



Massachusetts Department of Transitional Assistance

Extension Agreement

TAO _____

Recipient Name

Social Security Number

Other Parent Name

Social Security Number

I understand that I will be approved for an extension to give me time to find a full-time job and/or become self-sufficient.

I understand that this extension will end on _____
Date

I understand that during this extension I must:

- meet with my Transitional Assistance Worker every month to discuss my progress;
- not reject offers of employment or reduce my hours of employment or quit a job without good cause;
- meet all TAFDC program requirements, including the twenty-hour TAFDC work requirement, if applicable to me; and
- if I am working, submit earnings' verifications from the previous four-week period every month.

I understand that the Department may refer me to work-related activities to help me find a full-time job. These activities may include:

- attending job search programs;
- completing a vocational evaluation;
- taking a subsidized job; and/or
- enrolling in a vocational rehabilitation program.

I understand that my failure to cooperate with the Department in these work-related activities may result in a denial of future extension requests.

I understand the Department may review and revise its decision to grant this extension.

Recipient Signature

Date

Other Parent Signature

Date

TAO Worker Signature

Date