Massachusetts Department of Transitional Assistance

Final Transition Plan

(To be completed for each grantee)

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TAO

______________________________ ______________________________
Name SSN

______________________________ ______________________________
Expected End Date of Time-Limited Benefits Case SSN if different

Part I

A. What efforts have you made since the last Transition Plan contact to seek training or find a job?

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____
____

B. Are you currently working, performing Community Service or in a training activity?

☐ yes ☐ no If yes, check what applies to you.

Employed
☐ full time
☐ part time
Hourly wage______

☐ Skills/training and/or education program
☐ Community Service
☐ Full Employment Program (FEP)

☐ Supported Work

If no, why not and when was the last time you worked? What type of work did you do? (full-time, part-time & hourly wage) ______________________________

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Have you attended training programs? ☐ yes ☐ no If yes, what were they and when?

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C. Are you currently participating or would you like to participate in the Structured Job Search Program or in another program which can lead to employment before the end of time-limited benefits? ☐ yes ☐ no If yes, what is the program? ______________________________

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If no, why not______________________________

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D. What can you do at this time to increase your income and/or to find job?

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E. How will you support your family when your time-limited benefits end?

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F. Are there health issues including drug or alcohol use that are interfering with your finding a job?
☐ yes ☐ no If yes, describe and include any treatment you are receiving.

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I have reviewed all the months which I have used toward my 24 months of time-limited benefits and agree that I am currently in month 23 of my time-limited benefits and that if I receive assistance next month as a nonexempt recipient, my Transitional Assistance (TAFDC) benefits will end. I also understand that I may request an extension of my TAFDC benefits. I have also been given information about services which will be available to me if I do not request an extension.
I have been given a **TAFDC Extensions Beyond the 24-Month Period** brochure.

☐ I disagree with the number of months.

☐ I wish to request an extension. ☐ I do not wish to request an extension.

I have been advised to return in __________ (Month)
with verifications of my earnings so that a financial eligibility test can be done.

______________________________ ______________________________
Recipient Signature Date

Part II (To be completed by the Transitional Assistance Worker)

Check off items discussed with recipient

	Explained time-limited benefits rule and actual months used
	Provided exemption card
	Provided and reviewed the **TAFDC Extensions Beyond the 24-Month Period** brochure
	Explained extension rules including how earned income will be counted
	Explained transitional child care and transitional MassHealth eligibility and Food Stamps
	Explained available earned income credits and provided handout
	Explained Domestic Violence Waiver rules

Comments

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☐ **I have reviewed all sections of this plan.**

TAO Worker Signature	Date	TAO Supervisor Signature	Date