Georgia Department of Human Services Division of Family and Children Services

TANF Conciliation/Material Violation Staffing

Client Information		The County's Information
Name:		Case Number:
Address:		Worker ID:
City:	State:	Telephone Number:
Zip Code:		Date:
	CONCILIATION OR S	TAFFING RESOLUTION
Describe the violation leading to the use of the conciliation:		
Good cause granted. Reason:		
Conciliated material violation. Individual agrees to:		
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:		