



Notice of Funding Availability Social Services Block Grant Supplemental Funds – 2008 Disasters December 11, 2009

Background

The U.S. Department of Health and Human Services' Administration of Children and Families awarded \$35 million in supplemental funds of the Social Services Block Grant (CFDA #93.667) to the Florida Department of Children and Families (DCF). Volunteer Florida is partnering with DCF that will allow financial reimbursement to non-government organizations, counties, cities, and municipalities that provided eligible social services related to the response and recovery from hurricanes, floods, and other natural disasters that occurred from the time period January 1 – September 30, 2008.

The Florida Department of Children and Families is the designated recipient of SSBG funds, and the agency has formulated an agreement with the Governor's Commission on Volunteerism and Community Services, Volunteer Florida, to identify potential applicants eligible for reimbursement.

Grant Period

Disaster-related expenditures covering the date of the disaster in 2008 through June 30, 2010 may be claimed for reimbursement.

Eligible Organizations

Community or faith-based, charitable non-governmental organizations with 501(c)(3) status with the Internal Revenue Service and local governments (county, city, and municipalities) are eligible to apply. The organization or agency must have provided services in Florida as a result of a presidentially-declared disaster that occurred from January 1 – September 30, 2008.

Non-governmental organizations must provide a copy of the organization's designation of 501(c)(3) status with the Internal Revenue Service.

Volunteer Florida requested several organizations submit an Estimation Report Form in April, 2009. However, organizations and agencies that did not submit the form are still eligible to apply. These organizations and agencies are encouraged to contact the manager of technical assistance inquiries listed in this Notice to register its intention to apply. An intention to apply is not required, nor does it obligate the organization or agency to apply, but allows Volunteer Florida to contact interested applicants for program updates, technical assistance trainings, and conference calls.

Eligible Service Categories & Expenditures

Only health or social services that were related to presidentially-declared disasters that occurred from January 1 – September 30, 2008 and provided in Florida by the organization or agency, through June 30, 2010, are eligible for reimbursement.

Eligible activities are defined under the Uniform Definition of Services outlined by the US Department of Health and Human Services, Administration for Children and Families (Attachment H). The organization or agency must indicate in its application which of the 28 social services categories of the Uniform Definition of Services it provided clients. No services may be claimed under #29 (Other Services) without prior authorization by Volunteer Florida.

Grant funds are provided on a cost reimbursement basis only. Sufficient documentation that eligible expenses were paid by the organization or agency during the qualifying period must be provided. A notice of an intention to pay a debt, promissory note, or similar forms will not be accepted as proof of payment.

Of those expenses related to the construction, repair, or renovation of homes and/or facilities, only the cost of construction supplies, materials, and appliances are eligible for reimbursement.

Additional expenses that are not allowable include:

- labor costs associated with the major repair, renovation, or replacement of a home or facility;
- travel outside of Florida;
- depreciation costs of equipment;
- private or parochial school tuition;
- the purchase of a mobile home for a client (some expenses for moving the structure or setting up utilities may be eligible);
- new construction (excluding the replacement of a damaged home or facility as a result of the disaster);
- any expenses previously reimbursed by insurance or risk management, local government, state, or federal sources—including FEMA reimbursement;
- expenses paid for or reimbursed by donations designated to this specific disaster are also not eligible for reimbursement.

Documentation of Services

It is the responsibility of the eligible applicant to produce the required documentation that will support its reimbursement claim. In its original and copies, the organization must ensure all receipts are legible. Final determination of acceptable documentation will be made by Volunteer Florida and the Florida Department of Children & Families.

Applications that contain private, sensitive information (social security numbers, health records, etc.) will be returned to the organization or agency and not reviewed.

Expense	Required Documentation
<p>Salary & Wages</p> <p>If only a percentage of employee’s time was spent on grant-related services, only that percentage of salaries or wages is eligible for reimbursement.</p>	<p>Staff Time & Effort Records/Timesheets and Payroll Reports – Social Security numbers should be omitted.</p> <p>The organization or agency must provide proof of payment to either the employee or a payroll company.</p> <p>The organization or agency should provide a detailed explanation or calculation for its reimbursement amount for this category.</p>
<p>Fringe Benefits – employer’s contribution for benefits not included in the employee’s gross wages</p> <p>If only a percentage of employee’s time was spent on grant-related services, only that percentage of fringe benefits is eligible for reimbursement.</p>	<p>Payroll Report with information on fringe benefits paid by the organization.</p> <p>The organization or agency should provide a detailed explanation or calculation for its reimbursement amount.</p>
<p>Purchases of Equipment, Supplies, Materials, and/or Utilities</p>	<p>Itemized invoices or receipts and proof of payment (canceled check, bank or credit card statement, or online reference).</p>

<p>Travel - expenses may include mileage, tolls, parking, airfare, meals (overnight travel only), and lodging for related travel of staff or volunteers providing services.</p> <p>Only travel within Florida is allowable.</p> <p>Reimbursements must be in accordance with State of Florida travel regulations</p>	<p>Authorized travel expense report/voucher and supporting receipts.</p> <p>Reimbursement for mileage must include mileage journals.</p> <p>If the traveler was reimbursed, proof of payment by the organization to the traveler must be provided.</p> <p>A copy of the organization’s travel policies must be submitted with the reimbursement.</p>
<p>Lease Agreements; Rental Deposit</p>	<p>Lease or payment agreement and proof of payment (canceled check, bank or credit card statement, or online reference).</p>
<p>Contracted Services</p>	<p>Copy of contract, invoice or receipt and proof of payment (canceled check, bank or credit card statement, or online reference).</p>
<p>Training</p>	<p>Sign-in sheet(s) that includes participant name, participant signature, training course and date.</p> <p>Brief description of the training</p> <p>Consultant/Trainer Agreement (if applicable)</p> <p>Invoice or receipts and proof of payment (canceled check, bank or credit card statement, or online reference).</p>
<p>Mental or Health Care Services</p>	<p>Invoice or receipts (with a patient identification number included but with patient names blacked out) and proof of payment (canceled check, bank or credit card statement, or online reference).</p>

Registration under My Florida Marketplace

To expedite reimbursement, an organization should register as a vendor under My Florida Marketplace (<https://vendor.myfloridamarketplace.com/>) prior to sending its reimbursement application. A copy of the registration should be submitted with the application.

Grant Reimbursement Application

The grant reimbursement application is comprised of nine parts:

- Attachment A, **Applicant Cover Form**
- Attachment B, **Reimbursement Reporting Form**
- Attachment C, **Invoice and Certification Form**
- Attachment D, **DCF Social Services Block Grant 2008 Disaster Grant Terms and Conditions**
- Attachment E, **Substitute W-9 Form**
- Attachment F, **Expenditures List**
- Supporting documentation – invoices, receipts, contracts, proof of payment, etc.
- Copy of the organization’s designation of 501(c)(3) status with the Internal Revenue Service.
- Copy of registration on My Florida Marketplace

All nine parts must be completed and included in the organization's grant reimbursement application. **The organization must submit one original application with original signatures and four copies (five packets total). All copies must reflect the original application, including any highlights, notes, or annotations.**

Any missing parts will result in an application being marked incomplete and not reviewed.

Criteria

Volunteer Florida will review each application and submit its recommendation for payment to the Department of Children and Families. The Department of Children and Families has the final approval for reimbursement of eligible expenses. Volunteer Florida staff will formulate recommendations for the reimbursement based on the following criteria:

- The reimbursement claim application is complete, certified, and signed by authorized officials of the organization. The authorized signatures must be notarized.
- The organization demonstrated it provided health and social services to those directly impacted by 2008 presidentially-declared disasters in Florida. Those services are outlined within the Uniform Definition of Services.
- The reimbursement claim is supported by detailed and adequate documentation from the organization.

Technical Assistance Needs

Volunteer Florida manages all technical assistance related to this grant program, and will conduct technical assistance workshops, and conference calls. The manager of technical assistance inquiries is:

Alfred L. Claud, Program Manager, Social Services Block Grant

E-mail: alfred@volunteerflorida.org Phone: (850) 413-0911

Electronic versions of this Notice of Funding Availability and attachments, list of scheduled workshops, and conference call minutes will be posted on Volunteer Florida's website: www.volunteerflorida.org. **This document and all attachments are available in large print, Braille, and electronic formats. Please contact Volunteer Florida at (850) 921-5172 with your request.**

Grant Submission Deadline

Applications are accepted from the release of this Notice through July 15, 2010. Reimbursement applications must be in the Volunteer Florida office by close of business, Thursday, July 15, 2010 to be considered for final reimbursement. The Department of Children of Families must expend all available funds to organizations by September 30, 2010.

Grant reimbursement is contingent upon the availability of funds, and payments will be processed in the order of receipt of completed and approved applications.

An application must include an original and four copies. Any highlights or comments marked in the original should be marked in all copies as well. An original plus four copies of the application with documentation should be sent to:

SSBG-08 Reimbursement/Volunteer Florida
The Elliot Building
401 South Monroe Street
Tallahassee, Florida 32301

Electronic or faxed applications **will not** be accepted. **Applications that contain private, sensitive information (social security numbers, health records, etc.) will not be accepted and returned to the organization or agency.**

Additional Grant Submissions

An organization or agency may submit more than one application as it incurs additional expenses during the grant period. For guidelines and requirements on submitting an additional grant application, contact the manager of technical assistance inquiries.

Applicant Cover Form
 Social Services Block Grant Program – [2008 Disasters](#)

Organization:	
Mailing Address:	
City, State, ZIP Code:	
Physical Address:	
City, State, ZIP Code:	
Federal Tax Identification Number/Employer Identification Number:	
Contact Person:	
Phone Number:	
E-Mail:	
Board Chair:	
Phone Number:	
E-Mail:	
Organization's Mission Statement:	
Organization's Service Area (include all counties served during non-disaster times):	
Organization's Service Area Related To This Reimbursement Claim (include the counties the organization provided services for the disaster):	
-Volunteer Florida Use Only-	Application ID: SSBG08- _____



Invoice & Certification Form

Social Services Block Grant Program – [2008 Disasters](#)

Organization:	
Mailing Address:	
City, State, ZIP:	
Federal Tax Identification Number:	
Organization's Point of Contact:	
Phone Number:	
FAX Number:	

Dates services/commodities provided or purchased: From ____/____/____ To ____/____/____

Uniform Definition of Services Category # and Name	Reimbursement Amount
Total Amount:	\$

The undersigned certify the following:

- (a). The governing body of the organization has authorized the invoice;
- (b). All information on the invoice and the supporting documentation is true and correct to the best of their knowledge;
- (c). The expenses claimed on the invoice reflect those allowable services and activities which conform and are consistent with the description and conditions as stated in the **Notice of Funding Availability for Social Services Block Grant Supplemental Funds – 2008 Disasters**.
- (d). That, under penalty of perjury, do affirm the expenses claimed in this invoice were **not** paid for or reimbursed by any local, county, state, or federal government source including FEMA reimbursement;
- (e). That, under penalty of perjury, do affirm the expenses claimed in this invoice were **not** paid for or reimbursed by any insurance company;
- (f). No expenses claimed in the invoice were paid for or reimbursed by donations designated to this specific disaster;
- (g). The organization understands it will be responsible for the repayment of funds if a reported expense is deemed ineligible by Volunteer Florida and the Department of Children & Families or the federal U.S. Department of Health and Human Services.

NOTARY:

Signature – Board Chair

Date

Printed Name

Phone Number

Signature – Executive Director

Date

Printed Name

Phone Number



Invoice & Certification Form – Page 2
 Social Services Block Grant Program – [2008 Disasters](#)

FOR VOLUNTEER FLORIDA USE ONLY

Application Identification: SSBG08- _____

Date: Application Received: _____

Date: Application Reviewed: _____

Recommended Reimbursement: \$ _____

Authorized by: _____

-- Attach Volunteer Florida's Grant Review Form to Invoice --

FOR DEPARTMENT USE ONLY	FOR DEPARTMENT USE ONLY
-------------------------	-------------------------

DATE: SERVICES PROVIDED: _____

OCA: _____ AMOUNT: _____

DATE: DELIVERABLE RECEIVED: _____

OCA: _____ AMOUNT: _____

APPROVED: _____

TOTAL AMOUNT AUTHORIZED:

DATE: INVOICE RECEIVED: _____

\$ _____

APPROVED: _____

AUTHORIZING SIGNATURE: _____

TITLE: _____

TELEPHONE: _____



Social Services Block Grant 2008 Disaster Grant Terms and Conditions

A. The Grant Applicant _____ certifies as to the expenditure of funds for the provision of Title XX services to individuals affected by the 2008 Disasters and in conformance with all federal laws and regulations applicable to the Social Services Block Grant and as authorized in Florida Statutes.

These funds may have also been used for repairs, renovations or construction to allow health centers and similar providers impacted by Tropical Storm Fay to resume or expand operations, or to help providers meet salary and other cost associated with resuming or restoring health services as a result of the 2008 Disasters.

There are two qualifications applicable to the repair, renovation or construction of health care facilities with SSBG supplemental funding:

1. Florida Statutory requirements relating to the protection and disposal of real estate purchased or constructed with these grant funds must be followed; and
2. States must establish the requirement that a Notice of Federal Interest (NFI) is filed as a condition of construction awards. The purpose of the NFI is to officially recognize the Federal government’s continuing financial interest in the property. Provider’s receiving funds under the SSBG shall agree to the terms contained in the NFI as a condition of funding.

B. To retain and make available upon request, pursuant to Chapter 119, F.S., all financial records, supporting documents, statistical records, and any other documents pertinent to this agreement for a period of five years after termination of this agreement, or if an audit has been initiated and audit findings have not been resolved at the end of five years, the records shall be retained until resolution of the audit findings. It is expressly understood that substantial evidence of the sub-grantee’s refusal to comply with this provision shall constitute a breach of agreement.

C. Return of Funds
The sub-grantee agrees to return to the department any overpayments due to unearned funds or funds disallowed for non-conformance as determined through audit pursuant to the terms of this agreement that were transferred to the sub-grantee by the department.

D. Invoice Requirements
An applicant may submit invoices for expenses incurred month-to-date. An additional invoice and grant application packet may be submitted by applicant for additional services provided and expenses incurred prior to June 30, 2010. The invoice shall include the sub-grantee’s name, contact names, telephone numbers and fax number of authorized staff.

I _____ do hereby certify that all the information provided with the Department of Children and Families / Volunteer Florida Social Services Block Grant Application for the funding for the 2008 Disasters is true and accurate to the best of my knowledge.

IN WITNESS THEREOF, _____

NOTARY SEAL BELOW:

SIGNED BY: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____



STATE OF FLORIDA
Department of Financial Services – Chief Financial Officer
Bureau of Accounting, 200 East Gaines Street, Tallahassee, FL 32399-0354
Telephone (850) 413-5519 Fax (850) 413-5550

Substitute Form W-9

In order to comply with IRS regulations, we are requesting Taxpayer Identification information that will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida. For questions regarding this form, please use the address or telephone number provided above. In order to comply with the IRS rules, please provide us with your social security (SSN) or federal employer identification number (FEIN). This is not a request for state sales tax exemption.

In the event this information is not provided, or should the IRS notify us that the provided information is incorrect, all payments made to you may become subject to a 28% Backup Withholding Tax Rate. Please print clearly or type.

PART 1 – Please provide the correct Tax Identification Number (TIN), be it FEIN –or- SSN, and the applicable name and address as shown on your income tax return.

The TIN is (check one) ___ FEIN ___ SSN

Federal Employer Identification Number (FEIN) _____ - or -
Example 99 -- 999 9999

Social Security Number (SSN) _____
Example 999 -- 99 -- 9999

NAME (as shown on your income tax return) _____

Business name if sole proprietor _____

ADDRESS _____

CITY, STATE, ZIP _____

PART 2 - Below, circle one number that accurately describes the business or the individual:

1 - CORPORATION, PROFESSIONAL ASSOCIATION OR PROFESSIONAL CORPORATION

(A corporation formed under the laws of any state within the United States.)

2 - NOT FOR PROFIT CORPORATION (Section 501(c) (3) Internal Revenue Code)

3 - PARTNERSHIP, JOINT VENTURE, ESTATE, TRUST OR MULTIPLE MEMBER LLC

4 - INDIVIDUAL, SOLE PROPRIETOR, SELF EMPLOYED OR SINGLE MEMBER LLC

(Circle #4 if you are an individual that benefited from a student loan forgiveness payment)

5 - NONCORPORATE RENTAL AGENT

6 - GOVERNMENTAL ENTITY (City, County, State or U.S. Government)

7 - FOREIGN CORPORATION OR ENTITY (A foreign entity formed under the laws of a country other than the United States.) If YES is marked below, complete and attach Form W-8ECI.

Is income effectively connected with business in the United States? ___ YES ___ NO

8 - NONRESIDENT ALIEN (An individual temporarily in the U. S. who is not a U.S. citizen or resident.)

Under the penalties of perjury, I certify that I have examined this request and to the best of my knowledge and belief, it is true, correct and complete.

Signature _____ (____) _____ Date

Telephone Number

Title

email (optional)

Note: This form is available in Excel format.

Organization					Expenditures List	
Federal Tax ID Number						
Reference & Documentation Type	UDS Category #	Date of Expenditure	Expenditure Description	Total	VF Use Only Adjusted Total	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
Total				0		
Additional Notes:						

- EXAMPLE ONLY -
Use the Excel spreadsheet to complete this form.

Expenditure Reporting Form Instructions (Use additional copies of the form if necessary.) The Expenditure Summary Form is used to report expenditures sought for reimbursement under the Social Services Block Grant (SSBG) program. Volunteer Florida staff will review these expenditures and the corresponding documentation attached to this form.

Reference & Documentation Type – Write the number on each piece of supporting documentation for that expenditure item so that it may be easily referenced when reviewed by Volunteer Florida staff. Indicate on the list the types of documentation provided: CK – check, RT – receipt, ST – statement (bank/credit), PR – Payroll report.

UDS Category # - Refer to the 28 different categories stated under the Uniform Definition of Services and indicate which social service the expenditure falls under. Do not report under #29 “Other Category” without prior authorization by Volunteer Florida.

Date of Expenditure – The date for which the item was paid, such as the date on a receipt or check.

Expenditure Description – Describe the nature and purpose of the expenditure in relation to the social services provided by the organization.

Total – This is the amount sought for reimbursement from the SSBG program. The amount may be less than (if other expenses were paid by other services or not eligible)—but can not exceed—the amount of documented expenses.

Additional Notes – Indicate any comments or references for reviewers.

Application Checklist
Social Services Block Grant Program – [2008 Disasters](#)

- ___ Attachment A, Applicant Cover Form
- ___ Attachment B, Reimbursement Reporting Form
 - Provided information on number of clients served
 - Provided description of services
 - Provided description of expenses to related to the services provided.
- ___ Attachment C, Invoice and Certification Form
 - Signed by the Board Chair and Chief Executive Officer
 - Notarized
- ___ Attachment D, DCF Social Services Block Grant 2008 Disaster Grant Terms and Conditions
 - Signed by the Board Chair
 - Notarized
- ___ Attachment E, Substitute W-9 Form
 - Completed and signed.
- ___ Attachment F, Expenditures List
- ___ Supporting documentation – invoices, receipts, contracts, proof of payment, etc.
- ___ Copy of the organization’s designation of 501(c)(3) status with the Internal Revenue Service.
 - Exemption for local government applicants only
- ___ Copy of registration on My Florida Marketplace
- ___ Application must include an original **and** four (4) copies.
 - **Any highlights or markings made in the original application should be made in all copies.**
 - Mail to: SSBG-08 Reimbursement
Volunteer Florida
The Elliot Building
401 South Monroe Street
Tallahassee, Florida 32301
 - Electronic or faxed applications will not be accepted.
 - All applications must be in the Volunteer Florida office on July 15, 2010 by 5:00 p.m. Eastern Time.

Uniform Definition of Services

1. Adoption Services

Adoption services were those services or activities provided to assist in bringing about the adoption of a child. Component services and activities may include, but were not limited to, counseling the biological parent(s), recruitment of adoptive homes, and pre- and post- placement training and/or counseling

2. Case Management Services

Case management services were services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights were protected.

3. Congregate Meals

Congregate meals were those services or activities designed to prepare and serve one or more meals a day to individuals in central dining areas in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization; and other services such as transportation and information and referral.

4. Counseling Services

Counseling services were those services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or drug abuse.

5. Day Care Services--Adults

Day care services for adults were those services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Component services or activities may include opportunity for social interaction, companionship and self- education; health support or assistance in obtaining health services; counseling; recreation and general leisure time activities; meals; personal care services; plan development; and transportation.

6. Day Care Services--Children

Day care services for children (including infants, pre-schoolers, and school age children) were services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, plan development, and licensing and monitoring of child care homes and facilities.

7. Education and Training Services

Education and training services were those services provided to improve knowledge or daily living skills and to enhance cultural opportunities. Services may include instruction or training in, but were not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include screening, assessment and

testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.

8. Employment Services

Employment services were those services or activities provided to assist individuals in securing employment or acquiring or learning skills that promote opportunities for employment. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling, transportation; and referral to community resources.

9. Family Planning Services

Family planning services were those educational, comprehensive medical or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. These services and activities include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption). Specific component services and activities may include preconceptional counseling, education, and general reproductive health care, including diagnosis and treatment of infections which threaten reproductive capability. Family planning services do not include pregnancy care (including obstetric or prenatal care).

10. Foster Care Services for Adults

Foster care services for adults were those services or activities that assess the need and arrange for the substitute care and alternate living situation of adults in a setting suitable to the individual's needs. Individuals may need such services because of social, physical or mental disabilities, or as a consequence of abuse or neglect. Care may be provided in a community-based setting, or such services may arrange for institutionalization when necessary. Component services or activities include assessment of the individual's needs; case planning and case management to assure that the individual receives proper care in the placement; counseling to help with personal problems and adjusting to new situations; assistance in obtaining other necessary supportive services; determining, through periodic reviews, the continued appropriateness of and need for placement; and recruitment and licensing of foster care homes and facilities.

11. Foster Care Services for Children

Foster care services for children were those services or activities associated with the provision of an alternative family life experience for abused, neglected or dependent children, between birth and the age of majority, on the basis of a court commitment or a voluntary placement agreement signed by the parent or guardian. Services may be provided to children in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, pre-adoptive homes or supervised independent living situation. Component services or activities may include assessment of the child's needs; case planning and case management to assure that the child receives proper care in the placement; medical care as an integral but subordinate part of the service; counseling of the child, the child's parents, and the foster parents; referral and assistance in obtaining other necessary supportive services; periodical reviews to determine the continued appropriateness and need for placement; and recruitment and licensing of foster homes and child care institutions.

12. Health Related and Home Health Services

Health related and home health services were those in-home or out-of-home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and

utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.

13. Home Based Services

Home based services were those in-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-being. These services may be provided for reasons of illness, incapacity, frailty, absence of a caretaker relative, or to prevent abuse and neglect of a child or adult. Major service components include homemaker services, chore services, home maintenance services, and household management services. Component services or activities may include protective supervision of adults and/or children to help prevent abuse, temporary non-medical personal care, house-cleaning, essential shopping, simple household repairs, yard maintenance, teaching of homemaking skills, training in self-help and self-care skills, assistance with meal planning and preparation, sanitation, budgeting, and general household management.

14. Home Delivered Meals

Home-delivered meals were those services or activities designed to prepare and deliver one or more meals a day to an individual's residence in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization services; and information and referral.

15. Housing Services

Housing services were those services or activities designed to assist individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who were unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations.

16. Independent and Transitional Living Services

Independent and transitional living services were those services and activities designed to help older youth in foster care or homeless youth make the transition to independent living, or to help adults make the transition from an institution, or from homelessness, to independent living. Component services or activities may include educational and employment assistance, training in daily living skills, and housing assistance. Specific component services and activities may include supervised practice living and post-foster care services.

17. Information and Referral

Information and referral services were those services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.

18. Legal Services

Legal services were those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

19. Pregnancy and Parenting Services for Young Parents

Pregnancy and parenting services were those services or activities for married or unmarried adolescent parents and their families designed to assist young parents in coping with the social, emotional, and economic problems related to pregnancy and in planning for the future. Component services or activities may include securing necessary health care and living arrangements; obtaining legal services; and providing counseling, child care education, and training in and development of parenting skills.

20. Prevention and Intervention Services

Prevention and intervention services were those services or activities designed to provide early identification and/or timely intervention to support families and prevent or ameliorate the consequences of, abuse, neglect, or family violence, or to assist in making arrangement for alternate placements or living arrangements where necessary. Such services may also be provided to prevent the removal of a child or adult from the home. Component services and activities may include investigation; assessment and/or evaluation of the extent of the problem; counseling, including mental health counseling or therapy as needed; developmental and parenting skills training; respite care; and other services including supervision, case management, and transportation.

21. Protective Services for Adults

Protective services for adults were those services or activities designed to prevent or remedy abuse, neglect or exploitation of adults who were unable to protect their own interests. Examples of situations that may require protective services were injury due to maltreatment or family violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of necessary financial or other resources. Component services or activities may include investigation; immediate intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and the family; assessment/evaluation of family circumstances; arranging alternative or improved living arrangements; preparing for foster placement, if needed; and case management and referral to service providers.

22. Protective Services for Children

Protective services for children were those services or activities designed to prevent or remedy abuse, neglect, or exploitation of children who may be harmed through physical or mental injury, sexual abuse or exploitation, and negligent treatment or maltreatment, including failure to be provided with adequate food, clothing, shelter, or medical care. Component services or activities may include immediate investigation and intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the child and the family; assessment/evaluation of family circumstances; arranging alternative living arrangement; preparing for foster placement, if needed; and case management and referral to service providers.

23. Recreational Services

Recreational services were those services or activities designed to provide, or assist individuals to take advantage of, individual or group activities directed towards promoting physical, cultural, and/or social development.

24. Residential Treatment Services

Residential treatment services provide short-term residential care and comprehensive treatment and services for children or adults whose problems were so severe or were such that they cannot be cared for at home or in foster care and need the specialized services provided by specialized facilities. Component services and activities may include diagnosis and psychological evaluation; alcohol and drug detoxification services; individual, family, and group therapy and counseling; remedial education and GED preparation; vocational or pre-vocational training; training in activities of daily living; supervised recreational and social activities; case management; transportation; and referral to and utilization of other services.

25. Special Services for Persons With Developmental or Physical

Disabilities, or Persons With Visual or Auditory Impairments Special services for persons with developmental or physical disabilities, or persons with visual or auditory impairments, were services or activities to maximize the potential of persons with disabilities, help alleviate the effects of physical, mental or emotional disabilities, and to enable these persons to live in the least restrictive environment possible. Component services or activities may include personal and family counseling; respite care; family support; recreation; transportation; aid to assist with independent functioning in the community; and training in mobility, communication skills, the use of special aids and appliances, and self-sufficiency skills. Residential and medical services may be included only as an integral, but subordinate, part of the services.

26. Special Services for Youth Involved in or at Risk of Involvement With Criminal Activity

Special services for youth involved in or at risk of involvement with criminal activity were those services or activities for youth who were, or who may become, involved with the juvenile justice system and their families. Components services or activities were designed to enhance family functioning and/or modify the youth's behavior with the goal of developing socially appropriate behavior and may include counseling, intervention therapy, and residential and medical services if included as an integral but subordinate part of the service.

27. Substance Abuse Services

Substance abuse services were those services or activities that were primarily designed to deter, reduce, or eliminate substance abuse or chemical dependence. Except for initial detoxification services, medical and residential services may be included but only as an integral but subordinate part of the service. Component substance abuse services or activities may include a comprehensive range of personal and family counseling methods, methadone treatment for opiate abusers, or detoxification treatment for alcohol abusers. Services may be provided in alternative living arrangements such as institutional settings and community-based halfway houses.

28. Transportation Services

Transportation services were those services or activities that provide or arrange for the travel, including travel costs, of individuals in order to access services, or obtain medical care or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

29. Other Services

Source: <http://www.acf.hhs.gov/programs/ocs/ssbg/procedures/unifdef.html>