

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.
 - 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 _____

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/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

Case Manager's Signature/Load

Date

Date

TFSP 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.)

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

Case Manager's Signature/Load

Date

Date

TFSP 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 _____

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

Case Manager's Signature/Load

Date

Date

TFSP 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.)

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 changes 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

