

POST – 24 MONTHS AMR SAMPLE

PLAN FOR SUPPORTING MYSELF AND MY FAMILY

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|----------------|------------------------------|-----------------------------|------------------|
| Line No. 01 | NAME: <i>Jose Vasquez</i> | Social Security No. XXXX | |
| County 22 | CASE NO: xxxxxxxxxx | TELEPHONE NO: 555-6789 | DATE: 5/14/04 |

AGREEMENT OF MUTUAL RESPONSIBILITY

GOALS:

My long term goals:

To enroll in and complete training to become a certified auto mechanic.

My goal for the next six months:

Attend GED and ESL classes and make satisfactory progress beginning May 21, 2004.

Number of TANF Days 810 GA Days 0 used to date

Time Out Begins ___/___/___ Time Out Ends ___/___/___

Initial Job Search Completed **YES / N**

Highest Education Level Completed 10th Grade

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:

- *Limited English proficiency.*
- *Never received high school diploma (finished grade 10) and needs GED.*
- *Has two children ages 4 & 6 and not receiving any child support.*
- *Needs reliable transportation as car needs repairs.*

PLAN TO ADDRESS BARRIERS/FAMILY ISSUES:

- *Attend GED and ESL classes through community agency and maintain regular attendance.*
- *Continue to pursue child support and assist in locating absent parent.*
- *Obtain reliable child care provider.*
- *Gather information on local schools offering auto mechanic certification.*
- *Insure child (6-year-old) attends school and progresses.*

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AGREEMENT OF MUTUAL RESPONSIBILITY

PARTICIPATION ACTIVITIES:

Good Cause has been reviewed and is:
 Granted Denied Not Applicable

Number of hours required to participate _____
 What: *Attend GED and ESL classes full time (20 hours per week).*
 Where: *Community Agency
 Cameron Street
 Harrisburg, PA*
 When: *Mon. – Fri. 10:00 am – 12:00 pm and 1:00 pm – 3:00 pm*
 Hours: 20

Number of hours required to participate _____
 What:
 Where:
 When:
 Hours:

AGENCY HELP:

- *Issue child care allowance to participate in classes (Monday – Friday 9:30 to 3:30).*
- *Issue car repair allowance for needed repairs.*
- *Issue transportation (mileage) allowance to attend classes.*
- *Continue to monitor Mr. V.'s progress every 6 months (or more often as needed).*

Report on this plan to I.M. Caseworker by: 11 / XX / 2004 (717) 555 - XXXX

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|---|------------------------|--|---------|
| 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. | <i>Jose Vasquez</i> | | 5/14/04 |
| | Customer Signature | | Date |
| | <i>I.M. Caseworker</i> | | 5/14/04 |
| | Agency Signature | | Date |