

Georgia Department of Human Services
TANF Hardship Waiver Case Staffing Worksheet
(for 44-month, 47-month and extension period staffings)

_____ County Department of Family and Children Services

Case Name _____ Case Number _____
Client Name _____ Case Manager/Caseload _____
Client ID Number _____ Case Manager Telephone (____) _____

44 MONTH CASE STAFFING

Current work activity and status:

(discuss client's degree of cooperation with the current work plan and any pending conciliations and/or sanctions):

What is this AU's current Job Readiness Level? *(check one):*

Job-Ready Near Job-Ready Not Job-Ready

Is there any new information affecting household circumstances? *(check one):*

Yes No

Explain:

What are this client's plans for supporting the family after TANF is exhausted?

Are there any remaining barriers to full-time employment and economic self-sufficiency? *(check one):*

Yes No

Explain:

What resources and support services were provided to remove barriers? *(Explain):*

Case Manager's Name, case load # and Signatures

Date