

Client Name		Case Name		Case No.	Client No.	NOA/Application No.
Application File Date	Client's Date of Birth	Social Security No.	TP-61 Household <input type="checkbox"/> Yes <input type="checkbox"/> No		Potential Choices Status <input type="checkbox"/> Mandatory <input type="checkbox"/> Exempt	

To Choices Staff:

- This client has applied for Temporary Assistance for Needy Families (TANF)
- This client has reapplied for TANF and has an open Choices penalty and must demonstrate 30 days of cooperation.

Please provide him/her with the following:

- Job Information and Counseling
- Information on Time Limited Benefits
- Work Related Expense Assistance
- Availability of Child Care
- Good Cause Descriptions
- Availability of Other Assistance for Job Seekers

Texas Works Advisor Telephone No.	Fax No.
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\_\_\_\_\_  
Signature – Texas Works Advisor

\_\_\_\_\_  
Date

Texas Works Advisor Name (type or print)	Texas Works Advisor Address
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**Part A – Workforce Orientations (Regular)**

<b>TO BE COMPLETED BY CHOICES STAFF</b>	<b>CHOICES STAMP</b>
<div style="border: 1px solid black; padding: 5px; width: 80%;">Date Client Attended Presentation</div>	
<p>_____ Signature – Choices Staff</p>	<p>_____ Date</p>

**Part B – Workforce Orientation (Alternative)**

- This applicant has a hardship and requires an alternative workforce orientation.

<b>TO BE COMPLETED BY CHOICES STAFF</b>	<b>CHOICES STAMP</b>
<div style="border: 1px solid black; padding: 5px; width: 80%;">Date Client Attended Presentation</div>	
<p>_____ Signature – Choices Staff</p>	<p>_____ Date</p>