## 24-Month Time Limit Checklist

Date of Review:

No. Months Now on Time Clock: No. Months Added/Removed Upon Review:

Reviewer:				No. Months Added/Removed Upon Review:			
Month MM/YY	Received WF Assistance? (PC Screen/ File) (Y/N)	MRA Plan of Action in Place? (Y/N)	Counted against 24-Month Limit? (Y/N) (ET Screen)	EPIS Component(s) /Hrs. Completed	Add (A) <i>or</i> Remove (R)	Comments/Explanation for adjustments	

DSS-5299 (09-08) Family Support and Child Welfare Services Section

Case Name: \_\_\_\_\_