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| logo **Individual Responsibility Plan (IRP)**WorkFirst Individual Responsibility Plan for   | 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’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.
* 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:

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| 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 of 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 |
| 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
* Clothing
* Counseling
 | * Diapers
* Education expenses
* Personal hygiene
 | * License/fees
* Hair cut
* Bus passes
 | * Mileage
* Tools for work
* Family planning
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| 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. |
| CASE MANAGER’S SIGNATURE | DATE | MY SIGNATURE | DATE |