

GRANT DIVERSION SCRIPT AND APPLICANT AGREEMENT

Applicant's Name (*Last, First, M.I.*): _____ AZTECS No.: _____

SCRIPT

After reviewing your information, you may be potentially eligible for at least \$1.00 of cash assistance. You may choose to accept the Grant Diversion (GD) payment option.

Grant Diversion assistance is:

- A non-recurring payment that can be received **ONLY ONCE** in a 12-month period.
- A lump sum payment equal to three (3) months of cash assistance which your family would be eligible to receive.
- Intended to support you and your family in your efforts to obtain full time employment.

AGREEMENT

I understand the following:

Child Care services may be available to me during the three-month Grant Diversion assistance period.

The Grant Diversion assistance option has been explained to me and I have decided that a **ONE-TIME** lump sum payment will help me to achieve self-sufficiency through full-time employment. I will not be able to apply for Cash Assistance during the three-month Grant Diversion period from: _____ to: _____

If I do not accept or am not eligible for Grant Diversion Assistance, I must cooperate with JPPO and the Division of Child Support Services before my Cash Assistance can be approved.

I have done the following work (*check all that apply*):

Housework General Labor Restaurant/motel Office/administrative Other: _____

I understand the opportunities presented to me and choose to:

ACCEPT the Grant Diversion assistance payment.

Applicant's Signature: _____ Date: _____

DECLINE the Grant Diversion assistance payment.

Applicant's Signature: _____ Date: _____

As a representative of DES, I have explained the Grant Diversion assistance option.

Program Service Evaluator (PSE): _____

Phone No. (*Include area code and extension*): _____ Date: _____

Routing: Original – Applicant; Copy – Case file

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