

VOLUNTARY TANF DIVERSION AGREEMENT AND CORRESPONDING WAIVER OF TANF ELIGIBILITY

Applicant's Name: _____
(Last, First, M.I.)

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You may be eligible to receive a one-time lump-sum Temporary Aid for Needy Families (TANF) Diversion Payment, not to exceed \$1,000, to help solve emergency hardship situations and to help you achieve financial self-sufficiency.

I, _____ (Applicants), agree, understand and acknowledge that:

1. I have never received TANF benefits in Kansas, other states or as an emancipated minor.
2. A TANF Diversion Payment is a non-recurring payment that can only be received ONCE In the State of Kansas during the state TANF life-time limit.
3. A TANF Diversion Payment will relieve my family's current, temporary situation, which does not require long-term assistance, and will meet my family's specific episode of need at this time.
4. A TANF Diversion Payment will help my family become/remain employed, or return to employment.
5. I understand that by accepting a TANF Diversion Payment I am voluntarily declining and waiving any eligibility that either I or any other member of my household or any other household I become associated with may have for receiving temporary cash assistance under the TANF assistance program for a period of twelve (12) months, and such twelve (12) month period of TANF ineligibility shall begin on the date that I accept a TANF Diversion Payment.
6. I further understand that by accepting a TANF Diversion Payment that I will only be eligible for 30 months of TANF CASH benefits in the state of Kansas.
7. My rights and responsibilities regarding a TANF Diversion Payment, and the terms and conditions thereof, have been explained to me, and I fully understand and agree to the same.

I understand the opportunities presented to me and choose to:

_____ ACCEPT the TANF Diversion Payment.

(Applicant's Signature)

Date: _____

(Applicant's Signature)

Date: _____

As a representative of DCF, I have explained the TANF Diversion Payment option to the above named applicant.

NAME: _____

Date: _____