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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](mailto: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.)** | | | | | | | | | | | | |
| 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.** | | | | | | | | | | | | |
| 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](mailto: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: | | | |