

TANF Work Activity Summary and Case Synopsis

CLIENT'S NAME	CO/RECORD/District/LINE #	CLIENT'S SSN	Birth Date
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GENERAL CASE AND HOUSEHOLD INFORMATION

1. Number of Children _____ Children's Birthdates (CQCMEM) _____

2. Is client caring for a disabled child or adult in the household? Who _____ Relationship _____
(CQCOMP, CQINDA, CQPREN, CQDISB)

3. Current RESET Status: ___ Mandatory ___ Exempt ___ Mandatory w/Good Cause

4. Exempt or Good Cause because _____ (CQINDA, CQPREN, CQCCOM) _____ Review/End Date(CQPREN, CQDISB)

5. Duration of current exemption/good cause _____ months Total time on TANF _____ days

6. DAP referral completed? _____ Status of SSI/SSDI application? _____ (CQDISB)

PAST ETP PARTICIPATION

Initial job search completed? YES NO (CQPREN) Highest grade completed or GED? _____ (CQEMPL)

Was attendance regular? YES NO Special Education ___ yes ___ no

Training and/or education received since being on TANF _____ dates _____
(Use CQETPT for time while on TANF) _____ dates _____
_____ dates _____
_____ dates _____

EMPLOYMENT (SUBSIDIZED/UNSUBSIDIZED/PAID WORK EXP) SINCE BEING ON TANF (CQEMPL/CQCCOM)

EMPLOYER	DATES OF EMPLOYMENT	SPECIFIC JOB DUTIES	REASON FOR LEAVING

Has client been sanctioned for non-compliance? YES NO If yes – please give dates (CQBVAL)

1. _____ 2. _____

Has client elected to take Time-Out? YES NO If yes – indicate what type, and length of time in each. (CQINDL)

Time-Out Criteria _____ Dates _____ (CQAEMN/CQTIME)

Time-Out Criteria _____ Dates _____

CLIENT'S STATED REASON FOR BEING ON TANF (AMR)

IMCW/MPP WORKER'S OBSERVATIONS AND COMMENTS AS TO WHY CLIENT REMAINS ON TANF (CQCCOM)

IMCW/CASE MANAGER (<i>PRINT</i>)	SIGNATURE	DATE
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