

**Georgia Department of Human Services**  
**WAIVER OF TIMELY NOTICE PERIOD**

\_\_\_\_\_ County Department of Family and Children Services

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

Client Name \_\_\_\_\_

Case Manager/Caseload \_\_\_\_\_

Client ID Number \_\_\_\_\_

Case Manager Telephone \_\_\_\_\_

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TANF benefits may be reduced or terminated as a result of the following information provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that the information I provided about my circumstances may cause a reduction or termination of my TANF benefits. I know that this change may cause an overpayment that I will have to repay, but want no action taken on my case before expiration of the 14-day timely notice period.

I understand that the information I provided regarding my circumstances may cause a reduction or termination of my TANF benefits. My case manager has informed me of the action to be taken on my case. I hereby waive my right to a 14-day timely period so that action can be taken immediately, preventing a possible overpayment of cash assistance.

I understand that the information I provided about my circumstances may cause a reduction or termination of my TANF benefits. I have not been informed of the exact action that will be taken. However, I waive my right to the 14-day timely notice period so that action can be taken immediately, preventing a possible overpayment of cash assistance and avoid the receipt of additional cash assistance and reserve a month of eligibility for a later date when the need for cash assistance may be greater.

\_\_\_\_\_

Grantee Relative Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Case Manager Signature

\_\_\_\_\_

Date

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**Termination at Assistant Unit's Request**

I request that my TANF case be closed because \_\_\_\_\_

I waive my right to a 14-day timely notice period.

\_\_\_\_\_

Grantee Relative Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Case Manager Signature

\_\_\_\_\_

Date