

COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN ST., DENVER, COLORADO 80203-1714 AGENCY LETTER	NUMBER: CW-09-18-I
	CROSS REFERENCE NUMBER:
DIVISION OR OFFICE: Children, Youth and Families	DATE: March 12, 2009
PROGRAM AREA: Child Welfare – CW	DIVISION DIRECTOR: Lloyd D. Malone
TITLE: 200% OF POVERTY – 2009 POVERTY GUIDELINES TYPE: I – Information	DEPUTY EXECUTIVE DIRECTOR: George Kennedy

Purpose: The purpose of this agency letter is to inform county departments of the 200% of Poverty – 2009 Poverty Guidelines.

Background: TANF Transfers to Title XX: Section 404(d)(3)(B) of the Social Security Act requires that TANF (Temporary Assistance for Needy Families) funds transferred to Title XX programs (i.e. county child welfare services) must be used only for programs and services to children or their families whose income is less than 200 % of the federal poverty level applicable to the family size involved. Title XX is that title of the Federal Social Security Act from which the State's Services Plan is based. The Title XX legislation is contained in Public Law No. 97-35.

Information: Title XX: When TANF funds are transferred to Title XX, the federal government requires that these Title XX funds must be spent on families with household income of less than 200% of the federal poverty guideline. Funds transferred from the TANF Block to the Child Welfare Block fall under this federal requirement. In order to demonstrate compliance with the Title XX requirement, the State Department has included the 200% of poverty determination on the MOE determination form (attached). **The determination of family income under 200% of poverty is NOT an MOE eligibility requirement, and therefore does not impact the child's eligibility for MOE funding.**

The federal Department of Health and Human Services provides poverty guidelines which are revised each calendar year. The poverty level is based on the number of family members residing in the household. The 2009 federal poverty guideline is as follows:

200% of Poverty - 2009 HHS Poverty Guidelines

Size of Family Unit	200% of Poverty
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020
For each additional person, add	\$7,480

Example: A family (household) with 2 parents and 2 children must have an annual income of less than \$44,100 to be less than 200% of poverty for the family unit.

Apply the rules related to Colorado Works found in Staff Manual Volume III Section 3.600 et seq. (9 CCR 2503-1) for guidance on determining members of the household for the MOE and Title XX determinations. Volume III can be accessed through the Internet at www.cdhs.state.co.us, then link to Policies, then to *Rules and Regulations*.

Counties should use the 2009 HHS Poverty Guidelines for determining Title XX eligibility. The attached Maintenance of Effort (MOE) Eligibility Determination Form has the correct 2009 HHS Poverty Guidelines The attached form is a single document and is used for determining MOE eligibility.

Effective Date: Immediately

Supersedes: Agency Letter CW-08-04-I

Contact Person:

Larry Armstrong
Child Welfare Services
1575 Sherman Street, 2nd Floor
Denver, CO 80202

Phone: 303-866-4587

E-Mail: larry.Armstrong@state.co.us

Attachment: - CERTIFICATION FOR EMERGENCY ASSISTANCE – MAINTENANCE –OF- EFFORT (MOE) ELIGIBILITY DETERMINATION FORM

**CERTIFICATION FOR EMERGENCY ASSISTANCE
MAINTENANCE-OF-EFFORT (MOE) ELIGIBILITY DETERMINATION FORM**

CBMS CASE ID#: _____

COUNTY:	HOUSEHOLD #:	CASE NAME:	TRAILS CASE ID#:
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INITIATION OF APPLICATION	
WORKER INITIATING APPLICATION : _____ <small>(Signature of Worker)</small>	DATE OF APPLICATION: _____ <small>(Enter this date in Application Date field in CBMS)</small>

HEAD OF HOUSEHOLD INFORMATION

LAST NAME		FIRST	MIDDLE
MAILING ADDRESS: NUMBER	STREET/PO BOX/RURAL ROUTE		APT/UNIT NO.
CITY/TOWN	STATE	ZIP CODE	TELEPHONE NUMBER / LOCATION
			IS COLORADO THE CURRENT STATE OF RESIDENCE OF THE HOUSEHOLD? YES <input type="checkbox"/> NO <input type="checkbox"/>

HOUSEHOLD MEMBERS LIST FAMILY MEMBERS RESIDING IN THE HOME WITH THE CHILD (INCLUDING STEPPARENTS)

HH Suffix	STATE ID	T R A I L S	LAST NAME, FIRST NAME, MIDDLE INITIAL	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	SEX M/F	DATE OF BIRTH	CITIZENSHIP U.S. Citizen, Qualified Alien, Unqualified Alien.	WORK INCOME (MONTHLY)	NON-WORK INCOME (MONTHLY)	DOES CHILD LIVE WITH A PARENT OR RELATIVE ? (YES/NO)
			SAME AS ABOVE								

ELIGIBILITY CRITERIA AND FACTORS

1. Yes. or No. An emergency exists, defined as; the child is at risk of removal from their home into publicly funded care or supervision.
2. Yes. or No. The household income is less than \$75,000 per year. Annual household income = _____.
3. Yes. or No. The child lives with a parent(s) or other specified relative.

TITLE XX

1. Yes. or No. Is the household income less than 200% of poverty?

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT I AM SAYING THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT EACH PERSON THAT IS ELIGIBLE TO PARTICIPATE LISTED ON THIS APPLICATION IS A CITIZEN OR QUALIFIED ALIEN.

SIGN HERE (Authorized Agency Representative)

Date

Worker Number

DENIED REASON:

DATE AND INITIAL :

INCOME VERIFICATION:

TANF/WORKS _____; FS _____; DOLE/CUBS _____; ACSES _____; LEAP _____;
SVES _____; Other _____; DATE AND INITIAL: _____

		CITIZENSHIP CODES 1. US CITIZEN OR NATURALIZED CITIZEN E. QUALIFIED ALIEN D. NON-CITIZEN UNQUALIFIED	RELATIONSHIP CODES 0 Not Related 1 Parent (Natural or Adoptive) 2 Grandparent 3 Uncle Aunt	4 Brother or Sister 5 Stepparent 6 Step-Brother or Step-Sister 7 Other	8 Son or Daughter 9 Grandson or Granddaughter 10 Niece or Nephew 11 Step-Son or Step-Daughter	12 Husband or Wife 13 Cousin
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Revised (2/2009)

CBMS DATA ENTRY COMPLETE _____

FOR YOUR PROTECTION IT IS IMPORTANT TO READ THE FOLLOWING CAREFULLY

RIGHT TO APPEAL - PLEASE READ

IF YOU THINK YOUR COUNTY DEPARTMENT HAS BEEN UNFAIR OR HAS MADE A MISTAKE CONCERNING YOUR ELIGIBILITY OR THE AMOUNT OF YOUR BENEFITS, YOU HAVE THE RIGHT TO APPEAL EITHER VERBALLY OR IN WRITING.

THIS MEANS YOU WILL BE GIVEN A CHANCE TO PRESENT YOUR CASE FOR A REVIEW BY PERSONS NOT RESPONSIBLE FOR THE ORIGINAL DECISION TO BE SURE THE COUNTY ACTION WAS A PROPER ONE. AT YOUR HEARING, YOU MAY HAVE A LEGAL COUNSEL, A RELATIVE, A FRIEND, OR YOU MAY REPRESENT YOURSELF.

IF YOU WANT A HEARING, CALL YOUR ELIGIBILITY TECHNICIAN FOR A COUNTY HEARING OR CONFERENCE. IF YOU STILL DISAGREE AFTER THE HEARING OR IF YOU WISH TO SKIP THE COUNTY HEARING, WRITE TO OR REQUEST THE COUNTY DEPARTMENT TO WRITE TO:

COLORADO DEPARTMENT OF PERSONNEL AND ADMINISTRATION
OFFICE OF ADMINISTRATIVE COURTS
633 17TH STREET, SUITE 1300
DENVER, CO 80202

IMPORTANT - PLEASE READ THE FOLLOWING NON-DISCRIMINATION STATEMENT

IF YOU THINK THAT THE DEPARTMENT OF HUMAN SERVICES TREATED YOU DIFFERENTLY FROM OTHERS BECAUSE OF RACE, COLOR, SEX, AGE, RELIGION, POLITICAL BELIEF, NATIONAL ORIGIN, OR MENTAL AND/OR PHYSICAL DISABILITY, LET US KNOW BY WRITING TO:

COLORADO DEPARTMENT OF PERSONNEL AND ADMINISTRATION
OFFICE OF ADMINISTRATIVE COURTS
633 17TH STREET, SUITE 1300
DENVER, CO 80202

OR

USDA, DIRECTOR
OFFICE OF CIVIL RIGHTS
ROOM 326-W, WHITTEN BUILDING
1400 INDEPENDENCE AVE., SW
WASHINGTON, D.C. 20250-9410
OR CALL
202-720-5964 (Voice or TDD)

200% of Poverty

2009 HHS Poverty Guidelines

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Refer to Staff Manual Volume III Section 3.600, et. Seq. (9 CCR 2503-1) rules for Colorado Works for guidance on who to include as a household member.

