



24-Month Extension History Form

TAO _____

Part I

This form must be completed and signed by the Transitional Assistance Worker and submitted along with the 24-Month Extension Request whenever any recipient requests an extension of the 24-month time-limited benefits.

Recipient Name Social Security Number Age

Other Parent Social Security Number Age

Address City/Town ZIP

Last Month of Time-Limited Benefits Family Cap Date

Is this a two-parent family? [] yes [] no If yes, please complete a separate Part II for the other parent.

How many months has the other parent used? _____

Is the other parent exempt or nonexempt? _____

Date of birth for any child(ren) born after the Family Cap date __/__/__, __/__/__

Ages of all children (in household) _____

Part II

(A) Is recipient able to work? [] yes [] no If no, explain.

Multiple horizontal lines for providing an explanation if the recipient is unable to work.

Is the recipient employed? yes no If no, explain (include last date employed).

What type of work has the recipient performed and when?

Has the recipient refused employment within the past year? yes no
If yes, when and under what circumstances.

Has the recipient participated in Structured Job Search activities? yes no
If yes, explain the results.

Has the recipient participated in the Employment Services Program(ESP)?
 yes no If yes, what were the component(s), the result(s) and the dates.

(B) Is the noncustodial (absent) parent paying monthly child support on a regular basis?

yes no If yes, amount per month _____

(If more than one noncustodial absent parent, record information in Part III.)

Is the recipient receiving monthly unearned income?

yes no If yes, amount and type _____

(C) Has the recipient been sanctioned? yes no If yes, when and for what reason?

(D) Does the recipient have health issues including drug or alcohol abuse that prevent his/her finding a job? yes no If yes, explain.

(E) Does the recipient have a pending disability determination with the Disability Evaluation Services (DES)? yes no If yes, state the disability and date submitted to DES.

(F) If this is a subsequent extension request, please answer the following question for each parent.

Has the recipient participated in vocational evaluation activities? yes no
If yes, explain when and the results.
