

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Food Stamp Employment & Training Personal Responsibility Plan (PRP) Part 1 of 2

CLIENT RESPONSIBILITIES

- **I understand** that I will have to get a job or be in a job activity, or both. **I further understand** that if I quit or refuse a job or job activity without good cause, I am subject to a penalty.
- **I understand** that if I do not have a high school **diploma** or its equivalent I may be required to participate in education or training. I also understand that if my education is complete, I will be expected to participate in a work-related activity.
- **I understand** that I must develop a Self-Sufficiency Plan as part of my PRP. The final goal of my plan will be to get a job. My plan will have time limits set for me to do assignments/activities and to reach my goals. I must follow my plan or **my Food Stamp benefits** will be sanctioned. I will work with my FSE&T Worker to develop a Self-Sufficiency Plan which is part of this document. **I further understand** that my Self-Sufficiency Plan will be developed based on my own life situations and my plan may be changed as needed to help me meet my goal of getting a job.
- **I understand** that I am required to attend any meetings/appointments related to my eligibility for Food Stamp **benefits** and my self sufficiency goals. These meetings/appointments include but are not limited to: periodic review of my eligibility for benefits; assessment of my skills and progress in meeting my goals and becoming self sufficient; employment interviews scheduled by or for me, etc.
- **I will** report changes in my life situations as required on the Rights and Responsibilities section of my application for assistance. **I am required to report when my household's income exceeds the gross income limit and when my work hours decrease to below 20 hours a week averaged monthly.**
- **I understand** that I must comply with the Rights and Responsibilities section of my application for assistance and follow my PRP or a penalty may be applied. Food Stamp penalties are as follows:
 - 1st sanction:** Ineligibility for at least 3 months or until I comply, **whichever is later.**
 - 2nd sanction:** Ineligibility for an additional 3 months **or until I comply, whichever is later.**
 - 3rd sanction:** I will be permanently ineligible for Food Stamp **benefits.**

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- **I understand** that I am required to participate in a work activity.
 - **I understand** that my Self-Sufficiency Plan is part of my PRP and that it can and will change as my life situation, needs, or goals change.
 - **I understand** in addition to the other rights I have, I may request a Fair Hearing on issues/requirements listed on the PRP.

AGENCY RESPONSIBILITIES

- **We will** work with you to develop your Self-Sufficiency Plan and to make any changes in the Plan that may be needed if situations in your life change.
- **We will** support your plans for self-sufficiency by providing you information and services that you may need.
- **We will** work out any disagreements you may have, through a Fair Hearing process. **We will** give you timely notice before any negative action happens in your case.
- **We will** assist you in obtaining services such as job assistance.
- **As a representative of the WV DHHR**, I have carefully explained the above information and acknowledge the responsibilities of the Agency.

FSE&T Worker's Signature

Date



- **I understand and agree** to follow my Personal Responsibility Plan.

Registrant's Signature

Date

Registrant's Name - Printed

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Food Stamp Employment & Training
Self-Sufficiency Plan
Part 2 of 2

Registrant's Name - Printed

SSN

Target Date to Get Job

Goals	Target Date	Registrant's		FSE&T	
		Initials	Date	Initials	Date

Challenges	Services Needed to Overcome Challenges

SELF-SUFFICIENCY PLAN (continued)

Specific Assignment/Activity	Expected Date	Registrant's		FSE&T	
		Initials	Date	Initials	Date

- **This Plan** was developed by my **FSE&T** Worker and me, based on my own life situations.
- **I understand** that situations in my life may change and that my Plan may be changed with the help and approval of my **FSE&T** Worker.
- **I understand** that if I do not sign this part of my PRP that I will not be eligible to receive Food Stamp benefits.
- **I understand/agree** to cooperate/participate with all assignments/activities listed above.
- **I understand** that if I do not cooperate/participate with all the assignments/activities listed above that I will be penalized.
- **I understand** that I may request a Fair Hearing on the issues/requirements listed on my Plan.

Registrant's Signature

Date

- **As a representative** of the West Virginia Department of Health and Human Resources, I have worked with the undersigned Registrant's to develop this Plan.

FSE&T Worker's Signature

Date