REQUEST FOR AN EXEMPTION FROM THE TANF LIFETIME LIMIT

ND DEPARTMENT OF HUMAN SERVICES

SFN 805 (3-2006)

Clear Fields

Name:			
Address: (Street)	City:	State:	Zip Code:

I am requesting an exemption from the TANF lifetime limit for the following reason(s):

Sign and Date

Signature:	Date:

You must provide written documentation from a professional service provider to support your request for an exemption from the lifetime limit.