

GUIDE FOR TANF SANCTION HOME VISIT

Client Name: _____ **TANF Case #:** _____

Case Manager's Name and load #: _____

Date: _____

	Y	N
1. Was the Disposition Notification (Form 329) received?		
2. Does the client know that TANF will be terminated for 12 Months?		
3. Does the client understand the reason for which TANF will be terminated?		
4. Does the client have a management plan?		
5. Was the client given a resource list?		
6. Was the client informed that s/he can contact ES/Eligibility case manager to ask questions and/or to request a fair hearing?		
7. Was the client given the name and telephone number of the CM?		
8. Were any children present at the home visit?		
9. Was the client's behavior towards the child (ren) violent or rejecting?		
10. Did the child (ren) exhibit fear of the client?		
11. Did you see any injuries on the child (ren)?		
12. If yes to # 11, did the client provide an explanation?		
13. Did you observe dangerous conditions in the home environment?		
14. Was any child less than eight (8) years old left unsupervised? If so, list the name(s) and age(s):		
15. Number of children who live in the home:		