Section I - Introduction

This document serves as an attachment to the Illinois Department of Human Services’ (IDHS) Community Services Agreement (Agreement) and is incorporated therein in its entirety. This attachment applies to the programmatic areas of the Office of Program Support and Fiscal Management Services’ of the Division of Family and Community Services (FCS).

Section II – Provider Responsibilities

The Provider will provide the services specified in the Community Service Agreement. Exceptions to these provisions must have the written approval of the Department.

A. Family and Community Services (FCS) Special Contracts

FCS Special Contracts provide services to Illinois citizens when special needs are identified. Programs are negotiated individually. Services may be restricted to target populations, specified communities or geographical areas.

Section III - Department Responsibilities

The Department will be responsible for the following provisions as applicable to the Provider’s program and will provide an initial supply of the referenced program forms upon request.

Front Door Referral Process: Upon execution of this contract, the Department will issue to the Community Partner, an advance of the contract funds for employment expenses in accordance with this contract. The Department’s Family and Community Resource Centers (FCRCs) shall
refer TANF applicants who have obtained employment and are in need of employment expenses to the Community Partner using the Referral Form (2151).

**Section IV - Supportive Services**

A. Supportive Services

The provider agrees to pay all eligible supportive services using the Supportive Service Guidelines as referenced in Appendix I Supportive Services and Forms.

**Section V - Billing Instructions (Front Door Program Only - See VIII. Supportive Services and Forms)**

A. General Billing Instructions

1. Front Door: Providers must use the Front Door Program Billing Instructions (pdf) and Front Door Ledger Form (xls) to document the use of the funds.

2. FCS Special Contracts: Providers shall use the following methodology to document the use of these funds:

   a. Expenditures shall be recorded in the Provider’s records in such a manner as to establish an audit trail for future verification of appropriate use of contract funds.
   
   b. The provider shall submit expenditure documentation as agreed upon with the Department.
   
   c. All financial record keeping on the part of the Provider shall be in accordance with generally accepted accounting principles consistently applied

**Section VI - Program Monitoring**

The Provider shall allow the Department access to its records for the purposes of monitoring this Agreement. The Department will monitor compliance with the conditions specified herein. Monitoring will be conducted by staff within various offices of the Department. Any findings arising from the monitoring activities of IDHS will be shared with the Provider by that Office for review and corrective action.

**Section VII - Program Budget**

A. General Conditions

1. Front Door: Not applicable.

2. FCS Special Contracts: Providers must submit a program budget along with their program proposal, if applicable.

**APPENDIX 1**

Front Door Billing Instructions

A. Supportive Services

Supportive Services

The Provider will authorize supportive service payments by check, money order, or cash to the participant or service provider. All issuances must be clearly documented in each participant’s case file. The Provider must maintain receipts signed and dated by the customer to verify issuance of each supportive services payment. Documentation of each issuance must include the amount, purpose and period covered. Monthly financial accounting for all monies disbursed will be required in a format specified by the Department.

The Provider will designate supervisory level staff to review and approve supportive services requests when “Supervisory approval is required.” A copy of the approval document must be retained in the customer’s case file.

The following rates are subject to change. Providers will receive written notification of any supportive service payment policy and/or rate change.

1. Transportation
Transportation expenses are authorized as an advance payment to participants for travel necessary to get to and from approved activities. The transportation allowance covers activities such as: Work Experience; Work First; job clubs; approved education and training; assessment interviews; job retention meetings; counseling and treatment needed to eliminate barriers to employment such as domestic violence, substance abuse treatment, mental health treatment; job interviews arranged by the Provider for the participant (except employer contact activities which are covered by the Job Search allowance); scheduled appointments and activities arranged by the Provider; and locating suitable child care and taking children to child care, if appropriate.

Transportation is paid at the most reasonable and economical rate. In urban areas where public transportation is available, the amount of the actual fare for each trip is authorized, or the cost of a monthly pass, whichever is less. If the customer must use more than one form of transportation: for example, customer uses the bus and the Metra train, allow the most reasonable total cost for the trip.

In areas where public transportation is not available and/or the participant must use a privately owned vehicle or pay someone for transportation, a flat $30 per month for round trip transportation less than 10 miles per day, $45 per month for round trip transportation from 10 to 20 miles per day, or $60 per month for round trip transportation more than 20 miles per day is authorized. This allowance for private transportation covers all vehicle-related expenses, except as noted under Item 5.

**Employed Customers** - Allow transportation expenses for employed customers who have not yet received their first paycheck. Ongoing job related transportation expenses are covered under the 2/3 income deduction, except as noted under Item 5.

Under special circumstances, payment for transportation expenses may be made for job related transportation expenses after the customer receives their first paycheck to ensure the customer keeps their job. **Supervisory approval is required.**

2. **Mandatory Fees**

Mandatory fees up to a total maximum of $300 per 12-month period from the month of request may be authorized if required for participation in an approved education/training activity. **Payment for tuition cannot be authorized.**

Provide payment for mandatory fees, including application, registration, activities, laboratory, graduation and testing fees (such as to obtain a GED certificate or to take a state board examination).

3. **Books and Supplies**

Books, supplies and equipment, payable as needed, up to a maximum of $300 per 12-month period from the month of request, may be authorized if required for participation in an approved education/training activity.

Provide payment for books, supplies, and equipment purchased in accordance with the facility's published list of items required for the approved education/training program in which the participant is enrolled.

4. **Child Care**

Ongoing child care is provided by the Child Care Resource and Referral (CCR&R) agency. Refer the participant to the CCR&R using the Child Care Application (Form 3455) with the Responsibility and Services Plan (Form 4003).

A temporary child care need can be provided by the Provider when needed for employment or as a one-time temporary need for no more than 30 days. Payment must be authorized in accordance with the rates established by the Department.

Child care must be provided through a legal care arrangement by which all child care providers must be at least 18 years of age, the provider cannot be a responsible relative of the child, and care must be provided in or by one of the arrangements outlined on page 4 of the Child Care Application (Form 3455).
Child care may be provided for children under age 13 or children age 13 or older who need the care because of a physical or psychological condition or court ordered supervision.

Payment for child care must be authorized in the child care provider's name and mailed to the provider's address. Note on the check to the provider and check stub the name and case number of the participant for whom the child care is authorized.

Customers are responsible for a child care co-payment. The child care co-payment amount depends upon gross annual income, family size and the number of children needing care. The customer’s co-payment must be deducted from the amount the Provider issues for child care. The customer’s co-payment for child care needed during the first 30-day period on a job may be issued as a supportive service, if requested by the customer.

For a full month, use the monthly co-payment amount shown in the attached charts. For less than a full month, use the weekly co-payment amount times the number of weeks. If the child care provided is less than 5 hours a day, the client’s share is 50% of the full copayment amount. The number of children shown on the chart is the number of children receiving child care, not the number of children in the family or case.

A Provider cannot authorize child care payments to themselves. In these situations, payments will be authorized by the Child Care Resource and Referral agency, if child care is needed.

For care less than 5 hours in a day, use the part-day rate or the actual cost, whichever is less; for care 5 through 12 hours in a day, use the full-day rate or the actual cost, whichever is less. For care in excess of 12 hours in a day, use the full-day rate for the first 12 hours and the part-day rate for the remainder for care provided less than 17 hours in a day or the full-day rate for the remainder for care provided from 17 through 24 hours. Use the school age day rate for day care centers when the child is cared for before or after school (i.e., latch key kids).

Under special circumstances, payment may be made for child care costs over the stated maximums to ensure that an employed customer keeps the job.

When all eligibility factors are met, payment for child care services begins on whichever of the following dates is later:

- the date of the client’s signature;
- one week (7 calendar days) prior to the stamped date of receipt of a signed application by the Department or its agent; or
- the date the child care provider actually begins providing child care services, if the application is received in advance of services being provided.

5. Expenses with Cash and Time Limits

Total payments for expenses with time and cash limits for one (1) customer cannot exceed $1,200 in any 12-month period without the approval of the Provider Manager.

Some of these expenses also include individual limits.

Obtain one (1) estimate for the purchase or repair of items listed in this section. If the estimate is over $100, obtain a second estimate. For items $100, or less, an informal estimate may be used (TV, newspaper or radio ads). Authorize the least expensive item(s).

- Special clothing such as uniforms or outsized clothing needed for the customer to meet a dress code for an activity or employment ($600 in 12 months).
- Required tools not provided by the employer ($600 in 12 months).
- Auto license plate fees.
- Auto liability insurance at the least costly rate but not over $675 in any 12 months or the cost of 9 months insurance coverage, whichever is less.
• Security deposit for the driver of a car pool vehicle to transport a group of workers to a work site or a group of customers to an activity site.
• Items or services purchased to assist the customer in meeting Illinois Department of Children and Family Services (DCFS) child care licensing requirements
  o (maximum $900 in any 12 months). These include but are not limited to:
    o fire extinguisher,
    o smoke alarm,
    o first aid kit,
    o installation of a telephone.
**Supervisory approval is required.**
• Expenses required to start up a micro enterprise, approved as a self-employment activity, that is likely to generate income. **Supervisory approval is required.**
• Other required items related to the specific job (maximum $900 in any 12 months). **Supervisory approval is required.**
• Repair of an auto (maximum $900 in any 12 months). **Supervisory approval is required.** Do not approve a request for payment of automobile repairs unless:
  o The customer has no other available and suitable form of transportation to and from the job site or work and training activity.
  o The customer is unable to report to the job site or the work and training activity unless the auto is repaired.
  o The customer has a valid driver’s license and provides proof that he/she has or can get insurance.
  o The automobile, when repaired, will be suitable for the purpose intended. No other obvious mechanical defect has been observed.
  o The title and license of the automobile are in the name of the customer or their spouse who lives in the home.

Payment may not be issued to buy firearms, to pay bail bonds or traffic tickets.

**Approval of Provider Manager**
Requests to exceed the $1,200 limitation must be justified in writing. The Provider may fax/mail a memorandum to the Provider Manager requesting an exception to policy. The Provider Manager will provide a written disposition. A copy must be retained in the customer’s case file.

**6. Required Physical and Medical Services**
Provide payment for required physicals and medical services if not paid for by another source such as the employer or training program and not available without charge from the Department of Public Health or another source. Provide payment when a physical is required before beginning a job or enrollment in an approved education or training program, whether or not the customer is accepted and enrolls in the program.
Provide payment for drug testing:
• Before sending a customer to an employer who drug tests all prospective employees.
• Before referring a customer to a work and training Provider who drug tests everyone before placing a customer in a program.

**7. Background Checks**
Authorization for conviction background checks may be provided for participants if required by an employer or Work Experience/Work First sponsor when the employer requires the same checks for regular employees for the same type of job or work experience to be done by the customer. (The usual charge is $10.)

**SUPPORTIVE SERVICES ISSUED BY DEPARTMENT TANF STAFF ONLY:**

**8. Job Search Allowance**
For participants who are required to make employer contacts looking for a job, a flat $20
per month Job Search Allowance is paid to help meet the cost of completing 20 employer contacts each calendar month. The Job Search Allowance covers transportation for job search, postage stamps, telephone calls, copying resumes, etc. and cannot exceed the flat $20 per calendar month.

9. **Work Activity Allowance**
For participants who are required to participate in Work Experience, Work First or Community Service, a flat $20 per month Work Activity Allowance is paid. The Work Activity Allowance covers such items as nylons, hair cuts, shaving supplies, etc. and cannot exceed the flat $20 per calendar month.
Customers who are not engaged in Work Experience, Work First or Community Service are **not** eligible for the Work Activity Allowance.

10. **Optical Services**
Authorization for an eye examination and for eyeglasses can be provided for participants who need glasses for work, education, and training activities if not covered under the MediPlan card.

11. **Dental Services**
Authorization for dental services, not covered under the MediPlan card (routine office visits, preventive services, cleaning, fluoride treatment, cosmetic dental services, orthodontia, partial dentures and full dentures for cosmetic reasons) can be provided when the customer needs the service to get or keep a job or to take part in a work and training activity. These dental services include repair or replacement of noticeably missing or malformed teeth and other dental procedures that remove barriers to employment.

12. **Relocation Expenses**
Relocation expenses may be provided to help a customer move to accept employment elsewhere. Do not approve payment for relocation expenses unless the customer has a verified job. Payment is limited to:
- the cost of the rental of a do-it-yourself moving van; or
- one month’s security deposit on a rental agreement. Requires the approval of the Local Office Administrator.

Payment for out of state moves may be considered if there are no suitable jobs available locally. Requires the approval of the Local Office Administrator.

**REQUEST FOR SUPPORTIVE SERVICES - CANCELED CASES**
During the 90/150 day retention period, the Provider may authorize supportive services for those customers who were assigned to the Provider at the time of the cancellation if:
- the case was canceled due to employment;
- the request is made within the first three fiscal months after the customer last received cash benefits; and
- the case is receiving a medical extension or has been swapped to Medical Assistance No Grant (MANG).

B. **Front Door Billing Instructions/Ledger Form (xls)**

**FRONT DOOR PROGRAM BILLING INSTRUCTIONS**
The Community Partner must complete and submit the attached FRONT DOOR LEDGER FORM by the 10th of each month following the month of service. If no services are provided, this report must still be submitted reflecting "no services provided". The first report month will be July. For July, the "Previous Month Balance" will be the amount of your new agreement. There will be no administrative fees to subtract. A statement will be prepared that will provide the admin fees for the month and will be e-mailed to you the following month.
The Community Partner must insert the FCRC, Community Partner name and service month along with the date of service, customer’s name, social security number, and the amount and type of each supportive service issued to a customer in the appropriate columns. For example, if the client received supportive services for transportation and also received supportive services for a uniform,
then the Community Partner must enter the customer twice on the ledger identifying the amounts issued for each type of service. The Community Partner must enter the appropriate supportive services provided. The categories of services provided are:
- Auto repairs
- Education & Training
- Car Insurance
- Gas Money
- Car Payment
- Licenses
- Car Registration
- Tools
- Car/Bus Fare
- Utility Bills
- Child Care
- Clothing
- Other (to be used only if none of the above apply) Explanation Required

The Front Door Ledger form is a Microsoft Excel document that will automatically do the calculations starting with the beginning balance at the top and also in the amount and balance columns. If a transaction needs to be voided and subsequently added back, type the amount in parentheses and it will automatically be added back in.

Community Partner Certification – The document must be signed and dated by an employee of the Community Partner’s organization who has signature authority. The Community Partner signature and FCRC signature constitutes certification that all claims for reimbursement are accurate and complete.

FCRC Certification - Local IDHS office designee’s signature and date.

Attach the approved Referral Forms (2151) to the Front Door Ledger and ensure the item(s) and fund(s) issued to the customer are listed appropriately (each item separately if more than one item is provided) on both the Referral Form (2151) and the Front Door Ledger before electronically sending each month to:

Division of Family & Community Services
FRONT DOOR PROGRAM
Attention: Rena Bryson
401 South Clinton, 2nd Floor
Chicago, IL 60607
E-Mail: Rena.Bryson@illinois.gov

C. Front Door Program - Deliverables

Front Door Program - Deliverables

Referral
The FCRC/Community Partner will issue payment for employment expenses for applicants of the FCRC within 2 working days of receipt of the Referral Form (2151) from the FCRC. The Community Partner will report the action taken by returning the Referral Form (2151) to the FCRC within 2 working days of issuing payment(s). No fees shall be imposed upon applicants by the Community Partner.

Record of Payment
The FCRC/Community Partner will maintain a record of payments authorized/issued for employment expenses for audit purposes. The record will include, at minimum, a copy of the Referral Form (2151), the applicant’s name, type of employment expense the applicant received, and the amount of payment(s) issued.

Administrative Cost
The FCRC/Community Partner will be allowed 7% in administrative costs based on services provided. The funds for Administrative Expenses are included in, not in addition to, the contract amount. Costs associated with check issuance and account maintenance will be included in the 7% payment and will not be allowed separately.
Expiration of Contract
At the end of the period covered by this contract, any remaining funds, not legally obligated or expended for employment expenses, shall be returned to the Department no later than 45 days after the expiration of this contract.

Front Door Ledger Form
The Community Partner must complete and submit the attached FRONT DOOR LEDGER FORM by the 10th of each month following the month of service. If no services are provided, the FRONT DOOR LEDGER FORM must still be submitted reflecting “no services provided”. The first report month will be July.

The Community Partner must insert the FCRC, Community Partner name, and service month along with the date(s) of service and customer’s name and social security number in the appropriate columns. The Community Partner must enter the amount and type of each supportive service issued to a customer.

Community Partner Certification
The FRONT DOOR LEDGER FORM must be signed and dated by an employee of the Community Partner’s organization who has signature authority. The Community Partner signature and FCRC signature constitutes certification from both parties that all claims, including IDHS Referral Form (2151), for reimbursement are accurate and complete.

Attach the approved Referral Forms (2151) for each client and electronically send monthly to:
Division of Family & Community Services
FRONT DOOR PROGRAM
Attention: Rena Bryson
401 South Clinton, 3rd Floor
E-Mail: Rena.Bryson@illinois.gov
Front Door & FCS Special Contracts Program Manual
Chicago, IL 60607
Front Door & FCS Special Contracts Program Manual