

**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):*

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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:

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

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

Yes                       No

Explain:

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

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\_\_\_\_\_  
Case Manager's Name, case load # and Signatures

\_\_\_\_\_  
Date

**47- MONTH AND EXTENSION PERIOD CASE STAFFING**

The AU continues to meet its TFSP requirements:

Yes       No      If no, explain: \_\_\_\_\_  
\_\_\_\_\_

The AU continues to meet TANF financial and non-financial requirements:

Yes       No      If no, explain: \_\_\_\_\_  
\_\_\_\_\_

The Domestic Violence Assessment Form was provided and discussed at this staffing:

Yes       No      If no, explain: \_\_\_\_\_  
\_\_\_\_\_

The mandatory Early Intervention Services referral was explained:

Yes       No      If no, explain: \_\_\_\_\_  
\_\_\_\_\_

Complete the following sections to indicate the AU's eligibility for a **TANF extension**.

Based on the following criteria, you are eligible to receive an extension of TANF for up to 90 days:

- \_\_\_\_\_ An AU member is a victim of domestic violence.
- \_\_\_\_\_ An AU member has an active child protective services case.
- \_\_\_\_\_ You participate in a substance abuse treatment program.
- \_\_\_\_\_ You are disabled but not eligible for SSI.
- \_\_\_\_\_ You are caring for a disabled household member.
- \_\_\_\_\_ You have not completed your work plan through no fault of your own.
- \_\_\_\_\_ You live in an area with limited employment opportunities.

**OR**

\_\_\_\_\_ Your case has been reviewed and your AU does not meet any of the hardship waiver criteria. You will reach your 48- month TANF lifetime limit in \_\_\_\_\_ and your TANF case will be closed effective \_\_\_\_\_.

**OR**

\_\_\_\_\_ Your case has been reviewed and your AU does not meet any of the hardship waiver criteria. You already reached your TANF lifetime limit and your TANF extension ends in \_\_\_\_\_. Your TANF case will be closed effective \_\_\_\_\_.

Case Manager's Name, case load # and Signatures: \_\_\_\_\_  
\_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

Date: \_\_\_\_\_

## TANF Hardship Waiver Case Staffing Worksheet (cont.)

Depending on the AU's eligibility or ineligibility for an extension of cash assistance, complete the appropriate section on this page.

### **Recipient Acknowledgment:** *(If hardship extension is approved)*

- I acknowledge that the TANF hardship waiver criteria have been explained to me.
- I understand that I must continue to meet all TANF eligibility requirements while receiving an extension of TANF.
- I understand that my initial extension has been granted for a period of no more than 90 days. Eligibility for an additional extension will be determined at a case staffing to be conducted in the final month of the initial extension period.
- I understand that I must meet my personal responsibility and work requirements as long as I continue to receive TANF, unless my requirements have been waived due to a report of domestic violence.
- If I fail to meet my personal responsibility and work requirements without good cause during a month for which TANF has been extended, my TANF extension will end and my case will be closed effective the month following the expiration of timely notice.

Recipient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Recipient Acknowledgment:** *(If hardship extension is not approved)*

- I understand that I will not be granted an extension of TANF because it has been determined that I do not meet any of the hardship criteria.
- I understand that I may continue to receive Medicaid and Food Stamps as long as I meet the eligibility requirements established for those programs.
- I understand that I can continue to receive assistance from the Office of Child Support Enforcement in obtaining child support payments for my children.
- If I reapply for TANF in the future, I must meet the criteria established for the granting of a hardship waiver in order to be eligible for a TANF extension.
- I have received information about community services that are available to assist me as I seek employment and prepare to meet the needs of my children without TANF benefits.
- I understand that I must provide a safe and secure environment for my children.
- If I obtain employment after my TANF benefits have ended, I may be eligible for child care assistance.

Recipient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_