

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

**GRANT DIVERSION
SCRIPT AND APPLICANT
AGREEMENT**

**Applicant's Name (*Last,
First, M.I.*):**

AZTECS No.:

**See pages 8-10 for
EOE/ADA/LEP/GINA
disclosures**

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 JPPPO 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

DES/TANF Agencies are Equal Opportunity Employers/Programs

- **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. ●
Disponibile en español en línea o en la oficina local.**