

Georgia Department of Human Services  
**TANF SANCTION / PANEL REVIEW  
GUIDE**

County: \_\_\_\_\_ Field Area: \_\_\_\_\_

Case Name: \_\_\_\_\_ AU #: \_\_\_\_\_ Client ID#: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

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**Note:** Social Services staff must be provided a copy of the PRP, PWP, conciliation appointment and all sanction notices if there is an existing services case.

**Conciliation**

Describe the violation leading to the use of the conciliation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date the Form 190 was sent to the customer: \_\_\_\_\_

Copy to Service Worker: Yes / No                      Sanction Tracking Sheet Completed: Yes / No

Date of Conciliation: \_\_\_\_\_

Was good cause asserted by the customer? Y/ N

Describe reason(s) why good cause was not granted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRP/PWP updated appropriately and Support Services addressed: Yes / No

Case Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

**First**

Describe the type of violation leading to the first sanction:

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

Date Form 329 Issued: \_\_\_\_\_ Date Timely Notice Period Expired: \_\_\_\_\_

Was good cause asserted by the customer during or after the timely notice period? Yes / No

Describe the customer's good cause reason(s) and the reason(s) good cause was not granted:

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

Effective Months of 25% Reduction: \_\_\_\_\_

Sanction tracking sheet completed: Y/N

Case Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)

**Second Sanction**

Describe the type of violation leading to the second sanction: \_\_\_\_\_

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

Date Form 329 Issued: \_\_\_\_\_ Date Timely Notice Period Expired: \_\_\_\_\_

Was good cause asserted by the customer during or after the timely notice period? Yes / No

Describe the customer's good cause reason(s) and the reason(s) good cause was not granted:

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

Effective Months of Three - Month Termination: \_\_\_\_\_

Sanction tracking sheet completed: Y/N

Case Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)

**Subsequent**

Describe the type of violation leading to the first subsequent sanction:

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

Date Form 329 Issued: \_\_\_\_\_ Date Timely Notice Period Expired: \_\_\_\_\_

Was good cause asserted by the customer during or after the timely notice period? Yes / No

Describe the customer's good cause reason and the reason good cause was not granted:

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

Effective Months of 25% Reduction: \_\_\_\_\_

Sanction tracking sheet completed: Y/N

Case Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

(Please print)

**Second Subsequent Sanction**

Describe the type of violation leading to the second subsequent sanction: \_\_\_\_\_

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

Date of Supervisory Review/Approval \_\_\_\_\_

Second Subsequent Sanction upheld by panel: Yes / No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Denial**

TANF Program

Date:

O.F.I. Regional Manager:

Date:

County Director:

Date:

F.I.C.M. Supervisor:

Date:

F.I.C.M.

Date:

E.S. F.I.C.M.:

Date:

**Follow – Up Information:**

Date Form 329 Issued via Certified Mail or Hand Delivery: \_\_\_\_\_

Expiration Date of Timely Notice Period: \_\_\_\_\_

Date home visit and Form TANF HV, TANF Home Visit Guide completed: \_\_\_\_\_

Was good cause asserted by the customer during or after the timely notice period? Yes / No

Describe the customer's good cause reason and the reason good cause was not granted:

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

Effective Months of Twelve - Month Termination: \_\_\_\_\_

Sanction tracking sheet completed: Y/N

**Disposition:**

Filed in permanent section of Eligibility Case record: Y/ N

Copy to Services Worker: Y/ N

Case Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)