

**GENERAL RELIEF OPPORTUNITIES FOR WORK
WELFARE-TO-WORK PLAN
ACTIVITY ASSIGNMENT DVS**

GROW SITE:
ADDRESS:
PARTICIPANT FIRST NAME:
CASE NUMBER:
YEAR OF BIRTH:

ACTIVITY - HOURS PER WEEK REQUIRED _____

My assigned activity, 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 is a 30 day penalty, and the third, and subsequent instances are 60 day penalties.

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 will give the monthly Progress Report to my GROW Case Manager within five days of receiving it.

TRANSPORTATION EXPENSES

GROW will pay for transportation expenses, if I need them to participate in supportive services.

SUPPORTIVE SERVICES

I understand that domestic violence 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. For the first instance of noncompliance without good cause, I can reapply immediately. The second instance is a 30 day penalty and the third and subsequent instances are 60 day penalties.

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 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. 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 NUMBER:	DATE: