

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Family Assistance Administration
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.**

**See pages 4-5 for EOE/ADA/
LEP/GINA disclosures**

- **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 JPP0 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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