

**LFIR # 1054** 

1. Project Title	Rales Jewish Fa Individuals and		ediate Need Triage Lir	ne (INTL) for			
2. Senate Sponsor	Lori Berman						
3. Date of Request	10/28/2025						
•							
4. Project/Program D	escription						
Serving approx. 4,500 households annually, the Immediate Need Triage Line for Individuals and Families, by Rales Jewish Family Services is a centralized intake and referral program that provides a free initial psycho-social assessment to identify needs and quickly connect callers with recommendations for services at Rales JFS and/or other community resources. Licensed and/or experienced Geriatric Care professionals provide customized referrals within 48 business hours for mental health counseling, psychiatry, financial assistance, food assistance, Pediatric Occupational, Physical and/or Speech therapies, specialized care for vulnerable populations and emergency situations.							
5. State Agency to re	ceive requested fu	ınds Denartm	ent of Children and Fa	amilies			
•	•	<b>Диоз</b> Беранин	ent of Children and Fa				
State Agency conta	acted? Yes						
6. Amount of the Non	recurring Request	for Fiscal Year 20	26-2027				
Type of Funding			Amou	unt			
Operating				298,839			
Fixed Capital Outlay	У		0				
<b>Total State Funds</b>	Requested			298,839			
7. Total Project Cost	for Fiscal Year 202	26-2027 (including	matching funds avai	lable for this proje	ect)		
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Type of Funding Total State Funds R Matching Funds		,	Amount 298,839	Percentage 50%	ect)		
Type of Funding Total State Funds R Matching Funds Federal	Requested (from que	estion #6)	Amount 298,839	Percentage 50%	ect)		
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Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Requested (from que	estion #6)	Amount 298,839 0 0 10,000	Percentage 50% 0% 0% 2%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from que e amount of this req	estion #6) uest)	Amount  298,839  0 0 10,000 288,839	Percentage 50% 0% 0% 2% 48%	ect)		
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Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	e amount of this requested (from quested (from quested (from quested example))  s for Fiscal Year 20  eviously received most recent instantant example.  Amount of this requested from Fiscal Year 20  Amount of this requested example.	estion #6)  uest)  026-2027  state funding? nce:  ount  Nonrecurring	Amount  298,839  0 0 10,000 288,839 597,678  No  Specific	Percentage 50% 0% 0% 2% 48% 100%	ect)		
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Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fund a. If yes, indicate r	e amount of this requested (from quested (from quested (from quested example)) and the second of this requested from Fiscal Year 20 eviously received most recent instance.  Amount of this requested from Fiscal Year 20 eviously received most recent instance.  Amount of this requested from quested from Fiscal Year 20 eviously received most recent instance.	estion #6)  uest)  026-2027  state funding? nce:  ount  Nonrecurring  quested? unt per year.	Amount  298,839  0 0 10,000 288,839 597,678  No  Specific Appropriation #	Percentage 50% 0% 0% 2% 48% 100%	ect)		



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Cons	truction					
a. What is the c	urrent phase of t	the project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the e	stimated start da	ate of construction?				
d. What is the e	stimated comple	etion date of constru	ction?			
e. What funding	stream will be u	used for ongoing ope	erations and m	aintenance of	the project?	
		o receive, directly or ers of the facility and		y fixed capital o	outlay funding.	Include the

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount					
Administrative Costs:							
Executive Director/Project Head Salary and Benefits		0					
Other Salary and Benefits		0					
Expense/Equipment/Travel/Supplies/ Other	Indirect Admin Fee of 10%; Rent and occupational fees, general office expenses, Grant Management Fee of 5%: Post-award administration, compliance, management, reporting, and operational tracking.	38,979					
Consultants/Contracted Services/Study		0					
Operational Costs	Operational Costs						
Salary and Benefits	Five (5) Master's-level, Florida licensed mental health professionals (LCSW, LCSW QS, and Psy. D) Two (2) Intake Clinical Care Managers (Master's-level; LCSWs or LMHCs and/or Geriatric Care Manager)	259,860					
Expense/Equipment/Travel/Supplies/Other		0					
Consultants/Contracted Services/Study		0					
Fixed Capital Construction/Major Renovation:							
Construction/Renovation/Land/ Planning Engineering		0					
Total State Funds Requested (m	nust equal total from question #6)	298,839					

### 13. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



**LFIR # 1054** 

Funds will support a single point of entry for residents in immediate need, ensuring they receive timely, coordinated access to behavioral health care and wrap-around supports. The goal is to stabilize individuals and families, reduce the impact of urgent crises, and improve household well-being.

b. What activities and services will be provided to meet the intended purpose of these funds?

INTL will operate as a centralized intake and referral program staffed by licensed and experienced professionals. Each caller will receive a no-cost psycho-social assessment by phone to identify and triage immediate needs. Based on the assessment, individuals will be connected with appropriate Rales JFS services—including mental health counseling and psychiatry, pediatric therapies (OT, PT, Speech), summer camp scholarships, financial assistance, food pantry, Meals on Wheels, and senior services—or referred to vetted community partners. Calls are triaged within 24–48 hours.

c. What direct services will be provided to citizens by the appropriation project?

Through INTL individuals gain direct access to a system of triage of needs including an initial psycho-social assessment, followed by tailored connections to services that address their immediate needs. Direct supports include access to counseling and psychiatry, food assistance, emergency financial aid, summer camp scholarships for children, and specialized care for seniors, veterans, and individuals with disabilities. When appropriate, the program also provides referrals to external community resources, ensuring residents facing urgent circumstances receive timely and effective support to stabilize their lives.

d. Who is the target population served by this project? How many individuals are expected to be served?

INTL serves all demographics, including but not limited to all socio-economic populations: children, adults, seniors, Holocaust survivors, all religious affiliations, persons with disabilities, and, in many cases, working families with constraints of limited household income and personal assets. Anticipated impact is 9,000 individuals.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

INTL provides swift connections for individuals facing urgent situations, linking them to Rales JFS' services and/or essential community supports. Nearly 90% of callers will receive follow-up and referral information within 24–48 hours. Additionally, at least 85% of callers connected to the INTL financial assistance/ counseling will report increased ability to pay household expenses as well as reduced symptoms of anxiety and depression evidenced by client report and PHQ9/GAD assessments. By promptly addressing immediate needs, the service helps ease anxiety, and related challenges while equipping callers with a clear, solution-focused plan of action. Access to Rales JFS' broad network of services and resources leads to immediate improvements in individual and household well-being and mental health. To ensure accountability and effectiveness, Rales JFS operates a rigorous Quality Assurance program designed to measure success and drive continuous improvement. Tracking will include the vo

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

for failing to meet deliverables or performance measures provided for in the contract?						
	Penalties for not meeting contracted deliverables may warrant decreased funding.					
14.	Is this project related to mitigation, response, or recovery from a natural disaster? No					
а	a. If Yes, what phase best describes the project?					
[	☐ Mitigation (reducing or eliminating potential loss of life or property)					
[	Response (addressing the immediate and short-term effects of a natural disaster)					
[	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)					
b	o. Name of the natural disaster (or Executive Order # for events not under a federal declaration):					

15. Has the entity applied for or received federal assistance for this project?



**LFIR # 1054** 

□ Yes, Received □ No □ No, but intends to apply a. If yes, provide the FEMA project worksheet ID#: □ Provide the total project cost listed on the FEMA project worksheet: □ 16. Has the entity applied for or received state assistance for this project (other than this request)? □ Yes, Applied □ Yes, Received □ No □ No, but intends to apply a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce): □ 17. Requester Contact Information a. First Name □ Danielle □ Last Name □ Hartman □ Danielle □ Last Name □ Danielle □ Last Name □ Danielle □ Last Name □ Danielle □ Dani					
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**LFIR # 1054** 

□University or Co	□University or College					
□Other (please sp	pecify)					
d. First Name	Deidra	Last Name	Zussman			
e. E-mail Address	deidraz@Ralesjfs.org	deidraz@Ralesjfs.org				
f. Phone Number	(561)852-6083	Ext.				
19. Lobbyist Contact Information						
a. Name	Ellyn Bogdanoff					
b. Firm Name	Becker & Poliakoff PA					
c. E-mail Address	ebogdanoff@beckerlawyers.com					
d. Phone Number	(954)364-6005					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.