



Massachusetts Department of Transitional Assistance  
**Additional Extension Request**

2000-29  
Attachment A

\_\_\_\_\_  
TAO

\_\_\_\_\_  
Recipient Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Other Parent Name

\_\_\_\_\_  
SSN

- If you wish to request another extension of your Transitional Assistance (TAFDC) benefits, you must complete this form and give your worker any requested verifications. If you do not complete this form, you will not get another 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 another extension. If you need another copy of the brochure, ask your worker.

**Part I**

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(B)** During my extension 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. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_