



**60-MONTH LIFETIME EXEMPTION
BACKGROUND REPORT**

ND DEPARTMENT OF HUMAN SERVICES
PUBLIC ASSISTANCE

SFN 150 (3-2006)

Client Name:

Vision Case Number:

County:

1. Please 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? Please provide a detailed explanation.

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

Program Case Manager Signature:

Date:

State Office:

Recommendations:

Signature:

Date: