

# TANF Self-Sufficiency Agreement

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

TANF Months Remaining: \_\_\_\_\_

Steps \_\_\_\_\_ will take to reach the goal:

<i>Begin Date</i>	<i>Specific &amp; Measurable Action</i>	<i>Hours Per Week</i>	<i>Due Date</i>
	I am responsible for attending all appointments scheduled with my Career Navigator and with the providers I have been referred to.	N/A	For as long as I am receiving TANF.
	I am responsible for pursuing medical coverage and keeping the coverage once it is approved.	N/A	
	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 &amp; 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 close or reduce my benefits.**

Client Signature: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Client Email: \_\_\_\_\_

Career Navigator Signature: \_\_\_\_\_

Career Navigator Phone Number: \_\_\_\_\_

Career Navigator Email: \_\_\_\_\_

**Next Appointment Date:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Appointment Reminder By:**

Email.....

Phone Call.....

Text.....