

Attachment A

Extension Request

Client Name

Social Security Number

Other Parent Name

Social Security Number

- If you wish to request an extension of your Transitional Aid to Families with Dependent Children (TAFDC) benefits, you must complete this form and give your case manager any requested verifications. If you do not complete this form, you will not be considered for an extension and your TAFDC benefits will end.
- You should read the *TAFDC Extensions Beyond the 24-Month Period* brochure to understand what you will have to do if you get an extension. If you need another copy of the brochure, ask your case manager.
- You may request an extension after you have used 22 months of time-limited benefits or at any time after you have received 24 months of time-limited benefits.
- Your extension request will be approved or denied only when your 24 months of time-limited benefits end. You will receive a written notice telling you whether your request has been approved or denied. If your request is denied, you may ask again for an extension any time during the period you are ineligible for TAFDC after having received 24 months of time-limited benefits.

Part I

(A) I request an extension of my 24-month time-limited benefits because:

(B) I did the following to cooperate with the Department in work-related activities, find work and prepare to support my family.

Part II

(A) Do you have child care? yes no
If no, explain. _____

(B) Is the noncustodial (absent) parent paying child support? yes no If no, explain.
If yes, how much?

(C) Do you have transportation? yes no
If no, explain.

(D) Have you refused or rejected job offers? yes no
If yes, explain.

Have you quit a job or reduced your work hours? yes no
If yes, explain.

If working part-time, have you received an offer to increase your hours? yes no

(E) Are you now participating in Employment Ready or other program(s) to get a job?
 yes no If no, explain.

Client Signature

Date

Case Manager Signature	Date
Supervisor Signature	