

Georgia Department of Human Services

Division of Family and Children
Services

**TANF ASSESSMENT FOR DOMESTIC
VIOLENCE, SEXUAL ASSAULT,**

Case Name:

Case Number:

Client Name:

Worker ID:

Client ID Number:

Worker Telephone:

**Case action: Application _____ 44th month staffing _____ 47th month staffing _____ Extension
period staffing _____ Other _____**

_____ TANF Form 522 has been provided to the client.

_____ TANF Domestic Violence Waiver information was explained and used to assess domestic violence, sexual assault, sexual harassment, or stalking as part of the screening process prior to applicant job search, and/or development of personal responsibility or work plans.

The client understands the provisions of the domestic violence waiver and requested that the following requirements be waived:

- work activities _____

- DCSS cooperation _____

- other (explain) _____

_____ The waiver request was approved.

_____ The waiver request was denied because

_____ The client understands the provisions of the domestic violence waivers but requested none.

The statements above have been explained to me. I understand my rights and options.

Client Signature

Date