



# AGREEMENT OF MUTUAL RESPONSIBILITY



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

www.dhs.pa.gov

## YOUR RESPONSIBILITIES ARE TO:

- ✓ Work with your caseworker to develop a plan for how you can take care of yourself (and your family) without using cash assistance. This includes filing for child or spousal support unless you have a good reason for not doing so.
- ✓ Work with your caseworker to set new goals if your situation changes, and tell your caseworker when you finish parts of your plan.
- ✓ Complete the steps in your plan (meet your goals) by the dates you discussed with your caseworker.
- ✓ Make sure your children attend school.
- ✓ Cooperate with Temporary Assistance for Needy Families (TANF) random sampling if you are asked. This could include providing employment and work-related activity hours to your caseworker.
- ✓ Use TANF funds issued through your Electronic Benefits Transfer (EBT) card or PA ACCESS card for allowable transactions. You may not use TANF funds issued through your EBT or PA ACCESS card to make electronic benefit transfer (EBT) transactions in liquor stores; casinos (gambling casinos, gaming establishments); or, places for adult entertainment where performers undress or perform without clothes.
- ✓ Use special allowance money that you receive to pay for the items or services that you requested. Proof of how the money was spent must be provided within 14 days of receiving the money.
  - If you do not use the money for the items or services for which the special allowance was issued and do not provide proof (such as receipts) that you used the money for this purpose, you may have to pay the money back.
- ✓ Generally, you must work or participate in an approved work activity (unless you are exempt or have established good cause) for at least the number of hours required for your household.
- ✓ Keeping yourself and your children healthy is an important step to independence.
- ✓ If you are pregnant, it is important that you keep all appointments scheduled by your doctor or clinic.
- ✓ Complete, sign, and date an AMR mailed to you and return it within 30 days of the date of the county assistance office (CAO) signature on the AMR.

## OUR RESPONSIBILITIES ARE TO:

- ✓ Explain that you may receive cash assistance from the TANF Program for a total of only 5 years (60 months) in your lifetime. TANF provides temporary help until you and your family are again able to support yourself. You may qualify for extended TANF after you have reached the 5 year TANF limit if you meet special circumstances.
- ✓ Explain that help to pay for child care is available so you can attend school, work, or participate in other activities to help you qualify for a job.
- ✓ Explain which special allowances for supportive services such as transportation, child care, and clothing, may be available to you and assist you in getting the paperwork needed to qualify for those supportive services.
- ✓ Explain that all activities, including those in which you may begin on your own, must be approved by the department.
- ✓ Explain that you must verify at least 3 job searches a week while your application is pending, or you will not be eligible for TANF.
- ✓ Help you find other groups and/or people who can help you with your plans to meet your goals.
- ✓ Explain other ways that we can help you, such as The Disability Advocacy Program (DAP), Earned Income Credit (EIC) and other ways we can help victims of domestic violence.
- ✓ Explain available education and training opportunities.
- ✓ Explain that you may volunteer for work-related activities or education/training if you are not required to work.
- ✓ Give you information about the Supplemental Nutrition Assistance Program (SNAP), and the possibility of continuing to receive SNAP, Medicaid, and child care assistance when you stop receiving TANF due to earnings from a job.
- ✓ Explain that if you receive a Diversion payment and are now applying for cash assistance during the same period, you are required to repay all or a portion of the Diversion payment for that period.
- ✓ Explain that you may get transportation to get to your doctor or clinic.
- ✓ Explain that you must participate in available drug or alcohol treatment if substance abuse is preventing you from finding or keeping a job.
- ✓ Explain that if you or a family member has a physical or intellectual disability or a mental health issue that prevents you from working, we can make a referral to an agency that can help you. All services will be confidential.
- ✓ Explain that you must complete, sign, and date an AMR mailed to you and return the AMR within 30 days of the date of the county assistance office (CAO) signature on the AMR, or you and your family may not be eligible for cash assistance.

Customer Initials

Date

Agency Initials

Date

PA 1661 10/18

**PLAN FOR SUPPORTING MYSELF AND MY FAMILY**

**AGREEMENT OF MUTUAL RESPONSIBILITY**

LINE NO:	NAME:		
COUNTY:	CASE NO:	TELEPHONE NUMBER:	DATE:

**CASE SUMMARY:** For CAO use. Your caseworker will complete this with you.

Number of TANF days: \_\_\_\_\_ Number of GA days: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Birthdate of youngest child: \_\_\_\_\_

Paid Work Experience weeks completed: \_\_\_\_\_

Allowable Community Service hours per week: \_\_\_\_\_

**GOALS:** What type of self-sustaining work or income will you seek? What training or education might you need?

Long term:

First steps:

**BARRIERS TO GOAL ACHIEVEMENT:** Let's complete the Job Readiness Assessment checklist.

**EMPLOYMENT & TRAINING STATUS:** Let's see if you are subject to the work requirements.

Mandatory  Exempt

**PARTICIPATION STATUS:** Let's look at your barriers to see how they impact your ability to participate in an activity.

Good cause and exemptions have been reviewed and are:

Approved  Denied  Not Applicable

Reason:

**AGENCY ASSISTANCE AND REFERRALS:** Let's see how we or another agency can help you.

**PLAN FOR SUPPORTING MYSELF AND MY FAMILY**

**AGREEMENT OF MUTUAL RESPONSIBILITY**

LINE NO:	NAME:		
COUNTY:	CASE NO:	TELEPHONE NUMBER:	DATE:

**PARTICIPATION ACTIVITIES:**

What:

Where:

When:

Hours:

You must participate \_\_\_\_\_ core hours per week and \_\_\_\_\_ non-core hours per week.

What:

Where:

When:

Hours:

You must participate \_\_\_\_\_ core hours per week and \_\_\_\_\_ non-core hours per week.

**YOUR RIGHTS:**

Prior to your benefits being reduced or stopped, you have the right to have your case reviewed to determine if you had good cause (good reason) for not meeting requirements. You have the right to receive a notice of action before your benefits are reduced or stopped. You have the right to appeal and request a fair hearing if you disagree with our decision. Your benefits will continue if your appeal is postmarked or received within ten days of the mailing date of the notice proposing to reduce or stop your benefits.

**GOOD CAUSE:**

Good cause will be considered if the reason for not completing the steps in your Plan for Supporting Myself and My Family is beyond your control. Examples of good cause are domestic violence, not having proper child care, or the need to care for a disabled or ill person.

Report on this plan to \_\_\_\_\_ by: \_\_\_\_\_  
Worker's Name Date Telephone Number

I read and understand this form, called the Agreement of Mutual Responsibility (AMR), I know that I must sign the AMR to get cash help. I know that signing the AMR means I am saying I will do what the AMR plan tells me to do. I know that if I do not do what is in the plan, without good reason, the "penalties" on page 4 of this AMR may happen. I know that if I do not sign this AMR - unless I have good reason - my family and I may not get cash help (62 P.S. 405.3). I know the penalties for not signing the AMR are listed on page 4 of this form.

\_\_\_\_\_  
Customer Signature Date

\_\_\_\_\_  
Agency Signature Date

Customer Initials

Date

Agency Initials

Date

## AGREEMENT PENALTIES

IF YOU REFUSE OR WILLFULLY FAIL TO:	THE PENALTY WILL BE:
Work out a plan with your caseworker and sign the Agreement of Mutual Responsibility (AMR), unless you have good reason for not doing so.	You will not be eligible for cash assistance until you sign this AMR. If you or another adult already received 60 months of TANF, you and your family will not be eligible for cash assistance.
Sign the AMR mailed to you and return the AMR within 30 days of the date of the county assistance office (CAO) signature on the AMR.	You will not be eligible for cash assistance if the AMR is not returned within 30 days. If you or another adult already received 60 months of TANF, you and your family are ineligible for cash assistance.
Cooperate with the requirements to seek support and/or verify paternity, unless you have a good reason for not doing so.	Your monthly cash assistance benefit will be reduced by 25 percent.
<p>Meet work requirements, unless you have a good reason for not doing so. This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• participating in a work or work activity including education and training;</li> <li>• actively searching for a job and providing required documentation; and</li> <li>• accepting and maintaining available employment.</li> </ul>	<p>1st violation – You will be ineligible for a minimum of 30 days or until the failure to comply ceases, whichever is longer.</p> <p>2nd violation – You will be ineligible for a minimum of 60 days or until the failure to comply ceases, whichever is longer.</p> <p>3rd violation – You will be permanently disqualified.</p> <p>If the reason for sanction occurs within the first 24 months of receipt of cash assistance, whether consecutive or interrupted, the sanction applies only to the individual.</p> <p>If the reason for sanction occurs after 24 months of receipt of cash assistance, whether consecutive or interrupted, the sanction applies to the entire family.</p>
Maintain earnings by voluntarily, and without good reason, reducing your work hours to less than 20 hours weekly.	Your grant will be reduced by an amount equal to what you would have earned if you had not voluntarily reduced your hours.
Participate in available drug or alcohol treatment if substance abuse is preventing you from finding or keeping a job.	You will not be eligible for your share of the cash grant until you cooperate with an available treatment plan.
Apply for other possible sources of income.	You are ineligible until you agree to meet the requirements. If you or another adult already received 60 months of TANF, you and your family are ineligible until compliance.
Provide proof within 14 days of how the special allowance money was spent.	You may have to pay the money back if you did not use special allowance money that you received to pay for the items or services that you requested.