Family Violence Program

**TANF Funding Transferred to SSBG Funding**

**Form 8831**

March 2020-E

Temporary Assistance to Needy Families (TANF) funds transferred to Social Services Block Grant (SSBG) provide some of the funding for Family Violence Program services. As a condition of funding, this program must demonstrate that it serves program participants within certain income limits. **These limits are not the same as those for TANF** or SSBG cash assistance and will be used only to gather information to appropriately allocate state program costs. **The information provided will not be used to determine eligibility for any services provided by the Family Violence Program.**

This form shall be filed in a central location and **must not** be stored in resident/nonresident/participant files. The source for this form is the Federal Register (85 FR 3060) effective March 31, 2020.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Organization Name: | | | 2. Adult Resident/Nonresident/Participant Client ID Number(s) – Adult Only: | | | | | | |
| 3. Does the resident/nonresident/participant currently receive TANF?.....................................................  Yes  No If **Yes**, skip to Item 9 and check “eligible.” If **No**, continue to Item 4. | | | | | | | | | |
| 4. Is the resident/nonresident/participant a caretaker for dependent children or pregnant?.....................  Yes  No If **Yes**, continue to Item 5. If **No**, skip to Item 9 and check “not eligible.” | | | | | | | | | |
| 5. 2020 Income: In the table below, locate the line with the correct family size, including adults and dependent children, to determine if the resident’s/nonresident’s/participant’s income is less than 200% of the federal poverty level. If **Yes**, continue to Item 9 and check “eligible.” If **No**, continue to Item 9 and check “not eligible.”  **Note**: Income is calculated on all family income accessible to the adult **at the time this form is completed**. Accessible income could be different if a person is in shelter or not. Complete this form based on accessible income at the time you first see the person. **The income of the abusive partner is not accessible income and should not be counted**. If the person is unable to initial the form, put an explanation in Item 7. | | | | | | | | | |
| **Family size is:** | **Monthly income is less than:** | **Yes** | | **No** | **Family size is:** | | **Monthly income is less than:** | **Yes** | **No** |
| 1 | $2,127 |  | |  | 6 | | $5,860 |  |  |
| 2 | $2,904 |  | |  | 7 | | $6,607 |  |  |
| 3 | $3,620 |  | |  | 8 | | $7,354 |  |  |
| 4 | $4,367 |  | |  | 9 | | $8,100 |  |  |
| 5 | $5,114 |  | |  | 10 | | $8,847 |  |  |
| To the best of my knowledge, the information given above is accurate and complete. | | | | | | | | | |
| 6. Signature of Organization Representative | | | | | | 7. Client Initials Only/Explanation | | | |
| 8. Date Completed: ............................................................................................................................................. | | | | | | | | | |
| 9. TANF/ SSBG Determination: This family is:  not eligible  eligible | | | | | | | | | |