Attachment B

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
JOIN INDIVIDUAL PARTICIPATION AGREEMENT

I. IDENTIFYING INFORMATION:

Name: _____ WV DHHR Office: _____
Address: _____ Telephone No.: _____
_____ JOIN Contract No.: _____
Social Security No.: _____ PIN No.: _____
Telephone No.: _____ Worker: _____

II. PARTICIPANT INSTRUCTIONS:

I understand that I am being placed in the Joint Opportunities for Independence Program (JOIN) which is a non-salaried placement. I agree to participate _____ hours per month in a work experience activity. I understand that I must report any absence to the Contractor in accordance with Contractor's rules and regulations. Absence for a job interview or an appointment with Department staff must be pre-approved. Routine appointments for other reasons must be scheduled on non-work time except for an emergency. If I am going to be absent for any reason I must contact my supervisor immediately. I understand that any unexcused absences may result in the loss of my cash assistance benefits.

I understand my performance will be evaluated no later than _____.

I understand that I will receive a transportation stipend from the contractor at the rate of one dollar ($1.00) for each hour of participation. The contractor will provide this stipend not less than once each month.

One transportation stipend in the amount of $_____ will be authorized by Department staff to help me begin the JOIN activity. The amount of the stipend will be based on need, daily round trip mileage, and contractor pay schedule.

I understand that a failure/refusal to cooperate with this program may result in the reduction or loss of cash assistance benefits and Food Stamp benefits.

I understand that at any time I may request a conference with Department staff to discuss issues regarding my participation in the JOIN program. I further understand I have the right to have my complaints concerning JOIN participation conditions reviewed through a Grievance Process.

I understand that I must verify and sign my time sheets on the last participation day of each month.

I understand the following information regarding my placement into the JOIN Program:

Beginning Date/Time: _____
Contractor: _____ Telephone No.: _____
Location: _____ Supervisor: _____
Occupational Title: _____ Monthly Participation Hours: _____

_____ _____
Participant's Signature/Date Worker's Signature/Date

DISTRIBUTION (TRIPLICATE): (1) Contractor (2) Department Case Record (3) Participant