TIME ON AID VERIFICATION FOR CalWORKs/TANF 48-MONTH TIME LIMITS

NAME:	SSN:	COUNTY:
CASE NAME:	CASE NUMBER:	DATE COMPLETED FORM:

Counties are required to verify a recipient's time on aid information. If you are unable to verify the WDTIP information, you must complete the tables to show the months that counted toward the CalWORKs and TANF 48-month time limits. (Please indicate "Y" for Yes or "N" for No in each box.) Include copies of all time on aid NOAs with this form.

If the WDTIP information has been reviewed and is accurate, please complete the following box and provide the name of the person who verified the information. You need not complete the tables. However, you must include copies of all time on aid NOAs with this form.

WDTIP VERIFICATION

Time on aid information in WDTIP has been reviewed and is accurate.

WDTIP information verified by: _____ **Signature:** _____

Phone number: _____ **Date:**_____

YEAR_____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												

Number of exempt months: **TANF** _____ **CalWORKs** _____
Number of counted months: **TANF** _____ **CalWORKs**_____

YEAR_____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												

Number of exempt months: **TANF** _____ **CalWORKs** _____
Number of counted months: **TANF** _____ **CalWORKs**_____

YEAR_____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												

Number of exempt months: **TANF** _____ **CalWORKs** _____
Number of counted months: **TANF** _____ **CalWORKs**_____

TIME ON AID VERIFICATION FOR CalWORKs/TANF 48-MONTH TIME LIMITS

YEAR_____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												

Number of exempt months: **TANF** _____ **CalWORKs** _____
Number of counted months: **TANF** _____ **CalWORKs**_____

YEAR_____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												

Number of exempt months: **TANF** _____ **CalWORKs** _____
Number of counted months: **TANF** _____ **CalWORKs**_____

YEAR_____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												

Number of exempt months: **TANF** _____ **CalWORKs** _____
Number of counted months: **TANF** _____ **CalWORKs**_____

VERIFICATION OF TIME LIMIT INFORMATION

The time on aid information provided on this form has been verified by:	Signature:
Contact Person:	Phone Number:
E-mail address:	Address: