

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 _____

PRIMARY GOAL TO ACHIEVE SELF-SUFFICIENCY _____

GOALS	TARGET DATE

CHALLENGES/BARRIERS	WV WORKS SUPPORT SERVICES OR OTHER RESOURCES/REFERRALS TO BE USED TO OVERCOME CHALLENGES/BARRIERS

ASSIGNMENT/ACTIVITY	BEGIN DATE DUE DATE

- This Plan was developed by my Worker and me, based on my own life situation.
- I understand that situations in my life may change and that my Plan may be changed with the help and approval of my Worker.
- I understand that if I do not sign this part of my PRC that my family will not be eligible to receive cash assistance.
- I understand/agree to cooperate/participate with all assignments/activities listed above. I understand that if I do not cooperate/participate with all the assignments/activities listed above that I will be penalized.
- I understand that I may request a Fair Hearing on the issues/requirements listed on my Plan.

Parent/Caretaker's Signature

Date

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

Family Support Specialist's Signature

Date