

**DISTRICT OF FISCAL RESPONSIBILITY (DFR)
WORKSHEET
COMPLETE TO DETERMINE DFR**

1. A. Was the individual released from a hospital or other medical facility immediately prior to application?
OR
B. Was the individual in a hospital or other medical facility immediately prior to (or during) a period of uninterrupted (*) receipt of assistance prior to this application?
Yes to either A. or B. : ____ When: (_____) No: ____
- C. If Yes, what was the individual's address and county of legal residence at the time of entry into the hospital or other medical facility? _____
Is the medical facility located outside the district of legal residence? Yes ____ No ____
If Yes, the district noted in C. is the district of fiscal responsible.
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2. A. Is/was the individual in a formal or licensed non-medical residential facility and in need of assistance?
OR
B. Was the individual in a formal or licensed residential care facility during a period of uninterrupted (*) receipt of assistance prior to this application.
If Yes A. or B. : ____ When: (_____) No: ____
- If yes, who referred the individual or was involved in the placement of the person in the residential care facility?

- If the referral/placement was done by an agent (***) of the district of legal residence, that is the district that is fiscally responsible.
*** **Agent** means someone acting on behalf of the district of residence, For example, the LDSS, the County Mental Health Department or a court even if located in another district.
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3. Did the individual temporarily enter this county for a specific purpose (school, rehabilitation, training, other)? Yes: ____ No: ____
If yes, for what purpose? _____
What is the individual's county of legal residence? _____
Does the individual intend to return to that district after completing the purpose? Yes ____ No ____
If Yes, that district is fiscally responsible.
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4. If TA/MA benefits were received in another county within the past 2 calendar months, (or if Medicaid only was received within the last month) why was the case closed?
- a. Should TA/MA have been continued by former district for the month of the move and the month thereafter? Yes: ____ No: ____
- b. Should TA/FS have been continued by the former district for the month of the move and the month thereafter?
Yes: ____ No: ____
- c. Should MA have been continued?
____ Yes (until the end of the month of the move)
____ Yes (for children under Continuous Save provisions, until new DFR determines eligibility)
____ No
- If yes at a, b or c, that district is fiscally responsible for the appropriate continuation and time.
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5. Special Situations:
- a. Was the individual placed into a homeless shelter in this district by another district? Yes ____ No ____
If Yes, what district? _____. That is the district that is fiscally responsible while the person remains in emergency housing. After that, other DFR rules as appropriate (for example, the Transition rule) would apply.
- b. If the individual is in a residential program for victims of domestic violence, and is a resident of another district, that district is fiscally responsible while the individual is in the DV shelter (and for the transitional period once the stay in the DV shelter ends.)
- NOTE: For individuals/families in DV shelters, the DFR for TA is also the DFR for Food Stamp Benefits.

PLEASE USE CAUTION IN EXCHANGING INFORMATION ABOUT VICTIMS OF DOMESTIC VIOLENCE. CHECK WITH YOUR SUPERVISOR OR THE DOMESTIC VIOLENCE LIAISON TO DETERMINE HOW INFORMATION SHOULD BE EXCHANGED.

* **Uninterrupted** For both Temporary Assistance and Medicaid, a break in need is defined as one calendar month without financial eligibility.

THE WHERE-FOUND DISTRICT MUST NOT DENY AN APPLICATION SOLELY BECAUSE ANOTHER DISTRICT IS BELIEVED TO BE RESPONSIBLE FOR THE INDIVIDUAL. ASSISTANCE MUST BE PROVIDED TO AN OTHERWISE ELIGIBLE PERSON.