



Austin/Travis County Health and Human Services Department



OFFICE OF THE DIRECTOR
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Austin, Texas 78767
(512) 972-5010 Fax (512) 972-5016

September 17, 2010

Mr. Stuart Campbell
Manager, Community Services
P.O. Box 13941
Austin, Texas 78711-3941

Re: Response to Monitoring Review Conducted June 15-17, 2010
FY 2010 Community Services Block Grant Contract #61100000839
FY 2009 Community Services Block Grant ARRA Contract # 11090000524

Dear Mr. Campbell,

Enclosed is the City of Austin - Health and Human Services Department's response to your report of findings from the on-site review of the above-referenced Texas Department of Housing and Community Affairs contract.

Should you have any questions regarding this response, please do not hesitate to contact me at 972-5010. Thank you for your continued support.

Sincerely,

A handwritten signature in cursive script that reads "David Lurie".

David Lurie
Director

cc: Vince Cobalis, Asst. Division Director, Human Services
Cathleen Rodriguez, HHS Manager, Healthy Neighborhood Unit
Melanie Miller, Chief Administrative Officer

**City of Austin – Health and Human Services Department
2010 CSBG/CSBG-ARRA Monitoring Report**

Monitoring Response

Date(s) of Review: June 15-17, 2010

Focus of Review: **Community Services Block Grant (CSBG)**

Programmatic Year: FY 2010
Contract Number: 61100000839
Contract Amount: \$669,509.73
Contract Period: 1/1/2010-12/31/2010

Community Services Block Grant ARRA (CSBG-ARRA)

Programmatic Year: FY 2009
Contract Number: 11090000524
Contract Amount: \$1,430,692.00
Contract Period: 9/1/2009-9/30/2010

**COMMUNITY SERVICES BLOCK GRANT – CORRECTIVE ACTIONS REQUIRED
AND RECOMMENDED IMPROVEMENTS**

There were no CSBG Regular findings but one improvement recommendation from the financial review.

**Recommended
Improvement # 1:**

The City of Austin has a low expenditure rate for CSBG due to an extension granted through April 2010 for the 2009 contract. In effect, COA began the 2010 contract in April of 2010. In order to prevent another extension, the Department recommends that COA increase its monthly expenditure rate for the remaining nine months of the contract period to ensure completion of contract expenditures by December of 2010.

Management Response:

Even though the City of Austin began the 2010 contract in April 2010 expenditures were occurring, but could not be reported until the 2009 contract was closed which occurred with the submission of the final financial report in April 2010. As of the August 2010 financial report, COA has an expenditure rate of 82.9% of the 3rd quarter allocation total of \$669,509.73. Based on this expenditure rate, it is anticipated that the City of Austin will expend the funds by December 31, 2010.

**COMMUNITY SERVICES BLOCK GRANT ARRA PROGRAM CORRECTIVE
ACTION REQUIRED and RECOMMENDED IMPROVEMENTS**

FINANCIAL REVIEW

Financial review resulted in just a note referencing the City of Austin's low expenditure rate.

Note # 1: The City of Austin has been notified of the low expenditure rate for CSBG-ARRA. This has been the subject of correspondence and meetings between State and City staff. The City has assured the State that the CSB G-ARRA funds will be expended by September 30, 2010 the expiration date of the CSBG-ARRA contract period. The City has made significant gains towards meeting this goal in the pass few months and the State acknowledges these efforts.

Management Response: The City of Austin has, and continues, to provide TDHCA with updated projected expenditure rate plans that have resulted in the City being on targeted to expend 100% of the funds by 9/30/2010.

PROGRAMMATIC REVIEW

The Programmatic portion of the monitoring visit consisted of a review of thirty (30) CSBG/ARRA client files and resulted in one (1) finding.

Finding # 1: **Improper Use of Declaration of Income (DIS) Form Questioned Cost \$1,000** – A review of COA's case files revealed that the Declaration of Income forms (DIS) in two case files were not completed on household members who were above the age of eighteen. Because the income qualification was inconclusive, the associated expenditures must be questioned. The table below indicates the deficient files:

Client Number	Program	Issue	Deficiency Noted
503435	CSBG ARRA	Income	DIS missing for household member over eighteen.
503473	CSBG ARRA	Income	DIS missing for household member over eighteen. \$1,000 paid in utility bills.

Action Required: COA must provide signed copies of the DIS forms noted in the table above and submit procedures for Department approval that assure that all household members above the age of eighteen will have completed proof of income. COA must provide a completed

DIS form to the Department for clients listed above or alternatively, COA may reimburse the COA account out of unrestricted non-federal funds for payments on behalf of any client for which income documentation remains incomplete. Such reimbursements, if any, would require adjustments to the general ledger or the reduction of a future expenditure report during the 2010 contract period. **Reference: CSBG Contract Section 3 and 10TAC§5.19-20.**

Management Response:

The Healthy Neighborhood Unit Manager has requested that each center program supervisor review the Declaration of Income Statement form and instructions with their respective staff. In addition, Program Supervisors are required to conduct ongoing client record reviews utilizing the revised audit tool. The results of these reviews will be submitted to the unit office on a quarterly basis by the program supervisors. The quarterly report will ensure timely reviews are being conducted by the program supervisors in addition to identifying deficiencies in the area of data collection, documentation and reporting. In addition, the unit office conducts onsite reviews at each of the neighborhood centers as an added measure of ensuring compliance with federal regulations. All unit staff, including the Community Health Initiative Outreach team, is required to attend Data Collection/Reporting annual training which has already been scheduled for January 24, 2010. As requested, signed copies of the unsigned DIS forms are attached, as well, as procedures for staff to follow when filling out the DIS form.



Healthy Neighborhood Unit

Austin/Travis County HHSD



DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

I, Joel Perez, do hereby declare on 4-12-10 (date) that:
(Yo) Applicant's Name/Nombre del Solicitante (declaro que:) en esta fecha

- I have no documented proof of income due to the following situation Lost employment has not been able to find full time or part time only girl friend has income. I would have been employed.
(No tengo prueba para documentar mis ingresos por medio de tal razones)
- I am applying for assistance from SIARC male Added to DIS on 6-18-10 M.V.
(Yo deseo aplicar para asistencia con SIARC (agencia):) (Agency Name)

My household consists of 9 number of persons and the following household members, 18 years and older, have earned the following gross income during the 30 day period prior to the date of application for assistance:

Name: <u>JOEL PEREZ</u>	Gross Amount Earned: <u>0</u>
Name: <u>ARACELY CONSTANCIO</u>	Gross Amount Earned: <u>1,918.50</u>
Name: <u>ALONSO CONSTANCIO</u>	Gross Amount Earned: <u>0</u>
Name: _____	Gross Amount Earned: _____

(En mi hogar radican (¿cuántas?) personas, y los siguientes miembros que tienen 18 años de edad ó mas que han ganado dinero durante los pasados 30 días antes de aplicar para asistencia. Indique el nombre y los ingresos ganados de cada miembro.)

- My household's gross income, for all household members 18 years and older, for the 30 day period prior to the date of application for assistance is \$ 1,918.50
(El total de los ingresos de mi hogar, para los miembros que tienen 18 años de edad ó mas por los pasado 30 días pasados, antes de aplicar por asistencia es (¿cuánto?))
- and my household's gross annualized income based on the 30 day period prior to the date of application for assistance is \$ 23,022.00
(y el ingreso anual de mi hogar ha sido calculado para el año, según los pasados 30 días, antes de aplicar para asistencia, llegan a (¿cuántos dólares?))

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. (Yo certifico que la información proveída de los ingresos de los miembros de mi hogar que tienen 18 años ó mas es verdadera y correcta según mi saber y creencia.)

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)

Joel Perez
(Applicant Signature/Firma del Solicitante)

4-12-10
(Date/Fecha)

12416 La Guardia LN Del Valle
(Street Address/Dirección) (City/Ciudad) (County/Condado) 78617
(Zip/Código Postal)

Mary Villanueva (CW)
(Subrecipient Representative's Signature and Title)

4-12-10
(Date)

Ron March
(Reviewed & Approved (Ex. Dir. or Prog. Dir. Name & Title))

4/16/2010
(Date)



Healthy Neighborhood Unit

Austin/Travis County HHSD



DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

I, Gose Andrade, do hereby declare on 3-4-10 (date) that:
(Yo) (Applicant's Name/Nombre del Solicitante) (declaro que:) en esta fecha

- I have no documented proof of income due to the following situation
18 year old Adrain Andrade was a student at the time of my application for services.
(No tengo prueba para documentar mis ingresos por medio de las razones)
- I am applying for assistance from SANC
(Yo deseo aplicar para asistencia con _____ (agencia):) (Agency Name)

My household consists of 4 number of persons and the following household members, 18 years and older, have earned the following gross income during the 30 day period prior to the date of application for assistance:

Name: <u>Gose Andrade</u>	Gross Amount Earned: <u>274.00 2x per mo.</u>
Name: <u>Maura Andrade</u>	Gross Amount Earned: <u>564.92 per mo.</u>
Name: <u>Gose Andrade</u>	Gross Amount Earned: <u>0 (student)</u>
Name: _____	Gross Amount Earned: _____

(En mi hogar radican (¿cuántas?) personas, y los siguientes miembros que tienen 18 años de edad ó mas que han ganado dinero durante los pasados 30 días antes de aplicar para asistencia. Indique el nombre y los ingresos ganados de cada miembro.)

- My household's gross income, for all household members 18 years and older, for the 30 day period prior to the date of application for assistance is \$ 2,112.92
(El total de los ingresos de mi hogar, para los miembros que tienen 18 años de edad ó mas por los pasado 30 días pasados, antes de aplicar por asistencia es (¿cuánto?))
- and my household's gross annualized income based on the 30 day period prior to the date of application for assistance is \$ 25,355.04
(y el ingreso anual de mi hogar ha sido calculado para el año, según los pasados 30 días, antes de aplicar para asistencia, llegan a (¿cuántos dólares?))

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. (Yo certifico que la información proveída de los ingresos de los miembros de mi hogar que tienen 18 años ó mas es verdadera y correcta según mi saber y creencia.)

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)

Gose Andrade _____
(Applicant Signature/Firma del Solicitante) (Date/Fecha) 3/4/10

501 Mairo St. Austin TRAVIS 78748
(Street Address/Dirección) (City/Ciudad) (Country/Condado) (Zip/Código Postal)

Huonnie Meyer, LCSW _____
(Recipient Representative Signature and Title) 3-4-10
Date

Randi Wash, Supv. _____
(Reviewed & Approved (Ex. Dir. or Prog. Dir. Name & Title)) 3/4/10
Date



Healthy Neighborhood Unit

Title: Declaration of Income Statement

Policy Number: 0.1

Type: Programmatic

Approved:

Unit/Program Manager: Cathleen Rodriguez

Supervisor (if appropriate): _____

Discipline Professional (if applicable): _____

Attachments: Declaration of Income Statement

Effective Date: May 1, 2009

Revision/Reviewed Dates: October 1, 2009

I. Purpose: To ensure that staff determine client eligibility level at 125% of the federal poverty level in effect at the time the client makes an application for services

II. Scope: (programs or employee titles within your unit)

- Community Workers/Neighborhood Liaisons
- Community Job Counselors
- Social Workers
- Senior Registered Nurses
- Grants Coordinator
- Program Supervisors
- HHS Manager

III. Policy: It is a policy of the Healthy Neighborhood Unit that all employees will complete a Declaration of Income Statement (DIS) if proof of income is unavailable. The applicant must complete and sign a Texas Department of Housing and Community Affairs approved Declaration of Income Statement.

IV. Procedure:

The employee will:

- Annualize eligibility for services on household income from thirty (30) days prior to the date of application for assistance.
- Obtain documentation of income from all sources for all household members eighteen (18) years and older for the entire thirty (30) day period.
- Have applicant complete a Declaration of Income Statement for household members eighteen (18) years and older who cannot provide proof of income **AND/OR** have no income to declare.
- Complete all sections of the Declaration of Income Statement.
- Obtain applicant signature, street address and date on the DIS.
- Sign and date the DIS as the program representative.
- Obtain program supervisor signature and date to confirm review and approval. If supervisor or designee is unavailable, then the employee will place client record in designated area in the file room awaiting supervisor or designee review and approval.

Supervisor will:

- Review and approve any pending Declaration of Income Statements within 24 hours.
- Ensure that client record is filed back in its appropriate section in the file room.

Unit Manager will:

- Be required to review and approve any exceptions in utilizing the Declaration of Income Statement in one-of-a-kind events.