

**Georgia Department of Human Services**

**TANF PRENATAL CARE VERIFICATION**

**Division of Family and Children  
Services**

Case Name:

Case Number:

Client Name:

Worker ID:

Client ID Number:

Worker Telephone:

Participation by all pregnant individuals in a prenatal care program is a requirement of the TANF program. You may select a doctor or clinic of your choice or you may use the local health department. If you are unable to locate a prenatal provider in your area, contact your TANF case manager and he/she will assist you in arranging for your prenatal care.

Verification of an appointment with a provider is a requirement prior to approval for TANF cash assistance, and attendance on a regular basis is required in order to continue to receive assistance. Failure to participate in prenatal care or provide verification of prenatal care will result in the ineligibility of the pregnant individual.

You may use this form to verify that you are receiving prenatal care.

- Present this form to your doctor or health care provider at each prenatal visit.
- Have your provider sign this form to verify that you have attended your prenatal visit.
- Bring this form with you when you come to see your TANF case manager.

<b>Date of Visit</b>	<b>Signature of Prenatal Care Provider</b>