Georgia Department of Human Services TANF WORK READINESS ASSESSMENT – ADA ADDENDUM

_ County Department of Family and Children Services

Case Name	Case Number	
Client Name		
Client ID Number		
If the work readiness assessment indicates the questions below.	ne TANF client may have a disability that is covered under the ADA, answer	
When did the client's disability begin?	month / / / year	
How will the client's disability make it hare	d for him/her to complete the required work activities?	
	or him/her to walk, see, hear, talk, work, concentrate, sleep, learn, or take	
4. Is the client working now? Yes If yes, how does the client's disability make in the client is a second control of the client is a s	No it hard for him/her to work?	
If no, how has the client's disability made it h	nard for him/her to get a job? How hard has it been for the client to keep a	
5. Has the client's disability changed recent If yes, how has it changed?	· ——	

Georgia Department of Human Services

Describe how the client's disability makes it hard for him/her the client need other people to help him/her to do things? If ye s/he used to? If yes, document.	to do things everyday at home and at other places. Does s, please document. Does the client need more help than
7. Document what you can do to help the client do the things li	sted in his/her work plan.
	/ / / Month Day Year
Case Manager Signature	Month Day Year