



JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

September 18, 2008

TO: ALL TRIBAL TANF ADMINISTRATORS

SUBJECT: USE OF STATE GENERAL FUND (SGF) ALLOCATION TO PROVIDE TRIBAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) CASH ASSISTANCE AND SERVICES TO CHILDREN WHOSE PARENTS HAVE REACHED THE FEDERAL 60-MONTH TANF TIME LIMIT

Dear Tribal TANF Administrator:

The California Department of Social Services (CDSS) has been asked by some Tribal Temporary Assistance for Needy Families (TANF) programs if the State General Fund (SGF) Allocation provided to the Tribal TANF programs could be used to provide Tribal TANF cash assistance and services to children whose parents have reached the federal 60-month time limit for TANF. Currently these children are referred back to the county for assistance unless the Tribal TANF program chooses to continue serving these cases with Tribal or non-TANF funds.

The CDSS has determined that Tribal TANF programs have the option of providing Tribal TANF cash assistance and services to these children using their SGF Allocation. To ensure that the expenditures are eligible for the State's Maintenance of Effort contribution, Tribal TANF programs must amend the Tribal Family Assistance Plan (TFAP) to include these services using the SGF Allocation and provide CDSS with a copy of either the federally approved documents of the TFAP elements detailing the TANF services that will be provided or a copy of the federally approved TFAP per the Memorandum of Understanding (MOU) between the CDSS and Tribal TANF program (Section III, A1).

The MOU also requires that Tribal TANF programs submit caseload data to the CDSS on a quarterly basis. Tribal TANF cash assistance and services provided to these children should be reported as Child Only cases on the enclosed Schedule of Functional Expenses (Exhibit B).

If you have any questions regarding this letter your staff may contact the CDSS Tribal TANF analyst assigned to your program.

Sincerely,

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

MOU#

Exhibit B

CDSS/Tribal TANF Program

Schedule of Functional Expenses

Revision Date November 2007

To: California Department of Social Services
 CalWORKs Eligibility Bureau
 744 P Street, M.S. 16-31
 ATTN: Tribal TANF Coordinator

As of Date:

Invoice #:
 Index Code: 1262

TANF Services Data	Applications			Cases Transferred from County	Total # of Families Cash Aid	Cases			Total Recipients	Adults	Children	Closed Cases	Total Families Served
	Applied	Approved	Denied			# 2P	# 1P	# CO					

Report data monthly for the period being claimed.

The total number of families served should include all assistance and non-assistance (services only) families.

Expenditure Categories	Total State General Fund Expenditures For the Quarter Ending _____, 20xx
Functional Expense Category - Assistance	
Basic Assistance	
Child Care	
Transportation & Other Supportive Services	
Subtotal - Assistance:	\$0.00
Functional Expense Category - Non-Assistance	
Work Subsidies	
Education & Training	
Other Work Activities/Expenses	
Child Care	
Transportation - Job Access	
Transportation - Other	
Non-Recurrent Short Term Benefits	
Prevention of Out of Wedlock Pregnancies	
Two-Parent Family Formation & Maintenance	
Administration	
Systems	
Other Economic Self-Sufficiency- IDA's	
Other Economic Self-Sufficiency- Earned income tax credits	
Other Expenditures	
Subtotal - Non-Assistance:	\$0.00
Total Expenditures Reported For This Quarter	\$0.00
<i>Transitional Services for Employed</i>	

I, the undersigned, do hereby certify that the expenditures incurred during the quarter ending _____, met the income and resource requirements for the same period. I further certify that these expenditures have not been reimbursed through any other funding source.

Signature _____

Title _____

Telephone Number _____

Date _____