

# 2014 ARIZONA

## Attachment A General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

1. The State's definition of each work activity.

See Attached

2. A description of the transitional services provided to families no longer receiving assistance due to employment.

See Attached

3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.

See attached

4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:

i. Licensed/regulated in-home child care: 0

ii. Licensed/regulated family child care: 0

iii. Licensed/regulated group home child care: 0

iv. Licensed/regulated center-based child care: 0

v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative: 0

vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative: 0

vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative: 0

viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative: 0

ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0

x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0

xi. Legally operated (i.e., no license category available in State or locality) center-based child care. 0

5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.

See Attached

6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:

i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;

ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;

iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.

See Attached

7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.

See Attached

8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).

a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

See Attached

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):

See Attached

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 3

# 2014 ARIZONA

## Attachment B 0 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Short-Term Crisis Services

2. Description of the Major Program Benefits, Services, and Activities:

Provides utility assistance, rent or mortgage payments, eviction prevention, or other special services for families experiencing an emergent need

3. Purpose(s) of Benefit or Service Program:

Purpose #1

4. Program Type. (Check one)

☒ TANF

☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$489,740

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$489,740

8. Total Number of Families Served under the Program with MOE Funds: 1,995

This last figure represents (Check one):

☐ The average monthly total for the fiscal year.

☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

125 percent of the FPL or 150 percent of the FPL if there is an elderly or disabled member in the household.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes

☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 1 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:  
Coordinated Homeless Program

2. Description of the Major Program Benefits, Services, and Activities:  
Homeless shelter and prevention services

3. Purpose(s) of Benefit or Service Program:  
Purpose #1 and Purpose #2

4. Program Type. (Check one)  
☒ TANF  
☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):  
N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$2,284,777

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,284,777

8. Total Number of Families Served under the Program with MOE Funds: 1,170

This last figure represents (Check one):  
☐ The average monthly total for the fiscal year.  
☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:  
250 percent of the Federal Poverty Limit (FPL)

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)  
☒ Yes  
☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 2 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:  
Domestic Violence

2. Description of the Major Program Benefits, Services, and Activities:  
Services to victims of domestic violence

3. Purpose(s) of Benefit or Service Program:  
Purpose #1 and Purpose #2

4. Program Type. (Check one)  
☒ TANF  
☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):  
N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$5,144,159

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$5,144,159

8. Total Number of Families Served under the Program with MOE Funds: 2,807

This last figure represents (Check one):  
☐ The average monthly total for the fiscal year.  
☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:  
250 percent of the FPL

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)  
☒ Yes  
☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 3 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:  
Coordinated Hunger Programs

2. Description of the Major Program Benefits, Services, and Activities:  
Community based hunger prevention

3. Purpose(s) of Benefit or Service Program:  
Purpose #1

4. Program Type. (Check one)

- ☒ TANF  
☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):  
N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$22,860,636

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$22,860,636

8. Total Number of Families Served under the Program with MOE Funds: 131,960

This last figure represents (Check one):

- ☐ The average monthly total for the fiscal year.  
☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:  
Only for families with children and below 185 percent of FPL

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

- ☒ Yes  
☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 4 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:  
Jobs Program

2. Description of the Major Program Benefits, Services, and Activities:  
Employment and support services

3. Purpose(s) of Benefit or Service Program:  
Purpose #2

4. Program Type. (Check one)  
☒ TANF  
☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):  
N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$1,088,052

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,088,052

8. Total Number of Families Served under the Program with MOE Funds: 19,308

This last figure represents (Check one):  
☐ The average monthly total for the fiscal year.  
☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:  
185 percent of the 1992 FPL

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)  
☒ Yes  
☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 5 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:  
Administration

2. Description of the Major Program Benefits, Services, and Activities:  
Administrative Costs

3. Purpose(s) of Benefit or Service Program:  
Administrative Costs

4. Program Type. (Check one)  
☒ TANF  
☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):  
N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$9,529,957

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$9,529,957

8. Total Number of Families Served under the Program with MOE Funds: 1

This last figure represents (Check one):  
☐ The average monthly total for the fiscal year.  
☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:  
N/A

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)  
☒ Yes  
☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 6 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Day Care Subsidy

2. Description of the Major Program Benefits, Services, and Activities:

Child care services for TANF Cash Assistance participants to support work activities and low-income working families

3. Purpose(s) of Benefit or Service Program:

Purpose #2

4. Program Type. (Check one)

☒ TANF

☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$10,032,936

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$10,032,936

8. Total Number of Families Served under the Program with MOE Funds: 23,536

This last figure represents (Check one):

☐ The average monthly total for the fiscal year.

☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

At or below 165 percent of FPL

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes

☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 7 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Tribal Payments

2. Description of the Major Program Benefits, Services, and Activities:

Tribal TANF Cash Assistance Programs

3. Purpose(s) of Benefit or Service Program:

Purpose #1

4. Program Type. (Check one)

☒ TANF

☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$4,130,116

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$4,130,116

8. Total Number of Families Served under the Program with MOE Funds: 1

This last figure represents (Check one):

☐ The average monthly total for the fiscal year.

☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Varies by Tribal Plan

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes

☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 8 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Adoption Maintenance

2. Description of the Major Program Benefits, Services, and Activities:

Adoption Subsidy supports to meet the special needs of adopted children

3. Purpose(s) of Benefit or Service Program:

Purpose #1

4. Program Type. (Check one)

☒ TANF

☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$1,106,452

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,106,452

8. Total Number of Families Served under the Program with MOE Funds: 2,371

This last figure represents (Check one):

☒ The average monthly total for the fiscal year.

☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

250 percent of FPL and does not receive Title IV-E funds

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes

☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 9 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Children In-home services

2. Description of the Major Program Benefits, Services, and Activities:

In-Home intensive services for children and their families

3. Purpose(s) of Benefit or Service Program:

Purpose #1

4. Program Type. (Check one)

☒ TANF

☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$63,609,859

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$63,609,859

8. Total Number of Families Served under the Program with MOE Funds: 7,485

This last figure represents (Check one):

☒ The average monthly total for the fiscal year.

☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

250 percent of FPL

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes

☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 10 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Permanent Guardianship

2. Description of the Major Program Benefits, Services, and Activities:

Maintenance supports for children in foster care who achieve permanency through permanent guardianship

3. Purpose(s) of Benefit or Service Program:

Purpose #1

4. Program Type. (Check one)

☒ TANF

☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$10,953,320

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$10,953,320

8. Total Number of Families Served under the Program with MOE Funds: 2,520

This last figure represents (Check one):

☒ The average monthly total for the fiscal year.

☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

36 percent of 1992 FPL

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes

☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 11 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:  
DCS Joint Substance Abuse

2. Description of the Major Program Benefits, Services, and Activities:  
Child Welfare Services

3. Purpose(s) of Benefit or Service Program:  
Purpose #1

4. Program Type. (Check one)  
☒ TANF  
☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):  
N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$18,959

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$18,959

8. Total Number of Families Served under the Program with MOE Funds: 6,500

This last figure represents (Check one):  
☒ The average monthly total for the fiscal year.  
☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:  
185 percent of the 1992 FPL Recipients of TANF (parents, guardians or custodians) whose substance abuse is a significant barrier to maintaining or obtaining employment

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)  
☒ Yes  
☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# 2014 ARIZONA

## Attachment B 12 Grantee Information

State ARIZONA

Fiscal Year 2014

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:  
Systems

2. Description of the Major Program Benefits, Services, and Activities:  
Systems

3. Purpose(s) of Benefit or Service Program:  
Systems Cost

4. Program Type. (Check one)  
☒ TANF  
☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):  
N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$1,110,722

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,110,722

8. Total Number of Families Served under the Program with MOE Funds: 1

This last figure represents (Check one):  
☐ The average monthly total for the fiscal year.  
☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:  
N/A

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)  
☒ Yes  
☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

### Certification Certify:

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

Signature



Name Christopher C. Deere

Title Policy Chief

Date Submitted 01/27/2015

Approved OMB No. 0970-0248 Form ACF-204, expires 08/31/2015.