## MUTUAL RESPONSIBILITY AGREEMENT PLAN OF ACTION REQUIREMENTS

Participant's Name:

County Case Number: \_\_\_\_\_

North Carolina's Work First Program is based on the philosophy that all people have the responsibility to their families and community to work and provide for their children. This Mutual Responsibility Agreement Plan of Action outlines the steps to be taken to become self-sufficient. This plan will be reviewed and may be changed as needed.

## Participants are to initial all items

\_\_ I will contact my Work First worker immediately if a change occurs that prevents me from completing the activities described on the MRA Plan of Action.

- \_\_\_\_I will accept and keep any reasonable job offered to me. I will not quit a job, refuse an offer of employment or fail to follow up on job referrals without good cause.
- \_\_\_\_I will submit verification of all activities I complete each month by the fifth (5<sup>th</sup>) work day of the following month.

\_\_\_\_I acknowledge if I do not meet the requirements listed on the MRA Plan of Action and Core Requirements, my Work First payment will stop and all family members will be evaluated for Medicaid. This agreement serves as my notice of termination.

Employment Goal: \_\_\_\_\_

Other Goals:

Number of months remaining on 24 month time clock \_\_\_\_\_ and 60 month time clock \_\_\_\_\_

## Plan of Action: (Describe client and agency responsibility)

ACTIVITY/ SERVICE	HRS /WK	REQUIREMENTS

ACTIVITY/ SERVICE	HRS /WK	REQUIREMENTS
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Comments		

Signatures indicate that we have jointly developed this Plan of Action and agree to the responsibilities and conditions outlined. The policy regarding time limited benefits, requirements for check issuance, hearings, and extensions have been explained.

Work First Participant's Signature:	DATE:Telephone:		
Work First Worker's Signature:	DATE: Telephone:		

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For all other questions or concerns, contact your local Department of Social Services.