



Request for TANF Funds/Eligibility Determination – 2026/2027

Eligibility Requirement: To be eligible for the TANF funds: the child/family income must be less than 200% of the federal poverty level; the child must be living in the home of a parent or other specified relative; the individual must be a United States citizen or qualified non-citizen; and the child/family must be residing in Florida.

Region/Lead Agency: _____
(Enter Region name [or name of Lead Agency servicing the area] in which child/family reside)

Date of Request: _____
(Date Form Initiated)

Table 1: Information on Children and Adults in Household.

	Name	Social Security #	Date of Birth	Citizen or Qualified Non-citizen
1				☐ Yes ☐ No
2				☐ Yes ☐ No
3				☐ Yes ☐ No
4				☐ Yes ☐ No
5				☐ Yes ☐ No

1) Is (are) child(ren) living with a parent or other specified relative?

- ☐ YES If Yes, continue with item #2; list name of relative and relationship to child:
☐ NO If No, child is not eligible for TANF.

2) Is (are) child(ren) residing in Florida?

- ☐ YES If Yes, continue with item #3.
☐ NO If No, child is not TANF eligible.

3) Is the family currently receiving temporary cash assistance under WAGES or the Relative Caregiver Program?

- ☐ YES If Yes, *financial criteria met*; submit to supervisor/designee for TANF eligibility determination.
☐ NO If No, continue with item #4.

4) Family Income. Information obtained from:

- ☐ Parent/Relative (check one): ☐ Self declaration or ☐ Documented: _____
List documentation [i.e., pay stub, etc.]
☐ Collateral Source: _____
List the source

Using information obtained from the parent or specified relative or through available/collateral contact information, make the "best determination possible" of the family's gross income. When income information is not obtained from the family, it may be obtained from the employment history of responsible adults or any prior determination of eligibility for public assistance [i.e., Food Assistance, Temporary Cash Assistance (WAGES), etc.].

If Item #4 above is checked, this section must be completed:

Determine: (A) What is the family size? _____
(B) Estimated Family Income: \$_____ per ☐ month ☐ year

Table 2: 200% of the FPL by family size (effective date: July 1, 2026*)

(For households larger than 10, add \$947 per month or \$11,360 per year for each additional household member.)

HOUSEHOLD SIZE AND FAMILY INCOME										
Household size	1	2	3	4	5	6	7	8	9	10
Monthly Income	\$2,660	\$3,607	\$4,554	\$5,500	\$6,447	\$7,394	\$8,340	\$9,287	\$10,234	\$11,180
Yearly income	\$31,920	\$43,280	\$54,640	\$66,000	\$77,360	\$88,720	\$100,080	\$111,440	\$122,800	\$134,160

*Federal Poverty Guidelines: 2026 Federal Poverty Guidelines (FPG) annual income levels are published in the Federal Register of January 15, 2026.

<https://www.govinfo.gov/content/pkg/FR-2026-01-15/pdf/2026-00755.pdf>

SIGNED: _____

Date: _____
(Date Form Completed)

Based on the household information above, the family income is: (check one)

- ☐ Less than 200% of the FPL ... CHILD/FAMILY IS ELIGIBLE
☐ At or above 200% of the FPL ... CHILD/FAMILY IS INELIGIBLE

SIGNED: _____
Supervisor or Designee

Date: _____

Child(ren)'s eligibility was entered into FSFN on (the date): _____ Person entering information: _____

INSTRUCTIONS

Request for TANF Funds/Eligibility Determination

PURPOSE: TANF funding in Family Safety is used to pay the administrative costs of the Florida Abuse Hotline, eligible staff activities of protective investigators and protective services counselors, services for children who are in their own homes with a parent or specified relative and who are at imminent risk of removal and for services to expedite reunification. The information requested in this form is used to determine the child/family's eligibility for TANF.

INFORMATION REQUESTED:

1. Enter the name of the region/Lead Agency in which the child/family resides.
2. Enter the date of request (date the form is initiated).
3. Enter the names of all the family members/children in the household, their social security numbers and dates of birth.
4. Indicate whether each individual is a United States citizen or qualified noncitizen.

ELIGIBILITY:

1. When the application is being completed at the time of the investigation, check "YES" if the child is being removed from the home of a parent or specified relative; otherwise, check "NO". When the application is being completed to provide TANF funded protective services in the child's home or out-of-home placement, check "YES" if the child is currently living with a parent or **specified** relative, otherwise check "NO".

IF "YES", continue with Item # 2. Write the name of the specified relative with whom the child(ren) is(are) living and the relationship to the child(ren).

IF "NO" the child is ineligible for TANF funding.

2. Check "YES" or "NO"

IF "YES," child/family meets residency criteria, continue with Item # 3

IF "NO," child is ineligible for TANF funding.

3. Check "YES" or "NO"

IF "YES," child/family meets financial criteria; submit form to supervisor or designee for TANF eligibility determination.

IF "NO," Continue with Item # 4.

4. **FAMILY INCOME:** If the family income information is "documented", list the type of documentation.

When child is in the home of his/her parent(s) the income of the child(ren) and child's parent(s) living in the home is counted. The family size will include the parent(s) and the child(ren). When child is in the home of a non-parent specified relative, only the child's income is counted and each child will be considered a family on "one". Two hundred percent (200%) of the FPL by family size is listed in the chart.

Note: The source of the income information must be documented on the request form. When efforts to obtain income information is unsuccessful; the child will be ineligible for TANF funding. Indicate in the top margin of the request form that income information could not be obtained then initial and date.

The person completing the form - parent, adult non-parent specified relative, CPI, case manager or region/Lead Agency designee - must sign and date the form.

The supervisor or region/Lead Agency designee conducts the eligibility determination by indicating whether the family's income is less than 200% of the FPL for the household size and marks the appropriate space whether the child/family is eligible for TANF 200% funds.

The supervisor or region/Lead Agency designee must sign and date the form.

DISTRIBUTION:

Original must remain in child's file (copies can be used when the family has more than one child)

Copy to region/Lead Agency Revenue Maximization Unit, as appropriate.

CODING:

The child's eligibility must be recorded in FSN.