

**Attachment C**

**Recommendation for Extension**

Completed by the case manager

**Recommendation Summary (Based on Information Reviewed on BEACON)**

To ensure uniformity and completeness include with your recommendation narrative:

- a summary of the client's stated reason for requesting the Extension: \_\_\_\_\_  
\_\_\_\_\_
- the age of each child: \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_.
- does the family live in private, subsidized or public housing (circle one);
- whether the client rejected offers of employment or quit employment without Good Cause: Yes No (circle one);
- any barriers to employment or Good Cause for failure to find employment (such as the availability of suitable state-standard child care during working and commuting hours or availability of employment in the area) identified by the grantee or otherwise known to the case manager or TAO; Barrier: \_\_\_\_\_
- sanction history, if relevant to the decision; Sanctioned? Yes No (circle one) Reason(s) sanctioned: \_\_\_\_\_  
\_\_\_\_\_
- any income which the family currently receives \_\_\_\_\_;
- if the decision is a denial, any referrals recommended \_\_\_\_\_; and
- the length of the extension, if approved \_\_\_\_\_ months.

**Recommendation**

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Case Manager Signature Telephone Number Date

\_\_\_\_\_  
Supervisor Signature Telephone Number Date

