

Time Limits Client Information

Instructions:

- To be completed by the District Supervisor or Employment and Assistance Worker for every client with potential time limits consequences.
- Form must be forwarded to regional Policy and Program Implementation Manager for review.

Date: August 19, 2008

Name:

GA File Number:

Age:

Family Type:

**Time on IA
(cumulative):**

**Employment
Screen Score:**

Employment Programs & Services (referred, completed, unsuccessful):

- 1.
- 2.
- 3.
- 4.

Circumstances of Non-compliance:

Health, Literacy, Other Issues:

Additional Information:

Please attach additional pages if necessary