Texas Health and Human Services Commission

Good Cause Recommendation

Form H1706
May 2000

Client Name	Case Name (if different)	Case Number

To be completed by the domestic violence specialist

TO: _____, Texas Works Advisor

_____, Texas Works Supervisor

On _____, I interviewed the above named person regarding
(date)

domestic violence as a barrier to cooperating with collecting child support. Based on the information she provided and my experience in the field of family violence, I

☐ **recommend** HHSC grant a good cause waiver.

☐ **do not recommend** HHSC grant a good cause waiver because

_____

_____.

_____	_____	_____
Signature	Printed Name	Telephone No.