

Customer Name: _____ SS#: _____

RESPONSIBILITIES

As a participant, your participation and cooperation are required. You are responsible to notify your Workforce Specialist if any changes occur in your circumstances which might affect your cash assistance. As a participant you are required to:

- Keep all appointments with your Workforce Specialist.
- Respond to any request from the county department or participating agency regarding your employment status.
- Participate in assessments to determine your level of job readiness.
- Report for and participate in any employment or education activity agreed to by you and your Workforce Specialist.
- Notify your Workforce Specialist immediately of any of the following:
 - A change in your employment status.
 - Being out of town and not available for work, job referral, appointments or training sessions.
 - Emergency situations, which prevent you from participating in required activities.
 - Absence from any scheduled classes or program related activities, and
- ACCEPT AND MAINTAIN APPROPRIATE EMPLOYMENT.

RIGHTS

- You have the right to file a grievance or complaint if you believe that you have been discriminated against on the basis of your age, race, color, creed, sex, or previous national origin, or if you disagree with your Workforce Specialist's assignment or decision. Your Workforce Specialist will assist you in filing a grievance or complaint.
- You have the right to look for work on your own and accept a job if offered.
- You have the right to participate in the development of your IRC with your Workforce Specialist.
- You have the right to a dispute resolution at the county department if you are not satisfied with actions affecting your assistance or participation.
- You have the right to appeal to the state department if the dispute is not resolved. Your Workforce Specialist will assist you in filing a request for dispute resolution or state appeal.

I HAVE PARTICIPATED IN THE DEVELOPMENT OF THIS INDIVIDUAL RESPONSIBILITY CONTRACT AND UNDERSTAND:

1. The program and activities in which I will participate and my responsibilities in fulfilling the terms of this contract.
2. The time limitations under which I must operate. I understand that I am required to participate in the activities listed and for the number of hours per week designated in this IRC.
3. The role of the Workforce Specialist in monitoring and carrying out duties as necessary to insure all responsibilities under this document are fulfilled.

ADW Employee Signature/Date

Customer Signature/Date