

## GENERAL RELIEF OPPORTUNITIES FOR WORK WELFARE-TO-WORK PLAN ACTIVITY ASSIGNMENT

GROW SITE:  
ADDRESS:  
PARTICIPANT NAME:  
CASE NUMBER:

**ACTIVITY – HOURS PER WEEK REQUIRED** \_\_\_\_\_

My assigned activity and the date, time and location I am required to report are:

ASSIGNED ACTIVITY	START DATE	TIME	EXPECTED COMPLETION DATE
LOCATION _____			

I understand that if I do not attend the activity listed above, as required by the General Relief Opportunities for Work (GROW) Program, my General Relief benefits may be terminated. For the first instance of noncompliance without good cause, I can reapply immediately. The second instance results in a 30 day penalty, and the third and subsequent instances, result in a 60 day penalty.

I understand that, if I am in a self-initiated program (SIP), an education/training program or work experience program, I must provide proof of enrollment. I must also provide proof of satisfactory progress when I receive a Progress Report. I understand the Progress Report will be mailed to me at least every 30 days.

I understand that I have up to 30 days to ask for a change in my activity when I have been assigned after Vocational Assessment. If my Case Manager agrees to the change, I know I have to sign a new Activity Agreement.

**WORK-RELATED EXPENSES**

GROW will pay for work-related expenses such as transportation and training/work-related costs if I need them to participate in the program. I have reviewed my need for work-related expenses with my Case Manager. I understand that I do not have to participate until arrangements are made. I understand that I must tell my Case Manager right away of changes in my needs or if I no longer need them. I understand that if GROW pays for work-related expenses that are more than I need to participate, I will have to pay them back.

**SUPPORTIVE SERVICES**

I understand that if supportive services are assigned as part of the Welfare-to-Work Plan - Activity Assignment, I am required to participate. I understand that failure to participate may result in the termination of my General Relief benefits. For the first instance of noncompliance without good cause, I can reapply immediately. The second instance results in a 30 day penalty and the third and subsequent instances result in a 60 day penalty.

**CERTIFICATION**

I understand my Rights and Responsibilities for participation in GROW. I understand that I can contact my Case Manager with any questions. I understand that I have three days to think about the terms of this Activity Assignment. If I do not tell my Case Manager about any problems that may prevent me from participating in this activity by \_\_\_\_\_, this contract is final.

I have read, or had read to me and understand this Welfare-to-Work Plan - Activity Assignment and have received a copy of it. If I fail to meet my responsibilities without a good reason, my General Relief may stop and I may receive a penalty.

PARTICIPANT SIGNATURE:	DATE:		
CASE MANAGER SIGNATURE:	FILE NUMBER:	TELEPHONE:	DATE: