



Individual Responsibility Plan (IRP)

WorkFirst Individual Responsibility Plan for _____

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|-----------|-------------|
| JAS ID | CASE NUMBER |
| CLIENT ID | |

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 will 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:
 - My grant will be closed if I don't participate in my noncompliance case staffing or home-visit/alternative meeting.
 - If my grant is reduced due to WorkFirst sanction:
 - I must follow my IRP for four weeks in a row to get out of sanction.
 - Once I do what is required for four weeks in a row, my sanction penalty will be lifted starting the first of the month following my four weeks of participation.
 - My case may be closed if I stay in sanction for two months in a row.
 - If my case is closed due to WorkFirst sanction:
 - I will need to reapply and may need to participate for four weeks in a row before I can receive cash.
 - I may be permanently disqualified from receiving TANF/SFA after three (3) sanction case closures.
- My case has been closed _____ times due to WorkFirst sanction since March 1, 2007.
- 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.
- I am required to work, look for work, or prepare for work. If I cannot attend a scheduled activity, I will call the person at the number listed below.
- I must do the following activities for the amount of time each week specified below:

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.

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>;
- 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.

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| CASE MANAGER'S SIGNATURE | DATE | MY SIGNATURE | DATE |
| JAS ID | CASE NUMBER | CLIENT ID | |
| CONFIDENTIAL REQUIREMENTS | | | |
| <p>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:</p> <ul style="list-style-type: none"> • Car repair • Clothing • Counseling • Diapers • Education expenses • Personal hygiene • License/fees • Hair cut • Bus passes • Mileage • Tools for work • Family planning <p>While in sanction, I cannot get support services (such as money for work clothes or transportation) until I start following my IRP.</p> <p>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.</p> <p>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.</p> | | | |
| CASE MANAGER'S SIGNATURE | DATE | MY SIGNATURE | DATE |