

TANF and SNAP

Workforce Solutions staff use this form 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.

Staff Instructions

Use this desk aid for completing the Financial Aid Child Care Eligibility form. Copy and paste the form information into a TWIST counseling note to document action each time when initiating service, updating/changing information or assistance, or re-determining or ending financial aid.

Use this form only for TANF applicants, TANF Choices participants and SNAP E&T participants.

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

Action

- _ 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 Group

_ **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.

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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
- 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: [if customer needs vendor transportation, explain what type]
- Child Care Start Date: [xx/xx/xxxx]
- Eligibility End Date/Redetermination Date: [xx/xx/xxxx]

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

Questions: If you have questions about using this desk aid or the Financial Aid Child Care Eligibility form, please talk with your supervisor or manager.