## MUTUAL RESPONSIBILITY AGREEMENT PLAN OF ACTION REQUIREMENTS FOR WORK FIRST SERVICES

Participant's Name:	County Case Number:
	rst Program is based on the philosophy that all people have the responsibility to their families and rovide for their children. This Mutual Responsibility Agreement Plan of Action outlines steps to help ufficient.
Self-Sufficiency Goal:	-
Other Goals:	
Plan of Action: (Describe	e client and agency responsibility)
ACTIVITY/ SERVICE	REQUIREMENTS
Signatures indicate that v	ve have jointly developed this Plan of Action.
Participant's Signature: _	DATE:
Worker's Signature:	DATE:

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