

Georgia Department of Human Services
TANF SIMPLIFIED REAPPLICATION PROCESS

_____ County Department of Family and Children Services

Case Name _____ Case Number _____
Client Name _____ Case Manager/Load _____
Client ID Number _____ Case Manager Telephone _(____)_____

Date of final disposition for denial or closure of TANF case: _____.

Date of new TANF application: _____.

Is the date of the new application within 30 days of the final disposition date on the system?

- No, a completely new interview and application process must be completed in order to determine eligibility.
 Yes, the simplified reapplication process may be used. Only this form needs to be completed.

If checked yes, enter the date(s) received: _____

Is this client eligible for a waiver based on ADA, Domestic Violence or Hardship? Yes No

If checked yes, please explain: _____

Reason for denial of application or closure of case: _____

Explanation of compliance or change: _____

Enter the date the following procedures were completed for the simplified reapplication process, if

applicable. Date of completion of Form 297, Application for TANF _____

Date of referral to Division of Child Support Services _____

Date of TFSP update _____

Job Readiness level _____

Date of referral for participation in employment services _____

Date Case Completed

Case Manger Signature