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|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**Concurrent TANF Benefits/Family Reunification****Notice of Removal from TANF Home** |  |
| DATE |
| Send Via E-Mail To: coordinatedbenefits@dshs.wa.gov |
| **FROM:** | ASSIGNED SOCIAL WORKERS NAME | OFFICE | TELEPHONE NUMBER |
| **RE:** | REMOVAL PARENT’S NAME | DATE OF BIRTH  | SOCIAL SECURITY NUMBER | FAMLINK CASE ID # |
| 1. **List children placed at the same time with the same caregiver. Must list child’s name and at least one of the other identifier options. (See Item 3 below to enter siblings placed with a different caregiver.)**
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| CHILD’S NAME | BIRTH DATE | SOCIAL SECURITY NUMBER |
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| **\***DATE OF REMOVAL OF CHILDREN FROM THE PARENT’S TANF HOUSEHOLD:  | PLACEMENT INFORMATION Child(ren) placed in: **[ ]**  Foster Care **[ ]**  Relative / Suitable Person |
| CURRENT CAREGIVER’S NAME | CAREGIVER’S RELATIONSHIP TO CHILD | CAREGIVER SUBMITTING TANF APPLICATION**[ ]**  Yes **[ ]**  No |
| Caregiver has passed Washington State BCCU background check: **[ ]**  Yes **[ ]**  No |
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| 1. **For any children removed at the same time, but placed with a different caregiver, complete this section. Must list child’s name and at least one of the other identifier options.**
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| CHILD’S NAME | BIRTH DATE | SOCIAL SECURITY NUMBER |
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| **\*** DATE OF REMOVAL OF CHILDREN FROM THE PARENT’S TANF HOUSEHOLD:  | PLACEMENT INFORMATION Child(ren) placed in: **[ ]**  Foster Care **[ ]**  Relative/Suitable Person |
| CURRENT CAREGIVER’S NAME | CAREGIVER’S RELATIONSHIP TO CHILD | CAREGIVER SUBMITTING TANF APPLICATION**[ ]**  Yes **[ ]**  No |
| Caregiver has passed Washington State BCCU background check: **[ ]**  Yes **[ ]**  No |
| Check the appropriate box(es) below:**A. [ ]**  **The current primary permanent plan is Reunification; child(ren) are currently anticipated to remain out of the home for 180 days or less. Department policy (WAC 388-454-0015) allows the TANF grant to remain open for up to 180 days (from date of removal\*) while the family is working on family reunification.****B. [ ]**  **This is an aggravated circumstances case; the child is not expected to return to the home.****C. [ ]**  **The child’s parent may benefit from protective payee services to assist with on-going money management issues.** |

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| **Update: Concurrent TANF Benefits / Family Reunification. To be completed when child(ren) are returned home or between 150 – 180 days from date of removal (OPD) from TANF household to request exceptions.** |
| Send Via E-Mail To: coordinatedbenefits@dshs.wa.gov |
| ASSIGNED SOCIAL WORKERS NAME |  OFFICE | TELEPHONE NUMBER |
| REMOVAL PARENT’S NAME | SOCIAL SECURITY NUMBER | FAMLINK CASE ID # |
| NAME OF CHILD | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
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| 1. [ ]  Primary permanent plan of reunification has been achieved on **.**2. [ ]  Primary permanent plan remains reunification – safely reunifying the child(ren) will occur after 180 days. Please request an Exception To Rule (ETR) to WAC 388-454-0015 to keep the TANF grant open for:[ ]  60 days [ ]  90 days.3. [ ]  Primary permanent plan remains reunification – safely reunifying the child(ren) will occur after 180 days. Please request a second Exception To Rule (ETR) to WAC 388-454-0015 to keep the TANF grant open for additional[ ]  60 days [ ]  90 days. (Total number of days of ETR requests not to exceed 180 days.)4. [ ]  Plan remains reunification – however, safe reunification of the child(ren) will not occur within 180 days of approved ETR extensions. The parent(s)’ TANF should be closed or reduced.5. [ ]  Parent’s TANF benefits should be closed or reduced. The primary permanent plan has changed to: |