

**DEPARTMENT OF SOCIAL SERVICES (DSS)**  
**OFFICE OF WORKFORCE AND COMMUNITY INITIATIVES (OWCI)**  
**ALTERNATIVES TO ABORTION (A2A)**  
**POLICY AND PROCEDURES MANUAL**

**Issued 8/2024**

<h2 style="margin: 0;">TABLE OF CONTENTS</h2>
---

TABLE OF CONTENTS .....	2
A2A PROGRAM CONTRACT REMINDERS .....	3
A2A PROGRAM INTRODUCTION .....	5
DSS A2A PROGRAM CONTACT INFORMATION .....	6
A2A AGENCY INFORMATION.....	7
A2A CASE FILE REQUIREMENTS.....	11
A2A REPORTING REQUIREMENTS .....	18
FINANCE REQUIREMENTS .....	19
A2A PROGRAM POLICY .....	22
ELIGIBILITY – DETERMINATION.....	22
DSS A2A DATABASE OVERVIEW .....	28
SAFE AT HOME (SAH) PROGRAM.....	51
APPENDIX .....	52
APPENDIX A .....	52
ACRONYMS .....	52
APPENDIX B.....	53
ATTACHMENT 2 GEOGRAPHIC REGIONS.....	53
APPENDIX C.....	54
LIST OF LIMITATIONS ON REQUEST FOR SUPPORTIVE SERVICES .....	54
APPENDIX F.....	68
Attachment 5 A2A Income Eligibility Worksheet Instructions .....	68
APPENDIX F.....	69
Attachment 5 A2A Income Eligibility Worksheet .....	69
APPENDIX G .....	70
Attachment 6 A2A TANF Monthly Expenditure Report Instructions .....	70
APPENDIX G .....	72
Attachment 6 A2A TANF Monthly Expenditure Report .....	72
APPENDIX H .....	74
ATTACHMENT 8.....	74

**A2A PROGRAM CONTRACT REMINDERS**

<u>Item to be submitted to OWCI</u>		
Item:	How often:	Where to submit:
A2A invoice	Monthly	<a href="mailto:W&amp;CI.Invoices@dss.mo.gov">W&amp;CI.Invoices@dss.mo.gov</a>
TANF Monthly Expenditure Report	Monthly	<a href="mailto:W&amp;CI.Invoices@dss.mo.gov">W&amp;CI.Invoices@dss.mo.gov</a>
Case File Review Summary – shall report the results of the prior month’s review and any corrective action taken because of the review.	Monthly	<a href="mailto:DFAS.A2APrograms@dss.mo.gov">DFAS.A2APrograms@dss.mo.gov</a>
Client Satisfaction Survey Aggregate Data	Quarterly	<a href="mailto:DFAS.A2APrograms@dss.mo.gov">DFAS.A2APrograms@dss.mo.gov</a>
A2A Budget Narrative(s)	Yearly or as needed with contract actions	<a href="mailto:W&amp;CI.Invoices@dss.mo.gov">W&amp;CI.Invoices@dss.mo.gov</a>
A2A Budget Form	Yearly or as needed with contract actions	<a href="mailto:W&amp;CI.Invoices@dss.mo.gov">W&amp;CI.Invoices@dss.mo.gov</a>

If you need a copy of your contract, you can find it at the following Office of Administration link:  
<https://awardedsearch.ao.mo.gov/PublicAccess/index.html>

Search by either your contract number or your name to find all the documents associated with your contract. Searching by the contract number will filter it to just the current contract.

## Office of Administration, Division of Purchasing - A

Search

Results (Sc

**Search Type**

Public Bid & Contract Search ▼

BID DOCUMENTS AWARDED AFTER June 12, 2015 Instructions: enter search criteria in at least one field and select the <Search> button.

**Bid Number**

  
**Contract Number**  
**Vendor Name**

To find copies of this handbook and other A2A agency items:  
<https://dss.mo.gov/employment-training-provider-portal/>.

## A2A PROGRAM INTRODUCTION

**Program Overview:** The Alternatives to Abortion Program (A2A) provides services and counseling to pregnant women at or below 185% of the federal poverty level to assist women in carrying their unborn child to term, to assist women in caring for their child, or placing their child for adoption. The purpose of the program is to help at-risk pregnant women become aware of the A2A services available to them in their local communities.

The legal basis for the administration of A2A and requirements are set forth in the A2A statute. Administration of the Program became effective August 28, 2007, under provisions of House Bill 1055 enacted by the 94th General Assembly. The Department of Social Services (DSS) provides funding for the A2A program through General Revenue and the Temporary Assistance for Needy Families (TANF) block grant.

The A2A agency's Program must promote one of the following two TANF purposes:

- Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
- Help to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

**Purposes of this Manual:** The purpose is to provide information, policies, and procedures needed to administer the A2A Program in Missouri. This handbook does not cover every situation or scenario staff may encounter. The purpose is also to provide administrative assistance and uniform guidance for all A2A users, including DSS A2A staff members and A2A agency staff members. No handbook can anticipate every circumstance or question about policy. Individual client scenarios under the Alternatives to Abortion Program may have program specific requirements in addition to the general policies described here. As the Alternatives to Abortion Program continues to grow, the need may arise and the Alternatives to Abortion Program reserves the right to revise, supplement, or rescind any policies or portion of the handbook from time to time as it deems appropriate, in its sole and absolute discretion.

## DSS A2A PROGRAM CONTACT INFORMATION

---

**Email:**

- For program and policy questions, [DFAS.A2APrograms@dss.mo.gov](mailto:DFAS.A2APrograms@dss.mo.gov)
- For monitoring questions, [FSD.E&TMonitoring@dss.mo.gov](mailto:FSD.E&TMonitoring@dss.mo.gov)
- For invoicing and budget questions, [W&CI.Invoices@dss.mo.gov](mailto:W&CI.Invoices@dss.mo.gov)

**Mail:**

Alternatives to Abortion (A2A) Program  
Missouri Department of Social Services  
Office of Workforce and Community Initiatives (OWCI)  
3705 Missouri Boulevard, Second Floor  
Jefferson City, MO 65109

**Phone:**

(573) 751-7027

**Website:**

<https://dss.mo.gov/fsd/a2a/>

<https://moa2a.com/>

<https://moa2a.org/>

To find copies of this handbook and other A2A agency items:

<https://dss.mo.gov/employment-training-provider-portal/>.

## A2A AGENCY INFORMATION

---

The DSS currently manages ten (10) contracts with community-based, non-profit organizations to provide these services to eligible women and their children.

By agreement, agencies will:

- Adhere to eligibility requirements outlined by DSS.
- Inform all applicants of the opportunity to appeal the A2A decision.
- Comply with the DSS Confidentiality Policy.
- Comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- Utilize A2A funds only for purposes approved by DSS.
- Maintain records for five (5) years and make all records available to DSS.
- Under no circumstance, will the agency add an eligibility requirement or expedite a case where an applicant complies with additional eligibility requirements without prior written permission from the DSS A2A staff member, nor will eligibility requirements be non-compliant with federal regulations.

**Emergency Service Requirements:** The A2A agency must be available at all times and provide each client and DSS A2A staff member with emergency contact information that can be used twenty-four (24) hours a day, seven (7) days a week. The A2A agency shall assist the client by referring the client to the client's case manager.

In the event the A2A agency changes the A2A agency's representative servicing the contract, the A2A agency shall immediately provide written notification to the DSS A2A staff member.

**Confidentiality:** All DSS employees, persons, and entities under contract with the State of Missouri will not disclose any information obtained by them in the discharge of their official duties relative to the identity of applicants for, or recipients of, services or the contents of any records, files, papers, communications, except in the administration of the A2A program.

**Disposing of Confidential Information:** When disposing of confidential information, users should ensure shredding is complete before recycling or disposal. This practice will guard against fraud and serve to protect our customers. Examples of confidential information includes Social Security Number, Departmental Client Number (DCN), date of birth, address, name, etc.

Policy requires an A2A agency to retain all records for five (5) years according to the program's retention period or the completion of an independent audit, whichever is later. The A2A agency shall maintain auditable records for all activities performed under the contract. Financial records shall conform to Generally Accepted Accounting Principles (GAAP).

If any litigation, claim, negotiation, audit, investigation, or other actions involving the records has been started before the expiration of the retention period, the A2A agency shall retain such records until completion of such action and resolution of all issues that arise from it.

An A2A agency must obtain written approval from DSS A2A staff member(s) before scanning and producing images of documents with plans to shred paper documentation before the five (5) year period.

- When scanning, agencies must ensure that all scanned documents are readable for such purposes as monitoring and audits. Agencies should also ensure they do not scan documents that contain a “sticky note” which covers up information that may need to be obtained. If scanned documents are unreadable, the agency will need to provide original copies of the documents.

**Encryption of E-mail:** Encryption is required when transmitting confidential information via e-mail. Email is not a secure method of transmitting information. Transmitting information of a confidential or sensitive nature (i.e., Federal Tax Information (FTI), Protected Health Information (PHI), Personal Identifying Information (PII) such as SSN or DCN, etc.) via email requires the e-mail to be encrypted. When sending emails to DSS A2A staff that contains clients Protected Health Information (PHI) or Personally Identifiable Information (PII) the email must be encrypted.

A2A agency employees who e-mail to a state recipient, please send an encrypted email. Please do not use any other encryption software that requires a log in as state staff utilizes shared inboxes. Any questions, go to <http://dss.mo.gov/encrypt.htm>.

**System Requirements:** The A2A agency must have and maintain a minimum of one computer with a current/consistently updated operating system and using a current/modern browser such as Chrome or Edge. This is to ensure the A2A agency will be fully compatible with the DSS A2A database to accurately and timely update the DSS’s A2A database as required herein. The A2A agency shall complete all security forms provided by DSS for access to DSS A2A database. DSS has the right to revoke access to the DSS A2A database at any time and without notice, if DSS determines that the A2A agency is not in compliance with the contract. DSS may restore the A2A agency’s access at its discretion if DSS is satisfied and is back in full compliance with the contract.

The A2A agency shall develop and operate in accordance with, written policies and procedures covering IT security, the back-up process, proper use of passwords, and other issues involving the procedures implemented to protect the security of all DSS electronic data. The A2A agency shall protect the integrity, confidentiality, and availability of its computer information system to include updated anti-virus protection and a secure internet connection. The A2A agency shall enter and maintain all required enrollment activities in the DSS A2A database.

**Program Outcomes:** A2A agency are required to have representation on all DSS A2A program calls, trainings and meetings.

The A2A agency must implement a comprehensive A2A Program for eligible clients that strive to meet all of the following goals:



- Reduce abortions and improve pregnancy outcomes by helping women practice healthy behaviors, including (1) discontinuing the use of tobacco, alcohol, and illegal drugs, and (2) improving their nutrition.
- Improve child health and development by helping parents provide more responsible and competent care for their child(ren) so that the child(ren) may be cared for in their own homes; and
- Improve families' economic self-sufficiency by helping parents develop a vision for their own future, continue their education, and find employment that will end their dependence on government benefits.

**Program Components:**

The agency's A2A Program must include each of the following components:

- Outreach.
- Initial Intake/Eligibility Determination Assessment.
- Comprehensive Assessment to Determine Client Risk and Needs for Services.
- Individualized Care Plan.
- On-going Case Management.
- Education and Training; and
- Appropriate Screenings.

**Outreach:**

The A2A agency must implement an outreach plan to maximize the number of eligible clients. At a minimum, the A2A agency shall design the outreach plan to make the public aware of the A2A Program, make the public aware of the array of services provided, and make the public aware of how to access services for the A2A agency's geographic location. The A2A agency must conduct all communication and outreach activities in accordance with the outreach plan, which is included in the awarded proposal.

The A2A agency must make all outreach materials available in English as well as in languages based on the individual needs of the clients.

**Personnel Qualifications and Requirements:**

The A2A agency shall maintain sufficient personnel with appropriate certifications, training, education, qualifications, and experience to fulfill the requirements to deliver services required herein.

The A2A agency shall include the following team members/personnel to administer the contract requirements:

Executive and Administrative Team: The A2A agency's executive and administrative team should be the A2A agency's primary contact(s) responsible for the delivery of the project. The executive and administrative team should possess a minimum of three years leadership experience.

Client Advisor Team: The A2A agency must provide a client advisor team consisting of a client advisor and client advisor supervisor.

- 1) Client Advisor – The Client Advisor should possess one of the following:
  - A bachelor’s degree in a related human service field.
  - A Community Health Worker certification from a DHSS approved training program;  
or
  - A minimum combined total of three (3) years of experience in at least three (3) of the following:
    - Early childhood development.
    - Family/marital counseling.
    - Social work; or
    - Case management

Client advisor’s caseload shall not exceed a maximum of 25 clients at any given time.

*Client Advisor Supervisor* – the A2A agency shall provide sufficient supervisory personnel to ensure each client receives appropriate services and those services are thoroughly and accurately documented. The client advisor supervisor should possess a bachelor’s degree in a related human service field and/or should possess a minimum combined total of three years of experience supervising in at least three of the following:

- Early childhood development
- Family/marital counseling
- Social work
- Case management
- Program administration

The A2A agency’s Client Advisor Supervisor must complete a minimum of two case file reviews per Client Advisor each month. If the Client Advisor only has two clients and they are the same from the previous month, the Client Advisor Supervisor would review those files and make case notes. The A2A agency’s Client Advisor Supervisor shall ensure the Client Advisor makes appropriate corrections to the client’s case file. Any action taken to correct the file must be documented and retained in the client’s case notes monthly.

The A2A agency shall submit a case file review summary reporting the results of the prior month’s review and any corrective action taken because of the review no later than the fifteenth (15<sup>th</sup>) of each month for the previous month’s reviews.

## **A2A CASE FILE REQUIREMENTS**

---

The A2A agency shall maintain a unique case file for each client. The A2A agency's case files shall be retained in either hard copy or electronic format, or a combination thereof. The A2A agency shall ensure that a hard copy of the file can be produced and provided to DSS A2A staff member within five (5) business days at any given time.

The A2A agency shall maintain factual and a timely record for all clients showing services offered or provided to the client, who delivered said service, and the time/date of service provided to the client.

The A2A agency shall maintain the following in the client file:

- A completed initial intake/eligibility determination assessment, including continued eligibility as described herein.
- Documentation of client's written consent to enroll and participate in the A2A Program.
- A completed comprehensive assessment to determine client risk and needs for services.
- Individualized Care Plan, including updates.
- Case management notes/contacts or attempts to contact, including all referrals made, and any follow-up.
- Proof of completion of education hours or approved exemption, if applicable and any other training provided by the A2A agency.
- Documentation of appropriate screenings; and
- Documentation of an item or items specific to the client's individual plan, including proof of cost if reimbursement for the item was sought.
- Documentation to support information that is entered into the data system.

**Transfer of clients:** The A2A agency may transfer a client to another A2A agency, only for good cause as determined in consultation with the client, and upon written approval by the DSS A2A staff member. When the A2A agency contacts DSS A2A staff about a client transferring to their A2A agency and DSS A2A staff has approved this transfer, the DSS A2A staff member will let the other A2A agency know via email stating the client will be transferred in the system. Please do not discharge the client when contacted about a transfer. We want to keep that initial intake date for continuity in the database. However, this does not pertain to subcontractor to subcontractor who have the same A2A agency.

For example, Faith Maternity Care A2A's client Jane wants to transfer to Nurses for Newborns. Nurses for Newborns contacts DSS A2A staff member to talk about this transfer and needs approval. After discussions, DSS A2A staff member approves the transfer for good cause and sends an email to Nurses for Newborns while cc Faith Maternity Care to let both agencies know the outcome.

**Initial Intake/Eligibility Determination Assessment:**

The A2A agency shall determine eligibility of each client by utilizing a client intake process for admission to the A2A Program. The A2A agency's intake process includes, at minimum, the following:

1. Proof of eligibility (citizenship, Missouri residency, income eligibility, pregnancy, not receiving services from another A2A agency).
2. Ethnic/cultural designation.
3. Current physical address (no P.O. Box unless Safe at Home Program participant).
4. County of residence.
5. Telephone number.
6. Health Insurance Information (if applicable).
7. Marital status.
8. Estimated date of delivery.
9. Educational level.
10. Spoken language.
11. Number of dependents.
12. Information about father of baby; and
13. Emergency contact information in the event client cannot be reached.

Upon completion of initial intake and eligibility determination, the A2A agency shall enroll the client immediately. At the time of client enrollment, the A2A agency must provide each client the following information:

- Name of her assigned Client Advisor; and
- Emergency contact information, which can be used 24 hours a day, seven days per week.

**Client Advisor:**

The A2A agency shall provide a Client Advisor for each client. The A2A agency's Client Advisor shall serve as the client's main point of contact. The A2A agency's Client Advisor shall oversee the implementation of the client's Individualized Care Plan. If at any time during the client's enrollment in the A2A program and the Client's Advisor changes, the client shall be notified immediately. The A2A agency shall take steps to minimize the number of times a client has a different Client Advisor while enrolled in the program.

**Assessment to Determine Client Risk and Needs for Services:**

The A2A agency shall conduct a comprehensive risk and needs assessment based on the requirements of Section 188.325.2, RSMO within 24 hours of the client's enrollment into the program to determine the unique needs and services for each client. The A2A agency shall include the following areas in the assessment for the delivery of wrap around services:

- Prenatal care.
- Medical and mental health care.
- Parenting skills.
- Drug and alcohol testing and treatment.
- Childcare, and newborn and infant care.
- Housing and utilities.
- Educational services.
- Food, clothing, and supplies relating to pregnancy, newborn care, and parenting.

- Adoption assistance.
- Job training and placement.
- Establishing and promoting responsible paternity.
- Ultrasound services.
- Case management.
- Domestic abuse protection.
- Transportation; and
- Other Services.

**Individualized Care Plan:**

The A2A agency shall design and implement an Individualized Care Plan based on the client’s specific needs after the completion of the risks and needs assessment. This plan must be in the system within five (5) calendar days of the client’s enrollment in the A2A Program, even if there is limited information.

The Individualized Care Plan shall:

- Outline the services that will be provided to the client to minimize the likelihood of abortion and maximize the likelihood for a healthy pregnancy that will be carried to term.
- Include personal and life goals as they relate to self-sufficiency; and
- Include performance and outcome metrics.

While developing the Individualized Care Plan, the A2A agency must:

- Educate the participant on the A2A program.
- Provide an explanation of the A2A time limits and explain the intended temporary nature of the program.
- Help the participant understand the importance of planning for a temporary crisis or ongoing needs such as transportation, childcare, emergency situations, attending appointments, caring for ill family members, handling own illness, etc.
- Explain the A2A agency’s policies, services, procedures, and locations.

The Individualized Care Plan may include the purchase of specific items to minimize the likelihood of abortion and improve the pregnancy outcome. However, these items are subject to the limits described in Attachment 3 List of Limitations on Requests for Supportive Services.

The client must provide documentation showing the payment is her responsibility for the following two categories: automobile lease/loan payments, automobile insurance, or automobile repairs; and/or rent/rent security deposits/mortgage payments (i.e.: bill, loan, etc.). The A2A agency shall verify first that the client does not have any means to pay, there are no other resources or programs available to use in the community, and/or the bill or service is reasonable and necessary before said payment or bill is paid by the A2A agency. Prior to paying these expenses, the A2A agency must have a plan with the client to ensure the client can and will continue to pay the present and future ongoing cost (i.e., rent, car insurance, etc.). In addition, the A2A agency must partner with other agencies to provide financial counseling to the client since the expenses will continue to increase after the birth of the child.

Contractor Responsibility:

- Enter the amount of supportive services paid for each client in the database.
- Itemize what the funding was used for by clearly documenting in the client's file anything related to the purchase of any service or item. Those records need to be accurate and complete each month for audit and monitoring purposes.
  - Example: Rent: \$300 Diapers: \$150 Car Insurance: \$200
- TANF is the payer of last resort. Providers must assist the client in identifying other resources for supportive services and use those resources prior to any A2A funds being used.
- Prior to paying these expenses, the A2A contractor must have a plan with the client to ensure they can continue to pay the ongoing cost (i.e., rent, car insurance, etc.)
- Collaborate with other agencies to provide financial counseling since expenses will continue to increase after the birth of the child.
- Ensure other resources are being used for household expenses. This includes, but is not limited to:
  - Supplemental Nutrition Assistance Program (SNAP) Employment and Training program, SkillUP and Missouri Work Assistance (MWA) Program. Clients can receive employment, training, financial planning, supportive services and wrap-around resources statewide.
  - Job Centers provide career exploration, training, and resume assistance.
  - Vocational Rehabilitation and Rehabilitation Services for the Blind provide services to participants who are disabled or visually impaired.
  - Low Income Home Energy Assistance (LIHEAP) Program for heating and cooling.

Please note: A2A funds must be the payer of last resort. If other options and resources are not identified for supportive services, costs may be deemed unallowable and shall become the A2A contractor's responsibility.

If any assistance is needed on determining services and what is acceptable for these requests, reach out to DSS A2A staff members.

The A2A agency must ensure there is no duplication of services provided through other TANF or federally funded programs such as Missouri Work Assistance (MWA), Child Care Assistance, etc. Also, the A2A agency shall make appropriate referrals at <https://dss.mo.gov/fsd/pdf/missouri-resource-guide-3steps.pdf>

**Case Management:**

The A2A agency shall utilize sound case management practices to implement each client's Individualized Care Plan through a Client Advisor for the duration of the client's enrollment in the A2A Program.

The A2A agency's Client Advisor shall review the information from the comprehensive risk and needs assessment, and implementation progress of the Individualized Care Plan, with the client at regular intervals, but no less than once every 60-calendar days, throughout the duration of the client's enrollment in the program. The A2A agency shall make modifications and adjustments

to the client's Individualized Care Plan as needed and must record the modifications and adjustment in the client's case file, as described in the Records Retention Requirements herein, within five (5) calendar days of the update.

### **Education and Training:**

The A2A agency shall ensure the client attends a minimum of nine (9) hours of education and training, which are based on the needs of the client. The needs of the client are determined through the comprehensive risk and needs assessment, Individualized Care Plan, and case management services required herein.

If a client is approved for the A2A Program late in their pregnancy and/or this is not their first child, not all these classes would be applicable or beneficial to them; however, the A2A agency should document as such, and indicate education goals for after the delivery. The A2A agency may submit a request to the DSS A2A's staff member for a whole or part of an exemption of the nine-hour education and training requirement, for good cause. The determination of approving or denying the exemption, shall be the sole discretion of DSS.

The A2A agency must include the following prenatal care and postpartum/postnatal care topics for six of the nine hours of training:

- Fetal development.
- Environmental health impacts on developing fetus.
- Prenatal Self-Care.
  - The importance of taking folic acid to aid in the prevention of neural tube defects.
  - Avoiding substances such as alcohol, tobacco, vaping and other drugs
- Labor and birth.
- Postpartum/Postnatal Self-Care.
  - Physical and emotional changes post delivery
  - Signs of postpartum depression and what to do.
  - The advantages of birth spacing as it relates to the health of the mother and child.
- Stress management.
- Nutrition/Healthy Diet/Exercise.
- Partner/friend/family support during the pregnancy.
- Responsible paternity education.
- A list of specific resources, including local resources, for client when she is feeling overwhelmed; and
- Strategies to assist the client when the client and/or child(ren) are discharged from the A2A Program.

The A2A agency must also include these topics for training. The client shall select one (1) of the three topics for the client's remaining three hours of training.

- Infant Care including:
  - Infant health and development (newborn screenings, immunizations, dental health, common infant illnesses, cleaning umbilical cord, circumcision care, handling a newborn, proper neck support).
  - Infant nutrition/feeding, including the benefits of breastfeeding.
  - Clothing/Diapering/Bathing/Swaddling.

- Car seat safety.
- Safe sleep practices/sudden infant death syndrome (SIDS).
- Child Safety in the home.
- Dangers of Shaken Baby Syndrome.
- Childcare.
- Infant CPR.
- Healthy environment (risks from lead-based paint and other chemical hazards, secondhand smoke inhalation, effects of and other pollutants, sanitation, vermin control).
- Tips for soothing baby.
- Requirements for continued participation in the A2A Program; and
- A list of specific resources, including local resources, for parents that are overwhelmed.
- Co-Parenting with the Father of the Child including:
  - Father engagement in healthy child development.
  - Positive parenting (for parents that live together and parents that do not live together) including:
    - Constructive Communication.
    - Resolving conflict/conflict de-escalation.
    - Decision making in the best interest of the child/children; and
    - Shared responsibility.
  - Healthy relationships/boundaries.
  - Financial responsibilities/budgeting for the baby's needs.
  - Child Safety in the home.
  - Learning opportunities to bond with the child/children.
  - Requirements for continued participation in the A2A Program; and
  - A list of specific resources, including local resources, for parents that are overwhelmed.
- Supporting the Birth Mother Considering Adoption including:
  - The adoption process.
  - Types of adoption.
  - Testimonial from a birth parent that chose to place the child for adoption.
  - Testimonial from a parent that adopted a child.
  - Healthy relationships.
  - Post placement support resources (such as support groups, counseling services) for birth mother.
  - Requirements for continued participation in the A2A Program; and
  - A list of specific resources, including local resources, for the client when she is feeling overwhelmed.

The A2A agency may offer training on other relevant topics but those topics shall not count toward the nine hours of required training. The A2A agency must utilize curricula for all education and training that was developed using the most recent recommendations from the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, or other nationally recognized, evidence-based entities. The A2A agency may include best or emerging practices in education and training materials if it is not in conflict with a nationally



recognized source. The A2A agency shall furnish all material, labor, facilities, equipment, and supplies necessary to perform the services required herein.

The A2A agency must ensure all services provided respect the culture, ethnicity, and religious practices of the client. The A2A agency must be aware of cultural differences, differences in norms and values, and design service delivery in such a manner to be responsive to the needs of the client.

The A2A agency shall permit and encourage the client to have the father of the child(ren) and/or another support partner also attend education and training events offered by the A2A agency.

The A2A agency shall develop an incentive plan and have it approved by the DSS A2A staff member. The incentive plan will include the following: the structure of the plan, a detailed list of incentives, the minimum and maximum amount of payment, and the list of milestones for each client. The A2A agency may not provide any incentive until the incentive plan is approved.

The A2A agency can provide incentives to encourage the client to attend the education and trainings, but the use of these funds must be reasonable, necessary, and justified because there are limited funds in this program. Moreover, A2A agencies should first and foremost, find other funding sources for sustainability by looking for grants, private donations, and coordination with other organizations to pay for these incentives. Currently there are many resources available in Missouri to help clients move towards a healthier, more stable future. Here are some resource links:

- <https://dss.mo.gov/employment-training-provider-portal/learning-lab.htm>
- <https://dss.mo.gov/fsd/pdf/missouri-resource-guide-3steps.pdf>

**Appropriate Screenings:** The A2A agency shall ensure the client receives a minimum of one assessment for depression during the prenatal period using an appropriate screening tool. The A2A agency shall ensure the client receives a minimum of one postpartum depression screening using the Edinburgh Postnatal Depression Screening Scale (EPDS) 2 to 10 weeks postpartum. The A2A agency shall ensure the client is referred for the appropriate follow-up care based on the results of each depression screening conducted. The A2A agency may offer additional screenings based on the needs of the client.

**\*\*NOTE:** Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity and needs to be referred to a mental health agency or their obstetrician with a call from you as the assessor. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

## **A2A REPORTING REQUIREMENTS**

---

The A2A agency shall submit and supply all reports and/or information requested according to the instructions supplied by the DSS A2A staff member in the following ways:

- In the format specified by DSS; or
- On a form specified by DSS.

DSS reserves the right to request additional information from the A2A agency to ensure contractual requirements. The A2A agency shall submit all required documentation electronically to [DFAS.A2APrograms@dss.mo.gov](mailto:DFAS.A2APrograms@dss.mo.gov), unless otherwise specified. If a due date referenced in the contract occurs on a non-business day, DSS A2A staff member will extend the due date to the next business day.

**TANF and GR Monthly Expenditure Report** – The A2A agency shall ensure that only TANF allowable services are submitted on the monthly expenditure report form provided by DSS. The report shall be provided to the [W&CI.Invoices@dss.mo.gov](mailto:W&CI.Invoices@dss.mo.gov) on the fifteenth (15<sup>th</sup>) day of the month along with the payment request. (Refer to Attachment 6-TANF Monthly Expenditure Report).

The A2A agency shall report the following information to DSS, no later than the fifteenth of each month for the previous month's services provided:

1. Number of clients enrolled.
2. Number of babies born.
3. Number of babies placed for adoption.
4. Number of women who received referrals for other Department of Social Services' programs.

**Client Satisfaction Survey** – The DSS A2A staff member will provide the A2A agencies with the format of the Client Satisfaction Survey they will implement. The A2A agency will conduct a Client Satisfaction Survey and use the data collected to identify improvements and strengths in their program.

**Quarterly Client Satisfaction Report** – The A2A agency shall report client satisfaction survey aggregate data on a quarterly basis. The aggregate data report shall be provided to the DSS A2A staff member at [DFAS.A2APrograms@dss.mo.gov](mailto:DFAS.A2APrograms@dss.mo.gov) on or before the fifteenth (15<sup>th</sup>) day of the month following the end of each quarter: January, April, July and October. The A2A agency shall specify how data collected from the client satisfaction survey is being utilized to improve services at the agency.

\*\*DSS has created online surveys for all A2A agencies. If the A2A agency uses the online survey, the DSS will collect the data and provide it to the A2A agency quarterly.

**Success Stories** – Providers should gather signed participant releases and success stories from participants to share, at minimum, quarterly. These stories encourage others in similar situations to take advantage of these opportunities and understand the powerful impact to lives and families. Success Stories can be an individual participant's story or about an event that was held

and may include a photograph or video segment. Success Story Release Forms are required for each submission.

**Contract Monitoring** – DSS A2A staff member reserves the right to monitor the contract throughout the effective period to ensure financial and contractual compliance. If DSS A2A staff members determines the A2A agency to be at high-risk for non-compliance, DSS shall have the right to impose special conditions or restrictions. The DSS A2A staff member will notify the A2A agency in writing of the determination of high-risk and of any special conditions or restrictions to be imposed. These special conditions or restrictions may include, but not limited to:

- Requiring additional, more detailed financial reports or other documentation.
- Additional contract monitoring.
- Requiring the A2A agency to obtain technical or management assistance; and/or
- Establishing additional prior approvals from DSS.

---

## FINANCE REQUIREMENTS

---

**Budget/Budget Analysis Narrative/Budget Justification:**

The A2A agency’s budget shall include only project costs that are reasonable, allowable, allocable, and developed in accordance with applicable state and federal requirements. Additionally, the A2A agency must provide a detailed, line-item budget justification.

**Budget Transfers:** The A2A agency may transfer funding between budget categories provided such transfers do not cumulatively exceed 15% of the total cost allocation without OWCI approval. However, the A2A agency must provide a written explanation of the budget transfer that does not cumulatively exceed 15% of the total allocation with the submission of the invoice for the month in which the transfer occurred.

Any cumulative budget transfer over 15% of the total allocation shall require a contract amendment that includes a revised budget and budget narrative. The budget transfer may not occur until after issuance of the Notice of Contract Amendment by the Division of Purchasing.

Budgets and budget narratives need to be electronically submitted to the OWCI Invoicing Team at: [W&CI.Invoices@dss.mo.gov](mailto:W&CI.Invoices@dss.mo.gov).

**Invoicing:**

The A2A agency shall submit electronically itemized invoices and expenditure reports (both TANF and GR) by the 15th day of every month for the actual expenditures incurred in the previous month, unless extenuating circumstances exist. Invoices and expenditure reports need to be electronically submitted to the OWCI Invoicing Team at: [W&CI.Invoices@dss.mo.gov](mailto:W&CI.Invoices@dss.mo.gov).

Each A2A agency invoice, both TANF and GR, must contain a unique invoice number and be on the A2A agency’s original business invoice form with the remittance address that matches the MissouriBUYS vendor registration. The invoice number will be listed on the state’s EFT

addendum record to enable the A2A agency to properly apply state payments to invoices. The A2A agency must comply with all other invoicing requirements stated herein.

The State of Missouri shall submit contract payments to the A2A agency at the remittance address listed in the A2A agency's MissouriBUYS vendor registration. However, the A2A agency shall understand and agree the state reserves the right to make contract payments to the A2A agency through electronic funds transfer (EFT). Therefore, prior to any payments becoming due under the contract, the A2A agency must verify and update, if applicable, their vendor registration with their current remittance address and ACH-EFT payment information at <https://MissouriBUYS.mo.gov>.

Upon OWCI receipt and approval of a properly itemized invoice and all required reports, the A2A agency shall be paid for actual and allowable costs incurred under the terms of the contract. In no event shall the total payment to the A2A agency exceed the total cost allocation.

If a request by the A2A agency for payment is denied, the OWCI shall provide the A2A agency with written notice of the reason(s) for denial. OWCI shall have no obligation to pay any invoice submitted after the due date.

If the A2A agency is overpaid by the OWCI, upon official notification by the OWCI, the A2A agency shall provide the OWCI (1) with a check payable as instructed by the OWCI in the amount of such overpayment at the address specified by the OWCI or (2) deduct the overpayment from the monthly invoices as requested by the OWCI.

Notwithstanding any other payment provision of the contract, if the A2A agency fails to perform required work or services, fails to submit reports when due, or is indebted to the United States, the OWCI may withhold payment or reject invoices under the contract.

The OWCI unit shall have the right to recover all funds from the A2A agency who did not maintain adequate verification and full documentation of expenditures. At the request of the OWCI, the A2A agency shall produce and make available all records necessary for expenditure verification. An Adequate verification and full documentation shall be defined as maintaining records in such a manner that an orderly examination by a reasonable person:

- is possible.
- can be conducted without the use of information extrinsic to the records.
- can readily determine whether the goods/services were in fact provided; and
- can readily determine whether the goods/services were provided in accordance with the terms of the contract and applicable federal and state regulations.

If extenuating circumstances exist which would prevent an A2A agency from submitting the invoice and/or report timely, the A2A agency shall submit a written request to the OWCI explaining the circumstance(s) and providing the date when the invoice and/or report will be submitted. The OWCI will provide the A2A agency with a written approval or denial of the request, and the decision shall be final and without recourse.

For invoices the OWCI cannot process, the OWCI will return invoices to the A2A agency's representative with instructions for revision. The A2A agency shall submit a revised/corrected invoice within three (3) calendar days.

Every year, the Office of Administration, Division of Accounting imposes a deadline for final fiscal year end invoices to be submitted by each contractor for each contract period. When the deadline is imposed by the Office of Administration, Division of Accounting, OWCI will provide the contractor with written notification of the deadline for invoices due for the state's fiscal year end. This is due to the State of Missouri's statewide accounting system shuts down to prepare for the new state fiscal year. When the State of Missouri's statewide accounting system shuts down, the funds for that fiscal year are no longer available for use.

The A2A agency must track invoices and expenditures on the current contract period, which is based on the state fiscal year. The state fiscal year is from July 1 through June 30. The A2A agency's A2A Program activities must be performed within the contract period.

The A2A agency must fully expend funds by June 30, or a date in early June provided by OWCI. Any A2A agency shall notify the OWCI if they anticipate having funding, they were unable to spend. OWCI will reallocate any funds that A2A agencies were unable to spend. Any unexpended funds during the contract period will lapse and revert to the OWCI.

## **A2A PROGRAM POLICY**

This section covers all eligibility factors for the A2A Program including income, household composition, and citizenship. Additional factors include social security numbers, identity, and proof of pregnancy.

### **ELIGIBILITY – DETERMINATION**

---

#### **A2A Enrollment:**

This section covers all eligibility factors for A2A including income, household size, resources, social security numbers and citizenship. For step-by-step instructions determining eligibility, please see Appendix D, Attachment 4 Instructions for A2A Eligibility. All factors must be considered when determining eligibility for A2A benefits.

Once approved for A2A, eligibility will continue for 12 months postpartum (the day following the child's first birthday). To enroll a client in the A2A Program, the A2A agency must ensure the client meets each of the following eligibility requirements (see Attachment 5 A2A Eligibility Documentation) and is:

- A Missouri Resident: For purposes of this document, a Missouri resident shall be defined as a person domiciled in Missouri, not for any special or temporary purpose, but with a present intention of remaining in Missouri permanently or for an indefinite period. [Sections 1.020(14), 472.010(10), and 630.005(11), RSMo].
- Pregnant and chooses to carry the unborn child(ren) to term.
- Not receiving A2A Program services from any other Missouri A2A agency or any other state that provides a program similar to Missouri's A2A Program.
- Living at or below one hundred eighty-five percent (185%) of federal poverty level (FPL) based on the client or family gross income calculated as described in Attachment 5, A2A Income Eligibility Worksheet; and
- Be a United States citizen or legal resident alien admitted to this country for permanent residency status; and must have a social security number or is applying for one to use TANF Block Grant funding.

#### **TANF Assistance Eligibility:**

To be eligible for TANF Assistance, you must be a resident of Missouri, and a U.S. citizen, legal alien or qualified alien. You must be unemployed or underemployed and have low or very low income. You must also be one of the following:

- Have a child 18 years of age or younger, or
- Be pregnant, or
- Be 18 years of age or younger and the head of your household.

The A2A agency may continue to provide services to clients who kept their child, had a miscarriage, or have placed a child for adoption for one year postpartum. The A2A agency shall understand and agree that a client is eligible to receive A2A Program services up to 12 months postpartum.

In instances where the client has placed the child for adoption, the A2A agency may provide A2A Program services to the adoptive parent(s) provided the adoptive parent(s) meet A2A Program requirements.

In instances where the child(ren) no longer reside in the same household as the client (including, but not limited to the child(ren) is removed from the home (voluntarily or involuntarily); client death; the client leaves the child and someone other than client has responsibility for caring for the child) the A2A agency, at its discretion, and upon approval by DSS, may continue to provide A2A Program services for the benefit of the child.

**Discharge:** The A2A agency must discharge a client from the A2A Program 12 month's postpartum (the day following the child's first birthday). The A2A agency shall immediately discharge any client that is no longer eligible for the A2A Program.

In the event a client has not had contact with the A2A agency within the past 90 calendar days, the A2A agency shall discharge the client from the A2A Program.

**Income:** Income includes both earned income and unearned income. Living at or below one hundred eighty-five percent (185%) of federal poverty level (FPL) based on the client or family gross income calculated as described in Attachment 5 A2A Income Eligibility Worksheet.

#### **Earned Income and Documentation:**

**Wages:** (including regular pay, vacation, sick leave, bonuses, and tips)

- Payroll Check Stubs - all checks need to be dated with the month prior to the application date. Example: Applicant applies on 12/10; only pay period ending dates are identified: 10/31 through 11/11 11/14 through 11/25 11/28 through 12/09  
For income computation purposes, the pay periods of 11/11 & 11/25 would be counted.
  - If the appropriate pay stubs are available, use YTD pay information.
- Verbal documentation by the employer - verbal documentation requires extensive case notes in the client's case file which includes: first and last name of who you spoke with, title of person who you spoke with, what date you spoke with the employer, the amount of gross income, any deductions, and any other information the employer provided.
- Statement from the employer with the current date – email, document, etc. with the same details of the verbal documentation by the employer.

#### **Other payments:**

Sheltered Workshop

Supported Employment administered by the Division of Vocational Rehabilitation:

- Payroll Check Stubs - all checks need to be dated with the month prior to the application date. Example: Applicant applies on 12/10; only pay period ending dates are identified: 10/31 through 11/11 11/14 through 11/25 11/28 through 12/09  
For income computation purposes, the pay periods of 11/11 & 11/25 would be counted.
  - If the appropriate pay stubs are available, use YTD pay information.
- Verbal documentation by the employer - verbal documentation requires extensive case notes in the client's case file which includes: first and last name of who you spoke with,

title of person who you spoke with, what date you spoke with the employer, the amount of gross income, any deductions, and any other information the employer provided.

**Terminated Earned Income:**

- Employer statement (written or verbal). If verbal, extensive notes to be placed in client's file.

**Unearned Income and Documentation:**

Contributions: (monetary assistance from family/friends or stipend, proceeds from selling blood/plasma)

- Actual Checks
- Contracts

Alimony/Spousal Support:

- Actual Checks
- Divorce Decree
- Correspondence from Payor

Child Support:

- Court records

Out of State Child Support:

- Court payment records
- Bank statements to show any child support payments received.

Others:

Black Lung, Disability Payment short/long term), Government Employee Pensions, Private Pensions, Railroad Retirement Benefits (RRB), Social Security Administration Benefits (SSA), Supplemental Security Income (SSI), Supplemental State Payments (SSP), Veterans Administration (VA):

- Copy of the benefit check. Except for pensions.
- 1099 R Tax Form – for pensions
- Email [retire@opm.gov](mailto:retire@opm.gov) to verify Federal Employee retirement benefits.
- Verbal documentation of Social Security, Black Lung, SSI, VA, RRB and pensions will be acceptable.
- Bank deposit slips/bank statements can only be used to document SSI, Social Security, Black Lung, RRB and VA, if sources are identified.
- SSA/SSI: If an individual/couple are receiving less than the maximum SSI amounts, this may indicate other available income/resources.

Blind Pension (BP):

- BP income can be documented via written documentation from DSS.

Supplemental Aid to the Blind (SAB):

- Document SAB income via written documentation from DSS.

Temporary Assistance for Needy Families (TANF):

- Document TANF, SAB, and BP income via written documentation from DSS. Retain a copy to place in the client's case file.

Disregard tax refunds as a source of unearned income. In addition, rebate/stimulus checks should not count as income.



**Household Determination:** Eligibility is based on all individuals living together. The relationships between each household members and their circumstances also help determine whose income needs to be used when determining eligibility for the A2A program.

Father of the Baby (FOB): married or unmarried – claimed father to the unborn/born child(ren) living inside the home, income is included.

Parent(s)/Legal Guardian of a minor (18 or under) must be included in the eligibility determination, as s/he has financial responsibility for the minor.

- **Minor Child:**
  - Age 18 or under; and
  - never married or annulled; and
  - living with a relative or legal guardian

Roommate (not FOB): if mother/child(ren) lives with a roommate, income of the roommate is not included as s/he does not have financial responsibility over said mother/child(ren).

Relatives (Grandparents, Aunts, Uncles, etc.): if mother/child(ren) lives with a relative and they are not their legal guardian, income should not be considered during the eligibility determination.

**Scenarios:**

Scenario 1: Samantha (mother of unborn child) is 17 years old and she and the FOB lives with her parents. Samantha is not working, but the FOB, and both parents' work.

Whose income should be included? FOB and both parents

Scenario 2: Taylor (mother of child) is 17 and lives in her own apartment with the FOB. They are not married. FOB works full-time and she works part-time while going to school.

Whose income should be included? Both parties' income should be included

Scenario 3: Makayla (mother of child) is 19 and lives with her best friend Clara. Makayla is not working right now, but her best friend does.

Whose income should be included? None, Makayla's best friend is not financially responsible.

Scenario 4: Jessica (mother of child) lives with her working grandparents (not legal guardians) and she is working part time. FOB does not live in the home.

Whose income should be included? Only Jessica's income should be included.

**Foster Care:** Any client that is active in the Foster Care system and meets the pregnancy/postnatal eligibility is automatically eligible to receive A2A program assistance. The income of the Resource parent's is not included and should not be used to determine eligibility.

**Incarcerated client:** Any client that is incarcerated is not eligible to receive A2A program assistance.

**Social Security Number (SSN):** If a client does not have a social security number, advise the client to return the documentation will consist of a signed and dated statement or SS-5 or SSA-

5028 form to the A2A agency where it must be retained in the case record. The client must be advised to report the assigned Social Security Number to the A2A agency once it is received. See <http://www.ssa.gov/myaccount/>.

Documentation is limited to the following sources:

- Award Letters
- Copies of documentation on file
- Driver's License
- HUD-5059
- Military ID Card
- Monthly Bank Statement
- School Records
- Selective Service Card
- Social Security Benefit Check
- Social Security Card
- SSA-2458
- State ID Card
- W-2 Form
- Tax forms (1040, 1040A, etc.)
- Wage Stubs (if all nine (9) digits appear)

**Missouri Residency:** The client must be a Missouri resident. Documents that establish Missouri Residency (Document Cannot be Expired)

- Missouri Driver's License or Non-Driver ID card that contains a photograph and identifying information such as name, date of birth, gender, height, eye color.
- ID card issued by any Missouri federal, state or local government agencies or entities, that contains a photograph and identifying information such as name, date of birth, gender, height, eye color, and address.
- Missouri School Record
- Missouri Voter's registration card
- Health insurance card with Missouri address
- Personal Property Tax Document
- LIHEAP approval letter

**Proof of Pregnancy:** Proof of pregnancy documentation should be kept in the client's file. Examples include positive pregnancy test administered by the A2A agency, written statement verifying pregnancy from a licensed health care provider, WIC documentation of prenatal enrollment and/or an ultrasound picture.

**Successive pregnancy:** If a current client who presents with an additional pregnancy, please discharge her in the DSS A2A database from the first pregnancy and reenroll the client with the new pregnancy.

**Not receiving A2A Program Services:** The client must not be receiving A2A Program Services from any other A2A agency. You can look to see if the client is an active client by using the Active Client Listing function in the DSS A2A database.

## Active Client Listing


**Search** (At least one search argument is required.) \*

First Name (Contains)

Last Name (Contains)

SSN (Contains; Only enter numbers)

Date of Birth (Equals)

Search

Clear

**Citizenship and Legal Permanent Resident Status:** The client must be a citizen of the United States or admitted for legal permanent residence. Document legal permanent residence status by:

- Certified Birth Certificate with an official seal and a valid social security card
- U.S. Passport or U.S. Passport Card
- Permanent Resident Card or Alien Registration Receipt Card (From I-551)
- Foreign Passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
- Driver's license or non-Driver ID card from any U.S. state that contains a photograph and identifying information such as name, date of birth, gender, height, and eye color.

## DSS A2A DATABASE OVERVIEW

The DSS A2A database allows users to record the registration of the client's intake form and determines income eligibility. The information from each screen in the system builds upon the information entered on the previous screen. The DSS A2A database is available at all times but occasionally the DSS A2A staff member will alert users when updates are happening and when they are finished. The database is located at <https://apps1.mo.gov/Alternatives>.

**Computer Security Access:** Only A2A agency staff and DSS A2A staff members will be granted access to the DSS A2A database.

A2A agency staff will not disseminate any information collected through working an A2A case to other programs, which are not A2A Program related. A2A agencies will certify that they have reviewed privacy practices regarding Personally Identifiable Information (PII) by signing a DSS Confidentiality and Information Security Agreement.

**Computer Safeguards:** The A2A database can protect customer information by the system will times out if more than ten minutes elapses between transactions. The A2A database screens mask the applicant's Social Security Number (SSN) by showing only the last four (4) digits once the client intake form is complete and, on the reports, submitted.

All A2A agency staff will maintain confidentiality when viewing information on the computer screen and printing information for the clients' case record by following these steps:

- Log off the DSS A2A database before leaving your station.
- Be aware of who can see your computer screens and what information is being displayed.
- Pick up printed records immediately from printers.
- Do not leave records unattended on desks.
- Enclose paperwork in a folder of some sort and keep in a locked/secure place; and
- Shred documents before disposal or recycling.

### **Roles of DSS A2A Database System Users**

**State user** – Administrator of DSS's A2A Program and database system. While the DSS A2A staff member can assist with some problems in the database, an ITSD ticket might need to be created and sent on other issues that arise.

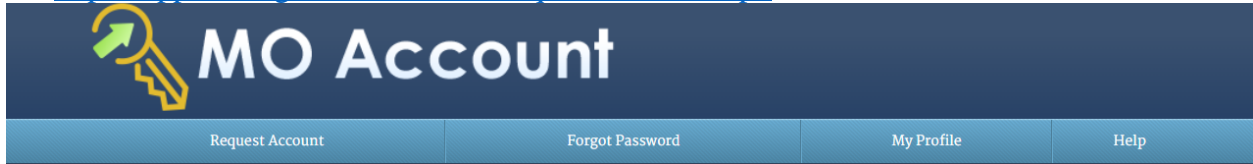
**A2A agency** – Administrator for the Agency's A2A Program who is the main point of contact to instruct and assist their users on signing up for the DSS A2A database. This individual can reassign their Client Advisor's caseload to another Client Advisor in their agency.

**Employee of A2A agency** – is called a Client Advisor who can manage their caseload in the DSS A2A database.



The new user creates a MoLogin account and then create an A2A account.

1. To create a MOLogin account:
2. Go to the Missouri Request Account Page at <https://apps1.mo.gov/MoAccount/RequestAccount.aspx>.



**Request Account**

Provide your email address, check the box and click **Request Account**. An email will be sent to confirm your information. Use the link provided in the email to create your account. Your email address will serve as your account username.

**Email**

 By selecting this you agree to the Terms and Conditions listed below

**Request Account**

**Terms and Conditions:**

By creating a MoLogin Account you are confirming that you agree to the following terms and conditions.

Your MoLogin Account is used to authenticate your access ("login") to a selection of web applications provided by multiple State of Missouri departments, divisions, and agencies. Your MoLogin Account can only be used to access web applications that use the MoLogin authentication process.

Your email account provided during the registration process will be your MoLogin Account. You may change the email account used as your MoLogin Account by updating your profile. The email account registered as the MoLogin Account must be an active and valid email account.

You are responsible for the activity that happens on or through your MoLogin Account. To protect your MoLogin Account, keep your password confidential. Try not to reuse your MoLogin Account password on any third party applications including the password used to access your email.

**No legitimate representative of any State of Missouri department, division, or agency will ask for your MoLogin Account password, whether by phone, email or other means. Do not supply your password if requested.**

Your MoLogin account requires that the password be changed on a periodic basis. Failure to change your password may require you to use the forgotten password process.

Your MoLogin account is subject to an inactivity period. Failure to login to through MoLogin for longer than the given inactivity period may result in your account being disabled.

You are solely responsible for maintaining and verifying your access to your MoLogin account. Any delays, penalties, or other circumstances caused by your failure to maintain your MoLogin account are solely your responsibility.

**Request Account**

**Terms and Conditions:**

By creating a MoLogin Account you are confirming that you agree to the following terms and conditions.

Your MoLogin Account is used to authenticate your access ("login") to a selection of web applications provided by multiple State of Missouri departments, divisions, and agencies. Your MoLogin Account can only be used to access web applications that use the MoLogin authentication process.

Your email account provided during the registration process will be your MoLogin Account. You may change the email account used as your MoLogin Account by updating your profile. The email account registered as the MoLogin Account must be an active and valid email account.

You are responsible for the activity that happens on or through your MoLogin Account. To protect your MoLogin Account, keep your password confidential. Try not to reuse your MoLogin Account password on any third party applications including the password used to access your email.

**No legitimate representative of any State of Missouri department, division, or agency will ask for your MoLogin Account password, whether by phone, email or other means. Do not supply your password if requested.**

Your MoLogin account requires that the password be changed on a periodic basis. Failure to change your password may require you to use the forgotten password process.

Your MoLogin account is subject to an inactivity period. Failure to login to through MoLogin for longer than the given inactivity period may result in your account being disabled.

You are solely responsible for maintaining and verifying your access to your MoLogin account. Any delays, penalties, or other circumstances caused by your failure to maintain your MoLogin account are solely your responsibility.

You agree that email reminders concerning your account activity or inactivity may be sent to you periodically by email as part of the MoLogin process.

3. Enter the email you want to use as your account ID.
4. Click Request Account.
5. Check the box indicating you agree to the terms and conditions.
6. A confirmation code will be sent to the email address you provided. The email will include a link to the page you need to enter the details. (Note: If you did not close the

page where you entered your email you will be able to enter the confirmation code on this screen.)

- a. Email – The email from line two above.
- b. Confirmation Code – Enter the confirmation code sent to your email address.  
Note: The confirmation code expires in one hour
- c. Password – Your password of choice. Do NOT use your email password. Click the Password Help button for password rules. Note: Remember this password as this password will be what you use to log into the DSS A2A database.
- d. Password Confirm – Enter your password of choice again.
- e. First Name – Your first name.
- f. Last Name – Your last name.
- g. Once the above information is completed, click the Create Account button.

2. To create an A2A account:

1. Go to <https://apps1.mo.gov/Alternatives>. The MoLogin page will appear.
2. Click on Forgot password.
3. Enter your email address.
4. Click Send Code.
5. You will be sent a code. Check junk mail if you do not receive it in your inbox.



Enter email address and access code to complete your account setup.

Email Address

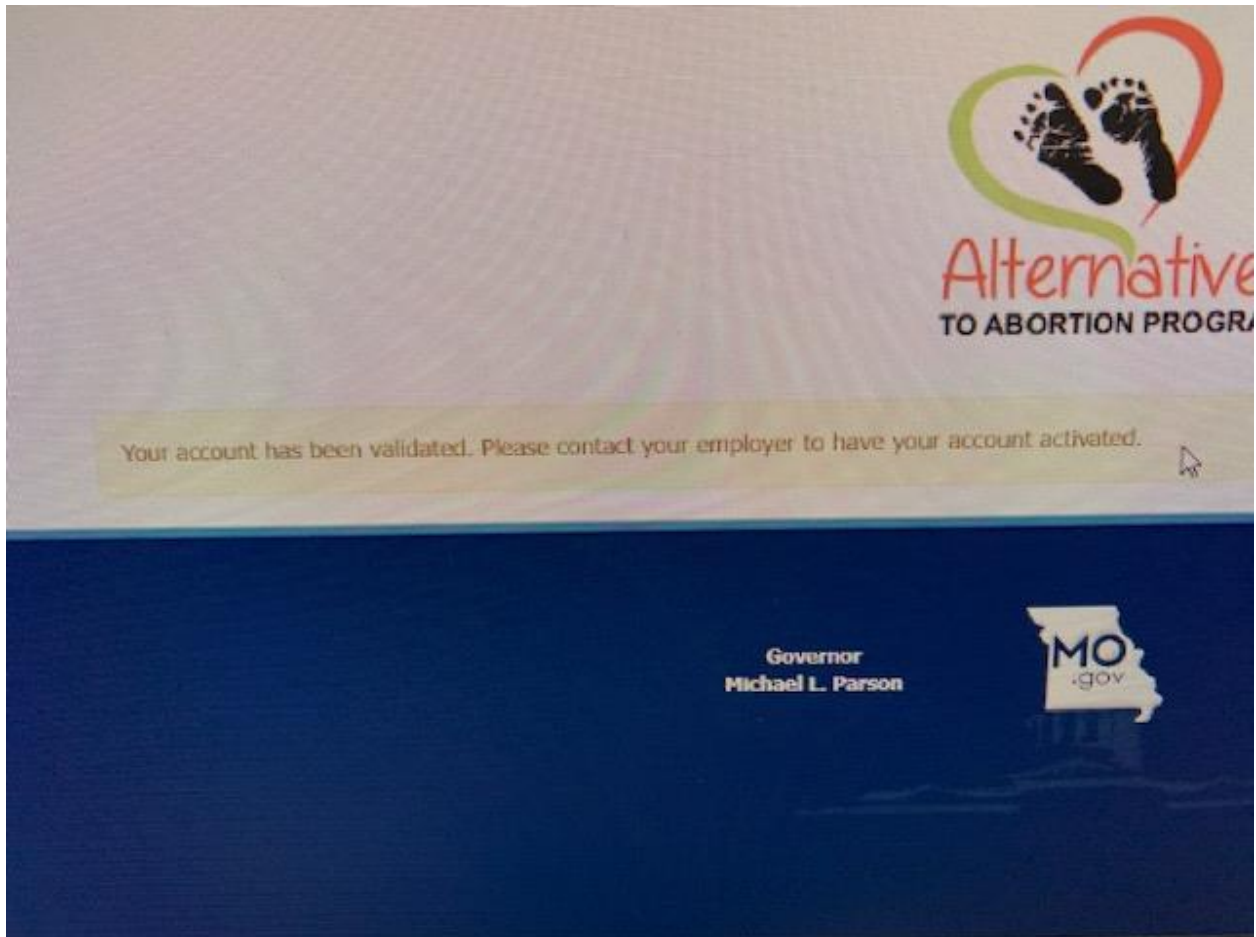
legaewq@cds.state.mo.us

Access Code from email

49dce2fbe0fd4840ae0851

Submit

7. Click on the <https://apps1.mo.gov/Alternatives> link; enter email address and access code from email then click submit.
8. If you do not get an email within 15 minutes, email [DFAS.A2APrograms@dss.mo.gov](mailto:DFAS.A2APrograms@dss.mo.gov) for the DSS A2A staff member to send a code.
9. After the code is received, contact the DSS A2A staff member so you can be marked active in the database. You will see a screen like this:



If an A2A agency/subcontractor is already a user in the system, but needs to change their email address, they will need to set up a new MoLogin account only with the new email address. When this action is completed, contact the DSS A2A staff member so they will have ITSD tie their A2A accounts to the new MoLogin account. Do not create a new A2A account as well.

If staff experience trouble with their password (reset, forgotten, or expired) when signing in, alert DSS A2A State Program staff to have:

- A request sent to the user via a computer-generated email with instructions, an access code, or a web link.
- A check to see if this user has access to the database.

**Removing a User from the DSS A2A database:**

1. Sign into the DSS A2A database using your user id and password.
2. Click on “Users” in the light blue bar at the top of the screen.
  - a. Select “User Maintenance”
  - b. Under “State User” or one of the other boxes, click on the user you wish to remove.
3. In the light grey area below the blue box where it states “Status” click on “Inactive”
4. Click “Submit”



**The following are screens A2A agency staff will use in the DSS A2A database:**

- Client Intake Form
- Monthly Client Form
- Birthing Outcome Form
- Case notes
- Edinburgh Postnatal Depression Scale (EPDS) Form
- Discharge Form
- Client Reassignment
- Services by Intake Report
- Create New User

## Entering Client Intake Form:

- If you are an A2A agency, subcontractor, or employee, some fields will auto-populate for you based on your ID level. If you are entering data for an ID level below you (i.e., an A2A agency entering for a subcontractor or subcontractor entering data for an employee), you will need to select the additional identifying fields.
- On “Clients” dropdown field, select New. A blank form will populate to enter data.
- Enter client’s data. Note: some fields will gray out depending on the answers to other questions. If a section is grayed out, you will not be able to enter data.
- Once all required client data is entered, click “Submit”.
- A message at the top of the screen should appear stating, the data was saved and whether the client is eligible for A2A services.

### Client Intake Form

Contractor Name - Select -	Sub-Contractor Name - Select -	Employee Name - Select -
Clients - Select -	Client Intake By Date	

Show Clients Who Are...

Active    Inactive

NOTE: (\*) Asterisked Fields are Required

#### Basic Information

First Name *	Middle Name *	Last Name *	Date Created
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth *	SSN (numbers only) *	Assessment Date *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Race \*

White    Black/African American    American Indian/Alaskan Native    Asian    Native Hawaiian/Pacific Islander    Other

Ethnic Background \*

Hispanic    Non-Hispanic

Does the client meet the definition of a permanent Missouri resident? \*

Yes    No

**Ethnic Background \***

Hispanic  Non-Hispanic

**Does the client meet the definition of a permanent Missouri resident? \***

Yes  No

**County \***

- Select -

**City \***

- Select -

**Zip \***

- Select -

**State \***

MO

**Do you have health insurance? \***

Medicaid  Private Insurance  Uninsured

**Marital Status \***

- Select -

**Estimated Date of Delivery (EDC) \***

**Father Information/Income**

**Father of the Baby \***

Known  Unknown

**Father's First Name \***

**Father's Last Name \***

**Is the father employed? \***

Yes  No

**Father's Income \$ \***

**Frequency of Pay \***

- Select -

**Number of school years completed by father**

Select Grade

**Is the father currently a student?**

Yes  No

**Social History**

**Number of school years completed \***

Select Grade

**Are you currently a student? \***

Yes  No

**Do you currently have a GED or high school diploma? \***

Yes  No

**Case manager has confirmed client is a permanent resident of Missouri and is not from another state or country going to school in Missouri? \***

Yes  No

**Language Spoken in Home \***

- Select -

**Living Arrangements \***

- Select -

**Income/Household**

**Are you employed? \***

Yes  No

**Mother's Income \***

**Frequency of Pay \***

- Select -

**Household Size \***

Select Number

**Major Parents' (client's biological or adoptive parent(s) is referred to as the "major parents") monthly gross income \***

**Monthly amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes \***

**Monthly court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household \***

**Number of major parents employed \***

Select Number

**Number of dependents in household supported by major parents (not including client, her children or spouse) \***

Select Number

**I am seeking these services due to (check all that apply) \***

- Financial Hardship
- Lack Of Family Support
- Previous Abortion
- Unplanned Pregnancy
- Encouragement Of Others
- Desire To Finish School
- Age
- Emotional Stress
- Other

Other reason for services

## Lifestyle

Do you smoke cigarettes? \*

Yes  No

Do you use street (illegal) drugs? \*

Yes  No

Do you drink alcohol? \*

Yes  No

Have you ever been emotionally or physically abused by your spouse, partner, or someone important to you? \*

Yes  
 No

Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? \*

Yes  
 No

Since you've been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone? \*

Yes  
 No

Within the last year, has anyone forced you to engage in sexual activity? \*

Yes  
 No

Submit

Cancel

**Entering Monthly Client Form:**

When entering monthly client forms for residential or non-residential care clients, you will click yes or no on the **mandatory** items, which include:

<b>Client/MOB-Mother of Baby</b>	<b>FOB-Father of Baby</b>
Case Management	Case Management
Prenatal education/parenting skills classes	Prenatal education/parenting skills classes
Residential Care	N/A
Prenatal Depression Screening	N/A

After those items are selected for a residential care client, you will submit the monthly client form for the month with no additional items needed.

Supportive Services items that were donated to your agency will not be entered on the monthly client form including:

- Clothing
- Food
- Personal Hygiene items
- Supplies relating to pregnancy, newborn care, and parenting.

Staff must enter any items that go towards the non-residential clients for supportive services on the monthly client form, including:

<b><u>Category</u></b>	<b><u>Subcategory</u></b>
Childcare	Childcare co-payment
Childcare	Childcare Registration Fees & Other Childcare Fees Not Paid for through Subsidy
Clothing	Clothing
Drug/alcohol testing	Drug/alcohol testing
Drug/alcohol testing	Drug Treatment
Drug/alcohol testing	Substance Awareness Traffic Offender Program (SATOP) Class
Educational Services	College Application and Entry Test Fees
Educational Services	College Fees
Educational Services	Education & Training

Educational Services	GED or HiSET Test Fees
Educational Services	Work and/or School Supplies Required for Employment & Training
Food	Food
Housing Services	Emergency Shelter – Housing
Housing Services	Mortgage Payments
Housing Services	Rent and/or Rent Security Deposit
Legal	Criminal Background Check
Legal	Domestic Abuse Protection
Legal	Legal Costs, Fines, Penalties, etc.
Legal	Paternity Testing
Medical Expenses	Dental Expenses
Medical Expenses	Medical Expenses
Medical Expenses	Mental Health Services
Medical Expenses	Prenatal Care
Medical Expenses	Vision Expenses
Supplies	Personal Hygiene Items
Supplies	Supplies relating to pregnancy, newborn care and parenting
Transportation Services	Automobile Lease Payment or Loan Payment
Transportation Services	Automobile Insurance
Transportation Services	Automobile Repair(s)
Transportation Services	Bicycle or Bicycle Parts

Transportation Services	Bus Passes/Tickets
Transportation Services	Driver's/Non-Driver's License Fees
Transportation Services	Gas Cards, Mileage and Bus Passes
Transportation Services	Personal Property Taxes
Utility Assistance	Basic Phone Service
Utility Assistance	Cellular Phone Service
Utility Assistance	Electric
Utility Assistance	Phone – Airtime
Utility Assistance	Trash
Utility Assistance	Utilities including heating and cooling
Utility Assistance	Water

**Monthly Client Form**

**Contractor Name**

- Select -

**Sub-Contractor Name**

- Select -

**Employee Name**

- Select -

**Clients**

- Select -

**Client Intake By Date**

**Monthly Form By Review Date**

**Show Clients Who Are...**

Active   
 Inactive

**NOTE: (\*) Asterisked Fields are Required**

**Date of Birth**    **SSN (last 4)**    **Date Created**

**Review Month \***    **Review Year \***

Select Month       
 Missed/Canceled   
 No Services Provided (Case Management Only)

**During the previous month, did the client receive or participate in:**

**Case management? \***

Yes     No

**Prenatal education/parenting skills classes? \***

Yes     No

**Residential care? \***

Yes     No

**Prenatal Depression Screening? \***

Yes     No

**Category**  **Subcategory**  **Amount (####.##)**

No Service Records for the Client found. Click Submit to save information to the database. If you do not click Submit your data will not be saved.

**Client Monthly Services Total:**

**During the previous month, did the client's FOB receive or participate in:**

**Case management? \***  Yes  No
 **Prenatal education/parenting skills classes? \***  Yes  No

**Category**  **Subcategory**  **Amount (####.##)**

No Service Records for the Father of the Baby found. Click Submit to save information to the database. If you do not click Submit your data will not be saved.

**FOB Monthly Services Total:**

**Monthly Services Total:**

**Client Fiscal Year Total:**

Once all required client data is entered, click “Submit” at the bottom of the page.



## **Entering Case Notes**

Case notes need to be entered at the time services are rendered or at the time monthly intake forms are completed, which is the 15th day of the following month. For monitoring purposes, case notes do not have to be printed and presented to the monitoring team. All case notes can remain electronic.

The electronic case note must contain enough information that it can stand up in a hearing and support decisions made by the staff. Comments are recorded to provide additional information, to clarify information entered in the database, and to support any action taken on a case. Any entry made may become public record, so make your notes both accurate and able to withstand public scrutiny.

Case notes are limited to 500 characters. If a case note requires more than the 500-character limit, add an additional note(s) to follow up. Case notes have the copy and paste option, which allows case notes to be copied and pasted from any other case management database that is being used by the agency.

When writing Case Notes, keep in mind:

- Case Notes are part of the permanent record.
- Monitors and other staff providing services will read Case Notes; and
- The participant (or, in the case of a youth, the guardian) has the right to receive copies of Case Notes.

### **Pregnancy Resource Center Case Notes:**

A comment is needed in the following situations, including, but not limited to:

- Supportive Services – document what service is being used, number of services, what other services were explored and why services are being provided.
- Supporting Services/Funding denials
- Case management notes
  - Budget and Planning updated.
  - Contacts or attempts to contact, including all referrals made, and any follow-up.
- Individualized Care Plan and plan updates
- Referrals for other Department of Social Services' programs

### **Pregnancy Resource Center Case Note Example:**

- Supportive Services financial request approved - \$500 rent & \$250 electric. LIHEAP has already been exhausted.
- Supportive Services financial request denied - \$355 propane re-fill. Client hasn't applied for LIHEAP. LIHEAP services must be explored prior to assistance. Provided client information on how to apply for LIHEAP.
- Budget and Planning discussion 7/14/23. Client only needs assistance this month with her rent as she waits for her first paycheck. Discussed bill management and provided resources for services for food, health, and childcare assistance.

- 7/14/23 reached out to client due to missed monthly check-in. Client will be in for case management services next Wednesday at 3pm.
- Referral sent – Sent referral to \_\_\_\_ to assist with \_\_\_\_\_. Client will need to follow up with \_\_\_\_\_.

**Maternity Home Case Notes:**

Maternity home case notes will look a little different than what a Pregnancy Resource Center case note would look like. Maternal homes need to focus on the education aspect of A2A expectations and/or achievements.

**Example Case Note for Maternity Home:**

- Client began full-time employment at the SunnySide Nursing Home this month. She attended all parenting classes, completed education modules and participated in therapy.

Case Notes provide a fact-based description of a client’s interaction with the A2A Program. Accurate, adequate, and timely recording of Case Notes is critical to provide quality client service, track funding costs, and assist in compliance monitoring.

**Confidential Case Information:**

Do not case note confidential or sensitive information regarding chemical dependency, mental health, family violence or any medical condition outside of pregnancy.

**Deleting a Case Note:**

If you enter a note incorrectly, submit a deletion request to DFAS.A2APrograms@dss.mo.gov. Deleting notes requires a written request and a reason for deletion. Deletion of case note will be on a case-by-case basis depending on reason for deletion.

**Client Case Notes Form**

Contractor Name: - Select -

Sub-Contractor Name: - Select -

Employee Name: - Select -

Clients: - Select -

Show Clients Who Are...

Active  Inactive

**NOTE: (\*) Asterisked Fields are Required**

Client Name: Selected Client Name Here

Add Client Note

**Entering Birthing Outcome Form:**

- Under the “Clients” dropdown, click on “Birthing Outcome Form”.
- Just like on the intake and monthly client forms, fields will auto populate based on your login level. If you are entering for an employee or a subcontractor below you, you will need to select those from the appropriate dropdown fields.
- Select desired client from dropdown field.
- Select correct intake date from dropdown field.
- Select “New” from “Birthing Form by Delivery/Left Date” dropdown field.
- Enter data in required fields and if the field is grayed out, there is nothing to fill in. Reminder – Number of births relate to if client had a single birth, twins or triplets, multiple babies on this delivery date.
- Click “Submit” at bottom of page.

**Birthing Outcome Form**

**Contractor Name** 
**Sub-Contractor Name** 
**Employee Name**

**Clients** 
**Client Intake By Date** 
**Birthing Form By Delivery/Left Date**

**Show Clients Who Are...**  
 Active  Inactive

**NOTE: (\*) Asterisked Fields are Required**

**Date of Birth**  **SSN (last 4)**  **Date Created**

Client left program before delivery?  
 Client discharged after delivery but before a Birthing Outcome form could be completed  
 Client discharged after delivery but before an EPDS form could be completed

**Left on Date \***  **Reviewed Date \***

**Maternal Health**

**Outcome \***  
 Discharged Before Delivery  Miscarriage  Elective Abortion  Stillbirth  Delivery

**Were there maternal complications? \***  Yes  No

**Delivery Date \***

**Number of Births \***

**Infant Health Outcome**

**Father Information**

**Father of the Baby \***  
 Known  Unknown

**Father's First Name \***  **Father's Last Name \***

**Does the father of the baby live with you? \***  
 Yes  No

**Entering Edinburgh Postnatal Depression Scale (EPDS) Form:**

- Under the “Clients” dropdown, click on “Edinburgh Postnatal Depression Scale (EPDS) Form”.
- Just like on the intake and monthly client forms, fields will auto populate based on your login level. If you are entering for an employee or a subcontractor below you, you will need to select those from the appropriate dropdown fields.
- Select desired client from dropdown field.
- Select correct intake date from dropdown field.
- Select “New” from “Postnatal Form by Review Date” dropdown field.
- Enter data in required fields and if the field is grayed out, there is nothing to fill in.

- Click “Submit” at bottom of page.

**Edinburgh Postnatal Depression Scale (EPDS) Form**

<b>Contractor Name</b> - Select -	<b>Sub-Contractor Name</b> - Select -	<b>Employee Name</b> - Select -
<b>Clients</b> - Select -	<b>Client Intake By Date</b> [Date Picker]	<b>Postnatal Form By Review Date</b> [Date Picker]

**Show Clients Who Are...**

Active   
  Inactive

**NOTE: (\*) Asterisked Fields are Required**

Date of Birth [Date Picker]	SSN (last 4) [Text]	Date Created [Date Picker]
-----------------------------	---------------------	----------------------------

Client left program before delivery  
 Client discharged after delivery but before a Birthing Outcome form could be completed  
 Client discharged after delivery but before an EPDS form could be completed

Reviewed Date * [Date Picker]	Baby's Age (in weeks) [Text]
-------------------------------	------------------------------

### Edinburgh Postnatal Depression Scale (EPDS)

As you have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

**I have felt happy**

- |  |  |
|--|--|
| <input type="radio"/> Yes, all of the time<br><input checked="" type="radio"/> Yes, most of the time<br><input type="radio"/> No, not very often<br><input type="radio"/> No, not at all | This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way. |
|--|--|

**NOTE: All Fields are Required**

In the past 7 days:

I have been able to laugh and see the funny side of things \*

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

I have looked forward with enjoyment to things \*

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

I have blamed myself unnecessarily when things went wrong \*

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

I have been anxious or worried for no good reason \*

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

<p>I have been so unhappy that I have had difficulty sleeping *</p> <p><input type="radio"/> Yes, most of the time</p> <p><input type="radio"/> Yes, sometimes</p> <p><input type="radio"/> Not very often</p> <p><input type="radio"/> No, not at all</p>	<p>I have felt sad or miserable *</p> <p><input type="radio"/> Yes, most of the time</p> <p><input type="radio"/> Yes, quite often</p> <p><input type="radio"/> Not very often</p> <p><input type="radio"/> No, not at all</p>
<p>I have been so unhappy that I have been crying *</p> <p><input type="radio"/> Yes, most of the time</p> <p><input type="radio"/> Yes, quite often</p> <p><input type="radio"/> Only occasionally</p> <p><input type="radio"/> No, never</p>	<p>The thought of harming myself has occurred to me *</p> <p><input type="radio"/> Yes, quite often</p> <p><input type="radio"/> Sometimes</p> <p><input type="radio"/> Hardly ever</p> <p><input type="radio"/> Never</p>

**NOTE: Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity and need to be referred to a mental health or their obstetrical provider with a call from you as the assessor. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.**

**\*\*NOTE:** Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity and needs to be referred to a mental health agency or their obstetrician with a call from you as the assessor. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

### Entering Client Discharge Form:

- Under the “Clients” dropdown, click on “Client Discharge Form”.
- Just like on the previous client forms, fields will auto populate based on your login level. If you are entering for an employee or a subcontractor below you, you will need to select those from the appropriate dropdown fields.
- Select desired client from dropdown field.
- Select correct intake date from dropdown field.
- Select “New” from “Discharge Form by Date” dropdown field.
  - If a client will choose to terminate A2A services prior to her delivery date, but the system will not allow you to discharge a client before a Birthing Outcome and EPDS form have been entered (in that order).
    - On both the Birthing Outcome and EPDS forms, select the checkbox “Client left program before delivery” and enter the date. The rest of the form will gray out.
    - Select “Submit” at the bottom of the forms.
- Enter data in required fields and if the field is grayed out, there is nothing to fill in.
- Click “Submit” at bottom of page.

**Discharge Form**

<b>Contractor Name</b>	<b>Sub-Contractor Name</b>	<b>Employee Name</b>
<input type="text" value="- Select -"/>	<input type="text" value="- Select -"/>	<input type="text" value="- Select -"/>
<b>Clients</b>	<b>Client Intake By Date</b>	<b>Discharge Form By Date</b>
<input type="text" value="- Select -"/>	<input type="text"/>	<input type="text"/>

**Show Clients Who Are...**

Active     Inactive

**NOTE: (\*) Asterisked Fields are Required**

<b>Date of Birth</b>	<b>SSN (last 4)</b>	<b>Date Created</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Client Status**

<b>Discharge Reason *</b>	<b>Discharge Date *</b>	<b>Outcome *</b>
<input type="text" value="- Select -"/>	<input type="text"/>	<input type="text" value="- Select -"/>

**Transferring Clients with the Client Reassignment Form:**

Only the DSS A2A staff member can transfer a client from one A2A agency to another. However, A2A agencies do have the ability to transfer clients between their own subcontractor’s and employees; as well as subcontractors will be able to reassign clients between their employees.

- Under “Clients” dropdown, select “Client Reassignment”.
- Type in the A2A client’s name and click “Search” or hit “Enter”.
- Click “Add”.
- Repeat the above steps for as many clients as you are transferring and/or reassigning.
- Click dropdown for the user who you want to assign to these clients.
- Click “Save”.

## Client Assignment

### Search Type

- Search By Client Name       Search By User Name

### Search\*

Search

Clear

### Select Role of User

- Assign to Contractor  
 Assign to Sub-Contractor  
 Assign to Employee  
 Assign to Myself

### Select User to Re-Assign to

Save



The A2A agency must have the client’s social security number before the following record information can be entered into the DSS A2A database and within the following timeframe. If a client already exists in the DSS A2A database, the A2A agency shall not provide services to the client until the client’s status is cleared by the DSS A2A staff member via email.

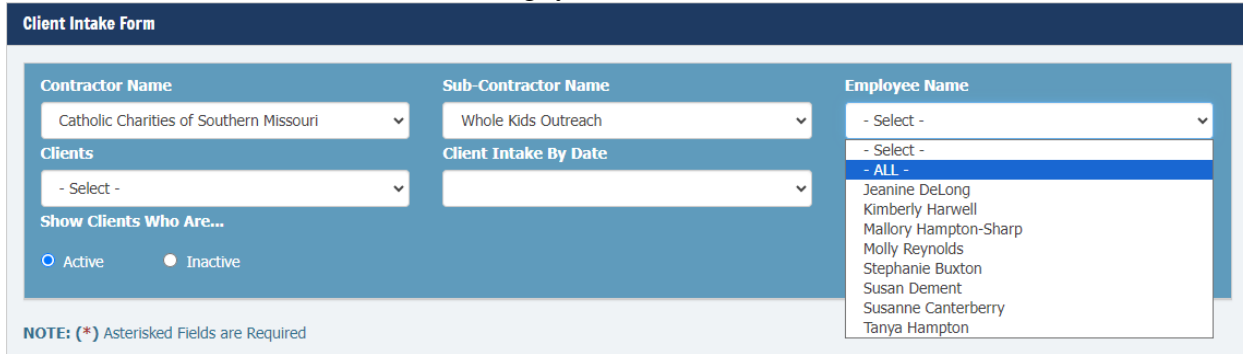
<b>DSS A2A State Program Database Information Collected</b>	<b>Timeframe</b>
Client Intake	By the 15th of the month following completing the determination of eligibility and completion of the initial intake/eligibility determination assessment, the contractor must complete the Client Intake information in the state agency’s A2A data system.
Birthing Outcome	By the 15th of the month following when the client has delivered the child(ren) or is no longer pregnant, the contractor shall enter all required data into the state agency’s A2A data system.
Prenatal Depression Screening	By the 15th of the month following completion of the required prenatal depression screening assessment, the contractor shall enter the data collected into the state agency A2A data system.
Edinburgh Postnatal Depression Scale (EPDS) Verification	By the 15th of the month following completion of the required EPDS assessment, the contractor shall enter the data collected into the state agency A2A data system.
Discharge from the Program	For all clients who are no longer eligible or who have elected to discontinue A2A Program services, the contractor shall record the discharge data in the state agency A2A data system by the 15th of the month after the client’s decision to terminate program services or the client’s last day of eligibility.

### New Client Search Function

This change has been made to each form page and report page that has the Client Search function located at the top of the page. This change was requested to allow direct employees of an agency to be able to view/update a coworker’s clients in case they were absent or on leave. This includes an -ALL- selection option in the Employee dropdown that will populate the client dropdown with all clients assigned to either the main contact or other direct employees of the selected agency.

When using the -ALL- option, the Client dropdown will have a tooltip show up when mousing over a client name that will detail the Employee that client is assigned to.

**\*\*REMINDER** – to see a caseload listing, you must use the -ALL- selection.

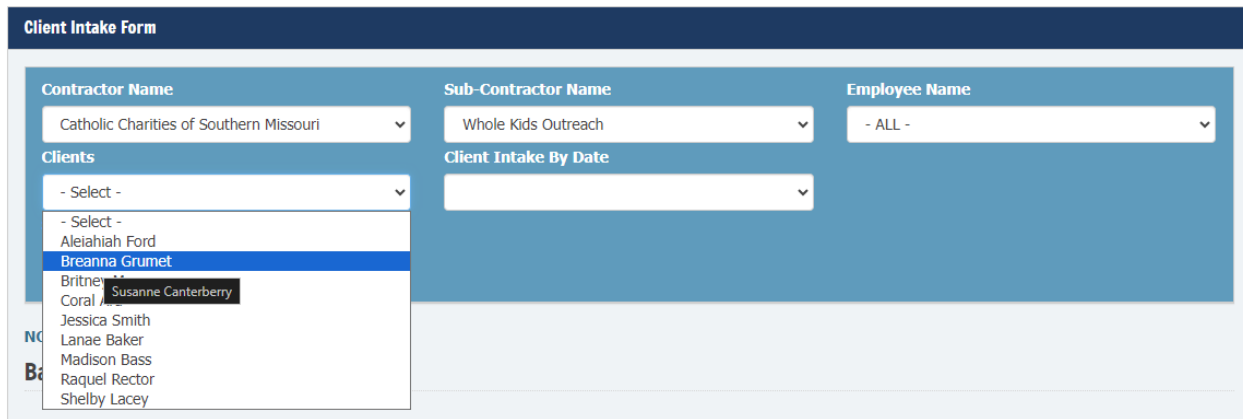


The screenshot shows the 'Client Intake Form' with the following fields and options:

- Contractor Name:** Catholic Charities of Southern Missouri
- Sub-Contractor Name:** Whole Kids Outreach
- Employee Name:** - Select - (dropdown menu is open showing a list of employees: Jeanine DeLong, Kimberly Harwell, Mallory Hampton-Sharp, Molly Reynolds, Stephanie Buxton, Susan Dement, Susanne Canterbury, Tanya Hampton)
- Clients:** - Select -
- Client Intake By Date:** (empty dropdown)
- Show Clients Who Are...:** Active (selected), Inactive

**NOTE: (\*) Asterisked Fields are Required**

Figure 1: Screenshot of -ALL- selection showing in Employee dropdown list.



The screenshot shows the 'Client Intake Form' with the following fields and options:

- Contractor Name:** Catholic Charities of Southern Missouri
- Sub-Contractor Name:** Whole Kids Outreach
- Employee Name:** - ALL -
- Clients:** - Select - (dropdown menu is open showing a list of clients: - Select -, Aleiahiah Ford, Breanna Grumet, Britney, Coral A., Jessica Smith, Lanae Baker, Madison Bass, Raquel Rector, Shelby Lacey)
- Client Intake By Date:** (empty dropdown)

A tooltip is visible over the 'Breanna Grumet' client name, displaying the employee name 'Susanne Canterbury'.

Figure 2: Screenshot of Client dropdown with tooltip of Employee name when mousing over Client.

## SAFE AT HOME (SAH) PROGRAM

The Safe at Home (SAH) address confidentiality program provides a substitute mailing address through the Secretary of State's office for survivors of domestic violence, rape, sexual assault, human trafficking, stalking or victims of any crime who fear for their safety and extends to provide protection for those who are living with the victim. Participants use a SAH assigned address and his/her correspondence is forwarded to his/her actual mailing address by the Secretary of State's office. These services limit an assailant's ability to access public information that could identify the new location of a victim. SAH is not a witness protection program; rather it is a mail forwarding service.

Participants in the Missouri SAH program share a common post office box but are assigned a unique authorization number (a six-digit number). The address provided by SAH participants is:

Participant's Name  
Authorization # XXXXXX  
PO Box 1409  
Jefferson City, MO 65102-1409

When an A2A client uses the SAH program, the A2A agency staff member shall enter that address in the A2A database. The A2A agency staff member shall not require a physical address from the client.

The Secretary of State's office issues an authorization card to SAH program participants, which indicates the named individual is certified to use the assigned authorization number. An A2A applicant/participant providing an SAH post office box shall present such certification card. If the A2A applicant does not have such certification card on his/her person, the A2A agency staff member shall contact the Secretary of State's office toll free at 866-509-1409, to verify the individual's participation in the program and certification to use the authorization number.

Participation in the SAH program is not confidential information nor is the participant's authorization number. However, the participant's actual mailing address and/or physical address are confidential.

Information regarding the Safe at Home (SAH) program can be found at <https://www.sos.mo.gov/business/safeathome/>

## APPENDIX

### APPENDIX A ACRONYMS

CAA	Community Action Agency
CANHU	Children's Division Child Abuse and Neglect Hotline
CSBG	Community Service Block Grant
DCN	Departmental Client Number
DFAS	Division of Finance & Administrative Services
DSS	Department of Social Services
DV	Domestic Violence
DYS	Division of Youth Services
ECIP	Energy Crisis Intervention Program
EDPS	Edinburgh Postnatal Depression Screening Scale
ESG	Emergency Solutions Grant
FCSR	Family Care Safety Registry
FFY	Federal Fiscal Year
HITE	Healthcare Industry Training and Education
HPOG	Health Professions Opportunity Grant
ITSD	Information Technology Services Division
JAG	Jobs for America's Graduates
LIHEAP	Low Income Home Energy Assistance Program
MWA	Missouri Work Assistance
OWCI	Office of Workforce and Community Initiatives
RFP	Request for Proposal
RSB	Rehabilitation Services for the Blind
SAM II	Statewide Advantage for Missouri
SFY	State Fiscal Year
SNAP	Supplemental Nutrition Assistance Program
TANF/TA	Temporary Assistance for Needy Families
TEB	Transitional Employment Benefit
TEFAP	The Emergency Food Assistance Program
VOCA	Victims of Crime Act
WIC	Women, Infants, and Children
WIOA	Workforce Innovative and Opportunity Act

**APPENDIX B**  
**ATTACHMENT 2 GEOGRAPHIC REGIONS**

<b>GEOGRAPHIC REGION</b>	<b>COUNTIES</b>		
Geographic Region 1	Adair Andrew Atchison Buchanan Caldwell Cass Chariton Clark Clay Clinton Daviss DeKalb Gentry	Grundy Harrison Holt Jackson Johnson Knox Lafayette Lewis Linn Livingston Macon Marion Mercer	Monroe Nodaway Platte Putnam Ralls Randolph Ray Schuyler Scotland Shelby Sullivan Worth
Geographic Region 2	Audrain Bates Benton Boone Callaway Camden Carroll Cole Cooper Crawford Dent Franklin Gasconade	Henry Howard Jefferson Laclede Lincoln Maries Miller Moniteau Montgomery Morgan Osage Perry	Pettis Phelps Pike Pulaski Saint Charles St. Clair Saint Francois Ste. Genevieve Saline Warren Washington Wright
Geographic Region 3	Barry Barton Bollinger Butler Cape Girardeau Carter Cedar Christian Dade Dallas Douglas Dunklin Greene	Hickory Howell Iron Jasper Lawrence Madison McDonald Mississippi New Madrid Newton Oregon Ozark Pemiscot	Polk Reynolds Ripley Scott Shannon Stoddard Stone Taney Texas Vernon Wayne Webster
Geographic Region 4	Saint Louis	Saint Louis City	

--	--

## APPENDIX C

### **LIST OF LIMITATIONS ON REQUEST FOR SUPPORTIVE SERVICES**

---

For the services listed below that are identified in the Individualized Care Plan, the A2A agency shall verify the client does not have resources to pay for the costs; there are no other resources; and the service is reasonable and necessary. While there are items identified as “allowable”, the A2A agency must assist the client in identifying other resources and must use these resources first. A2A agencies may contact the DSS A2A staff member to determine if there are exceptions when the client needs are not outlined in the below chart, cannot pay for the service/expense themselves, and/or it is not available through other resources.

Case management must be provided by the A2A agency or through a formal agreement with a subcontractor under the terms of the contract. Other more extensive case management services not available through the A2A agency’s case management staff that is required for the client may be considered for reimbursement.

Prior to paying these expenses, the A2A agency must have a plan with the client to ensure they can continue to pay the ongoing cost (i.e., rent, car insurance, etc.). In addition, the A2A agency must partner with other agencies to provide financial counseling since the expenses will continue to increase after the birth of the child.

The A2A agency shall not pay for expenses that are available to the client through other resources. This includes, but is not limited to:

- Supplemental Nutrition Assistance Program (SNAP)
- Missouri Work Assistance (MWA) Program-provide employment, training, and wrap-around resources statewide.
- Job Centers-provide career exploration, training, and resume assistance.
- Vocational Rehabilitation and Rehabilitation Services for the Blind-provide specific client services.
- Small Business Administration-provide assistance for small businesses.
- Low Income Home Energy Assistance (LIHEAP) Program-provide assistance for heating and cooling costs.
- PELL Grant-provide tuition and other assistance.
- Local Organizations-provide financial literacy classes at no cost.

Reimbursement for specific needs in Section 188.325, RSMo as identified in the Individualized Care Plan are for actual costs, subject to the following limitations.

**Supportive Services**

☐ = Allowable

X = Not Allowable

Items	Explanations	TANF Funds	GR Funds
Automobile Lease Payment or Loan Payment	<ul style="list-style-type: none"> <li>• Used for the primary vehicle owned by the client. The A2A agency must request proof of ownership (i.e.: a title), proof of insurance, and a valid driver's license.</li> <li>• Only pay one month at a time.</li> <li>• The A2A agency shall ensure the client signs an attestation that the vehicle is the client's main source of transportation and keep the certification in client's case file.</li> <li>• If the client sells the vehicle during her eligibility for the A2A program, she must immediately notify the A2A agency.</li> <li>• The following are not acceptable forms of documentation to indicate the vehicle is in the client's name:               <ul style="list-style-type: none"> <li>○ Vehicle title applications.</li> <li>○ Title transfers.</li> <li>○ Personal Payday Loans; and</li> <li>○ Personal Title Loans.</li> </ul> </li> </ul>	☐	☐
Automobile Insurance	<ul style="list-style-type: none"> <li>• Used for the primary vehicle owned by the client. The A2A agency must request proof of ownership (i.e.: a title), proof of insurance, and a valid driver's license.</li> <li>• Only pay one month at a time.</li> <li>• If the client sells the vehicle during her eligibility for the A2A program, she must immediately notify the A2A agency.</li> <li>• The A2A agency shall ensure the client signs an attestation that the vehicle is the client's main source of transportation and keep the certification in client's case file.</li> </ul>	☐	☐
Automobile repair(s)	<ul style="list-style-type: none"> <li>• Used for the primary vehicle owned by the client. The A2A agency must request proof of ownership (i.e.: a title), proof of insurance, and a valid driver's license.</li> <li>• Diagnostic testing is allowable if the mechanic is unsure of the problem and there is no way to determine the cost unless this is completed.</li> <li>• The A2A agency, at its discretion may decline to authorize car repairs if the value of such repair</li> </ul>	☐	☐

	<p>exceeds the value of the vehicle. However, the A2A agency is still responsible for assisting the client with transportation needs as identified through the Individualized Care Plan.</p> <ul style="list-style-type: none"> <li>• The A2A agency shall ensure the client signs an attestation that the vehicle is the client's main source of transportation and keep the certification in client's case file.</li> <li>• If the client sells the vehicle during her eligibility for the A2A program, she must immediately notify the A2A agency.</li> </ul>		
Bicycle or Bicycle Parts	<ul style="list-style-type: none"> <li>• Allowable if used for transportation.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Passes/Tickets	<ul style="list-style-type: none"> <li>• Allowable.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Co-Payment	<ul style="list-style-type: none"> <li>• Childcare subsidy is currently available for up to 215% FPL (subject to future changes) and through September 2022, the parent's sliding fee is also paid. Therefore, these expenses cannot be paid for.</li> <li>• The co-payment (difference between what the provider charges and state pay after the sliding fees) can be paid.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Registration Fees & Other Childcare Fees Not Paid for through Subsidy	<ul style="list-style-type: none"> <li>• Allowable</li> <li>• Examples may be summer/activity fees</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<ul style="list-style-type: none"> <li>• Clothing items for client (including maternity clothes and undergarments) and infant clothing which are necessary.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
College Application and Entry Test Fees	<ul style="list-style-type: none"> <li>• Allowable</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
College Fees	<ul style="list-style-type: none"> <li>• Participant has an unpaid fee from a college that must be paid in order to enter a training program (e.g., Lab Fee of \$150).</li> <li>• The participant is unable to resolve with the college on their own.</li> <li>• This does not include student loans.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Background Check	<ul style="list-style-type: none"> <li>• Must be required by the employer or training.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Expenses	<ul style="list-style-type: none"> <li>• Paid, if not covered through other insurance.</li> <li>• MoHealthNet and private insurance must be accessed first.</li> <li>• Includes basic dental cleaning.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse	<ul style="list-style-type: none"> <li>• Costs related to obtaining domestic abuse</li> </ul>		



Protection	protection for the client and/or the client's child(ren). This could include court filing fees to obtain restraining or protection from abuse court orders, funding for copies of reports and medical records necessary for court action and legal consultation.	<input type="checkbox"/>	<input type="checkbox"/>
Driver's/Non-Driver's License Fees	<ul style="list-style-type: none"> <li>• Allowable.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Testing	<ul style="list-style-type: none"> <li>• MoHealthNet and private insurance must be accessed first.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment	<ul style="list-style-type: none"> <li>• MoHealthNet and private insurance must be accessed first.</li> </ul>	X	<input type="checkbox"/>
Education & Training	<ul style="list-style-type: none"> <li>• Education and training allows the client or the father of the baby to advance toward a high school diploma or equivalent, business, vocational or technical training, apprenticeship or certificate.</li> <li>• Includes required training/entrance fees.</li> <li>• Job search assistance, soft skills, resume preparation, career exploration, and career planning must be pursued through Job Centers and other partner agencies.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shelter – Housing	<ul style="list-style-type: none"> <li>• Emergency shelter shall be defined as short-term housing and shall not exceed a total of thirty (30) days in duration for the time-period the client is enrolled in the A2A Program.</li> <li>• Emergency shelter may be provided in a licensed shelter or motel.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<ul style="list-style-type: none"> <li>• If the client is eligible for SNAP or WIC, she should apply for those benefits prior to A2A paying for food costs.</li> <li>• Food or food items purchased must be those of high-quality nutritional value and used at the client's household or to meet the nutritional needs of the baby.</li> <li>• Food items must include only those items that would otherwise be eligible using the WIC or SNAP.</li> <li>• Examples of excluded items are restaurant food and hot deli items.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Cards, Mileage and Bus Passes	<ul style="list-style-type: none"> <li>• Participant must submit weekly claim with documentation to verify expenses.</li> <li>• Maximum is \$15 per day.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

GED or HiSET Test Fees	<ul style="list-style-type: none"> <li>• Allowable for clients without a high school diploma.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Costs, Fines, Penalties, etc.	<ul style="list-style-type: none"> <li>• Allowable when these costs, fines or penalties would assist with the strengthening the probability of employment of the parent(s) and/or assist with family stability.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Expenses	<ul style="list-style-type: none"> <li>• MoHealthNet and private insurance must be accessed first.</li> </ul>	X	<input type="checkbox"/>
Mental Health Services	<ul style="list-style-type: none"> <li>• MoHealthNet, private insurance, and Department of Mental Health services must be accessed first.</li> </ul>	X	<input type="checkbox"/>
Mortgage Payments	<ul style="list-style-type: none"> <li>• Client must provide documentation (i.e.: bill, loan, etc.) showing this is her responsibility.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Paternity Testing	<ul style="list-style-type: none"> <li>• May be allowable on a case-by-case basis; however, these services are covered by DSS, Division of Child Support Enforcement.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene Items	<ul style="list-style-type: none"> <li>• Purchase of a reasonable amount of items such as: Soap, Deodorant, or Toothpaste and mouthwash.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Taxes	<ul style="list-style-type: none"> <li>• Done on a very limited basis, (i.e.: the client has to pay the taxes to obtain/license a vehicle).</li> <li>• Only pay the personal property tax for the vehicle needed for transportation. Do not pay for other vehicles, a house, etc.</li> <li>• If there is more than one vehicle on the property tax, verify the client has the money to pay the rest of the bill and go with him/her to pay it, or have them mail the payment from the office, etc.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Phone – Airtime	<ul style="list-style-type: none"> <li>• Allowable</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Care	<ul style="list-style-type: none"> <li>• MoHealthNet, private insurance, and Department of Mental Health services must be accessed first.</li> </ul>	X	<input type="checkbox"/>
Rent and/or Rent Security Deposit	<ul style="list-style-type: none"> <li>• Client must provide a copy of the lease agreement with her name as the person responsible for payment.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Sales Tax	<ul style="list-style-type: none"> <li>• Do not use for sales tax on the A2A purchase as the A2A item(s) is tax exempt.</li> <li>• Provide the appropriate tax-exempt documentation so sales tax is not charged.</li> </ul>	X	X
Substance Awareness Traffic Offender Program (SATOP) Class	<ul style="list-style-type: none"> <li>• Can be paid when this is a condition for the client to get her license back.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

Supplies relating to pregnancy, newborn care and parenting	<ul style="list-style-type: none"> <li>• Feeding supplies (bottles, bibs, burp cloths, pacifiers, and breastfeeding/nursing supplies)</li> <li>• Client and baby hygiene products (diapers, wipes, toiletries, bathing supplies)</li> <li>• A safe sleep surface for the infant (crib, baby mattress, cradle, bassinet, Pack N Play, sheets/bedding)</li> <li>• Household paper products (toilet paper, paper towels)</li> <li>• Household cleaning products</li> <li>• Client or infant health products (thermometer, over the counter medications, first aid kit)</li> <li>• Baby safety supplies (car seat, safety gate, and strollers).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<ul style="list-style-type: none"> <li>• Taxis, Uber/Lyft, bus tickets/passes, gift cards that limit purchases to transportation-eligible expenditures, train tickets and commuter/metro train tickets.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities including heating and cooling	<ul style="list-style-type: none"> <li>• The A2A agency shall ensure the client does not reside in emergency housing or residential care to qualify for utility assistance.</li> <li>• Client must provide a copy of the lease agreement/mortgage with her name as the person responsible for payment.</li> <li>• Utility services include costs establishing or maintaining utility services (deposit, arrearage, etc.) for heating and cooling.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities including water, basic phone service, cellular phone service, and trash	<ul style="list-style-type: none"> <li>• The A2A agency shall ensure the client does not reside in emergency housing or residential care to qualify for utility assistance.</li> <li>• Client must provide a copy of the bill with her name as the person responsible for payment.</li> <li>• Utility services include costs establishing or maintaining utility services (deposit, arrearage, etc.) for water, basic phone service or cellular phone service and trash.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Expenses	<ul style="list-style-type: none"> <li>• MoHealthNet and private insurance must be accessed first.</li> <li>• Includes vision exams and low-cost glasses.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Work and/or School Supplies Required for Employment & Training	<ul style="list-style-type: none"> <li>• Includes items such as tools, supplies for class, computer/software, textbooks, etc.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

Other services – to qualify for reimbursement for any service, costs incurred prior to acceptance into the A2A agency’s program are not eligible for reimbursement. To qualify for reimbursement for any service, the A2A agency must ensure the client is not receiving these services through any another means. To qualify for reimbursement for any service, the A2A agency must ensure the service is reasonable, necessary, and related directly to the client’s Individualized Care Plan.

The A2A agency shall document and specify how each expenditure is related to assisting the client in carrying the client’s unborn child(ren) to term instead of having an abortion, to assisting the client in caring for the client’s dependent child(ren), to placing the client’s child(ren) for adoption, or to assisting the client in becoming self-sustaining.

The A2A agency shall clearly document in the client’s file all documentation related to the purchase of any service described in Attachment 3. The A2A agency shall exercise its own discretion in determining which items to purchase for the client, but purchases must be directly related to the client’s Individualized Care Plan. The A2A agency shall have and follow its own procurement policy related to purchases for services or items identified in Attachment 3.

The OWCI will conduct desk monitoring, and possibly on-site monitoring to ensure compliance with this policy. The A2A agency will be required to provide information on any and all requests for information. Expenses that do not align with Attachment 3 will be deemed unallowable and shall become the A2A agency’s responsibility.





**Attachment 4**  
**A2A Eligibility Documentation**

- > **This form must be completed and retained in the client file.**
- > **The client hereby applies for assistance under the A2A laws of the State of Missouri administered by the Department of Social Services (DSS). The client declares that the information provided given is true, correct, and complete to the best of their knowledge. They give permission to DSS to use information provided on this form for purposes of research, evaluation, and analysis of the program. They understand that they may be fined, imprisoned, or both under state or federal law if they make false statements on this application in order to get benefits I am not entitled to receive.**

<b>Section 1. Client Information</b>			
Last Name:	First Name:	Middle Initial:	Other Last Names Used (if any):
Address (Street Name and Number)	Apt Number	City or Town	State
ZIP Code	Date of Birth (mm/dd/yyyy) 1/1/2001	U.S. Social Security Number ### - ## - #####	County of Residence
Telephone Number (with area code) (###) ### - ####	Race Choose a Race	Other: _____	

<b>Section 1a. Citizenship</b>	
<input type="checkbox"/>	1. A citizen of the United States
<input type="checkbox"/>	2. A noncitizen of the United States
<input type="checkbox"/>	3. A lawful permanent resident (Alien Registration/USCIS Number)
<input type="checkbox"/>	4. An alien authorized to work until (expiration date, if applicable) 1/1/2021 N/A <input type="checkbox"/> Some aliens may select "N/A" in the expiration data field (see instructions) <i>Aliens authorized to work must provide only one of the following document number</i>

	<p><i>An Alien Registration/USCIS Number OR Form I-94 Admissions Number OR Foreign Passport Number</i></p> <p>1. Alien Registration/USCIS Number: <b>OR</b></p> <p>2. Form I-94 Admissions Number: <b>OR</b></p> <p>3. Foreign Passport Number: Country of Issuance:</p>
--	--

<b>Section 1b. Father's Information</b>		
<i>*Father of the baby*</i>		
<input type="checkbox"/> Known <input type="checkbox"/> Unknown	First Name	Last Name
Is the father employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Father's Income: \$	Frequency of Pay: Choose a frequency
Level of schooling completed. choose a level	Is the father currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 2. Authorized Representative Review and Verification**

*(Authorized representative must complete and sign Section 2 to enroll the client in the A2A program. You must physically examine TWO documents, one document from List A, one from List B from the “Lists of Acceptable Documents”)*

**\*If client is unable to provide acceptable documentation for review and verification, please describe the circumstances and efforts to obtain documentation.**

<b>List of Acceptable Documents</b>		
Client must present two selections – One selection each from List A and List B		
<b>List A Documents that Establish U.S. Citizenship</b>	<b>AND</b>	<b>List B Documents that Establish Missouri Residency (Document Cannot be Expired) or Proof of Address Document Must Contain Client’s Name and Must Be Within the Last 90 Days</b>
1.Certified Birth Certificate with an official seal AND a social security card		1.Missouri Driver’s License or Non-Driver ID card
2.U.S. Passport or U.S. Passport Card		2.Missouri School Record
3.Permanent Resident Card or Alien Registration Receipt Card (From I-551)		3.Missouri Voter’s registration card
4.Foreign Passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		4.Health insurance card
5.Driver’s license or non-Driver ID card from any U.S. state		5.Personal Property Tax Document
		6.Clinic, Doctor or Hospital record
		7.Utility Bill (sewer, internet, cable, telephone, cell phone, electric, gas, water, or trash)
		8.Bank Statement
		9.Paycheck Stub
		10.Mortgage Statement, Leasing, or Rental Agreement
		11.Auto Insurance Policy/Card
		12.”Safe at Home Card” Issued by Missouri Secretary of State
		13.Missouri Department of Social Services documentation if assistance (i.e., food stamps, TANF, child care assistance paperwork



		14. Any recent bill in client's name
		15. Loans/bank records in client's name.

**\*\*Note – If the client has a Missouri driver's license or Missouri non-driver ID, it can be used for list A or B.**

**Identity and Employment Authorization Identity**

**LIST A      AND      LIST B**

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any)	Expiration Date (if any)	Expiration Date (if any)

<b>Section 3. Income Eligibility – Complete the attached A2A Income Eligibility Worksheet</b>	
<i>(Client must be living at or below 185% of the Federal Poverty Level (FPL))</i>	
<input type="checkbox"/>	Monthly Income \$ _____
<input type="checkbox"/>	Eligible
<input type="checkbox"/>	Ineligible

<b>Section 4. Proof of Pregnancy</b>	
<input type="checkbox"/>	1. Positive Pregnancy Test Administered by the Contractor
<input type="checkbox"/>	2. Written Statement verifying pregnancy from a Licensed Health Care Provider
<input type="checkbox"/>	3. Women's Infant and Children (WIC) documentation of pre-natal enrollment
<input type="checkbox"/>	4. Ultrasound Picture

<b>Section 5. Verification Client is not Receiving A2A Services from another provider.</b> <i>(Client self-attest she is not receiving A2A services in Missouri or out of state)</i>	
<b>I attest, under penalty of perjury, that (1) I am not receiving A2A services from any other Missouri provider or participating in a program in any other state that provides services similar to A2A.</b>	
Signature of Client:	Today's Date 8/27/2024
<input type="checkbox"/>	Not receiving duplicative A2A services

<b>Agency Certification: I attest, under penalty of perjury, that (1) this agency has administered a pregnancy test to the client and the results indicate the client is pregnant or I have examined the document(s) presented by individual named in Section 1 and (2) the above-listed document(s) appear to be genuine, relate to the individual named and affirm the client is pregnant.</b>			
Signature of Agency Authorized Representative		Today's Date 8/27/2024	Title of Authorized Representative
Last Name of Authorized Representative	First Name of Authorized Representative		Organization Name
Organization Address ( <i>Street Name and Number</i> )	City or Town	State	ZIP Code

**I hereby apply for assistance under the A2A laws of the State of Missouri administered by the Department of Social Services (DSS). I declare that the information I have given is true, correct, and complete to the best of my knowledge. I give permission to DSS to use information provided on this form for purposes of research, evaluation, and analysis of the program. I understand that I may be fined, imprisoned, or both under state or federal law if I make false statements on this application in order to get benefits I am not entitled to receive.**

Signature of Client:

Today's Date

8/27/2024

*If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.sh*

**APPENDIX F**

**Attachment 5 A2A Income Eligibility Worksheet Instructions**

Enter client's name: \_\_\_\_\_ Enter Program Request Date: \_\_\_\_\_  
 (same as client intake form)

185% OF FEDERAL POVERTY LEVEL INCOME LIMITS FOR 2023		
Number Of Household Members	Monthly Income	Annual Income
1	\$2,248	\$26,973
2	\$3,040	\$36,482
3	\$3,833	\$45,991
4	\$4,625	\$55,500
5	\$5,417	\$65,009
6	\$6,210	\$74,518
7	\$7,002	\$84,027
8	\$7,795	\$93,536

**Enter client income and any additional client income in #1**

**For #8, enter additional household member income and who it is from and form will auto populate.**

HOUSEHOLD INCOME			
HOUSEHOLD MEMBER INCOME (list all household members)	GROSS MONTHLY INCOME	NOTES	
1. INCOME:		Subtract Overhead Expenses From Self-Employed Earned Income Before Entering Gross Monthly Income.	
INCOME #1 Click or tap here to enter text.		Click or tap here to enter text.	
INCOME #2 Click or tap here to enter text.	Click or tap here to enter \$ amount.	Click or tap here to enter text.	
INCOME #3 Click or tap here to enter text.	Click or tap here to enter \$ amount.	Click or tap here to enter text.	
2. UNEMPLOYMENT COMPENSATION	Click or tap here to enter \$ amount.	Click or tap here to enter text.	
3. SOCIAL SECURITY	Click or tap here to enter \$ amount.	Click or tap here to enter text.	
4. CHILD SUPPORT/ALIMONY	Click or tap here to enter \$ amount.	Click or tap here to enter text.	
5. RETIREMENT INCOME	Click or tap here to enter \$ amount.	Click or tap here to enter text.	
6. VA BENEFITS	Click or tap here to enter \$ amount.	Click or tap here to enter text.	
7. OTHER INCOME Click or tap here to enter text.	Click or tap here to enter \$ amount.	Click or tap here to enter text.	
8. ANY ADDITIONAL HOUSEHOLD MEMBERS INCOME Click or tap here to enter text.	Click or tap here to enter \$ amount.	Click or tap here to enter text. Enter who family member is.	
<b>HOUSEHOLD SIZE</b>	<b>TOTAL HOUSEHOLD INCOME #1-8</b>	<b>185% FPL LIMIT FOR HOUSEHOLD</b>	<b>ELIGIBLE? YES OR NO</b>
	\$ -	\$ -	YES

## APPENDIX F

### Attachment 5 A2A Income Eligibility Worksheet

185% OF FEDERAL POVERTY LEVEL INCOME LIMITS FOR 2023		
Number Of Household Members	Monthly Income	Annual Income
1	\$2,248	\$26,973
2	\$3,040	\$36,482
3	\$3,833	\$45,991
4	\$4,625	\$55,500
5	\$5,417	\$65,009
6	\$6,210	\$74,518
7	\$7,002	\$84,027
8	\$7,795	\$93,536

HOUSEHOLD INCOME		
HOUSEHOLD MEMBER INCOME (list all household members)	GROSS MONTHLY INCOME	NOTES
1. INCOME:		<b>Subtract Overhead Expenses From Self-Employed Earned Income Before Entering Gross Monthly Income.</b>
INCOME #1 Click or tap here to enter text.		Click or tap here to enter text.
INCOME #2 Click or tap here to enter text.	Click or tap here to enter \$ amount.	Click or tap here to enter text.
INCOME #3 Click or tap here to enter text.	Click or tap here to enter \$ amount.	Click or tap here to enter text.
2. UNEMPLOYMENT COMPENSATION	Click or tap here to enter \$ amount.	Click or tap here to enter text.
3. SOCIAL SECURITY	Click or tap here to enter \$ amount.	Click or tap here to enter text.
4. CHILD SUPPORT/ALIMONY	Click or tap here to enter \$ amount.	Click or tap here to enter text.
5. RETIREMENT INCOME	Click or tap here to enter \$ amount.	Click or tap here to enter text.
6. VA BENEFITS	Click or tap here to enter \$ amount.	Click or tap here to enter text.
7. OTHER INCOME Click or tap here to enter text.	Click or tap here to enter \$ amount.	Click or tap here to enter text.
8. ANY ADDITIONAL HOUSEHOLD MEMBERS INCOME Click or tap here to enter text.	Click or tap here to enter \$ amount.	Click or tap here to enter text. Enter who family member is.


HOUSEHOLD SIZE	TOTAL HOUSEHOLD INCOME #1-8	185% FPL LIMIT FOR HOUSEHOLD	ELIGIBLE? YES OR NO
	\$ -	\$ -	YES

## APPENDIX G

### Attachment 6 A2A TANF Monthly Expenditure Report Instructions

**Expenditure Reports must have:**

- Agency Name
- Current Month/Year for funds being requested
- Budgeted Amounts
- Current Invoicing Months Expenditures
- YTD Expenditures
- Budget Remaining
- Two Signatures

	<p><i>Department of Social Services</i>  <i>Family Support Division, Office of Workforce and Community Initiatives</i>  <i>3418 Knipp Dr, Suite D</i>  <i>Jefferson City, MO 65109</i>  <i>W&amp;CL.Invoices@dss.mo.gov</i></p>				
<i>SFY 2023 A2A Monthly Expenditure Report</i>					
Agency: <b>Provider</b>				Month/Year:	
Program Period:		<i>July 1, 2022 - June 30, 2023</i>			
Budget Allocations					
BUDGET LINE ITEMS	Region 1	Region 2	Region 3	Region 4	
ADMINISTRATIVE COSTS					
Indirect Rate	\$ -	\$ -	\$ -	\$ -	
PROGRAM COSTS					
Salaries/Wages and Benefits:	\$ -	\$ -	\$ -	\$ -	
Supplies & Operations:	\$ -	\$ -	\$ -	\$ -	
Training/Travel:	\$ -	\$ -	\$ -	\$ -	
Rent/Space:	\$ -	\$ -	\$ -	\$ -	
Equipment (over \$5,000):	\$ -	\$ -	\$ -	\$ -	
Other:	\$ -	\$ -	\$ -	\$ -	

Utilities:	\$	-	\$	-	\$	-	\$	-
Insurance:	\$	-	\$	-	\$	-	\$	-
Communications:	\$	-	\$	-	\$	-	\$	-
Professional Fees:	\$	-	\$	-	\$	-	\$	-
Printing:	\$	-	\$	-	\$	-	\$	-
Repairs and Maintenance:	\$	-	\$	-	\$	-	\$	-
Supportive Services	\$	-	\$	-	\$	-	\$	-
<b>Total Budget:</b>	\$	-	\$	-	\$	-	\$	-

**Current Period's Expenditures**

BUDGET LINE ITEMS	Region 1	Region 2	Region 3	Region 4
-------------------	----------	----------	----------	----------

**ADMINISTRATIVE COSTS**

Indirect Rate	\$	-	\$	-	\$	-	\$	-
---------------	----	---	----	---	----	---	----	---

**PROGRAM COSTS**

Salaries/Wages and Benefits:	\$	-	\$	-	\$	-	\$	-
Supplies & Operations:	\$	-	\$	-	\$	-	\$	-
Training/Travel:	\$	-	\$	-	\$	-	\$	-
Rent/Space:	\$	-	\$	-	\$	-	\$	-
Equipment (over \$5,000):	\$	-	\$	-	\$	-	\$	-

jer:	\$	-	\$	-	\$	-	\$	-
Utilities:	\$	-	\$	-	\$	-	\$	-
Communications:	\$	-	\$	-	\$	-	\$	-
Professional Fees:	\$	-	\$	-	\$	-	\$	-
Printing:	\$	-	\$	-	\$	-	\$	-
Repairs and Maintenance:	\$	-	\$	-	\$	-	\$	-
Supportive Services	\$	-	\$	-	\$	-	\$	-
<b>Total Program Costs:</b>	\$	-	\$	-	\$	-	\$	-

<b>TOTALS</b>	\$	-	\$	-	\$	-	\$	-
---------------	----	---	----	---	----	---	----	---

**Invoice Total: \$ -**

*This expenditure report is to be submitted with your agency's monthly billing invoice and is due by the 15th day of the month.*

Mail original documents with original signatures to:

Missouri Department of Social Services  
 Family Support Division, Office of Workforce and Community Initiatives  
 3418 Knipp Dr, Suite D  
 Jefferson City, MO 65109  
[W&CI.invoices@dss.mo.gov](mailto:W&CI.invoices@dss.mo.gov)

I hereby certify that this information is true and correct:


I hereby certify that this information is true and correct:

Preparer's Signature \_\_\_\_\_ Authorized Contractor Signature \_\_\_\_\_

*If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.*

## APPENDIX G

### Attachment 6 A2A TANF Monthly Expenditure Report

	Department of Social Services Family Support Division, Office of Workforce and Community Initiatives 3418 Knipp Dr, Suite D Jefferson City, MO 65109 W&CI.Invoices@dss.mo.gov				
<b>SFY 2023 A2A Monthly Expenditure Report</b>					
Agency: <b>Provider</b>				Month/Year:	
Program Period: <i>July 1, 2022 - June 30, 2023</i>					
Budget Allocations					
BUDGET LINE ITEMS	Region 1	Region 2	Region 3	Region 4	
ADMINISTRATIVE COSTS					
Indirect Rate	\$ -	\$ -	\$ -	\$ -	
PROGRAM COSTS					
Salaries/Wages and Benefits:	\$ -	\$ -	\$ -	\$ -	
Supplies & Operations:	\$ -	\$ -	\$ -	\$ -	
Training/Travel:	\$ -	\$ -	\$ -	\$ -	
Rent/Space:	\$ -	\$ -	\$ -	\$ -	
Equipment (over \$5,000):	\$ -	\$ -	\$ -	\$ -	
Other:	\$ -	\$ -	\$ -	\$ -	
Utilities:	\$ -	\$ -	\$ -	\$ -	
Insurance:	\$ -	\$ -	\$ -	\$ -	
Communications:	\$ -	\$ -	\$ -	\$ -	
Professional Fees:	\$ -	\$ -	\$ -	\$ -	
Printing:	\$ -	\$ -	\$ -	\$ -	
Repairs and Maintenance:	\$ -	\$ -	\$ -	\$ -	
Supportive Services	\$ -	\$ -	\$ -	\$ -	
<b>Total Budget:</b>	\$ -	\$ -	\$ -	\$ -	
Current Period's Expenditures					
BUDGET LINE ITEMS	Region 1	Region 2	Region 3	Region 4	
ADMINISTRATIVE COSTS					
Indirect Rate	\$ -	\$ -	\$ -	\$ -	
PROGRAM COSTS					
Salaries/Wages and Benefits:	\$ -	\$ -	\$ -	\$ -	
Supplies & Operations:	\$ -	\$ -	\$ -	\$ -	
Training/Travel:	\$ -	\$ -	\$ -	\$ -	
Rent/Space:	\$ -	\$ -	\$ -	\$ -	
Equipment (over \$5,000):	\$ -	\$ -	\$ -	\$ -	



jer.	\$ -	\$ -	\$ -	\$ -	
Utilities:	\$ -	\$ -	\$ -	\$ -	
Communications:	\$ -	\$ -	\$ -	\$ -	
Professional Fees:	\$ -	\$ -	\$ -	\$ -	
Printing:	\$ -	\$ -	\$ -	\$ -	
Repairs and Maintenance:	\$ -	\$ -	\$ -	\$ -	
Supportive Services	\$ -	\$ -	\$ -	\$ -	
<b>Total Program Costs:</b>	\$ -	\$ -	\$ -	\$ -	
<b>TOTALS</b>	\$ -	\$ -	\$ -	\$ -	

**Invoice Total: \$ -**

*This expenditure report is to be submitted with your agency's monthly billing invoice and is due by the 15th day of the month.*

Mail original documents with original signatures to:

Missouri Department of Social Services  
 Family Support Division, Office of Workforce and Community Initiatives  
 3418 Knipp Dr, Suite D  
 Jefferson City, MO 65109  
[W&CI.invoices@dss.mo.gov](mailto:W&CI.invoices@dss.mo.gov)

I hereby certify that this information is true and correct:

Preparer's Signature

I hereby certify that this information is true and correct:

Authorized Contractor Signature

*If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.*

## APPENDIX H

---

### ATTACHMENT 8 FAQ

1. Concerning “Direct Services” on Attachment 6, does this include all of the services as outlined in Attachment 3 without needing to itemize services?

**Yes, it does include direct services without needing to itemize services on attachment 6; however, direct services will be itemized by category on the invoice that will be provided to agencies who are awarded a contract.**

2. Paragraph 2.2.6 h., it states, in part, that the contractor should provide incentives to encourage the client to attend education and trainings. Does the State have specific suggestions or intentions for the incentives?

**Providers are required to use other available funding source prior to these funds. Below are a few examples:**

- **Child care should not be paid when child care subsidy is available, unless there is a required co-pay or non-covered cost.**
- **Utilities should not be paid if the household qualifies for the Low Income Home Energy Program and/or rental assistance.**
- **Rent should not be paid if the household qualifies for rental assistance.**
- **Food should not be purchased if the household receives enough food through a combination of SNAP and food pantries.**
- **Milk, juice, cheese, and other products should not be purchased if the household qualifies for WIC.**

**Currently there are many resources available in Missouri to help clients move towards a healthier, more stable future; resources can be found at:**

**<https://dss.mo.gov/employment-training-provider-portal/learning-lab.htm>**

**<https://mo.servicesnavigator.org/s4s/WhereILive/Council?pageId=1&lockla=true>**

**<https://dss.mo.gov/fsd/pdf/missouri-resource-guide-3steps.pdf>**

3. What happens when the client advisor only has two clients and they are the same from the previous month?

**The contractor would review those files and make case notes.**

a) Automobile repair – if the car is not worth repairing and we deem it as such, yet we are supposed to assist with transportation, as identified in their plan, what is the expectation of how we will do that, especially if they are in a rural area that has limited public transportation options?

- **Contractors must work with other local agencies to provide services. A2A funds must be the payer of last resort.**

b) Rent – client must provide a copy of the lease agreement with her name on it – if the client is living with a relative, boyfriend, friend sharing an apt. but it's in their name not hers but we have verified she lives there, how do we help her rent when it is not in her name?

- **If the client is living in the space, they would also be included on the lease. If they are not included on the lease, the individual on the lease may be eligible for rental assistance.**

c) Utilities – same as c, how do we help her?

- **Contractors must work with other local agencies to provide services. A2A funds must be the payer of last resort.**
  - **For example: if the client comes in for energy assistance and needing help to pay her electric bill, LIHEAP services would need to be explored first.**

5. Attachment 4 “A2A Eligibility Documentation” – the list of acceptable documents would limit enrollment for a lot of our clients, i.e. teen parents, parents who don't have a driver's license or have lost or don't have their birth certificates or social security cards. We are curious if alternative documents are being explored? As you know, we frequently are helping clients get birth certificates, which would delay them being enrolled for days/weeks or even enrolled at all.

- **Yes, alternative documents were explored and sent out to the agencies on 09/23/2022. Please see attachment 4.**

6. In the RFP it says that the Individualized Care Plan must be completed within 5 days, are those business days? Also we are concerned that 5 days is quick given that at the time of enrollment there is already a lot of paperwork and questions to ask (initial assessment) that there wouldn't be enough time to do a formal Individualized Care Plan (Service Plan). We do gather services needed in the initial assessment, would that be okay to cover the 5 days before a more formal plan is created with the family?

- **Per the contract, the plan must be in the system within 5 business days. However, this is a fluid plan that changes based on what is occurring with the client. Therefore, it may be appropriate to have limited information within the first 5 business days.**
7. Is there a way for us to look up in the database to see if a family is already working with another A2A contractor? We feel that with the increased number of contract holders and their sub-contractors in the larger regions that we may see more families that don't realize they are already working with an A2A provider. Let us know if there is way to look it up before we go through the time-consuming process to get them enrolled.
- **As of December 1, 2022, A2A agency employees can look in the DSS A2A database**
8. I noticed on the A2A eligibility documentation form from the state that under "proof of pregnancy" the option of using an ultrasound picture is not available. Are we not allowed to use ultrasound pictures anymore? In the past the client would show us her ultrasound pic and it usually had her due date on it.
- **Ultrasound can now be provided as proof of pregnancy. Documents are now updated to reflect this change. Please see attachment 4**
9. Housing Assistance – the contract now states that a client's name must be on the lease/rental/mortgage agreement in order to receive help. Many of the clients do not have their own place for a variety of reasons ranging from being a recovering addict/user, homelessness, bad credit, underage, choosing to live in a roommate situation, etc. but they are lucky enough to have a friend or relative that they are able to live with and they have been able to provide proof that they live at the address, without being on the rental agreements or mortgages. Is there any exception to this or a document they can provide to help them afford their portion of the rent?
- **If the client is living in the space, they would also be included on the lease. If they are not included on the lease, the individual on the lease may be eligible for rent assistance.**
10. Utilities – Same as above. A client may not be able to obtain utilities in her own name due to bad credit, past bills, etc. If she is able to find a friend or relative to stay with, usually that person is barely making ends meet. With more people under the same roof, there is an increase in the cost of utilities.

- **Contractors must work with other local agencies to provide services. A2A funds must be the payer of last resort.**
  - **For example: if the client comes in for energy assistance and needing help to pay her electric bill, LIHEAP services would need to be explored first.**

11. Supplies – Supplies is titled as “Supplies relating to pregnancy, newborn care, and parenting”, followed by a list of items. Is that an exclusive list or a general guide to follow? And what about mattresses, window AC units, appliances? Crib mattresses are listed, but not just a mattress, as in a mattress for the client. What about supplies needed for other/older children the client may have? Are we no longer able to assist with their needs (seeing them as a “family”)?

- **Since this program is funded with Temporary Assistance for Needy Families Block Grant, other funding sources must be pursued first. A2A funds must be the payer of last resort.**
- **As listed above, all local resources should be explored, if not applicable and the client needs a window AC unit, LIHEAP should be pursued. Please see <https://mydss.mo.gov/utility-assistance/liheap> for information.**
- **For specific questions regarding other needs, please contact A2A at [DFAS.A2APrograms@dss.mo.gov](mailto:DFAS.A2APrograms@dss.mo.gov).**

12. Gas Cards, Mileage & Bus Passes/Transportation – It states that a client (participant) must submit a weekly claim form for expenses. Can you elaborate on that and what that means? I have not come across a weekly claim form for a client in the contract.

- **The RFP does not require a weekly claim form; however, it is the contractor’s responsibility to track all expenses by client name and type of expense, or the expenses will be unallowable.**

13. Section 1.7 about Monthly Service Reports – Can you please elaborate on what is expected for line 10?

- **Contractors should use these reports to let DSS know of promising practices, best practices, program needs, etc.**

14. Are we allowed to cover the cost of transportation, specifically cab service, to the FOB (*father of baby*) when MOB (*mother of baby*) is not with him? (Example, if FOB takes Fatherhood Classes or has other educational appointments at our center)?

- **Transportation services for father of the baby are not covered. Please see attachment 3 for specifics on what is covered for FOB.**

15. We have a newer subcontractor who offers adoption services, the majority of their clients are homeless and/or drug addicts and choose to live this lifestyle but do not want to have an abortion, can A2A funds be used to purchase a tent for client?

- **Yes, A2A funds can be used to purchase a tent for a client that enrolled into A2A services.**

16. And however unfortunate it is that some of these women prefer to living in the woods and being homeless, there are times when they need to be off the streets but obviously cannot rent an apartment or have money for extended stay hotels and they do not qualify for maternity homes because of their addictions, how can we help them? Please keep in mind, these women have chosen to put their child up for adoption and will be leaving the hospital without the baby, so permanent housing is not what they are looking for. We do all we can to help them get straightened up and back on the right track, but it does not happen fast or at all in most of these cases, any guidance you can offer would be appreciated.

- **Contractors must work with other local agencies to provide services that may be available to the client.**
-