WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WV DHHR)

WV WORKS - SELF-SUFFICIENCY PLAN (SSP)

| Parent/Caretaker's Name - Printed | PIN Number | Target Date to Get Job |
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| PRIMARY GOAL TO ACHIEVE SELF- SUFFICIENCY | | |
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| 2040 | | |
| GOALS | | TARGET DATE |
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| CHALLENGES/BARRIERS | WV WORKS SUPPORT SERVICES OR OTHER RESOURCES/REFERRALS TO BE USED TO OVERCOME CHALLENGES/BARRIERS | |
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| ASSIGNMENT/ACTIVITY | BEGIN DATE DUE DATE |
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| This Plan was developed by my Worker and me, based on my own life situated. I understand that situations in my life may change and that my Plan may be and approval of my Worker. I understand that if I do not sign this part of my PRC that my family will not cash assistance. I understand/agree to cooperate/participate with all assignments/active understand that if I do not cooperate/participate with all the assignments that I will be penalized. I understand that I may request a Fair Hearing on the issues/requirements lie | changed with the help of be eligible to receive dities listed above. I d'activities listed above |
| Parent/Caretaker's Signature | Date |
| As a representative of the West Virginia Department of Health and Human Resource the above signed parent/caretaker to develop this Plan. | es, I have worked with |
| Family Support Specialist's Signature | Date |