



60-MONTH LIFETIME EXEMPTION BACKGROUND REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 150 (6-2024)

Initial

Review

Client Name
Vision Case Number
County

1. Attach a copy of the action notice and written request from the household exemption from the 60-month lifetime limit. Attach copies the applicant/recipient provided to you to support the request.

2. What was the reason for the action you took and what information did you rely on? Provide a detailed explanation.

3. Provide a brief description of the individual's employment and/or training history:

Program Case Manager Signature	Date
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State Office Use

<input type="checkbox"/> Approval <input type="checkbox"/> Denial	
Recommendations	
Signature	Date