

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)

CLIENT RESPONSIBILITIES

I understand that I will have to get a job or be in a job activity, or both. **I further understand** that if I quit or refuse a job or job activity without good cause, I am subject to a penalty.

I understand that if I do not have a high school diploma or its equivalent I may be required to participate in education or training. I also understand that if my education is complete, I will be expected to participate in a work-related activity.

I understand that I must develop a Self-Sufficiency Plan. The final goal of my plan will be to get a job. My plan will have time limits set for me to do assignments/activities and to reach my goals. I will work with my SNAP E&T Worker to develop a Self-Sufficiency Plan. **I further understand** that my Self-Sufficiency Plan will be developed based on my own life situations and my plan may be changed as needed to help me meet my goal of getting a job.

I understand that I am required to attend any meetings/appointments related to my eligibility for Food Stamp benefits and my self sufficiency goals. These meetings/appointments include but are not limited to: periodic review of my eligibility for benefits; assessment of my skills and progress in meeting my goals and becoming self sufficient; employment interviews scheduled by or for me, etc.

I will report changes in my life situations as required on the Rights and Responsibilities section of my application for assistance. I am required to report when my household's income exceeds the gross income limit and when my work hours decrease to below 20 hours a week averaged monthly.

I understand that my Self-Sufficiency Plan is part of my PRP and that it can and will change as my life situation, needs, or goals change.

I understand in addition to the other rights I have, I may request a Fair Hearing on issues/requirements listed on the Self-Sufficiency Plan.

AGENCY RESPONSIBILITIES

We will work with you to develop your Self-Sufficiency Plan and to make any changes in the Plan that may be needed if situations in your life change.

We will support your plans for self-sufficiency by providing you information and services that you may need.

We will work out any disagreements you may have, through a Fair Hearing process. **We will** give you timely notice before any negative action happens in your case.

We will assist you in obtaining services such as job assistance.

As a representative of the WV DHHR, I have carefully explained the above information and acknowledge the responsibilities of the Agency.

SNAP E&T Worker's Signature

Date



I understand and agree to follow my Personal Responsibility Plan.

Registrant's Signature

Date

Registrant's Name - Printed

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)
Self-Sufficiency Plan

Registrant's Name - Printed

SSN

Target Date to Get Job

Goals	Target Date

Challenges	Services Needed to Overcome Challenges

SELF-SUFFICIENCY PLAN

Specific Assignment/Activity	Expected Date

This Plan was developed by my SNAP E&T Worker and me, based on my own life situations.

I understand that situations in my life may change and that my Plan may be changed with the help and approval of my SNAP E&T Worker.

I understand/agree to cooperate/participate with all assignments/activities listed above.

I understand that I may request a Fair Hearing on the issues/requirements listed on my Plan.

Registrant's Signature

Date

As a representative of the West Virginia Department of Health and Human Resources, I have worked with the above signed Registrant to develop this Plan.

SNAP E&T Worker's Signature

Date