

PRE-24 MONTHS AMR SAMPLE

FOR SUPPORTING MYSELF AND MY FAMILY

| | | | |
|-----------------------|----------------------------------|------------------------------------|-------------------------|
| Line No. 01 | NAME: Amy Lichtenstein | Social Security No. XXXX | |
| County 22 | CASE NO: XXXXXXXXXX | TELEPHONE NO: 555-1234 | DATE: 3/26/04 |

AGREEMENT OF MUTUAL RESPONSIBILITY

GOALS:

My long term goals:

Become a social worker and obtain a Bachelor's degree in Social Work.

My goal for the next six months:

Continue to attend school and make satisfactory progress as defined by the college.

Number of TANF Days 0 GA Days 0 used to date

Time Out Begins / / Time Out Ends / /

Initial Job Search Completed ~~Y~~ / **NO**

Highest Education Level Completed GED

Birth Date of the Youngest Child

Paid Work Experience Weeks Completed 0

Allowable Community Service Hours Per Week N/A

Employment & Training Status:

☐ Exempt

☒ Mandatory With Good Cause

☐ Mandatory

BARRIERS TO BEING ABLE TO SUPPORT MYSELF AND FAMILY:

- *Sporadic work history and minimal work experience.*
- *Has a GED and has been able to hold only entry level/minimum wage jobs.*
- *Receives only sporadic support as father has been in and out of prison.*
- *Has a chronic medical condition.*

PLAN TO ADDRESS BARRIERS/FAMILY ISSUES:

- *Continue to attend school to earn Associate's degree in Social Work.*
- *Customer will pursue regular child support payments.*
- *Keep all medical appointments.*
- *Follow treatment plan prescribed by your doctor.*
- *Seek and maintain reliable child care for 3-year-old daughter.*

**FOR SUPPORTING MYSELF
AND MY FAMILY**

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AGREEMENT OF MUTUAL RESPONSIBILITY

PARTICIPATION ACTIVITIES:

Good Cause has been reviewed and is:



Granted



Denied



Not Applicable

What: *Attend college full-time (15 credit hours) to earn Associates degree in Social Work. Customer has good cause to postpone job search while in school.*

Number of hours requested to participate _____

Where: *Harrisburg Area Community College
1 HACC Drive
Harrisburg, PA*

When:

*At present: Mon. – Wed. – Fri. 9:30 am – 12:30 pm
Tues. – Thurs. 10:00 am – 1:00 pm*

Hours: 15

Number of hours required to participate _____

What:

Where:

When:

Hours:

AGENCY HELP:

- *Issue child care allowance for participation in education from 9:00 am – 1:30 pm, Mon. – Fri.*
- *Issue transportation allowance for bus fare.*
- *Issue book and supplies allowance for school.*
- *Continue to monitor Ms. L.'s progress every 6 months (or more often as needed).*

Report on this plan to I.M. Caseworker by: 09 / XX / 2004 (717) 555 - XXXX

I have read and understand this agreement. I understand that signing this agreement is a condition of eligibility and that the penalties, listed on page 5 of this form, may be imposed if I willfully fail, without a good cause (good reason), to complete mandatory activities. I agree to take the actions outlined in this plan. (62 P.S. 405.3)

The agency will provide services to help you, to the extent possible, so you can complete the actions outlined in your plan.

Amy Lichtenstein

Customer Signature

3/26/04

Date

I.M. Caseworker

Agency Signature

3/26/04

Date