

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 / **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.*

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County 22	CASE NO: XXXXXXXXXX	TELEPHONE NO: 555-1234	DATE: 3/26/04

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)

Amy Lichtenstein

Customer Signature

3/26/04

Date

I.M. Caseworker

Agency Signature

3/26/04

Date

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