



SuncoastWorkforce.org

WT Program

"Professional Services for Families on the Move"

Program Guideline Checklist

- Time Limits
- Major Provisions
 - Work requirements
 - Countable work activities
 - Sanctions/Penalties
 - Benefits and Incentives
- Support Services
 - Childcare
 - Transportation
 - General Support
 - Domestic Violence
 - Alcohol, Drug, and Mental Health Services
- Good Cause/Sanctions/Penalties
- Transitional Services
- Severance Benefits
- Relocation Assistance
- Up-Front Diversion
- Hardship Exemption
- Vocational Rehabilitation

I have received an Orientation of the above services and was given an opportunity to ask questions to better my understanding of my Opportunities and Obligations while in the WT Program. I have received copies of the Take Home Packet and I have been informed of the program expectations, support services, and sanction policies.

Participant Signature

Social Security Number

Date



SuncoastWorkforce.org

WT PROGRAM WORK REGISTRATION

(WT Program **Internal Checklist** only, not valid for proof of Work Registration)

Name: _____

Last 4 digits of SS#: _____

As part of your application for Temporary Cash Assistance from DCF you are required to complete the outline process. During this process you will be assigned specific tasks. It is your responsibility to complete these assignments and turn them in to the white mailbox in the Front Lobby. Failure to complete these assignments in a timely manner may result in the Department of Children and Families denying your application for assistance.

Items needed to complete WTP Work <u>Registration</u>:	<u>Date Completed:</u>
Complete WTP Orientation	
Complete Employ Florida Registration at www.employflorida.com . (Work history must be included and attached).	
Complete ten (10) Job Searches: (may be a combination of five (5) online and/or fax and five (5) in-person; you will not be given credit if you submit ten (10) online/fax job contacts)	
If currently attending school/training: Submit proof enrollment and your class schedule You are still required to register in Employ Florida. If you are enrolled in school/training full-time (25hours or more per week) you do not have to complete the ten (10) job contacts.	
If you received a Medical Verification Form: the form must be signed by a licensed medical physician. If the physician states that you can participate at any level, you will be required to complete this process. If your physician states that you are unable to participate, you are still required to register in Employ Florida. Bed rest does not automatically excuse you from this process.	
If you receive a Need for Care Statement or you have one that is already completed by a doctor you will still be required to complete the Orientation and turn in proof that you registered in Employ Florida along with a copy of the Need for Care Statement.	
Place all of the above documents (at the same time) in white mailbox located in the lobby our Career Center. MAKE SURE YOU DATE STAMP and staple documents together.	

3526 9th St. West
Bradenton, FL 34205
(941) 714-7449
(941) 708-6068 Fax

3660 N. Washington Blvd.
Sarasota, FL 34234
(941) 358-4200
(941) 359-7843 Fax

897 East Venice Ave.
Venice, FL 34285-7038
(941) 486-2682 x 129
(941) 480-3098

Member: Employ Florida. An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TTY: dial 711. Revised 09-10



SuncoastWorkforce.org

WT Program

“Professional Services for Families on the Move”

WT Program

Beverly Williams,
Supervisor

BRADENTON CAREER CENTER

3526 9th ST W., Suite 100

Bradenton, FL 34205

TEL: (941) 714-7449

FAX: (941) 708-6068

Dear Participant:

SARASOTA CAREER CENTER

3660 North Washington

Sarasota, FL 34234

TEL: (941) 358-4200

FAX: (941) 359-7843

Thank you for the opportunity to serve you and your family. We are confident that the resources available through Suncoast Workforce Board and the WT Program can in combination provide you with the necessary skills to become gainfully employed and on the rewarding road to self-sufficiency.

VENICE CAREER CENTER

897 East Venice Avenue

Venice, FL 34285

TEL: (941) 486-2682

FAX: (941) 480-3098

In order to provide you with the specific assistance and guidance needed for your particular situation, there are first a series of assessments that must be completed. Upon completion of these assessments, both you and your Career Counselor will have a better understanding of your vocational interest, aptitudes, and skills being brought forward to achieve your career goal.

Depending upon your needs and compliance with assigned work activities, you may be eligible for certain support services. The purpose of these support services is to provide you with additional assistance while you are working diligently to achieve your career goals. They won't meet all your support needs; however, they can reduce some of your cost burdens, i.e., subsidized child-care, training, and transportation assistance.

You are about to undertake a long journey. We may not be there for your entire journey. However, we do hope to assist you in establishing a solid foundation that you can work towards, even after leaving the WT Program.

Now, let's get started.



SuncoastWorkforce.org

WT Program
"Professional Services for Families on the Move"
CUSTOMER REQUEST FORM

PLEASE READ BEFORE COMPLETING THIS FORM:

Submission of this form does not automatically approve your request for TANF cash assistance or support services. Your case will be reviewed and services will be provided based upon your participation status. A case manager will contact you at the phone number you provide or by mail within 48 hours of receiving this form.

Customer Information form with fields for Name, Mailing Address, City, State, Zip, Phone #, and Alternate Phone #. Includes checkboxes for staff members under three locations: Bradenton, Sarasota, and Venice. Also includes a section for Customer Request with checkboxes for Child Care Referral, Schedule Appointment, Other, and Request Appointment with WT Program Supervisor.

Please place form in the mailbox provided in the WT Program Customer Service area and make sure to use the date stamp clock located next to the mail box to stamp date this form.

STAFF RESPONSE:



3526 9th St. W.
 Bradenton, FL 34205
 (941) 714-7449
 (941) 708-6068 FAX

3660 N Washington
 Sarasota, FL 34234
 (941) 358-4200
 (941) 359-7843 FAX

897 E Venice Avenue
 Venice, FL 34285
 (941) 486-2682 x 4129
 (941) 480-3098 FAX

SuncoastWorkforce.org

VERIFICATION OF EMPLOYMENT

Please return by: _____ Case Manager: _____

Name of Employee: _____ Last four digits of SS#: _____

Employee Address: _____

Home Phone #: _____ Cell Phone #: _____

Name of Employer: _____

Address of Employer: _____

Telephone #: _____

1. APPROXIMATE NUMBER OF HOURS **SCHEDULED** per week: (*indicating approx hours is not a guarantee of the number of hours the employee will work*) **CHECK ONE:**
 10 20 30 40+ Other (*please use number only*): _____

2. BASE rate of pay: _____ + Average TIPS per hour: _____ = TOTAL Hourly Wage: _____

3. How often is/was the employee paid? _____ Day _____ Week _____ Bi-Weekly _____ Monthly

4. Date employment began: _____ Job Title: _____

5. Benefits at: _____ 30 days _____ 2 months _____ 3 months _____ 4 months _____ 6 months

6. Comments: _____ First Pay Date: _____

Record of Pay Received:

PLEASE COMPLETE IF APPLICABLE

Pay Period Ends	Date of Pay	Gross Earnings	Number of hours worked	Tips	Net Pay

What I have written on this form is true to the best of my knowledge. I know that if I deliberately give false information, I may be subject to prosecution for fraud.

Employer's name: _____ E-Mail: _____
 (Please print)

 (Signature of Employer) (Employer's Title) (Date)

CONSENT FOR VERIFICATION OF EMPLOYMENT

I, _____, hereby authorize Jobs, ETC to release any information provided to the program regarding my case and to make inquiries to schools, employers, state, federal and local governmental agencies, social services organizations, medical offices and programs. I am aware that this information will be used for the purposes of administering the program. **THIS** release is valid until _____, or if not stated, not to exceed one year from the date signed. I understand that I may revoke this authorization at any time except in the case where information has already been released or exchanged. I further understand that refusal to sign this release will affect the WT Program's ability to manage my case and my continual eligibility for temporary cash benefits.

Participant Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

SUNCOAST WORKFORCE

Customer Grievance/Complaint Hearing and Appeal Procedures

As a customer applying for or receiving services at Suncoast Workforce, or through any other program paid for by the Suncoast Workforce (SW), you have the right to be treated fairly and in compliance with the laws under which we operate. If you feel you have been unfairly treated, you can file a grievance or complaint by following this procedure:

LOCAL GRIEVANCE/COMPLAINT PROCEDURES:

➤ One-Stop Resources and Employment Services

If you come into any Suncoast Workforce Career Center to utilize the self-service resources and employment services, and have a complaint about the services, you must speak with the Career Center Manager. The Manager and the Suncoast Workforce will try to resolve the complaint within 15 days. If the complaint cannot be resolved at the local level, the complaint and associated file documents will be forwarded to the Agency for Workforce Innovation, Office of One-Stop and Program Support, Caldwell Building – Suite 150, 107 East Madison Street, Tallahassee, Florida 32399-4133, Attention: ES Complaint Coordinator, for resolution at the state level.

➤ Workforce Investment Act (WIA), Trade Assistance Act (TAA), Welfare Transition (WT/TANF) and Food Stamp Employment and Training (FSET) Programs

- 1) If you have a complaint about a program in which you participate, first discuss the matter with your counselor/case manager and/or the Program Supervisor.
- 2) If you are unable to resolve your complaint through Program Supervisor, you must contact the Project Manager and give him/her the opportunity to resolve your complaint. The Project Manager has 30 days in which to informally resolve the issue.
- 3) If the problem is not satisfactorily resolved, you can send a formal, written complaint and request for hearing by certified mail, return receipt, to the President/CEO, Suncoast Workforce, 3660 North Washington Blvd., Sarasota, Florida 34234. You must file this grievance/complaint/request for hearing in writing within 6 months of the alleged occurrence or violation you are complaining about.
- 4) The request for a hearing must clearly show the title: “Grievance/Complaint & Request for Hearing.” It should be no longer than five (5) pages (not including exhibits and attachments), should state the facts, laws, procedures, etc., that you believe are important for review, and must include an address where official notices can be mailed to you.
- 5) If the grievance/complaint cannot be satisfactorily resolved within 15 calendar days after the receipt of the grievance by the President/CEO, then a formal hearing will be set. You will be sent a notice of hearing by certified mail, return receipt, at least 15 calendar days in advance of the hearing date.
- 6) The notice will advise you of the following: the date, time and place of the hearing; the applicable sections of the law and any federal regulations involved; that you may present witnesses and documentary evidence at the hearing; that you may be represented by an attorney or other representative at the hearing; that you will receive the Board’s decision within 60 calendar days after the official filing of the grievance/complaint.

Process for Filing an Appeal of SW Decision or Lack of Action:

- 1) If you wish to appeal the decision of the SW, you must make a written request for a formal hearing/appeal within 30 days of the SW Hearing Officer’s decision, or within 30 days after the required 60-day timeframe for SW to act has elapsed. This request must be sent by certified mail, return receipt, to the Agency for Workforce Innovation (AWI); Office of General Counsel, Caldwell Building – Suite 150, 107 East Madison Street, Tallahassee, Florida 32399-4128.
- 2) The request for a hearing/appeal must be clearly titled “Request for Hearing/Appeal.” It should be no longer than 5 pages (not including exhibits and attachments), should state the facts, laws, procedures, etc., that you believe are important for review, and, if applicable, should include any written decision made by the SW. It must include an address where official notices can be mailed to you.
- 3) The state can return the grievance/complaint to the SW to hold a hearing or impose other remedies to resolve the grievance/complaint.
- 4) Within five (5) working days of receipt of appeal notice, the AWI agency head or his/her designee will notify you and the SW that an appeal has been filed. Each party shall be given 15 calendar days from the date of the notice to submit a written argument and provide supporting documentation.
- 5) The agency head or his/her designee shall issue a decision within 60 calendar days of receipt of the appeal request.

Process for Filing an Appeal of State (AWI) Decision or Lack of Action:

The AWI Hearing Officer will issue a final order, which will be subject to a judicial review period and the Florida Rules of Appellate Procedure, Rules 9.110 and 9.190. You can file an appeal of the State (AWI) decision if you are dissatisfied with or have been adversely affected by the AWI

Hearing Officer's decision; or the state has not conducted a hearing; or has conducted the hearing, but has not issued a decision within the mandated 60 calendar day timeframe. The appeal must be filed within 30 calendar days of receipt of the state's decision; or after the mandated 60 calendar days has elapsed for the state to have issued a decision. The Request for Review/Appeal shall be filed with the following agency/entity:

- WIA and TAA appeals of state decisions may be filed with the USDOL using the Federal Level Appeal Procedures noted below.
- TANF work activity and support services appeals may be filed according to the Rules of Appellate Procedure, Rules 9.110 and 9.190(b).

Federal Level Appeal Process

If the State Workforce Board/AWI or SW has not reached a decision within the required 60 calendar day timeframe, you can file a Request for Review/Appeal with the United States Department of Labor (USDOL). The appeal should be addressed to: Secretary, U.S. Department of Labor, Washington, D.C. 20210, Attention: ASET. Your request must be sent by certified mail, return receipt.

The appeal must be filed with USDOL no later than 120 calendar days of the filing of the grievance with the State, or the filing of the appeal of a local grievance with the State. A copy of the appeal must be sent to both the appropriate USDOL Regional Administrator and the opposing party (AWI or SW).

An appeal must be filed within 60 days of the receipt of the decision being appealed in cases where a decision has been reached and the party to which such a decision has been adversely impacted wishes to appeal to the Secretary. A copy of the appeal must be sent to both the appropriate USDOL Regional Administrator and the opposing party.

Discrimination Complaints:

If you feel that your rights have been violated due to an act of discrimination based on race, color, sex, national origin, religion, disability, age, political affiliation or belief, citizenship or participation in programs funded by the SW, see the "Discrimination is Against the Law" poster in the One-Stop lobby for contact information and the procedure for filing a complaint.

Reporting Criminal Fraud and Abuse:

Complaints or reports of suspected fraud and abuse must be reported immediately to the Suncoast Workforce Chief Executive Officer (CEO)358-4080 extension 1104 or the Chief Operating Officer (COO), extension 1107. Complaints/reports must be reported immediately to: USDOL Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Avenue NW, Washington, D. C. 20210.

The complaint or report can also be mailed to: USDOL South East Regional Inspector General for Investigations,Office of Investigations,Sam Nunn Atlanta Federal Center, 61 Forsyth Street, SW, Suite 6T1, Atlanta, Georgia 30303 with a copy simultaneously provided to the Employment and Training Administration.

Reports or complaints alleging criminal fraud and abuse may also be reported through USDOL's Hotline at 1-800-347-3756.

As an individual, having made application with Suncoast Workforce, or any other Suncoast Workforce service provider, I certify that I have read and understand my rights and responsibilities as enumerated in this statement.

_____	_____	_____
Participant Name (PRINT)	Participant Signature	Date
_____	_____	_____
Parent/Guardian (PRINT)	Parent/Guardian Signature	Date

As a representative/service provider for SW, I verify that the above-signed participant had the statement of Grievance/Complaint procedures explained to him/her and was given a copy of this form.

_____	_____
Program Representative's Name (PRINT)	Name of SW Service Provider
_____	_____
Program Representative's Signature	Date

REMEMBER, THE FIRST STEP IN RESOLVING ANY ISSUE IS TO CONTACT YOUR COUNSELOR AND THE PROGRAM SUPERVISOR

The Bridge to Success

Job Search/Job Readiness Class

Dress Code is Business Casual: *If you need assistance with clothing, please inform your WTP Case Manager prior to the start of class.*

Absolutely No:

- *Pajamas*
- *Jeans*
- *Shorts*
- *T-Shirts*
- *Strapless, halters, spaghetti strap dresses or tops (including midriff tops)*
- *Low cut/low rise attire*
- *Mini dress/skirts*
- *Hats in the building*
- *Hair (Head) Scarves or Bonnets*
- *Flip flops*
- *Tennis shoes*
- *Bedroom/house shoes*
- *Excessive jewelry*
- *No underwear showing - Pants should be worn with belt, if appropriate*

Please note: *If you show up to class wearing the above items, you may be asked to leave.*



CONSENT FOR RELEASE OF INFORMATION

SuncoastWorkforce.org

I, _____, hereby authorize the Welfare Transition/Workforce Investment Act program to release any information provided to the program regarding my case and to make inquiries to schools, employers, state, federal and local governmental agencies, social services organizations, substance abuse and mental health programs, medical offices and programs. I am aware that this information will be used for the purposes of administering the program. I understand that any information generated or obtained by the execution of this release becomes the sole property of the disseminated, when it is not in conflict with agency procedures or state and local laws governing confidentiality.

This release is valid until _____ or, if not stated, not to exceed one year from the date signed. I understand that I may revoke this authorization at any time except in the case where information has already been released or exchanged. I further understand that refusal to sign this release will affect the _____ WT program's ability to manage my case and my continual eligibility for benefits.

Participant's Signature _____ Date _____
Parent/Guardian's Signature (if under 18) _____ Date _____
WT Staff Signature _____ Date _____

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TTY: dial 711.

3526 9th Street West Bradenton, FL 34205 (941) 714-7449 (941) 714-7458 Fax
3660 N. Washington Blvd. Sarasota, FL 34234 (941) 358-4200 (941) 358-2820 Fax
897 Venice Avenue Venice, FL 34285 (941) 486-2682 x 129 (941) 480-3098 Fax



SuncoastWorkforce.org

WT Program

“Professional Services for Families on the Move”

Intake/Assessment Questionnaire

Participant Name: _____ Today’s Date: _____

Social Security #: _____ Date of Birth: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Emergency Phone #: _____

Race: _____ Gender: Male Female

Marital Status: Single Married Divorced Separated

Are you a Military Veteran? Yes No

1. Children in the household:

Name	Age	In school?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are you currently pregnant? : Yes No

• If yes, when is your due date? ____/____/____

3. Are you actively attending High School? _____ If no, what is the highest grade completed (Please circle):

• 1 2 3 4 5 6 7 8 9 10 11 12 GED

4. Have you ever been tested for a learning disability? Yes No

5. If you have completed an education/training program, please complete below:

- AA AS; Course of study _____
 BA BS; Course of study _____
 License/Certification: _____ Date obtained: _____

6. Have you ever received federal grants or student loans? Yes No
 If so, do you still owe on them? Yes No

7. Have you applied for Social Security Disability Insurance for yourself? Yes No
 If so, please list date of Application: _____
 What was the outcome? Pending Denied Appeal

8. Work History: Are you working now? Yes No

Please list all employers below, starting with the most current:

Employer	Type of Work Performed	Dates	Reason for Leaving
1.			
2.			
3.			

9. Have you ever been convicted of a crime? Yes No
 If yes, what was the nature of the crime? _____

- Are you currently on probation? Yes No
- What is your expected completion date? _____

10. Our program is designed to help you gain skills you need to start a career you want. What kind of career or educational goal are you interested in?

- | | |
|--|--|
| <input type="checkbox"/> GED | <input type="checkbox"/> Massage or Physical Therapy |
| <input type="checkbox"/> Nursing (LPN/ RN) | <input type="checkbox"/> CNA |
| <input type="checkbox"/> Phlebotomist | <input type="checkbox"/> Fire Fighter |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Police Officer |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Truck Driving |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Culinary Arts |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Carpentry/Welding | <input type="checkbox"/> I am not interested in going back to school |

When would you like to start your education/training? _____

When would you like to complete this education/training? _____

Participant Signature: _____ **Date:** _____

WT Program Staff Signature: _____ **Date:** _____

Date WT Career Counselor Reviewed with Participant: _____

WT Program

“Professional Services for Families on the Move”

Individual Responsibility Plan (IRP)

Participant Name: _____ Social Security Number: _____

Welcome to our program. We want to provide you with services so you can begin moving towards a career you will enjoy and find rewarding.

1. What do you feel are your most pressing needs/barriers?

<p>Counseling/Rehabilitation</p> <p><input type="checkbox"/> I would like some counseling for myself/family</p> <p><input type="checkbox"/> I need help with Vocational Rehabilitation</p> <p>Criminal Record</p> <p><input type="checkbox"/> I need help with getting my criminal record sealed</p> <p>Disability</p> <p><input type="checkbox"/> I need to apply for Social Security Disability Insurance</p> <p>Education</p> <p><input type="checkbox"/> I would like to get my GED</p> <p><input type="checkbox"/> I need financial assistance with Vocational Training</p> <p>Employment</p> <p><input type="checkbox"/> I want help with finding a job</p> <p>Financial</p> <p><input type="checkbox"/> I have a lot of past due bills that are causing problems</p>	<p>Housing</p> <p><input type="checkbox"/> I need a place to live, I'm currently homeless</p> <p><input type="checkbox"/> I need help with rent/mortgage or I may become homeless</p> <p>Medical</p> <p><input type="checkbox"/> I need medical insurance</p> <p><input type="checkbox"/> I need to find a doctor</p> <p>Transportation</p> <p><input type="checkbox"/> I need transportation assistance (ex. bus pass or gas card)</p> <p><input type="checkbox"/> I need car insurance</p> <p><input type="checkbox"/> I need help with car repairs</p> <p><input type="checkbox"/> I need to get my driver's license (never had one)</p> <p><input type="checkbox"/> I have traffic fines that I need to pay in order to get driver's license re-instated</p> <p><input type="checkbox"/> Other _____</p>
---	---

What type of employment are you currently seeking (ex. Cashier)? _____

What wage do you expect? _____ Expected achievement date: _____

What type of employment will you be seeking once you complete your education/training? (Long range employment goal) _____

What wage do you expect? _____ Expected achievement date: _____

Steps to Self-Sufficiency:

- Participant agrees to respond to all contacts from WT Career Counselor once assigned.
- Participant agrees to participate in, document and complete program activities.
- Participant agrees to accept any reasonable offer of suitable employment; submit employment verification within 48 hours of start date.

I agree to work with WT Career Counselor to identify my employment goals and to plan activities to help me become self sufficient.

Participant Signature: _____ **Date:** _____

WT Program Staff Signature: _____ **Date:** _____

OPPORTUNITIES AND OBLIGATIONS ACKNOWLEDGEMENT FORM

YOUR OPPORTUNITIES

You have the opportunity to:

- * Receive support services (if approved) in order to find employment, education, or other assigned activity (ies), unless you are able to make these arrangements on your own. Support services may include, but are not limited to: childcare, transportation, tools, clothing, uniforms, etc. (This help is based on your assigned activity and the availability of funding.)
- * Have decisions about your case reviewed by a supervisor at the Regional Workforce Board.
- * Request a hearing if you disagree with a decision about your temporary cash assistance.
- * Be excused from or rescheduled for an activity if you have good cause. Good cause is determined by the Regional Workforce Board.
- * Request Cash Assistance Severance Benefit.
- * Request Relocation assistance.
- * Receive the following services, if eligible:
 - Mental Health Counseling
 - Domestic Violence Counseling/Services and/or
 - Substance Abuse Counseling/Services
- * Receive transitional benefits, if eligible, after you are no longer receiving temporary cash assistance, based on funding availability, such as:
 - Childcare
 - Transportation
 - Education and Training
- * Receive Medicaid and food stamp benefits based on eligibility requirements.

YOUR OBLIGATIONS

You are required to:

- * Participate in, document and complete assigned program activities.
- * Respond to all contacts from the Regional Workforce Board or other agencies you are referred to.
- * Inform Regional Workforce Board of changes in participation, employment, family circumstances including change of address, telephone number, childcare needs, transportation problems, health problems, etc.
- * Apply for and seek employment.
- * Accept any reasonable offer of suitable employment.
- * Remain employed. Must contact Regional Workforce Board prior to reducing your hours or quitting.
- * Report good cause reasons for failure to participate immediately.

CONSEQUENCES FOR FAILURE TO PARTICIPATE

CASH ASSISTANCE PENALTIES

- * 1st Penalty: Cash assistance terminated for entire family for a minimum of 10 days or until the individual complies, whichever is later.
- * 2nd Penalty: Cash assistance terminated for entire family for one month or until the individual who failed to comply does so, whichever is later.
- * 3rd Penalty: Cash assistance terminated for entire family for three months or until the individual who failed to comply does so, whichever is later.

NOTE: Cash assistance may be continued on a level two or three penalty for children under age 16 through a protective payee.

FOOD STAMP PENALTIES

- * 1st Penalty: Loss of food stamp assistance for one month or until compliance, whichever is longer.
- * 2nd Penalty: Loss of food stamp assistance for three months or until compliance, whichever is longer.
- * 3rd Penalty: Loss of food stamp assistance for six months or until compliance, whichever is longer.

NOTE: If the non-compliant individual is the head of household, food stamp assistance for the entire assistance group will be terminated unless that individual meets a food stamp exemption.

I have received a copy and have reviewed the Opportunities and Obligations. I understand my rights and responsibilities as a participant in the Welfare Transition Program.

Participant Signature

Date

Participant's Printed Name

Last Four Digits of the SSN

PRIVACY ACT STATEMENT

*I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the social security act (42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number, I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

AWI-WTP 0008, 12/2006 (Replaces AWI-WTP 0008 6/2003)



TO REGISTER IN: Employ Florida

1. Enter www.employflorida.com on address line
2. Click on register on option one
3. Click on individual
4. Under the two white boxes, click on not registered, learn how and why
5. Start registration – all questions with pink asterisks and those with arrows must be answered. Please read blue instructions.
6. Enter second page of questions until you are able to click on save information on bottom of page

BACKGROUND must be entered

1. Either click on “back arrow” (left top side, Green arrow) or
2. Click on my individual profile, to my personal profile
3. Click on background (center tab)

Requires information on:

Education

Occupational license (if you have a current one)

Work History – 7 years

Skills

Driver Information

Location

Availability

Click on save information or back to the directory

WORK SEARCH

Click on job search on left side

Follow instructions

WTP JOB SEARCH WORK REGISTRATION ACTIVITY

Name: _____ **Last 4 Digits of Social Security #:** _____

1. Apply for **10 jobs**; 5 may be in person and 5 completed via online and/or fax
2. You must include confirmation documents from online and/or faxed job contacts
3. Accept available job when it is offered to you and submit completed employment verification to by attaching to WT Program Work Registration Cover Sheet.
4. Job contacts will not be accepted if all the requested information on this sheet is not completed when submitted.

1. Company Name _____ Date Visited _____	2. Company Name _____ Date Visited _____
Address _____ Phone number _____	Address _____ Phone number _____
Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed	Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed
3. Company Name _____ Date Visited _____	4. Company Name _____ Date Visited _____
Address _____ Phone number _____	Address _____ Phone number _____
Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed	Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed
5. Company Name _____ Date Visited _____	6. Company Name _____ Date Visited _____
Address _____ Phone number _____	Address _____ Phone number _____
Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed	Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed
7. Company Name _____ Date Visited _____	8. Company Name _____ Date Visited _____
Address _____ Phone number _____	Address _____ Phone number _____
Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed	Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed
9. Company Name _____ Date Visited _____	10. Company Name _____ Date Visited _____
Address _____ Phone number _____	Address _____ Phone number _____
Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other _____	Contact Person _____ Contact Title _____ Result of Visit <input type="checkbox"/> Application <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other _____