

Work First Extension / Exemption Monthly Report

Month of: _____

County Name: _____

24 Month Extensions

	Casehead / Payee Name	Case ID#	Date of Hearing Request	Date Hearing Held	Family Present (Y/N)	Disposition: Approve/Deny/Withdraw	Reason for Disposition (can attach decision)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Work First Extension / Exemption Monthly Report

Month of: _____

County Name: _____

60 Month Exemptions

	Casehead / Payee Name	Case ID#	Date of Hearing Request	Date Hearing Held	Disposition: Approve/Deny/Withdraw	Reason for Disposition (can attach decision)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

No Activity During Month

Name _____ Title _____ Date _____ Telephone No. _____