



ATAP Case File Summary & Recommendations

(Complete this form using information contained in the eligibility and case management records and in consultation with the client)

Case Name: _____

Case Number: _____

Household Type: Single Parent 2-Parent INCAP

Household Size: _____ Adults _____ Children (under 18)

Months of Temporary Assistance Used: _____

Type of Review

36-Month Service Review

48- Month Time Limit Review

58-Month Extension Review

Date of Review: _____

Persons completing summary:

(name and title)

(name and title)

Part I. Client Profile

This portion of the summary should be completed with your client. Please document the client's strengths and the current problems affecting family self-sufficiency, the client's needs for the next 6 months, the planning steps in the event the family's lifetime limit is reached, and the availability of community and family supports.

1. What are the current issues that are keeping client from earning enough money to go off assistance?

2. What does client feel is preventing him or her from leaving assistance?

3. What will client need to help get off assistance?

4. If client uses up 60 months of assistance, how does he or she plan to support his/her family?

Part II: Self-Sufficiency Information

1. Review of Client's Screening and Assessment History (extenuating circumstances, education, screenings, whether client has been assessed or referred for treatment, and resulting outcome)

	Screened (date)	Assessed (date)	Referred for Treatment (date)	Outcome
Mental Health				_____
Substance Abuse				_____
Learning Disability				_____
Domestic Violence				_____
DFYS Involvement				_____
High School Diploma/GED				_____
Limited English Proficiency				_____
Other _____				_____

TABE: _____ Reading _____ Math _____ Language
Medical/Health Problems _____
Caring for Disabled Adult/Child _____

Additional information:

2. Supportive Services provided in last 90 Days:

- a. Child-care Yes No
- b. Transportation Yes No
- c. Work Clothing Yes No
- d. Tools Yes No
- e. Other _____ Yes No

Part III: Employment History

1. Currently Employed: Yes No

2. Work History:

Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	
Average Hours/Week:		Average Hours/Week:	
Wage:		Wage:	
Reason for Leaving:		Reason for Leaving:	
Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	
Average Hours/Week:		Average Hours/Week:	
Wage:		Wage:	
Reason for Leaving:		Reason for Leaving:	
Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	
Average Hours/Week:		Average Hours/Week:	
Wage:		Wage:	
Reason for Leaving:		Reason for Leaving:	

3. Current Work and FSSP Activities:

	Yes	No	# of hours/week
a. Paid Employment	Yes	No	_____
b. Subsidized Employment	Yes	No	_____
c. Community Work Experience	Yes	No	_____
d. Job Skills Training	Yes	No	_____
e. Job Sampling	Yes	No	_____
f. OJT	Yes	No	_____
g. Train-to-Hire	Yes	No	_____
h. Work Search	Yes	No	_____
i. Volunteer	Yes	No	_____
j. ESL Classes	Yes	No	_____
k. Barrier Removal _____	Yes	No	_____
l. Job Preparation	Yes	No	_____
m. High School/GED	Yes	No	_____
n. Post Secondary	Yes	No	_____
o. Job Retention Services	Yes	No	_____
p. Referral for Subsidized Housing	Yes	No	_____
q. Referral for Pregnancy Prevention Services	Yes	No	_____
r. Other Work or FSSP Activity _____			
s. Other Work or FSSP Activity _____			



Part IV: Budget Analysis

1. Current Household Income:

- a. Earnings: \$ _____
- b. Unearned Income:
 - Unemployment \$ _____
 - SSA/SSI \$ _____
 - PFD \$ _____
 - Child Support \$ _____
 - Other \$ _____
- c. **Total Household Income** \$ _____

2. Current Household Expenses:

- a. ATAP Recoupment, if any: \$ _____
(Fraud or Overpayment?)
- b. Other debts
(i.e. loans, AHFC, child support, etc) \$ _____
- c. Shelter Expenses
 - Rent: \$ _____
 - Utility Charges: \$ _____
 - Phone: \$ _____
 - Other: _____ \$ _____
 - Other: _____ \$ _____
- d. **Total Household Expenses** \$ _____

3. Self-Sufficiency Income Need

- a. Monthly Income needed to meet Expenses: \$ _____
- b. Monthly Income: - \$ _____
- c. **Additional Monthly Income Needed to be Self Supporting** = \$ _____
- d. Amount of ATAP Grant: \$ _____

Summary of Comments on ATAP Case File Summary Draft Version 1.2

Page: 1

Sequence number: 1

Author: Case Summary Help

Date: 10/15/2001 8:58:48 AM

Type: Note

IMPORTANT: This form cannot be saved as a file online. To save information on this form you must print the form.

To enter data on the form Click on the field.

To move from field to field use the Tab key.

To back space use Shift + Tab.

To check a Check Box use the space bar.

Fields with multiple lines are 100 characters per line and do not word wrap. You must tab from line to line.

The form will spell check narrative portions, but does not provide options of correct spellings.

Before you click Clear Form be sure you have printed the completed form.

To close Help click on the "X" in the upper left corner.

Page: 5

Sequence number: 1

Author: Case Summary Budget Help

Date: 10/12/2001 3:29:20 PM

Type: Note

The following fields are calculated.

Part IV.

1 C. Total Household Income

2 D. Total Household Expenses

Fields 3 a and b are populated from the above calculations.

Field 3 c. is the difference of 3 a and b.

To close Help click on the "X" in the upper left corner.