



State of Utah
Department of Workforce Services
TANF CONTRACTED SERVICES
FAMILY COMPOSITION

Organization: _____

TANF service(s) being provided: _____

Name of client receiving service(s): _____

DWS case number (if applicable): _____

Instructions: There must be a dependent child under age 18 living in the home where the client has a plan to reunite or re-engage with. List the names of the dependents and their adult caretakers below:

Name of parent or relative caretaker DWS case number (if applicable)

Address of parent or relative caretaker City, State, Zip Code

List dependent children's names: Dates of birth (MM/DD/YYYY):

Describe re-unification or re-engagement plan. Provide details and anticipated completion date. Supporting documentation must be present in client's case file.

I attest the information I have provided above is accurate.

Client signature **Date**

I give consent for the client to re-unite and/or re-engage with the child(ren) listed above, upon completion of the client's proposed plan.

Parent or relative caretaker signature **Date**