

SAVE Option Selection and User Designation Form - Nonprofits

Pursuant to [10 TAC §1.410 Determination of Alien Status for Program Beneficiaries](#), Contracts administered through the Single Family and Homeless Division are subject to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) which provides that an alien who is not a Qualified Alien is not eligible for any federal or state public benefit.

Please select one of the three options below to ensure compliance with PRWORA and §10 TAC 1.410 (Determination of Alien Status for Program Beneficiaries) and provide the corresponding information below the option chosen. Refer to the attached Options Information Sheet for a detailed description of each option.

Subrecipient Name:

☐ **Option 1. Subrecipient Full Verification**

Subrecipient elects to perform the verifications through SAVE; Subrecipient access to SAVE is enabled through the Department's access. **This is the recommended method for verification of legal status. It is the most efficient method, creates the least delay in providing services to clients, reduces risk of sensitive information storage, and reduces work for Subrecipient staff.**

☐ This organization already has a SAVE Account which we currently use to run SAVE verifications and therefore do not need TDHCA to register us for another SAVE account.

OR

☐ This organization needs TDHCA to grant us access to SAVE. Please grant the individual below access to a SAVE account as a SAVE Supervisor:

First Name: Last Name:

Phone #: Email:

☐ **Option 2. Subrecipient Review and Transmittal; Department Performs SAVE Status Check**

The Subrecipient performs the initial check for and confirmation of identity and the first steps of verification. Only when reaching the point at which a SAVE verification would be required, will it be necessary for the documentation to be transmitted to the Department for SAVE verification. **This option is the least efficient method, which creates the most work for subrecipient staff and creates the most delay in providing services to clients.**

List name(s) of staff member(s) to be granted access to Serv-U (the Department's electronic delivery system) and transmit/receive documents to/from the Department:

First Name: Last Name:

Phone #: Email:

☐ **Option 3. Procured or Subgranted Provider.**

The Subrecipient will procure or subgrant (to the extent allowed by the Contract's funding source) an eligible qualified organization to perform such verifications on their behalf, subject to Department approval.

Authorized Signature:

Date: