

**Leon County Housing and Human Services
 Direct Emergency Assistance Guidelines**

Maximum Payment Amounts

Maximum payment amounts have been established to ensure that all funds are not used on a minimal number of clients because of the amount of assistance needed while still providing payment levels that will adequately assist clients with their particular need

The maximum payment amounts are as follows

Shelter Up to \$200 00

Utilities/fuel Up to \$200 00

Medication \$25 00 per payment \$50 00 per payment if the medication prescribed totals more than \$25 00 and the physician confirms that all the prescribed medication is mandatory for treatment i e provision of only a portion of the prescription would be of no medical value to the patient

The medication prescribed must be related to the treatment of a disease and not the relief of symptoms

Food	Household Size	Amount of Voucher
	1	\$50 00
	2	75 00
	3	95 00
	4	115 00
	5	135 00
	6	155 00
	7	175 00
	8	195 00
	More	80 (as maximum)

Eligibility Criteria

The following criteria will be used to determine eligibility for applicants of the Leon County Direct Emergency Assistance Program All applicants must meet all criteria in order to be eligible for DEAP assistance

A Identification

Proper identification will be required on all applicants Proper identification includes but is not limited to the following

- 1 Driver s License
- 2 Florida Identification
- 3 Social Security Card
- 4 Birth Certificates
- 5 Military Identification

B Household Composition

The applicant and his/her household must be in need of the assistance payment. Specifically the applicant and his/her household is in need when the household's net income is less than the household's Basic Necessity Expenditures (as established below) for the 30 day period. If the household's net income exceeds the household's Basic Necessity Expenditures then the applicant and his/her household is ineligible. Client must have good likelihood of future independence. He/she must demonstrate that the situation will be improved by next payment date.

Basic Necessity Expenditures are defined as follows (these are the only allowable expenditures)

a Shelter The household's actual shelter obligation (rent mortgage) for the current month will be considered a Basic Necessity Expenditure. The amounts listed below are the maximum amounts to be included based on household size.

1 Bedroom	\$330 00	3 Bedroom	\$630 00
2 Bedroom	\$470 00	4 Bedroom	\$770 00

b Utility/Fuel/Heating The household's actual utility/fuel/heating cost for the current month will be considered as Basic Necessity Expenditure. Only the actual bill for the current month (one month only) including wood payment is to be included.

c Food The household's food cost for the current month will be considered a Basic Necessity Expenditure. The following food allotments per household size will be used for each household's food cost.

1	\$122 00	5	\$485 00
2	\$224 00	6	\$582 00
3	\$321 00	7	\$644 00
4	\$408 00	8	\$736 00

Add \$92 00 for each additional person in household

d Child Care Cost The household's child care costs for the current month will be considered a Basic Necessity Expenditure but only if the adult works and only for the period of time during which the adult is working. No cost will be deducted if the household contains another non working adult. Child care must be verified prior to being considered and only the amount that is actually paid will be considered.

e Transportation to and from work The household s cost of transportation to and from work for the current month will be considered a Basic Necessity Expenditure The sum of \$33 00 a month per working household member if the household member is working will be included This cost will be included only if the household member pays for transportation to and from work in some manner e g bus fare, car gas etc

f Emergency Expenditures Expenditures made as a result of experiencing an emergency such as a fire flood theft or a medical emergency will be considered as a Basic Necessity Expenditure Verification is required in the form of receipts for service/goods rendered such as hospital bills or medication purchased Determination of whether the expenditure will be considered a Basic Necessity Expenditure under this category will be determined on a case by case basis and be approved by the supervisor

g Telephone The household s cost for basic telephone service for the current month will be considered a Basic Necessity Expenditure up to \$15 00 a month

D Income

1 Types of Income Considered

Income is any cash check or payment received by or made on behalf of a household within a given period of time Any income received or anticipated to be received in the current month will be considered

a Earned income any income (cash check etc) received in return for work done or service rendered by any member of the household excluding employed children 16 years or older who are still students Earned income includes but is not limited to

- 1) Wages
- 2) Commissions
- 3) Farm Earnings
- 4) Self Employment

b Non earned income any other cash check or payment received Non earned income includes but is not limited to

- 1) Food Stamps
- 2) Government assistance checks
 - a) Temporary cash assistance for families (TANF)
 - b) Social Security
 - c) Supplemental Security Income
 - d) Veteran s Administration Benefits

- e) Unemployment Compensation
- f) Vocational Rehabilitation Benefits

3) Contributions

- a) Contributions are considered income if received on a regular basis even if that was the intent This includes contributions received from different sources each irregularly but the actual receipt of a contribution is regular

4) Child Support or Alimony

5) Payment for rent and/or room and board

6) Non governmental payments such as retirement pensions

2 Income Calculation

The household s income will be calculated by totaling income received during the previous 30 days or the upcoming 30 days if income is unexpected due to hospitalization etc

Income is defined as follows

- a Earned income The individual s gross earnings for the pay period minus the Social Security tax Medicaid and Federal Income Tax actually deducted from the earnings These are allowable deductions

- b Self Employment The business s gross income minus actual business expenditures Only valid business expenditures will be deducted No personal expenditures will be considered

- c Other Income The full amount of the cash check or payment received will be considered the net income

d Income Calculation Exceptions

- 1 Income received less often than monthly

Income received less often than monthly will be considered for the period of time it is intended to cover Example School grants received once a semester will be divided by the number of months in the semester

e Residency

The applicant must be a Leon County resident or intending to live in Leon County

f Students

Applicants and spouses who are attending an institution of higher education are ineligible Institutions of higher education include but are not limited to Florida A&M University Florida State University Tallahassee Community College Lively Vocational Technical School and Century College

Exception If either the applicant or spouse is working at least 30 hours a week the household will be eligible under this criteria Student status is also extended to those who are in between terms

g Employability

- 1 An applicant will be ineligible if either the applicant (18 and over) or any adult member of the household who is physically able to work is voluntarily unemployed or underemployed and does not meet one of the following criteria Under employed is defined as working less than 25 hours a week at minimum wage A teenager not enrolled in high school is considered an adult
- 2 Unemployed or underemployed individuals must be actively seeking employment
The individual needs to identify places where he or she has sought employment within the last 30 days which may be verified
- 3 An individual who is 62 years old or older
- 4 An individual who is physically unable to work If it is not obvious to the worker that the individual is physically unable to work then verification will be required
- 5 An individual who is needed in the home to care for an invalid adult or child (verification from a physician required)
- 6 An individual who is working and due to the weather works fewer hours
- 7 An individual who has applied for or is receiving unemployment compensation
- 8 An individual (one adult per household) who is needed in the home to care for any children under 90 days old

E Verification

The client must provide verification of any information required by the caseworker Verification of the information is the responsibility of the applicant but some assistance may be provided by the agency Failure of the applicant to provide the requested information will result in the rejection of the applicant

F Additional Reasons for Ineligibility

- 1) If the worker is unable to determine the client s eligibility
- 2) If the applicant has received an assistance payment through DEAP within the last 12 months
- 3) If the assistance to be provided by DEAP for rent and/or utilities is not adequate to prevent the utilities from being disconnected or the household from being evicted
- 4) If the worker determined that the client is unable to pay the following month s rent because of income limitations
- 5) If the applicant has received assistance for 3 consecutive years or more