

[County CAO]  
[Address Line 1]  
[Address Line 2]  
[City, State Zip-Zip Extn]

[Payment Name First] [Payment Name Last]  
[Address Line 1]  
[Address Line 2]  
[City, State Zip-Zip Extn]

## COMPLIANCE REVIEW APPOINTMENT NOTICE

NAME:	CASE NUMBER:
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In Pennsylvania, as a condition of receiving cash assistance, individuals who are mandatory participants in the Road to Economic Self Sufficiency through Employment and Training (RESET) Program are required to meet the work and work-related activity requirements of that program.

As a mandatory participant for RESET, [Individual's Name] agreed to participate in the following work or work related activity:

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Basic Education                   | <input type="checkbox"/> Community Service                      |
| <input type="checkbox"/> English as a Second Language Program    | <input type="checkbox"/> High School or High School Equivalency |
| <input type="checkbox"/> Job Search and Job Readiness Assistance | <input type="checkbox"/> On-the-Job Training                    |
| <input type="checkbox"/> Paid Work Experience                    | <input type="checkbox"/> Subsidized Employment                  |
| <input type="checkbox"/> Vocational Education                    | <input type="checkbox"/> Employment Program Orientation         |
| <input type="checkbox"/> Other                                   |   |

**did not fully participate in the above activity.**

<p><b>A Caseworker, _____, will call _____ at _____ on _____ at _____ to discuss whether or not they had good cause for not meeting their work or work related activity requirement. If you would rather meet in person or reschedule, please call me at _____ before your scheduled appointment.</b></p>
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We will update your existing Agreement of Mutual Responsibility (AMR) or complete a new AMR. The new or revised AMR will include action steps that you must take to comply with employment and training participation requirements. **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 if the AMR is not returned by the deadline without good cause.**

**If you do not participate in this interview and do not have good cause you may lose cash benefits. If you or another mandatory participant in your household has received 60 months of TANF, you and your family are ineligible for cash assistance.**