## Individual Responsibility Plan (IRP)

WorkFirst Individual Responsibility Plan for

### I understand:

- I am required to work, look for work, or prepare for work.
- I must participate in required activities. If I don’t, I’ll receive a penalty unless I can prove I had a good reason. This is called being in WorkFirst sanction status.
  - If I am sanctioned, this means:
    - My grant will be reduced by 40% or one person’s share, whichever is greater, OR:
    - I won’t be able to receive support services, unless I reengage in WorkFirst.
- If my cash assistance is reduced due to WorkFirst sanction:
  - I may need to follow my IRP for four weeks in a row to end sanction.
  - Once I do what is required for four weeks in a row, my sanction penalty ends starting the first of the month following my four weeks of participation.
  - My case may be closed if I stay in sanction for ten months in a row.
- If my case is closed due to WorkFirst sanction:
  - I’ll need to reapply and may need to participate for four weeks in a row before I can receive cash.
- I must cooperate with the Division of Child Support while I receive TANF/SFA benefits unless I have a good reason not to cooperate. Successful collection of child support may help me eliminate my need for cash assistance.
- I can get only 60 months of TANF/SFA cash benefits in my lifetime unless I qualify for an extension.
- I have used _______ months of cash benefits.
- If there is a good reason I cannot follow my plan, I must contact and work with my WorkFirst Program Specialist/Social Worker as soon as possible. Some examples of good reasons include:
  - I missed an appointment due to illness or unexpected failure in my child care or transportation;
  - I have an emergency condition (physical, mental, or emotional);
  - I am a victim of family violence;
  - I cannot find affordable, appropriate child care in my area for children under 13;
  - I have an immediate legal problem;
  - I have a disability or certain conditions and this has kept me from being able to fulfill the program requirements; or
  - I am an adult with a severe and chronic disability;
  - I am needed at home to care for a child with special needs or another adult with disabilities;
  - I am 55 or older and caring for a child and I am not the child’s parent; or
  - I am applying for SSI with a DSHS facilitator.
  - I am homeless or caring for a homeless child(ren).

If I disagree with this plan, I have the right to request a case review and/or an Administrative Hearing. To request a hearing, I must contact my Community Services Office or the Office of Administrative Hearings, DSHS, PO Box 42489, Olympia WA 98504-2489, within 90 days of the date of my case manager’s signature below. I have been given a copy of my Individual Responsibility Plan. At the hearing, I have the right to represent myself, be represented by an attorney or by any other person I choose. I may be able to get free legal advice or representation by contacting Coordinated Legal Education Advice and Referral (CLEAR) by:

- Visiting their site [http://nwjustice.org/get-legal-help](http://nwjustice.org/get-legal-help);
- Calling 1-888-201-1014 if I am under the age of 60, or
- Calling 1-888-387-7111 if I am age 60 or over.

CASE MANAGER’S SIGNATURE | DATE | MY SIGNATURE | DATE
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DSHS 14-381 (REV. 06/2021)
I may be able to get support services to help me advance at my job, keep my job, accept a job, look for a job, or follow my plan. If I disagree with a decision about support services, I may ask for a case review and/or a hearing. I will ask my WorkFirst Program Specialist/Social Worker if I need support services like:

- Car repair
- Diapers
- License/fees
- Mileage
- Clothing
- Education expenses
- Hair cut
- Tools for work
- Counseling
- Personal hygiene
- Bus passes
- Family planning
- Diapers
- Education expenses
- Hair cut
- Tools for work
- License/fees
- Mileage
- Personal hygiene
- Bus passes
- Family planning

While in sanction, I cannot get support services (such as money for work clothes or transportation) until I start following my IRP.

I understand that, if I refuse to cooperate with the Division of Child Support (DCS) without a good reason, my grant may be reduced. Good reasons include the threat of harm to my children or me. I understand that while I am getting TANF assistance, any child support collected is kept to pay back the state.

When I stop getting TANF/SFA, DCS will collect child support and send it to me unless I ask them to stop. I understand support services, sanctions, and child support.

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<th>CASE MANAGER'S SIGNATURE</th>
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<th>MY SIGNATURE</th>
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