DCSS/ DFCS COMMUNICATION FORM

To:_____ District/County:_____ Fax#:

_____ Phone #_____

Case #_____ Client ID:_____

Client:_____ Absent Parent:_____

TANF Case Information

TANF Approved on:Effective:
DateMM/YY
Maximum TANF Eligible Amount: $ GAP Amount: $ Change in TANF Amount From $To $(All changes require su
Reason for Change:

_____   _____   _____
Date completed   Case Manager's Name   Supervisor's Name

Form 713-CS Rev.09/20