

EXHIBIT 4. WORKSHEETS: TANF PROFILES FOR PARENT RECIPIENT OF TANF BENEFITS

Within this exhibit are four sets of worksheets you can use to document your client's progress through the welfare-to-work process. You can place these within your normal client treatment files.

Four Sets of Worksheets

The following set of worksheets should be completed for any client who is a custodial parent receiving TANF benefits. There are worksheets for each of the following categories of clients:

Worksheets A: TANF and treatment client who is an adult custodial parent, not an alien

Worksheets B: TANF and treatment client who is a teen parent, not an alien

Worksheets C: TANF and treatment client who is a parent and an alien

Worksheets D: TANF and treatment client who is involved with child support

Entry Plus Update Forms

Each worksheet contains an Initial Entry Form to record information about the status of the client on entering the program; and an Update Entry Form, which can be used on a periodic basis to update client information.

Ease of Use

The worksheets are primarily formatted for you to provide brief answers, such as responding to checklists and filling in brief informational blocks. Periodically, there is space to make notes about additional details, such as the extent and timing of services, specific information about work experience, work hours, changes in status, and such.

Frequency of Updates

The timetable for updates should be based on the status of the client. If the client is new to TANF, the updates should occur at least every other month. If the client is working, then a longer period between updates may be more convenient. No update period should extend beyond 6 months.

**Worksheet A-1: Initial Entry Form
TANF and Treatment Client: Adult Custodial Parent Who Is Not an Alien**

Client name:		Entry date:	
Identifying information:		Entered by:	

Children

Number of children:		Age(s) of children:	
Is this client also involved with the child welfare system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Receiving in-home services <input type="checkbox"/> Child or children in foster care <input type="checkbox"/> Receiving reunification services <input type="checkbox"/> Parental rights terminated or planned for termination			
Notes:			

Benefits

When did this client begin receiving TANF benefits? (date)			
Have there been any breaks in the receipt of TANF benefits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculating those breaks, how many lifetime months are left for receiving benefits?			
What cash benefits does this client receive?			
What other benefits does this client receive?	<input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps	<input type="checkbox"/> Medicaid	<input type="checkbox"/> CHIP <input type="checkbox"/> Child Care
Notes:			

Worksheet A-1: Initial Entry Form, Continued
TANF and Treatment Client: Adult Custodial Parent Who Is Not an Alien

Disability

Does this client have a disability?	G Yes	G No
If so, describe:		
Does it prevent work?	G Yes	G No
Notes:		

Domestic Violence

Is this client experiencing domestic violence?	G Yes	G No
If yes, is she receiving domestic violence services?	G Yes	G No
If so, what services?		
Has this client's timetable for benefits been waived because of domestic violence?	G Yes	G No
Notes:		

Hardship Case

Does this client fall under any other hardship criteria?	G Yes	G No
If so, what?		
Notes:		

Worksheet A-1: Initial Entry Form, Continued
TANF and Treatment Client: Adult Custodial Parent Who Is Not an Alien

Substance Abuse Services

Was this client screened for substance use and sanctioned for testing positive?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, the sanction was:	<input type="checkbox"/> Mandated treatment	<input type="checkbox"/> Benefits affected	<input type="checkbox"/> Other
Is the client participating in substance abuse treatment as a work activity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What substance abuse services is the client receiving through TANF? (Check applicable below.)			
<input type="checkbox"/> None <input type="checkbox"/> Counseling services <input type="checkbox"/> Nonmedical substance or alcohol abuse services <input type="checkbox"/> Medical coverage <input type="checkbox"/> Mental health services <input type="checkbox"/> Other (please specify):			
Notes:			

Assessment

What was included in the initial TANF assessment performed for this client?			
Does this client have a Personal Responsibility Plan? (If so, obtain.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was drug-related information collected by the TANF agency when the client applied for benefits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this client denied assistance because of a drug felony conviction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:			

Worksheet A-1: Initial Entry Form, Continued
TANF and Treatment Client: Adult Custodial Parent Who Is Not an Alien

Work Activities

Does this client have a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When did it start?	
What number of hours per week does the client work?				
Has there been more than one job?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the client does not have a job, does this client participate in another activity that counts as work?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what activity? (Check applicable below.)				
<input type="checkbox"/> Job search and readiness		<input type="checkbox"/> Job skills training related to employment		
<input type="checkbox"/> On-the-job training		<input type="checkbox"/> Education (high school)		
<input type="checkbox"/> Community service		<input type="checkbox"/> Education (secondary school)		
<input type="checkbox"/> Vocational education training		<input type="checkbox"/> Provides child care to a TANF client		
Notes:				

Presence of Young Children

Does this client have one or more children under 6 years of age that, according to the State's specific requirement, exempts her from work?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	What age(s)?	

Other Services Received

What services is this client receiving? (Check applicable below:)			
<input type="checkbox"/> Mental health		<input type="checkbox"/> Transportation	
<input type="checkbox"/> Disabilities		<input type="checkbox"/> Child care	
<input type="checkbox"/> Housing		<input type="checkbox"/> Other	
<input type="checkbox"/> Medical			
Notes:			

Worksheet A-1: Initial Entry Form, Continued
TANF and Treatment Client: Adult Custodial Parent Who Is Not an Alien

Sanctions

Has this client ever been sanctioned for failing to meet the State's work requirements?	G Yes G No
What was the sanction?	
Notes:	

**Worksheet A-2: Update Entry Form
TANF and Treatment Client: Adult Custodial Parent Who Is Not an Alien**

Client name:		Entry date:	
Identifying information:		Entered by:	

Children

Have there been any changes in the number of children?	G Yes	G No
Notes:		

Benefits

How many months does the client have left for lifetime benefits?	
Have there been any changes in benefits?	G Yes G No
Notes:	

Work Activities

Have there been any changes in work status?	G Yes	G No
Notes:		

Worksheet A-2: Update Entry Form, Continued
TANF and Treatment Client: Adult Custodial Parent Who Is Not an Alien

Other Services Received

Have there been any changes in services being received?		G Yes	G No
Notes:			

Sanctions

Have any sanctions been imposed?		G Yes	G No
Notes:			

Other Changes

Have there been any other changes?		G Yes	G No
Notes:			

Worksheet B-1: Initial Entry Form
TANF and Treatment Client: Teen Parent Who Is Not an Alien

Client name:		Entry date:	
Identifying information:		Entered by:	

Children

Number of children:		Age(s) of children:	
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Living Situation

The minor teen is living in which of the following situations?	
<input type="checkbox"/> Parent or guardian <input type="checkbox"/> Supervisory adult or non-relative <input type="checkbox"/> Independently	
If living independently, the minor teen is living in a:	
<input type="checkbox"/> Foster home <input type="checkbox"/> Group home <input type="checkbox"/> With an adult or a non-relative <input type="checkbox"/> Other	
If living without adult supervision, the reason is:	
<input type="checkbox"/> No supervised slot is available. <input type="checkbox"/> She is living successfully on her own. <input type="checkbox"/> She is about to turn 18.	
If living with an adult supervisor or non-relative, the reason is:	
<input type="checkbox"/> Suspicion of parental abuse or neglect <input type="checkbox"/> Caretaker abuse or neglect <input type="checkbox"/> No relative was willing <input type="checkbox"/> Housing problem	
Notes:	

Worksheet B-2: Update Entry Form
TANF and Treatment Client: Teen Parent Who Is Not an Alien

Client name:		Entry date:	
Identifying information:		Entered by:	

Children

Have there been any changes in the number of children?	G Yes	G No
Notes:		

Living Situation

Have there been any changes in the living arrangements of the teen parent?	G Yes	G No
Notes:		

Education Requirements

Have there been any changes in the school or training status?	G Yes	G No
Notes:		

Change in Age Status

Teen has aged out of teen parent age group:	G Yes	G No
Notes:		

Services

Have there been any changes in the services being received?	G Yes	G No
Notes:		

Sanctions

Have any sanctions been imposed?	G Yes	G No
Notes:		

**Worksheet C-1: Initial Entry Form
TANF and Treatment Client: Alien**

Client name:		Entry date:	
Identifying information:		Entered by:	

Immigration Status

When did this client arrive in the United States? (date)		
Is this client a:	<input type="checkbox"/> newly arriving alien?	<input type="checkbox"/> current alien?
Does this client have a sponsor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this client documented?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:		

Children

Number of children:		Age(s) of children:	
Notes:			

Benefits

What benefits does this client receive? (Check all that apply.)	
<input type="checkbox"/> TANF cash benefits	
<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Services under the Social Services Block Grant	
Other or contingency services (Check below.)	
<input type="checkbox"/> Emergency medical assistance	<input type="checkbox"/> School lunches
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Head Start
<input type="checkbox"/> Testing for communicable disease	<input type="checkbox"/> JPTA
<input type="checkbox"/> Emergency community services	<input type="checkbox"/> Other
<input type="checkbox"/> Disaster relief	
Notes:	

Employment

Does this client have work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	

**Worksheet C-2: Update Entry Form
TANF and Treatment Client: Alien**

Client name:		Entry date:	
Identifying information:		Entered by:	

Children

Have there been any changes in the number of children?	G Yes	G No
Notes:		

Benefits

Have there been any changes in benefits?	G Yes	G No
Notes:		

Services

Have there been any changes in services?	G Yes	G No
Notes:		

Employment

Have there been any changes in work status?	G Yes	G No
Notes:		

**Worksheet D-1: Initial Entry Form
TANF and Treatment Client: Parent Involved With Child Support**

Client name:		Entry date:	
Identifying information:		Entered by:	

How much child support does this client receive?	\$
Has this parent failed to cooperate with the child support requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what was the penalty?	
<input type="checkbox"/> Reduction of assistance by the following amount:	\$
<input type="checkbox"/> Termination of assistance	
Does this parent participate in a "Pay or Work" program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:	
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**Worksheet D-2: Update Entry
TANF and Treatment Client: Parent Involved With Child Support**

Client name:		Entry date:	
Identifying information:		Entered by:	

Child Support

Does this client continue to receive child support in the correct amount?	G Yes	G No
Is the noncustodial parent behind in child support payments?	G Yes	G No
Have there been any changes in the amount of child support?	G Yes	G No

Notes:	
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