



## RELATIVE CAREGIVER PROGRAM REQUEST FOR ELIGIBILITY CONSIDERATION

Please read the program requirements and program options listed herein. Your signature below indicates that you are requesting consideration for Relative Caregiver Program eligibility and understand the requirements and options of the Relative Caregiver Program.

### **Relative Caregiver Program Requirements**

- ❖ I must be taking care of children who are related to me.
- ❖ There must be a Florida court order by a judge finding that the children were abandoned, abused or neglected. The child(ren) who I am applying for has been placed in my custody by a Florida juvenile court judge.
- ❖ I understand that the Department's office of Family Safety will do a home study to be sure that the children in my custody are safe from abuse or neglect. If there are problems in my home, the Department may be court ordered by a judge to supervise them or even remove them from my home.
- ❖ I must file a Request for Assistance with the Department of Children and Families Economic Self-Sufficiency office, have an interview and provide all the requested documentation that the Department needs to decide if I meet the requirements for Temporary Cash Assistance. If it is hard for me to get the requested documentation, I understand that I can ask my caseworker to help me.
- ❖ If I receive Temporary Cash Assistance, I cannot also receive Relative Caregiver benefits in the same month. If I meet technical and financial requirements, I can ask to receive Temporary Cash Assistance while the request for Relative Caregiver eligibility is being processed. If I am eligible for Temporary Cash Assistance, I will not receive the increased Relative Caregiver benefit until the first month after the Department stops my Temporary Cash Assistance.
- ❖ I understand that the Relative Caregiver payment is to cover the cost of the child's basic needs such as food, clothing, shelter, school supplies, and personal items like toiletries, entertainment, etc.

### **Relative Caregiver Program Options. I would like to be considered for the following:**

- Temporary Cash Assistance payment while my Relative Caregiver application is being processed. I understand that if approved for the Relative Caregiver payment I will not receive the child's increased Relative Caregiver benefit until the first month that the Temporary Cash Assistance payment can be stopped, or;
- Relative Caregiver payment for the eligible child(ren), or;
- Temporary Cash Assistance child-only payment, or;
- Temporary Cash Assistance payment and include my own needs, or;
- Relative Caregiver payment for the eligible child(ren) and Temporary Cash Assistance for other qualified individuals in my home.

### **ASK AN ELIGIBILITY SPECIALIST FOR HELP IF YOU NEED MORE INFORMATION ABOUT YOUR OPTIONS**

- I have been given a copy of the Relative Caregiver Program brochure.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_