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**MATHEMATICA**  
Policy Research, Inc.

## **Study of Temporary Assistance for Needy Families (TANF) Diversion Practices**

### **State TANF Director Questionnaire**

*January 4, 2007*

### **Introduction**

The TANF program is now more than ten years old, and each state continues to explore and experiment with methods of encouraging work and promoting self-sufficiency. The Administration for Children and Families (ACF) has initiated the TANF Diversion Practices study to better understand the strategies states are using to promote employment and self-sufficiency among families *applying* for cash assistance and to facilitate information-sharing across states about these practices. As a first step, we are asking you to complete the short questionnaire about your efforts to engage TANF *applicants* in work or work-related activities or to provide financial and other assistance to *applicant* families to divert them from the TANF program. We will use the information from this questionnaire to identify and further explore innovative strategies that may be of interest to other states. After we review your responses, we will contact you to schedule a follow-up telephone interview to gather additional information. The follow-up interview will last between 10 and 60 minutes.

### **Instructions**

Always proceed to the next question in the survey unless special instructions tell you to go elsewhere. Most questions can be answered by simply placing a check mark in the appropriate box. For a few questions you will be asked to write in a response. Feel free to elaborate on any responses in the questionnaire margins or to provide additional thoughts about your TANF diversion program at the end of the questionnaire. Please write "DK" next to the answer category if you do not know an answer.

Please return the completed questionnaire in the enclosed return mail envelope to Mathematica Policy Research, Inc., P.O. Box 2393, Princeton, NJ 08543-2393, ATTN: Todd Ensor, or fax it to Mr. Ensor at (609) 799-0005. If you have any questions, please call Todd Ensor at (609) 275-2326.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx, expiration date xx/xx/xxxx. The time required to complete this information collection is estimated to average 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201.

Employment, Self-Sufficiency, and Alternative Income  
Support Strategies for TANF Applicants

Please provide the following information for strategies you may have in place, or are planning to put into place, for families who *apply* for cash assistance.

**Section A. Lump Sum Payments To Divert Applicants From TANF Assistance**

**A1. Does your state offer or plan to offer lump sum payments (via cash, vendor payments, or vouchers) to families applying for cash assistance with the intent of alleviating the need for TANF assistance?**

- 1  Yes, statewide — **Go to A2**
- 2  Yes, at county discretion — **Go to B1**
- 0  No — **Go to B1**

**A2. Please record the month and year of initial or planned implementation of this program.**

|\_|\_| / |\_|\_|  
Month Year

**Section B. Pre-TANF Job Search and Assessment Programs That Provide Short-Term Financial Assistance**

**B1. Does your state have or plan to implement a program separate from your TANF cash assistance program that provides *short-term* financial assistance to families who apply for TANF assistance while they participate in job search, complete an employability assessment, or participate in other work-related activities?**

- 1  Yes, statewide — **Go to B2**
- 2  Yes, at county discretion — **Go to C1**
- 0  No — **Go to C1**

**B2. Please record the name of that program.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B3. Is this program targeted to all eligible TANF applicants (excluding child-only cases) or a subset of applicants with certain characteristics?**

- 1  All eligible applicants
- 2  Subset of eligible applicants

**B4. Is participation in this program voluntary or mandatory for the target population?**

- 1  Voluntary
- 2  Mandatory

**B5. Please record the month and year of initial or planned implementation of this program.**

|\_|\_| / |\_|\_|  
Month Year

**Section C. Work-Related TANF Application Requirements**

**C1. In this section we ask about your state's current or planned work-related requirements that all or some TANF applicants complete *before* they are approved to receive TANF cash assistance.**

**Are TANF applicants required to participate in an orientation program focused on work requirements or employment-related activities?**

- 1  Yes, statewide — **Go to C2**
- 2  Yes, at county discretion — **Go to C4**
- 0  No — **Go to C4**

**C2. Is a family's application for TANF cash assistance denied if they fail to comply with the requirement?**

- 1  Yes
- 0  No

**C3. Please record the month and year of initial or planned implementation of this requirement.**

|\_|\_| / |\_|\_|  
Month Year

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**C4. Are TANF applicants required to complete a plan that outlines what steps they will take to find employment or move towards self-sufficiency?**

- 1  Yes, statewide — **Go to C5**
- 2  Yes, at county discretion — **Go to C7**
- 0  No — **Go to C7**

**C5. Is a family's application for TANF cash assistance denied if they fail to comply with the requirement?**

- 1  Yes
- 0  No

**C6. Please record the month and year of initial or planned implementation of this requirement.**

|\_|\_| / |\_|\_|  
Month Year

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**C7. Are TANF applicants required to register for work?**

- 1  Yes, statewide — **Go to C8**
- 2  Yes, at county discretion — **Go to C10**
- 0  No — **Go to C10**

**C8. Is a family's application for TANF cash assistance denied if they fail to comply with the requirement?**

- 1  Yes
- 0  No

**C9. Please record the month and year of initial or planned implementation of this requirement.**

|\_|\_| / |\_|\_|  
Month Year

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**C10. Are TANF applicants required to participate in a job search?**

- 1  Yes, statewide — **Go to C11**
- 2  Yes, at county discretion — **Go to D1**
- 0  No — **Go to D1**

**C11. Is a family's application for TANF cash assistance denied if they fail to comply with this requirement?**

- 1  Yes
- 0  No

**C12. Please record the month and year of initial or planned implementation of this requirement.**

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Month Year

**Section D. Consideration of Alternative Resources**

**D1. As part of the TANF application process, are intensive services provided to help applicants find other means of assistance in lieu of receiving TANF?**

- 1  Yes, statewide — **Go to D2**
- 2  Yes, at county discretion — **Go to E1**
- 0  No — **Go to E1**

**D2. Please record the month and year of initial or planned implementation of these services.**

|\_|\_| / |\_|\_|  
Month Year

**Section E. Solely State-Funded Cash Assistance Programs**

**E1. Does your state have or plan to implement a program that is funded solely by state or local dollars (not TANF or TANF Maintenance of Effort (MOE) dollars) that provides *ongoing* financial assistance to families with children who would otherwise be eligible for TANF?**

- 1  Yes, statewide — **Go to E2**
- 2  Yes, at county discretion — **Go to F1**
- 0  No — **Go to F1**

**E2. Please provide the name of this program.**

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**E3. Is this program available to families who are *applying* for TANF assistance?**

- 1  Yes, statewide — **Go to E4**
- 2  Yes, at county discretion — **Go to F1**
- 0  No — **Go to F1**

**E4. To which types of TANF applicants is this program targeted?**

*Mark Yes or No for each type*

	<u>Yes</u>	<u>No</u>
a. Two parent families?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Families with a household head attending college?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Families experiencing personal or family challenges? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Other types of families ( <i>Please describe below</i> ).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

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**E5. Is participation in this program voluntary or mandatory for the target population?**

- 1  Voluntary
- 2  Mandatory

**E6. Please record the month and year of initial or planned implementation of this program.**

|\_|\_| / |\_|\_|  
Month      Year

**Section F. Final Comments**

**F1. Please provide us with materials such as regulations, reports, or educational material you have describing these policies or programs. If they are available on-line, please provide us with the link and we will download them.**

Web Links: \_\_\_\_\_

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**F2. We will be following up shortly to discuss your state's responses in this questionnaire. In the meantime, please write in any comments that might help us prepare for this discussion.**

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**F3. Please enter the name and telephone number of the person who completed this questionnaire.**

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**Telephone Number:**

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Area Code

**F4. Please enter the name and telephone number of the person we should contact for the follow-up telephone interview, if different from the person who completed this questionnaire.**

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**Telephone Number:**

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Area Code

**F5. Thank you for completing this survey. Please return it in the enclosed return envelope to Todd Ensor at Mathematica Policy Research, Inc., P.O. Box 2393, Princeton, NJ 08543-2393 or fax it to Mr. Ensor at (609) 799-0005. We will follow up by phone shortly.**