Staff Instructions

Workforce Solutions staff will use the appropriate template to document a customer’s eligibility for financial aid when:

* Giving financial aid for the first time,
* Updating or changing information about the customer or her children, or
* Re-determining the customer’s eligibility - including when the customer no longer receives TANF benefits and becomes eligible for transitional care.

Use these instructions for completing the data elements found in the templates below. Copy and paste the appropriate data elements into a TWIST counselor note to document action each time when initiating service, updating/changing information or assistance, or re-determining or ending financial aid.

Use these data elements only for TANF applicants, TANF Choices participants and SNAP E&T participants.

Copy the relevant action reason into the subject line of the TWIST counselor note.

**Possible Actions (Record appropriate action in subject line of counselor note)**

* Child Care Referral - Provide Aid
* Child Care Referral - Continue Aid-Update
* Child Care Referral - Discontinue Aid
* Child Care Referral - Discontinue and Re-Determine for Transitional Aid

**Eligibility Groups**

* **TANF Applicant** referred to Workforce Solutions by HHSC with form 2588 and needs financial aid for child care to accept work.  Customer must meet her TANF cooperation requirements.
* **TANF Recipient (Choices)** who received TANF benefits for the month and working and/or attending school a minimum of 30 hours or other amount of work hours when complying with the FLSA.
* **SNAP Recipient (SNAP E&T)** who received SNAP benefits for the month and needs financial aid for child care while she looks for work 30 hours each week (or 20 hours if exempt from work requirements but volunteering, or other amount of work hours when complying with the FLSA.

**Child Information**

**Add this section for each child needing child care**

* Child’s Name: [enter first and last name]
* DOB:       [ xx/xx/xxxx ]
* SSN:         [xxx/xx/xxxx]
* Race: [enter code] Code: W=White, B=Black or African American, I=American Indian or Alaskan Native, P= Native Hawaiian or Other Pacific Islander, A=Asian, U=unknown
* Ethnicity: Child is Hispanic or Latino: [enter Y or N]

**Information about the Care Needed**

* Full-time or Part-Time: [enter FT for 6 or more hours/day or PT for less than 6 hours/day]
* Days and Hours needed: [enter the days of the week and start/end hours]
* Vendor Name and Phone: [enter name and phone]
* Transportation Needed: [Yes or No]
* Child Care Start Date:    [xx/xx/xxxx]
* Eligibility End Date/Redetermination Date:   [xx/xx/xxxx]

**Attendance Cards**

* Does customer currently have an attendance card? [Yes or No]
* Does customer need a new attendance card? [Yes or No]
* If yes, what name will be displayed on attendance card? [enter customer’s name]
* Will multiple attendance cards be requested for alternate cardholders? [Yes or No]
* If yes, list all alternate attendance cardholder names: [enter a maximum of three names]
* Where will attendance card(s) be mailed: [enter attendance card mailing address]

**Discontinuing Care - select the reason**

If more than one reason applies to the customer’s situation, select a priority reason. Priority reasons are listed with an asterisk in the list below.

* \*Child Exceeds Age Limit
* **\***No Longer Eligible Due to Income
* **\***No Longer Working, In-Training, or In-School (Not Terminated)
* **\***Termination per Workforce Solutions Counselor due to:

**\_\_**Good Cause \_**\_**Expired TANF Time Limits \_**\_**Non-Cooperation **\_\_**Voluntary Withdrawal

* Termination per CPS Case Manager
* Voluntary Withdrawal from Care

Templates

* **Childcare Referral – Provide Aid.** When giving financial aid for the first time or re-starting financial aid previously discontinued, copy and paste the data elements below into TWIST Counselor Notes. Record the appropriate data for each element in Counselor Notes:

Customer’s Name:

Child Care Referral - Action: **Provide Aid**

Eligibility Group:

Child(ren) Information: (for each child)

Name:

DOB:

SSN:

Race:

Ethnicity:

Child Care Needed (FT/PT):

Days and Hours Needed:

Provider Name and Phone:

Vendor Transportation Needed:

Child Care Start Date:

Eligibility End Date/Redetermination Date:

Reason for Action:

Attendance Card(s):

 Existing Card:

 New Card Needed:

 Name on Card:

 Alternate Card(s) Needed:

 Name(s) of Alternate Cardholder(s):

 Mailing Address:

When continuing care, discontinuing care, or discontinuing care and re-determining eligibility for transitional aid, copy and paste the appropriate data elements below into TWIST Counselor Notes. Record the appropriate data for each element in Counselor Notes necessary to describe the action:

* **Childcare Referral – Continue Aid - Update:**

Customer’s Name:

Child Care Referral - Action: **Continue Aid/Update**

Eligibility Group:

Child Care Start Date:

Eligibility End Date/Redetermination Date:

Reason for Action:

Attendance Card(s):

 Existing Card:

 New Card Needed:

 Name on Card:

 Alternate Card(s) Needed:

 Name(s) of Alternate Cardholder(s):

 Mailing Address:

* **Childcare Referral – Discontinue Aid:**

Customer’s Name:

Child Care Referral - Action: **Discontinue Aid**

Child Care End Date:

Reason for Action:

* **Childcare Referral – Discontinue and Re-Determine for Transitional Aid:**

Customer’s Name:

Child Care Referral - Action: **Discontinue and Re-Determine for Transitional Aid**

Child Care End Date:

Reason for Action: