



Date: \_\_\_\_\_  
 Case name: \_\_\_\_\_  
 Case number: \_\_\_\_\_  
 County number: \_\_\_\_\_  
 Supervisor/worker number: \_\_ / \_\_

Temporary Assistance for Needy Families (TANF)

**TANF Work/Personal Responsibility Agreement**

Participant's name

This document is an agreement between the participant and the Oklahoma Department of Human Services (OKDHS). It contains terms and conditions that must be followed in order for the participant to receive or continue to receive cash assistance under the TANF Program.

After discussion with your worker:

- Do you understand you are required to participate in the TANF Work activities as agreed?  Yes  No
- Participation is voluntary if you have a child in the home under the age of four months? Do you wish to volunteer?  Yes  No

**Your responsibilities are to:**

1. help complete this form;
2. keep all appointments as scheduled;
3. participate in assigned work activities **100%** of the time, unless excused for a good-cause reason;
4. tell your worker, instructor, or training supervisor ahead of time of the reason you must miss any scheduled hours or days of participation;
5. complete Form 08TW013E (TW-13), Time and Progress Report, indicating the number of hours each day of the month you have attended your assigned work activity(s);
6. make sure your worker receives Form 08TW013E, pages 1 and 2, no later than the 20th of the current month and pages 3 and 4 no later than the 5th of the next month;
7. participate in assessments to determine your level of job readiness;
8. seek, accept, report, and keep a job;
9. understand failure to attend and complete the assigned work activity(s) or accept a job offer may result in the closure of your cash assistance benefit;
10. cooperate with Oklahoma Child Support Services (OCSS) to establish child support, unless good cause is requested; and

11. turn in any child support you receive to OCSS after you begin receiving cash assistance.

**OKDHS agrees to:**

1. help you develop a plan to get a job by reviewing your work experience, training, skills, education, and child care needs;
2. help you look for a job;
3. help you find and pay for child care when you participate in the assigned work activities outlined in this form or agreement;
4. help you enter training programs to improve your skills;
5. provide a participant allowance when you are eligible;
6. provide a work activity payment up to \$40 when you are eligible;
7. provide flexible funds for specified items when you are eligible;
8. provide other work support services;
9. make appropriate referrals to other agencies for necessary services; and
10. conduct a fair hearing when needed to resolve complaints.

I understand my rights and responsibilities and agree to cooperate and participate in the agreed upon TANF Work activities.

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Participant signature                      Date                      Worker signature                      Date

**Section 1. Work history**

[1] Last employer	Start date	End date
Job classification	Wages	Reason for leaving
Job duties:		

[2] Next-to-last employer	Start date	End date
Job classification	Wages	Reason for leaving
Job duties:		

## Section 2. Education/training information

Check all activities you are participating in:

- |  |  |
|--|--|
| <input type="checkbox"/> General Educational Development (GED) | <input type="checkbox"/> College             |
| <input type="checkbox"/> Reading skills class                  | <input type="checkbox"/> Vocational training |
| <input type="checkbox"/> High school                           | <input type="checkbox"/> Other               |

What type of training have you received?

How long did you attend?

Did you complete the course?  Yes  No

The highest grade you completed in school is:

- 8<sup>th</sup> or lower  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  GED

College level: \_\_\_\_\_ Number of hours: \_\_\_\_\_ Degree: \_\_\_\_\_

## Section 3. Employment interest

What was the best job you ever had and why?

If you had only a year or less to prepare for a job, what would the job be?

Could you support your family with this job?  Yes  No

Is this type of work available in your area?  Yes  No

What skills do you have to help you get this job?

## Section 4. Child care plans

You have the following plan for child care for your child(ren) 12 years of age and younger:

- care in a licensed child care home or center;
- self-care; or
- care by a friend or relative

On days this plan does not work, your backup plan is:

Age(s) of child(ren) needing child care:

Do you have a child(ren) with disabilities that requires more specialized care than a typical child of the same age?  Yes  No

If yes, describe the child's care needs.

## Section 5. Transportation

Do you have the use of reliable transportation?  Yes  No  
If yes, please explain.

Do you have current automobile insurance?  Yes  No

Do you have a valid driver license?  Yes  No

Will you need assistance with transportation?  Yes  No

If yes, please describe:

## Section 6. Support services

Helping your family help themselves is part of the OKDHS purpose.

Do you need information on family planning?  Yes  No

A felony conviction may prevent you from working in some jobs. Do you have a felony conviction?  Yes  No

If yes, type and date of conviction?

Have you ever been a victim of domestic violence?  Yes  No

Do you or a household member have a substance abuse problem that would interfere with seeking employment?  Yes  No

Do you have a reading problem that would interfere with training or employment?  Yes  No

Do you or any member of your family have any **other** problems or circumstances that would prevent you from participating in TANF Work?  Yes  No If yes, explain:

## Section 7. Employability plan

I agree to participate in the following activities in order to become self-sufficient. By signing this employability plan, I acknowledge I have reviewed, understand, and agree to follow this plan and have received a copy of it. If there is a change in my circumstances that makes me unable to participate in these activities, I will contact my worker immediately to help resolve the problem. I understand if I stop participating in these activities without good cause, my TANF benefits may close.

I have received and agreed to read a copy of the TANF pamphlet *The Future is Yours*.  
 Yes  No

My assignment is _____	
at _____ for _____ hours per week.	
Address: _____	
Beginning: _____	from _____ to _____
Date	Hour                      Hour
Estimated date of completion: _____	
This agreement entered into this _____ day of _____, _____	
By: _____	_____
Participant signature	Date
By: _____	_____
Worker signature	Date

My assignment is _____	
at _____ for _____ hours per week.	
Address: _____	
Beginning: _____	from _____ a.m. to _____ p.m.
Date	Hour                      Hour
Estimated date of completion: _____	
This agreement entered into this _____ day of _____, _____	
By: _____	_____
Participant signature	Date
By: _____	_____
Worker signature	Date

My assignment is _____	
at _____ for _____ hours per week.	
Address: _____	
Beginning: _____	from _____ a.m. to _____ p.m.
Date	Hour                      Hour
Estimated date of completion: _____	
This agreement entered into this _____ day of _____ , _____	
By: _____	_____
Participant signature	Date
By: _____	_____
Worker signature	Date

## Section 8. Participation Compliance Agreement

I understand my TANF benefits have been or will be closed for failure to cooperate with my agreed upon TANF Work activity assignment without good cause. I agree to comply with the TANF Work activity described below in order for my benefits to remain open or be recertified after I comply. I acknowledge by my signature that I reviewed, understand, and agree to follow this compliance agreement. I understand that if I fail to participate as agreed, my TANF benefits will be closed or remain closed.

My assignment is _____	
at _____ for _____ hours per week.	
Address: _____	
Beginning: _____	from _____ to _____
Date	Hour                      Hour
Estimated date of completion: _____	
This agreement entered into this _____ day of _____, _____	
By: _____	_____
Participant signature	Date
By: _____	_____
Worker signature	Date

I understand if I complete \_\_\_\_\_ days or \_\_\_\_\_ weeks of this TANF Work activity from \_\_\_\_\_ through \_\_\_\_\_ according to the days and hours above, **without missing any part** of the assigned activity, unless I have good cause for missing, my case will be recertified effective \_\_\_\_\_. I understand if I miss any part of the assigned activity and do not have good cause, my case will close or remain closed.

Upon completion of this Participant Compliance Agreement, I will continue to participate in my required TANF work activity in order for my case to remain open.

Participant signature                      Date	Worker signature                      Date
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