

Instructions for Completing the FaDSS Information Outline Form

- Purpose:** The FaDSS Information Outline is used to transmit known information to the Income Maintenance Worker at DHS about a current FaDSS family that has requested a hardship exemption.
- Completion:** FaDSS staff shall prepare two copies of this form when notified by the family that they have requested a hardship exemption and would like the FaDSS Specialist to provide supporting documentation.
- Distribution:** Forward one copy to the family's Income Maintenance Worker. File one copy in the family's FaDSS file in your office.

Complete this form upon request from a FaDSS family applying for the Hardship exemption. Prior to completion the FaDSS Specialist should ensure that the family has completed a Release of Information between DHS (Income Maintenance), PROMISE JOBS and the FaDSS program. A best practice would be to have the family sign a ROI that specifies that the information is being exchanged for the purpose of applying for the Hardship exemption. The ROI should also contain specific language granting the release of mental health, substance abuse or child abuse information if that information potentially would be shared in the completion of this form. In the absence of the FaDSS Specialist their immediate Supervisor may complete this form. The form should be completed utilizing information garnered through the Specialists work with the family and documented in the family file. The Specialist may review the form with the family to gather additional data and/or to inform the family of the content of the form.

NOTE: Do Not provide information about Substance Abuse and/or Mental Health unless the family has given specific authorization to release this information. Carefully check the Release of Information form prior to completing the FaDSS Information Outline.

Complete the form as follows:

Basic Information:

Family: Enter the first and last name of the head of household enrolled in the FaDSS program.

Date Completed: Enter the date that the FaDSS program completed this form.

FaDSS Specialist: Enter the name of the FaDSS Specialist assigned to serve this family.

E-mail Address: Enter the e-mail address of the FaDSS Specialist assigned to work with this family. Write "unavailable" if the FaDSS Specialist does not have an e-mail address. The Specialist's phone number should be written here if they do not have an e-mail address.

of Months in FaDSS: List the number of months that the family has been enrolled in the FaDSS program. If a family has been enrolled multiple times, list separately the number of months of each enrollment.

Referral Source: Enter the name of the agency or institution that made the referral to the FaDSS program. In the case of a self-referral, write, "self referral". In the case of an individual not associated with an agency or institution, write the individual's name.

Section One: List any major or significant steps or goals that the family has achieved while enrolled in the FaDSS program that have progressed them toward self-sufficiency or family stability.

Section Two: List the specific identified hardship(s) that is keeping the family from achieving self-sufficiency. Please indicate the primary hardship first followed by the secondary hardship(s)

Section Three: List any additional information that you believe would be of assistance to the Income Maintenance Worker in determining a family's eligibility for a hardship exemption. The FaDSS Specialist has the option of including in this section their opinion on whether the family should be granted a hardship waiver. List any pertinent information that should be included in the family's six-month FIA if the hardship is granted. Additional pages may be attached.