

Rhode Island Works Employment Plan

Parent 1 _____ PID _____

Parent 2 _____ PID _____

Employment & Career Advisor _____ Ph.# _____

I am a one-parent family or I am a two-parent family.

I have reviewed and understand my rights and responsibilities as part of this Employment Plan.

Parent (initials), _____

I understand I may receive cash assistance in Rhode Island for a maximum of forty-eight (48) months during my lifetime, including any months of similar cash assistance received in any US State/Territory. Cash assistance may only be extended beyond those limits if I am eligible for an extension due to a hardship condition I may have at that time.

I understand that if I am referred to the DHS Office of Rehabilitation Services for additional services for which I may be eligible, I must complete all required appointments, assessments, and employment plan activities and make progress in my rehabilitation employment plan, just as I am expected to do with my RI Works Employment Plan.

I understand that in Rhode Island, there are a number of allowable employment plan activities. My employment plan will be cooperatively developed with a DHS Employment and Career Advisor and will provide work activity opportunities that lead to economic self-sufficiency.

The number of hours per week in which I must participate in my employment plan activities are usually, but not always, 20 hours for single parents with a youngest child age 5 or less, 30 hours for single parents with a youngest child age 6 or more, and 35 hours for a 2-parent family. For example, adult education in an intensive work readiness program of up to 6 months is a 30-35 hour per week commitment.

Allowable employment plan activities consist of primary activities and non-primary, or secondary, activities which may be supplemental, or in addition to, primary activities.

Primary: Job Search and Job Readiness, Employment (either public or private, unsubsidized or subsidized), unpaid Work Experience, On-the-Job Training, Supportive Services, Community Service, Vocational Education, Providing Childcare services to another RI Works parent who is in community service, and Adult Education in an Intensive Work Readiness Program

Secondary: Job Skills Training directly related to employment, Education directly related to employment, and Satisfactory Attendance at a Secondary School or in a G.E.D. Program (for teen parents under age 20, this is a primary and required activity)

My employment plan activity/activities and schedule(s) are:

Employment Plan

Activity	Location	Start Date End Date	Scheduled Hours	Schedule

[] I have received a copy of this Employment Plan.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Social Service Assessment Plans

Family Need Identified	Activity / Referral to meet Family Need	Referral Plan
Child Care or Elder Care Needs	Agency & Address: Contact & Phone:	
Child(ren) Development	Agency & Address: Contact & Phone:	
Domestic Violence	Agency & Address: Contact & Phone:	
Housing/ Shelter	Agency & Address: Contact & Phone:	
Mental Health	Agency & Address: Contact & Phone:	
Transportation	Agency & Address: Contact & Phone:	
Health	Agency & Address: Contact & Phone:	
Food	Agency & Address: Contact & Phone:	
Substance Abuse	Agency & Address: Contact & Phone:	
Utilities	Agency & Address: Contact & Phone:	

Temporary Exemption from Work Requirements (Excludes individuals who have met or exceeded the RI Works Time limit)

I understand that if I take the Temporary Exemption from the Work Requirements that I have checked below, the months that the exemption is in effect(# of months) are also months of cash assistance that count toward my time limit(s).

I also understand that I must submit the documentation requested by DHS to support my claim of by due date, and if the documentation is not received, or does not support the claim, the exemption will be cancelled, and I will then need to comply with work requirements.

I am a single parent and have a child under the age of one and choose an exemption for months (maximum of 12 months within the lifetime limit of 48 months.

I am a new applicant and a single parent in my third trimester.

I am a current recipient and a single parent in my third trimester who cannot do work activities at this time, per medical orders.

I am a single parent caring for a family member who is in my home and who requires my full-time care due to a disability.

I am a single parent who receives Supplemental Security Income (SSI) or other comparable disability income payment.

I am an individual who is a victim of domestic violence.

I am a member of/we are a 2-parent family and both parents receive SSL

I am a member of/we are a 2-parent family and one of us receives SSI and the other of us must care for a family member who is in the home and requires my full-time care due to a disability.

I have another circumstance that prevents an employment plan at this time, and my/our circumstance has been approved by a Department of Human Services Administrator.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Rights and Responsibilities

I understand that I have Rights:

I can request a Fair Hearing before an DHS Hearing Officer if I disagree with a decision DHS makes about my case. My request for a hearing must be made in writing within 30 days of the mailing date of the notice of the DHS decision with which I disagree. I may ask agencies like RI Legal Services or my local CAP to help me with and at the Fair Hearing.

I will have a preliminary assessment of my family needs and of my work experience and education before I sign my Employment Plan. My Employment Plan may also be amended based on additional assessment information that is developed later, but my Plan and any amendments to it will always be made with my knowledge and consent.

I may receive services (if I continue to meet eligibility criteria) that are deemed necessary to prepare for, obtain and maintain employment, like help finding a job, education or training, child care and transportation.

DHS will keep my information confidential. DHS uses information about me only for purposes directly related to the administration of the program. DHS does not release information about me or other members of my household or family without my consent except as provided in state or federal laws and regulations.

I understand that I have Responsibilities:

I must keep scheduled appointments, supply requested information in a timely way, and arrange for childcare or transportation before my Employment Plan activities start, and actively participate in my Employment Plan in order to achieve greater economic independence as quickly as possible.

As a condition of eligibility for cash assistance, I must have and comply with an Employment Plan, and I must comply with program rules. If I do not comply with either the Employment Plan or program rules, and if I do not document good cause for not complying, I understand I will lose part of my cash assistance until I do comply. I understand that after three months of reduced cash assistance, subsequent non-compliance without documented good cause will lead to termination of all cash assistance.

I must report employment information when I obtain a job, and I must report any changes in my circumstances or household that can affect my participation in my Employment Plan activities or affect my continued eligibility for cash assistance. I must report such information no later than 10 days after the change in circumstance or household occurs.