

Georgia Department of Human  
Services Division of Family and Children  
Services

**TANF Conciliation/Material Violation Staffing**

<u>Client Information</u>	<u>The County's Information</u>
Name:	Case Number:
Address:	Worker ID:
City:    State:	Telephone Number:
Zip Code:	Date:

**CONCILIATION OR STAFFING RESOLUTION**

Describe the violation leading to the use of the conciliation: \_\_\_\_\_

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Good cause granted. Reason:

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Conciliated material violation. Individual agrees to:

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Unconsolidated material violation. (*Choose one as appropriate.*)

Application denied

Sanction applied

Missed appointment. (*Deny or terminate as appropriate. Pend conciliation until next TANF application.*)

Voluntary withdrawal. (*Pend sanction as appropriate.*)

Additional Notes:

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