FAA-1410A FORFF (7-23)

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Family Assistance Administration

## GRANT DIVERSION SCRIPT AND APPLICANT AGREEMENT

Applicant's Name (Last, First, M.I.): AZTE	CS No.:
SCRIPT	
After reviewing your information, you may be potentially eligible for at least \$1.00 of cash at accept the Grant Diversion (GD) payment option.	ssistance. You may choose to
Grant Diversion assistance is:	
A non-recurring payment that can be received <b>ONLY ONCE</b> in a 12-month period.	
<ul> <li>A lump sum payment equal to three (3) months of cash assistance which your family very little of the support you and your family in your efforts to obtain full time employment.</li> </ul>	· ·
AGREEMENT	
I understand the following:	
Child Care services may be available to me during the three-month Grant Diversion assista	nce period.
The Grant Diversion assistance option has been explained to me and I have decided that a <b>ONE-TIME</b> 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 JF Support Services before my Cash Assistance can be approved.	PPO and the Division of Child
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:
<b>DECLINE</b> 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	

This institution is an equal opportunity provider • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.