



State of Florida  
Department of Children and Families

Jeb Bush  
Governor

Lucy D. Hadi  
Secretary

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**DATE:** November 15, 2005

**TO:** Bob Williams, District Administrator

**FROM:** Kim L. Shaver, Director, ACCESS Florida **(Signature on File)**

**SUBJECT:** State Temporary Recovery Assistance Program (STRAP)

**EFFECTIVE:** November 17, 2005

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This memorandum is to notify staff of a new short-term emergency cash assistance diversion program for residents of Franklin and Gulf counties, and to provide instructions for implementation of this new State Temporary Recovery Assistance Program (STRAP). This is an emergency assistance diversion program authorized under current law and within existing appropriation.

Applications for this program will be offered for residents of Franklin County from November 17<sup>th</sup> through December 2<sup>nd</sup> and in Gulf County beginning November 28<sup>th</sup> through December 9<sup>th</sup>.

**Household Eligibility Requirements for STRAP:**

Standard TCA policies for families with an included adult member and at least one related minor child apply with the following exceptions/clarifications:

- Must reside in Franklin or Gulf County.
- Must have resided in Franklin and Gulf county when either or both Hurricanes Dennis or Katrina struck in the area at the time of at least one disaster declaration.
- Must apply for the STRAP payment within 10 working days from the date the program becomes operational in the county.
- Households must contain an eligible adult household member (parent or caretaker relative). Child only cases are not included in this program.
- Must be experiencing an emergency situation that is impacting their ability to obtain or maintain employment. The need for financial assistance must be the result of one or more of the following:
  - loss or reduction in income,

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- need to replace or repair housing or items for home or pay temporary shelter expenses,
  - need to repair or replace self-employment property or equipment, or
  - need to pay other expenses.
- Only families with one or more minor children may receive a STRAP payment.
  - Must have income less than 200% of the federal poverty level for their household size. Compare the family's gross monthly income, using standard policy to calculate income.
  - Must have available liquid assets that are no more than \$2,000. (Only liquid assets are counted.)
  - Must meet the technical federal requirements of citizenship/alien status and non-fleeing felon status. Must not be in a period of administrative disqualification for cash assistance in the month of application. There are no work registration/participation or child support cooperation requirements. TCA school attendance, school conference and immunization requirements do not apply.
  - May not be concurrently receiving TCA.
  - Must sign an agreement not to receive regular TCA for three consecutive months beginning with the month of receipt of the STRAP payment. (see attached agreement form)
  - STRAP payment is limited to a one-time payment of \$1000.
  - The STRAP payment does not count towards the 48 month limit on TCA receipt.

**Note:** The STRAP diversion payment is a non-recurring unearned lump sum payment and is excluded as income for food stamps and Medicaid. The payment is counted as an asset in the month of receipt.

### **STRAP Verification Requirements:**

- Verification of the applicant's identity and their family's residence in the designated disaster/economic impact area must be obtained. Examples of acceptable verification include, but are not limited to:
  - Driver's license,
  - Utility or other bill with the applicant's name and address,
  - Tax records or other government documents with applicant's name and address,
  - FAIR information, or

- Statement from a third party verifying the applicant's identity and the family's residence.
- The applicant's statement regarding the emergency situation and need for immediate financial assistance, citizenship/non-citizenship status, non-fleeing felon status, income and assets is acceptable, unless questionable.
  - Questionable applications should be referred to Access Integrity staff for review.

**Hardship Exceptions to Applying for TCA During the Three Month STRAP Period:**

Households who have an emergency circumstance that results in their applying for TCA within the three month diversion period will be evaluated for a hardship exception:

The following are allowable exceptions to receiving TCA:

- A significant loss of income or employment,
- Loss of housing, or
- Other unforeseen emergencies.

**STRAP Repayment for Households Approved for TCA Due to a Hardship Exception:**

When a household is approved for TCA within the three month diversion period due to a hardship, the STRAP repayment will be calculated as follows:

The amount of STRAP to be repaid will be reduced by one-third for each month the individual does not receive TCA (ie. the month of receipt of STRAP and subsequent months). The repayment amount will be prorated over the next eight months of TCA receipt.

Example: Household approved for a STRAP payment of \$1000 in December 2005 reapplies and is approved for TCA in February 2006 (third month of diversion) due to a hardship.

Amount of STRAP payment		\$1000.00
Reduction based upon being off TCA for two months	-	\$ 666.67
Amount of total repayment	=	\$ 333.33
Prorated over next eight months of TCA receipt (rounded up)	=	\$ 42.00 per month

If the TCA benefit before recoupment is less than the prorated repayment plus \$10 (\$52 in the example), do not issue a payment for that month, but credit the household for one month of repayment.

**FLORIDA Procedures for Issuance of STRAP Payments:**

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Workaround 112. State Temporary Recovery Assistance Program (STRAP)

**Problem:** The system does not create State Temporary Recovery Assistance Program (STRAP) diversion benefits.

**Workaround:**

Upon receipt of a request for STRAP DIVERSION benefits, complete an interview to determine eligibility.

*APPLICATION FOR STRAP ONLY*

Approval of STRAP Diversion

Step	Screen	Action
1	AIIA	Enter “ST” in the “FLAG” field for each individual potentially eligible for STRAP.
2	AGPI	Enter <b>05 (Exempt – STRAP)</b> in the PART STAT field
3	AABC	Run AABC
4	AOIE	For each individual in the AG, enter code <b>334 (Failed Due to Receipt of STRAP Diversion)</b> in the CASH field.  Enter BEGIN and END dates that cover the additional 2 month eligibility following the month of STRAP payment. This will prevent payment of cash assistance in error during this period. Do not approve a STRAP payment for a month TCA was received.  <b>Note: AGCC displays eligibility for the recurring month so it will indicate that the AG failed, however AWES will show that the initial month of TCA passed.</b>
5	AEFT AEIF	FIAT the amount of the <b>INITIAL</b> month of TCA to the amount of the STRAP Diversion payment.  Use fiat reason code “104”  Enter “STRAP DIVERSION” in the reason field.
6	AWAA	Approve the payment for STRAP Diversion using reason code <b>038 (STRAP Diversion Approved)</b> . Supervisory approval is required for this.  Deny any additional months created for TCA using reason code <b>334 (STRAP Diversion Approved Instead of Temporary Cash)</b> .
7	CLRC	Notate all actions taken.

Denial of STRAP Diversion

Step	Screen	Action

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1	<b>AIIA</b>	Enter "ST" in the "FLAG" field for each individual potentially eligible for STRAP.
2	<b>AGPI</b>	Enter <b>05 (Exempt – STRAP)</b> in the PART STAT field
3	<b>AABC</b>	Run AABC
4	<b>AWAA</b>	Deny TCA on AWAA using <b>330 (STRAP Diversion Has Been Denied)</b>
5	<b>AABC</b>	Run AABC to follow up on TCA if requested.
6	<b>CLRC</b>	Notate all actions taken.

If there are any policy questions, district/zone offices should contact Gary D. Scott at 850-413-7427 or Suncom 293-7427. For FLORIDA system questions please contact Victoria Ellis at 850-921-2275 or Suncom 291-2275.

cc: Assistant Secretary of Operations (Greg Keller)  
Chief Information Officer, DCF Information Systems (Brock)  
FLORIDA Operations (Jenkins, Hudgens, Poirier, Anderson)  
FLORIDA Help Desk (Keegan)  
Program Policy (Lange, Lewis, Schilling, Grignon)  
Program Integrity (Ransdell)  
Quality Control (Pearce)  
Appeals Hearings (Pritchard)  
Florida Legal Services (Huddleston)  
Office of General Counsel (Minnis)  
AWI (Scott, Malone)  
Department of Revenue (Mohnen, Luga)



## State Temporary Recovery Assistance Program (STRAP) Agreement

**Section A:** *To be completed by the Eligibility Specialist*

\_\_\_\_\_

Applicant Name (please print)

\_\_\_\_\_

Case Number

**Section B:** *To be completed by Eligibility Specialist*

- I understand that by accepting a one time STRAP payment of \$1,000, I am voluntarily declining to receive Temporary Cash Assistance at this time. I understand that I, or any other member of my household, may not apply for Temporary Cash Assistance within the next three months, or before \_\_\_\_/\_\_\_\_/\_\_\_\_, unless I can show need for a hardship exception.
- If an unexpected hardship forces me to apply for Temporary Cash Assistance before \_\_\_\_/\_\_\_\_/\_\_\_\_, the amount of any regular temporary cash assistance I might be eligible to receive may be reduced as repayment of all or a portion of the STRAP payment. (One third of the STRAP payment must be repaid for each month that I receive TCA within the next three months. The amount to be repaid will be divided by eight and subtracted from my TCA payment for eight months following approval.)
- I understand that I may apply for Medicaid or food stamp benefits now or any time in the future.
- I understand that I can be approved **only once** for STRAP.

**Section C:** *To be completed by the Applicant and the Eligibility Specialist*

The STRAP Program has been explained to me and I understand that if I knowingly do not tell the truth, or hide information to receive cash assistance, I may be disqualified from the STRAP Program and may be subject to further prosecution under federal and state law. I certify that I have not previously received a STRAP payment.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

\_\_\_\_\_

Eligibility Specialist (please print)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

(\_\_\_\_)\_\_\_\_\_

Telephone Number



# APPLICATION FOR STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM (STRAP)

*We will consider all applicants without regard to color, race, sex, handicap, religion, national origin or political belief.*

**INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but refuses on purpose to give any requested information, it will not be eligible to receive STRAP. When you are interviewed, you must verify your identity and show proof that your household lives in the affected area. You may have to verify any questionable information. DO NOT WRITE IN SHADED AREAS.**

Head of Household	Verified	Permanent Living Address
Mailing Address (if different from living address)	Verified	City <span style="margin-left: 100px;">County</span> <span style="float: right;">Zip Code</span>
City: <span style="margin-left: 100px;">County:</span> <span style="float: right;">Zip Code:</span>		How long have you lived at this address?
Phone Number: (      )		If less than six months, where did you live before?

Are any household members fleeing to avoid prosecution for a felony offence Yes\_\_\_ No\_\_\_, If yes, name of individual(s)\_\_\_\_\_

List the members of your household, including yourself, who were affected by the disasters who are living with you. List each household member's social security number (SSN), date of birth, sex, race and source and gross income. List any other income your household members have received. (Pursuant to federal regulation in 45CFR 205.55 you must provide us your social security number(s). Giving us your social security number(s) helps to determine your eligibility for assistance or services faster and more accurately. Social security numbers are used by the Department for identify verification, income and eligibility verification, and other purposes related to administration of our programs. It will also be used for computer matching, program reviews or audits. If any member does not have a social security number, you must apply for one on their behalf.

**MEMBERS OF THAT HOUSEHOLD.**

PART A – HOUSEHOLD MEMBERS – List yourself first. (Attach paper for more space)							PART B – INCOME		
First Name / Last Name	Social Security No.	Birth Date	Sex	Race	Relation	US Citizen		Source/Type	Monthly Amount
						Yes	No		
					SELF				

**PART C – CERTIFICATION AND SIGNATURE**

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of assistance as a result of disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.

**Print Name of authorized representative, if any:** \_\_\_\_\_

**Signature of Applicant, Authorized Representative, or Witness (if signed with an X)**

Date: \_\_\_\_\_

**PART D – HOUSEHOLD SITUATION**

	YES	NO
1. Are you a current Temporary Cash Assistance participant?		
2. Is your need for financial assistance the result of:		
Loss or reduction in income?		
Need to replace or repair housing or items for home or pay temporary shelter expenses?		
Need to replace or repair self employment property or equipment damaged?		
Need to pay for other expenses?		

**PART E – RESOURCES/ASSETS**

**List all cash and bank accounts your household is able to get to.**

Cash on hand	\$	
Checking accounts	\$	
Saving accounts	\$	

**PART F – PENALTY WARNING**

If your household gets a STRAP payment, it must follow the rules listed below.

- DO NOT give false information or hide information to get a STRAP payment.**
- Use your STRAP benefits to the best benefit of the children in the assistance group.**
- Declare the citizenship or non-citizenship status of your family members who are applying for assistance by signing the STRAP Application and provide documentation from United States Citizenship and Immigration Service (USCIS), for all persons who are not U. S. citizens for whom assistance is being requested. Documentation of USCIS status is not required for individuals for whom assistance is not being requested.**
- Cooperate fully with state and federal officials when they review your case and answer all questions if you are able.**
- Repay the department for any benefits received for which you are not eligible.**