|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | | | |
| 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. | | | | | | | | | |
| 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 | | |
| 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 |