

Xochitl Esparza  
Authorized Signature

**Number:** SS-IM-08-042  
**Issue Date:** 12/15/2008

**Topic:** Cash Payments

**Subject:** Use of Support Services in TANF & TANF-Related Programs

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors  |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities                                    |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): Self-sufficiency case carrying staff |

**Message:**

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Carol Krager		
<b>Phone:</b>	503-945-5931	<b>Fax:</b>	503-373-7200
<b>E-mail:</b>	Carol.krager@state.or.us		

The skill challenge involves use of support services in TANF and TANF-related programs and supports updates made to the FSM section on support services. The links to the skill challenge and answer key are below:

Skill challenge:

<http://www.dhs.state.or.us/policy/selfsufficiency/publications/ss-im-08-042-skillchallenge.doc>

Answer key:

<http://www.dhs.state.or.us/policy/selfsufficiency/publications/ss-im-08-042-answerkey.doc>