WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WV DHHR)

WV WORKS PERSONAL RESPONSIBILITY CONTRACT (PRC)

CLIENT RESPONSIBILITIES

- **I understand** that upon approval of cash assistance, I am required to participate in a work activity.

- **I understand** that EBT WV WORKS or TANF funds must not be used or accessed in liquor stores, casinos, gaming establishments or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment. This provision applies only to establishments which primarily or exclusively sell these products and does not include grocery stores or other establishments which also offer gaming activities (e.g., lottery) or sell these products in addition to other goods.

- **I understand** that I am required to attend any meetings or appointments related to my eligibility for cash assistance and my self-sufficiency goals. These meetings or appointments include, but are not limited to, home visits, 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., or I may be sanctioned.

- **I understand** that I must develop a Self-Sufficiency Plan as part of my PRC. The final goal of my plan will be to become self-supporting. My plan will have time limits set for me to do assignments/activities and to reach my goals. I must follow my plan or I may be sanctioned. I will work with my Family Support Specialist (FSS) 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 my Self-Sufficiency Plan is part of my PRC and that it can and will change as my life situation, needs, or goals change. **I further understand** that my wishes must be considered in developing the Plan and that the Worker and I are equal partners in its development. **I understand** in addition to the other rights I have, I may request a Fair Hearing on issues/requirements listed on the PRC.

- **I understand** that there is a 60 month lifetime limit that I can receive cash assistance whether I live in West Virginia or in any other states/territories in the United States. **I further understand** that I may obtain the number of months remaining in my lifetime limit from my Worker**.**

- **I will** help to collect child support for my child(ren). Unless good cause exists, this means helping to find the parent(s) of my child(ren) if the parent(s) does not live with me and my child(ren), helping to determine who my child(ren)'s father is, if it has not yet been determined, and helping to enforce court orders for my child(ren)'s support. **I understand** any child support received by me or my child(ren) must be sent to the WV DHHR, Bureau for Child Support Enforcement (BCSE) immediately upon receipt. If I fail to redirect these payments, **I understand** I will be sanctioned.

- **I will** report changes in my life situation as required on the Rights and Responsibilities section of my application for assistance. Changes may include, but are not limited to*, a change in address, a change in telephone number, someone moving in/out of my home, getting/losing a job, changes in work hours, and any changes in income, earnings, or assets.*

- **I will,** with the help of an appropriate health care provider, develop and keep a schedule of health care for my child(ren) to include shots and routine exams. I may also be asked to go to classes that teach me about healthy eating habits. **I will** keep my child(ren) in school, or if my child(ren) is not of school age, I will keep them in appropriate day care. If necessary, I will also participate in counseling, parenting courses, mentoring, or family planning classes.

- **I understand** that if I am a parent age 20 or above, 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 will be sanctioned.

- **I understand** that if I am a parent or caretaker relative between the ages of 18 and 20, and do not have a high school education or its equivalent I will be required to participate in mandatory education or training. **I also understand** that if my education is completed, I will be expected to participate in a work-related activity.

- **I understand** that if I am a recipient of refugee cash assistance that I must cooperate with the Migration and Refugee Services in developing a self-sufficiency plan.

- **I will** obtain a Social Security Number (SSN) for everyone in my family and report the number when received.

- **I understand** that I must comply with the Rights and Responsibilities section of my application for assistance and follow my PRC or a penalty may be applied. Penalties include case closure, repayment or legal action, removal from the payment, or sanctions as follows:
  - 1st sanction: My family's WV WORKS benefit will be closed for one (1) month for my first penalty;
  - 2nd sanction: My family's WV WORKS benefit will be closed for six (6) months for my second penalty;
  - 3rd and subsequent: My family's WV WORKS benefit will be closed for twelve (12) months for my third and subsequent penalties.
    Penalties will also be applied to Supplemental Nutrition Assistance Program, Medicaid, and Emergency Assistance if required by the rules of those programs. Once the sanction period has expired, I will be required to re-apply for WV WORKS benefits to again receive them.

- **I understand** if I have a learning disability or a physical or mental condition, I may have legal rights under the Americans with Disabilities Act (ADA). If the ADA applies to me, and I cannot do something WV DHHR asks me to do**,** WV DHHR can:

  - Help me do it or change what I have to do.
  - Call or visit me if I am unable to come to the WV DHHR office, and
  - Tell me what WV DHHR forms and letters mean.

- **I also understand** I have the option to let my caseworker know if I suffer from a physical, mental, or learning disability that may make it hard for me to participate in an activity or work requirement.

AGENCY RESPONSIBILITIES

- **WV DHHR will** encourage you to take the lead in determining the plan to achieve your goals.
- **WV DHHR 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.
- **WV DHHR will** support your plans for self-sufficiency by providing information, guidance, and services you may need.
- **WV DHHR will** give you timely notice before anything negative happens to your benefits and will provide the opportunity for a Fair Hearing on any issue related to your benefits or your PRC.
- **WV DHHR will** assist you in obtaining services such as child care, medical coverage, and continued job assistance after your cash assistance ends.
- **As a representative of the WV DHHR,** I have carefully explained the above information and acknowledge the responsibilities of the Department.

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Family Support Specialist's Signature Date

- **I understand** the information contained in this document and agree to follow this, my Personal Responsibility Contract. Failure or refusal to sign this form will result in ineligibility for WV WORKS.

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Parent/Caretaker's Signature Date

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Parent/Caretaker's Name – Printed