



Washington State
Department of Social
& Health Services

INDIVIDUAL RESPONSIBILITY PLAN (IRP)

WorkFirst Individual Responsibility Plan for Stacked Activities

JAS ID:

Case
Number:

Client Id:

I understand:

- I am required to work, look for work, or prepare for work full time for at least 32 hours a week.
- I must do required activities. If I don't, I will get 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.
 - 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.
 - A sanction review panel will review and may close my case if I stay in sanction for 4 months in a row. If your case closes your cash assistance will end:
 - If my case is closed by a sanction review panel, I will need to reapply and participate for 4 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 010 months of cash benefits.
 - 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:

AS OF 3-17-10 I WILL PARTICIPATE IN THE CW PROGRAM FOR 20 HRS PER WEEK.

ON 03/15/2010 AT 12:15PM, I agree to meet with a program counselor at the provider listed below to discuss my participation in the Department of Commerce's Supported Work Programs. I will participate in this program for the hours required by my program counselor.

Provider/School: COMMUNITY WORKS PROGRAM

Address:

Contact Name:

Contact Phone Number:

I will bring valid work identification to the meeting with my program counselor. At this meeting, I understand that I will help create and sign my Work Plan. I will follow my Work Plan requirements for up to six months.

While following my Work Plan, if I cannot make it to my scheduled appointments, I will call the phone number listed above on or before the same day and explain why I cannot come in.

I understand that if I do not call in, on or before the same day, it will be considered an unexcused absence. Two unexcused absences may result in sanction.

Childcare and transportation have been addressed.

From 03/17/2010 to 09/09/2010 , I agree to participate 12 hours per week in education and training at the provider listed below.

Provider/School:
Address: OLYMPIA
Contact Name: F
Contact Phone Number: .

I agree to attend all scheduled meetings and classes, complete all required assignments, and participate during the dates indicated.

If I cannot attend class, I will call the contact person at the number listed above on or before the same day and explain why I cannot come in.

I understand that if I do not call in on the same day, it will be considered an unexcused absence and that two unexcused absences in a month may result in sanction.

I have adequate child care and transportation has been addressed.

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 a hearing. To request a



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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	• Diapers	• License/fees	• Mileage
• Clothing	• Education expenses	• Hair cut	• Tools for work
• Counseling	• Personal hygiene	• Bus passes	• 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.

AUREA FIGUEROA	Date		Date

Note: No Confidential IRP information for this client.

DSHS 14-381 (Rev. 11/2006)TRANSLATED

hearing, I must contact my Community Services Office or the Office of Administrative Hearings, DSHS, PO Box 42488, Olympia WA 98504-2488, within 90 days of the date of my case manager's signature below. I have been given of copy of my Individual Responsibility Plan.

AUREA FIGUEROA	Date		Date
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