and whose parent(s) are working or attending job training or education program. (Normally this means the child has an IEP-Individual Education Plan with school system or DOE matrix) ( <i>45 CFR 98.20 and Rule 6M-4.200, F.A.C.</i> ). |
| CCPP  | P1  | CCEP                  | <b>Description:</b> Child care for a child from a working family that is economically disadvantaged and receives CCEP matching funds. The CCEP program provides state, federal and local funds to offer subsidies to low-income working parents whose family income does not exceed the allowable income for any federally subsidized child care program with  |

|  |  |  |  |
|--|--|--|--|
|  |  |  | <p>a dollar-for-dollar match from employers, local government, and other matching contributions.</p> <p><b>Applicable Purpose for Care:</b> Employment (EM), Education &amp; Training (ET), Both Employment and Training and/or Education (TT) or Disability (DI)</p> <p><b>Work Requirements:</b> In a one parent family, the parent must be employed at least 20 hours per week or engaged in eligible educational activities unless exempt from work requirements due to age or disability. In two parent families, both parents must be working a combined total of 40 hours per week or engaged in eligible education activities unless exempt from work requirements due to age or disability. Parent(s) with whom the child resides can be exempt from work requirements due to age or disability, as determined and documented by a physician licensed under chapter 458 or chapter 459, F.S.</p> <p><b>Child Age Requirements:</b> Younger than 13 years of age</p> <p><b>Child Care Authorization Form:</b> No</p> <p><b>Countable Income:</b> Earned and countable unearned income from</p> |
|--|--|--|--|

|    |    |                                |   |
|----|----|--------------------------------|---|
|    |    |                                | <p>all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit.</p> <p><b>Income Eligible:</b> Yes -<br/> - at or below 200 percent of FPL initial entry, at or below 85 percent of the SMI for continued eligibility during the initial 12-month eligibility period; if 85 percent of State Median Income (SMI) is less than 200 percent of FPL, 85 percent SMI is the income threshold for eligibility. A graduated phase-out may be implemented at the end of the 12-month eligibility period if income is greater than 200 percent of FPL but less than 85 percent of SMI.</p> <p><b>Authorization Period:</b> 12 months.</p> <p><b>Reference:</b> 45 CFR §§§ 98.20(a)(1)(ii), 98.44, 98.50; Section 1002.94, F.S.</p> |
| CF | MI | SR Migrant Not Income Eligible | Services provided to a family that includes migrant workers or fishers. Eligibility is not  |

|    |    |               |  |
|----|----|---------------|--|
|    |    |               | <p>dependent on family income or work requirements. The family must have a documented referral from the local education agency certifying that the parent(s) meets the federal definition of a migrant agricultural worker or a migrant fisher (<i>s. 411.01(6), F.S.; Rule 6M-4.206, F.A.C.</i>). <b>Allocations to this OCA require Agency approval.</b></p>   |
| CF | SN | Special Needs | <p><b>Description:</b> Child care for a child, who has special needs, has been determined eligible as a student with a disability, has a current individual education plan with a Florida school district, and is not younger than 3 years of age. A special needs child eligible under this billing group remains eligible until the child is eligible for admission to kindergarten in a public school under Section 1003.21(1)(a)2, F.S. Allocation requires office approval.</p> <p><b>Applicable Purpose for Care:</b> Special Needs (SN)</p> <p><b>Work Requirements:</b> N/A</p> <p><b>Child Age Requirements:</b> 3 years of age through admission to kindergarten</p> <p><b>Child Care Authorization Form:</b> No - IEP needed from local school district</p> <p><b>Countable Income:</b></p> |

|       |     |   |   |
|-------|-----|---|---|
|       |     |   | <p>Earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit.</p> <p><b>Income Eligible:</b> No</p> <p><b>Authorization Period:</b> 12 months.</p> <p><b>Reference:</b> Section 1002.87(1)(h) and 1003.21(1)(a)2, F.S.</p> |
| DHKOS | OOS | Natural Disaster -<br>New Enrollment -<br>Other State | <p>Services provided to a disaster impacted family, new enrollment. This OCA includes a family whose workplace is temporarily inoperable or destroyed, home is severely damaged or has been condemned by local or federal officials, or place of primary or secondary education is temporarily inoperable or destroyed. A coalition in a natural disaster area may choose to waive fee, income eligibility, and work requirements on a <u>case by case</u> basis for a family who is in need of services to ensure a child's safety and</p>   |

|     |     |             |   |
|-----|-----|-------------|---|
|     |     |             | protection ( <i>CCDF State Plan and Rule 6M-4.400(1)(b)2.f., F.A.C.</i> ).  |
| WRC | RCI | TCA Respite | <p><b>Description:</b> Child care for a child from a family that includes a parent who is receiving temporary cash assistance (TCA) under chapter 414 F.S., and subject to the federal work requirements, who is not working but is involved in respite activities assigned by the referring agency. Participants may participate in an out-of-home residential treatment for alcoholism, drug addiction, alcohol abuse, or a mental health disorder, as certified by a physician licensed under chapter 458 or chapter 459, F.S., instead of a work activity while participating in treatment. The participant shall be required to comply with the course of treatment necessary for the individual to resume work activity participation. The treatment agency shall be required to notify the referring agency with an initial estimate of when the participant will have completed the course of treatment and be ready to resume full participation in the Welfare Transition Temporary Cash Assistance Program. Care may be provided</p> |

|  |  |  |   |
|--|--|--|---|
|  |  |  | <p>for up to 24 hours per day.</p> <p><b>Applicable Purpose for Care:</b> Respite Services (WR)</p> <p><b>Work Requirements:</b> Based on the federal work requirements activity assigned by the referring agency.</p> <p><b>Child Age Requirements:</b> Birth to younger than 13 years</p> <p><b>Child Care Authorization Form:</b> Yes -- from Welfare Transition Program/DCF</p> <p><b>Income Eligible:</b> Yes - - at or below 185 percent of FPL (Determined by DCF)</p> <p><b>Household Size:</b> All children younger than 18 years and household members who are 18 years of age or older who are included in the TANF assistance group.</p> <p><b>Countable Income:</b> Earned and countable unearned income from all household members who are included in the TANF assistance group. Exclude income earned by children including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.</p> <p><b>Authorization Period:</b> Based on a documented Child Care Authorization Form not to exceed 60 days</p> <p><b>Reference:</b> 45 CFR §§98.44, 98.50; CCDF State Plan, Part 2.5.;</p> |
|--|--|--|---|

|  |  |  |   |
|--|--|--|---|
|  |  |  | Section 1002.87(1)(a),<br>F.S.; Rule 6M-<br>4.200(2)(b), F.A.C.;<br>Section 1002.89, F.S. |
|--|--|--|---|

### HUD's Household

| Data Field Name    | Data Dictionary Description  |
|--------------------|--|
| head_id            | Replacement ID generated to substitute for Head of Household SSN. A combination of head_id and frm_type_cd is the common key used to join household and member tables. |
| efctv_dt           | Date certification is effective  |
| pgm_type_cd        | Rental housing assistance program in which the family participates   |
| hshd_mbr_total_cnt | Total number of people in the household  |
| dob_head           | Head of Household date of birth  |
| head_race_cd       | Head of Household's Race   |
| head_ethncy_cd     | Head of Household's Ethnicity  |
| mtpl_race_indr     | Indicates if the Head of Household (H), Spouse (S), or Co-Head (K) for the family reported more than one race  |
| unit_cnty_name*    | County name  |

### HUD's Members

| Data Field Name | Data Dictionary Description  |
|-----------------|--|
| head_id         | Replacement ID generated to substitute for Head of Household SSN. A combination of head_id and frm_type_cd is the common key used to join the household and member tables. |
| mbr_ethncy_cd   | Member ethnicity   |
| mbr_dob         | Member date of birth   |
| mbr_rltn_cd     | Relationship to head-of-household  |



# ACCESS FLORIDA APPLICATION

## Before You Begin

You are ready to start your application. Here is some important information when applying and what to expect.

## Applying for Benefits

You may apply for help by giving us just your name, address, and signing your application. We encourage you to answer as many questions as you can, and sign your application today. This will allow us to help you more quickly. If you need help in completing this application or need interpreter services, there may be Community Partners in your area who can help. Visit our website at [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida) or contact our Customer Call Center at 1-866-762-2237 for more information. You may apply faster online at [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida).

## Processing Your Application

Processing begins with the date we receive your signed application. It may take 7 to 30 days to process your food assistance application. Expedited households may get food assistance benefits within seven days. Your answers on the application will decide if your household meets expedited food assistance criteria. Expedited households must have: 1. Monthly gross income less than \$150 and liquid assets less than \$150; 2. Monthly gross income plus liquid assets less than the household rent or mortgage plus utility costs; or, 3. Be a destitute migrant or seasonal farmworker with liquid assets less than \$100. Applications for Medical Assistance and Temporary Cash Assistance may take 30 to 45 days, and Medical Assistance applications may take longer if we need to determine if someone is disabled. You may check the status of your application by visiting the ACCESS Florida website at <http://www.myflorida.com/accessflorida> and click on the "My ACCESS Account" link.

An Application for Assistance may be submitted to any Department of Children and Families Economic Self-Sufficiency Services office in the State of Florida by you, or by someone acting for you, in person, by mail, by facsimile (FAX), or electronically through the internet. Applications received during normal business hours are considered received the same day. When an application is received after normal business hours, it will be considered received on the first business day following its receipt. Food assistance benefits start from the date of application if the applicant meets all eligibility requirements, completes the interview, and provides all necessary eligibility information by the 30<sup>th</sup> day after the date of application. The household has the right to file an application form on the same day it contacts DCF, in an office, by phone, fax, in person, or electronically. Applicants do not have to complete the interview prior to filing the application. Receiving food assistance does not affect other program time limits. For an individual applying for food assistance and SSI at the same time, the filing date is the date of release from the institution or the actual date of receipt if filed after release. The collection of information on the application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008 as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible, or continues to be eligible to participate in food assistance. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. The household cannot be denied food assistance benefits solely because of the denial of other program benefits.

## Head of Household

The household may select an adult parent of children (of any age) living in the household, or an adult who has parental control over children (under 18 years of age) living in the household, as the head of household provided all adult household members agree to the selection. Households may select the head of household at application, at each review, or when there is a change in household composition. If all adult household members do not agree to the selection, or decline to select an adult parent as the head of household, the state agency may designate the head of household or permit the household to make another selection. If the household does not consist of adult parents and children or adults who have parental control of children living in the household, the state agency shall designate the head of household or permit the household to do so.

## Social Security Number

We may treat household members who are ineligible, or who are not applying for benefits, as non-applicants. Non-applicants, or persons applying only for Emergency Medical Assistance for Aliens, Refugee Cash Assistance, or Refugee Medical Assistance, do NOT need to give a Social Security Number (SSN). If you were not eligible for an SSN because of your immigration status, you may be eligible for a non-work SSN. If you need an SSN, we can help you apply for one. Non-applicants do NOT need to give proof of immigration status. Noncitizens who are applying for benefits will have their immigration status verified with the U.S. Citizenship and Immigration Services (USCIS). We will not tell USCIS about the immigration status of those living in your household who are not applying for benefits.

## Important Information for Immigrants

Applying for or receiving Food Assistance (SNAP) benefits or Medical Assistance will not affect you or your family members' immigration status or ability to get permanent resident status (green card). Receiving Temporary Cash Assistance or long term institutional care, such as nursing home benefits might create problems with getting that status, especially if the benefits are your family's only income.

## **Public Assistance Fraud / Notice of Penalties**

If you are found guilty (by a state or federal court, or an administrative disqualification hearing, or sign a hearing waiver) of intentionally making a false or misleading statement, concealing or withholding facts in order to receive or in an attempt to receive food assistance or Temporary Cash Assistance (TCA) or committing any act that violates the Food and Nutrition Act of 2008, food assistance regulations, or any state statute for purposes of using, presenting, transferring, acquiring, receiving, or possessing food assistance benefits, you will be disqualified. You will be ineligible for food assistance or TCA for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation. If you are convicted of trafficking food assistance benefits of \$500 or more, you will be disqualified permanently. Trafficking of food assistance includes:

1. Buying, selling, stealing, or exchanging benefits for cash;
2. Exchanging firearms, ammunition, explosives, or illegal drugs for benefits;
3. Buying sodas, water, or other items in a container to get the cash deposit;
4. Buying an item with food assistance and then purposely selling the item for cash; and
5. Trading cash for items paid for with food assistance benefits.

If you are convicted of these acts, depending on the severity, you may be fined up to \$250,000, imprisoned for up to 20 years, or both. You may also be subject to prosecution under other applicable Federal and State Laws. You may be barred from receiving food assistance for an additional 18 months if court ordered. If you are convicted by a state or federal court of making a fraudulent statement with respect to identity or residency in order to receive food assistance or TCA in more than one state at the same time, you will be ineligible to participate in the Food Assistance Program or TCA for a period of 10 years.

If you are fleeing to avoid prosecution, custody, or confinement, after conviction for a crime or an attempt to commit a crime, which is a felony, or are in violation of probation or parole imposed under a federal or state law, you are ineligible for food assistance and Temporary Cash Assistance. This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you are found guilty of a drug-trafficking felony after 8/22/96, or convicted by a federal, state, or local court of trading firearms, ammunition, or explosives for food assistance benefits, you are ineligible for food assistance. If you are convicted of using or receiving food assistance benefits in a transaction involving the sale of a controlled substance, you will be ineligible 24 months for the first violation and permanently for the second violation. Households must not use food assistance benefits to purchase nonfood items, pay on credit accounts, pay for food purchased on a credit account, use or possess the Electronic Benefits Transfer (EBT) cards of others, allow unauthorized use of the household's EBT card by non-household members, sell or trade EBT cards, or use someone else's EBT card. If a food assistance claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

## **Income and Eligibility Verification System (IEVS)**

We will request information through computer matches in IEVS and may verify the information if we find differences based on the answers you gave on your application. We may use the information found in IEVS to affect your eligibility and level of benefits.

## **Reporting Requirements**

For all programs, households are encouraged to report any change in the household living and/or mailing address. For programs except Food Assistance (SNAP), households must report changes in who lives in the household, employment, and income. Food Assistance (SNAP) households must report when the total monthly household gross income exceeds 130% of the federal poverty level for the household size and when the work hours of able-bodied adults fall below 20 hours per week when averaged monthly, by the 10th of the month after the month of the change. Households receiving Medicaid or Temporary Cash Assistance must report changes within 10 days.

## **Requesting a Fair Hearing**

You have the right to ask for a hearing before a state hearings officer. You can bring with you or be represented at the hearing by a lawyer, relative, friend, or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the Customer Call Center, or coming into the office within 90 days from the mailing date of your notice of case action. If you ask for a hearing by the end of the last day of the month prior to the effective date of the adverse action, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits continued if the hearing decision is not in your favor. If you need information about how to receive free legal advice, you can call the Customer Call Center toll free at 1-866-762-2237 for a listing of free legal agencies in your area.

## **Medical Assistance Applications**

Use this application to see what coverage choices you qualify for such as free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP), affordable private health insurance plans that offer comprehensive coverage to help you stay well, and a new tax credit that can immediately help pay your premiums for health coverage. To complete your application, you may need social security numbers, document numbers for legal immigrants, employer and income information for everyone in your family, policy numbers for current health insurance, and job-related health insurance information. Please send copies not originals.

## **What Happens Next**

Submit your signed application at any Department of Children and Families Economic Self-Sufficiency Services office or mail your application to ACCESS Central Mail Center, P.O. Box 1770, Ocala, FL 34478-1770. You may fax your application to a Customer Service Center in your area. Find a local fax number at <http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/locate-service-center-your-area>.



# ACCESS FLORIDA APPLICATION

I would like to apply for:  Food Assistance  Cash  Relative Caregiver  Medical  Hospice  OSS/Optional State Supplementation  Medicaid Waiver/Home & Community Based Services  Nursing Home Care – Living address prior to entering Nursing Home:

## APPLICANT INFORMATION

Name: (Head of Household – see "Before You Begin" section)

First

Middle

Last

Home Address: (Leave blank if you do not have one.)

Street

Apt. No.

City

State

Zip Code

County

Address where you get your mail: (if different from where you live)

Street/P. O. Box

City

State

Zip Code

Home or Message Phone Number:

Work Phone Number:

Cell Phone Number:

E-Mail Address:

Do you want to get information about this application by email?  YES  NO

Do you have a reason that makes it difficult for you to come to the office for an interview?

- Illness  Transportation  Work or Training  Live in a Rural Area  Care for a sick or Disabled Household Member  Other (explain): \_\_\_\_\_

What is your preferred spoken or written language (if not English)? \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

I understand that information that I provide with this application, interview, or when requesting other benefits, including computer information matches with other agencies, is subject to verification by DCF and other Federal and State agencies including Division of Public Assistance Fraud (DPAF). I understand and agree to the following: DCF, DPAF, and authorized Federal Agencies may verify the information I give on this form, interview, or when requesting other benefits. Information may be obtained from my past or present employers. My signature authorizes release of such information to DCF and/or DPAF. As a condition of participation in Medicaid, I consent to review and release of all medical records deemed necessary by Medicaid under its auditing and investigatory powers. If any information is incorrect, benefits may be reduced or denied and I may be subject to criminal prosecution or disqualified from the program for knowingly providing incorrect or false information or hiding information. I have read my Rights and Responsibilities. I certify under penalty of perjury that the information on this form is true to the best of my knowledge, including the citizen or noncitizen status of those who are applying for benefits. I hereby acknowledge receipt of the Florida DCF CFOP 60-17, Chapter 1, Attachment 3, Notice of Privacy Practices.

## SIGNATURES

Signature of Adult Household Member / Date Signed

Signature of Witness if signed with an "X"

Authorized/Designated Representative – Please print

Name

Address

Phone Number

Signature of Authorized/Designated Representative

FOR OFFICE USE ONLY

Community Access Site Participant Name/Phone Number:

Date Stamp:

**EXPEDITED FOOD ASSISTANCE:** Eligible households may receive benefits within 7 days.

|   |   |
|---|---|
| Is your household's gross income less than \$150? <input type="checkbox"/> YES <input type="checkbox"/> NO  | Do you pay to heat or cool your home? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| Are your total liquid assets (such as cash, bank accounts, etc) less than \$100? <input type="checkbox"/> YES <input type="checkbox"/> NO   | What is the monthly amount of your rent or mortgage? \$   |
| Is your household's monthly gross income plus your total liquid assets less than your monthly rent or mortgage plus utilities? <input type="checkbox"/> YES <input type="checkbox"/> NO     | Has all of your household's income recently stopped? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>If yes, WHEN?</b>         |
| Check the bills you pay: <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water<br><input type="checkbox"/> Sewage <input type="checkbox"/> Phone | Is anyone in your household a migrant or seasonal farmworker?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, WHO?</b> |

**HOUSEHOLD INFORMATION:** If you need extra space in the following sections, please use extra pages. Please provide as much information as you can to help us determine your eligibility quickly.

In Sections A and B, list yourself and all people living in your home even if you are not applying for them. If you are not applying for a member, you do not have to give their SSN or citizenship status. Include your spouse, your children under 21 who live with you, anyone you include on your tax return, even if they do not live with you, and anyone else under 21 who you take care of and lives with you. If living in a nursing home or other institutional arrangement, list only self, spouse and dependents.

**ETHNICITY** (Voluntary/Optional Information): **A** = Hispanic or Latino or, **B** = Not Hispanic or Latino

**RACE** (Voluntary/Optional Information): You may choose one or more numbers: **1** – American Indian or Alaskan Native; **2** – Asian or Pacific Islander; **3** – Black or African American, Not of Hispanic Origin; **4** – White, Not of Hispanic Origin; **5** – Southeast Asian; **6** – Other; or, **7** – Unknown. This will not affect eligibility or the level of benefits. The reason we ask for this information is to assure program benefits are distributed without regard to race, color, or national origin.

**SECTION A – List All Adults Living At Your Address**

| Adult's Legal Name<br>First, Middle, Last | Want to Apply?               | Sex                        | Social Security Number (see instructions above) | Date and Place of Birth* | U.S. Citizen                 | Ethnicity (see above)      | Race (see above)   | Marital Status | Attends School/ # Hours / Week/ Last Grade Completed*    | Buys and Eats Food with You  |
|---|------------------------------|----------------------------|---|--------------------------|------------------------------|----------------------------|--|----------------|--|------------------------------|
| 1.  | <input type="checkbox"/> Yes | <input type="checkbox"/> F |   |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> A | <input type="checkbox"/> 1   |                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|   | <input type="checkbox"/> No  | <input type="checkbox"/> M |   |                          | USCIS #                      |                            | <input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 |                | # hours per week:<br>* Last Grade Completed:             |                              |
| 2.  | <input type="checkbox"/> Yes | <input type="checkbox"/> F |   |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> A | <input type="checkbox"/> 1   |                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|   | <input type="checkbox"/> No  | <input type="checkbox"/> M |   |                          | USCIS #                      |                            | <input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 |                | # hours per week:<br>* Last Grade Completed:             |                              |
| 3.  | <input type="checkbox"/> Yes | <input type="checkbox"/> F |   |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> A | <input type="checkbox"/> 1   |                | <input type="checkbox"/> Yes <input type="checkbox"/> N  | <input type="checkbox"/> Yes |
|   | <input type="checkbox"/> No  | <input type="checkbox"/> M |   |                          | USCIS #                      |                            | <input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 |                | # hours per week:<br>* Last Grade Completed:             |                              |
| 4.  | <input type="checkbox"/> Yes | <input type="checkbox"/> F |   |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> A | <input type="checkbox"/> 1   |                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|   | <input type="checkbox"/> No  | <input type="checkbox"/> M |   |                          | USCIS #                      |                            | <input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 |                | # hours per week:<br>* Last Grade Completed:             |                              |

**SECTION B – List All Children Living At Your Address. If anyone is pregnant, list “unborn” as the name and the due date as the date of birth.**

| Child's Legal Name<br>First, Middle, Last |  | Want to Apply?               | Sex                        | Social Security Number (see instructions above) | Date and Place of Birth* | U.S. Citizen                 | Ethnicity (see page 2)     | Race (see page 2)          | *Child under Age 5 Immunized | Attends School/<br>School Name/                          | *Date To Graduate | Buys and Eats Food with You  |
|---|--|------------------------------|----------------------------|---|--------------------------|------------------------------|----------------------------|----------------------------|------------------------------|--|-------------------|------------------------------|
| 1.  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> F |   |                          | <input type="checkbox"/> Yes |                            | <input type="checkbox"/> 1 |                              | <input type="checkbox"/> Yes                             |                   | <input type="checkbox"/> Yes |
| Relationship to you                       |  | <input type="checkbox"/> No  | <input type="checkbox"/> M |   |                          | <input type="checkbox"/> No  | <input type="checkbox"/> A | <input type="checkbox"/> 2 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   | <input type="checkbox"/> Yes |
|   |  |                              |                            |   |                          | USCIS #                      | <input type="checkbox"/> B | <input type="checkbox"/> 3 | <input type="checkbox"/> No  | School Name:   |                   | <input type="checkbox"/> No  |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 4 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 5 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 6 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 7 |                              |  |                   |                              |
| 2.  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> F |   |                          | <input type="checkbox"/> Yes |                            | <input type="checkbox"/> 1 |                              | <input type="checkbox"/> Yes                             |                   | <input type="checkbox"/> Yes |
| Relationship to you                       |  | <input type="checkbox"/> No  | <input type="checkbox"/> M |   |                          | <input type="checkbox"/> No  | <input type="checkbox"/> A | <input type="checkbox"/> 2 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   | <input type="checkbox"/> Yes |
|   |  |                              |                            |   |                          | USCIS #                      | <input type="checkbox"/> B | <input type="checkbox"/> 3 | <input type="checkbox"/> No  | School Name:   |                   | <input type="checkbox"/> No  |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 4 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 5 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 6 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 7 |                              |  |                   |                              |
| 3.  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> F |   |                          | <input type="checkbox"/> Yes |                            | <input type="checkbox"/> 1 |                              | <input type="checkbox"/> Yes                             |                   | <input type="checkbox"/> Yes |
| Relationship to you                       |  | <input type="checkbox"/> No  | <input type="checkbox"/> M |   |                          | <input type="checkbox"/> No  | <input type="checkbox"/> A | <input type="checkbox"/> 2 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   | <input type="checkbox"/> Yes |
|   |  |                              |                            |   |                          | USCIS #                      | <input type="checkbox"/> B | <input type="checkbox"/> 3 | <input type="checkbox"/> No  | School Name:   |                   | <input type="checkbox"/> No  |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 4 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 5 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 6 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 7 |                              |  |                   |                              |
| 4.  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> F |   |                          | <input type="checkbox"/> Yes |                            | <input type="checkbox"/> 1 |                              | <input type="checkbox"/> Yes                             |                   | <input type="checkbox"/> Yes |
| Relationship to you                       |  | <input type="checkbox"/> No  | <input type="checkbox"/> M |   |                          | <input type="checkbox"/> No  | <input type="checkbox"/> A | <input type="checkbox"/> 2 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   | <input type="checkbox"/> Yes |
|   |  |                              |                            |   |                          | USCIS #                      | <input type="checkbox"/> B | <input type="checkbox"/> 3 | <input type="checkbox"/> No  | School Name:   |                   | <input type="checkbox"/> No  |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 4 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 5 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 6 |                              |  |                   |                              |
|   |  |                              |                            |   |                          |                              |                            | <input type="checkbox"/> 7 |                              |  |                   |                              |

**SECTION C – ABSENT PARENT INFORMATION:** Provide the following information for each child in Section B whose mother and/or father is not in the home.

|         |        | Name, Address, Phone number | Date of Birth | Social Security Number | Race (see page 2) | Reason for Absence | Child's Legal Parent?                                       |
|---------|--------|-----------------------------|---------------|------------------------|-------------------|--------------------|---|
| Child 1 | Mother |                             |               |                        |                   |                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|         | Father |                             |               |                        |                   |                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Child 2 | Mother |                             |               |                        |                   |                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|         | Father |                             |               |                        |                   |                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Child 3 | Mother |                             |               |                        |                   |                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|         | Father |                             |               |                        |                   |                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Child 4 | Mother |                             |               |                        |                   |                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|         | Father |                             |               |                        |                   |                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

**SECTION D – GENERAL INFORMATION:** Answer the following questions about the people listed in Sections A and B who are applying for assistance.

|   |
|---|
| Is anyone in your home fleeing the law due to a felony or a probation or parole violation?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| Has anyone in your home sold or given away any property or assets in the last 3 months (food assistance purposes) or 5 years (Medicaid)?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| Has anyone in your home been convicted of a drug trafficking felony including agreeing, conspiring, combining, or confederating with another person to commit the act committed after 8/22/1996? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?  |
| Did anyone in your home quit a job in the last 60 days or is anyone on strike?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| Has anyone in your home been convicted on or after 8/22/96, of receiving food assistance, temporary cash assistance, or Medicaid in more than one state at the same time? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| Has anyone in your home received food, cash, or medical assistance from another state or source in the last 30 days?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| Is everyone a resident of the state of Florida? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, who is not?   |
| Is anyone in the household pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?<br><b>Due Date:</b> _____ <b>Number of Babies Due:</b> _____   |
| *Has anyone attended a school conference for any of the children who are ages 6-18?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ <b>When?</b> _____   |
| Is anyone in your household a sponsored noncitizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| Is anyone living in a special setting such as a homeless shelter, drug treatment center, nursing home, assisted living facility, adult family care home, mental health residential treatment facility, or other institution?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?<br><b>Facility name and Type:</b> _____ |
| Is anyone a foster child? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| Was anyone in Florida foster care at age 18 or older? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| *If you are applying for nursing home type services, do you have a child (of any age) living in your home who is blind or disabled?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ <b>What is their relationship to you?</b> _____  |
| Has anyone been determined disabled by Social Security or the State of Florida? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| *Has anyone been denied Supplemental Security Income (SSI) in the past 90 days?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ <b>When?</b> _____   |
| *Does anyone in your household need help with Medicare premiums or medical bills from the past three (3) months?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| *Does anyone who was denied for disability have a new medical condition not considered by the Social Security Administration?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?  |
| Is anyone in your household a victim of human trafficking? (Victims of human trafficking are people taken, kept, or moved by force or fraud for sexual exploitation or forced labor.) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| Have you or any member of your household been convicted of trading food assistance benefits for drugs, convicted of buying or selling food assistance benefits over \$500, or convicted of trading food assistance benefits for guns, ammunitions, or explosives?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?    |
| Does anyone in the household pay for a room (Roomer) or for room and meals (Boarder)?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?  |
| *Does anyone have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |
| *Is any child limited or prevented in any way in his or her ability to do the same things most children of the same age do?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?  |
| *Does anyone need or get special therapy, such as physical, occupational or speech therapy, or treatment or counseling for an emotional, developmental, or behavioral problem? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?  |
| *Does any child need or use more medical care, mental health, or educational services than is usual for most children of the same age?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?   |

**SECTION E – ASSETS:** Answer the following questions about the people listed in Sections A and B who are applying for assistance. If you need extra space in the following sections, please use extra pages.

Does anyone you are applying for own all or part of any assets, such as: **\*vehicles**, bank accounts, tax sheltered accounts, property, Certificates of Deposit (CDs), cash, mortgage notes, promissory notes, **\*loans**, **\*IRAs**, **\*401Ks**, bonds, **\*annuities**, stocks, real estate, life estate, trusts, **\*Keogh plans**, **\*continuing care retirement community or life care community contracts**, burial contracts/plots, prepaid funeral expenses, savings bonds or certificates, business assets, large sums of money received in last 3 months, **\*health/long-term care/life/auto insurance**, **\*HMOs**, **Medicare or Medicare supplements**, etc? **\*Include the assets/insurance of parents of minor child applicants if living in the home and assets/insurance of spouses of applicants if living in the home.**  YES  NO If yes, list below:

**\*IMPORTANT INFORMATION FOR OWNERS OF AN ANNUITY:** In accordance with Public Law 109-171, individuals (and their spouses) who are applying for or receiving Medicaid Institutional Care Program (nursing home care), Hospice, Home and Community Based Services waiver programs, or the Program of All-Inclusive Care for the Elderly must list all annuities they own. Certain annuity purchases (or other transactions) made on or after 11/01/2007, will be considered a transfer of an asset for less than fair market value unless the annuity names the State of Florida, Agency for Health Care Administration, as the first remainder beneficiary (or second remainder beneficiary after the community spouse or minor or disabled child) for the total amount of Medicaid funds paid on the Medicaid recipient's behalf.

\*DCF must determine the value of assets of Medicaid applicants and recipients of aged (65 or older), blind, or disabled individuals. Applicants and recipients must agree to allow DCF to ask for financial records from any bank, savings and loan, credit union, or other financial institution by completing the Financial Information Release, form CF-ES 2613.

| Individual | Type of Asset or Insurance | Vehicles Year, Make, Model* | Amount Owed on Vehicle/Property | Location of Asset/Insurance Bank/Company Name and Address | Account # or Insurance ID # | Amount or Value |
|------------|----------------------------|-----------------------------|---------------------------------|---|-----------------------------|-----------------|
|            |                            |                             |                                 |   |                             |                 |
|            |                            |                             |                                 |   |                             |                 |
|            |                            |                             |                                 |   |                             |                 |
|            |                            |                             |                                 |   |                             |                 |
|            |                            |                             |                                 |   |                             |                 |

|  |                        |
|--|------------------------|
| Are any of the above assets set aside to cover burial expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO   | If yes, which? Amount? |
| Has anyone closed bank accounts or other investments, added anyone to the title of an asset, given away assets or property, or liquidated assets greater than \$3,000 to buy another asset or service in the last 3 months (food assistance) or 5 years (Medicaid)? <input type="checkbox"/> YES <input type="checkbox"/> NO |                        |
| If yes, who?   |                        |
| What?  | When? Value?           |
| Are any assets jointly owned with a person that does not live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                        |
| If yes, who?   |                        |
| What?  | When? Value?           |

**YOU CAN APPLY TO REGISTER TO VOTE HERE**

If you are not registered to vote where you live now, would you like to register to vote here today? Check YES if you would like to apply to register to vote or update your voter registration information. If you check the NO box or do not check a box, you will be considered to have decided not to apply to register to vote or update your voter registration information. Checking YES, NO, or leaving this question blank, will not affect your receipt of benefits.  
 YES  NO

**NOTICE OF RIGHTS**

**Help:** If you would like help in filling out your voter registration application, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

**Benefits:** If you are applying for public assistance from this agency, applying to register, or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

**Privacy:** Your decision not to register or update your record and the location where you applied to register or update your voter registration record is confidential and may only be used for voter registration purposes.

**Formal Complaint:** If you believe someone has interfered with either your right to apply to register or to decline to register to vote, your right to privacy in deciding whether to apply to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Florida Secretary of State, Division of Elections, NVRA Administrator, R.A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399-0250. Forms for filing a complaint are available at <http://election.dos.state.fl.us/nvra/index.shtml> or call 1-850-245-6200. For complaints not related to voter registration, see **"USDA-HHS NON DISCRIMINATION STATEMENT"** on the last page of this application.  
 [Authority: National Voter Registration Act (42 U.S.C. 1973 gg); ss. 97.023, 97.058 and 97.0585, F.S.]

**SECTION F – INCOME:** Answer the following questions about the people listed in Sections A and B who are applying for assistance.

Does anyone that you are applying for receive any type of income, such as: wages, tips, self-employment, Social Security/Railroad Retirement or Disability, SSI, other disability, VA income, pension, Civil Service, unemployment, child support, alimony, dividends, interest, stipend, money from another person, annuity, rent, workers' compensation, estate/trust, public assistance, grants, scholarships, student loans, reparations payments, training allowances, etc? (Include the income of parents living at home with minor child applicants and income of spouses and dependents of applicants if living in the home.)  YES  NO **If yes, list below:**

| Individual | Type of Income | Name of Employer or Source of Income | Phone Number of Employer | Monthly Amount Before Deductions | How Often Received (weekly/biweekly/monthly) | Pay Day on What Day of the Week | Weekly # of Work Hours |
|------------|----------------|--------------------------------------|--------------------------|----------------------------------|--|---------------------------------|------------------------|
|            |                |                                      |                          |                                  |  |                                 |                        |
|            |                |                                      |                          |                                  |  |                                 |                        |
|            |                |                                      |                          |                                  |  |                                 |                        |
|            |                |                                      |                          |                                  |  |                                 |                        |
|            |                |                                      |                          |                                  |  |                                 |                        |

Has anyone's income in the household ended or had their work hours reduced in the last 60 days or the past year?  YES  NO  
**If yes, who? When? Source?**

Will anyone in your household receive additional income from the source that ended?  YES  NO **Gross amount (before deductions received in this month only? \$**  
**If yes, who? When?**

Does anyone have a pending application for Social Security or Unemployment Compensation benefits?  YES  NO  
**If yes, who? Which Benefit?**

Have deposits been made to Income or Miller Type Trusts in any of the past 3 months?  YES  NO **If yes, whose trust? Date(s) and amount of deposit(s)?**

If self-employed, what is the type of work? Monthly net income amount (profits after paying business expenses):  
 \$

\*Do you plan to file a federal income tax return NEXT YEAR?  YES  NO **If yes, answer the questions below:**  
 \*Will you file jointly with your spouse?  YES  NO **If yes, what is your spouse's name?**  
 \*Will you claim any dependents on your tax return?  YES  NO **If yes, list the names of dependents:**  
 \*Will someone else claim you as a dependent on their tax return?  YES  NO **If yes, what is the name of the tax filer? How are you related to this tax filer?**

\*Is anyone listed on this application offered health coverage from a job?  YES  NO **If yes, who?**

\*Who can we contact about employee health coverage at this job?

\*Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?  YES  NO

\*Does the employer offer a health plan that meets the minimum value standard?  YES  NO [An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986.]

\*For the lowest-cost plan that meets the minimum value standard offered to the employee (don't include family plans): If the employer has wellness programs, provide the premium the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and did not receive another discount based on wellness programs. How much would the employee have to pay in premiums for this plan? \$  
**How often?**  Weekly  Biweekly  Monthly  Quarterly  Yearly

\*What change will the employer make for the new plan year?  Employer won't offer health coverage  Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard. How much will the employee have to pay in premiums for that plan? \$  
**How often?**  Weekly  Biweekly  Monthly  Quarterly  Yearly **Date of change?**

**SECTION G – EXPENSES:** Answer the following questions about the people listed in Sections A and B who are applying for assistance.

Is anyone that you are applying for required to pay expenses, such as: rent, mortgage, property tax, homeowner's insurance, condo/maintenance fees, gas, electric, fuel, LIHEAP, medical bills such as but not limited to: prescriptions, glasses, transportation, doctor visits, dental, health aides, hospitalization, nursing home bills, or insurance or Medicare premiums not covered by insurance or another third party, telephone, child or adult care, or court ordered child support for a child not in your household? Include the expenses of parents of minor child applicants if living in the home and expenses of spouse of applicants if the spouse is living at home.  YES  NO **If yes, list below:**

Failure to report and/or verify any of the listed expenses will be considered as a statement by the household that they do not want to receive a deduction for the unreported expense.

| Type of Expense | Who is Obligated To Pay This Expense | If a Medical Expense, Who Received the Medical Service? | Monthly Amount | Paid to Whom | Date Paid | Still Owed?   | For Court Ordered Child Support Only, Name of Child for Whom Support is Paid |
|-----------------|--------------------------------------|---|----------------|--------------|-----------|---|--|
|                 |                                      |   |                |              |           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                 |                                      |   |                |              |           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                 |                                      |   |                |              |           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                 |                                      |   |                |              |           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                 |                                      |   |                |              |           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |

How do you heat or cool your home?

Does anyone help you pay expenses?  YES  NO **If yes, who?**

If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower. You should not include a cost you already considered in your answer to net self-employment. Check all that apply, give the amount, and how often you pay it.

Alimony paid \$ ..... **How often?**

Student loan interest \$ ..... **How often?**

Other deductions, Type: ..... **How often?**

**SECTION H – YOUR FAMILY'S HEALTH COVERAGE:** Answer the questions for anyone who needs health coverage.

\*Is anyone enrolled in health coverage now from any of the following?  YES  NO **If yes, write their name(s) next to the coverage they have.**

|   |  |
|---|--|
| <input type="checkbox"/> Medicaid: _____  | <input type="checkbox"/> Florida KidCare: _____  |
| <input type="checkbox"/> Medicare: _____  | <input type="checkbox"/> TRICARE: _____<br>(for TRICARE, do not check if you have direct care or Line of Duty) |
| <input type="checkbox"/> VA health programs: _____                                      | <input type="checkbox"/> Peace Corps: _____  |
| <input type="checkbox"/> Employer insurance: _____                                      | <input type="checkbox"/> Other: _____  |
| Name of Insurance: _____  | Name of Health Insurance: _____  |
| Name of person insured: _____   | Name of person insured: _____  |
| Policy number: _____  | Policy number: _____   |
| Is this COBRA coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO        | Is this a limited-benefit plan (like school accident policy)?  |
| Is this a retiree health plan? <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO   |

\*Has anyone voluntarily canceled health insurance for children in the last two months for any of these reasons?

|   |   |
|---|---|
| <input type="checkbox"/> The cost of an applicant child's health insurance is more than 5% of your family's income. | <input type="checkbox"/> The employer providing the applicant child's coverage canceled the coverage.   |
| <input type="checkbox"/> Domestic violence led to the loss of coverage for an applicant child.                      | <input type="checkbox"/> The applicant child's coverage ended because the child reached the maximum lifetime coverage limit or an annual benefit limit.     |
| <input type="checkbox"/> Parent lost a job that provided employer-sponsored coverage for an applicant child.        | <input type="checkbox"/> An applicant child has a medical condition that, without medical care, would cause serious disability, loss of function, or death. |
| <input type="checkbox"/> The coverage does not cover the applicant child's health care needs.                       | <input type="checkbox"/> The applicant child's parent canceled COBRA coverage or the COBRA coverage reached its legal limit.                                |
| <input type="checkbox"/> Parent who had the health coverage for an applicant child is deceased.                     | <input type="checkbox"/> A non-custodial parent dropped the applicant child's coverage.   |

**YOU MAY BE ELIGIBLE FOR REDUCED TELEPHONE RATES**

Check YES if you would like DCF to release your Name, SSN, Phone Number, and the fact that you receive food assistance, Temporary Cash Assistance, or Medicaid to the local telephone company so you may receive a reduced telephone rate through the Lifeline Program.  YES  NO

**SECTION I – AMERICAN INDIAN OR ALASKA NATIVE FAMILY MEMBER:** Complete this section if you or a family member are American Indian or Alaska Native.

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible. If you have more people to include, make a copy of this page and attach.

| Name<br>First, Middle, Last | Member of a<br>Federally recognized tribe                                       | Has this person ever received a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? |  |
|-----------------------------|---|--|--|
|                             | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, tribe name: | <input type="checkbox"/> YES <input type="checkbox"/> NO   | If no, is this person eligible to get services from one of these programs?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                             | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, tribe name: | <input type="checkbox"/> YES <input type="checkbox"/> NO   | If no, is this person eligible to get services from one of these programs?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                             | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, tribe name: | <input type="checkbox"/> YES <input type="checkbox"/> NO   | If no, is this person eligible to get services from one of these programs?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                             | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, tribe name: | <input type="checkbox"/> YES <input type="checkbox"/> NO   | If no, is this person eligible to get services from one of these programs?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

\*Certain money received may not be counted for Medicaid or the Children’s Health Insurance Program (CHIP). List any income reported on your application that includes money from these sources:

Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties?  YES  NO  
If yes, who? Amount: \$

Payments from natural resources, farming, ranching, fishing, leases, or royalties from land by the Department of Interior (including reservations and former reservations)?  YES  NO  
If yes, who? Amount: \$

Money from selling things that have cultural significance?  YES  NO  
If yes, who? Amount: \$

**AUTHORIZED REPRESENTATIVE**

You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an “authorized representative”. If you are a legally appointed representative for someone on this application, submit proof with the application. By entering the information on page 1, you allow this person to sign your application, get official information about this application, and act for you on all future matters with this agency.

**FOR CERTIFIED APPLICATION COUNSELORS, NAVIGATOR, AGENTS, AND BROKERS ONLY:** Complete this section if you are a certified application counselor, navigator, agent, or broker filling out this application for somebody else.

Application start date (mm/dd/yyyy): \_\_\_\_\_

Name: First, Middle, Last: \_\_\_\_\_

Organization Name and ID number (if applicable): \_\_\_\_\_

**SIGNING THIS APPLICATION:** By signing this application you are confirming and attesting that:

- \*No one applying for health insurance on this application is incarcerated.
- \*The information provided on this application establishes the identity of children under age 16.
- You have read and understand your rights and responsibilities.
- \*You are giving the Medicaid agency rights to pursue and get any money from other health insurance, legal settlements, or other third parties. You are also giving the Medicaid agency rights to pursue and get medical support from a spouse or parent.
- \*You know this information will be used to check your eligibility for help paying for health coverage if you choose to apply. We will check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, Department of Homeland Security, and/or a consumer reporting agency.

## FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES NON-DISCRIMINATION STATEMENT

No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department. To file a complaint, alleging violations of this policy, contact the Office of Civil Rights, Florida Department of Children and Families, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700 or call 1-850-487-1901, or TDD 1-850-922-9220.

## USDA-HHS NON-DISCRIMINATION STATEMENT

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm). To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.



# YOUR RIGHTS AND RESPONSIBILITIES

## YOU HAVE THE RIGHT TO:

- Apply for help and to have your eligibility decided without us looking at your race, color, sex, age, disability, religion, national origin (place of birth), or political belief. If you have a disability that limits you in any way, please tell us so we can make accommodations to assist you. The Department of Children and Families (DCF) is an equal opportunity provider.
- This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm). To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.
- Apply for help on-line through our web application. Or you can turn in a paper application at a local service center or a community partner, or you can mail or fax it. You can turn in an incomplete application (either web or paper), as long as it has your name and address on it, and is signed by you, or another responsible member of your household, or someone acting for you as your authorized or designated representative.
- Be interviewed and notified of your eligibility within 30 days from when you turned in a signed application (90 days for Medicaid if your disability is considered in deciding your eligibility).
- Have DCF staff, or someone else, help you fill out forms. Let us know if you need help getting information we need.
- Receive, or have someone receive for you, the benefits for which you are eligible and be notified quickly of any action we take on your application or any change we make in your benefits.
- Be told about other programs we have that might help you or your family.
- Ask for a hearing before a state hearings officer. You can bring with you or be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the Customer Call Center or coming into the office within 90 days from the mailing date of your notice of case action. If you ask for a hearing by the end of the last day of the month prior to the effective date of the adverse action, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits continued if the hearing decision is not in your favor. If you need information about how to receive free legal advice, you can call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for a listing of free legal agencies in your area.
- Have the information received by us about you or the people in your household protected as required by federal and state laws.
- Name the adult parent of children or someone acting in the role of parent as the payee (the person who will receive your food assistance benefits). If there are no children in your assistance group, then the payee must be the person who earns the most money.

## YOU HAVE THE RESPONSIBILITY TO:

**(NOTE: You have these same responsibilities if you are applying on behalf of someone else.)**

- Give us complete and correct proof of requested information, within the time limits given to you, to determine if you are eligible for help.
- Use your temporary cash assistance benefits to the best benefit of the children in the assistance group. Florida law says that anyone who uses the money given for the support of a child or children for some other reason can be fined, sent to jail, or both.
- Declare the U.S. citizenship or noncitizen status of your household members, who are applying for help, by signing the application for assistance. You must provide proof of noncitizen status, from the United States Citizenship and Immigration Services (USCIS), for all persons who are not U. S. citizens for whom you are requesting help. We may ask USCIS to confirm this information. Information received from USCIS may affect your eligibility and amount of benefits. Proof of USCIS status is not required for individuals for whom you are not asking help.
- Apply for benefits from other sources if this application, or information received by us, shows that you might be eligible for those benefits. (This does not apply to the Food Assistance Program.)
- Assign your rights to child support to the state and cooperate with Child Support Enforcement (CSE) in establishing paternity and obtaining support from an absent parent of the children who are in your care, unless you can show CSE good cause for not doing so. (For the Temporary Cash Assistance Program, you must assign your rights to the state. Assigning rights to the state does not apply to the Food Assistance Program.)

- Report any insurance or other health plan which may pay medical costs for you or a member of your household for whom you are asking help. You must also assign the state your rights to any payments from insurance or other health plans, unless you can show us good cause for not doing so. (This applies to anyone asking for or receiving help from the Temporary Cash Assistance, Refugee Assistance or Medicaid Programs.)
- Participate in the work activities of the Food Assistance, Temporary Cash Assistance and Refugee Assistance Employment and Training Programs. This includes registering for employment, unless we have told you that you don't have to do so.
- Report to us, within 5 calendar days, if a child in your family is expected to be out of the home for 30 days or more. (This applies to the Temporary Cash Assistance Program only). Report to us, any change in your situation according to program requirements.
- If your household only receives food assistance, report when your household's gross monthly income goes higher than the 130% gross income limit for your household size by the 10<sup>th</sup> day of the month after the month of the change. If your household receives Temporary Cash Assistance and/or Medicaid (with or without food assistance), you must report changes within 10 days, including any change in the household living and/or mailing address. Report any change in the household email address for contact purposes.
- For food assistance, an able-bodied adult without dependents is ages 18 through 49; physically or mentally fit for employment; does not live and eat with a child under age 18; is not pregnant; and is not exempt from food assistance general employment program work requirements. Able-Bodied Adults Without Dependents must report when their hours of work fall below 20 hours per week averaged to 80 hours per month.
- Make sure that your school age child (ages 6 through 17) attends school. If your child is identified as truant or a drop out, that child may be removed from your Temporary Cash Assistance and your cash benefit amount lowered, unless you can show that the child has good cause for missing school. (This applies to the Temporary Cash Assistance Program only.)
- Have a conference with a school official for each school age child (ages 6 through 17) during each semester to talk about the child's schoolwork progress or problems at school. If you fail to have this conference, you may be removed from the Temporary Cash Assistance and your cash benefit amount lowered, unless you can show that you have good cause for not having the conference. (This applies to the Temporary Cash Assistance Program only.)
- Have your preschool age children's (ages 0 through 4) immunizations up-to-date. (This applies to the Temporary Cash Assistance Program only.)
- Cooperate with state and federal officials when they review your case and answer their questions if you are able.
- Repay the Department of Children and Families for any benefits received for which you are not eligible. The amount owed can be subtracted from your monthly cash assistance payments or food assistance benefits until the entire amount is paid back. If a Medicaid overpayment occurs, you will have to personally repay the amount.
- Give us the Social Security Number (SSN), or apply for a SSN, for all household members for whom you're asking help. This applies to the Food Assistance, Temporary Cash Assistance, and Medicaid programs. You do not have to apply for or give us a SSN for any household members for whom help is not being requested. However, you may have to give us income and asset information about those individuals for us to determine the eligibility of other household members for whom help is requested.

#### **THE DEPARTMENT OF CHILDREN AND FAMILIES HAS THE RIGHT TO:**

- Contact anyone necessary to decide your eligibility for help or any other person for whom you are applying or receiving help.
- Use computer matches with other agencies to confirm the amount of income and assets available to you and the individuals for whom you're applying or receiving help. Your benefit amount may be changed based on this information.
- Apply a 48 month limit on the number of months families can receive temporary cash assistance benefits. This limit applies to families with at least one eligible adult, unless he or she qualifies for an exemption or is granted a hardship extension by the Regional Workforce Board.

#### **THE AGENCY FOR HEALTH CARE ADMINISTRATION HAS THE RIGHT TO:**

- Release medical and Medicaid benefit information to insurance companies or other health plan carriers making medical payments so that they can bill for health care services received by members of the Medicaid assistance group. (This does not apply to the Food Assistance or Temporary Cash Assistance Programs.)
- Get payment for medical expenses from sources other than Medicaid, such as insurance companies or other health plan carriers. (This does not apply to the Food Assistance or Temporary Cash Assistance programs.)
- Collect and review copies of medical and financial information about health care costs paid by Medicaid.
- Be repaid for Medicaid payments made for a person who is receiving money from a judgment, award, settlement, insurance or some other legally responsible source. The person, the person's attorney or the person's insurance company must tell AHCA about all possible payments from any of these sources.
- File a claim against a deceased Medicaid recipient's estate for repayment of the Medicaid debt. Receiving Medicaid benefits, by a person age 55 or older, creates a debt to AHCA for the amount of Medicaid payments made before the person's death. The person representing the estate must tell AHCA's Estate Recovery Unit, when the process begins for approval of the will by the court. (This does not apply to Medicare Savings Programs.)

#### **FLORIDA FRAUD LAW INFORMATION**

Any person (including the designated or authorized representative) who knowingly does not tell the truth, hides information, pretends to be someone else, does not give all the information needed about themselves, the person(s) they are applying for, or other people in their home, or does anything else unlawful in order to get state or federal public assistance benefits is guilty of a crime and will be punished as state or federal law allows. Further, any person (including the designated or authorized representative) who knowingly does not report a change in circumstances in order to continue to receive such aid or benefits which they should not get, or more benefits than they should get, is guilty of a crime and will be punished as state or federal law allows. Any person who purposely helps another person to do any of the above acts is guilty of a crime, and will be punished as federal and state law allows. This information is located in Section 414.39, Florida Statutes. You can get more information about this law in the local public assistance office or on the Internet.



# Florida Department of Children and Families

## NOTICE OF PRIVACY PRACTICES

Office of Civil Rights  
HIPAA Privacy Officer  
1317 Winewood Blvd., Bldg, 1, Room 110  
Tallahassee, FL 32399-0700  
Phone: (850) 487-1901 FAX: (850) 921-8470  
Website: [www.myfloridafamilies.com/hipaa](http://www.myfloridafamilies.com/hipaa)

### Your Information.

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

### Your Rights.

This Notice applies to the Department of Children and Families, their Business Associates and Subcontractors.

### Our Responsibilities.

**-PLEASE REVIEW IT CAREFULLY-**

### Your Rights

#### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Choose someone to act for you
- Receive breach notifications
- Get a list of those with whom we've shared your information
- Get a copy of this Privacy Notice
- File a complaint if you believe your Privacy Rights have been violated

➡ See page 2 & 3 for more information on these rights and how to exercise them.

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a directory (if applicable)
- Provide mental health care
- Market our service and sell your information
- Raise Funds

➡ See page 3 for more information on these choices and how to exercise them.

### Our Uses and Disclosures

#### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for services
- Work with our contracted Business Associates and subcontractors
- Help with public health and/or public safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Respond to lawsuits and legal actions
- Work with a medical examiner or funeral director
- Address workers' compensation, health oversight agencies, law enforcement, and other government requests
- Government agencies providing benefits or services

➡ See page 4 & 5 for more information on these choices and how to exercise them.

## WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) is information that would enable a person reading or hearing it to identify you individually, referred to as “individually identifiable health information”, that relates to:

- your past, present, or future physical or mental health or condition;
- the provision of health care to you;
- the past, present, or future payment for the provision of health care or services to you; or
- your Genetic information.



### When it comes to your health information, you have certain rights.

#### Get an electronic or paper copy of your medical record

- You, or your designee, can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Your request must be in writing to the program office or service provider that maintains your records.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We are not required to allow you to see or copy psychotherapy notes, information prepared for use in legal actions or proceedings, or where access is prohibited by law.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing to the program office or service provider that maintains your records.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, if you are an outpatient client, you could request we contact you at your workplace or via email) or send mail to a different address. Your request must be in writing to the program office or service provider that maintains your records.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information. We are not required to agree to your request, and we may say “no” if it would affect your care.
- You can ask us **not** to share certain health information with family members. We are not required to agree to your request, and we may say “no” if it would affect your care.
- These requests must be in writing to the program office or service provider that maintains your records.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Your request must be in writing to the program office or service provider that maintains your records.
- We will make sure the person has this authority and can act for you before we take any action.

#### Receive breach notifications

- You will receive notification if there is a breach of your unsecured protected health information (PHI).

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**Get a list of those with whom we've shared information**

- You can ask for a list (Accounting of Disclosures) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. (Note: the list will not include any uses or disclosures made before April 14, 2003.) Your request must be in writing to the program office or service provider that maintains your records.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one Accounting of Disclosures a year for free but may a reasonable, cost-based fee if you ask for another one within twelve months.

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**Get a copy of this Privacy Notice**

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Please contact the office, facility or program where you receive services and we will provide you with a paper copy promptly.
- You may also view and download a copy of this Notice at:  
<http://www.myfloridafamilies.com/hipaa>.

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**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by sending a letter to the Department of Children and Families, Office of Civil Rights, HIPAA Privacy Officer, 1317 Wine-wood Boulevard, Building 1, Room 110, Tallahassee, Florida 32399-0700, calling 850-487-1901, or faxing to 850-921-8470.
- You can file a complaint with the U. S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S. W., Washington, D. C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.



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**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

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**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
-



## How do we typically use or share your health information?

We typically use or share your health information in the following ways. Please note that not all types of uses and disclosures can be described or listed in this Notice.

### Treat you

- We can use your health information and share it with other professionals who are treating you and coordinate services you may need.

*Example:* A doctor performing a clinical evaluation may talk another doctor about your overall health condition.

### Run our organization

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.

*Example:* We use health information about you to manage your treatment and services.

### Bill for your services

- We can use and share your health information to bill and get payment from health plans and other entities.

*Example:* We give information about you to your health insurance plan so it will pay for your services.

### Work with our contracted Business Associates and Subcontractors

- The Department contracts with individuals, other agencies, and businesses to carry out some of the services for which we are responsible. Examples would include community based care agencies, case management agencies, mental health treatment centers, and technology vendors.

**How else can we use or share your health information?** We are allowed or required to share your information in the course of investigations, determining eligibility, providing care, services or other benefits, and in other ways— usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers.index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers.index.html)

### Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

### Do research

- We can use or share your information for health research.

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes, with a law enforcement official, or correctional institutions
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

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**Government agencies providing benefits or services**

We can share your health information with other government agencies or programs that provide similar services or benefits to you if the release is necessary to coordinate the delivery of your services or benefits, or improves our ability to administer or manage the program.

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## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website at : [www.myfloridafamilies.com/hipaa](http://www.myfloridafamilies.com/hipaa).

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**Effective: September 22, 2013**

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### This Notice of Privacy Practices applies to the following organizations:

The Florida Department of Children and Families, their Business Associates and Subcontractors.

If you feel your privacy rights have been violated, or you disagree with a decision we made about your protected health information (PHI), you may file a complaint with the Secretary of the U. S. Department of Health and Human Services and/or the Department of Children and Families by contacting either agency at the addresses below. No retaliatory actions will be taken against you for filing a complaint.

The Department of Children and Families  
Office of Civil Rights  
HIPAA Privacy Officer  
1317 Winewood Blvd., Bldg. 1, Room 110  
Tallahassee, FL 32399-0700  
Phone: (850) 487-1901  
FAX: (850) 921-8470  
Website: [www.myfloridafamilies.com/hipaa](http://www.myfloridafamilies.com/hipaa)

U. S. Department of Health and Human Services  
Sam Nunn Atlanta Federal Center, Suite 16T70  
61 Forsyth Street, S. W.  
Atlanta, GA 30303-8909  
Voice Phone: (404) 562-7453  
FAX: (404) 562-7881  
TDD: (404) 562-7884

**Policy Rules Database**

|  |    |
|--|----|
| <b>Supplemental Nutrition Assistance Program (SNAP)</b>                              | 2  |
| <b>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</b> | 6  |
| <b>Medicaid and Children’s Health Insurance Program</b>                              | 8  |
| <b>The Housing Choice Voucher Program (Section 8)</b>                                | 11 |
| <b>Childcare and Development Fund (CCDF) Subsidies</b>                               | 13 |
| <b>Appendix A. List of Abbreviations Used in the PRD</b> .....                       | 15 |
| <b>Appendix B: Using the PRD and the ACS to Estimate Eligibility</b> .....           | 18 |

## Supplemental Nutrition Assistance Program (SNAP)

### *Eligibility Determination*

Eligibility rules for SNAP are set nationally, but states can override some of these rules under the broad-based categorical eligibility (BBCE) provisions.

#### Federal rules

To be eligible for SNAP, families must satisfy the gross income test, asset test, and net income test. As of fiscal year 2023, the federal gross income eligibility threshold is set at 130 percent of the FPL, and the asset limit is set at \$2,750. For households with an elderly or disabled household member, the federal asset limit is \$4,250. SNAP rules define “elderly” as being over 60 years old or older and define “disabled” as someone who receives at least one of several federally run benefit programs, including SSI, SSDI, or RSDI, or permanently or totally disabled veterans and their families. The federal *net income limit* for SNAP is 100 percent of the FPL. *Net income* is defined as total gross countable income minus certain deductions.

Two types of work requirements are imposed on SNAP recipients: general work requirements and the Able-Bodied Adult without Dependents (ABAWD) work requirements.

#### State’s ability to Adjust SNAP Rules

The federal program rules do not apply in all states as states have some discretion to change net income tests, gross income tests, asset tests, and for adjustments to utility and medical expense deductions.

Broad Based Categorical Eligibility (BBCE) is a policy that allows states to consider cost of living, wages, and other local economic conditions when setting gross income eligibility limits and asset eligibility limits.<sup>1</sup> BBCE laws can reduce the administrative cost of SNAP by removing the need to verify assets, costs which States are partially responsible for. Under BBCE, states set higher gross income limits, remove net income tests, and increase, modify, or remove asset limits for some or all households (we call these states “BBCE states”).<sup>2</sup> The impact of BBCE rules also vary by whether the household has

<sup>1</sup> Households are made categorically eligible through receiving or being authorized to receive a minimal TANF-or MOE-funded benefit or service, which has typically included such services as being given a brochure or being referred to a social services “800” telephone number. Recalling the USDA regulation, the brochure or telephone number must be funded with TANF or MOE dollars and thus must be directed at a TANF purpose.

<sup>2</sup> See 7 CFR 273.9(a), “Households which are categorically eligible as defined in § 273.2(j)(2) or 273.2(j)(4) do not have to meet either the gross or net income eligibility standards.” The referenced sections of federal law – 7 CFR 273.2(j)(2) and 7 CFR 273.2(j)(4) – describe the conditions for which broad-based categorical eligibility can be established by states, including that the pathway to these programs can only be through TANF MOE-funded programs (e.g. state-funded brochure distribution) limited to households with gross income below 200 percent of the federal poverty level, or lower based on state discretion, based on income definitions within the section of this law that describes SNAP benefits. Combined, what this means is that households can achieve categorical eligibility for SNAP as long as they are eligible for state-funded (TANF Maintenance of Effort, or MOE) program that is bound by a gross income limit no higher than 200 percent FPL. Households qualify through a state-funded TANF program, but with income definitions based on SNAP rules. Each state’s de jure gross income limit is therefore tied to the TANF MOE program, not the SNAP program, even though, in effect, this raises the SNAP gross income limit to a state-established limit between 130% and 200% FPL for nearly all SNAP applicants. (The gross income limit cannot be below the limit for non-categorical eligibility, which is 130% FPL.) As broad-based categorical eligibility (BBCE) thus removes the de jure net income limit, the de facto limit in BBCE states remain 3¼ times the maximum SNAP benefits per family size, as 30% of net income is subtracted from these maximums to determine SNAP benefits. Several sources such as [https://www.mathematica.org/~media/publications/pdfs/nutrition/snap\\_categorical\\_eligibility.pdf](https://www.mathematica.org/~media/publications/pdfs/nutrition/snap_categorical_eligibility.pdf) and <https://www.snapscreener.com/?p=table> describe “net income limits” as therefore tied to the maximum SNAP benefit amounts.

elderly or disabled members (“ED HH”) or not (“non-ED HH”) and among ED HH, whether their income is under 200% of the FPL or not.

### ***List of Inputs***

The required family-level information for determining eligibility modeled in the PRD are:

- State identifiers -name of the state or FIPS code of the state
- The size of the family can take on values between 1 and 8.
- Annual utility spending of the family after any subsidies.
- Annual rent of the family after any subsidies.
- Annual out-of-pocket childcare costs after subsidies
- Annual countable income of the family
- Total countable assets of the family
- Gift income
- Year of fiscal rules

### ***Implementation-Specific Assumptions***

- The PRD assumes that the individual who is applying for SNAP and all family members meet work requirements (when applicable) for ABAWDs.
- The PRD assumes that utility expenses other than heating and cooling costs have no tangible effect on the total amount of SNAP benefits received (that is, we are not incorporating the limited or basic standard utility allowances, or SUAs).

### ***Limitations***

- The PRD assumes that everyone in the household is a part of the same SNAP assistance unit. However, per federal rules, “[i]f a person is 60 years of age or older and unable to purchase and prepare meals separately because of a permanent disability, the person and the person's spouse may be a separate SNAP household if the others they live with do not have very much income (no more than 165 percent of the poverty level).” As the PRD (for now) assumes that each adult household member contributes equally to basic family expenses, we are not including this rule in the current iteration of analysis.
- Every possible type of countable income is not listed in the PRD due to limitations on the amount of information is possible to collect and include in calculations. See <https://www.law.cornell.edu/cfr/text/7/273.9>, section b) for a precise definition of what income is countable and what is not.

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Several states have also retained the SNAP net income limit at 100% FPL as part of their TANF MOE programs, as indicated in the Mathematica document. In 2014, ten BBCE states retained this limit, according to this source. As of 2022 it appears that of those 10 states, no more than seven have retained this practice. The rationale for limiting gross income limits for TANF MOE programs that are pathways to SNAP broad-based categorical eligibility was first documented at <https://www.govinfo.gov/content/pkg/FR-2000-11-21/pdf/00-29355.pdf#page=28> .

- The PRD does not incorporate SNAP work requirements and time limits. *General* work requirements apply to SNAP recipients ages 16–59 and include “registering for work, participating in SNAP Employment and Training (E&T) or workfare if assigned by state SNAP agency, taking a suitable job if offered, and not voluntarily quitting a job or reducing your work hours below 30 a week without a good reason.”<sup>3</sup> In addition to these general SNAP work requirements, many states have more stringent work requirements for ABAWDs ages 18-59. These additional work requirements can be met if ABAWDs satisfy one of the following:
  - In school or training at least half-time
  - Work part-time (80 hours a month)
  - Engaged in a workfare program

ABAWDs who do not meet these additional requirements can receive SNAP only for three months within three years.

SNAP has some exceptions to these ABAWD-specific requirements, including for those who:

- are unable to work due to a physical or mental limitation
- are pregnant
- live in a household with someone who is under 18
- are excused from the SNAP general work requirements
- live in a geographic area with a waiver on ABAWD work requirements<sup>4</sup>

ABAWDs who meet the work requirements have no time limits on their SNAP benefits. In addition, adults ages 16–59 with dependents, adults ages 16–17 without dependents, and adults ages 50–59 without dependents have no limits.

- Students enrolled at least half-time in a regular curriculum at a college or university degree program or in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalent (GED) to attend are not eligible for SNAP unless they meet one of the federal exemptions barring this group of students from receiving SNAP. (The definition of “half-time” is determined by these institutions.)

When any of the following conditions are met, students enrolled in these institutions half-time or more can receive SNAP if they satisfy other criteria for SNAP receipt.<sup>5</sup> The PRD and the CLIFF tool, as of November 2021, assume that at least one of the following conditions are met:

- They are under age 18 or older than age 50.
- They have a physical or mental disability.
- They work at least 20 hours a week in paid employment.

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<sup>3</sup> See <https://www.fns.usda.gov/snap/work-requirements>.

<sup>4</sup> A periodically updated source with the latest info on which states have waivers—and whether the waivers cover the whole state or just parts of the state—is available here: <https://www.fns.usda.gov/snap/ABAWD/waivers>.

<sup>5</sup> <https://www.fns.usda.gov/snap/students>

- They participate in a state or federally financed work study program or an on-the-job training program.
- They care for a child under the age of six, are a single parent enrolled full-time in college and taking care of a child under 12, or both (a) care for a child aged six to 11 and (b) lack the necessary childcare enabling them to attend school and work 20 hours a week or participate in work study.
- They receive TANF cash assistance.
- They are enrolled in a TANF Job Opportunities and Basic Skills (JOBS) program.
- Their assignment, placement, or self-placement in college was made through one of the following government programs supporting education and workforce advancement:
  - SNAP Employment & Training (E&T) programs.
  - State or federally funded programs that have a component equivalent to SNAP E&T programs.
  - WIOA programs
  - Trade Adjustment Assistance Programs under Section 236 of the Trade Act of 1974
- COVID-19 temporary adjustments are in effect and students either (a) are eligible to participate in state or federally financed work study during the regular school year, as determined by the institution they attend, or (b) have applied for financial aid and have been determined to have an Expected Family Contribution (EFC) of 0 in the current academic year. This temporary expansion will be in effect up through 30 days after the public health emergency is lifted.<sup>6</sup>
- The calculation of utility deductions assumes that the family is paying for heating and cooling separately from rent. Therefore, the calculations do not account for basic/limited utility allowances that can be granted to households who pay at least some of their utilities separately from rent. Examples of the variety of state approaches to additional SUAs beyond heating and cooling include those listed here:
  - [http://services.dpw.state.pa.us/oimpolicymanuals/snap/560\\_Income\\_Deductions/560\\_8\\_Shelter\\_Utility\\_Deduction.htm](http://services.dpw.state.pa.us/oimpolicymanuals/snap/560_Income_Deductions/560_8_Shelter_Utility_Deduction.htm),
  - [https://dhs.maryland.gov/documents/Manuals/FSP%20\(Food%20Supplement%20Program\)%20Manual/214%20Utility%20Allowances/214-Utility-Allowances-rev-JULY-2020.pdf](https://dhs.maryland.gov/documents/Manuals/FSP%20(Food%20Supplement%20Program)%20Manual/214%20Utility%20Allowances/214-Utility-Allowances-rev-JULY-2020.pdf) (which allows additional SUAs beyond heating and cooling),
  - <https://www.dss.virginia.gov/files/division/bp/fs/manual/P10.pdf> (which allows no SUAs beyond heating and cooling), and
  - [https://eohhs.ehs.state.ma.us/DTA/PolicyOnline/BEACON5/!SSL!/WebHelp/SNAP/Expenses\\_and\\_Deductions/Household\\_Expenses/Standard\\_Utility\\_Expenses/Standard\\_Utility\\_Allowance\\_Expense\\_Introduction.htm](https://eohhs.ehs.state.ma.us/DTA/PolicyOnline/BEACON5/!SSL!/WebHelp/SNAP/Expenses_and_Deductions/Household_Expenses/Standard_Utility_Expenses/Standard_Utility_Allowance_Expense_Introduction.htm) (which allows SUAs beyond heating and cooling but does not allow SNAP recipients to claim more than one SUA).

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<sup>6</sup><https://fsapartners.ed.gov/knowledge-center/library/electronic-announcements/2021-02-23/snap-benefits-eligible-students-during-covid-19-pandemic-ea-id-general-21-11-updated-april-5-2021>

- Some cars are excluded from the asset test (for example, if they are used primarily for income-producing purposes) and some cars are subject to an equity test. We do not include these custom logics. See [http://help.workworldapp.com/wwwwebhelp/vehicles\\_food\\_stamps.htm](http://help.workworldapp.com/wwwwebhelp/vehicles_food_stamps.htm) for details.
- As described on the USDA website, the SNAP program's *general* work requirements that can apply to SNAP recipients ages 16–59 include “registering for work, participating in SNAP Employment and Training (E&T) or workfare if assigned by your state SNAP agency, taking a suitable job if offered, and not voluntarily quitting a job or reducing your work hours below 30 a week without a good reason.”<sup>7</sup> Several populations included in the PRD, including caretakers of children under six years old, are excluded from these general work requirements. Regardless, because these general SNAP work requirements do not require a set amount of work hours on the part of recipients but rather require engagement in services and not quitting a job or reducing hours—and there appears to be no state that mandates SNAP Employment and Training Program participation among non-ABAWD recipients—the PRD does not incorporate these general work requirements in SNAP.

## **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

### ***Eligibility Determination***

Pregnant, postpartum (up to six months), and breastfeeding women (up to 1 year) as well as infants and children under age five who meet the requirements described below are eligible.<sup>8</sup> In addition to meeting these requirements, a health professional or a trained health official must determine that the applicants are at “nutrition risk,” such as being anemic or underweight or having a history of difficult pregnancies. For the purposes of determining eligibility in the PRD, we assume that applicants meet these requirements, as in practice “very few incomes eligible people fail to meet at least one of the nutritional risk criteria.”<sup>9</sup>

### Income Test/Categorical Eligibility

To pass the income tests, applicants must either have gross household income at or below 185 percent of the FPL or be categorically eligible. An applicant who already receives SNAP (formerly food stamps), Medicaid, or Temporary Assistance for Needy Families cash assistance is categorically eligible for WIC, even if the program's income limit is above 185 percent of poverty. There appear to be no special federal rules in WIC for former foster youth, homeless families, or veterans.<sup>10</sup>

### Child Age Test and Time Limits

- Pregnant women throughout pregnancy and up to six weeks after the birth of the infant or end of the pregnancy

<sup>7</sup> See <https://www.fns.usda.gov/snap/work-requirements>.

<sup>8</sup> PRD calculations do not currently include the rules for pregnant populations.

<sup>9</sup> <https://www.ncbi.nlm.nih.gov/books/NBK223563/>

<sup>10</sup> [https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-C/section-246.7#p-246.7\(c\)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-C/section-246.7#p-246.7(c))

- Postpartum women up to six months after childbirth
- Women who continue to breastfeed their infants beyond six months are eligible for WIC benefits for up to a year after childbirth.
- Children may be eligible up to their fifth birthday.<sup>11</sup>

### ***List of Inputs***

The required family-level information for determining eligibility modeled in the PRD are:

- The age of each member of the household
- The size of the family can take on values between 1 and 12
- Values of other government assistance programs
- Gift income
- Current year

### ***Limitations***

- WIC benefits are not limited only to food. Participants have access to several resources, including health screening, nutrition and breastfeeding counseling, immunization screening and referral, substance abuse referral, and more. Due to difficulty estimating value, these benefits are not included in PRD calculations.
- WIC provides vouchers for specific food packages for each population. The specific food packages provided are at [www.fns.usda.gov/wic/wic-food-packages-maximum-monthly-allowances](http://www.fns.usda.gov/wic/wic-food-packages-maximum-monthly-allowances). The estimated costs of each food package is available at [fns-prod.azureedge.net/sites/default/files/resource-files/WICPC2018FoodPackage\\_0.pdf](https://prod.azureedge.net/sites/default/files/resource-files/WICPC2018FoodPackage_0.pdf). While there are no specific provisions for children or adults with disabilities in the WIC program, one of the eligibility requirements for WIC receipt is that a health professional or trained official must determine the applicant to be at “nutritional risk.” That determination influences the value of the WIC food package.<sup>12</sup> Due to difficulty with estimating which specific package participants would receive, however, the PRD includes the average value of food for children ages one to four, infants ages birth to one, and pregnant and postpartum women.
- In calculating the estimated value of WIC and duration of benefit, the PRD assumes postpartum women are breastfeeding.

### **Sources**

1. National Research Council (US) Panel to Evaluate the USDA's Methodology for Estimating Eligibility and Participation for the WIC Program; Ver Ploeg M, Betson DM, editors. Estimating

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<sup>11</sup> <https://www.benefits.gov/news/article/412>

<sup>12</sup> [https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC%20Food%20Package%20Policy%20Guidance%20Mar2018\\_508c.pdf](https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC%20Food%20Package%20Policy%20Guidance%20Mar2018_508c.pdf)

Eligibility and Participation for the WIC Program: Phase I Report. Washington (DC): National Academies Press (US); 2001. 2, Program Eligibility. Available from: [www.ncbi.nlm.nih.gov/books/NBK223563/](http://www.ncbi.nlm.nih.gov/books/NBK223563/).

2. USDA Food and Nutritional Service. Department of Agriculture. WIC Participant and Program Characteristics 2018 Food Packages and Costs Report. Available from: [www.fns.usda.gov/wic/participant-program-characteristics-2018-food-packages-costs-report](http://www.fns.usda.gov/wic/participant-program-characteristics-2018-food-packages-costs-report).

## Medicaid and Children’s Health Insurance Program

### *Eligibility Determination*

Eligibility for Medicaid and CHIP is generally based on household income. Income-eligibility thresholds vary by state and depend on whether adults have dependents. Individuals who receive SSI, a means-tested program for people who have disabling medical conditions that prevent full-time work, are also eligible for Medicaid. Additionally, former SSI recipients whose disability made them eligible for SSI but who make too much earned income to receive SSI cash assistance can be eligible for 1619(b) Medicaid, commonly called “Medicaid While Working,” if their earnings remain below state-level thresholds published annually by the federal government and if they can reasonably expect to use Medicaid coverage to pay for medical expenses in the coming year.<sup>13</sup> These thresholds are based on SSI thresholds, income deductions allowable to SSI recipients, state-level SSI supplement programs, and average Medicaid expenditures by state.<sup>14</sup> Former foster children under age 26 who have aged out of their state’s foster care system also qualify for Medicaid, in all states.<sup>15</sup>

Adults and children can get insurance through Medicaid and CHIP even if they have access to employer-sponsored health insurance.<sup>16</sup> Currently, there are no work requirements for Medicaid.<sup>17, 18</sup>

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<sup>13</sup> The “Medical Use Test” for determining 1619(b) Medicaid eligibility is described at <https://secure.ssa.gov/poms.nsf/lnx/0502302040>. The PRD assumes that a person with a disability that would qualify them for SSI except for earnings would require medical expenses covered by Medicaid, thereby enabling them to pass this test.

<sup>14</sup> See <https://www.ssa.gov/disabilityresearch/wi/1619b.htm> for an explanation of this Medicaid component. Thresholds are derived at <https://secure.ssa.gov/poms.nsf/lnx/0502302200>. Policy details are provided at <https://secure.ssa.gov/poms.nsf/lnx/0502302045>. Statutes describing this policy are available at [https://www.ssa.gov/OP\\_Home/ssact/title16b/1612.htm](https://www.ssa.gov/OP_Home/ssact/title16b/1612.htm).

<sup>15</sup> <https://www.medicaid.gov/state-resource-center/downloads/medicaid-and-chip-faqs-coverage-of-former-foster-care-children.pdf>

<sup>16</sup> This is our current conclusion based on the available information. See <https://khn.org/news/many-parents-with-job-based-coverage-still-turn-to-medicaid-chip-to-insure-kids/> as an example.

<sup>17</sup> Some states have attained or submitted waivers to implement Medicaid work requirements, which would disallow certain populations (primarily ABAWDs) from retaining Medicaid coverage without working or being in approved training/educational programs for a minimum number of hours. However, as of October 2020, all these Medicaid work requirements have (1) been blocked by a court ruling, (2) been put on hold or halted by state governments themselves, (3) not yet been implemented, or (4) been submitted to the federal government but not yet approved.

<sup>18</sup> Currently, there are no states that have an active work requirement. Monitor status updates on state work requirements at <https://www.commonwealthfund.org/publications/maps-and-interactives/status-medicaid-expansion-and-work-requirement-waivers>.

Adults

- In those states that expand Medicaid, eligibility is 138 percent of the FPL (133 percent plus 5 percentage points income disregard).
- In states that did not expand Medicaid, adults without dependents are not covered by Medicaid.
- Under Section 1931 of the Social Security Act, low-income individuals with children are eligible for Medicaid if their income is below a certain threshold.<sup>19</sup> The threshold varies by state.
- Some states have special Medicaid programs that extend Medicaid to adults to higher-income thresholds.

Children

- Eligibility limits may be different for infants under 1 and children ages 1–5 and 6–18, depending on the state.
- All states have Medicaid-funded coverage available for all children.
- Some states have CHIP-funded coverage for uninsured children with a higher eligibility threshold.
- Some states have a separate CHIP for uninsured children ages 0–18 with the highest eligibility limit.

Premium Determination

For families with incomes above 150 percent of the FPL, the amount states can charge for premiums and other cost sharing, such as copays, is capped at 5 percent of family income, due to federal rules. No state can charge premiums for Medicaid coverage for families whose income (as determined by Medicaid rules) falls below 150 percent of the FPL, and no state charges CHIP premiums for families making less than 133 percent of the FPL. States set the premium rates based on various income levels and other characteristics. Logics for copayments and costs-sharing determination are excluded from the PRD. See the Limitations section for details.

***List of Inputs***

The required family-level information for determining eligibility modeled in the PRD are:

- State identifiers -name of the state or FIPS code of the state
- The size of the family in the PRD can take on values between 1 and 12.
- Modified adjusted gross income
- Age of the individual applying
- Whether an individual applying has dependents (tax dependent) or not
- The estimated per-person cost of the Medicaid program

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<sup>19</sup> [https://www.ssa.gov/OP\\_Home/ssact/title19/1931.htm](https://www.ssa.gov/OP_Home/ssact/title19/1931.htm).

## Medically Needy Medicaid Program

This program is also known as the Medicaid “buy-in” or “spend-down” program. A Medicaid spend down is a financial strategy used when an individual's income is too high to qualify for Medicaid. To be accepted into the program, some of an individual's income must be spent down to ensure that his or her income is low enough to qualify for Medicaid.<sup>20</sup> Currently, the PRD does not include this provision.

### ***Implementation-Specific Assumptions***

- For purposes of calculating MAGI, PRD assumes the household has no tax-deductible expenses or deductions.

### ***Limitations***

- Medicaid and CHIP logic for copayments and cost-sharing determination is excluded from the PRD. No state charges copayments for Medicaid or CHIP for families that have incomes under 150 percent FPL except Tennessee, which has a long-standing federal waiver that includes charges for Medicaid copayments among families with less than 133 percent of the FPL. The copayment schedules and what copayments cover vary by state. For details, see this Kaiser Family Foundation report: <https://www.kff.org/report-section/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey-premiums-and-cost-sharing/>.
- Currently, the PRD does not include the Medically Needy Medicaid program (also known as the “Medicaid buy-in” or “Medicaid spend-down” program).
- Currently, the PRD does not include state policies of excluding individuals who receive SSI or SSDI and their income from the Medicaid assistance unit.
- The 1619(b), or “Medicaid While Working,” calculations in the PRD use “charted thresholds” that the federal government has determined by using a generalized formula.<sup>21</sup> The formula includes average Medicaid expenditures by state of residence. Individuals who do not qualify for 1619(b) coverage based on these charted thresholds may nevertheless be eligible for “Medicaid While Working,” through separately determined individual thresholds. Some individuals can qualify for this coverage when their actual medical expenditures exceed average Medicaid costs in their state, when individuals require attendant care, or when individuals are able to exempt a portion of their earnings through an individualized Plan to Achieve Self-Support (PASS) account.<sup>22</sup> As the methodologies included in the PRD incorporate total Medicaid costs based on

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<sup>20</sup> See an example of Florida’s program: <https://www.myflfamilies.com/programs/access/docs/medneedybrochure.pdf>. For more information on spending down, see this Kaiser Family Foundation report: <https://www.kff.org/report-section/medicaid-financial-eligibility-for-seniors-and-people-with-disabilities-findings-from-a-50-state-survey-issue-brief/>. See Appendix table 3 of the Kaiser Foundation report for states’ eligibility requirements: <https://www.kff.org/report-section/medicaid-financial-eligibility-for-seniors-and-people-with-disabilities-findings-from-a-50-state-survey-appendix-tables/>.

<sup>21</sup> <https://secure.ssa.gov/poms.nsf/lnx/0502302200>

<sup>22</sup> <https://secure.ssa.gov/poms.nsf/lnx/0502302050>

methodologies described in the associated Cost-of-Living Database (CLD), and those total costs are also based on average individual Medicaid spending by state, we are assuming for the current iteration of the PRD that total medical costs would fall under these thresholds. We have also not yet built in the costs of attendant care or PASS accounts, although we may build these into later versions of the PRD.

## **The Housing Choice Voucher Program (Section 8)**

### ***Eligibility Determination***

Eligibility for admission into the housing voucher program is determined by HUD and based on total annual gross income and family size. To be eligible for the Housing Voucher, a family must be income-eligible in accordance with the federal law.<sup>23</sup> To be income-eligible, a family must be (1) a “very-low-income-limit” family, with income below 50 percent of the median income for the county or metropolitan area in which the family chooses to live, or (2) a “low-income-limit” family, with income below 80 percent of the median income for the county or metropolitan area where the family live. The family is “continuously assisted” under the 1937 Housing Act, meaning the family is already receiving assistance under any 1937 Housing Act program—for example, public housing—when the family is admitted to the voucher program. Once admitted to the program, the family does not undergo any further income eligibility tests. HUD publishes median income levels (to determine VLIL and LIL), which vary by location.

There are additional criteria applied in certain cases to determine the eligibility of the family at admission. See the Limitations section for details.

### ***List of Inputs***

The required family-level information for determining eligibility modeled in the PRD are:

- State identifiers -name of the state or FIPS code of the state
- County identifiers name of the state or FIPS code of the county
- Number of adults in the household
- Number of kids in the household
- Childcare costs net of all subsidies
- Annual utility spending of the family
- Annual rent of the family
- Total countable income of the household
- The family is currently on Section 8 Housing Voucher
- Disability status of family members

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<sup>23</sup> <https://www.law.cornell.edu/cfr/text/24/982.201>

### ***Implementation-Specific Assumptions***

- The PRD calculations assume that all childcare costs are “reasonable” as defined by each PHA.
- Calculations assume that the applicant is a citizen, or noncitizen who has eligible immigration status.

### ***Limitations***

- According to the law, some additional eligibility requirements may apply for certain families that PRD does not account for. For details, see <https://www.law.cornell.edu/cfr/text/24/982.201>.
- Determination of the TTP in certain cases includes welfare rent from the public agency and the PHA minimum rent. PRD does not include these provisions. For details, see [https://www.hud.gov/sites/dfiles/PIH/documents/HCV\\_Guidebook\\_Calculating\\_Rent\\_and\\_HAP\\_Payments.pdf](https://www.hud.gov/sites/dfiles/PIH/documents/HCV_Guidebook_Calculating_Rent_and_HAP_Payments.pdf).
- Only US citizens or noncitizens who have eligible immigration status are eligible for the subsidy. The law provides a definition of immigration statuses that fall under the eligible category. The PRD does not account for that. For details, see <https://www.law.cornell.edu/cfr/text/24/982.201>.
- A unified data source on the payment standard at the PHA level does not exist. For each family type and each area, the PRD approximates payment standards using FMR.
- The PRD does not account for the Small Area Fair Market Rents (SAFMRS) that are calculated at the ZIP code level and are required to be used to set Section 8 Housing Choice Voucher payment standards in areas designated by HUD. Instead, the PRD uses population-weighted average FMRs at the county level. For details about SAFMRS see <https://www.huduser.gov/portal/datasets/fmr/smallarea/index.html>.
- To assign an FMR to the family type, the PRD does not account for the HUD guideline that two children of opposite sex should occupy separate rooms.
- Childcare costs must be “reasonable,” as determined by the PHA. We do not account for these limits in calculations.<sup>24</sup>
- There are further deductions available for people 62 and over and the disabled that are not accounted for here.

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<sup>24</sup> See [https://www.hud.gov/sites/documents/DOC\\_35615.PDF](https://www.hud.gov/sites/documents/DOC_35615.PDF).

## **Childcare and Development Fund (CCDF) Subsidies**

### ***Eligibility Determination***

The CCDF subsidy is available for income-eligible working families with children under age 13 who require childcare. Depending on the state, children who are not physically or mentally capable of caring for themselves can be older than 12 to receive CCDF funding (up to age 18). Each state defines a child with special needs differently, but most require a verification of the child’s disability or special needs by a medical practitioner or Individual Education Plan (IEP). To be eligible for the CCDF subsidy, all adults in the household must either be working or enrolled in school or training.

CCDF has two income eligibility thresholds—*initial* eligibility (at entry) and *continuous* eligibility (at redetermination). Federal regulations require states to establish a continuous income eligibility threshold at or below 85 percent of the SMI for a family of a given size. States that set the initial eligibility threshold below 85 percent of the SMI must provide a graduated phaseout with two eligibility thresholds, one for initial eligibility, and another for continuous. Some states have different eligibility thresholds for families with children with special needs.

Some states have requirements on minimum hours. Each state must define “working or attending a job training and educational program” for CCDF eligibility. States often define this as a minimum number of hours per week that the parent is involved in those activities. Attendance at job training and educational programs may be assessed by the number of hours/week or by other standards, such as the total number of hours required by the educational program. The hours an individual is engaged in TANF-countable activities may count toward the eligible reasons for care under CCDF. Some states have different work requirements for families with a child with special needs or families with a parent who has special needs. Many states waive the minimum hourly work requirement for a parent with a severe disability and/or for a parent who is incapacitated or temporarily disabled.

Additionally, in certain states, CCDF eligibility requirements around work hours, assets, or income can be bypassed due to categorical eligibility rules including the family’s participation in other programs or benefit receipt such as TANF. Depending on a state, parents that are in high school, GED program, ESL program, college, or in other job-related training are categorically eligible, potentially based on what type of training or educational program they are enrolled in. In some states, high school students and college students must satisfy additional work requirements to be categorically eligible.

### ***List of Inputs***

The required family-level information for determining eligibility modeled in the PRD are:

- State identifiers -name of the state or FIPS code of the state
- County identifiers name of the county or FIPS code of the county
- Family size
- Annual countable income of the family
- Total countable assets of the family
- Value of TANF to determine categorical eligibility

- The age of each member of the household
- Unsubsidized total childcare expenses
- Disability status of each household member

### ***Limitations***

- States have different rules around categorical eligibility for parents who are in a GED program, ESL program, high school, or college. These rules are not included in the PRD.
- Some states have requirements around minimum work hours for each parent in the household. These requirements are not included in the PRD.
- The PRD assumption is that the family copayment for a part-time care is always a half of a copayment for full-time care. However, some states calculate part-time copayments based on a different assumption.

### ***Special Rules and Provisions***

#### Special State-Level Rules

##### Florida

#### State Eligibility Rules

Initial eligibility and continuous eligibility are 150 percent of the FPL and 85 percent of the SMI, respectively. Family assets must not exceed \$1,000,000. SSDI and SSI income of adults is counted, but SSI and SSDI benefits of children are not.

#### Family Copayment Determination

The family copayment fee is sliding scale dollar amount per child, with the same fee for each child. The fee is discounted for two or more children. All the oldest children get a discount.

Each of the state's 30 early learning coalitions (ELC) and the Redlands Christian Migrant Association (RCMA) develops sliding fee scales based on the most current FPL and SMI. This information is provided in each ELC's School Readiness plan or the RCMA contract and is subject to approval from the Florida Department of Education's Division of Early Learning.

Providers are not allowed to charge parents more than their private pay rate (the rate they would normally charge).

#### Countable Income

The list of countable income for Florida includes gross income, TANF, and child support.

State Payment Rates

SPRs are determined locally by ELCs and the RCMA, which are approved by the Division of Early Learning.

**List of Abbreviations Used in the PRD**

|              |   |
|--------------|---|
| AABD         | Aid to the Aged, Blind, and Disabled                    |
| Abbreviation | Definition  |
| ABAWD        | Able-Bodied Adult without Dependents                    |
| ACA          | Affordable Care Act                                     |
| AGI          | Adjusted gross income                                   |
| AIME         | Average indexed monthly earnings                        |
| AMI          | Area median income                                      |
| ARPA         | American Rescue Plan Act                                |
| BBCE         | Broad-based categorical eligibility                     |
| CCDF         | Childcare and Development Fund                          |
| CDCTC        | Child and Dependent Care Tax Credit                     |
| CDR          | Continuous disability reviews                           |
| CEP          | Community Eligibility Provision                         |
| CHIP         | Children's Health Insurance Program                     |
| CLD          | Cost-of-Living Database                                 |
| CLIFF        | <a href="#">Career Ladder Identifier and Forecaster</a> |

|        |  |
|--------|--|
| CTC    | Child Tax Credit                               |
| EITC   | Earned Income Tax Credit                       |
| ELC    | Early earning coalition                        |
| FBR    | Federal benefit rate                           |
| FFCRA  | Families First Coronavirus Relief Act          |
| FICA   | Federal Insurance Contributions Act            |
| FIPS   | Federal Information Processing Standards       |
| FMR    | Fair Market Rent                               |
| FPG    | Federal poverty guidelines                     |
| FPL    | Federal poverty level                          |
| FSD    | Family share deduction                         |
| HCSUA  | Heating and cooling standard utility allowance |
| HSA    | Healthcare Savings Account                     |
| HUD    | Department of Housing and Urban Development    |
| LIHEAP | Low-Income Home Energy Assistance Program      |
| MAGI   | Modified adjusted gross income                 |
| NCCP   | National Center for Children in Poverty        |
| NSBP   | National Student Breakfast Program             |
| NSLP   | National Student Lunch Program                 |

|        |   |
|--------|---|
| PHA    | Public housing agencies                       |
| PIA    | Primary insurance amount                      |
| PRD    | Policy Rules Database                         |
| RCMA   | Redlands Christian Migrant Association        |
| RSDI   | Retirement, Survivors, and Disability Program |
| SAFMRS | Small Area Fair Market Rents                  |
| SBP    | School Breakfast Program                      |
| SFSP   | Summer Food Service Program                   |
| SGA    | Substantial gainful activity                  |
| SMI    | State median income                           |
| SNAP   | Supplemental Nutrition Assistance Program     |
| SPR    | State payment rate                            |
| SSDI   | Social security disability income             |
| SSI    | Social security income                        |
| SSP    | State supplemental program                    |
| SUA    | Standard utility allowance                    |
| TANF   | Temporary Assistance for Needy Families       |
| TTP    | Total Tenant Payment                          |
| TWP    | Trial work period                             |

|      |   |
|------|---|
| USDA | United States Department of Agriculture                                 |
| WIC  | Special Supplemental Nutrition Program for Women, Infants, and Children |