

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
WV WORKS Diversionary Cash Assistance Agreement**

I, (Parent/Caretaker) _____ SSN: _____

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Accept a Diversionary Cash Assistance payment and agree:

- To accept **this** one-time **Diversionary Cash Assistance (DCA)** payment in the amount of \$ _____ to meet the immediate needs of **my family instead of receiving a regular monthly cash assistance payment from the state.**
- To withdraw my application for regular **WV WORKS** cash assistance effective this date.
- **That my Worker informed me** of the services and **benefits** that are available and how to apply **for those benefits.**
- **To provide verification that I am employed, have a verified offer of employment or will have another verified source of income within two months of this application.**
- **To provide verification of my expenses and temporary needs for the period.**

I understand that:

- **There is a lifetime limit of one DCA payment for the household.**
- I may reapply for **WV WORKS** cash assistance **benefits, but I am ineligible for these benefits for three months beginning with the month the DCA payment is approved.**
- **The DCA payment** will not count toward my 60-month lifetime limit for receipt of **WV WORKS** cash assistance.
- I **must** immediately report employment and other income to my Worker in order to be evaluated for continued medical services.
- If I need assistance in collecting child support **for my child**, the Bureau of Child Support Enforcement is available to assist me in **establishing paternity or** collecting child support.
- **The DCA payment will be issued into an EBT account.**
- **It is a criminal violation of federal and state law to provide false or misleading information for the purpose of receiving this benefit.**

I understand that this **DCA payment** is to enable me to meet my current financial needs while I secure employment and/or **find** other means of self-support. I understand it is my responsibility to provide complete and truthful information and **by signing this document I declare that the information I have provided is true and correct.**

Parent/Caretaker's Signature

Date

Parent/Caretaker's Signature

Date

Family Support Specialist's Signature

Date