Georgia Department of Human Services FAMILY VIOLENCE OPTION ASSESSMENT REPORT

County Department of Family and Children Services				
Case Name	Case Number			
Client Name	Client ID	Assessn	Assessment Date	
TANF Requirements	Waiver Recommended? Check if "yes"	Recommended Waiver Duration (no. of days)	Recommended Accommodations	
Personal responsibility plan requirements: Parent-teacher conferences Child's school attendance				
Parenting skills class				
Family planning counseling				
Financial management counseling				
Life skills classes				
Substance abuse/mental health treatment				
Rehabilitation services				
Work requirements				
Minor parent living arrangement				
Cooperation with CSE				
Lifetime limits				
Comments:				
Assessor Signature:	D	ate		