



COMMUNICATION AND WORK ACTIVITY REFERRAL

Participant's Name _____

_____ Date

Participant's Address _____

_____ Case #/Category/Sequence

Section A: The following individuals must participate in a work activity as a condition of eligibility for receiving cash assistance. Take this referral form to the One Stop Center listed in **Section B** below where you will attend an Overview of the Welfare Transition Program and learn about the required work activities. Based on your household's needs and availability of services and funding, you may be eligible for childcare, transportation and referrals to other agencies for training and other services. **You will be notified by the One Stop Center of the date and time of your appointment. Failure to keep this appointment may result in your family's temporary cash benefits being reduced or cancelled.** The opportunities and obligations in the Welfare Transition Program are listed on page 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

- * 1st Penalty: Cash assistance terminated for entire family for a minimum of 10 days or until the individual complies, whichever is later.
- * 2nd Penalty: Cash assistance terminated for entire family for one month or until the individual who failed to comply does so, whichever is later.
- * 3rd 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 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.
- * 2nd Penalty: Loss of food assistance for three months or until compliance, whichever is longer.
- * 3rd 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 entire assistance group will be terminated unless that individual meets a food assistance exemption.