

**IWD REPORT OF FAIL CURE STATUS**  
**60-0261 (10-98)**

Social Security Number:	FSET Participant:		Date:
Case Number:	DHS IMW Number:	Component:	County Number:

\_\_\_\_\_  
IWD FSET Worker

\_\_\_\_\_  
Date Signed

Distribution: Copy 1 DHS County Office Copy 2 IWD FSET Participant's File	IWD FSET Office Number:	IWD FSET Station/Desk:
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