ORIENTATION TO WV WORKS

PURPOSE

The purpose of WV WORKS is to provide <u>temporary</u> assistance for needy families. It is a work-first program that emphasizes personal responsibility, job preparation, employment, or some other means to self-sufficiency. ←□

WORK REQUIREMENTS

Each adult included in the WV WORKS payment must participate in an activity that will help the family become self-sufficient. You are required to start the activity as soon as your check is approved and must participate according to the requirements on your Personal Responsibility Contract (PRC). Exception: Single parents with a child under age 6 cannot be required to participate more than an average of 20 hours per week.

Your Worker will tell you about the types of activities you can perform to meet your PRC work requirement. You will be given a list of the types and locations of activities in your area.

You may choose an educational activity. If you are in college or would like to attend college or some other training, some of the hours may count for your work activity. Even if they cannot be counted as a work activity, you may still choose an educational activity instead of a work-based activity.

TIME LIMITS

There are two time limits required by federal law that are very important to you.

24 Months

After you receive cash assistance for 24 months, you must be in a work activity (at least 5 hours per week) or your check will stop. You will have an opportunity to claim good cause for not meeting the requirement. If your claim is not accepted, your check will stop.

60 Months

Sixty months is the **lifetime limit** for a family to receive cash assistance. Every month that you receive cash assistance from West Virginia or any other state will count toward the limit. Even if you become exempt from the work requirement, each month of receipt counts toward the limit.

PERSONAL RESPONSIBILITY CONTRACT(PRC)

All adults included in a WV WORKS check are required to negotiate a Personal Responsibility Contract (PRC). This is a plan to help you become financially independent and self-sufficient. You are required to sign this contract, along with your Worker. Your signature means you agree to abide by the terms of the contract; your Worker's signature means that DHHR agrees to assist you in any way possible toward your goal.

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SANCTIONS	
If you do not abide by the terms of your PRC, you will be mailed Cause Hearing to allow you to explain why you did not meet the you do not keep this appointment or do not show that you had go amount will be sanctioned. The sanctions are: 1st Sanction	terms of your contract. If cood cause, your payment 1/3 for 3 months 1/3 for 3 months at least 6 months at least 6 months at least 6 months at least 6 months
<u>SUPPORT PAYMENTS</u>	
Support service payments are available to help you when you g another activity. These payments can be made for transportation clothing, vehicle insurance, tools, and a few other items. You m you need the assistance and the amount you need. Some payn the amount. Once the limit is reached, no additional payments of	on costs, vehicle repair, ust be able to prove that nents have lifetime limits on
My signature below verifies that the information on this form has during my orientation to WV WORKS and that I have been giver questions which have been answered.	•
Parent or Other Caretaker's Signature and SSN	Date
Spouse's Signature and SSN	 Date

Distribution

Original to Applicant Copy to Case Record