



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
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)
<input type="checkbox"/> I am in a domestic violence situation that affects my ability to take part in work activities <input type="checkbox"/> I am over sixty (60) years of age <input type="checkbox"/> I am permanently disabled <input type="checkbox"/> I am needed in the home to care for a disabled household member <input type="checkbox"/> I care for a child under 12 weeks of age	<input type="checkbox"/> I am in a domestic violence situation that affects my ability to take part in work activities <input type="checkbox"/> I am over sixty (60) years of age <input type="checkbox"/> I am permanently disabled <input type="checkbox"/> I am needed in the home to care for a disabled household member <input type="checkbox"/> I care for a child under 12 weeks 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

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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.

EXEMPTIONS FROM EMPLOYMENT AND TRAINING ACTIVITIES

FIRST PARENT (APPLICANT)	SECOND PARENT (ONLY IF IN HOME)
<input type="checkbox"/> Job Search Support <input type="checkbox"/> Job Readiness Support <input type="checkbox"/> Community Service Program: This program is unpaid and helps you gain skills such as coming to work on time. <input type="checkbox"/> Providing Child Care to a Participant in the Community Service Program <input type="checkbox"/> Satisfactory Attendance at High School or Equivalency <input type="checkbox"/> Job Skills Training Program: This program provides job related skills. <input type="checkbox"/> College or Training School <input type="checkbox"/> 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. <input type="checkbox"/> Employment	<input type="checkbox"/> Job Search Support <input type="checkbox"/> Job Readiness Support <input type="checkbox"/> Community Service Program: This program is unpaid and helps you gain skills such as coming to work on time. <input type="checkbox"/> Providing Child Care to a Participant in the Community Service Program <input type="checkbox"/> Satisfactory Attendance at High School or Equivalency <input type="checkbox"/> Job Skills Training Program: This program provides job related skills. <input type="checkbox"/> College or Training School <input type="checkbox"/> 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. <input type="checkbox"/> 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	DCN	DATE
SECOND PARENT (ONLY IF IN HOME) SIGNATURE	DCN	DATE