



# AGREEMENT OF MUTUAL RESPONSIBILITY

## YOUR RESPONSIBILITIES ARE TO:

- ✓ Work with your caseworker to develop a plan for how you can take care of yourself (and your family) without using cash assistance. This includes filing for child or spousal support unless you have a good reason for not doing so.
- ✓ Discuss and agree on other specific things you need to do (goals), and the dates you will get them done.
- ✓ Work with your caseworker to set new goals if your situation changes, and tell your caseworker when you finish parts of your plan.
- ✓ Complete the steps in your plan (meet your goals) by the dates you discussed with your caseworker.
- ✓ Make sure your children get proper medical care and keep up to date with all their shots.
- ✓ Make sure your children attend school.
- ✓ Cooperate with TANF random sampling if you are asked. This could include providing employment and work-related activity hours to your caseworker.

## OUR RESPONSIBILITIES ARE TO:

- ✓ Explain that you may receive cash assistance from the Temporary Assistance for Needy Families (TANF) Program for a total of only 5 years (60 months) in your lifetime. TANF provides temporary help until you and your family are again able to support yourself.
- ✓ Explain that the Time-Out program can provide benefits that do not count against the 5-year limit for families that meet certain program requirements.
- ✓ Explain that you and your family may receive other cash assistance to help you pay necessary living expenses if you are not eligible for TANF.
- ✓ Help you decide what steps you can take so you are able to support yourself and your family without using cash assistance.
- ✓ Explain which special allowances for supportive services such as transportation, child care, and clothing, may be available to you and assist you in getting the paperwork needed to qualify for those supportive services.
- ✓ Help you find other groups and/or people who can help you with your plans to meet your goals.
- ✓ Explain other ways that we can help you, such as The Disability Advocacy Program (DAP), Earned Income Credit (EIC), Time-Out, the Maximizing Participation Project (MPP), and special ways we can work with victims of domestic violence.
- ✓ Explain available education and training opportunities.
- ✓ Explain your right to volunteer for work-related activities or education/training if you are not required to work.
- ✓ Give you information about the Food Stamp Program and the possibility of continuing to receive Food Stamps and Medicaid after cash benefits end.

\_\_\_\_\_  
Client Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Initials

\_\_\_\_\_  
Date

# TAKING STEPS TO SUPPORT YOURSELF AND YOUR FAMILY

## EMPLOYMENT

- If you are not working an average of at least 20 hours per week or in an approved education or job skills training activity during the first 24 months you receive cash assistance, you must start a job search or take part in a work activity or work-related activity unless you have a good reason not to. We have information and work shops that can help you with your job search.
- After you have received cash assistance for 24 months, you must either be working an average of at least 20 hours per week or be participating in a work activity or approved education or job skills program.
- A caseworker is available to discuss programs that are available to assist you.
- We can help with the cost of child care, transportation and other expenses, if needed. Ask your caseworker about how to find a good child care provider and referral services to help you find other groups and/or people who can help you follow your plan.

## COURT-ORDERED SUPPORT

- Income from a support order combined with the wages you earn from a job can make the difference in moving you and your family toward no longer needing cash assistance. Getting a job will not affect your right to get child support.
- You must cooperate with the local Domestic Relations agency to obtain child support unless you have good reason for not doing so. This includes providing the name and any other information you have about an absent parent, signing and returning support forms, keeping appointments and/or attending any paternity or support hearings at the local Domestic Relations agency.
- You do not have to file for support if you feel that doing so would place either you or your children in danger of abuse from an absent parent, make it harder for you to flee from an abusive parent, or penalize you or your children because of abuse.
- We will help you complete the required papers or make an automated referral to Domestic Relations.

## CHILDREN'S NEEDS

- Health screenings, shots and medical care, as suggested by your doctor or clinic, will help your children grow into healthy adults. Ask about the health screening program for children under age 21.
- Ask your caseworker about help you may get if you are caring for a special needs child.
- Making sure your children go to school everyday will give them a head start on a better tomorrow.

## HEALTH

- Keeping yourself and your children healthy is an important step to independence.
- If you are pregnant, it is important that you keep all appointments scheduled by your doctor or clinic.
- You can get help from your caseworker if you need transportation to get to your doctor or clinic.
- If drugs or alcohol are preventing you from finding or keeping a job, you must participate in and complete an available certified substance abuse counseling program. All services will be confidential.
- If you or a family member has a mental health or mental retardation issue that prevents you from working, we can make a referral to an agency that can help you. All services will be confidential.

## EDUCATION

- Getting a high school diploma or learning a skill or trade can mean a good job and a brighter future. You may also choose to get additional education or training, including a college degree.
- We can help you with expenses, such as the cost of child care and transportation, so you can return to school.

## OTHER ACTIVITIES

- Make all payments to child care providers and other providers from benefits given to you for these services.
- Your caseworker will help you identify other activities that will help you improve your situation and your chances for being able to support yourself and your family.

\_\_\_\_\_  
Client Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Initials

\_\_\_\_\_  
Date

**PLAN FOR SUPPORTING MYSELF  
AND MY FAMILY**

**AGREEMENT OF MUTUAL RESPONSIBILITY**

LINE NO:	NAME:	SOCIAL SECURITY NO:	
COUNTY:	CASE NO:	TELEPHONE NO:	DATE:

**GOALS:**

My long term goals:

My goal for the next six months:

Number of TANF Days \_\_\_\_\_ GA days \_\_\_\_\_ used to date

Time Out Begins \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Out Ends \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial Job Search Completed  Yes  No

Highest Education Level Completed \_\_\_\_\_

Paid Work Experience Weeks Completed \_\_\_\_\_

Allowable Community Service Hours Per Week \_\_\_\_\_

**EMPLOYMENT & TRAINING STATUS:**

Exempt  Mandatory With Good Cause  Mandatory

**BARRIERS TO BEING ABLE TO SUPPORT MYSELF AND FAMILY:**

**PLAN TO ADDRESS BARRIERS/FAMILY ISSUES:**

**PLAN FOR SUPPORTING MYSELF  
AND MY FAMILY**

**AGREEMENT OF MUTUAL RESPONSIBILITY**

LINE NO:	NAME:	SOCIAL SECURITY NO:	
COUNTY:	CASE NO:	TELEPHONE NO:	DATE:

**PARTICIPATION ACTIVITIES:**

Good cause has been reviewed and is:

Granted

Denied

Not Applicable

What:

Where:

When:

Hours:

What:

Where:

When:

Hours:

**AGENCY HELP:**

Report on this plan to \_\_\_\_\_ by: \_\_\_\_\_  
Worker's Name Date Telephone Number

I have read and understand this agreement. I understand that signing this agreement is a condition of eligibility and that the penalties, listed on page 5 of this form, may be imposed if I willfully fail, without good reason (good cause), to complete mandatory activities. I agree to take the actions outlined in this plan. (62 P.S. 405.3)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

The agency will provide services to help you, to the extent possible, so you can complete the actions outlined in your plan.

\_\_\_\_\_  
Agency Signature

\_\_\_\_\_  
Date

## AGREEMENT PENALTIES

IF YOU REFUSE OR WILLFULLY FAIL TO:	THE PENALTY WILL BE:
Develop a plan with your caseworker and sign the Agreement of Mutual Responsibility, unless you have a good reason for not doing so.	You will not be eligible for your share of the cash grant until you complete and sign an Agreement.
Cooperate with the requirements to seek support and/or verify paternity, unless you have a good reason for not doing so.	You will be removed from the grant. Your benefits will be reduced by at least 25 percent. Benefits for your children will be sent to a protective payee.
<p>Meet work requirements, unless you have a good reason for not doing so. This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• participating in a work or work-related activity including education and training;</li> <li>• attending scheduled assessment interviews and work shops;</li> </ul> <p style="text-align: center;">and</p> <ul style="list-style-type: none"> <li>• actively searching for a job and providing required documentation.</li> </ul>	<p>1<sup>st</sup> violation – Ineligible for 30 days or until you comply, whichever is longer.</p> <p>2<sup>nd</sup> violation – Ineligible for 60 days or until you comply, whichever is longer.</p> <p>3<sup>rd</sup> violation – Permanent disqualification.</p> <p>During your first 24 months of receiving assistance you will be ineligible. After 24 months, your entire family will be ineligible.</p>
Maintain earnings by voluntarily, and without good reason, reduce your work hours to less than an average of 20 hours per week while receiving assistance.	Your grant will be reduced by an amount equal to what you would have earned if you had not voluntarily reduced your hours to less than an average of 20 hours per week.
Participate in available drug or alcohol treatment if substance abuse is preventing you from finding or keeping a job.	You will not be eligible for your share of the cash grant until you cooperate with an available treatment plan.
Apply for other possible sources of income.	If you are an applicant for General Assistance, you are ineligible for at least 60 days and until compliance. Otherwise, you are ineligible until you agree to meet the requirements.

## YOUR RIGHTS

Prior to your benefits being reduced or discontinued, you have the right to have your case reviewed to determine if you had good reason (good cause) for not meeting requirements. You have the right to receive a notice of action before your benefits are reduced or stopped. You have the right to appeal and request a fair hearing if you disagree with our decision. Your benefits will continue if you file your appeal within 10 days of the date of the notice proposing to reduce or stop your benefits.

## GOOD CAUSE

Good cause will be considered if the reason for not completing the steps in your Plan for Supporting Yourself and Family is beyond your control. Examples of good cause are domestic violence, not having proper child care, below-standard conditions at the job, or the need to care for a disabled or ill person.

\_\_\_\_\_  
Client Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Initials

\_\_\_\_\_  
Date

**AMR APPEAL FORM**

I am appealing my Agreement of Mutual Responsibility (AMR) because I do not agree with what is in it. I am signing the AMR because I need help for my family, but I don't agree with the contents of the AMR.

I want my benefits to continue while I am waiting for a hearing date.

I am requesting a face-to-face hearing.

I need an interpreter who speaks \_\_\_\_\_ (list language, e.g. Spanish, Vietnamese, Russian).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

**OPTIONAL:**

\_\_\_\_\_  
Name of my advocate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number