WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES

WV WORKS ORIENTATION INFORMATION

PURPOSE

The purpose of WV WORKS is to provide assistance to needy families with dependent children, so that the children may be cared for in their own homes. In addition, WV WORKS promotes job preparation, work, and marriage to reduce dependency on cash assistance.

Adults in at-risk families will be expected to support their dependent children, or the children for whom they care. Every adult who receives cash assistance has the responsibility to participate in an activity to help prepare for, obtain and maintain gainful employment. WV WORKS staff assists the individual in all such endeavors and will promote the value and capabilities of each individual.

The goals of WV WORKS are: To achieve more efficient and effective use of public assistance

funds;

To reduce dependency on cash assistance programs by

promoting self-sufficiency; and

To emphasize employment and personal responsibility by

restructuring public assistance.

WORK FIRST

The first priority of WV WORKS is to place clients into full-time, unsubsidized employment. Employment is defined as any job that a individual may reasonably be expected to perform.

Clients are required to report to scheduled employment interviews, to make a good faith effort to secure employment and to accept any bona fide offer of employment. Failure to meet these requirements without a good reason results in a check reduction or case closure.

MINIMUM WORK REQUIREMENTS

Families With One Parent = 30 hours per week Families With Two Parents = 35 hours per week; 55 hours if federally funded child care is received

Attending school, including college or training, may also be used to meet your work requirement. You will be required to begin your work requirements immediately upon approval.

PERSONAL RESPONSIBILITY CONTRACT

All adults who are included in a cash assistance payment must sign a Personal Responsibility Contract which is negotiated with the WV WORKS staff. This contract list general requirements that apply to all WVW recipients as well as your specific goals and the tasks necessary to achieve them. You must take an active role in deciding the specific goals and tasks listed because you will be expected to adhere to the terms of the Contract.

TIME LIMITS

There is a 60-month lifetime limit on the receipt of cash assistance in West Virginia. Any months you received cash assistance in any other state also count toward your 60 months. It is possible to request an extension of the 60 month time limit for up to 6 months, and information will be provided about how to request an extension.

In addition, any adult who is not participating in a work activity in the 25th month of receipt and every month thereafter, makes the entire family ineligible to receive cash assistance, even if the 60 month time limit has not been reached.

PENALTIES

If you do not comply with the requirements of the Personal Responsibility Contract you sign and you do not have a good reason, the following penalties/sanctions will be applied:

1st Sanction = a 1/3 reduction in your check for 3 months;
2nd Sanction = a 2/3 reduction in your check for 3 months; and
3rd Sanction (and all others after that) = Your check will stop for at least 6 months.

Any sanction described above makes your household ineligible for Emergency Assistance (EA) until the sanction period ends.

DOMESTIC VIOLENCE

Domestic violence issues are discussed with all applicants/recipients of WV WORKS, even when there is no indication that it exists. No individual is specifically targeted to receive the domestic violence information which is available throughout the office and from the Worker. **If you need help, please take advantage of this information**. The Department and your Worker will act only in ways that will protect you from harm. An extension of the 60-month time limit may be longer than 6 months when domestic violence issues exist.

All the information on this form has been discussed with me during my orientation to WV WORKS and I have been given the opportunity to ask questions.

Caretaker's Signature and Social Security Number	Date	
Spouse's Signature and Social Security Number	Date	