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| **Personal Responsibility Plan** |
| If you are approved for Temporary Assistance, most recipients are required to take part in employment and training activities. There are times you will not be required to take part in these activities because you are exempt. Mark any of the below exemptions that apply to you and the second parent and if you would like to volunteer. If either parent doesn’t have an exemption, complete the “Activities I Agree to Participate In”.   |  |  | | --- | --- | | **Exemptions from Employment and Training Activities** | | | **First Parent (Applicant)** | **Second Parent (Only if in Home)** | | I am in a domestic violence situation that affects my  ability to take part in work activities  I am over sixty (60) years of age  I am permanently disabled  I am needed in the home to care for a disabled household member  I care for a child under 12 months of age | I am in a domestic violence situation that affects my  ability to take part in work activities  I am over sixty (60) years of age  I am permanently disabled  I am needed in the home to care for a disabled household member  I care for a child under 12 months of age | | If you believe you are exempt from work activities, you may be asked to provide proof that you are exempt. You can volunteer to participate even if you meet an exemption reason. Mark the box below if you wish to volunteer.  I would like to volunteer to participate in the MWA program | If you believe you are exempt from work activities, you may be asked to provide proof that you are exempt. You can volunteer to participate even if you meet an exemption reason. Mark the box below if you wish to volunteer.  I would like to volunteer to participate in the MWA program |   If you are approved for Temporary Assistance and you do not meet an exemption, your Missouri Work Assistance (MWA) program case manager will talk to you about the activities you checked below when you meet. During these meetings, you and your case manager may agree upon other activities which are different than these choices. If you have questions about these activities, contact the Missouri Works Assistance Program.   |  |  | | --- | --- | | **Employment and Training Activities I Agree to Participate In** | | | **First Parent (Applicant)** | **Second Parent (Only if in Home)** | | Job Search Support  Job Readiness Support  Community Service Program: This program is unpaid and helps you gain skills such as coming to work on time.  Providing Child Care to a Participant in the  Community Service Program  Satisfactory Attendance at High School or  Equivalency  Job Skills Training Program: This program provides job related skills.  College or Training School  On-the-Job Training: This program will pay part of your wages for the training. You are expected to learn the job duties in the training.  Employment | Job Search Support  Job Readiness Support  Community Service Program: This program is unpaid and helps you gain skills such as coming to work on time.  Providing Child Care to a Participant in the  Community Service Program  Satisfactory Attendance at High School or  Equivalency  Job Skills Training Program: This program provides job related skills.  College or Training School  On-the-Job Training: This program will pay part of your wages for the training. You are expected to learn the job duties in the training.  Employment | | **I understand that, if I have not selected an exemption OR employment and training activity for the first parent (applicant) and second parent (only if in home), I may not be eligible for Temporary Assistance. I understand there are times when the activity is either not available or I need to take part in other activities first.**  **I understand if this is not signed, I may not be eligible for TA. By signing below, I am agreeing I believe I meet the exemption or agree to participate in the employment and training activities. I understand that my signature below is not an application for TA, but an agreement to participate in employment and training activities as part of my receipt of TA benefits.** | | | First Parent (Applicant) Signature | Date | | Second Parent (Only if in Home) Signature | Date | |