

Mandatory E & T Self-Sufficiency Agreement

Name: _____

Date: _____

Case Number: _____

ABAWD Months Used: _____

Steps _____ will take to reach the goal:

<i>Begin Date</i>	<i>Specific & Measurable Action</i>	<i>Hours/Week</i>	<i>Due Date</i>
	I am responsible for attending all appointments scheduled with my Career Navigator and providers and for turning in verification I have met 120 hours of monthly participation by the 6th of the month.	N/A	For as long as I am participating with Employment Services.
	I am responsible for notifying my Career Navigator if any changes occur in my situation that may require an adjustment to this plan including but not limited to a change in employment.	N/A	

How DCF will support My Plan:

<i>Specific & Measurable Action</i>	<i>Due Date</i>

I have been part of the decision making and understand that the above agreement requires my participation and cooperation. I have received a copy of this agreement and understand my rights and responsibilities as well as those of DCF.

I understand if I choose not to follow through with this plan and do not provide good cause, I have made the choice to receive a penalty which will reduce or close my food assistance and I may use an ABAWD month.

Client Signature: _____

Client Phone Number: _____

Client Email: _____

Career Navigator Signature: _____

Career Navigator Phone Number: _____

Career Navigator Email: _____

<p>Next Appointment Date:</p> <p>Date: _____</p> <p>Time: _____</p> <p>Appointment Reminder By:</p> <p>Email <input type="checkbox"/></p> <p>Phone Call <input type="checkbox"/></p> <p>Text <input type="checkbox"/></p>
