

OHIO WORKS FIRST SELF-SUFFICIENCY CONTRACT

This Self-Sufficiency Contract is entered into between the _____ County Department of Job and Family Services (CDJFS) and the following individual:

Participant:	Case Number:
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I understand that the goal of Ohio Works First (OWF) is to help me become employed, take care of my family, become self-sufficient, and take charge of my future. OWF is temporary assistance to help me become self-sufficient. The attached self-sufficiency plan is based on CDJFS appraisals and assessments of my job goals and barriers that need to be taken care of so that I can work. I agree to cooperate to ensure the success of this plan.

I understand that in order to receive OWF payments, I must sign this contract and plan. I understand that I must follow the requirements listed in my self-sufficiency plan, and if I don't, my entire family may not be eligible for OWF, if I do not have "good cause".

As I work toward my goal, there are ways to change my plan which I can discuss with my caseworker. Any changes to the plan will become part of this original agreement when signed by both the CDJFS and me.

I understand that under state law, there is an initial 36-month time limit for getting OWF payments, and the 36 months do not have to run continuously. After I have gotten OWF for 36 months, I cannot get any more OWF payments unless I qualify under the CDJFS's rules for "extensions". There are two kinds of extensions: (1) "hardship" and (2) "good cause". The CDJFS will discuss extensions with me before my initial 36-month time limit expires.

While I am applying for or participating in OWF, I understand that I have the right to:

- < Receive assistance and services needed to help me find and keep employment or to gain income security;
- < Request a county conference and state hearing with the Ohio Department of Job and Family Services if I do not agree with any action taken on my case;
- < Have my eligibility for Medicaid, child care, food stamps, benefits or services under the Prevention, Retention and Contingency (PRC) program or other services determined even if I, or members of my assistance group become ineligible for OWF or if I decide not to sign this contract or choose not to continue to receive OWF.

While I am applying for or participating in OWF, the CDJFS agrees that it is responsible to:

- < Help develop and improve the plan for employment, help with job searches and provide needed supportive services that are available;
- < Treat all members of my assistance group with courtesy, dignity, respect and without

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- discrimination;
- < Provide a full, complete and appropriate assessment of employability and barriers to employment;
 - < Help devise an employability plan that allows participation in activities even though I may have a disability;
 - < Provide a copy of the “good cause” reasons for failing to comply with the Self-Sufficiency Contract and plan;
 - < Provide to single custodial parents caring for a minor child under age 6, the procedures for determining whether “good cause” exists due to the parent’s inability to obtain needed child care, including the agency definitions;
 - < Provide a copy of the “just cause” reasons for quitting employment;
 - < Review my progress toward self-sufficiency or income security, and make changes to my plan if necessary;
 - < Provide an accurate and complete assessment of my language needs;
 - < Provide free and competent translation services if my primary language is not English or if I am hearing-impaired. The agency will provide vital documents in my primary language or someone will be provided to translate the information on the documents into my primary language;
 - < Consider my disabilities in developing my self-sufficiency plan;
 - < Provide me with services and make reasonable accommodations to provide for equal access to the benefits of OWF and all other benefits and services for which I am eligible, and achieving self-sufficiency or gaining income security;
 - < Provide me with a free copy of my self-sufficiency contract and plans, including any future amendments.

Both the CDJFS and I agree that the attached plan and written amendments are part of this contract. We agree that this Self-Sufficiency Contract is binding and we will comply in full with our responsibilities under this contract and its attached plan.

Participant:	Date:
County Representative:	Date:

A OHIO WORKS FIRST SELF-SUFFICIENCY PLAN

Participant Name:	Case Name:	Case Number:
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CDJFS:	Appraisal/Assessment Date:
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B. MY EMPLOYMENT GOALS:

Participant: _____

C. POSSIBLE BARRIERS TO EMPLOYMENT:

I understand that providing information on barriers is voluntary. Information provided is used to determine what work activity is best and whether other help is needed.

I have the following conditions that may be a barrier to employment (please list what they are):

- 9 Physical problem(s) _____
- 9 Mental problem(s) _____
- 9 Learning disability _____
- 9 Educational or Training _____
- 9 Child Care _____
- 9 Transportation _____
- 9 Primary language is not English (list primary language) _____
- 9 Hearing or visually-impaired - Do you need an interpreter or other aid? Yes 9 No 9
- 9 Domestic or child abuse _____
- 9 Substance abuse _____
- 9 Caring for a disabled spouse or child _____
- 9 Other _____

D. STEPS TO ACHIEVING SELF-SUFFICIENCY:

In order to help me become self-sufficient or income secure, I understand that I may need assistance in overcoming barriers. Examples of such assistance may include services such as: counseling, interpreter services, treatment programs, educational classes, and/or assistance in finding a home. Some may include appropriate referrals to other agencies. Based upon the appraisal or assessment completed on _____, the CDJFS and I have determined that the following are the steps required for me to overcome my barriers and become self-sufficient or income secure:

E. MY WORK RESPONSIBILITIES AND ACTIVITY PLAN:

The CDJFS and I have determined that the following work activities will help me become self-sufficient or income secure:

Work Activity and Location (include education and training assignments)	Category allowable developmental alternative	Start Date	End Date	Number of Hours per Week

Participant Name:	Case Name:	Case Number:
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F. MY OTHER RESPONSIBILITIES:

I agree to cooperate with the Child Support Enforcement Agency (CSEA), if there is an absent parent. While on OWF, I will assign support rights to the CSEA, if required. Cooperation includes but is not limited to the following:

- < Tell everything I know about the absent parent(s);
- < Identify the parent(s) of my child(ren);
- < Assist the agency in establishing paternity (fatherhood) for each child born if I was not married to the father;
- < Attend required meetings;
- < Repay any child support money that I received but was not eligible to receive;
- < Assist the agency in getting support payments and any other payments and property for which my child(ren) are eligible.
- < Other _____

I may not have to cooperate if I have “good cause” and if I believe cooperation may reasonably result in serious physical or emotional harm to myself or my child; or if my child was conceived as a result of incest or rape; or legal proceedings for adoption are pending before a court; or I am currently being assisted by an agency to decide whether to keep my child or give my child up for adoption. I understand that the CSEA will need documents to show that I have “good cause” and will let me know if I have to cooperate or if I have “good cause”.

I agree to cooperate with other responsibilities listed below:

Participant Name:	Case Name:	Case Number:
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G. COUNTY DEPARTMENT'S RESPONSIBILITIES:

The CDJFS, CSEA or PCSA will be responsible for providing the following assistance and/or services:

- | | |
|----------------------------------|---------------------------------|
| " OWF | " HEALTHCHEK |
| " In-depth assessments | " Child Care - help in locating |
| " Medicaid | " Child Care - help in payment |
| " Food Stamps | " Interpreter services |
| " Transportation | " Help Me Grow |
| " Child support services | " Case management |
| " Individual development account | " Educational courses |
| " Counseling | " Training courses |
| " Treatment | " Other _____ |

H. SANCTIONS FOR NOT FOLLOWING THE SELF-SUFFICIENCY PLAN:

If I fail or refuse to follow the requirements in sections E (My Work Responsibilities and Activity Plan" and F (My Other Responsibilities) of this plan and I have not shown that I had "good cause", I will not receive cash assistance for:

- < one (1) month or until the failure or refusal ceases, whichever is longer, for the entire assistance group the first time I fail. I may receive less food stamps but I will not lose Medicaid coverage.
- < three (3) months or until the failure or refusal ceases, whichever is longer, for the entire assistance group the second time I fail. I may receive less food stamps but I will not lose Medicaid coverage.
- < six (6) months or until the failure or refusal ceases, whichever is longer, for the entire assistance group the third or more times I fail. I may receive less food stamps. The third time that I fail to cooperate with my work activity I may lose Medicaid coverage but I may regain Medicaid coverage at anytime (even before the 6 months is up) if I begin to comply again with the work activity. For Medicaid coverage, the work activity failures of another adult in my household will not be counted against me or affect my Medicaid eligibility.

Failure or refusal to follow the plan also includes not working all of my hours for the month and not showing the CDJFS that I had "good cause". If I am sanctioned, the CDJFS will continue to work with me to provide an opportunity for me to demonstrate that I am willing to comply in order to begin receiving OWF benefits (and Medicaid coverage after my 3rd work activity sanction). I understand that while I am on a sanction, I may still be eligible for child care and support services, such as transportation, so that I can comply and begin receiving OWF.

In determining if "good cause" exists, the CDJFS shall determine if child care is a necessary support service. If I am a single custodial parent caring for a child under age six and am unable to obtain

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needed child care due to 1) unavailability of appropriate child care within a reasonable distance from my home or work site; 2) unavailability or unsuitability of informal child care by a relative or under other arrangements; or 3) unavailability of appropriate and affordable formal child care arrangements, the CDJFS may determine I have “good cause” and not sanction my OWF case.

When I am sanctioned, the months that I am sanctioned do not count toward my 36-month time limit. If the CDJFS decides that I had “good cause”, however, the months that I continue to receive OWF will count toward my 36-month time limit.

I. OTHER RESPONSIBILITIES AND PENALTIES:

I understand that:

- < If I terminate employment without just cause, I will not receive cash assistance for my entire family for six months and I may receive less food stamps.
- < If I, or one of my children is a LEAP participant and I (or my child) fail or refuse to meet the requirements of the LEAP program, I will lose the \$62 monthly incentive for regular school attendance and my OWF will be reduced.
- < If I, or one of my children who is a LEAP participant continue not attending school, I may lose OWF for myself and my children.
- < If I am a LEARNFARE participant and I fail or refuse, after the second month, to attend school without “good cause”, I will be removed from the assistance group's cash benefits.
- < If I am the parent of a minor LEARNFARE participant and my child fails or refuses, after the second month, to attend school without “good cause”, then my cash benefits will be reduced.
- < If I do not attend a reapplication appointment to determine if I am eligible to keep getting OWF AND Food Stamps, the CDJFS may stop those benefits but will not stop Medicaid coverage for me or members of my family. The CDJFS will notify me about my next regular Medicaid reapplication date, and at that time will redetermine Medicaid eligibility for me and members of my family without requiring us to come in to the CDJFS for an appointment. Medicaid reapplications will be done by mail and/or phone.
- < If I receive OWF when I am not eligible, and the CDJFS determines that it was fraudulent, I will not receive cash assistance for my entire family until the amount that I received is repaid.

J. PLAN REVIEW :

The CDJFS and I will meet periodically to review the plan. The next scheduled plan review date is: _____ . I can always request to review the plan sooner than the review date.

K. SIGNATURE:

The CDJFS and I agree that we will follow this plan and understand that this plan can be amended

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(changed) if something in my situation changes. Any plan changes will be in writing and signed by both the CDJFS and me. By signing this, I am stating that I understand the requirements in this plan and what will happen if I do not follow this plan.

Participant:	Date:
CDJFS Representative:	Date:

L. OWF OMBUDSPERSON:

I understand that if I have questions or problems regarding this contract, the CDJFS will provide me with an ombudsperson that I can talk to. That person's name and telephone number is listed below.

OWF Ombudsperson:	Telephone Number:
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M. AMENDMENTS:

Participant:	Date:
CDJFS Representative:	Date:

Participant:	Date:
CDJFS Representative:	Date:

Participant:	Date:
CDJFS Representative:	Date:

Participant:	Date:
CDJFS Representative:	Date: