

## **COMMUNICATION AND WORK ACTIVITY REFERRAL**

Participant's Name	Date
Participant's Address	Case #/Category/Sequence
<b>Section A:</b> The following individuals must particip receiving cash assistance. Take this referral form where you will attend an Overview of the Welfare work activities. Based on your household's needs be eligible for childcare, transportation and referral <b>You will be notified by the One Stop Center of</b>	to the One Stop Center listed in <u>Section B</u> below Transition Program and learn about the required and availability of services and funding, you may s to other agencies for training and other services.
to keep this appointment may result in your fan cancelled. The opportunities and obligations in to two of this form.	
Last Name (list head of household first)	First Name
Section B:	
One Stop	
Center Address:	
One Stop Center Phone:	
Date Overview Provided:/	
One Stop Center Comments:	
Regional Workforce Board Designee	Date Signed

## **OPPORTUNITIES AND OBLIGATIONS**

#### YOUR OPPORTUNITIES: You have the opportunity to:

- Receive help paying for 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. If you disagree with a decision about your work activity or support service(s), ask for a hearing through 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 such as a sick child or your transportation failed. Good cause is determined by the Regional Workforce Board.
- Request Cash Assistance Severance Benefit.
- Request relocation cash 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, and Education and Training.
- Receive Medicaid and food assistance based on eligibility requirements.

### **YOUR OBLIGATIONS:** You are required to:

- Participate in, document and complete assigned program activities or you may be sanctioned (see consequences for failure to participate below).
- 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. You must contact the 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**

# f 1st 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.
- \* <u>3<sup>rd</sup> Penalty</u>: Cash assistance terminated for <u>entire</u> family for three months or until the individual who failed to comply does so, whichever is later.

**NOTE**: Cash assistance may be continued for a second or third penalty for children under age 16 through a protective payee.

#### **FOOD ASSISTANCE PENALTIES**

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

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

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