

**Georgia Department of Human  
Services TANF FAMILY SERVICE  
PLAN WORKPLAN**

Case Name:

Client Name:

Client ID Number:

Worker ID:

Case Type

Initial

Update

Active CPS case

Yes

No

Months on

TANF:

Worker Telephone:

**Work Requirements**

- I understand that **full-time, stable employment** is the ultimate goal of this service plan.
- I understand that TANF cash assistance is **limited to 48 months** in a lifetime for my family and me.
- I understand that I must participate in all identified activities specified in this section of the service plan. Failure to meet this requirement will lead to a conciliation/sanction for my family and me.
- I understand that the Division of Family and Children Services (DFCS) may help me with subsidized childcare. DFCS may also help me with other job-related expenses such as transportation.
- When I find a job, I will provide DFCS with the name of my employer, my job title, the number of hours I will work and my wages. If DFCS asks me for more information, I will provide the additional information by the deadline given by DFCS.
- I understand that if I quit a job without good cause, my cash assistance may be reduced/terminated.
- I understand that before imposing a sanction, DFCS will give me a chance to explain why I failed to meet the requirements of my TANF Family Service Plan.
- I understand that I will help to develop the Family Service Plan and that my case manager and I must discuss any changes to this plan before the changes are made.
- I understand that I am ultimately responsible to provide verification to DFCS of my participation in a work activity.

**Review the statements above and below. By signing below, you indicate that you understand and agree with the work requirements.**

- I have read, agreed to, and understand my work requirements as specified.
- I understand that if there is any change in my circumstances, I must discuss it with my case manager and update the TFSP.
- I have helped to develop TANF Family Service Plan. My case manager and I have discussed, and I have agreed to all changes made to this plan.
- **I understand that if I do not meet the work requirements specified in my TANF Family Service Plan, the cash assistance that my family and I receive may be reduced or terminated.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**TANF FAMILY SERVICE PLAN (cont.)**

**Phase:** \_\_\_\_\_

Employment Assessment Date: \_\_\_\_\_

Assessor: \_\_\_\_\_

Short-Term Goal: \_\_\_\_\_

Goal will be met by this date: \_\_\_\_\_

Long-Term Goal: \_\_\_\_\_

Months on TANF: \_\_\_\_\_

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

Transportation     Family Issues     Personal     DV/SA/MH     Other

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Readiness Level: (*Check one box*)

Job-Ready (up to 3 months)     Near Job-Ready (up to 6 months)     Not Job-Ready (up to 12 months)

Activities: (I) \_\_\_\_\_  
(II) \_\_\_\_\_  
(III) \_\_\_\_\_

Total hours per week \_\_\_\_\_

Participant will \_\_\_\_\_

Agency will \_\_\_\_\_

Short-term goal begin date: \_\_\_\_\_

Short-term goal achievement date: \_\_\_\_\_

Client's Signature

Date

**Phase Completion Review**

**Date:**

**Months on TANF:**

Exceeded

Satisfactory

Unsatisfactory

Explanation of progress: \_\_\_\_\_  
\_\_\_\_\_

{Check applicable box(es)}

Job Readiness Level Change

Activity Change/New plan

Conciliation/Sanction