DATE:

PHONE #:

CLIENT'S NAME (PLEASE PRINT):

CASEWORKER'S NAME (PLEASE PRINT):

## WELFARE TO WORK COMPLIANCE PLAN

**INSTRUCTIONS TO THE COUNTY:** This form is only used for the compliance process. This form does not replace the WTW 2, Welfare to Work Plan - Activity Assignment, or the WTW 3, Welfare to Work Plan Activity Assignment Change, which must be modified to communicate any changes in the individual's Welfare to Work requirements and supportive services needs, once this plan is no longer in effect.

CASE #:

WORKER #:

				( )	
		did not have a good reason for n em in the Notice of Action sent to			
Th	e county will NOT lower your o	ash aid if you:			
1)	agree to a compliance plan; and				
2)	Do what the compliance plan says to correct your participation problem. This means you must do the activity in this plan for up to 60 calendar days from the date you begin the activity, or for the length of the activity, whichever is shorter.				
Aft	er you do what this compliance p	olan says, your compliance period er	nds, but you will still need to do other	er Welfare to Work activities.	
		MY COMPLIANO	CE PLAN		
ACTIVITY #1:			ACTIVITY #2:		
BEG	INS:	ENDS:	BEGINS:	ENDS:	
LOCATION:			LOCATION:		
PHONE #:  ( ) SCHEDULE:			PHONE #: ( ) SCHEDULE:		
TOTAL HOURS/WEEK:			TOTAL HOURS/WEEK:		
COM	IMENTS/OTHER INSTRUCTIONS:		-		

## I understand that:

- My cash aid will be lowered if I do not agree to the compliance plan or I agree to the plan but do not do what it says without a good reason.
- If the activity that the county asked me to do before is no longer available or right for me, I may have to do another activity.
- The county cannot ask me to do an activity for a time longer than the length of the activity that led to my nonparticipation.
- If I do not agree to a compliance plan, or if I agree to one but do not do what it says without a good reason, I will not get another chance to fix this problem before my cash aid is lowered.
- If I do not agree with any part of my plan, I may suggest my own plan for the county to consider. If the county agrees with all or some of my suggestions, it will change my plan to include those ideas.
- The county will pay for supportive services (transportation, child care, and work- or training-related expenses) that I need to do the activity in my compliance plan. The county will give me more information about these services in other notices.
- Once I do what the compliance plan says, compliance is over. I may then have to continue in the same activity, or start a new
  activity. If I have a Welfare to Work plan, it will be updated to tell me of any changes in my Welfare to Work requirements and
  supportive services needs.
- I can file for a State hearing if I disagree with the county about any part of my compliance plan.

I understand that I will receive a copy of this compliance plan and if I have any questions about the information in the plan, I can ask my worker.

If you are sending this plan to your worker by mail,	CLIENT'S SIGNATURE:	DATE:
it must be signed and postmarked by,	CASEWORKER'S SIGNATURE:	DATE:
or your cash aid may be lowered.		