

**Georgia Department of Human Services
TANF WORK REQUIREMENT EXEMPTION FORM**

Division of Family and Children Services

Case Name:

Case Number:

Client Name:

Worker ID:

Client ID Number:

Worker Telephone:

You are a single custodial parent of a child under 12 months of age and this child, lives with you. You are eligible to receive an exemption from TANF work requirements for up to three months. You must choose whether to use your exemption at this time or to save it for possible use at a later time, while this child is under 12 months of age.

I want to use my exemption from the work requirement at this time.

- I understand that I will not be required to participate in TANF work requirements for up to three months.

- I understand that once the three-month period has expired, it will be mandatory that I participate in work requirements.

I want to waive my exemption at this time and participate now with work requirements.

- I understand that if I am unable or unwilling to follow through with the activities as specified in my service plan, my support services will be terminated.

- I understand that I am responsible for discussing with my case manager any barriers I encounter, for re-establishing a new TANF Family Service Plan and for reconsidering my exemption request.

- I understand that my exemption may be available to me at a later time.

The work exemption period is _____ to _____

Client Signature

Date