UP-FRONT DIVERSION PACKET

APPLICANT

Applied for Cash Assistance _____Yes _____ No Date: __________
Attended Suncoast Workforce Overview _____Yes _____ No Date: __________
Submitted Up-Front Application/Packet Date: __________
APPLICANT SIGNATURE: ________________________________

Suncoast Workforce STAFF

Application reviewed by Staff __________________________ Date: __________
Applicant contacts (status/date) ______________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Forwarded to Children & Families Date: __________
STAFF SIGNATURE: ________________________________
UP-FRONT DIVERSION
ONE-TIME ONLY PAYMENT
PLEASE READ IF SUBMITTING SCREENING TOOL

If you have pending employment, (your start date should be within 2 weeks or less from the date that you attended Orientation and your number of hours scheduled must be 30 hours per week or more) you may be considered for up-front diversion services.

Your screening form will be reviewed to determine whether or not up-front diversion intervention/services will assist your family in resolving unexpected circumstances or emergency situation(s) that are short-term to overcome barrier(s) to employment and eliminate the need for on-going temporary cash assistance.

If you qualify for up-front diversion services, you could receive a one-time payment to resolve the emergency situation. The payment amount is limited to the specific need and cannot exceed $1,000. All requests must be confirmed through written documentation (what up-front dollars will be used for). Assistance with childcare and transportation (gas card or bus pass) may be available.

To receive an up-front diversion payment/service, you must agree and sign a legal document that you will not apply for temporary cash assistance for three months.

Please complete the attached form thoroughly and indicate a phone number where you can be reached, if necessary. Please follow all instructions included in this packet.

REMEMBER – Up-front diversion services are services received that could be offered in place of on-going temporary cash assistance and you have a job pending.
INSTRUCTIONS FOR COMPLETING UP-FRONT DIVERSION PACKET

1. To be considered for Up-Front Diversion, you must have applied for cash assistance through the Department of Children and Families and be potentially eligible to receive cash.

2. You must attend a Suncoast Workforce Overview session.

3. You must verify employment pending and submit with this packet.
   - Start date for employment must be within two weeks or less from the date WT Orientation was completed.
   - Number of hours must be 30 hours per week or more.

4. Complete the applicant section of the Up-Front Diversion Packet cover sheet. Read page 1, thoroughly complete pages 2 and 3, then sign and date.

5. Obtain, copy, and attach to your Up-Front Diversion Packet, Supporting documents showing the emergencies that the Up Front Diversion Monies will be used for.

6. **NOTE**: bills such as credit card payments, furniture bills, and credit collections (including bankruptcy payments) traffic fines, court costs, etc. will not be considered in any cash Up-Front Diversion award.

7. Submit your COMPLETED packet along with a copy of your photo identification and social security card and also social security cards for all persons living in your household. Place the packet and other requested documents in the WT Program mailbox located in the lobby area at Suncoast Workforce.

8. A career counselor (Beverly Williams; (941) 714-7449 ext 2127) will review your information and contact you to schedule an appointment for a face-to-face or telephone interview.

**IMPORTANT**: No packets will be accepted at the Front Desk. Packets must be placed in the designated mailbox. Packets that do not have all of the required documentation will not be considered and you will be notified via letter or telephone call that your application for Up-Front Diversion was not approved. **Again, please do not submit the packet until you have all the requested materials needed to complete the Up-Front Diversion process. If you have any specific questions in reference to the Up Front Diversion Program please contact Beverly Williams at (941) 714-7449 ext 2127.**
Up-Front Diversion/Relocation Screening Form

Applicant’s Name (Please print legibly) *

RFA Number

Last Four of SSN

Date Completed

If you are applying for Temporary Cash Assistance, and you are employed or seeking employment, you may be considered for Up-Front Diversion or Relocation Assistance. Up-Front Diversion can help you find a job or keep the job you have now by assisting you with an emergency situation. If you qualify for Up-Front Diversion, you may also receive a one-time cash payment. The amount of this payment is limited, but could be as much as $1,000. Relocation Assistance can help you find a job in another area, as well as relocate to an area to begin working. Both Up-Front Diversion and Relocation Assistance require recipients to remain off cash assistance for several months.

SECTION 1: To Be Completed By the Applicant

If you want to learn more about Up-Front Diversion or Relocation Assistance, please complete Section 1.

1. Do you have children in your care under the age of 19? ☐ Yes ☐ No

2. Is anyone in your household pregnant? ☐ Yes ☐ No

3. Are you currently employed? ☐ Yes ☐ No

3b. If you are employed, when did you start your job?

3c. If you are employed, where do you work?

4. Are you currently looking for a job? ☐ Yes ☐ No

5. What problems are you having finding or keeping a job?

6. How can this problem be solved?

7. If we can solve this problem, will it prevent you from applying for Temporary Cash Assistance? ☐ Yes ☐ No

8. How do you think we can help?

9. Are you facing a financial emergency or a situation that you were not expecting? ☐ Yes ☐ No

Please explain: ____________________________________________________________

10. What could help you overcome this emergency situation?

11. Who could verify your emergency situation? Name: ______________________

Phone Number: __________________ Other means of contact: __________________

12. Would moving to another area help you? ☐ Yes ☐ No Please explain:

________________________________________________________________________

The information provided above is true and accurate to the best of my knowledge.

__________________________________________

Applicant’s Printed Name

__________________________________________ / __________ / __________

Applicant’s Signature Date

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

* If applicant is potentially eligible for up-front diversion services, proceed to Section 2.
SECTION 4: Attestation and Up-Front Diversion Agreement

PRIVACY ACT STATEMENT

**I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act (42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number, I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

If I do not have a social security number and do not know how to apply for one, I understand that I can request help from the One-Stop Career Center or other program provider identified below. The indicated person will refer me to the appropriate agency and may provide other help as needed and requested.

I understand that my Social Security Number will be used to associate all records with my identification, including program participation and the receipt of services and benefits.

I understand that by accepting either a one-time Up-Front Diversion payment of $__________ (that will be placed on my EBT card). I am voluntarily declining to receive Temporary Cash Assistance (TCA) at this time. I understand that I, or any other member of my household, may not apply for TCA within the next three months, or before _____/_____/, unless I can show I have an emergency.

I understand that if I am not potentially eligible for Up-Front Diversion payment as determined by the RWB provider, my application for Temporary Cash Assistance will be processed by DCF.

I understand that if a demonstrated emergency forces me to apply for TCA before _____/_____/, I will have to pay back the diversion payment. The Up-Front Diversion payment I am receiving now will be divided over eight months and subtracted from any regular TCA benefits I might be eligible to receive.

I understand that I may apply for Medicaid or Food Stamp benefits now or any time in the future.

I understand that I can be approved for a diversion payment only once in my lifetime.

I understand the receipt of Up-Front Diversion may allow me to receive childcare (TCC). This childcare will be to accept, maintain, or actively seek employment. I understand that applicant job search childcare will only be provided for 30-days from the start of the Up-Front Diversion process. I can only receive TCC if I obtain employment 90 days from the start of the Up-Front Diversion process. I must provide proof of my employment on a regular basis to get and keep my childcare.

I certify that I have not received Up-Front Diversion payment in the past.

I understand that the Up-Front Diversion payment and services are to provide assistance meeting the emergency and unexpected need so that I may get or keep my job.
I __________________________ attest that the information above is true. This includes information about my family, family’s income, citizenship/qualified non-citizenship status and employment information. Failure to provide the correct information may result in a referral for fraud investigation.

If my employment, income or demographic information changes (including phone number, address, family members in the home), I will report the information to both the Department of Children and Families and the Career Center.

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Career Center Address:

- **3526 9th St. W.**
  - Bradenton, FL 34205
  - (941) 714-7449
  - (941) 708-6068 FAX
- **3660 N Washington**
  - Sarasota, FL 34234
  - (941) 358-4200
  - (941) 359-7843 FAX
- **897 E Venice Avenue**
  - Venice, FL 34285
  - (941) 486-2682 x 129
  - (941) 480-3098 FAX

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