



Massachusetts Department of Transitional Assistance
Extension Request and Agreement

Client Name

Social Security Number

Other Parent Name

Social Security Number

- If you wish to request an extension of your Transitional Aid to Families with Dependent Children (TAFDC) benefits, you must complete this form and give your case manager any requested verifications. If you do not complete this form, you will not be considered for an extension and your TAFDC benefits will end.
- You should read the *TAFDC Extensions Beyond the 24-Month Period* brochure to understand what you will have to do if you get an extension. If you need another copy of the brochure, ask your case manager.
- You may request an extension only after you have used at least 22 months of time-limited benefits.
- Your extension request will be approved or denied when your 24 months of time-limited benefits end. You will receive a notice telling you about the decision. If your request is denied, you may ask again for an extension at any time.

Part I

(A) I request an extension of my 24-month time-limited benefits because:

(B) I did the following to cooperate with the Department in work-related activities or to find work and prepare to support my family:

Part II

(A) Do you need child care?
If yes, explain.

yes no

(B) Is the noncustodial (absent) parent paying child support?
If yes how much?

yes no

(C) Do you have transportation issues? yes no

If yes, explain.

(D) Have you refused or rejected job offers? yes no

If yes, explain.

(E) Have you quit a job or reduced your work hours? yes no

If yes, explain.

(F) If working part-time, have you received an offer to increase your hours? yes no

(G) Did you accept the offer? yes no

(H) Are you now participating in an employment or skills training program to get a job?

yes no If no, explain.

Client Signature

Date

Case Manager Signature

Date

Supervisor Signature

Date

Extension Agreement

Client Name

Social Security Number

Other Parent Name (if a 2-parent Household)

Social Security Number

I understand that if I am approved for an extension, I will use the extension to give me time to find a full-time job and/or become self-sufficient.

I understand that if approved for this extension, I must:

- meet with or call my case manager every month to discuss my progress;
- not reject offers of employment, reduce my hours of employment or quit a job without good cause;
- meet all TAFDC program requirements, including the TAFDC work requirement; and
- if I am working, submit verifications of earnings from the previous four-week period every month.

I understand that during the extension the Department may refer me to work-related activities to help me find a full-time job and/or become self-sufficient.

Failure to cooperate with the Department in these work-related activities may result in the denial of future extension requests.

I understand that the Department may review and revise its decision to grant this extension.

I understand that if I am approved for an extension, I will get another notice telling me that I have been approved and the date the extension will end.

Client Signature

Date

Other Parent Signature (if a 2-parent Household)

Date

Case Manager Signature

Date