

# OPPORTUNITIES AND OBLIGATIONS ACKNOWLEDGEMENT FORM

## YOUR OPPORTUNITIES

### You have the opportunity to:

- \* Receive support services (if approved) in order to find employment, education, or other assigned activity (ies), unless you are able to make these arrangements on your own. Support services may include, but are not limited to: childcare, transportation, tools, clothing, uniforms, etc. (This help is based on your assigned activity and the availability of funding.)
- \* Have decisions about your case reviewed by a supervisor at the Regional Workforce Board.
- \* Request a hearing if you disagree with a decision about your temporary cash assistance.
- \* Be excused from or rescheduled for an activity if you have good cause. Good cause is determined by the Regional Workforce Board.
- \* Request Cash Assistance Severance Benefit.
- \* Request Relocation assistance.
- \* Receive the following services, if eligible:
  - Mental Health Counseling
  - Domestic Violence Counseling/Services and/or
  - Substance Abuse Counseling/Services
- \* Receive transitional benefits, if eligible, after you are no longer receiving temporary cash assistance, based on funding availability, such as:
  - Childcare
  - Transportation
  - Education and Training
- \* Receive Medicaid and food stamp benefits based on eligibility requirements.

## YOUR OBLIGATIONS

### You are required to:

- \* Participate in, document and complete assigned program activities.
- \* Respond to all contacts from the Regional Workforce Board or other agencies you are referred to.
- \* Inform Regional Workforce Board of changes in participation, employment, family circumstances including change of address, telephone number, childcare needs, transportation problems, health problems, etc.
- \* Apply for and seek employment.
- \* Accept any reasonable offer of suitable employment.
- \* Remain employed. Must contact Regional Workforce Board prior to reducing your hours or quitting.
- \* Report good cause reasons for failure to participate immediately.

## CONSEQUENCES FOR FAILURE TO PARTICIPATE

### CASH ASSISTANCE PENALTIES

- \* 1<sup>st</sup> Penalty: Cash assistance terminated for entire family for a minimum of 10 days or until the individual complies, whichever is later.
- \* 2<sup>nd</sup> Penalty: Cash assistance terminated for entire family for one month or until the individual who failed to comply does so, whichever is later.
- \* 3<sup>rd</sup> Penalty: Cash assistance terminated for entire family for three months or until the individual who failed to comply does so, whichever is later.

**NOTE:** Cash assistance may be continued on a level two or three penalty for children under age 16 through a protective payee.

### FOOD STAMP PENALTIES

- \* 1<sup>st</sup> Penalty: Loss of food stamp assistance for one month or until compliance, whichever is longer.
- \* 2<sup>nd</sup> Penalty: Loss of food stamp assistance for three months or until compliance, whichever is longer.
- \* 3<sup>rd</sup> Penalty: Loss of food stamp assistance for six months or until compliance, whichever is longer.

**NOTE:** If the non-compliant individual is the head of household, food stamp assistance for the entire assistance group will be terminated unless that individual meets a food stamp exemption.

I have received a copy and have reviewed the Opportunities and Obligations. I understand my rights and responsibilities as a participant in the Welfare Transition Program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Last Four Digits of the SSN

### PRIVACY ACT STATEMENT

\*I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the social security act (42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number, I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

AWI-WTP 0008, 12/2006 (Replaces AWI-WTP 0008 6/2003)