

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 Attachment A

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

See Attachment A

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 Attachment A

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 Attachment A

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 Attachment A

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 Attachment A

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 Attachment A

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

See Attachment A

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 2

Attachment B Cash Assistance
Grantee Information

State ARIZONA

Fiscal Year 2010

Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Cash Assistance</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Cash benefits</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 1</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$10,467,713</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$10,467,713</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 32,473</p>
<p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> 185% of the 1992 Federal Poverty Level</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B Short Term Crisis Services Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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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: \$261,648

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$261,648

8. Total Number of Families Served under the Program with MOE Funds: 174

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% of the FPL, or 150% of 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

Attachment B Community Crisis Services
Grantee Information

State ARIZONA

Fiscal Year 2010

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.

<u>1. Name of Benefit or Service Program:</u> Community Crisis Services
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Emergency housing, utility and support services
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 1
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$1,378,198
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$1,378,198
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 1,552
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B Coordinated Homeless Program
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<u>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.</u>
<u>1. Name of Benefit or Service Program:</u> Coordinated Homeless Program
<u>2. Description of the Major Program Benefits, Services, and Activities:</u>

Homeless shelter and prevention services
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 1 and 2
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$4,691,024
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$4,691,024
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 3,463
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B Domestic Violence
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<u>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.</u>
<u>1. Name of Benefit or Service Program:</u> Domestic Violence
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Services to victims of domestic violence
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 1 and 2

4. Program Type. (Check one) <input checked="" type="radio"/> TANF <input type="radio"/> 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: \$6,887,351
7. Total State MOE Expenditures under the Program for the Fiscal Year: \$6,887,351
8. Total Number of Families Served under the Program with MOE Funds: 2,781
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> 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) <input checked="" type="radio"/> Yes <input type="radio"/> No
11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B Coordinated Hunger Programs
Grantee Information

State ARIZONA	Fiscal Year 2010
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Program Information

<u>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.</u>
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) <input checked="" type="radio"/> TANF <input type="radio"/> State
5. Description of Work Activities (Complete only if this program is a separate

<u>State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$23,707,778
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$23,707,778
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 83,291
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Based upon each individual program
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B Grandparent Kinship Care
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<u>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.</u>
<u>1. Name of Benefit or Service Program:</u> Grandparent Kinship Care
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> One-time benefit for grandparent caring for child; monthly benefit for clothing and personal allowance
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 2
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$353,963
7. Total State MOE Expenditures under the Program for the Fiscal Year: \$353,963
8. Total Number of Families Served under the Program with MOE Funds: 882
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> 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) <input checked="" type="radio"/> Yes <input type="radio"/> No
11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B Family Connections
Grantee Information

State ARIZONA	Fiscal Year 2010
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Program Information

<u>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.</u>
1. Name of Benefit or Service Program: Family Connections
2. Description of the Major Program Benefits, Services, and Activities: Administrative costs
3. Purpose(s) of Benefit or Service Program: N/A
4. Program Type. (Check one) <input checked="" type="radio"/> TANF <input type="radio"/> 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: \$6,898
7. Total State MOE Expenditures under the Program for the Fiscal Year: \$6,898

8. Total Number of Families Served under the Program with MOE Funds: 1
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> 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) <input checked="" type="radio"/> Yes <input type="radio"/> No
11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B Jobs Program
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<u>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.</u>
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) <input checked="" type="radio"/> TANF <input type="radio"/> 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: \$2,519,522
7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,519,522
8. Total Number of Families Served under the Program with MOE Funds: 37,254

<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> 185% of 1992 Federal Poverty Level</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B Community Work Program
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Community Work Program</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Employment and support services</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 2</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$24,210</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$24,210</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 37</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits</u></p>

or Services:

185% of the 1992 Federal Poverty Limit

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

Attachment B Administrative Grantee Information

State ARIZONA

Fiscal Year 2010

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:

Administrative

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

Administrative costs

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

N/A

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: \$23,257,507

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$23,257,507

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

Attachment B Systems
Grantee Information

State ARIZONA

Fiscal Year 2010

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:

Administrative costs

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

N/A

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: \$54,628

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$54,628

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

Attachment B Day Care Subsidy
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<u>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.</u>
<u>1. Name of Benefit or Service Program:</u> Day Care Subsidy
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Child care services for TANF Cash Assistance participants to support work activities and low-income working families
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 2
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$10,032,936
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$10,032,936
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 28,281
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> 165% of the FPL for both TANF Cash Assistance and low-income working families
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No

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

Attachment B Tribal Payments
Grantee Information

State ARIZONA

Fiscal Year 2010

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: \$5,659,908

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$5,659,908

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

Attachment B Adoption Maintenance
Grantee Information

	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Adoption Maintenance</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Children Services</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 1</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$4,371,645</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$4,371,645</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 2,374</p>
<p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B Children In Home Services
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<u>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.</u>
<u>1. Name of Benefit or Service Program:</u> Children In Home Services
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Children Services
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 1
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$52,204,394
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$52,204,394
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 2,755
<u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B Community Children Services
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<u>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.</u>
<u>1. Name of Benefit or Service Program:</u> Community Children Services
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Children services
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 1
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$636,337
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$636,337
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 10,475
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B Permanent Guardianship
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<u>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</u>

<u>attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Permanent Guardianship
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Child welfare services
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose 1
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$6,727,030
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$6,727,030
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 2,371
<u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B Joint Substance Abuse
Grantee Information

<u>State</u> ARIZONA	<u>Fiscal Year</u> 2010
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Program Information

<u>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.</u>
<u>1. Name of Benefit or Service Program:</u> 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) <input checked="" type="radio"/> TANF <input type="radio"/> 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: \$3,703,035
7. Total State MOE Expenditures under the Program for the Fiscal Year: \$3,703,035
8. Total Number of Families Served under the Program with MOE Funds: 1,840
This last figure represents (Check one): <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> 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) <input checked="" type="radio"/> Yes <input type="radio"/> No
11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Certification
Certify:

<u>This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."</u>
Signature 
Name Greg A. Wetz
Title Policy Chief
Date Submitted 12/29/2010
Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.

**Annual Report on Temporary Assistance for Needy Families (TANF) Programs
Under 45 CFR 265.9(b)**

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

45 CFR 261.30 encompasses the 12 categories of work activities listed in Section 407(d) of the Social Security Act for purposes of determining the State's required minimum work participation rate(s). Each State defines the activities that fall under each of these 12 categories and provides them to us. This item is for that purpose. Therefore, your definitions should include the kinds of work activities that apply to each of the 12 categories. For example, what activities comprise "job skills training directly related to employment" in your State?

Federally mandated work activities are the only activities considered in the calculation of Arizona's Work Participation Rate (WPR). These include the two types of Federal Work Activities - Core Activities and Non-Core Activities. Arizona policy follows the federal guidelines that work activities may be assigned separately or in combination. Non-core activities will count toward the federal WPR only after the first 20 hours per week are from core activities.

CORE ACTIVITIES

Per federal requirements, work-eligible individuals are required to engage in a specified number of hours in core activities to count in the participation rate. Arizona will use eight of the nine allowable core activities to count toward the 20-hour per week requirement. Employed work-eligible individuals require specified documentation of countable hours while work-eligible individuals assigned to other activities are provided a worksheet that can be used to document and record the actual participation hours related to the assigned activity. This document is signed by the designated work activity supervisor/monitor to confirm the individual's activity participation and the document is returned to the case manager for review, storage, and retrieval.

The following core activities are used in Arizona:

Unsubsidized Employment

Unsubsidized employment includes all full-or part-time paid employment in the public or private sector that is not subsidized by TANF or any other public program, including self-employment. Wages must meet or exceed state and federal minimum wage requirements.

Subsidized Employment

Subsidized employment is paid employment in the public sector or private sector where the employer receives a subsidy from TANF or other public funds to offset the cost of wages and benefits paid to a work-eligible individual for an established trial period. Arizona follows the federal definition of subsidized employment.

The Arizona Department of Economic Security (ADES) recognizes “supported work” for individuals with disabilities as subsidized employment in an integrated setting for wages consistent with those paid to nondisabled workers with similar job functions.

Work Experience

Work experience is any supervised unpaid work in a public or private sector setting that improves the employability of an individual who is not otherwise able to obtain employment. It allows individuals to develop skills, good work habits, and a current work history. Work experience is considered for individuals who have been unable to find paid employment, lack entry level skills, or need to develop current job references.

Prior to placement, potential work experience providers are evaluated to match the individual with the work that is related to the individual’s employment goals. The on-site supervisor or the supervisor’s designee is responsible for confirming the work-eligible individual’s attendance and progress at the work site. All individuals in a work experience activity are covered by workers’ compensation as mandated in Arizona Revised Statute 46-299(I). Work experience placements occur at any bona fide business, including private for-profit and nonprofit organizations, as well as public agencies.

All work experience providers sign an agreement with the Jobs Program. This agreement requires that the following conditions be observed and maintained as a condition of the agreement with ADES:

- The work experience provider must maintain records and prepare reports regarding the progress of the work-eligible individual as prescribed by the Jobs Program, including written verification of attendance, including the:
 - start and end dates of the activity;
 - weekly scheduled hours;
 - skills the individual will learn and the expected competency date; and
 - training methods the provider will use.
- The worksite supervisor must contact the Jobs Program case manager when concerns arise; and
- Supervision must be provided daily for all individuals.

Internships/externships are also included under this core activity as a portion or extension of education or training in either the public or private sector that provides structured work experience in a specific occupational field.

To be consistent with the universally understood definition of supervision used in the workplace, Arizona requires the work experience supervisor or the supervisor's designee to provide the supervision consisting of work-related guidance and constructive criticism, mentoring, assignment of daily work, oversight of the work assignments, and evaluation of work skills. This is documented as part of the formal agreement between the Jobs Program and the provider.

On-the-Job Training

On-the-Job Training (OJT) is training skills essential to perform a specific job that the employer, in either the public or private sector, has agreed to provide to a work-eligible individual in exchange for a subsidy. The work-eligible individuals in OJT must receive the same wages, benefits, and working conditions as other employees of the company who are performing comparable work. The employment must meet or exceed state and federal minimum wage requirements. "Supported work" for individuals with disabilities may be considered OJT if on-site training is included.

The OJT differs from subsidized employment by the inclusion of a training plan. The training plan is a formal, written program that contains a job description listing the skills to be learned, general employment competencies and occupational-specific skills, an evaluation of the individual's progression and schedule indicating the estimated dates of completion of each skill.

Job Search and Job Readiness Assistance

Job Search and Job Readiness assistance consist of activities designed to help the work-eligible individual prepare for seeking employment and obtaining employment, including:

- Structured job search activities such as identifying employment opportunities, applying for employment, participating in employment interviews, and participating in job clubs where participants share experiences, successes, and job leads and referrals. Employers are often present at job clubs to accept applications and interview prospective employees.
- Job readiness activities include workshops delivered in a classroom setting. These workshops incorporate a standardized curriculum and are designed to teach resume writing, interviewing techniques, and expectations in the workplace.
- Life skills training, consisting of basic life skills to enable individuals to be successful in the workforce. Activities include balancing personal life circumstances and employment obligations, budgeting, household management, interpersonal skills, decision-making skills, and time management.
- Substance abuse and mental health treatment or rehabilitation activities for work-eligible individuals when the need for such treatment or therapy is documented by a licensed qualified medical, substance abuse, or mental health professional. The ADES and the Arizona Department of Health Services are joint administrators of Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together), which offers a continuum of community-based substance abuse treatment services to a person whose substance abuse is a significant barrier to maintaining employment and is a work-eligible individual (A.R.S. § 8-881).

For job search activities, the Jobs Program case manager is responsible for the assignment and oversight of structured job search. Daily supervision of a job search participant means a case manager has assigned activities and ensures that client time is properly accounted for. There will be daily access to the case manager or other employment service provider/worker working in collaboration with the Jobs Program case manager. The case manager or a designee will confirm the progress and monitor activity with individuals.

For job readiness activities, the instructor or facilitator is responsible for providing daily supervision; for individuals participating in substance abuse or mental health treatment, supervision is provided by the treatment provider. All case managers, instructors, and facilitators are required to sign off on client activities that include hours of participation, attendance, and progress reports.

Job search and job readiness activities are limited to six weeks in the preceding 12-month period or 12 weeks if the state has been identified as a “needy state” of which no more than four weeks can be consecutive in either case. Currently, Arizona meets the “needy state” definition and, therefore, the 12-week limit applies. When determining the 12-week limit, one week equals 20 hours for a work-eligible individual who is a single custodial parent with a child under six years of age and 30 hours for all other work-eligible individuals. Therefore, 12 weeks of the activity equates to 240 hours for the first group and 360 for the second group. When determining four consecutive weeks, a week is defined as a seven-day period, and any amount of actual participation in the job search/job readiness activity within that period counts as one week toward the four consecutive week limit in that activity.

Community Service

Community service activities are structured programs that are for the direct benefit of the community and must be supervised. Community service activities may assist work-eligible individuals who are not able to move immediately into unsubsidized employment improve their employability skill level. The activity must be related to the individual's employment goals. Community service activities are established among public or nonprofit organizations. All individuals assigned this activity are covered by Arizona Workers' Compensation.

For Arizona, community service activities include any of the following:

- Working with park and recreation programs;
- Assisting with local school or health service activities;
- Supervised work with faith-based, small community-based, and community improvement organizations; and
- Any other organizations that provide supervision for individuals in activities that improve employability while offering a service to the community.

Work-eligible individuals will only be assigned activities within these organizations that meet both criteria under the federal definition. Some of these job assignments include:

- Park improvement projects;
- Landscaping or groundskeeping;
- Assisting teachers;
- Cafeteria monitors;
- Healthcare support;
- Assisting with recreation activities;
- Refurbishing publicly assisted housing; and
- Office assistants.

To be consistent with the universally understood definition of supervision used in the workplace, Arizona defines supervision as an activity performed by a workplace designee that includes:

- Work-related guidance and constructive criticism;
- Mentoring;
- Assignment of daily work;
- Oversight of work assignments; and/or

- Evaluation of skills.

Arizona assigns hours to this activity that are work-based, and a work-eligible individual engaged in this activity is subject to the Fair Labor Standards Act (FLSA). With the exception of court-ordered community service, individuals engaged in community service are not required to participate in this activity for more hours than the monthly TANF cash assistance grant plus the Supplemental Nutrition Assistance Program allotment divided by the state or federal minimum wage, whichever is higher.

Work-eligible individuals may request to participate in a certain community service activity. The Jobs Program case manager will determine if the request meets the requirements outlined in this section, and the site must comply with all agreements and conditions outlined above.

Vocational Educational Training

Vocational Educational Training (VET) consists of organized educational or training programs directly related to preparation of individuals for employment in a current or emerging occupation.

VET is provided by education or training organizations, which include: vocational-technical schools, community colleges, postsecondary institutions, proprietary schools, nonprofit organizations, and secondary schools that offer vocational education (as long as the vocational education that is offered is not a part of a secondary school degree). The educational or training facility must be legally authorized, accredited, or recognized in the United States as providing a program to prepare students for gainful employment. This may include distance learning opportunities through the Internet where access to VET is limited. Distance learning is acceptable when accommodating individuals with disabilities and parents caring for a family member with a disability.

Participation in educational activities is authorized as a short-term activity that focuses on the individual's employability, not solely on the attainment of a degree or certificate. The education or training activities are designed to impart knowledge and skills directly related to employment opportunities in a recognized occupation that does not have high turnover or substandard wages or working conditions. The individual must remain in good standing with the institution.

Training activities falling under the definition of VET include specific trades, [occupations](#), or [vocations](#), such as [nursing](#), computer repair, or welding. Participation in English as a Second Language (ESL) and remedial education are allowable provided they are included as a regular part of a VET program. Postsecondary educational activities will not be authorized if the individual already possesses a self-supporting skill for jobs available in the local area.

When a statement from the educational program verifies the amount of homework time required, up to one hour of unsupervised homework time for each hour of class time may be counted as actual hours of participation. For supervised homework time, the same documentation is required along with a time sheet or record of attendance signed by the individual supervising the activity.

Faculty, instructors, instructional aides, lab supervisors, study hall supervisors, and supervisors of learning activities provide daily supervision. Daily supervision for distance learning will be deemed to be present, provided there is a teacher, instructor, or teaching assistant facilitating the distance learning session.

VET programs that include instruction for those who need basic and remedial education and/or ESL are required to certify in writing that the instruction is embedded in the vocational educational training course. In addition, Arizona retains a copy of the curriculum.

NON-CORE ACTIVITIES

Non-core activities count as participation only after the first 20-hour requirement has been met in core activities. There are exceptions for certain teen individuals. The exception is for single teen custodial parents who are heads of household and married teen parents, for whom participation in education directly related to employment for an average of 20 hours per week during a month or satisfactory attendance in high school or General Educational Development (GED) preparation which meets the WPR requirement.

Job Skills Training Directly Related to Employment

Job skills training directly related to employment are training and education for job skills required by an employer to provide the individual with the opportunity to obtain or advance employment. The training may also provide adaptation to the changing demands of the workplace. Job skills training focuses on educational or technical training and may include customized training to meet the needs of a specific employer, general training that prepares an individual for employment, or VET continuing after the 12-month time limit if it meets the job skills training activity definition. Postsecondary education classes taken through a state-certified college or university that lead to a bachelor's or advanced degree count as a job skills training activity when they are directly related to employment.

ESL and Basic Education (remedial education) can be counted as long as the instruction is explicitly focused on skills for employment or combined with job training. When it is a prerequisite for

employment by an employer, this activity may include education leading to a GED or a high school equivalency diploma.

When a statement from the educational program verifies the amount of homework time required, up to one hour of unsupervised homework time for each hour of class time may be counted as actual hours of participation. For supervised homework time, the same documentation is required along with a time sheet or record of attendance signed by the individual supervising the activity.

Faculty, instructors, instructional aides, lab supervisors, study hall supervisors, and supervisors of learning activities provide daily supervision.

Education Directly Related to Employment

Education directly related to employment is an educational program that is related to a specific occupation, job, or job offer. This includes courses designed to provide the knowledge and skills for specific or specialized occupations or work settings and may also include ESL and Basic Education. This activity can be provided to individuals who do not have a high school diploma or a GED. In addition, when it is a prerequisite for employment by an employer, this activity may include education leading to a GED or a high school equivalency diploma.

When a statement from the educational program verifies the amount of homework time required, up to one hour of unsupervised homework time for each hour of class time may be counted as actual hours of participation. For supervised homework time, the same documentation is required along with a time sheet or record of attendance signed by the individual supervising the activity.

Participation in education directly related to employment for an average of 20 hours per week during a month meets the WPR requirement for single teen custodial parents who are heads of household and for married teen parents.

Faculty, instructors, instructional aides, lab supervisors, study hall supervisors, and supervisors of learning activities provide daily supervision.

Satisfactory Attendance in High School or GED Preparation Classes

Satisfactory attendance in high school or GED preparation classes counts as a supplemental activity when the attendance is in accordance with the requirements of the secondary school or in a course of study leading to a certificate of general equivalence, in the case of an individual who has not completed secondary school or received such a certificate.

Satisfactory attendance in high school or GED preparation meets the WPR requirement for either of the following:

- Single teen custodial parents who are heads of household; or
- Married teen parents.

Faculty, instructors, instructional aides, lab supervisors, study hall supervisors, and supervisors of work-based learning activities provide daily supervision.

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

Indicate the kinds of help provided to working families that received, but no longer receive, "assistance" as defined in 45 CFR 260.31.

Arizona offers a variety of supportive services to families who no longer receive TANF Cash Assistance because of employment. These transitional services are provided through the Jobs Program contractors and are intended to assist former work-eligible individuals who are employed and transitioning from welfare. These services may be available to employed participants up to six months beginning with the date the TANF Cash Assistance case closed because of employment.

Transportation Assistance

Transportation Assistance refers to the following:

- Transportation-Related Expenses. An allowance to reimburse participants with transportation expenses such as gasoline purchases or bus fare.
- Automobile Title and Registration. This service is to help participants who need assistance paying for auto title and registration fees.
- Other Transportation Services. These services may include vehicle maintenance and/or repair, gas vouchers, tire replacement, bus passes/fares, bicycles, carpools/taxi, van rides, vehicle liability insurance, bicycle safety kits, and bicycle repairs.

Substance Abuse Rehabilitation Services

This service is the referral to substance abuse treatment when appropriate.

Mental Health Counseling

This service is the referral to mental health counseling when appropriate.

Tools, Equipment, and Specialized Garments

This service provides assistance in purchasing employment-related tools, equipment, and specialized garments.

Clothing

Purchases are limited to attire normally needed for work or training.

Health-Related Services

Health-related services include examinations (tests and physicals), optical services (including eyeglasses), and dental services (upper/lower dentures, partials/bridges, and fillings) that are not covered by Medicaid (Arizona Health Care Cost Containment System (AHCCCS)).

General Equivalency Examinations

This service consists of assistance in obtaining a GED when appropriate.

Shelter and/or Utility Assistance

Assistance is available for individuals who have an emergent need that cannot be met by their own income or available community resources.

Post Employment Education Program

The Post Employment Program (PEP) provides assistance with training to improve employment when the training is to improve job skills, literacy levels, obtain certificates of general equivalency, and increase English language skills. PEP is for employed former work-eligible individuals who were part of a household where the TANF Cash Assistance was closed because of employment.

Licenses

This service provides fingerprinting, health cards, occupational certification, and licensure fees.

Transitional Supportive Services

Arizona emphasizes the importance of available transitional supportive services, Supplemental Nutrition Assistance, Transitional Medical Assistance, Transitional Child Care, and any other services that may assist the participants in succeeding in their employment goals. Transitional supportive services include:

- Transitional Medical Assistance. This service is available only for Medicaid households who are no longer eligible in the 1931 Medicaid category when both the following occur:
 - The earned income of a specified relative contributes to the 1931 budgetary unit's ineligibility for 1931; and
 - At least one participant in the current 1931 budgetary unit was eligible for and received Medical Assistance under 1931 in Arizona for three out of the six months immediately preceding the month they became prospectively ineligible for 1931 Medical Assistance.
- Nutrition Assistance Transitional Benefit Allotment (TBA). The Nutrition Assistance Transitional Benefit Assistance (TBA) is intended to support a family's transition from Cash Assistance to self-sufficiency. The Nutrition Assistance household is potentially eligible to receive TBA benefits when the related Cash Assistance case is closed because of an increase in the household's countable income. TBA allows a household to continue to receive Nutrition Assistance benefits at the benefit level being issued prior to the increase income, for a period of five months.
- Transitional Child Care (TCC). The ADES administers the state's child care programs, including the TCC program. The TCC helps families who were formerly receiving TANF Cash Assistance with the cost of child care so that parents can maintain employment. To be eligible for TCC, a family must:
 - Be employed;
 - Have received TANF Cash Assistance in Arizona for at least one month of the last six-month period;
 - Request TCC within six months of the TANF Cash Assistance closure date; and
 - Meet the income eligibility requirements (currently 165 percent of the Federal Poverty Level).

Child care is provided for the portion of the 24-hour day when neither parent is available to provide care because of employment. Income eligibility requirements are based on family size and gross income. Eligible families are required to pay a portion of the child care costs.

To receive TCC, a family must:

- Apply for TCC services;
- Provide information and verification as requested by ADES;
- Inform ADES of the child care provider that has been chosen; (providers must have a registration agreement with ADES in order to receive payments); and

- Report changes regarding child care needs, changes in providers, family size, employment, income, address, and other changes within two working days.

Parents may select from the following types of child care providers who have registration agreements with ADES:

- ADES-certified small family child care homes and in-home providers;
- Arizona Department of Health Services (ADHS) licensed child care centers;
- ADHS-certified child care group homes; or
- Certain relatives.

Child care providers have registration agreements with ADES for payment purposes and are not ADES employees. Parents are required to sign children in and out of care to ensure accurate ADES reimbursement. The parent pays the parent's portion of the cost of care directly to the child care provider.

Additional assistance with child care-related expenses for costs such as child care registration fees and other charges may also be provided.

Transitional Benefit Assistance (TBA) Additional Supplemental Nutrition Assistance

Program benefits for eligible individuals meeting the following criteria:

- The Cash Assistance case is closed because of excess income.
- Supplemental Nutrition Assistance Program benefits are issued in the month of the Cash Assistance closure.
- The change in income was reported in a timely manner.
- No Supplemental Nutrition Assistance Program budgetary unit participants are eligible for Cash Assistance.
- The Cash Assistance case is not in a sanction status due to noncompliance with Division of Child Support Enforcement (DCSE) or Jobs Program requirements.

When all TBA eligibility criteria are met, the participant receives five additional months of

Supplemental Nutrition Assistance Program benefits, counting only the income that was received prior to the Cash Assistance closure.

Community-Based Services

Community-based organizations in Arizona provide a wide array of services to persons in need. Some persons who receive these services are transitioning from assistance as defined in 45 CFR 260.31. These services include but are not limited to emergency food distribution, parent skills classes, family management and work maintenance skills, and emergency shelter or transitional housing services. Persons receiving these services are included in the recipient counts identified in Attachment B.

(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.

Arizona sanctions individuals who fail to comply with certain program requirements without good cause. Work-eligible individuals who do not comply with work program requirements without good cause will experience a reduction or termination of their household's TANF Cash Assistance.

Sanctions are not imposed for any single custodial parent who fails to comply with work program requirements when the person has verified an inability to obtain needed child care for a child under age 13 owing to unavailability, unaffordability, or unsuitability of child care.

For all families, except two-parent families for whom deprivation is based on the unemployment or underemployment of the primary wage-earning parent, TANF Cash Assistance is decreased as follows:

- For the first incident of noncompliance without good cause, the TANF Cash Assistance grant is reduced by 25 percent;
- For the second incident of noncompliance without good cause, the TANF Cash Assistance grant is reduced by 50 percent; and
- For the third and all subsequent incidents of noncompliance without good cause, the TANF Cash Assistance grant is terminated.

For two-parent families for whom deprivation is based on the unemployment or underemployment of the primary wage-earning parent, TANF Cash Assistance is paid only after assigned work requirements are completed. The family does not receive the corresponding TANF Cash Assistance payment if assigned work activities are not completed. The TANF Cash Assistance grant is terminated when it is determined that there has been three cycles in which assigned work activities have not been completed without good cause.

(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:

- Licensed/regulated in-home child care;
- Licensed/regulated family child care;
- Licensed/regulated group home child care;
- Licensed/regulated center-based child care;
- Legally operating (i.e., no license category available in state or locality) in-home child care provided by a nonrelative;
- Legally operating (i.e., no license category available in state or locality) in-home child care provided by a relative;
- Legally operating (i.e., no license category available in state or locality) family child care provided by a nonrelative;
- Legally operating (i.e., no license category available in state or locality) family child care provided by a relative;
- Legally operating (i.e., no license category available in state or locality) group child care provided by a nonrelative;
- Legally operating (i.e., no license category available in state or locality) group child care provided by a relative; and
- Legally operated (i.e., no license category available in state or locality) center-based child care.

The Department does not track payments for child care services through the use of disregards by the type of child care provider. The average monthly number of payments for child care services through the use of disregards during federal fiscal year (FFY) 2010 was 44.

- (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.**

All individuals are screened for issues that may prevent participation in program activities. Specific questions regarding whether the individual or anyone in the family is experiencing physical or emotional harm are asked of all individuals. Jobs Program case managers review any issues with the individuals that may cause potential employment barriers, including domestic violence situations.

The Jobs Program case managers are instructed to establish if the individual is currently a victim of domestic violence, whether the individual has been a victim in the past, or if the individual is at risk of experiencing domestic violence in the future. The Jobs Program case manager requests verification of an individual's claim of domestic violence; however, when verification is unavailable, the individual's statement is accepted for work program deferral purposes.

Additionally, TANF funds are used to support a statewide system of lay and professional legal assistance for domestic violence victims. This program assists victims with self-advocacy, obtaining orders of protection, legal advice, and representation in civil matters to assist in the achievement of short-term and long-term safety and self-sufficiency.

The number of individuals who have been deferred because of domestic violence for FFY 2010 is 131.

- (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; and**
 - 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.**

Short-Term Crisis Services

- i The eligibility criteria for the Short-Term Crisis Services (STCS) program include Arizona residency, documentation of a crisis situation making it difficult to meet the household's monthly expenditures, and household income below the federal poverty guidelines during the most recent 30-day period. A person who refuses employment or employment training is ineligible for the STCS program.
- ii Under the STCS program, financial assistance may be authorized to pay a utility bill or deposit, rental obligation or deposit, or mortgage payment. Payments for special needs related to employment such as eyeglasses, car repair, and dental care may also be approved. The maximum allowance for utility assistance and special needs is \$300. A rent or mortgage payment in an amount up to \$1,500 can be authorized. Regardless of the type of payment, a family can only receive financial assistance once in a 12-month period.
- iii Individuals participating in the STCS program receive referrals for appropriate services and benefits available in the community such as employment and training, utility discount programs, and other supportive programs designed to move clients toward self-sufficiency. Some contractors have developed innovative employment assistance and money management programs such as Individual Development Accounts.

Grant Diversion

- i Grant Diversion offers TANF Cash Assistance applicants immediate help to overcome short-term barriers to employment and self-sufficiency. Grant Diversion is offered only to applicants who are identified as likely to gain full-time employment within 90 days of the TANF Cash Assistance application. Grant Diversion candidates must meet all TANF Cash Assistance eligibility requirements as specified in the Arizona TANF State Plan. Grant Diversion participants are eligible to receive a payment that is three times the monthly amount of TANF Cash Assistance for which the applicant qualifies. Grant Diversion is a nonrecurring payment that can be received no more than two times during a 12-month period.

- ii Candidates for Grant Diversion must meet all TANF Cash Assistance eligibility requirements. TANF Cash Assistance applicants are screened for potential Grant Diversion eligibility during the application screening process or during the TANF Cash Assistance eligibility interview.
- iii Grant Diversion provides immediate financial assistance and employment-related services within a three-month period. Grant Diversion participants are eligible to receive employment-related supportive services from the ADES Employment Administration such as child care assistance and are potentially eligible for the Supplemental Nutrition Assistance and Medical Assistance programs.

(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.

The Department has the responsibility for administering this provision.

Displacement Complaints

The Department has a policy of nondisplacement by the Jobs Program work-eligible individuals who are placed in unpaid or subsidized work. Employees of employers with whom the Jobs Program work-eligible individuals are placed in unpaid or subsidized jobs may file a grievance regarding displacement. Displacement includes assigning a work-eligible individual to a position that:

- Results in the termination or reassignment of a regular employee;
- Results in the reduction of nonovertime work, wages, or benefits of a regular employee;
- Impairs an existing contract for service or a collective bargaining agreement;
- Fills the position of a regular employee on layoff status;
- Creates a new position for a Jobs Program participant when the new position performs substantially the same job functions as the position held by a regular employee on layoff or who is subsequently terminated;
- Infringes on the promotional opportunities of a regular employee; or
- Fills any established, unfilled position.

Procedures for Filing and Receiving Complaints

Upon request, the Jobs Program contractor staff will provide information to regular employees and to their employers regarding the employee's right to file a grievance and the procedure for doing so.

The aggrieved party may seek to informally resolve a grievance at the regional level with the designee for the Jobs Program contractor and the ADES Employment Administration designee, or may request a fair hearing.

To pursue informal resolution, an aggrieved party shall file an ADES grievance form with the ADES Employment Administration designee. The form shall contain the following information:

- The aggrieved party's name, address, and phone number;
- The date of grievance;
- A contact person, if other than the aggrieved party;
- ADES Employment Administration's designee address and phone number;
- A description of the action that is the subject of the grievance and the date of the action; and
- The proposed resolution.

If the aggrieved party requests an informal resolution, ADES shall hold an informal resolution meeting with the aggrieved party within 15 working days from the date ADES receives the grievance.

If a grievance is not resolved at the informal meeting, the aggrieved party may request a fair hearing with the ADES Office of Appeals within 20 calendar days from the date of the informal meeting by sending a request for a fair hearing to the ADES local office.

If the aggrieved party does not choose to seek an informal resolution, the aggrieved party may request a fair hearing by filing a request with the ADES local office. An employee who requests a fair hearing shall file a request within 20 calendar days of the date of the adverse action notice. Upon request, the Jobs Program contractor and the ADES Employment Administration's designee shall assist the aggrieved party in preparing the hearing request. Assistance shall include an explanation of the aggrieved party's right to fair hearing, the fair hearing procedures, and the processes.

ADES Employment Administration and Jobs Program contractor staff shall prepare and forward the request for a hearing to the ADES Office of Appeals. The request shall include all information submitted by the aggrieved party and the decision reached at the informal resolution meeting. Upon receipt of a request for a fair hearing, the ADES Office of Appeals will conduct the hearings.

Public Notification

The Employment Administration will make information available in each office about the displacement policy. The policy manual is posted on the ADES Web site and is available to the public for examination.

(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).

- i 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):**

Teen Pregnancy Prevention Program

The Comprehensive Sexuality Education Program is part of a statewide teen pregnancy prevention initiative that supports community-based efforts to reduce teen pregnancy and sexually transmitted diseases among youth. The program promotes responsible decision making and skill building by providing school- and community-based education for youth and parents. Contractors use evidence-based curricula and youth development programs that have been proven to delay sexual activity, improve contraceptive use among sexually active teens, and prevent teen pregnancy. Services are provided after school in community settings. The primary target populations of the programs are youth involved in the juvenile justice system and parents in general.

The goals of the program are to:

- Reduce the number of pregnancies among teenage girls age 15–19;
- Reduce the number of repeat pregnancies among teenage girls age 15–19; and
- Reduce the incidence of sexually transmitted diseases among teenagers aged 15–19.

Currently, there are 13 programs housed in the County Health Departments located in Gila, Maricopa, Yuma, Pima, Graham, Greenlee, Apache, Navajo, Cochise, Coconino, La Paz, Mohave, and Yavapai counties. Contracts are also in place with the Navajo Nation and Inter-Tribal Council of Arizona to provide services on Tribal Lands.

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

TANF Purpose Four Programs

Arizona has a number of programs and services that meet TANF Purpose Four programs. These include, but are not limited to, such programs and services as the Two-Parent Employment Program that provides TANF Cash Assistance and Jobs Program employment-related supportive services such as transportation and postemployment education. Also included are some child welfare programs. A description of these services is included in the Arizona TANF State Plan.

Additionally, several of the services provided by community-based organizations are directed toward meeting TANF Purpose Four. These include but are not limited to parent and family management skills training as well as emergency food service programs and emergency housing services. Persons receiving these services are included in the recipient counts identified in Attachment B.

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

Two individuals participated in subsidized employment in FFY 2010.

SIGNATURE: _____

NAME/TITLE: Neal Young, ADES Director

DATE _____

