PLAN FOR SUPPORTING MYSELF AND FAMILY

Line No.	NAME:		Social Security No.
01	*Edgar Eggplant*		*XXXX*
County	CASE NO:	TELEPHONE NO:	DATE:
22	*xxxxxxxxx*	*555-2356*	*5/24/04*

AGREEMENT OF MUTUAL RESPONSIBILITY

GOALS:

My long term goals:

Upon completion of treatment program, customer expressed an interest in computer programming.

My goal for the next six months:

Continue to attend and complete treatment program.

Number of TANF Days ____ GA Days __*187*___ 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:

- Unable to work due to attendance at treatment center.
- Reports having a chronic medical condition.
- Limited job skills/work history.
- Lack of reliable transportation.

PLAN TO ADDRESS BARRIERS/FAMILY ISSUES:

- *Continue to attend treatment program.*
- *Keep all medical appointments and follow treatment prescribed by doctor.*
- *Get PA 1663 (medical assessment form) completed by physician and return no later than 6/3/04.*
- *Begin to gather information on available computer programming classes.*

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PARTICIPATION ACTIVITIES:

Good Cause has been reviewed and is:

☐ Granted ☐ Denied ☒ Not Applicable

Number of hours required to participate_____

What: *Attend treatment program.*

Where:

When: *Monday through Friday 3 hours daily*

Hours: *9-12 AM*

Number of hours required to participate_____

What:

Where:

When:

Hours:

AGENCY HELP:

- *Monitor attendance in treatment program.*
- *Assist Mr. E., as needed, in completion of necessary medical forms.*
- *Provide medical transportation as needed.*
- *Assist Mr. E., as needed, in pursuing information on computer classes.*

Report on this plan to I.M. Caseworker **by:** *__06/_03_/_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.

Edgar Eggplant Customer Signature		*5/24/04* Date
I.M. Caseworker Agency Signature		*5/24/04* Date