### **ORIENTATION TO WV WORKS**

## PURPOSE

The purpose of WV WORKS is to provide temporary 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 REQUIRMENTS

Each adult and emancipated minor included in the WV WORKS benefit or nonrecipient Work-Eligible Individual living with a child receiving assistance must participate in an activity that will help the family become self-sufficient. You are required to start the activity as soon as your benefit is approved and must participate according to the requirements on your Personal Responsibility Contract (PRC).

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 and your Worker will work together to develop your PRC and identify barriers to be addressed.

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.

### <u>TIME LIMITS</u>

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

#### 24 Months

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

#### 60 Months

Sixty months is the **lifetime limit** for a family to receive WV WORKS. Every month that you receive cash benefits 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

All adults and emancipated minors included in a WV WORKS benefit or non-recipient Work-Eligible Individuals living with a child receiving assistance are required to negotiate a PRC. This is a plan to help you become financially independent and selfsufficient. 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 toward your goal.

# SANCTIONS

If you do not abide by the terms of your PRC, you will be mailed an appointment for a Good Cause Hearing to allow you to explain why you did not meet the terms of your contract. If you do not keep this appointment or do not show that you had good cause, your **benefit** amount will be sanctioned. The sanctions are:

| 1 <sup>st</sup>             | Your <b>benefit</b> will be reduced by 1/3 for 3 months   |
|-----------------------------|---|
| 2 <sup>nd</sup>             | Your <b>benefit</b> will be reduced by 2/3 for 3 months   |
| 3 <sup>rd</sup>             | Your <b>benefit</b> will be stopped for at least 3 months |
| Each Sanction After the 3rd | Your <b>benefit</b> will be stopped for at least 3 months |

# SUPPORT PAYMENTS

Support service payments are available to help you when you get a job or participate in another activity. These payments can be made for transportation costs, vehicle repair, clothing, vehicle insurance, tools, and a few other items. You must be able to prove that you need the assistance and the amount you need. Some payments have lifetime limits on the amount. Once the limit is reached, no additional payments can be made. If the payment is not used appropriately, future payments will be reduced to recoup the amount misused.

My signature below verifies that the information on this form has been explained to me during my orientation to WV WORKS and that I have been given the opportunity to ask 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