

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

TANF Employment Services Case Staffing Form

Case Name:  
Client Name:  
Client ID Number:

Case Number:  
Worker Name:  
WorkerTelephone:

**Section A:** *(For internal use only)*

**TANF Clock**

How many months of TANF benefit has this AU received?  
What is (are) this client's current activity (ies)?

What is this AU's current Job Readiness Level? *(Please check one)*

Not Job-Ready       Near Job-Ready       Job-Ready

Does this client continue to meet financial and non-financial TANF requirements?

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**ParticipationHistory**

What activities has this client participated in the past?

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What was this client's level of participation? *(Attendance, performance etc.)*

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Has this AU been previously sanctioned or conciliated? *(If yes, please document dates and number of non-compliance)*

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**Strengths and needs**

What were her/his strengths? *(Education, training, skills and motivation etc.)*

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Were any barriers identified and resolved previously? *(If yes, list all barriers and resolutions)*

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What are this AU's current service needs? *(Please document if there is any change in the client's individual or family situation)*

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Is Child Welfare Involved with this client/family? *(Please document if this client has an active CPS case or Case Plan)*

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**Progress and Goals**

What are this client's current employment goals? *(Document in order of priority)* \_\_\_\_\_

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Does this client's current activity assist the AU in progressing towards the goal of self-sufficiency? *(If not, document how is the agency assisting this AU in meeting his/her long-term goal)* \_\_\_\_\_

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Does the new service plan (Form 196) reflect new plan of support, supervision and service needs? *(Document in detail)* \_\_\_\_\_

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**Plan of Action**

Follow-up date to monitor the client's movement towards goals:

Client was notified of the follow up appointment: *(Check one box)*

- Verbally/orally on:
- Form 173 given to the client

**Section B:** (This section is to be completed by the Vendor(s) and the Case Manager)

**Vendor's/Provider's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Number: Location of the Business:** \_\_\_\_\_  
**Participant's Name:** \_\_\_\_\_ **ID / SSN number:** \_\_\_\_\_

1. How do you evaluate this client's performance?

- Excellent                       Satisfactory                       Unsatisfactory

If checked unsatisfactory, please explain:

2. How do you evaluate this client's behavior?

- Excellent                       Satisfactory                       Unsatisfactory

If unsatisfactory, please check all applicable boxes:

- Irregular                       Inattentive                       Disruptive                       Disinterested  
 Has difficulty in following directions                       Other (specify) \_\_\_\_\_

3. In your opinion, is this participant ready to go to work? (Please check one box)

- Yes, immediately                       Yes, but needs additional time                       No, needs reassessment

4. Vendor's / Provider's comments / suggestions:

\_\_\_\_\_

\_\_\_\_\_  
Provider's Signatures

\_\_\_\_\_  
Date

**Section C:**

Case Manager's Notes: \_\_\_\_\_  
\_\_\_\_\_

**Disposition:** Based on the Vendor's/ Provider's recommendations, this client

- is: Job-Ready
- Near Job-Ready
- Not Job-Ready

**TFSP Phase** \_\_\_\_\_ completed with the client on \_\_\_\_\_

Next/new activity is: \_\_\_\_\_ beginning \_\_\_\_\_

on Potential completion date is \_\_\_\_\_

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date