## Georgia Department of Human Services Division of Family and Children Services

## TANF FAMILY SERVICE PLAN PERSONAL RESPONSIBILITY

Case Name:	Case Type
Client Name:	Active CPS Yes No
Client ID Number:	case Months on
	TANF
Worker ID:	Worker Telephone:
Personal Responsibilities	
I understand that as a TANF applicant/recipient I must meet the follow	ving responsibilities that have been
checked: Attend parent/teacher conferences.	
Ensure that minor dependent children attend school.	
Attend parenting class. (IF SCHEDULED)	
Attend financial management counseling	
class. Attend life skills class.	
Attend addictive diseases counseling/treatment	
sessions. Attend mental health counseling/treatment	
sessions.	
Participate in rehabilitation services.	
Comply with a DFCS child welfare case plan as appropriate.	
Attend family planning counseling sessions.	
☐ Meet my work requirements including requirements to develop m	•
Use TANF cash assistance funds or TANF debit card to make re	esponsible purchases as explained by my
case manager.	
By signing this form, you indicate that you understand and	I agree with the following statements:
I have read and I understand my personal responsibilities as sp	pecified in this section.
<ul> <li>I understand that if there is any change in my circumstances, I must discuss it with my case manager and</li> </ul>	
update the TFSP.	
I understand that if I do not meet the requirements specified in my TANF Personal  Beautiful Commission of Plant the cook assistance that my family and I making many had	
Responsibility Compliance Plan, the cash assistance that my family and I receive may be reduced or terminated.	
	esistance funds or TANE DERIT card to
<ul> <li>I understand that it is strictly prohibited to use the cash assistance funds or TANF DEBIT card to withdraw cash or perform transactions at casinos, liquor stores, adult-oriented entertainment facilities</li> </ul>	
"strip clubs", poker rooms, bail bonds, night clubs/salons/taverns, bingo halls, race tracks, gaming	
establishments, gun/ammunition stores, cruise ships, psychic readers, smoking shops, tattoo/piercing	
shops, and spa/massage salons is strictly prohibited. The use of cash assistance funds or the TANF	
DEBIT card at these businesses will constitute an intention	
the benefit recipient.	onal program trolation (mada) on the part of
Participant's Signature	Date

Form 196 (Rev 09/20)