

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

Family Support Supervisor's Signature

Date