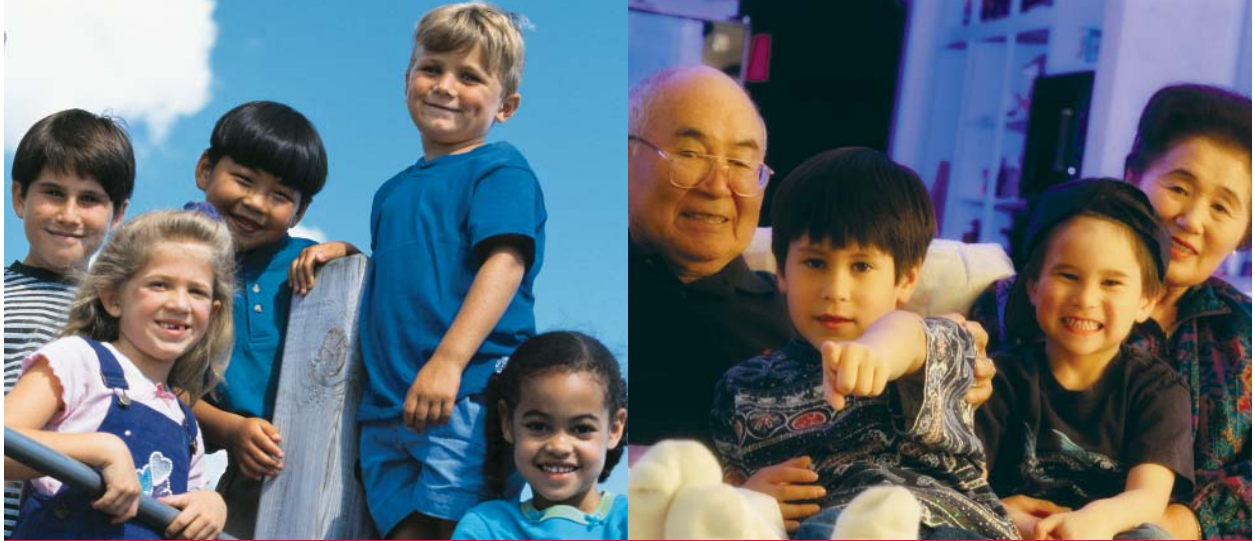


DEVELOPING STRATEGIES

To Address the Child Only Caseload



FINAL REPORT

PRATTVILLE, AL
JULY 29 - 30, 2003



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DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF FAMILY ASSISTANCE

Developing Strategies to Address the Child-Only Caseload: Prattville, Alabama

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WELFARE PEER TA NETWORK
Developing Strategies to Address the Child-Only Caseload
Prattville, Alabama
Final Report



I. BACKGROUND

Under the Temporary Assistance to Needy Families (TANF) program, child-only cases—those in which no adult is included in the cash grant—have become an increasing proportion of State TANF caseloads in recent years. Child-only cases are either parental or non-parental—parental cases are those in which the parent is resident in the home, but ineligible for TANF receipt for such reasons as time limits,¹ sanction, alien status, Supplemental Security Income (SSI) receipt, or previous drug felony conviction. Non-parental cases are those in which neither biological parent is present, and another adult, usually a relative, is the primary caregiver. Research indicates that the percentage of child-only cases relative to overall national caseloads increased 200 percent in one decade—from 12 percent in 1990 to nearly 35 percent by 2000.² In some States, over fifty percent of their FY2002 caseloads were child-only.³ More caseload trends are depicted in Table 1, below:

TABLE 1			
TANF CHILD-ONLY CASES: NATIONAL TRENDS			
Fiscal Year	Total TANF Families	Total Child-Only Families	Percentage Child-Only Families
1990	3,976,000	459,000	11.6
1992	4,769,000	707,000	14.8
1994	5,046,000	869,000	17.2
1996	4,553,000	978,000	21.5
1998	3,176,000	743,000	23.4
1999	2,648,000	770,000	29.1
2000	2,269,000	782,000	34.5

In addition to the variability in the proportion of a State’s total caseload accounted for by child-only cases, research indicates that the composition of the child-only caseload across the States varies as well. In some States, for example, there are significantly higher proportions of relative (non-parental) cases, while in other States, SSI, immigrant, and sanctioned or time-limited parental cases are more common.

In response to these trends, the Welfare Peer Technical Assistance Network conducted discussions with State TANF administrators around the country to assess their current policies and programs designed to meet the needs of the child-only caseload, and to gauge their level of

¹ Child-only cases are not subject to such requirements as work participation or time limits. Thus, while parents “time out” of eligibility, children remain eligible, barring full-family sanction policy.

² U.S. Department of Health and Human Services, *Characteristics and Financial Circumstances of TANF Recipients*. <http://www.acf.hhs.gov/programs/opre/particip/index.htm>.

³ These States include Alabama, Florida, Idaho, North Carolina, South Dakota, Wisconsin, and Wyoming.

interest in participating a Roundtable on this topic. The responses were overwhelming—we gathered significant information on the current child-only environment, and more than thirty States expressed an interest in the Roundtable concept. The first of these Roundtables entitled *Developing Strategies to Address the Child-Only Caseload* was held April 8-9, 2003 in Colorado Springs (El Paso County), Colorado, and the second was held June 3-4, 2003 in Trenton, New Jersey. The third and most recent Roundtable was held in Prattville, Alabama July 29-30, 2003.

During this third Roundtable, participants heard presentations from El Paso County, Colorado, and the States of Alabama and New Jersey about innovative practices in those locations. South Carolina shared results of a large-scale research effort regarding the demographics and well being of the TANF child-only caseload. The Roundtable also enjoyed sessions regarding economic security, presented by staff from the Internal Revenue Service (IRS) and the American Association of Retired Persons (AARP). Thanks to the hospitality of the State of Alabama Department of Human Resources, Roundtable participants were given a tour of Alabama’s Kinship Care (KC) program. Participants in the Roundtable were also able to speak with program specialists, staff, and clients of these child-only services.

This report describes the meeting, attended by Alabama, El Paso County, Colorado, Florida, Louisiana, Maine, Michigan, Mississippi, New Jersey, North Carolina, North Dakota, and West Virginia, and includes important highlights and lessons learned.

II. THE CHILD-ONLY CASELOAD: NATIONAL TRENDS AND IMPLICATIONS FOR THE TANF PROGRAM

Joel Sanders, the Director of the State of Alabama's Department of Human Resources' Family Assistance Partnership, welcomed participants with an overview of the importance of discussing the TANF child-only caseload. Referring to the child-only caseload as the "silent caseload," Mr. Sanders explained that now is the time to think through strategies that address this forgotten segment of the TANF population.

To illustrate Mr. Sander's line of reasoning, Dr. Jeanette Hercik of Caliber Associates provided Roundtable participants with a national overview of the trends in the TANF child-only caseload. To begin, Dr. Hercik explained the role of the DHHS sponsored Welfare Peer Technical Assistance Network, which was established in 1997, and since, has been proactive and responsive in hundreds of TA interventions. The Welfare Peer TA Network, run through a Web-based interface, has worked with nearly every State, and created the vehicle by which two national needs assessments were conducted, as well as several newsletters (posted on the Web site). The Web site, which is located at www.peerta.acf.hhs.gov, is averaging 80,000 hits per month, indicating the necessity for such a channel.

Research conducted by the Welfare Peer TA Network uncovered several features of the TANF child-only caseload. In recent years, there have been significant changes in the number of TANF child-only cases. Beginning in 1996, the absolute number of child-only cases declined, but because the general TANF caseload declined even more rapidly, their proportion within the caseload increased. The most rapid growth in the proportion of TANF child-only cases occurred between 1989 and 1993, when child-only cases increased by 97 percent. From 1988 to 1994, parental child-only cases increased by 209 percent compared to a 56 percent increase in non-parental cases. This growth in child-only cases is thought to be due to increased use of sanctions, time limits, increased number of adults eligible for SSI, increased number of non-qualified aliens, and an increase in the number of non-parental caregivers of children.

Presently, about one-third of the national caseload is child-only. Lost in that figure however, is the variability between States, from a low of 11 percent child-only, to a high of over three-quarters in Idaho. Further, while about half of the national caseload is parental, leaving half non-parental, the State breakdown is likewise more varied. The States of California, Illinois, Massachusetts, Mississippi, and Pennsylvania all have over 60 percent parental cases, while the States of Alabama, Alaska, Hawaii, Idaho, Iowa, Nevada, Oklahoma, and Oregon all have less than 10 percent parental cases. Even with parental cases, the reason that the adult is not in the assistance units vary dramatically. Some States show almost exclusively sanctions (New Jersey, Oregon, and Pennsylvania), some report mostly SSI benefits (Alabama, Kentucky, Mississippi, South Carolina, South Dakota, Tennessee, Vermont), and others report high levels of ineligible

non-citizen status (Arizona, Texas). Research shows variability in why children are placed with relatives, including: substance abuse, child welfare concern by the relative or the State, death, incarceration, and abandonment. Relative caregivers, while most often grandparents in some States (50 percent of States), are more likely to be aunts, uncles, or other relatives in other States.

Undoubtedly, States vary in their levels of understanding, and in their response levels. South Carolina and New Jersey have undertaken extensive research efforts, and New Jersey continues to hold focus groups and do other work to improve their understanding of the child-only caseload and their needs. South Carolina's survey work provides great insight into the realities of raising children in relative care. States also face very difficult funding and programmatic systems. Some enjoy great flexibility and higher resources levels (see El Paso County, Alabama, and New Jersey sections of this report). Even with all of the caseload and programmatic variability, there are many common themes to the child-only caseload, and much to be learned in a forum like this. The ideas, challenges, and strategies generated will foster new and creative thinking, and help us to develop better strategies to address the child-only caseload.

Dr. Hercik closed with a focus on what should come next. There has been a consistent request among States participating in this set of child-only Roundtables that more information is needed on parental cases, and the sub-populations (SSI, sanction, ineligible non-citizen, etc.). Additionally, there is a growing interest in the role of faith-based organizations in serving this client population. Little is known about the extent to which faith-based organizations are currently involved with the child-only caseload and how their strengths and talents might be best applied to this caseload.

In order to address these concerns, and other concerns around the child-only caseload, the Welfare Peer TA Network is in the process of initiating a DHHS sponsored "Learning Community" for the participants of the Child-Only Roundtables. This password-protected Community will provide participants with an outlet to maintain the working relationships formed at these Roundtables with other participants, and with Federal staff. The Learning Community is composed of three main functions: a Calendar, a Resources page, and a Forum. The Calendar function highlights events of potential interest to Child-Only Roundtable participants, and allows users to post events of interest in their own State. The Resources page is an online library, whereas materials are posted by participants, Federal staff, or contractors, and are accessible to all users. Potential items may include newsletters and final reports on child-only issues, as well as policy guidance and research findings. Finally, the Forum function provides users the ability to engage in a threaded discussion: posting questions, answers, and ongoing dialogue pertaining to relevant topics.

III. SPOTLIGHT ON STATES: REVIEW OF STATES' CURRENT STRATEGIES AND CHALLENGES TO ADDRESS THE NEEDS OF CHILD-ONLY TANF CASES

During this facilitated, interactive dialogue, States were asked to comment on the challenges and successes they encounter when serving the TANF child-only population. Following are the observations made by participating States.

Challenges in Serving the TANF Child-Only Population

- Alabama: Funding priorities with shrinking and declining resources
- El Paso County, Colorado: Managing their large deficit in child welfare.
- Florida: Maintaining continuity while their administrative sector shifts from public to private.
- Louisiana: Providing only money, and not case management services.
- Maine: Providing no mental health services to parental child-only cases.
- Michigan: Maintaining continuity while system changes from a “one-stop worker” concept, to a more specialized system.
- Mississippi: Finding money for kinship care support.
- North Carolina: Handling children in parental child-only cases who are at more of an educational disadvantage, especially immigrant children.
- North Dakota: Obtaining support to start kinship care and childcare programs for working caretakers.
- West Virginia: Wanting child-only cases to be handled as income maintenance.

Successes in Serving the TANF Child-Only Caseload

- Alabama: Retaining and streamlining eligibility.
- Florida: Linking child welfare and TANF through their Relative Caregiver Program.
- Louisiana: Intensifying case management in TANF through their STEP Program.
- Maine: Fully integrating their health-oriented services.
- Michigan: Maintaining a Kinship Care pilot service since 2000.

- *Mississippi*: Developing a “Family First Resource Center” for families up to 200 percent of poverty level.
- *New Jersey*: Starting up the “Supported Assistance to Individuals and Families Program” for time-limited cases, possibly including kinship care.
- *North Carolina*: Integrating services by cross-training all staff in a “Family Centered Practice.”
- *North Dakota*: Launching a Mental Health Assistance Program pilot.
- *West Virginia*: Assisting Legal Aid in providing Social Security Income to those clients who need it.

IV. WHAT HAVE WE LEARNED FROM STATE RESEARCH – LESSONS LEARNED FROM SOUTH CAROLINA AND EL PASO COUNTY, COLORADO

1. SOUTH CAROLINA

The South Carolina Department of Social Services recently engaged in a research effort to improve the State’s understanding of relative caregivers in child-only cases. The research, based on interviews and administrative data, provides information on:

- Characteristics of the child-only caseload in South Carolina
- The stability of child-only homes, and the intent of the caretakers to raise the TANF children to maturity
- Household composition, income, and deprivations
- Some indicators of well being of the TANF children.

The research effort utilized a stratified random sampling method, based on age of the focal child, with an intentional over-sampling of families with children under age six. Table 2 depicts the sample and respondent numbers.

TABLE 2			
SOUTH CAROLINA RESEARCH POOL			
Age of Focal Child	Universe	Sample	Respondents
Under six years	938	140	116
6-13 years	2,762	149	110
Teens (14-17 years)	1,376	145	118
Total	4,195	434 <i>(10% of 4,195)</i>	344 <i>(79% of 434)</i>

Families with more than one child were prorated across the age groups, as appropriate. When compared to regular adult-headed TANF cases, caretakers in child-only cases have fewer years of education, fewer and older TANF children, and are more likely to be older and married. Of these caretakers, sixty percent care for one child, twenty-five percent care for two, and the remaining fifteen percent care for at least three TANF children. South Carolina’s non-parental caretakers are predominantly grandparents or great-grandparents (75%), over fifty years of age (62%), and African-American (80%).

When queried about the primary reason children were placed in their care, relative caregivers primarily reported drug abuse (28%), desertion (20%), child abuse or neglect (16%), incarceration (12%), and death (11%). Administrative records, however, found that at least

seventeen percent of children were in foster care prior to moving in with the relative caregivers, at thirty-five percent of families had children with prior child welfare involvement, and at least eighteen percent of the TANF children had parents in prison.

TANF children in relative care primarily went directly from their biological parents to the relative caregiver (74%), but some had spent time in foster care (17%), and the others had spent time with other relatives, with potential adoptive parents, and/or in the shelter system. Nearly all relative caregivers (91%) reported wanting to raise the child(ren) to maturity.

In most of South Carolina’s TANF child-only households, at least one adult in the home is earning income from employment (52%). Twenty-two percent are receiving SSI benefits, nineteen percent are receiving Social Security Administration benefits, and eleven percent collect retirement or pension benefits. Forty-six percent of these caretakers reported that before factoring in public assistance benefits, their household income was less than \$10,000 per year. An additional thirty-one percent reported income of between \$10,000 and \$20,000. The average TANF benefit was \$140 per month and those that receive food stamps (47%) access \$194 per month in food benefits.

In addition to tenuous financial circumstances, South Carolina’s relative caregivers have other concerns and difficulties in raising the children in their care. Table 3 depicts these issues:

TABLE 3 CONCERNS AND DIFFICULTIES IN PROVIDING FOR SOUTH CAROLINA’S TANF CHILD-ONLY CASES				
Concern or Difficulty	Percent of Total			
	Preschool	6-13 years	14 years +	All
Providing records, documents to enroll in school	3%	2%	2%	2%
Providing health records to school	3%	3%	2%	2%
Paying for books, school supplies, projects	13%	34%	16%	25%
Paying for clothes, uniforms	29%	57%	46%	47%
Paying for field trips, band, yearbooks	17%	43%	29%	34%
Need child care assistance	29%	9%	N/A	13%
Need childcare so caretaker can go to work	16%	3%	N/A	6%
Getting information about available services	16%	11%	11%	2%

Even in the face of these challenges, however, relative caregivers rate the well-being of their TANF children as above average (48%) or about average (29%) much more consistently than below average (18%) or not good at all (3%). Relative caregivers assess that for about half

of the children, school performance is better than a year ago, and for an additional third performance is about the same. Still, thirteen percent are “doing worse than a year ago.”

Relative caregivers assess their children’s behavior and happiness as “as well behaved and happy as their peers” (60%) nearly three times as often as “more happy and well behaved,” and only between five and ten percent of caretakers say their children are “more poorly behaved and unhappier than their peers.” About 27 percent of children receive routine psychological care, but an additional eleven percent are identified as needing this type of care by their caretakers.

This type of information is helpful to the State in assessing the types of additional supports needed by TANF child-only families. South Carolina has concluded that the following types of support are needed by TANF child-only families:

- Higher TANF benefits
- Higher Food Stamp benefits
- Medicaid coverage for caretakers, or medical assistance for the medically needy, and financial assistance with prescriptions
- Counseling for their TANF child(ren)
- Child- and after-school care
- Financial assistance for school-related expenses.

Caretakers, meanwhile, specifically identified a core set of needs—more than one-third would like to attend a support group, a quarter would like a home visitor, and twenty-one percent would like to attend a “developmental class” such as parenting or financial management.

Understanding that financial resources do not allow them to provide every type of service to everyone that needs it, South Carolina has develop a hierarchy of service delivery priorities:

- Better case management, psychological services, and supports
- Increase in monthly TANF check
- Medicaid for relative caregiver
- Clothing allowance for school-age children
- Education supports (e.g. band instruments, field trip costs, tutoring)

- Computers, and computer technology assistance
- Respite care.

2. EL PASO COUNTY, COLORADO

As a county-Administered TANF State, Colorado has empowered its counties to design and operate TANF programs at the local level. In response to the desire of relative caregivers to avoid entry into the child welfare system, but still access resources necessary to support their families, El Paso County (Colorado Springs) created a special unit within its TANF administration to provide services for child-only cases. Four professional MSWs, three employment technicians, and one supervisor staff this unit, called the Family Support Team (FST). This blending of caseworkers and technicians allows the FST to identify and support the needs of child-only cases, in-line with the objectives of TANF. Caseworkers provide home studies, assistance with guardianship, and intervention to prevent foster care placement. They receive 15 inter-agency referrals every day, have an average caseload of twenty families, and recommend action items to TANF case managers to assist families with self-sufficiency. Technicians conduct intake, determine eligibility, approve basic grants, and supportive payments on daily basis. They interview between 18 and 20 new families every week, provide resource information, offer assistance, and make referrals on the consumer's behalf.

The Family Support Team provides services through four programs: Kincare, SSI Families, Immigrant Families, and Subsidized Permanent Custody. The Kincare program assists relative caregivers with supportive services to prevent foster care placement. SSI Families are parental cases where the adult is TANF ineligible because of SSI receipt, and are assisted with poverty and disability related challenges. Immigrant families are those in which one or more of the parents have not established citizenship, and are therefore TANF ineligible. Families tend to have little or no work history, are unable to secure work because of immigrant status. These families are served through strong resources ties to local churches. The Subsidized Permanent Custody was once relative certified foster care, but transitions families from child welfare to voluntary services and supplements the TANF grant up to the foster care payment level.

El Paso County also operates several grandparent advocacy programs, under the auspices of Grandparent Advocate Diana Wills. These programs are designed to meet the unique needs of grandparents as primary caregivers, including assistance with application forms, legal issues, and school-related challenges. Both grandparents and grandchildren are offered a support group environment, and there is a resource room run via collaboration between El Paso County and the City of Colorado Springs.

Recently, El Paso County added a Faith Partners Program to their services, which serves as a “Family Mentoring Ministry.” Faith Partners is a network of Christian faith and other communities partnering with people to break the bonds of poverty and promote self-sufficiency. The Program has teams of four mentors that have received special training, and are then matched up to one welfare client to counsel and coach in the areas of budgeting, career, parenting, life skills, and personal issues. Each mentor commits to a 1-year term and helps individual welfare clients two to four hours per week.

V. THE ALABAMA EXPERIENCE

In the State of Alabama, just over one-half of the TANF caseload is child-only. In response to the high number of child-only cases, Alabama established a Low Income Kinship Care Program. A pilot study was launched in Mobile County in October 2000 to closely monitor changes, and to evaluate the Program. Today, because of successes with the program, the Kinship Care Program is active in 51 of the 67 counties in Alabama and will soon expand to the remaining five. The pronounced increase in total cases in the Kinship Care Program reflects a growing respect among the TANF community. For example, in FY 2002, the total number of cases in the Program was 5659, which presents a stark increase from FY 2001 with only 1763 cases. Similarly, the Program's expenditures more than doubled from FY 2001, reaching a high of \$575,244 in FY 2002.

The mission of the Kinship Care Program is "to provide services and benefits to certain vulnerable families who are caring for a related child or children other than their own in order to facilitate, maintain, or stabilize the child's placement." The target population is those children whose placement is at risk of deteriorating to the extent that foster care may be required and who meet the criteria of the Program. The Program requires that the child must meet one of the following criteria:

- Live with a caretaker relative other than a parent who receives TANF benefits
- Be placed with a relative approved by child welfare
- Leave foster care to live with an approved relative
- Be in need of short-term, non-recurring benefits to maintain the placement.

The overall goal of the Kinship Care Program is to prevent the placement of children in foster care.

The Kinship Care Program also has eligibility criteria that all recipients must meet:

- Must meet definition of target population (as above)
- Must be determined to be in need of one of the services based on worker's assessment
- Must have income at or below 200 percent of the poverty income level
- Must apply for and receive other benefits for which the children in the Kinship Care household appear to be eligible, such as (but not limited to) Division of Retirement, Survivors, and Disability Insurance (RSDI), Public Assistance, Food Stamps, and Medicaid.

However, the last criterion of eligibility is not necessary if the family only requires one-time assistance.

The Kinship Care Program offers referral services and reaches out to Public Assistance, JOBS, and Child Welfare. Additionally, the Kinship Care Program offers transportation services, respite care, special needs payment, emergency intervention, court costs, counseling, and services for special situations. All of the services offered to recipients carry a standard of promptness; benefits are available within 30 days of the date of application. The only exceptions to this service delivery date are: the agency's failure to secure needed verification, the client's request, and/or administrative emergencies.

The transportation services provided by the Kinship Care Program must be related to the client's employment, and is limited to up to \$150 per month with a receipt. The transportation services are limited to four months in a twelve-month period. The respite care services do not resemble a childcare program. There is a maximum of 32 hours a month provided, but the respite care is also limited to four months in a twelve-month period.

The Kinship Care Program also provides services for special needs and for emergency intervention. In the case of special needs, the Program provides up to \$500 per child, per year of emergency clothing, household furniture, educational services and funds, and baby products. Similarly, emergency intervention exists to provide non-recurrent short-term benefits to help families deal with specific crises. These situations include: utility payments, rent payments, transportation, car repairs, and food assistance.

Finally, the Kinship Care Program provides necessary services to help families resolve personal issues. One such service is to help assist with court costs. Although the Program cannot pay for attorney's fees, the program assists families going through custody procedures, provided that the family applies for a waiver of court costs through the court. Short-term counseling is also provided to families who are not otherwise covered for help. There is also a domestic violence program with a qualified assessor and counselor on site.

VI. KINSHIP CARE IN NEW JERSEY: STRATEGIES AND SUCCESSES OF THE KINSHIP NAVIGATORS

New Jersey's Kinship Navigator Program is designed to provide information, referral, and advocacy services for family caregivers. The first feature highlighted was the Kinship Child Care Program, which provides childcare subsidies specifically for kinship families. Caregivers up to age sixty are income eligible up to 350 percent of the Federal poverty level (\$52,570 for a family of three), while those over age sixty years are income eligible up to 500 percent of the Federal poverty level (\$75,100 for a family of three). Families are responsible for a sliding scale co-pay.

The Kinship Wraparound Program is designed to provide funding for short-term or one-time expenses for kinship families. Income eligibility standards are the same as for Kinship Child Care. This program provides for moving expenses, clothes, school expenses, computers, and camp and other extracurricular expenses. Each family can access up to \$1,000 per year in approved expenses. The average amount requested is much less.

In October of 2001, New Jersey established Kinship Legal Guardianship, a service run through the Family (rather than Probate) Court system. This streamlined guardianship process requires no filing fee and is used when 1) the child has been residing with the relative caregiver for at least one year; 2) the parent is incapacitated (unable, unavailable, or unwilling to care for the child), and; 3) legal guardianship is in the best interest of the child. The process transfers some parental rights to the relative caregiver without terminating all parental rights and obligations. This allows the caregiver to more easily access services for the child, and provides a more permanent plan for the child.

New Jersey has three new kinship initiatives: Kinship Care Subsidy Program, Department of Youth and Family Service (DYFS) Guardianship Subsidy Program, and DYFS Relative Care Permanency Support.

The Kinship Care Subsidy Program is available to relative caregivers who have had the child living with them for one year, are at or below 150 percent of the Federal poverty level, are not currently involved with child welfare (although closed cases are acceptable), and have established legal guardianship. The subsidy is \$250 per month, per child. The court assessment for guardianship is facilitated through Kinship Navigator.

The DYFS Guardianship Subsidy Program supports relative caregivers of children placed by DYFS due to safety and risk concerns. The relative caregiver must have been providing for the child for one year, and be recognized as the eventual legal guardian in the child's

Permanency Plan. This subsidy is also \$250 per month, per child. DYFS will provide the assessment for legal guardianship.

The DYFS Relative Care Permanency Support targets relative caregivers responsible for children placed with them by DYFS due to safety and risk concerns. These families can access up to \$250/month for up to fifteen months. Caregivers must cooperate with the Permanency Plan—including returning the child home, adoption, legal guardianship and legal custody as options.

A study, conducted by Mathematica Policy Research, found that child-only cases constitute one-third of New Jersey's TANF caseload. Sixty-three percent of these cases are non-parental. Of the non-parental cases, about seventy percent are grandparent caregivers, averaging fifty-two years of age. These care arrangements tend to be long-term, stable, and home to more than one child. Most have been involved with the child welfare system, and many will have school and behavioral problems as they get older.

A disabled parent receiving Supplemental Security Income benefits, and therefore TANF ineligible, heads twenty-five percent of child-only cases. Food insecurity is the primary issue facing these families. SSI-receiving families have monthly income of about \$1,126. For the ten percent of the child-only cases headed by ineligible non-citizen parents, households tend to be much larger, and work-related skills are very limited. These families have monthly income of about \$800.

VII. ECONOMIC SECURITY: SUPPORTING CAREGIVER RELATIVES

In response to requests by participants at the previous two Roundtables, this session was created to inform participants on tax aid and tax credit, as additional funding and support for caregiver relatives.

1. USING THE EITC

Mr. Robin Taylor of the Internal Revenue Service (IRS) opened this session with a look at using tax credits as a catalyst to family economic success. Participants learned that there are two major Federal tax credits that benefit low-income families: the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC).

The EITC is a Federal tax benefit to help low and moderate income workers to increase their financial stability. The EITC functions by reducing taxes for workers, and by providing supplemental wages, thus making work more attractive than welfare. Additionally, there is a fully refundable credit attached. For working families with less than \$34,178 in income for the year 2002 tax return, there is a maximum credit of \$4,140. Effective 2002, married couples qualify for a higher credit than single parents. For the 2001 tax returns, over 19 million working families and individuals received \$31 billion in EITC refunds. This Federal tax benefit currently lifts more children out of poverty than any other social program.

The EITC has been proven to be a powerful anti-poverty tool. For example, in a single family with two members (including one child), the estimated poverty line is \$12,406. For a parent making \$9,512 working a full-time minimum-wage job, including food stamps benefits (totaling \$1,272), this puts the family below the poverty line. However, for the same family who utilizes EITC, the EITC provides an additional \$2,506, thus lifting the family out of the poverty level. The EITC has had a profound impact on States, ranging from \$1,102,376,328 in Mississippi, to \$794,279,393 in Alabama. Presently, there is a need for action around the EITC. Many eligible workers are failing to claim their credit. Additionally, it has been reported that a high percentage of EITC returns are filed through paid preparers.

The Child Tax Credit (CTC) provides \$1,000 for each qualifying child (FY 2003). This alternate form of tax credit is partially refundable, and can be used in combination with the EITC, so that working families can receive both the CTC and the EITC in the same year.

Today, community-based organizations are forming partnerships around asset building, awareness and education, and tax preparation. Education and awareness are proving to be a critical part of the process. Overall, only 65 percent of low-income parents have heard of EITC, and fewer than 45 percent of these families have ever received EITC. This number decreases further for black families, and for Hispanic families. There is also a need for asset building and

financial literacy services in order to decrease the number of low-income people who pay to have their taxes prepared. It has been found that 22 percent of families earning incomes less than \$25,000 lack a bank account of any kind. These same families are therefore dependent on check cashing agencies, paycheck loans and advances, and costly refund anticipation loans. These families also lack any participation in existing home ownership programs and other literacy programs.

By linking these pieces together through partnerships, the IRS expects three outcomes:

- Outreach by reaching eligible families not currently claiming the credit.
- Free tax preparation, which will preserve the value of the credit.
- Asset building by introducing financial literacy at tax preparation sites.

Today, the IRS is interested in building community-based partnerships to ensure that all families receive tax benefits for which they are entitled. There is a shared mission to assist working families. The IRS is presently using trusted organizations to distribute materials because it is known that many low-income workers have a mistrust of the government and the IRS. To help promote these ideas, Mr. Taylor explained that outside organizations could play a helpful role. Specifically, organizations can build or join an existing coalition, or help distribute EITC educational materials through trusted channels. Also, organizations can utilize expertise in community building, identifying needed community resources, mobilizing volunteers, and asset-building strategies.

2. THE AARP

Fran Brenneman, the National Partnership Coordinator of the AARP Tax-Aide, used this segment time to describe the function of the AARP Tax-Aide, and the Grandparent Information Center (GIC) that has developed within the AARP.

The AARP Tax-Aide is the nation's largest free, volunteer-run tax counseling and preparation service available to taxpayers with middle and low income, with special attention to those age 60 and older. The 30,000 AARP Tax-Aide volunteers, trained in cooperation with the IRS, help over 1.7 million taxpayers file their federal, state, and local tax returns each year at over 9,000 AARP sites nationwide. Based on national literacy surveys that have shown that roughly half of the nation's adult population lacks the most basic skills needed to prepare a tax return, the Tax-Aide was established in 1968 in order to help older persons complete their tax returns. Trained Tax-Aide volunteers therefore help people to maximize their legal deductions and credits, resulting in tangible benefits to them.

Since 1980, the program has operated under a cooperative agreement with the IRS as part of its Tax Counseling for the Elderly (TCE) act. In 1996, AARP transferred the federal funds and the administration of the AARP Tax-Aide program to the AARP Foundation in accordance with the Lobbying Disclosure Act of 1995.

The AARP Tax-Aide offers a variety of services each year from February 1 through April 15:

- Free in person counseling and tax preparation, located at AARP Tax-Aide sites, senior centers, libraries, and community centers.
- Free electronic filing offered at over 1,350 sites nationwide, ensuring a more accurate tax return and faster processing of tax refunds.
- Free year-round tax counseling on the Internet, allowing taxpayers to post tax questions online to counselors 24 hours a day, seven days a week by visiting: www.aarp.org/taxaide.

Since the program's inception in 1968, over 32 million citizens have been served. Present data shows that an average of 60 taxpayers are served by each AARP Tax-Aide Counselor per season. Similarly, in 2002, nearly 270,000 people used the program's e-filing capabilities, with 11,000 utilizing the program's online tax counseling service. In the 2001 AARP-Tax-Aide Customer Satisfaction Survey, customers indicated a 97 percent rating of "very or extremely satisfied" in response to the services they had received. Public awareness and acceptance for AARP is being achieved throughout communities and states.

Another successful impact of the AARP is the Grandparent Information Center (GIC), which opened its doors in 1993. The GIC provides information about services and programs that can help improve the lives of grandparent-headed households. The GIC has spent years working hard to educate the public about the growing number of grandparents who are raising their grandchildren. Services are provided to grandparents who have a variety of roles, including grandparents raising grandchildren, grandparents who are concerned about their visitation rights with their grandchildren, step-grandparents, and 'traditional' grandparents who want to have a positive role in their grandchildren's lives.

The GIC serves grandparents in a variety of ways, providing services such as:

- Web site tip sheets on a variety of topics including grandparents raising grandchildren, starting support groups, traveling with your grandchildren, and many more.
- Printed publications in English and some in Spanish language as well.

- “Parenting Grandchildren,” a free newsletter for grandparents who are raising their grandchildren.
- Information and referral to local support groups for grandparent caregivers through a national database and referral to legal services, including access to the AARP Legal Services Network benefits for AARP members.
- Referrals to other organizations that have pertinent information for grandparents.
- Technical assistance and networking with local, state, and national organizations.
- Research about key legislation and public policy issues.
- Co-sponsorship of local, state and national grandparent events to share information and raise awareness about grandparent issues.
- Advocacy in collaboration with AARP's State Affairs and legal advocacy groups.

The AARP Tax-Aide and the AARP’s Grandparent Information Center are working together to help alleviate many of the obstacles faced by grandparent caregivers in TANF child-only cases. For more information, visit the following Web sites:

AARP site: www.aarp.org/grandparents

Generations United: www.gu.org

Grand Parent Again: www.grandparentagain.com

National Association of Child Care Resource and Referral Agencies: www.naccrra.net

Child Welfare League: www.cwla.org.

VIII. WHERE DO WE GO FROM HERE?

In an effort to synthesize and solidify all of the important findings of the Roundtable, the final session asked participants to reflect both on what they most needed to effectively address the TANF child-only caseload, and on what they might like to hear more information on during future meetings and roundtables.

Participants highlighted the following as what they most needed to effectively address the TANF child-only caseload:

- Ideas and options for relative care, and kinship programs
- Strategies to address relative care, including positive reinforcement
- Diverse and innovative programs
- Building off existing programs, including other County administered programs
- Non-monetary support systems
- Ideas and innovations for new programs
- AARP tax aid, and tax program information
- Giving attention to the caregivers' insight
- More TANF information.

When asked to reflect on future meetings, participants offered the following suggestions:

- Other unique programs for low-income families
- Grant and funding streams
- Funding information
- The impact of TANF Reauthorization
- Information on SSI child-only cases
- Ideas on promoting grand-families and housing
- Impact on child welfare programs and research
- More information on respite care

- A focus on immigrant families
- Marriage Initiative funding information.

The Welfare Peer TA Network will use these reflections in coordinating future Child-Only resources.

APPENDIX A
ROUNDTABLE AGENDA



Welfare Peer Technical Assistance Network

Developing Strategies to Address the Child - Only Caseload

AGENDA

Tuesday, July 29, 2003

- 8:15 a.m. – 8:45 a.m.** **Registration and Networking Breakfast**
- 8:45 a.m. – 9:15 a.m.** **Welcome and Introductions**
John Horejsi, Office of Family Assistance, Administration for
Children and Families
Bill Fuller, Commissioner, State of Alabama Department of
Human Resources
- 9:15 a.m. – 9:45 a.m.** **Child-Only Cases: National Trends and Implications for the
TANF Program**
Jeanette Hercik & Courtney Kakuska, Caliber Associates
- 9:45 a.m. – 11:45 a.m.** **Spotlight on the States: Review of States' Current
Strategies and Challenges to Address the Needs of Child-
Only TANF Cases**
Facilitated Interactive Dialogue Among States
- 11:45 a.m. – 12:00 p.m.** **Break**
- 12:00 p.m. – 2:00 p.m.** **Working Lunch—Lessons Learned from South Carolina &
El Paso County, Colorado**
Marilyn Edelhoach, Department of Social Services, South
Carolina
Roni Spaulding, Department of Human Services, El Paso
County, Colorado
- 2:00 p.m. – 2:30 p.m.** **The Alabama Experience**
Joel Sanders, Jackie Moffitt, & Elizabeth Walker,
State of Alabama Department of Human Resources

- 2:30 p.m. – 3:00 p.m.** **Alabama Services for Grandparents and Relatives as Providers**
Dr. Wilma Ruffin, Family and Human Development Specialist,
Alabama Cooperative Extension System
- 3:00 p.m. – 5:00 p.m.** **Tour of Alabama’s Program**
- 3:00 p.m. – 4:00 p.m.** **Alabama, Part I**
Staff and Clients of Alabama’s TANF Child-Only Services Will
Share Their Perspectives and Experiences.
- 4:00 p.m. – 4:15 p.m.** **Break**
- 4:15 p.m. – 5:00 p.m.** **Alabama, Part II**
Staff And Clients of Alabama’s TANF Child-Only Services Will
Share Their Perspectives and Experiences.

Wednesday, July 30, 2003

- 8:00 a.m. – 8:30 a.m.** **Networking Breakfast and Reflections on the Site Visit**
- 8:30 a.m. – 10:00 a.m.** **Kinship Care: Strategies and Successes of the Kinship Navigators**
Jean Strauss, Office of Program Support, New Jersey
- 10:00 a.m. – 10:15 a.m.** **Break**
- 10:15 a.m. – 11:45 a.m.** **Economic Security: Supporting Caregiver Relatives**
Using the EITC: Robin Taylor, Internal Revenue Service
Fran Brenneman, AARP
- 11:45 a.m. – 12:15 p.m.** **Closing Remarks and Evaluation**
John Horejsi, Office of Family Assistance, Administration for
Children and Families
Jeanette Hercik, Caliber Associates

APPENDIX B
ROUNDTABLE PARTICIPANTS



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Developing Strategies to Address the Child - Only Caseload

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APPENDIX C
ROUNDTABLE EVALUATIONS

ROUNDTABLE EVALUATIONS

At the conclusion of the Roundtable, participants were asked to evaluate the meeting by responding to several statements using the scale 1=strongly disagree to 5=strongly agree. The table below summarizes the average scores awarded to each statement.

DEVELOPING STRATEGIES TO ADDRESS THE CHILD ONLY CASELOAD EVALUATION SUMMARY	
Question	Average Score
I. Conference planners adequately prepared me for this meeting by providing clear written and verbal communication regarding the meeting's purpose and expected outcomes.	4.4
II. Conference planners handled the preparation, arrangements, and scheduling of the event in a timely, courteous, and competent manner.	4.4
III. The speakers were thorough in the subject areas presented.	4.6
IV. The speakers engaged the audience and facilitated interactive discussions.	4.7
V. The information will be useful to me/my staff in developing new approaches to the child-only caseload	4.6
<i>A total of 19 evaluations were received</i>	

Additionally, participants were asked to respond to three open-ended questions:

VI. What did you find most useful about attending this Roundtable?

- Hearing actual perspectives of TANF population
- States sharing ideas
- State eligibility strategies
- Insight into TANF funds
- Kinship programs and EITC
- Welfare Peer TA events are always top-quality
- Everything was really well done.
- Kinship programming structure
- Special needs of parental cases
- Heightened awareness of population
- Discussion and the kinship caregivers' perspective
- The needs of the SSI caseload.

VII. What issues would you like to have had more discussion about during the Roundtable?

- Funding
- Grants for kinship care
- Combining child welfare and TANF funding streams
- Housing issues for grandparents
- Caseload of service managers in different States.

VIII. In which aspects of the child-only caseload would you like to receive additional technical assistance?

- Immigrant child only cases
- Developing an eligibility determination tool
- Housing issues
- SSI and sanctioned parental cases.