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|---|--------------------------|---|----------------|------------------|----------------|
|  | <b>Agency Name</b>       | Office of Family Support (OFS)            |                |                  |                |
|   | <b>Chapter No./Name</b>  | 00. Miscellaneous Issuances Manual        |                |                  |                |
|   | <b>Part No./Name</b>     | E. Executive Bulletins                    |                |                  |                |
|   | <b>Section No./Name</b>  | E-2300 Executive Bulletins                |                |                  |                |
|   | <b>Document No./Name</b> | E-2313-00 Louisiana Family Recovery Corps |                |                  |                |
|   | <b>Dates</b>             | <b>Issue</b>                              | March 22, 2006 | <b>Effective</b> | March 22, 2006 |

The Louisiana Family Recovery Corps (LFRC) was established to coordinate and deliver comprehensive services to displaced families throughout Louisiana and to facilitate information-sharing concerning opportunities for return to Louisiana for those currently displaced in other states. This Executive Bulletin is to provide information concerning the services that will be provided to displaced families from the twenty-six parishes listed below who are currently residing in shelters or transitional housing communities as a result of Hurricanes Katrina and Rita.

|                 |                      |             |
|-----------------|----------------------|-------------|
| Acadia          | Lafayette            | St. Mary    |
| Allen           | Lafourche            | St. Martin  |
| Assumption      | Orleans              | St. Tammany |
| Beauregard      | Plaquemines          | Tangipahoa  |
| Calcasieu       | Sabine               | Terrebonne  |
| Cameron         | St. Bernard          | Vermilion   |
| Iberia          | St. Charles          | Vernon      |
| Jefferson       | St. James            | Washington  |
| Jefferson Davis | St. John the Baptist |             |


Family Liaisons, trained human service professionals employed through LFRC, will work closely with displaced families and individuals. They will conduct cash, child care, and food needs assessments with each family to assist them in identifying and obtaining needed services. Families who are determined to be in need of assistance will be assisted by LFRC with benefit applications. The LFRC will make referrals to the Office of Family Support (OFS) for the Child Care Assistance Program (CCAP), Family Independence Temporary Assistance Program (FITAP), Food Stamp Program, and Kinship Care Subsidy Program (KCSP). Form LFRC FAR 1, Family Assistance Referral and Information Form, is being issued for use in completing, tracking and responding to such referrals.

## LFRC Responsibilities

The LFRC Family Liaisons will be responsible for referring families to apply for services with the local OFS Parish/District Office. LFRC Family Liaisons will participate in trainings led by OFS Program Specialists to develop their knowledge of available OFS programs and the eligibility criteria for OFS programs.

Upon assessing a family's need for any OFS Family Assistance program, the LFRC Family Liaison will:

1. Send an e-mail to the generic e-mail address for the OFS Parish/District Office that serves the parish in which the family resides. The e-mail will contain the client's name, address and SSN to verify whether the client is already certified for OFS programs. The local OFS Office will respond by e-mail with a positive or negative response within 24 hours.
2. If the client is not already certified, the Family Liaison will provide the family with an OFS 4APP and assist the family in completing and submitting the application to the local OFS Parish/District Office.

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3. The Family Liaison will also complete the form LFRC FAR 1 (attached below) to refer the family to OFS. The LFRC FAR1 form is to be submitted to the local OFS Parish/District office along with the OFS 4APP.

Upon receipt of the notification that the client has been authorized to receive assistance from OFS, LFRC will terminate emergency or supportive services payments to prevent duplication of assistance in the overlapping service areas.

Child care co-payments for families who are certified for Low-Income Child Care as a result of LFRC referral will be paid by LFRC.

The LFRC contact person will complete Sections A and B of the form LFRC FAR 1 as appropriate for each family as outlined below:

- Section A:

Complete the address, telephone number, fax number, and e-mail address of the LFRC office making the referral. Provide the client's name, social security number, address and telephone number.

- Section B:


General information: Additional information regarding the named individual.

- Section C:

Release of Information: Client will sign the consent for DSS to share information with LFRC.

## OFS Responsibilities

Each OFS Parish Manager will designate an OFS contact person who will be responsible for receiving the referrals from LFRC, securing the application date, and disseminating the referral/application to appropriate staff. Clients applying for Food Stamps may be scheduled for a telephone interview if they are unable to come into the office for a face-to-face interview. Child Care applicants will not be required to have a face-to-face interview. These will be handled by mail or by telephone. Clients applying for FITAP and KCSP will be scheduled for a face-to-face interview. Application interviews are to be scheduled using the Application Appointment Letter (OFS 18AA) within two days of receiving a referral from LFRC. The worker is to contact the applicant by telephone whenever possible to expedite the application process.

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The parish office will utilize Section D of the LFRC FAR 1 to notify LFRC of the referral results and services provided to the family. The parish may fax or e-mail form LFRC FAR 1 to the LFRC contact person.

The parish contact person will be responsible for tracking the referrals and services provided. The Family Assistance Referral Log (FAR 2) is to be used for this purpose.

## Processing Applications

Applications received from LFRC will be given priority status for processing once required eligibility verification has been obtained.

The application date will be the date the office receives the signed tear off sheet or the completed OFS 4APP.

The parish/district office will use Section D of form LFRC FAR 1 to notify LFRC immediately when:

- A FITAP applicant is required to participate in the STEP program and the agency will provide supportive services, or
- An applicant has been certified for LI-CC. LFRC will make co-payments directly to the child care provider.

LFRC will administer the Temporary Emergency Disaster Assistance Program (TEDAP). Clients certified for the LFRC TEDAP are not eligible for FITAP or KCSP during the months for which they received TEDAP.

Contact the appropriate Regional Program Specialists if you have any questions.

Attachment

**Louisiana Family Recovery Corps**  
**Family Assistance Referral and Information**

**A. Identifying Information**

|   |   |
|---|---|
| To: _____<br>Parish Office<br>_____<br>Address<br>_____<br>_____<br>From: _____<br>LRFC<br>_____<br>Address<br>_____<br>_____<br>Phone #/FAX #<br>_____<br>Email Address<br>_____ | Date: _____<br>_____<br>Re: _____<br>Client's Name<br>_____<br>SSN<br>_____<br>Client's Address<br>_____<br>_____<br>Client's Phone #<br>_____<br>_____ |
|---|---|

**B. General Information**

Additional information regarding the above-named individual (including any supportive services already provided to the family by the LFRC):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Release of Information**

I, \_\_\_\_\_, hereby give permission for the Department of Social Services to share personal information, including, but not limited to name, address, phone number, and social security number, about myself or that of \_\_\_\_\_, with the Louisiana Family Recovery Corps for the purpose of verification of current assistance received or providing post-placement services for me or those for whom I am signing. If I am signing on behalf of someone else, I certify that I have the legal authority to do so, either by court order or by operation of law.

\_\_\_\_\_  
Signature or Applicant

\_\_\_\_\_  
Signatures of Co-Applicants (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_

**D. Parish/District Office Response**

The result of the above-named individual's application(s) is explained below:

☐ **Child Care Assistance Program (CCAP)**

- ☐ Low-Income CCAP (co-pay)  
☐ STEP CCAP (CCAP pays 100% not to exceed the authorized rate)

The above-named individual has been certified for CCAP effective \_\_\_\_\_ through \_\_\_\_\_.

The above-named individual has been denied CCAP assistance for the following reason:  
\_\_\_\_\_.

☐ **Family Independence Temporary Assistance (FITAP)**

The above-named individual has been certified for FITAP effective \_\_\_\_\_ through \_\_\_\_\_.

The above-named individual has been denied FITAP assistance for the following reason:  
\_\_\_\_\_.

☐ **Strategies to Empower People (STEP)**

The above-named individual is required to participate in the STEP program. Supportive services will be paid as indicated below:

- Transportation beginning \_\_\_\_\_.
  - ☐ Contracted Provider \_\_\_\_\_.
  - ☐ Reimbursement to applicant at \$0.36 per mile, not to exceed \$500 per month.
  - ☐ Reimbursement to applicant at \_\_\_\_\_ not to exceed \$500.00 per month.
  - ☐ Reimbursement to an individual to transport applicant, not to exceed \$500.00 per month.
- Other Supportive Services such as \_\_\_\_\_.

☐ **Food Stamp Program**

The above-named individual has been certified for Food Stamps effective \_\_\_\_\_ through \_\_\_\_\_.

The above-named individual has been denied Food Stamp benefits for the following reason:  
\_\_\_\_\_.

☐ **Kinship Care Subsidy Program (KCSP)**

The above-named individual has been certified for KCSP effective \_\_\_\_\_ through \_\_\_\_\_.

The above-named individual has been denied KCSP assistance for the following reason:  
\_\_\_\_\_.

**E. Additional Information**

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Worker's Name

Worker's Phone #