

## FAMILY WORK REQUIREMENT INFORMATION For Two-Parent Households

TWIST ID # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**NAME of 2<sup>nd</sup> PARENT:** \_\_\_\_\_ **2<sup>nd</sup> PARENT'S TWIST ID #:** \_\_\_\_\_

The second parent is:  exempt  mandatory  under extended good cause  
(length of time \_\_\_\_\_)

This family  is  is not receiving childcare. The total weekly participation requirement is \_\_\_\_\_ hours.

***If this work requirement is not met by the family (one or both adults),  
the family's TANF grant and Medicaid benefits may be denied.***

The second parent is contributing \_\_\_\_\_ hours per week to this requirement in the following activity(ies):

Comments: \_\_\_\_\_

### **AGREEMENT:**

*My signature below states that I agree with this plan. I have been informed by the Workforce Solutions of my rights and responsibilities concerning this agreement. I will report any changes in my circumstances to the Career Solutions Specialist assigned to my case. These include any changes in childcare needs, finding or leaving a job, and other situations that could affect my need or eligibility for services. If I am unable to comply with Choices requirements, I have the right to show that I have, or had, a good reason and must contact my Career Solutions Specialist to discuss those reasons. I will be required to provide a doctor's statement for missing due to illness. If, without good cause, I do not comply with this Employment Plan, I will lose access to Choices services, and if mandatory, may lose my entire TANF grant, as well as adult Medicaid benefits. I will then be required to cooperate completely with program requirements for 1 month before having my benefits restored. Non-cooperation for 2 consecutive months will result in a denial of my TANF benefits. If I reapply for TANF assistance, I will be required to demonstrate cooperation for 4 consecutive weeks without cash assistance before being re-certified.*

Participant  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant  
Signature \_\_\_\_\_  
(2<sup>nd</sup> parent)

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_