



ATAP Extension Review Form

Part A: Case Staffing Recommendation – 60 Month Limit Extension Criteria

Does it appear that the client meets Temporary Assistance criteria for an extension?

Yes _____ No _____

If yes, please note which extension criteria is applicable and why:

Domestic Violence: _____

Incapacity: _____

Caring for a Disabled Relative: _____

Hardship: (a) Lack of Success at Employment _____

(b) Disaster _____

(c) Children at risk of placement outside of home _____

Number of months for which extension should be allowed _____

If no, what are the issues that have kept the client needing assistance:

Part B: Client Request for Extension

_____ I am **NOT** requesting an extension to my 60 month time limit on Temporary Assistance
 _____ I am requesting an extension to my 60 month time limit on Temporary Assistance for the following reason: _____

_____ Signature _____ Date _____
 Print Name
 (Request may be completed by telephone if client is not present)

Part C: Extension Decision

Extension: _____ Allowed _____ # of months _____ Date to reviewed _____ Denied
 Comments: _____

_____ Signature _____ Date _____
 Case Manager Name (print)