

Economic Self Sufficiency Analysis (ESSA) Annual Report

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



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Anita Zucker Center for Excellence in Early Childhood Studies

University of Florida

- Herman T. Knopf, Ph.D.
- Maya Schreiber, MA
- Remy Pages, Ph.D.
- Dévonja Daley
- Jing Huang, MS
- Brigid Treverton

Northwestern University

- Phillip Sherlock, Ph.D.
- Courtney Blackwell, Ph.D.
- Robert Chapman

Family Data Center

University of Florida

- Yanning Wang, MS
- Jiawei Li, MS
- Erik Schmidt

Florida Division of Early Learning

Florida Department of Education

- Chancellor Matt Mears
- Katerina Maroney
- Greg Allerellie, Ed.S., FCCM
- Courtnie Wheeless, MPA, FCCM
- David Guido
- Bob Pope, MBA
- Randall Smyth, FCCM
- Linda Hockenberry
- Tamara Price
- Mervat Attalla, CPM, FCCM, FCCN
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- Reginal Williams, FCCM

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Introduction

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). The scope of the analysis, per Florida statute is:

"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.¹"

The research team is required to submit the following annual report to the DEL who will provide the report to the Florida Legislature and Governor. The results of the final analysis will be presented on the [Sunshine State Early Childhood Information Portal](#) (Sunshine Portal) which uses geospatial technology to present findings at the state and local levels. The project will conclude on June 30, 2023.

Since the ESSA legislation was signed into law June 11, 2021, the research team from the AZC has engaged in extensive collaboration with DEL to secure three party Data Sharing Agreements (DSA) for the five ESSA programs: Florida Department of Education's Division of Early Learning (DEL), Florida Department of Children and Families (DCF), Florida Agency for Healthcare Administration (AHCA), and the U.S. Department of Housing and Urban Development (HUD). As of March 31, 2022, all DSAs have been fully executed. Data have been received for SR, Medicaid, and HCV

¹ Chapter 2021-87, 2021

(**Appendix A**). As of April 28, 2022, the data to be received from DCF regarding the Supplemental Nutrition Assistance Program (SNAP) and Temporary Cash Assistance (TCA) programs are still being prepared by DCF. The AZC expects to receive those data within the next several months. Per the data sharing agreements, all service-level datasets do/will include personally identifying information to enable linkages across service sectors. This linkage enables analyses and identification of common service clusters among households receiving at least one service and variables describing service use. Codebooks for the received datasets can be found in **Appendix C**. Once all data have been received, they will be linked across programs to produce a single analytic dataset that will serve as the basis for all subsequent analyses including service combination and family-characteristics clusters. Final results of these analyses will be shared in the 2023 ESSA Annual Report, per authorizing legislation.

Eligibility Policy Report

Per HB 1349, the research team conducted an extensive review of documentation of program specific eligibility requirements, intake processes, and redetermination processes. Once the documentation review process was complete, descriptions of program policies and practices were developed and shared with program 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 the programs.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP) is a federal program provided by 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-sufficiency².” Households participating in SNAP are given an Electronic Benefit Transfer (EBT) card with benefits added monthly³. State agencies are responsible for program administration, eligibility determinations, and benefit disbursement⁴. In Florida, these responsibilities are held by DCF.

SNAP Eligibility Requirements

While most of the SNAP eligibility requirements are set at the federal level⁵, Florida has used the Broad-Based Categorical Eligibility (BBCE) option to increase the gross income threshold from 130% FPL to 200% FPL⁶. 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:

² Food and Nutrition Service, n.d.a

³ Center on Budget and Policy Priorities, June 2019

⁴ Food and Nutrition Service, n.d.b

⁵ Food and Nutrition Service, February 2022

⁶ U.S. Department of Agriculture, January 2022

- Florida resident⁷
- U.S. citizen or have a qualified noncitizen status⁷
- Social Security Number or proof of application to obtain one⁷
- Gross income at or below 200% Federal Poverty Level (FPL)⁷
 - Countable income includes wages, profits, interest income, child support, Unemployment Insurance payments, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) and TANF^{8,10}
 - Asset limits: \$2,500 (\$2,250 prior to October 2021) for households with a disqualified member; \$3,750 (\$3,250 prior to October 2021) for households with an elderly or disabled member⁷
- Net income at or below 100% FPL (gross income – deductions)⁵
 - Deductions include excess shelter, standard, 20% earned income, dependent care for work/school, Heating and Cooling Standard Utility Allowances (HCSUA)⁸

Households in which everyone is receiving Temporary Assistance for Needy Families (TANF) and/or the Supplemental Security Income (SSI) are also eligible for SNAP.

Individuals who meet at least one of the following will not be eligible for SNAP^{7,10}

- Convicted of felony drug trafficking after, October 22, 1996
- 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 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 Center⁹. An example application is included in this report as **Appendix B**. The necessary documentation for applications varies by household circumstance¹⁰. Examples of information that may be requested include:

- Social Security Number (or application for one)⁷
- Verification of identity⁷
- Earned and unearned income⁹
- Household expenses¹¹

⁷ Florida Department of Children and Families, n.d.c

⁸ Ilin and Terry, 2021

⁹ Florida Department of Children and Families, n.d.a

¹⁰ Florida Department of Children and Families written communication, April 11-26, 2022

¹¹ ACCESS Florida, n.d.

Applicants are required to 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 determination⁹.

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 pandemic¹².

SNAP Eligibility Determination and Benefit Receipt

SNAP eligibility is determined by DCF within 30 days of the application completion⁹. As an entitlement program, all individuals who apply and are determined eligible must receive the service³. 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^{9,10} between the 1st and 28th of the month^{9,10}.

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 period¹⁰.

SNAP Eligibility Recertification

To recertify eligibility, a family must submit an application and the requested verification documents. A family may be required to complete an interview 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* status¹⁰.

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 10th of the month after the month of change⁷.

COVID-19 Note: From April to August 2020, individuals who were scheduled for a required redetermination of their eligibility were provided an additional six-months in the program without redetermination¹⁰.

¹² Food and Nutrition Service, June 2021

Temporary Cash Assistance

The Temporary Cash Assistance (TCA) program provides cash assistance through EBT cards to support needy families in becoming self-sufficient¹³. 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 DCF¹⁴.

TCA Eligibility Requirements

TCA eligibility requirements are established at the federal level through 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 resident¹⁵
- U.S. citizen or have a qualified noncitizen status¹⁵
- Social Security Number or proof of application to obtain one¹⁵
- Gross household income less than 185% FPL¹³
 - Assets must not exceed \$2,000¹³
 - When vehicles are needed for work, assets must not exceed \$8,500¹³
 - Disregards¹⁰:
 - \$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 pregnancy¹⁵
- Cooperate in Child Support Enforcement, if applicable¹⁵
 - Assist in identifying, locating, and confirming paternity of parent not living in home
- Children under five are up to date on immunizations¹³
- Children ages 6-18 must attend school and parents must attend school conferences¹³
- 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 week¹⁵ (waived during COVID-19 pandemic¹⁰)

Children not residing in the same household as their parents but living with a relative, within the degree of relationship as defined by DCF¹⁴, are eligible for child-only TCA. Additionally, children who are citizens but living with family who are not citizens can receive child-only TCA¹⁰.

¹³ Florida Department of Children and Families, n.d.e

¹⁴ Florida Department of Children and Families, 2019

¹⁵ § 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 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 Center⁹. 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 determination⁹.

Applicants will only be 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 registration¹⁰.

If a household chooses to discontinue TCA benefits and at a later date 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 card¹⁰.

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 card⁹ unless they request to receive benefits via direct deposit¹⁰. Benefits begin on the date the application is approved or 30 days after date of the application, whichever is earlier¹⁵. After initial approval, benefits are loaded monthly on a specific date, between the 1st and 3rd of the month based on an applicant's case number¹⁰.

A household is eligible to receive TCA benefits for a cumulative 48 months¹⁴ unless a hardship exemption is granted (e.g., minor, responsible for disabled member)¹⁰. 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 will notify the Department of Children of Families if a child is habitually truant or has dropped out of school. DCF will determine if good cause exists for noncooperation prior to removing the child from TCA benefits¹⁰.

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 redetermination¹⁰.

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 status¹⁰.

Families must report any changes to income, household composition and address within 10 days of the change¹⁰.

Table 1. TCA State Adaptation

Federal TANF Requirement ¹⁶	Florida Adaptation
Must serve “needy” families, as defined by the state	Needy families defined by DCF as: “a. The family is determined by the department to have an income below 200 percent of the federal poverty level; b. The family meets the requirements of s. <u>414.095</u> (2) and (3) related to residence, citizenship, or eligible noncitizen status; and 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. ¹⁷ ”
State discretion in setting benefit amounts received by families	Families receive between \$95 and \$919 monthly depending on family size and shelter obligations ¹⁵
Benefits can be provided for up to a cumulative 60 months	Florida allows for up to 48 cumulative months ¹³

¹⁶ Center on Budget and Policy Priorities, March 2022

¹⁷ § 414.045, 2021

The Florida School Readiness Program

The Florida School Readiness Program (SR) 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-sufficiency¹⁸. Participating families enroll their children with SR-contracted providers and the Florida Division of Early Learning (DEL) funds a portion of the cost. The SR program is funded primarily through the Child Care and Development Fund (CCDF)¹⁹, and through a percentage of Florida’s Temporary Assistance for Needy Families (TANF) block grant, with amounts varying by year²⁰. The SR program is administered by DEL, the 30 local Early Learning Coalitions (ELCs), and the Redlands Christian Migrant Association (RCMA)²¹.

Florida School Readiness Program 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. A household must meet the following basic requirements to be eligible for SR^{22,23}:

- Florida resident²⁴
- U.S. citizen or have a qualified noncitizen status²⁴
- Have a child between ages 0-13²⁴
- 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 eligibility²⁴ (countable income includes: Gross income, TANF, child support⁸)
 - Assets cannot exceed \$1 million (Countable assets include cash, savings and checking account⁸)
 - Work, education, or permitted training for at least 20 hours/week²⁴
 - Parent has a permanent or temporary disability²³
 - Child is identified as “at risk²⁴” and referred by DCF or DCF contracted providers
 - Family is participating in the TCA program or Transitional Child Care (TCC) program, both funded by the TANF block-grant²³

¹⁸ Florida Office of Early Learning, n.d.

¹⁹ Division of Early Learning, 2021b

²⁰ Center on Budget and Policy Priorities, n.d.

²¹ Division of Early Learning, 2021a

²² School Readiness Eligibility Provisions: Fla. R. 6M-4.200, 2021

²³ R. Williams, personal communication, March 8, 2022

²⁴ § 1002.81, 2021

Florida School Readiness Program Application Process

Families apply for the program through the state's [Family Portal](#). After families complete their application, they are placed on a waiting list, if applicable, 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 to make the final eligibility determination which families have 30 days to submit²².

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)

Participating in TANF provides automatic documentation for many of the listed requirements²².

Florida School Readiness Eligibility Determination and Benefit Receipt

Since the SR program is not an entitlement program, local ELCs make eligibility determinations based on the availability of funding. Once a family is determined eligible, they are given a Payment Certificate to use at any child care provider who is contracted with DEL to serve SR families. Prior to the modernization of the DEL statewide information system in fiscal year 18/19, 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 child care services. Eligibility lengths vary by purpose for care and can be seen below.

Florida School Readiness 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 as long as 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 will no longer be eligible for

service prior to the conclusion of their 12-month eligibility. If a family loses their purpose for care, the family is given three months to reestablish a purpose for care before services are discontinued²².

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 residency²³.

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 12-months of eligibility²².

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 service²².

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)²⁵.

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 HCV²⁶:

- 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 Income²⁷: 80% local median income²⁸ that is continuously assisted (e.g., receiving other housing supports, identified in PHA administrative plan)²⁷
 - Very Low Income²⁷: 50% local median income²⁸
 - Extremely Low Income²⁷: 30% local median income²⁸ (Note: 75% of households served must be extremely low-income)²⁷
- Deductions are applied for households with dependents and/or elderly/disabled⁸.

HCV Application Process

Households submit an application to their local PHA containing information on family income, assets, and composition²⁵. 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 list²⁹.

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 eligibility²⁹.

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

²⁵ U.S. Department of Housing and Urban Development, n.d.a

²⁶ §982.1, 1995

²⁷ §982.201, 1995

²⁸ U.S. Department of Housing and Urban Development, n.d.b

²⁹ K. Tabor, personal communication, March 10, 2022

- Documentation of expenses

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 targeting changes throughout the course of the year to continue to meet this requirement and serve families of higher incomes once that target has been met²⁹.

Additionally, if confirmed eligible, the household must undergo a background screening and a confirmation that they are not included on the sex-offender registry²⁹.

HCV Eligibility Determination and Benefit Receipt

The PHA will verify 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 receive²⁵.

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 will then inspect the unit and determine if the unit meets the basic health and safety standards and if the requested rent is reasonable. The determination on reasonable cost will only affect 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 utilities²⁵. Eligibility lasts for at least 12 months³⁰.

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 landlord regarding rent payment. Additionally, PHAs may choose to conduct reexaminations at any time within those 12-months and must complete one whenever requested by a household. Reexaminations may occur in person or through the mail, depending on the local PHA, and must include³⁰:

- 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 Payment³⁰. 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 funding²⁹.

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 inflation³⁰.

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 income³⁰.

Finally, PHAs establish guidelines regarding reporting household changes related to income and household composition³⁰.

³⁰ U.S. Department of Housing and Urban Development, 2019

Medicaid

Medicaid is a joint federal and state program which provides free or low-cost health coverage to low-income families³¹. The Medicaid program is administered federally by the U.S. Centers for Medicare and Medicaid Services (CMS), and in Florida through DCF; however, Medicaid health care services are administered through the Florida Agency for Health Care Administration (AHCA).

Medicaid Eligibility Requirements

Medicaid eligibility requirements are made at both the state and federal level³⁶. Eligibility determinations are made by the Florida DCF, the Social Security Administration for SSI recipients³², and in certain cases, by approved healthcare providers/Qualified Designated Providers (QDP)^{33,10}. To be eligible for Medicaid, all individuals must meet the following:

- Florida resident³⁴
- U.S. citizen or legal noncitizen³³
- Meet specified income limits identified below

There are seven populations of children/families eligible for Medicaid, each with various income eligibility requirements^{8,34}, calculated by the Modified Adjusted Gross Income (MAGI) as required in the 2014 Affordable Care Act³⁵. All individuals are given a 5% MAGI income disregard¹⁰.

- Pregnant women (185% FPL¹⁰): eligible for the duration of pregnancy and two months postpartum³⁴
- Parents/Caretakers (31% FPL¹⁰): Consisting of relatives within specified degree of relationship as defined by DCF³⁴ to at least one dependent younger than 18-years-old living in the household³⁴
- Children ages 0-1 (200% FPL, additional 3% disregard¹⁰): Unmarried, have an annulled marriage, or are not legally emancipated³⁴
- Children ages 1-5 (133% FPL, additional 5% disregard¹⁰): Are not legally emancipated³⁴
- Children ages 6-18 (133% FPL¹⁰): Unmarried, have an annulled marriage, or are not legally emancipated³⁴
- Former foster care children (no income limit¹⁰): 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-old³⁴
- Individuals receiving Social Security Income (SSI)³⁴ (74% FPL, no 5% MAGI disregard¹⁰)

³¹ Benefits.gov, n.d.

³² Florida Department of Children and Families, n.d.b

³³ Centers for Medicare and Medicaid Services, n.d.

³⁴ Florida Department of Children and Families, n.d.

³⁵ Labor Center, March 2021

Medicaid 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 Customer Service Center or local community partner site, or mail/fax a paper copy to their local Customer Service Center⁹. Please see an example application in **Appendix B**. Applicants are not required to participate in an eligibility interview unless DCF staff need to clarify information¹⁰. If additional documentation is requested, applicants must provide this prior to their eligibility determination⁹. This documentation may include but is not limited to proof of identity, citizenship, and income¹⁰.

Individuals receiving SSI are granted automatic eligibility and do not need to submit a separate application for the Medicaid program³⁴.

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)¹⁰ and "presumptive eligibility," determinations for those actively seeking health care³⁴. Medicaid is an entitlement program – the government is required to provide services to all who apply and are eligible³⁶ 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 account³⁴. Medicaid eligibility lasts for 12 months³⁴.

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 submit an application 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 case¹⁰.

If a child is determined ineligible at the time of redetermination, Continuous Medicaid Eligibility allows for a limited extension of services. Children ages 0-4 may continue receiving services for up to 12 months from their last eligibility review. Children ages 5-19 may continue receiving services for up to 6 months^{10,34}.

³⁶ Medicaid and CHIP Payment and Access Commission, n.d.

Families must report changes that may affect eligibility within 10 days. These changes may include changes to income, number of household members, and address³⁴.

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 death¹⁰.

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 Policy Comparison

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

Population Enrolled in Service

As of March 31, 2022, the research team at the AZC had not received the data necessary to complete the analyses that describe common service combinations, family compositions, and the relation of service-use to economic mobility and self-sufficiency. In an effort to provide data that might serve as a baseline for future analyses and to provide context regarding overall service use among the programs of interest to the State of Florida, the research team at the AZC has reviewed publicly available reports of service use to share the number of children or households that have received SR, Medicaid, TCA, SNAP, and HCV services. Since these data are drawn from reports provided by the administering agencies, only the volume of children and households are reported for each discrete program.

Florida School Readiness Program (SR)

The Florida Division of Early Learning, previously the Office of Early Learning, reports the number of children served by the SR program via Annual Reports. These data describe all children, ages 0-13, who participated in the program at some point during the identified fiscal year (FY) which begins July 1 and ends June 30.

Table 3. Households Receiving SR

Fiscal Year³⁷	SR: Children, ages 0-13
2016/17	207,164 ³⁸
2017/18	201,608 ³⁹
2018/19	208,746 ⁴⁰
2019/20	221,711 ⁴¹
2020/21	209,801 ⁴²

Supplemental Nutrition Assistance Program (SNAP)

The U.S. Food and Nutrition Service, within the U.S. Department of Agriculture, reports the number of households using SNAP services each fiscal year. These data describe the total number of households, which do not necessarily include children, who participated in the program at some point during the identified fiscal year which begins October 1 and ends September 30.

³⁷ SR Fiscal Year runs July 1 – June 30

³⁸ Office of Early Learning, 2017

³⁹ Office of Early Learning, 2018

⁴⁰ Office of Early Learning, 2019

⁴¹ Office of Early Learning, 2020

⁴² Division of Early Learning, 2021

Table 4. Households Receiving SNAP

Fiscal Year⁴³	SNAP: Households⁴⁴
2016/17	1,690,926
2017/18	1,747,853
2018/19	1,429,884
2019/20	1,766,635
2020/21	1,889,946

Medicaid

The Florida Agency for Health Care Administration reports the number of children served each month on their [website](#). Our research team submitted a public records request in the hopes of acquiring annual data, to which the agency responded with annual counts of children to be included in this report. These data describe all children, ages 0-18, who participated in the Medicaid program at some point during the identified calendar year.

Temporary Assistance for Needy Families (TANF); Representing TCA

The U.S. Office of Family Assistance, within the U.S. Office of the Administration for Children and Families, reports the average number of children served each month by the TANF block grant. The TCA program is included in this grant alongside other programs (e.g., Transitional Child Care (TCC)). These data describe the average number of children, ages 0-18, funded each month by TANF at some point during the identified calendar year.

Table 5. Children Receiving Medicaid, TANF

Calendar Year	Medicaid: Children, ages 0-18⁴⁵	TANF: Avg. # children served monthly, ages 0-18
2016	2,618,425	65,624 ⁴⁶
2017	2,653,603	61,905 ⁴⁷
2018	2,601,774	56,813 ⁴⁸
2019	2,512,986	51,887 ⁴⁹
2020	2,523,529	58,198 ⁵⁰

⁴³ SNAP Fiscal Year runs October 1 – September 30

⁴⁴ Food and Nutrition Service, March 2022

⁴⁵ R. Allen, written communication, April 12, 2022

⁴⁶ Office of Family Assistance, January 2017

⁴⁷ Office of Family Assistance, September 2017

⁴⁸ Office of Family Assistance, April 2019

⁴⁹ Office of Family Assistance, August 2020

⁵⁰ Office of Family Assistance, November 2020

Housing Choice Voucher Program (HCV)

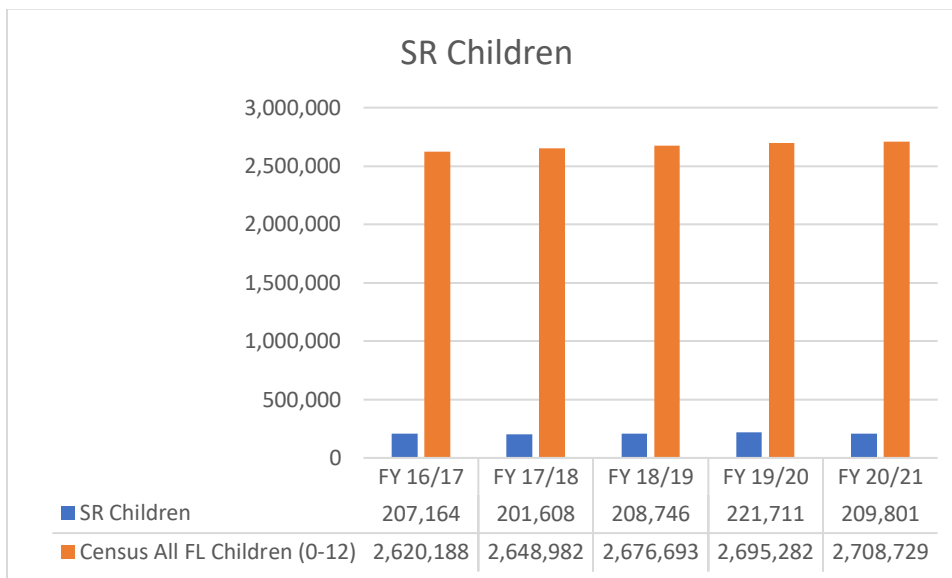
The U.S. Department of Housing and Urban Development reports the number of housing units that are a part of the HCV program. These data describe the total number of units being used throughout the identified calendar year.

Table 6. HCV Units

Calendar Year	HCV # Units ⁵¹
2016	108,250
2017	108,506
2018	111,221
2019	113,591
2020	116,459

Figures 1-3 compare the number of children or household using services to the total Florida population as reported by the U.S. Census Bureau. This is used to describe the proportion of individuals reached by each service. Results should be interpreted as rough estimates.

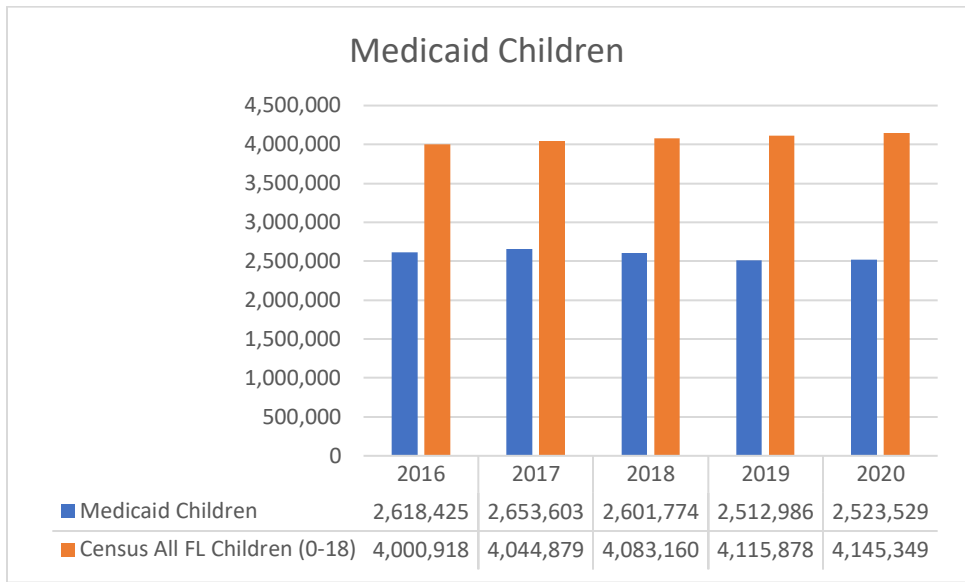
Figure 1. Proportion of Florida Children (0-12) Enrolled in SR



Source: FL OEL Annual Reports, U.S. Census, U.S. American Community Survey

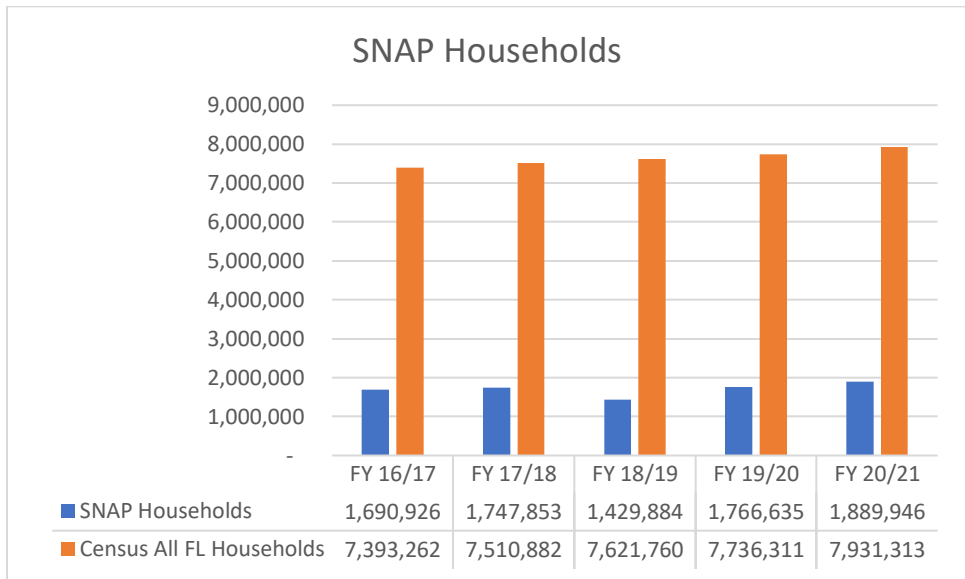
Figure 2. Proportion of Florida Children (0-18) Enrolled in Medicaid

⁵¹ Office of Policy Development and Research, n.d.



Source: FL AHCA Public Records Request, U.S. Census, U.S. American Community Survey

Figure 3. Proportion of Florida Households Enrolled in SNAP



Source: FNS reports, U.S. Census, U.S. American Community Survey

Measures of Economic Self-Sufficiency

In collaboration with partners at the Federal Reserve Bank of Atlanta (FRBA), the research team reviewed the best available measures of economic self-sufficiency to develop a definition of self-sufficiency to be used in final analyses. These measures identify the amount of income a family must make, by county and family-type, to meet their basic needs without government support. The research team will discuss these measures with DEL and other stakeholders to identify the measure that will be used to distinguish the income threshold a family must meet to be considered economically self-sufficient. There are five measures in consideration:

- Cost of Living Database (CLD), by FRBA
- Living Wage Calculator (LWC), by Massachusetts Institute of Technology (MIT)
- Self-Sufficiency Standard (SSS), by University of Washington (UW)
- Asset Limited, Income Constrained, Employed (ALICE) *Survival* Budget, by United Way
- Asset Limited, Income Constrained, Employed (ALICE) *Stability* Budget, by United Way

The ALICE Stability Budget is a slightly different measure than the remaining four. This budget does not describe the minimum income necessary to be self-sufficient but instead describes the minimum income necessary to have a more comfortable level of financial stability. It is similar to the ALICE Survival Budget methodology; however, it allows for additional funding in each of the categories for families to live more comfortably and includes an additional 10% for savings.

Comparing Economic Self-Sufficiency Measures

Table 7. Comparing ESS Measure Methodology

	CLD	MIT LWC	UW SSS	ALICE Survival
Available data	Current data only	Current data only	2002; 2007; 2018; 2021	2014; 2017; 2018; 2020
Child Care	<ul style="list-style-type: none"> County-level Variation by child age 	<ul style="list-style-type: none"> County-level No variation by child age 	<ul style="list-style-type: none"> County-level Variation by child age 	<ul style="list-style-type: none"> State-level Variation by child age
Transportation	<ul style="list-style-type: none"> County-level Accounts for availability of public transportation 	<ul style="list-style-type: none"> National-level 	<ul style="list-style-type: none"> County-level Accounts for availability of public transportation 	<ul style="list-style-type: none"> National-level
Healthcare	<ul style="list-style-type: none"> State-level Options for employer-sponsored, out-of-pocket, or health exchange⁵² 	<ul style="list-style-type: none"> Geographic region Employer-sponsored 	<ul style="list-style-type: none"> State-level Employer-sponsored 	<ul style="list-style-type: none"> State-level Employer-sponsored
Taxes	<ul style="list-style-type: none"> Federal and state income taxes Payroll taxes Federal and state EITC, CTC, CDCTC 	<ul style="list-style-type: none"> Federal and state income taxes Payroll taxes Federal EITC, CTC, CDCTC 	<ul style="list-style-type: none"> Federal and state income taxes Payroll taxes Federal EITC, CTC, CDCTC 	<ul style="list-style-type: none"> Federal and state income taxes

⁵² The CLD does include an option for Medicaid, but the research team defined economic self-sufficiency as meeting basic needs without government support, such that this health insurance option was deemed not applicable for the current analysis.

Housing	<ul style="list-style-type: none"> • Metropolitan/County-level • HUD's Fair Market Rent, 40th percentile 	<ul style="list-style-type: none"> • Metropolitan/County-level • HUD's Fair Market Rent 	<ul style="list-style-type: none"> • Metropolitan/County-level • HUD's Fair Market Rent, 40th percentile 	<ul style="list-style-type: none"> • Metropolitan/County-level • HUD's Fair Market Rent, 40th percentile
Food	<ul style="list-style-type: none"> • National-level • USDA Low-Cost Food Plan 	<ul style="list-style-type: none"> • Geographic region • USDA Low-Cost Food Plan adjusted by geographic region 	<ul style="list-style-type: none"> • Geographic region • USDA Low-Cost Food Plan adjusted by geographic region 	<ul style="list-style-type: none"> • County-level • USDA Low-Cost Food Plan adjusted by county
Miscellaneous	<ul style="list-style-type: none"> • Additional 10% of total costs 	<ul style="list-style-type: none"> • Additional household necessities 	<ul style="list-style-type: none"> • Additional 10% of total costs 	<ul style="list-style-type: none"> • Additional 10% of total costs
Additional Measures	<ul style="list-style-type: none"> • School meals 	<ul style="list-style-type: none"> • Technology 	<ul style="list-style-type: none"> • Emergency savings 	<ul style="list-style-type: none"> • Technology

To describe the functional differences between methodologies, the research team produced a comparison of the minimum income a household must earn to be economically self-sufficient as reported by each measure.

Please note that in Table 8, CLD A uses the public healthcare exchange to measure health insurance costs and CLD B uses employer-sponsored health insurance to measure costs.

Table 8. Comparison of Economic Self-Sufficiency Annual Income Requirements

Source	1 Adult/1 Child					2 Adults/2 Children				
	Hamilton	Franklin	Gilchrist	Hillsborough	Palm Beach	Hamilton	Franklin	Gilchrist	Hillsborough	Palm Beach
CLD - A ⁵³	\$34,750	\$37,781	\$41,679	\$45,938	\$53,969	\$56,113	\$59,735	\$63,469	\$68,287	\$79,460
CLD - B ⁵³	\$39,986	\$43,019	\$46,260	\$50,220	\$58,251	\$67,945	\$71,530	\$75,264	\$80,082	\$91,256
ALICE Survival ⁵⁴	\$34,980	\$40,836	\$41,136	\$46,584	\$52,152	\$57,660	\$65,184	\$67,440	\$74,268	\$83,892
UW SSS ⁵⁵	\$37,215	\$38,581	\$42,350	\$51,177	\$56,720	\$54,187	\$57,676	\$60,398	\$72,708	\$81,954
MIT LWC ⁵⁶	\$46,908	\$48,228	\$50,265	\$55,015	\$60,152	\$63,949	\$65,725	\$67,580	\$74,261	\$80,935
ALICE Stability	N/A	N/A	N/A	N/A	N/A	\$107,460	\$114,672	\$111,108	\$127,056	\$138,288

⁵³ "1 Adult/1 Child" assumes adult is age 30 and child is age 3; "2 Adults/2 Children" assumes 2 adults are age 30, 1 child (age 3), and 1 child (age 1).

⁵⁴ Children are assumed to be of "childcare" age (versus school age), and both adults are assumed to be employed.

⁵⁵ "1 Adult/1 Child" assumes the child is of preschool age; "2 Adults/2 Children" assumes 1 child is of preschool age and 1 infant.

⁵⁶ By default, "1 Adult/1 Child" assumes a "young child" (age 4) and "2 Adults/2 Child" assumes 1 "young child" (age 4) and 1 child (age 9). Both adults are assumed to be employed.

The counties listed in Table 8 were selected to show the broad range of cost-of-living estimates across the state of Florida. Given each measure has slightly different ways of calculating economic self-sufficiency and therefore different point estimates for the lowest/highest values and 25th, 50th, 75th percentiles, we selected five counties that approximate the lowest (Hamilton), 25th percentile (Franklin), 50th percentile (Gilchrist), 75th percentile (Hillsborough), and highest (Palm Beach) cost-of-living counties. To select counties, the research team first identified several counties for each family-type and measure, then identified similar results across measures. In cases where no single county was present within a category across all measures, the team selected the county that either was identified in more than one measure or the county that best approximated its designated category across all measures. For example, Gilchrist County was selected to represent the 50th percentile because it represents the 50th percentile for CLD B and was consistently close to the actual median values for the other measures (within \$156-\$6,831 of the median).

Figure 4. Cost of Living Estimates, 1 Adult / 1 Child

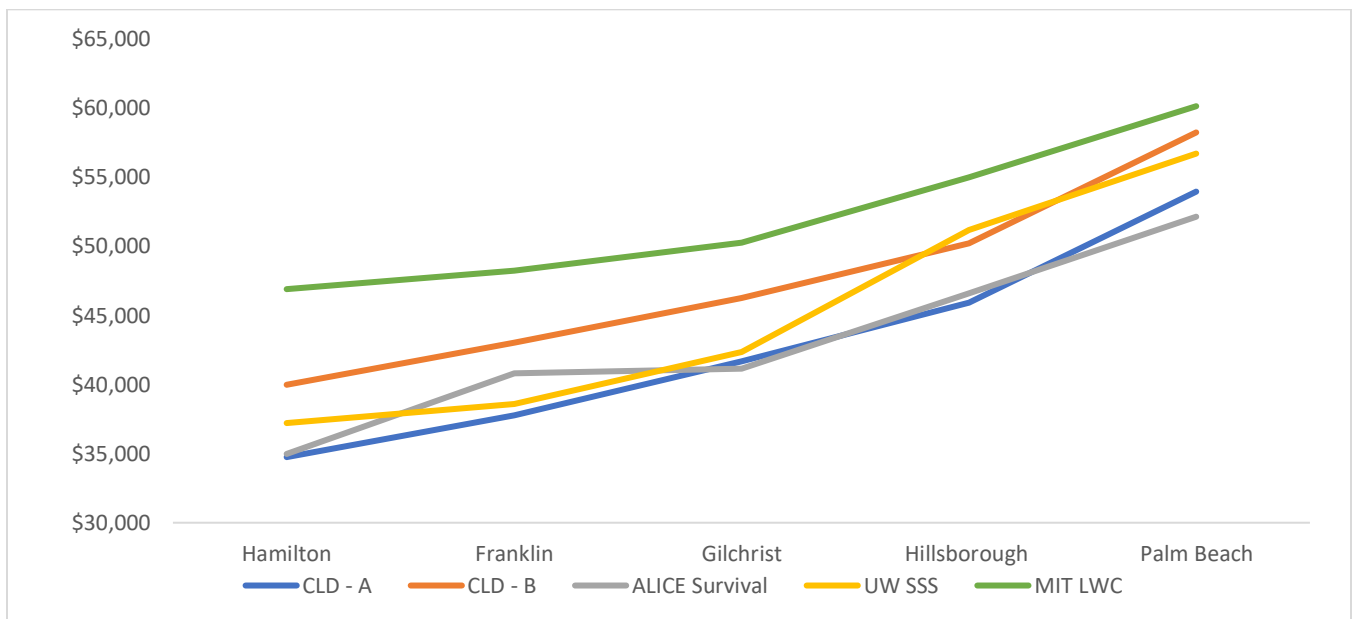
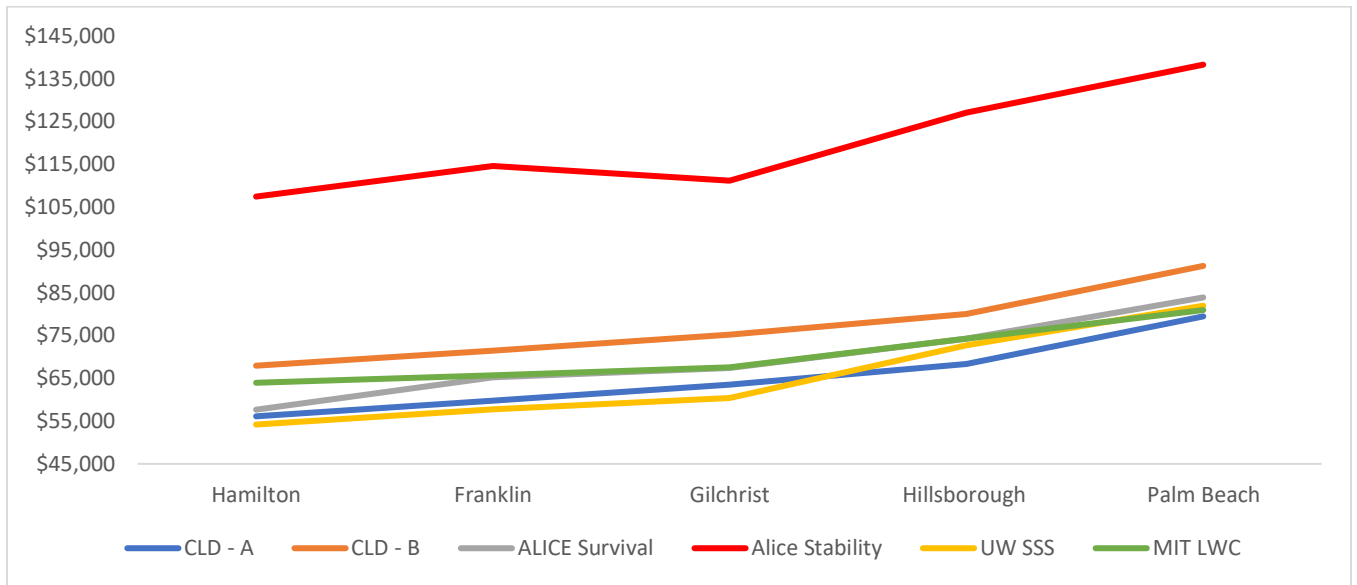


Figure 5. Cost of Living Estimates, 2 Adults / 2 Children



Selecting an Economic Self-Sufficiency Measure

After thorough review of the existing measures of economic self-sufficiency, the research team, including partners from DEL and FRBA, have concluded that four of the five measures produced comparable thresholds. In the case of households with two adults and two children, the ALICE Stability Budget threshold exceeded Florida’s statewide median income. In all situations, the ALICE Stability Budget thresholds were much greater than the other four measures. Therefore, the ALICE Stability Budget thresholds do not seem to be aligned with reasonable expectations for family budgets and should not be considered as a measure of economic self-sufficiency in Florida.

When deciding among the four remaining measures, the most important consideration is data availability. Both the CLD and MIT LWC do not provide historical data, which would require the research team to report on families’ economic self-sufficiency from 2010-2021 using 2022 thresholds. This could be highly problematic with respect to accurately identifying whether families achieved economic self-sufficiency at the time of service-use.

Additional considerations include (1) healthcare insurance (only the CLD offers the ability to calculate economic self-sufficiency for non-employer-based healthcare); (2) granularity of childcare, transportation, and food measures at the state, regional, or national levels (the ALICE Survival uses national-level information for childcare whereas the others use state-level information); and (3) additional measures (the CLD includes school meals; MIT LWC and ALICE Survival include technology costs; and UW SSS includes emergency funds). The differences among

these measures will be considered when identifying a measure specifically for the ESSA.

Preliminary Results

While awaiting necessary datasets to link individuals receiving multiple services across programs, the research team has used available SR and Medicaid data to describe program-specific service use. These analyses exemplify upcoming research that will describe program utilization in practice.

To describe how families are using services and service combinations in practice, the research team constructed measures. The four service-use measures include (1) service usage; (2) service duration; (3) service terms; (4) effective rate; (5) quality.

Key Terms

Service Usage: represents the total length of time a family/individual was enrolled in a service, excluding breaks in service (i.e., the sum of the individual term time).

Service Duration: represents the total length of time a family/individual interacted with a service, measured by the time between the first enrollment date of the first instance and the last end-of-enrollment date of the last instance. Therefore, duration is the sum of total time enrolled in a service plus the total time in between terms of service.

Service Terms: represents a single, continuous enrollment period in a service. There must be at least a 60-day period between enrollment periods to constitute two terms.

Effective Rate: represents the proportion of time a family/individual used a service (Service Usage) compared to their service duration, calculated by dividing Service Usage by Service Duration.

Gold Seal (for SR): represents the Gold Seal Quality Care Program, which was established in 1996 by the Florida Legislature, to recognize child care programs (center-based and home-based settings) that have achieved accreditation through recognized agencies, whose standards require the provision of services that exceed minimum licensing standards. Designation as a Gold Seal provider entitles the program to tax exemptions, higher reimbursement rates when serving children in the SR program, and eligibility to participate in Florida's VPK program.

Medicaid and School Readiness Results: All Children Born in Florida

The following descriptive statistics include Medicaid data from Florida's Agency for Health Care Administration (AHCA) covering the years 2012-2019, and SR data from DEL covering the years 2012-2018.

Table 9 reports the number of children who received Medicaid only, SR only, and both Medicaid and SR by birth cohort. The percentage of all Medicaid users who had also used SR services between 2012-2018 is 15%. The annual percentages of all Medicaid users that also used SR services appear to decline from 2012-2018. This difference over time could be attributed to fewer years of opportunity to use the SR program. Consistently, 49% of all SR users born between 2012 and 2018 had also received services through Medicaid. The difference between the percentage of children in Medicaid also using SR, compared with the percentage of children in SR also using Medicaid, is not evidence of a problem because Medicaid is an entitlement program and SR is not. Moreover, these differences may be a reflection of program-specific eligibility requirements and family preferences.

Table 9. Children Enrolled in Medicaid, SR, Both

Birth Year	Total Med	Total SR	Med Only	SR Only	Med & SR	% Total Med in SR	% Total SR in Med
2012	171,897	80,359	132,364	40,826	39,533	23%	49%
2013	170,575	75,621	133,382	38,428	37,193	21%	49%
2014	167,114	67,927	133,766	34,579	33,348	20%	49%
2015	161,893	56,667	134,070	28,844	27,823	17%	49%
2016	151,344	41,238	131,122	21,016	20,222	13%	49%
2017	138,943	23,208	127,568	11,833	11,375	8%	49%
2018	122,977	2,673	121,660	1,356	1,317	1%	49%
Total	1,084,743	347,693	913,932	176,882	170,811	15%	49%

Tables 10 and 11 describe the average service duration by birth cohort and program enrollment in Medicaid, SR, or both. Children receiving both Medicaid and SR have a longer average Medicaid service duration than children who only receive Medicaid. There is no distinguishable difference in SR service duration between children enrolled in both services compared to children only enrolled in SR. Notice that the average service duration across both tables decreases as the year of birth increases. Although this may seem to be problematic, it is simply an artifact of the data snapshot. Younger children (those born after 2012) have simply had fewer years of opportunity to be served by both described programs, compared to those born in 2012.

Table 10. Average Medicaid Service Duration

Birth Year	Medicaid Only (years)	Medicaid & SR (years)
2012	3.35	3.78
2013	3.10	3.50
2014	2.85	3.18
2015	2.68	2.96
2016	2.45	2.67
2017	2.16	2.31
2018	1.79	1.90

Table 11. Average SR Service Duration & Usage

Birth Year	SR Only		SR & Medicaid	
	Average Duration (years)	Average Months per year	Average Duration (years)	Average Months per year
2012	3.11	6.52	3.13	6.53
2013	3.04	6.52	3.05	6.52
2014	2.73	6.38	2.74	6.38
2015	2.35	6.04	2.35	6.04
2016	1.91	5.43	1.91	5.43
2017	1.44	4.06	1.44	4.06
2018	1	2.23	1.00	2.23

The following analyses provide a more detailed description of service duration and usage for children born in 2012 (i.e., “2012 birth cohort”). The research team conducted this analysis with the 2012 birth cohort because this was the only cohort for which we had complete data for ages 0-6.

School Readiness Program Results: 2012 Birth Cohort

There were 51,870 children from the 2012 birth cohort who used SR from 2012-2018. For these analyses, a child did not need to be born in Florida to be included. Table 12 shows that 95% of SR users have one to three terms, with the greatest number of children having one term.

Table 12. Distribution of SR Terms Across the 2012 Birth Cohort

SR Terms	Frequency	Percent of 2012 Birth Cohort
1	22,470	43.3%
2	20,073	38.7%
3	6,636	12.8%
4	1,974	3.8%
5	551	1.06%
6	129	0.25%
7+	37	0.07%
TOTAL	51,870	100%

Table 13 summarizes SR duration and usage by number of terms. Children who used SR services for one term have the shortest median duration and usage. Children with only one SR term had between two and sixteen months less than children with multiple terms. However, the effective rate (i.e., the rate of median usage to median duration) decreases as the number of terms increases. For example, the median SR users with two and three terms used SR for 51% of their total durations in the SR system. These results highlight a diminished effective rate for users with multiple SR terms.

Table 13. SR Duration and Usage Summary Table by Number of Terms

SR Terms (n; percentage)	Median Duration (months)	Median Usage (months)	Effective Rate
1 (22,470; 43.3%)	20.0	20.0	1.0
2 (20,073; 38.7%)	43.0	22.0	0.51
3 (6,636; 12.8%)	51.0	26.0	0.51
4 (1,974; 3.8%)	56.0	30.0	0.54
5 (551; 1.06%)	59.0	30.0	0.51
6 (129; 0.25%)	61.0	30.0	0.49
7+ (37; 0.07%)	64.0	36.0	0.56

Table 14 summarizes the number of providers and quality of care (Gold Seal, Non-Gold Seal) a child received by number of SR terms. There was an incremental increase in the median number of child care providers that children attended from

one to seven (and greater) terms. This table provides evidence that a break in service most often results in families changing providers. Furthermore, there is an incremental *decrease* in the median percentages of children who only attended Gold Seal providers from one to seven (and greater) terms. Two-, three-, and four-term SR children had the highest median percentages of time in Gold Seal quality care. However, the two- and three- term groups had lower prevalence of children who only attended Gold Seal quality child care, compared to one-term users.

Table 14. SR Providers and Quality Usage Summary by Number of Terms

SR Terms (n; percentage)	Median Providers Used	Median Percentage of Time in Gold Seal	Percentage in only Gold Seal	Percentage in only Non-Gold Seal
1 (22,470; 43.3%)	1.0	0.0%	20.8%	53.2%
2 (20,073; 38.7%)	2.0	25.0%	10.3%	47.9%
3 (6,636; 12.8%)	3.0	25.0%	6.6%	43.6%
4 (1,974; 3.8%)	4.0	25.0%	4.05%	37.0%
5 (551; 1.06%)	5.0	20.0%	2.90%	38.1%
6 (129; 0.25%)	5.0	14.3%	2.33%	38.8%
7+ (37; 0.07%)	6.0	11.1%	N/A	50.0%

Summary of SR Findings

Increases in the number of SR terms lead to less effective rates of service usage and a greater number of providers used, indicating a greater discontinuity in care for children using SR when they experience breaks.

Medicaid Results: 2012 Birth Cohort

There were 197,123 children from the 2012 birth cohort who used Medicaid from 2012-2018. Table 15 shows that 95% of Medicaid users have one, two, or three terms, with the greatest number of children having one term.

Table 15: Distribution of Medicaid Terms Across the 2012 Birth Cohort

Medicaid Terms	Frequency	Percent of 2012 Birth Cohort
1	138,884	70.5%
2	44,204	22.4%
3	11,232	5.7%
4	2,212	1.1%
5	432	0.22%
6	108	0.05%
7+	51	0.03%
TOTAL	197,123	100%

Table 16 shows the median Medicaid duration and usage by number of terms. These results highlight a decreasing median usage and a decreasing effective rate of median usage to median duration as the number of Medicaid terms increases from one to seven (and greater). The one-term users have the greatest median Medicaid usage compared to all multiple-term users. Taken together, the decrease in usage to duration rate from the one-term to multiple-terms coincides with an overall decreased exposure to Medicaid for groups with multiple terms.

Table 16. Medicaid Duration and Usage Summary by Number of Terms

Medicaid Terms (n; percentage)	Median Duration (months)	Median Usage (months)	Effective Rate
1 (138,884; 70.5%)	64.0	64.0	1.0
2 (88,408; 22.4%)	80.0	61.0	0.76
3 (33,696; 5.7%)	83.0	58.0	0.70
4 (2,212; 1.1%)	84.0	54.0	0.64
5 (432; 0.22%)	83.0	47.0	0.57
6 (108; 0.05%)	83.0	42.5	0.51
7+ (51; 0.03%)	84.0	42.0	0.50

School Readiness Utilization Rates by Billing Code

To further refine and explore SR utilization rates across children with different eligibilities and backgrounds, the research team used the SR dataset from fiscal years 2019-2020 and 2020-2021 to describe effective rates across billing codes.

Billing Code Definitions

BG1: "At-risk" children referred by DCF contracted agencies;

BG3: TCA, not working;

BG3R: "At-risk" relative caregiver program;

BG3W: TCA, working;

BG5: Transitional Child Care (TCC);

BG8: Economically disadvantaged with work requirements;

CCEP: Child Care Executive Partnership.

Population

There were 286,278 individual children with nine different billing codes from 67 counties represented across two fiscal years (2019-2021) in these data. The median duration (time between first service periods to last service, including breaks) was 12 months. The median usage (total months of service received) was 11 months, and the median effective rate (total months of service divided by months between first and last service) was 1.0, which indicates an effective rate of 100%.

Table 17. Effective Rate and Usage by Initial Billing Group

Initial Billing Group Code*	Effective Rate						Usage				
	N	Min	Q1	Median	Q3	Max	Min	Q1	Median	Q3	Max
BG1	83957	0.08	1.00	1.00	1.00	1.00	1.00	4.00	8.00	13.00	24.00
BG3	8724	0.11	1.00	1.00	1.00	1.00	1.00	5.00	10.00	17.00	24.00
BG3R	3043	0.09	1.00	1.00	1.00	1.00	1.00	7.00	15.00	24.00	24.00
BG3W	729	0.27	1.00	1.00	1.00	1.00	1.00	4.00	9.00	17.00	24.00
BG5	2488	0.13	1.00	1.00	1.00	1.00	1.00	7.00	16.00	24.00	24.00
BG8	187233	0.08	1.00	1.00	1.00	1.00	1.00	5.00	14.00	22.00	24.00
CCEP	94	0.33	1.00	1.00	1.00	1.00	1.00	8.00	16.00	24.00	24.00

*Billing Groups BG3AP and CF were removed because there were fewer than 15 children associated with these codes

Overall, the interquartile ranges (IQRs), medians, and maximum values for effective rates, which together describe the top 75% of the distribution, were identical across all billing codes. This provides evidence that most individual effective rates were very similar across billing codes, with the exception of the lower quartiles (i.e., the bottom 25%). To this point, BG1 and BG8 had the smallest

minimum values for effective rate at .08, meaning that some children who entered SR under these billing codes only received childcare services for 8% of the total duration of time they interacted with the SR system.

Alternatively, usage is quite different across billing codes. Among reportable data (billing groups with at least 15 participants), BG1 had the smallest median value as well as the narrowest IQR. Furthermore, the median child that initially entered SR under an at-risk billing code used SR for less time than all other groups (for whom we have reportable data). Children who were eligible because they were from economically disadvantaged families had a median usage of 14 months. Their at-risk peers had a median usage of 8 months.

Table 18 further compares the usage and effective rates across the number of terms that children used SR. Median at-risk children who entered SR under the BG1 billing code had the lowest (or tied for the lowest) usages and effective rates compared with their peers with the same number of terms from all other billing codes. This means that median at-risk children had the shortest effective rates for SR compared to all of their peers who were eligible based purely on economic need, regardless of how many interruptions in service they experienced.

Table 18. Effective Rate and Usage by Maximum Number of Terms and Initial Billing Group

Initial Billing Group*	Metric	Maximum Number of Terms											
		1				2				3+			
		N	Min	Median	Max	N	Min	Median	Max	N	Min	Median	Max
BG1	Usage	76909	1.00	8.00	24.00	6465	2.00	12.00	22.00	583	3.00	12.00	20.00
	Effective Rate	76909	1.00	1.00	1.00	6465	0.08	0.75	0.92	583	0.14	0.59	0.83
BG3	Usage	7420	1.00	9.00	24.00	1176	2.00	13.00	22.00	128	3.00	12.00	20.00
	Effective Rate	7420	1.00	1.00	1.00	1176	0.11	0.75	0.92	128	0.13	0.60	0.83
BG3R	Usage	2693	1.00	15.00	24.00	307	2.00	15.00	22.00	43	6.00	14.00	20.00
	Effective Rate	2693	1.00	1.00	1.00	307	0.09	0.79	0.92	43	0.25	0.70	0.83
BG3W	Usage	648	1.00	8.00	24.00	74	4.00	12.00	22.00
	Effective Rate	648	1.00	1.00	1.00	74	0.27	0.75	0.92
BG5	Usage	2156	1.00	16.00	24.00	288	2.00	15.00	22.00	44	6.00	14.00	20.00
	Effective Rate	2156	1.00	1.00	1.00	288	0.13	0.80	0.92	44	0.33	0.67	0.83
BG8	Usage	165757	1.00	13.00	24.00	19216	2.00	15.00	22.00	2260	3.00	13.00	20.00
	Effective Rate	165757	1.00	1.00	1.00	19216	0.08	0.79	0.92	2260	0.13	0.64	0.83

*Billing Groups BG3AP, CCEP, and CF were removed because there were fewer than 15 children associated with these codes. Billing Group BG3W had fewer than 15 children participating in 3+ terms

Table 19 compares effective rates, usage, and duration across the maximum number of terms for children who exclusively used either BG1 or BG8. The median SR children in BG8 with one, two, and three or greater terms had greater effective rates, usage, and duration compared to their at-risk peers in BG1 who had the same number of terms. Furthermore, there were sharper decreases in effective rates as the number of terms increased for at-risk children. The median effective rates for at-risk children exclusively in the BG1 billing code group were 1.0, 0.71, and 0.57 for those experiencing one, two, and three or more terms, respectively, whereas, the median effective rates for children exclusively in BG8 were 1.0, 0.79, and 0.64 for the same number of terms.

Table 19. Effective Rate, Usage, and Duration by Term number, exclusively in BG1 & BG8

Initial Billing Group Code	Billing Group Code Change	Metric	Maximum Number of Terms											
			1			2			3+					
			N	Min	Median	Max	N	Min	Median	Max	N	Min	Median	Max
BG1	No	Effective Rate	59201	1.00	1.00	1.00	3558	0.08	0.71	0.92	256	0.14	0.57	0.83
		Usage	59201	1.00	6.00	24.00	3558	2.00	10.00	22.00	256	3.00	11.00	20.00
		Duration	59201	1.00	6.00	24.00	3558	4.00	16.00	24.00	256	8.00	21.00	24.00
BG8	No	Effective Rate	161308	1.00	1.00	1.00	17061	0.08	0.79	0.92	2030	0.13	0.64	0.83
		Usage	161308	1.00	13.00	24.00	17061	2.00	15.00	22.00	2030	3.00	13.00	20.00
		Duration	161308	1.00	13.00	24.00	17061	4.00	21.00	24.00	2030	7.00	22.00	24.00

Upcoming Analyses

Tree-based machine learning algorithms will be used to understand complex interactions between family/child characteristics and service use patterns and their effects on family self-sufficiency and kindergarten readiness. Tree-based models, such as the Classification and Regression Tree algorithm (CART)⁵⁷ have become popular due to their utility in modeling complex interactions that involve many variables along with their ease of interpretability and predictive accuracy. This approach identifies the most meaningful predictors and their respective threshold values that partition the population into terminal nodes (i.e., groups formed following each sequence of splits). For the purpose of policy development, tree-based methods are preferable to variable-centric models like multiple regression, because they avoid interpretations with common language such as “holding all other variables constant, a family who used subsidized child care continuously for two years closed the economic self-sufficiency gap by X dollars”. Variable-centric models fall short with regard to revealing how the many possible variations of predictor values, and the interactions between those variables, manifest in populations. The tree-based approach overcomes this shortcoming by simultaneously investigating variable importance while also partitioning the population into identifiable subgroups with different mean values for the outcome variable(s). In the case of the proposed inquiry, we are most interested in uncovering groups of families/children with different life experiences and understanding how their economic circumstances and kindergarten readiness, respectively, differed according to the social services they used and the manner in which they used them.

Recent advancements in mixed-integer optimization have led to the development of Optimal Trees, a cutting-edge machine learning technique that has demonstrated out-of-sample classification accuracy that is 1-2% and 3-5% better than CART trees for univariate and multivariate models, respectively⁵⁸. Whereas CART uses a more constrained, less computationally intensive approach that does not allow for the modification of splits once they enter the model, Optimal Trees are constructed in a single step, wherein each split is determined with full knowledge of all other splits. Cross-validation will be used to test the predictive accuracy, of the rules obtained from the model-training process, in a portion of the data not used to construct the Optimal Tree. This will allow us to understand the generalizability of the model and directly measure its out-of-sample predictive accuracy. Using the example of economic self-sufficiency, the results of an Optimal Tree will offer salient profiles of family experiences that result in different degrees of economic self-sufficiency.

⁵⁷ Breiman et al., 1984

⁵⁸ Bertsimas & Dunn, 2017

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Appendix A: DSA Status Table

Agency/Data Transferred	Status	Date of Execution	Date of Expiration	Dates of Coverage	Frequency of Data Transfer	Data Intake Information
AHCA, DOE, and UFAZC	Fully Executed	3/31/2022	6/30/2023	Eligibility: 2012 – Present Fee for Service Claims/Managed Care Claims and Encounters: 2017 – Present	Quarterly	Data Received (Data transferred Oct. 2021)*
DCF – SNAP/TCA	Fully Executed	3/28/2022	6/30/2023	Requested 2010 – 2023	Annually	-
DOE/DEL	Fully Executed	3/28/2022	6/30/2023	Through the most recent available data	Rolling Basis	Data Received (Data transferred Dec. 2019, Jan. 2020, May 2021 and Oct. 2021)
HUD	Fully Executed	2/22/2022	2/22/2024	2011 – Current with data updates through 2023 when data becomes available	Annually	Data Received March 2022

*Data were received prior to DSA execution because the UF research team had a different agreement with the AHCA which allowed for the data transfer. This row represents a new three-party agreement to include DOE but did not require a new transfer of data.



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 or contact our Customer Call Center at 1-866-762-2237 for more information. You may apply faster online at 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 30th 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 If yes, WHEN?
Check the bills you pay: <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewage <input type="checkbox"/> Phone	Is anyone in your household a migrant or seasonal farmworker? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, WHO?

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 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		# hours per week: * 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		# hours per week: * 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		# hours per week: * 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		# hours per week: * 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 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/ School Name/	*Date To Graduate	Buys and Eats Food with You
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> Yes <input type="checkbox"/> No USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No School Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to you												
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> Yes <input type="checkbox"/> No USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No School Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to you												
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> Yes <input type="checkbox"/> No USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No School Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to you												
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> Yes <input type="checkbox"/> No USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No School Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to you												

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 <input type="checkbox"/> NO
	Father						<input type="checkbox"/> YES <input type="checkbox"/> NO
Child 2	Mother						<input type="checkbox"/> YES <input type="checkbox"/> NO
	Father						<input type="checkbox"/> YES <input type="checkbox"/> NO
Child 3	Mother						<input type="checkbox"/> YES <input type="checkbox"/> NO
	Father						<input type="checkbox"/> YES <input type="checkbox"/> NO
Child 4	Mother						<input type="checkbox"/> YES <input type="checkbox"/> NO
	Father						<input type="checkbox"/> YES <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? <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)? <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? <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? <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? Due Date: _____ Number of Babies Due: _____
*Has anyone attended a school conference for any of the children who are ages 6-18? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ When? _____
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? Facility name and Type: _____
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ What is their relationship to you? _____
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ When? _____
*Does anyone in your household need help with Medicare premiums or medical bills from the past three (3) months? <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? <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? <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)? <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? <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? <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 <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

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: _____
(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 First, Middle, Last	Member of a 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 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO 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? <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, audiotope, 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, 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. 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. 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, 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. 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. 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 10th 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

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:

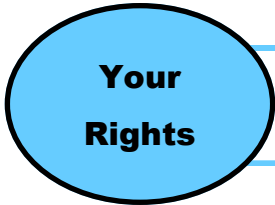
- Treat you
- Run our organization
- Bill for services
- Work with our contracted Business Associates and subcontractors
- Help with public health and/or public safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Respond to lawsuits and legal actions
- 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).

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.

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>.

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/.
- We will not retaliate against you for filing a complaint.



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.

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.

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

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.

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

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.

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

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.

Effective: September 22, 2013

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

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

Appendix C: Data Codebooks

Please find the received data codebooks for the Florida School Readiness program and the Housing Choice Voucher program on the following pages. The codebook for Medicaid was too large to be included in this report and can be found [here](#).

Codebooks for the Supplemental Nutrition Assistance Program and the Temporary Cash Assistance program will be included in all upcoming reports once data have been received.

Florida School Readiness Payment Files

Field	Description
CoalitionName	Coalition
PrimaryParentPersonID	Unique Parent ID
Parent_Last	Parent Last Name
Parent_First	Parent First Name
Parent_MI	Parent Middle
Suffix	Parent Suffix
ParentEthnicity	Hispanic or Non-Hispanic
Parent_DOB	Parent Date of Birth
Parent_GenderID	Parent Gender
Parent_Asian	Parent Asian Race Flag
Parent_HawaiianPacific	Parent Hawaiian Race Flag
Parent_Black	Parent Black Race Flag
Parent_Us_Indian_Alaskan	Parent US Indian Race Flag
Parent_White	Parent White Race Flag
Parent_Other	Parent Other Race Flag
Parent_PreferNotToAnswer	Parent No Answer Race Flag
HomeAddressOne	Parent Address 1
HomeAddressTwo	Parent Address 2
HomeCity	Parent City
HomeCountyID	Parent County Code
HomeZipCode	Parent Zip Code
EmployerName	Employer Name
AddressOne	Employer Address 1
AddressTwo	Employer Address 2
City	Employer City
ZipCode	Employer Zip
ChildPersonID	Unique Child ID
Child_Last	Child Last Name
Child_First	Child First Name
Child_MID	Child Middle
Child_GenderID	Child Gender
ChildEthnicity	Hispanic or Non-Hispanic
SpecialNeeds	Special Needs Flag
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
ProviderID	Unique Provider ID
ServicePeriodMonth	Month Services Provided
ServicePeriodYear	Year Services Provided
FamilySize	Family Size
TotalDaysPaid	Days Paid (for School Readiness)

TotalHoursPaid	Hours Paid (for VPK)
UnitOfCareCode	Unit of Care
BillingGroupCode	Billing Group
EligibilityCode	Eligibility
CareLevelTypeCode	Care Level
Funder	Funder (1 for School Readiness, 2 for VPK)
AnnualIncome	Annual Income
Payment	Payment Amount

SR Provider Files	
Field	Description
CoalitionName	Coalition
ProviderID	Unique Provider ID
LicenseNumber	DCF License Number
RegistrationNumber	Registration Number
ExemptNumber	Exempt Number
ProviderName	Provider 'Doing Business As' Name
AddressLine1	Provider Physical Address Line 1
AddressLine2	Provider Physical Address Line 2
City	Provider Physical Address City
State	Provider Physical Address State
ZipCode	Provider Physical Address Zip
GoldSealProvider	Gold Seal Provider or Not a Gold Seal Provider
ProviderTypeCode	Provider Type
SR	School Readiness Contract? (Y or N)
VPK	VPK Contract? (Y or N)
VPK_Payment_Status	VPK Payments during the Fiscal Year? (Y or N)
Composite Score	Composite Score for the Fiscal Year
DCF ID	DCF Provider ID
LLA ID	Local Licensing Agency Provider ID
Is School Age Only	School-Age Care Only? (Y or N)
Capacity	Licensed Capacity

Housing Choice Voucher Program Data Codebook

Column Name	Column Description
OBJECTID	In ArcGIS, a system-managed value that uniquely identifies a record or feature.
PROPERTY_ID	The identifier assigned by the HEREMS database that identifies the active property.
UGLG_KEY	Units of General Local Government (UGLG) are comprised of several Census geographies, summary level 050 (State-County), summary level 060 (County Subdivision), summary level 070 (State-County-County Subdivision-Place/Remainder), summary level 160 (Place), summary level 170 (State-Consolidate City) and the remainder of county boundaries.
HUB_NAME_TEXT	The name of the HUD hub responsible for the active property's HUD servicing site.
SERVICING_SITE_NAME_TEXT	The name of the HUD servicing site responsible for the management/servicing functions for the active property.
PROJECT_MANAGER_NAME_TEXT	The name of the active property's project manager.
PROPERTY_NAME_TEXT	The recorded name of the active property.
ADDRESS_LINE1_TEXT	The primary street address or the first line of the mailing address for the active property.
ADDRESS_LINE2_TEXT	The primary suite number, PO box or other information for the second line of the mailing address for the active property.
AUTOMATIC_GEOCODE_IND	A yes/no indicator signifying whether the Geocode information in the primary address for the active property has been automatically set or manually set by the user (N indicates the address has been set by the user).
CONGRESSIONAL_DISTRICT_CODE	The congressional district code for the active property.
PLACED_BASE_CITY_NAME_TEXT	The name of the standard place based city for the active property.
TOTAL_ASSISTED_UNIT_COUNT	The total number of assisted units for the active property.
TOTAL_UNIT_COUNT	The total number of units for the active property.
PROPERTY_ON_SITE_PHONE_NUMBER	The phone number for the active property's on site property manager.
PROPERTY_CATEGORY_NAME	The category name for the active property in terms of the following: 202/811, Insured-Subsidized, Insured – Previously Subsidized, Insured-Unsubsidized, HUD Owned, HUD Held, Subsidized – Previously 202/811, Subsidized – Previously Insured Subsidized, No HUD Financing, Flexible Subsidy Use Restriction, Other Subsidy Servicing Required (Only)
CLIENT_GROUP_CODE	The code that identifies the primary population or need served by the active property.
CLIENT_GROUP_NAME	The name that describes the primary population or need served by the active property.
CLIENT_GROUP_TYPE	The broad category for the primary population or need served by the active property i.e., Disabled, Elderly, Family, or Health Care.
REAC_LAST_INSPECTION_ID	The identifier assigned to the latest REAC physical inspection associated with the active property.
REAC_LAST_INSPECTION_SCORE	The score of the latest REAC physical inspection associated with the active property.
FASS_LAST_PERFORMANCE_VALUE	The performance value of the latest AFS submission for the latest reporting period associated with the active property.

FASS_LST_TOT_MGMT_COND_CNT	The total number of management conditions in the latest AFS submission for the latest reporting period associated with the active property.
FASS_LAST_REFERRED_TO_CODE	The organization to which the compliance review was referred for the latest AFS submission for the latest reporting period associated with the active property
IS_AFS_REQUIRED_IND	A yes/no indicator signifying whether an AFS is required for the active property.
AFS_FISCAL_YR_END_DATE	The AFS fiscal year end for the active property, in the format of month and year.
HAS_ACTIVE_FINANCING_IND	A yes/no indicator signifying whether there is active financing for the active property.
PRIMARY_FINANCING_TYPE	The primary type of financing for the active property in terms of the following: Insured, 202/811, HUD Owned, HUD Held, Non-Insured, Flexible Subsidy
IS_ALL_FINANCING_PIPELINE_IND	A yes/no indicator signifying whether all of the active financing for the active property is in the pipeline.
IS_ALL_CONTRACT_PIPELINE_IND	A yes/no indicator signifying whether all of the active contracts for the active property are in the pipeline.
IS_UNDER_MANAGEMENT_IND	A yes/no indicator signifying whether the active property is under management.
HAS_SERVICE_AGREEMENT_IND	A yes/no indicator signifying whether an active Service Agreement exists for the active property.
HAS_USE_RESTRICTION_IND	A yes/no indicator signifying whether an active Use Restriction exists for the active property.
HAS_ACTIVE_IRP_IND	A yes/no indicator signifying whether or not an active interest reduction payment agreement is associated with the property.
IS_SERVICE_COORDINATOR_IND	A yes/no indicator signifying whether there are any active service coordinator contractor grants for the active property.
PRIMARY_FHA_NUMBER	The Federal Housing Authority (FHA) number assigned to the primary loan for the active property when it has active insurance.
ASSOCIATED_FHA_NUMBER	The FHA number associated with the active property.
ASSOCIATED_CONTRACT_NUMBER	The contract number associated with the active property.
TROUBLED_CODE	A code that identifies if the active property is considered troubled by the field office.
OPIIS_RISK_CATEGORY	Per the OPIIS documentation, the property risk category classifies a property based on its calculated risk score (opiis_int_risk_score.) Higher scores indicate higher risk profile. A property is considered to have a 'Low' level of risk if the score is 0-29. Properties with a score of 30-39 are assigned a 'Moderate' category, and properties with a score of 40 and over are assigned a 'High' category.
OPIIS_SIZE_CATEGORY	Per the OPIIS documentation, the property size category classifies a property based on loan size. Properties with higher Unpaid Principal Balances (UPB) are expected to have a higher impact to FHA in the event of failure. 'Very Low' = < 300K, 'Low' = < 300K and < 800K, 'Low Medium' = > 800K and < 2MM, 'High Medium' = > 2MM and < 5MM, 'Large' = > 5MM and < 10MM, 'Very Large' = > 10MM

OPIIS_INT_RISK_SCORE	This is the discrete numeric value calculated by OPIIS in order to determine a property's level of risk.
IS_ACTIVE_DEC_CASE_IND	A Y/N flag that indicates whether or not a property is currently in the DEC.
WAS_EVER_DEC_CASE_IND	A Y/N flag that indicates whether or not a currently active property is currently or was ever in the DEC.
IS_INSURED_IND	A yes/no indicator signifying whether there is any active insured financing for the active property.
WAS_EVER_INSURED_IND	A yes/no indicator signifying whether the currently active property was ever (i.e., is currently or was previously) insured.
IS_202_811_IND	A yes/no indicator signifying whether there are any active 202/811 grants/loans for the active property.
WAS_EVER_202_811_IND	A yes/no indicator signifying whether the currently active property ever had (i.e., is currently or was previously) any 202/811 loans/grants.
IS_HUD_HELD_IND	A yes/no indicator signifying whether there are any active HUD-held loans for the active property.
IS_HUD_OWNED_IND	A yes/no indicator signifying whether the active property is HUD-owned.
IS_FLEXIBLE_SUBSIDY_IND	A yes/no indicator signifying whether there are any active flexible subsidy loans for the active property.
IS_HOSPITAL_IND	A yes/no indicator signifying whether there are any active hospital loans for the active property.
IS_NURSING_HOME_IND	A yes/no indicator signifying whether there are any active nursing home loans for the active property.
IS_BOARD_AND_CARE_IND	A yes/no indicator signifying whether there are any active board and care facility loans for the active property.
IS_ASSISTED_LIVING_IND	A yes/no indicator signifying whether there are any active assisted living facility loans for the active property.
IS_REFINANCED_IND	A yes/no indicator signifying whether there are any active refinanced loans for the active property.
IS_221D3_IND	A yes/no indicator signifying whether there are any active 221/d3 loans for the active property.
IS_221D4_IND	A yes/no indicator signifying whether there are any active 221/d4 loans for the active property.
IS_236_IND	A yes/no indicator signifying whether there are any active 236 loans for the active property.
IS_IN_DEFAULT_DELINQUENT_IND	A yes/no indicator signifying whether or not a loan is delinquent or in default per MDDR.
IS_NON_INSURED_IND	A yes/no indicator signifying whether there are any active non-insured loans for the active property.
IS_BMIR_IND	A yes/no indicator signifying whether there are any active Below Market Interest Rate (BMIR) loans for the active property.
IS_RISK_SHARING_IND	A yes/no indicator signifying whether there is any active risk sharing loans for the active property.
IS_MIP_IND	A yes/no indicator signifying whether there is any active Mortgagee in Possession (MIP) loans for the active property.
IS_CO_INSURED_IND	A yes/no indicator signifying whether there are any active co-insured loans for the active property.

IS_SUBSIDIZED_IND	A yes/no indicator signifying whether the active property is subsidized.
WAS_EVER_SUBSIDIZED_IND	A yes/no indicator signifying whether the currently active property was ever (i.e., is currently or was previously) subsidized.
HAS_ACTIVE_ASSISTANCE_IND	A yes/no indicator signifying whether there is any active assistance for the active property.
WAS_EVER_ASSISTED_IND	A yes/no indicator signifying whether the currently active property was ever (i.e., is currently or was previously) assisted.
IS_ACC_OLD_IND	A yes/no indicator signifying whether there are any active old Annual Contributions Contracts (ACCs) for the active property.
IS_ACC_PERFORMANCE_BASED_IND	A yes/no indicator signifying whether there are any active performancebased ACC contracts for the active property.
IS_SEC8_IND	A yes/no indicator signifying whether there are any active Section 8 contracts for the active property.
IS_PAC_IND	A yes/no indicator signifying whether there are any active Project Assistance Contracts (PACs) for the active property.
IS_PRAC_IND	A yes/no indicator signifying whether there are any active Project Rental Assistance Contracts (PRACs) for the active property.
IS_RENT_SUPPLEMENT_IND	A yes/no indicator signifying whether there are any active rental supplement contracts for the active property.
IS_SECTION_236_RAP_IND	A yes/no indicator signifying whether there are any active Section 236 Rental Assistance Payments (RAP) contracts for the active property.
IS_SEC8_202_IND	A yes/no indicator signifying whether there are any active Section 8 202 contracts for the active property.
IS_SEC8_FMHA_515_IND	A yes/no indicator signifying whether there are any active Section 8 Farmers Home Administration (FMHA) 515 contracts for the active property.
IS_SEC8_STATE_AGENCY_HFA_IND	A yes/no indicator signifying whether there are any active Section 8 state agency Housing Federal Authority (HFA) contracts for the active property.
IS_SEC8_LMSA_IND	A yes/no indicator signifying whether there are any active Section 8 Loan Management Set-Aside (LMSA) contracts for the active property.
IS_SEC8_PRRPTY_DISPOSITION_IND	A yes/no indicator signifying whether there is any active property disposition contracts for the active property.
IS_SEC8_PRESERVATION_IND	A yes/no indicator signifying whether there are any active Section 8 preservation contracts for the active property.
IS_SEC8_OTHR_NW_CNSTRUCTION_IND	A yes/no indicator signifying whether there is any active Section 8 other new construction contracts for the active property.
IS_SEC8_OTHER_SUB_REHAB_IND	A yes/no indicator signifying whether there is any active Section 8 other sub rehab contracts for the active property.
IS_PENSION_FUND_IND	A yes/no indicator signifying whether there is any active pension fund contracts for the active property.
IS_PAC_202_IND	A yes/no indicator signifying whether there is any active PAC 202 contracts for the active property.
IS_PAC_811_IND	A yes/no indicator signifying whether there is any active PAC 811 contracts for the active property.
IS_PRAC_202_IND	A yes/no indicator signifying whether there is any active PRAC 202 contracts for the active property.

IS_PRAC_811_IND	A yes/no indicator signifying whether there is any active PRAC 811 contracts for the active property.
HAS_FULL_DEBT_RESTRUCTURE_IND	Identifies if the property has a restructured loan associated with it, as defined from MDDR.
LAST_CRITICAL_DATE_DESC	This is the description of the latest critical item tracked in MDDR for this property
OAHP_PROJECT_RECOMMENDATION_T	The comments or recommendations from OAHP for the project
OAHP_PROCESSING_TYPE	This is the translated description of the type of restructuring for the property.
IS_ON_WATCH_LIST_IND	This indicates whether the property is on the Watch List.
IS_GREEN_RETROFIT_IND	This indicates whether the property has a green retrofit loan associated to it
IS_202_DIRECT_LOAN_IND	This indicates whether the property has a 202 direct loan associated to it
IS_202_CAPITAL_ADVANCE_IND	This indicates whether the property has a 202 capital advance loan associated to it
IS_811_CAPITAL_ADVANCE_IND	This indicates whether the property has a 811 capital advance loan associated to it
ENERGY_PERFORMANCE_CONTRCT_IND	Indicates if the property has a energy performance contract
IS_SEC8_RAD_DEMO_CONV_IND	This indicates wheter the property has a RAD contract associated to it.
FINANCIAL_STMNT_REQ_IND	A yes/no indicator signifying whether an AFS is required for the active property
IS_811_PRA_DEMO_IND	Indicates if there is a active_contract.is_811_pra_demo_ind contract set to Y or N
CONTRACT1	Active contract # 1 associated with the property
CONTRACT2	Active contract # 2 associated with the property
CONTRACT_COUNT	Total number of active contracts associated with the property
UNITS1	The maximum number of units available on the active contract # 1
UNITS2	The maximum number of units available on the active contract # 2
MAXIMUM_CONTRACT_UNIT_COUNT	Total number of units across all the active contracts associated with the property
PROGRAM_TYPE1	The name of the program type for the active contract # 1
PROGRAM_TYPE2	The name of the program type for the active contract # 2
EXPIRATION_DATE1	The fiscal year quarter in which the overall active contract expires, for active contract # 1
EXPIRATION_DATE2	The fiscal year quarter in which the overall active contract expires, for active contract # 2
RENT_TO_FMR_RATIO1	Rent to FMR Ratio 1
RENT_TO_FMR_RATIO2	Rent to FMR Ratio 2
BD0_CNT1	The total number of efficiencies for active contract #1
BD0_CNT2	The total number of efficiencies for active contract #2
BD1_CNT1	The total number of units with one bedroom for active contract #1
BD1_CNT2	The total number of units with one bedroom for active contract #2
BD2_CNT1	The total number of units with two bedrooms for active contract #1
BD2_CNT2	The total number of units with two bedrooms for active contract #2
BD3_CNT1	The total number of units with three bedrooms for active contract #1
BD3_CNT2	The total number of units with three bedrooms for active contract #2
BD4_CNT1	The total number of units with four bedrooms for active contract #1
BD4_CNT2	The total number of units with four bedrooms for active contract #2
BD5_CNT1	The total number of units with five or more bedrooms for active contract #1
BD5_CNT2	The total number of units with five or more bedrooms for active contract #2

FHA_NUM1	The number assigned to identify the active financing # 1 associated with the property
FHA_NUM2	The number assigned to identify the active financing # 2 associated with the property
SOACODE1	Section of the Act Code (SoA) for active financing # 1
SOACODE2	Section of the Act Code (SoA) for active financing # 2
SOA_NAME1	Section of the Act Name (SoA) for active financing # 1
SOA_NAME2	Section of the Act Name (SoA) for active financing # 2
TAXCREDIT1	A yes/no indicator signifying whether the associated active financing # 1 in the DAP system has a tax credit
TAXCREDIT2	A yes/no indicator signifying whether the associated active financing # 2 in the DAP system has a tax credit
FHA_COUNT	Total number of active financing associated with the property
STATE2KX	Census 2010 FIPS State Code
CNTY_NM2KX	Census 2010 County Name
CNTY2KX	Census 2010 FIPS County Code
TRACT2KX	Census 2010 Tract
BG2KX	Census 2010 Block Group
BLOCK2KX	Census 2010 Block ID
CURCNTY_NM	Current FIPS County Name
CURCNTY	Current FIPS County Code
CURCOSUB	Current County Subdivision Code
CURCOSUB_NM	Current County Subdivision Name
PLACE2KX	FIPS Place Code
PLACE_NM2KX	FIPS Place name
PLACE_CC2KX	FIPS Place Class Code
PLACE_INC2KX	FIPS Place Incorporated Flag
MSA	Metropolitan Statistical Area Code
MSA_NM	Metropolitan Statistical Area Name
CBSA	Core Based Statistical Area
CBSA_NM	Core Based Statistical Area, Lowest Level Name
NECTA	New England City and Town Area (NECTA)
NECTA_NM	NECTA Lowest Level Name
METRO	CBSA Metropolitan Area Indicator
MICRO	CBSA Micropolitan Area Indicator
FCD_FIPS91	Federal Congressional District (FIPS 9.1 std.)
HLC	HUD Locality Code
DPV	Delivery Point Validation(DPV) Indicator
DPVRC	DPV Return Code
DPVACT	DPV Vacancy Flag
DPVNOST	DPV "No Stat" Flag
STD_ADDR	USPS Standardized Address
URB_OUT	Puerto Rico Urbanization Name
STD_CITY	USPS Standardized City Name
STD_ST	USPS Standardized State Abbreviation
STD_ZIP5	USPS Standardized ZIP Code
STD_ZIP9	USPS Standardized ZIP+4 Code
ZIP_CLASS	Type of Zip Code

ZCTA2KX	Census 2010 Zip Code Tabulation Area
DPBC	Delivery Point Bar Code
DPBC_CKSUM	Delivery Point Bar Code, Check Digit
STD_ZIP11	Postnet Bar Code
ADDR_TYPE	USPS Address Type "" - no match, "S" - House/Street match, "H" - Highrise, "P" - PO Box, "G" - General Delivery, "R" - Rural Route/Highway Contract
APT_NO	Apartment Number
APT_TYPE	Apartment Type; Contains the secondary address type abbreviation (Apt = Apartment, Ste = Suite, # = Apartment, RM = Room, FL = Floor, etc..)
C1PGRC	General Return Code
C1PPRB	Address Match Probability
C1PDRC	Directional Return Code
C1PSRC	Suffix Return Code
C1PARC	Apartment Return Code
C1PRC9	ZIP Return Code
MSGUSPS	Postal Matcher Status Message
LAT	Latitude (decimal)
LON	Longitude (decimal)
RC2KX	Census 2010 Geocoder General Return Code
STM2KX	Census 2010 Geocoder Street Matcher Return Code
LVL2KX	Census 2010 Geocoder Lat/Long Geocoding Return Code
UR	Urban/Rural Indicator
MSG2KX	Census 2010 Geocoder Lat/Long Level Status
COUNTY_LEVEL	5 character combination of state and county FIPS codes
PLACE_LEVEL	7 characters. For CDBG Entitlement Cities, this is the CDBG ID. For Urban Counties and State Nonentitlement Areas, is a concatenation of state and place FIPS codes
TRACT_LEVEL	11 character combination of state, county, and Census Tract codes
BLKGRP_LEVEL	12 character combination of State, county, tract, and block group codes
CAT_LATEST_MROC_SCORE_COLOR	Most recent MROC risk category
CAT_LTST_INTGRD_RSK_SCORE_CAT	Most recent IRA risk category
MTR_LATEST_DSCR	Most recent Debt Service Coverage Ratio
MGMT_AGENT_ORG_NAME	The registered organization name of the active property's current management agent.
MGMT_CONTACT_FULL_NAME	The full name of the active property's management agent contact.
MGMT_CONTACT_INDV_TITLE_TEXT	The official title of the active property's management agent contact.
MGMT_CONTACT_ADDRESS_LINE1	The street address or the first line of the mailing address for the active property's management agent contact.
MGMT_CONTACT_ADDRESS_LINE2	The suite number, PO box or other information for the second line of the mailing address for the active property's management agent contact.
MGMT_CONTACT_CITY_NAME	The name of the city in the mailing address for the active property's management agent contact.
MGMT_CONTACT_STATE_CODE	The state code in the mailing address for the active property's management agent contact.
MGMT_CONTACT_ZIP_CODE	The four-digit zip code extension in the mailing address for the active property's management agent contact.
MGMT_CONTACT_MAIN_PHN_NBR	The main phone number for the active property's management agent contact.

MGMT_CONTACT_EMAIL_TEXT	The Internet email address for the active property's management agent contact.
LOAN_MATURITY_DATE	The date the active financing matures.
DEMO_RESTRUCTURE_CLOSING_DATE	The demo restructure closing date
REAC_LAST_INSPCT_RELEASE_DATE	The date for release of the latest REAC Physical inspection data associated with the active property
MARK_TO_MARKET_RESTRUCTURE_DT	The markup to market restructure date
REAC_LAST_INSPECTION_DATE	The date of the latest REAC physical inspection associated with the active property.
FASS_LAST_AFS_CLOSED_DATE	The close date of the AFS review of the latest AFS submission for the latest reporting period associated with the active property.
FASS_LAST_REPORTING_END_DT	The end of the period covered by the latest Annual Financial Statement (AFS) submission for the latest reporting period associated with the active property.
FULL_DEBT_RESTRUCTURE_DATE	The date when the debt restructure occurred
LAST_CRITICAL_DATE	This is the date of the latest critical item tracked in MDDR for this property
NGHBRHD_NTWK_EST_DATE	The date the network neighborhood associated with the active property was established.
OCCUPANCY_DATE	The initial date that tenants occupied the active property.
OPIIS_RISK_CATEGORY_CHANGE_DT	This is the date that the OPIIS risk category last changed.
TROUBLED_STATUS_UPDATE_DATE	This is the date that the troubled code was last changed in REMS
WATCH_LIST_DATE	This is the date the property was put on the Watch List.
ORIGINAL_LOAN_AMOUNT	The original amount of the active financing.
UNIT_MRKT_RENT_CNT	The number of market rate units
INITIAL_ENDORSEMENT_DATE	The initial date the active financing was endorsed
TOTAL_AVBL_UNITS	The number of housing units available
PCT_OCCUPIED	Occupied units as the % of units available.
NUMBER_REPORTED	Number of households for which reports (Form-50058, Form-50059) were received (These are households reported as of 12/2004 with effective dates spanning the prior 18 months.)
PCT_REPORTED	Households for which reports were received, as % of occupied units. (These are households reported as of 12/2004 with effective dates spanning the prior 18 months)
MONTHS_SINCE_REPORT	Average number of months since manager reported on household. (Calculations exclude zero values and missing values.)
PCT_MOVEIN	% of reported households who participates in the program for less than a year. The numerator is calculated as the difference between effective date and date of admission .
PEOPLE_PER_UNIT	Average size of household (with decimal point and place, e.g., 2.5). (Excludes zero values and missing values.)
PEOPLE_TOTAL	Total number of people (shown in thousands).
RENT_PER_MONTH	Average gross household contribution towards rent per month (includes payment toward rent and utilities). (Excludes zero values and missing values.)

SPENDING_PER_MONTH	Average federal spending per unit per month (not fully comparable across programs). For public housing, sum of the operating subsidy and capital improvement cost is divided by the total number of occupied units (such spending data is available at the PHA level only). For tenant-based Section 8, Section 8 Moderate Rehabilitation, and Multifamily Assisted, the housing assistance payment (HAP) is divided by the total number of reported households. An amount is added for administrative cost in Section 8 tenant based and Section 8 Moderate Rehabilitation. (Excludes zero values and missing values.)
HH_INCOME	Average total household income per year (shown in thousands of dollars per year with decimal point). (Numerator includes zero income but excludes missing income; denominator includes all households.)
PERSON_INCOME	Average household income per person per year (shown in thousands of dollars per year with decimal point). (Numerator includes zero income but excludes missing income; denominator includes all members of households.)
PCT_LT5K	% of households with income below \$5,000 per year.
PCT_5K_LT10K	% of households with income between \$5,000-\$9,999 per year.
PCT_10K_LT15K	% of households with income between \$10,000-\$14,999 per year.
PCT_15K_LT20K	% of households with income between \$15,000-\$19,999 per year.
PCT_GE20K	% of households with income \$20,000 or more per year.
PCT_WAGE_MAJOR	% of households where the majority of household income is derived from wages and/or business
PCT_WELFARE_MAJOR	% of households where the majority of household income is derived from welfare (TANF, General Assistance, or Public Assistance).
PCT_OTHER_MAJOR	% of households where the majority of household income is derived from a source other than wage and welfare.
PCT_MEDIAN	Household income as a percent of local area median family income, as defined by HUD, and adjusted for household size. (Numerator includes zero income but excludes missing income; denominator includes all households.)
PCT_LT50_MEDIAN	% of households with income below 50% of local area median family income, as defined by HUD, adjusted for household size (refer to the downloadable file only, not in published report). (Numerator includes zero income but excludes missing income; denominator includes all households.)
PCT_LT30_MEDIAN	% of households with income below 30% of local area median family income, as defined by HUD, adjusted for household size. (Numerator includes zero income but excludes missing income; denominator includes all households.)
PCT_2ADULTS	% with two spouses and 1 or more children under 18 years.
PCT_1ADULT	% where spouse not present and 1 or more children under 18 years.
PCT_FEMALE_HEAD	% of households headed by a female.
PCT_FEMALE_HEAD_CHILD	% of households headed by a female with children.
PCT_DISABLED_LT62	% of households below age 62 where either household head or spouse (or cohead) has a disability.
PCT_DISABLED_GE62	% of households age 62 or older where either household head or spouse (or cohead) has a disability.
PCT_DISABLED_ALL	% of all persons in household with a disability.
PCT_LT24_HEAD	% 24 or less years: household head or spouse (whoever is older).
PCT_AGE25_50	% 25 to 50 years: household head or spouse (whoever is older).
PCT_AGE51_61	% 51 to 61 years: household head or spouse (whoever is older).

PCT_AGE62PLUS	% age 62 and older.
PCT_AGE85PLUS	% age 85 and older.
PCT_MINORITY	% Minority. Percent of reported households that are designated as minority
PCT_BLACK	% Black, non-Hispanic. Percent of reported households who are black and non-Hispanic
PCT_NATIVE_AMERICAN	% Native American, non-Hispanic. Percent of reported households who are Native American and non-Hispanic
PCT_ASIAN	% Asian or Pacific Islander, non-Hispanic. Percent of reported households who are Asian and non-Hispanic
PCT_HISPANIC	% Hispanic (of any race). Percent of reported households who are Hispanic.
MONTHS_WAITING	Average number of months on waiting list among admissions. Excludes programs that do not report waiting list dates. (Excludes zero values and missing values.)
MONTHS_FROM_MOVEIN	Average number of months since moved in. (Excludes zero values and missing values.)
PCT_UTILITY_ALLOW	% with valid utility allowance (\$1 to \$1000). This is an estimate of the utilities that the household pays to the utility company. It is zero if all utilities are included in the rent.
AVE_UTIL_ALLOW	Average utility allowance among households who have it (in \$ per month). (Excludes zero values and missing values.)
PCT_BED1	% of reported households with 0-1 bedroom units (efficiencies and one bedroom).
PCT_BED2	% of reported households with 2 bedroom units.
PCT_BED3	% of reported households with 3 or more bedroom units.
PCT_OVERHOUSED	% overhoused (percent of reported households with more bedrooms than people)
TMINORITY	Minorities as % of total population in the census tract where HUD assisted families reside (Census 2000 designation)
TPOVERTY	Percent of the population below poverty level, in census tract where HUD assisted households reside (Census 2000 designation)
TPCT_OWNSFD	% of households who are owner-occupants of single-family detached homes in the census tract that surrounds the project.
CHLDRN_MBR_CNT	Total Number of Children
ELDLY_PRCNT	% of household members age 62 or older
PCT_DISABLED_LT62_ALL	% of all household members below age 62 with a disability
PCT_LT80_MEDIAN	% of households with income below 80% of local area median family income, as defined by HUD, adjusted for household size
MEDIAN_INC_AMNT	Median of Total Annual Income for the households served
LAST_UPDT_DTTM	
ANNL_EXPNS_AMNT	Annual Expenditure amount for the current Fiscal year
ANNL_EXPNS_AMNT_PREV_YR	Annual Expenditure amount for the previous Fiscal year
SHAPE	The characteristic appearance or visible form of a geographic object as represented on a map
OBJECTID	In ArcGIS, a system-managed value that uniquely identifies a record or feature.
GEOID	Geographic Identifier - fully concatenated 11-digit geographic code (State FIPS Code and County FIPS Code and Tract-level Code)
STATE	State FIPS Code

COUNTY	County FIPS Code
TRACT	Census Tract FIPS Code
EACODE	Bureau of Economic Analysis Region Code
EANAME	Bureau of Economic Analysis Region Name
HCV_PUBLIC	Public HCV Count
HCV_PUBLIC_PCT	HCV as a Percent of Renter Occupied Housing Units
SHAPE	The characteristic appearance or visible form of a geographic object as represented on a map