

**Georgia Department of Human Service  
Division of Family and Children Services  
TANF COMMUNITY SERVICE  
AGREEMENT**

Case Name:

Case Number:

Client Name:

Worker ID:

Client ID Number:

Worker Telephone:

Sponsoring business / organization name:

Sponsor Address:

Street Address

City

State

Zip Code

Contact Person:

Telephone:

Duties to be

Performed: Placement

Hours Per Week:

Start Date:

**The sponsor agrees to:**

- complete the participant's monthly Record of Attendance and Performance Report (Form 516)
- furnish all supplies and equipment needed in the performance of work assignments
- provide for the health and safety of the participant while s/he is on the work site
- not discriminate against any participant on the basis of race, color, religion, sex, age, national origin, or disability
- not involve the participant in any partisan political activity.

\_\_\_\_\_  
Signature of Sponsor Contact Person/  
Date

\_\_\_\_\_  
Signature of Participant/ Date

Placement  
Terminated

Date

Sponsor/Participant Signature

Reason for Termination

