

Georgia Department of Human Services
**GRANDPARENTS RAISING GRANDCHILDREN (GRG)
 PAYMENT AUTHORIZATION FORM**

_____ County Department of Family and Children Services

Case Name _____

Case Number _____

Client Name _____

Case Manager/Load _____

Client ID Number _____

Telephone Number _____

Date _____

Client Mailing Address _____

City _____ State _____ Zip _____

Client Social Security Number _____

1. Approval for Monthly Subsidy Payment (MSP):

Number of Grandchildren included in AU:
Monthly Subsidy Payment (Program 730 01):
Total amount of monthly Subsidy: \$_____ (\$100.00 per grandchild)
Effective month of first payment:

2. Approval for Crisis Intervention Services Payment (CRISP) up to four times the TANF HH maximum:

Program 729 99	Amount of CRISP: \$
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Mail _____

Case Manager Pick-up _____
 Sign at pick-up _____ Date

3. MSP termination:

Amount of MSP: \$ _

Termination date:

 Case Manager Signature

 Date

 Supervisor's Signature

 Date