

Georgia Department of Human Resources
TANF FAMILY SERVICE PLAN

_____ County Department of Family and Children Services

Case Name _____

Case Type Initial Update

Client Name _____

Active CPS case Yes No

Client ID Number _____

Months on TANF _____

Case Manager's Name/Load _____

Case Manager's Phone Number _____

Section A: (Personal Responsibilities)

- I understand that as a TANF applicant/recipient I must meet the following responsibilities that have been checked:
 - Attend parent/teacher conferences.
 - Ensure that minor dependent children attend school.
 - Attend parenting class.(IF SCHEDULED)
 - Attend financial management counseling class.
 - Attend life skills class.
 - Attend addictive diseases counseling/treatment sessions.
 - Attend mental health counseling/treatment sessions.
 - Participate in rehabilitation services.
 - Comply with a DFCS child welfare case plan as appropriate.
 - Attend family planning counseling sessions.
 - Meet my work requirements including requirements to develop my TANF Family Service plan.

Section B: (Work Requirements)

If requirements in Section B are not applicable, please stop here and go to Section C.

- I understand that **full-time, stable employment** is the ultimate goal of this service plan.
- I understand that TANF cash assistance is **limited to 48 months** in a lifetime for my family and me.
- I understand that I must participate in all identified activities specified in this section of the service plan. Failure to meet this requirement will lead to a conciliation/sanction for my family and me.
- I understand that the Division of Family and Children Services (DFCS) may help me with subsidized childcare. DFCS may also help me with other job-related expenses such as transportation.
- When I find a job, I will provide DFCS with the name of my employer, my job title, the number of hours I will work and my wages. If DFCS asks me for more information, I will provide the additional information by the deadline given by DFCS.
- I understand that if I quit a job without good cause, my cash assistance may be reduced/terminated.
- I understand that before imposing a sanction, DFCS will give me a chance to explain why I failed to meet the requirements of my TANF Family Service Plan.
- I understand that I will help to develop the Family Service Plan and that my case manager and I must discuss any changes to this plan before the changes are made.
- I understand that I am ultimately responsible to provide verification to DFCS of my participation in a work activity.

TANF FAMILY SERVICE PLAN (cont.)

Phase _____

New Assessment Date: _____ Assessor: _____

Short-Term Goal: _____ Date Goal Accomplished: _____

Long-Term goal: _____ Months on TANF: _____

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

Transportation Family Issues Personal DV/SA/MH Other

Explain: _____

Job Readiness Level: (Check one box)

Job-Ready (up to 3 months) Near Job-Ready (up to 6 months) Not Job-Ready (up to 12 months)

Activities: (I) _____
(II) _____
(III) _____

Total hours per week: _____

Participant will _____

Agency will _____

Short-term goal begin date: _____

Short- term goal achievement date: _____

Client's Signature

Date

Case Manager's Signature/Load

Date

Phase Completion Review

Date: _____

Months on TANF: _____

Exceeded Satisfactory Unsatisfactory

Explanation of progress: _____

{Check applicable box(es)}

Job Readiness Level Change Activity Change/New plan Conciliation/Sanction

Case Manager's Name/Load

TANF FAMILY SERVICE PLAN (cont.)

Phase _____

Employment Assessment Date: _____

Assessor: _____

Short-Term Goal: _____

Goal will be met by this date: _____

Long-Term goal: _____

Months on TANF: _____

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

Transportation Family Issues Personal DV/SAMH Other

Explain: _____

Job Readiness Level: (Check one box)

Job-Ready (up to 3 months) Near Job-Ready (up to 6 months) Not Job-Ready (up to 12 months)

Activities: (I) _____

(II) _____

(III) _____

Total hours per week _____

Participant will _____

Agency will _____

Short-term goal begin date: _____

Short-term goal achievement date: _____

Client's Signature

Case Manager's Signature/Load

Date

Date

Phase Completion Review

Date: _____

Months on TANF: _____

Exceeded

Satisfactory

Unsatisfactory

Explain Progress:

{Check applicable box(es)}

Job Readiness Level Change

Activity Change/New plan

Conciliation/Sanction

Case Manager's Name/Load

TANF FAMILY SERVICE PLAN (cont.)

Section C: (Signatures)

Read and check off the statements below. By checking a statement, you indicate that you understand and agree with the statement.

- I have read and I understand my personal responsibilities as specified in section A.
- I have read, agreed to and understand my work requirements as specified in section B.
- I understand that if there is any change in my circumstances, I must discuss it with my case manager and update the TFSP.
- I have helped to develop TANF Family Service Plan. My case manager and I have discussed, and I have agreed to all change made to this plan.
- I understand that if I do not meet the requirements specified in section A or in Section B of my TANF Family Service Plan, the cash assistance that my family and I receive may be reduced or terminated.**

Participant's Signature

Date

Case Manager's signature

Date

TANF FAMILY SERVICE PLAN (cont.)

Applicant Job Search Monitoring Guide

During the job search monitoring process, the following questions should be considered:

- What positive things have happened during the client's job search?
- What resources did the client utilize to find the job leads?
- Is there any change in the job readiness level?
- Does the client expect to hear from any prospective employers?
- How soon might the client know the results from any interview?
- If the client was to be offered one of the jobs for which s/he applied, is there anything the client will need before being able to accept the job offer?
- Where else is the client planning to look for work?

Review date	# of Job Contacts	comments

Additional comments:

Case manager' name and load number

Date