

Department of Children and Family Services
FAMILY SUCCESS AGREEMENT (FSA)
RIGHTS AND RESPONSIBILITIES

Participant _____
PID _____

What are My Rights?

I will be informed what is expected of me while participating in STEP.

My STEP Coach will inform me of resources and services that are available and help me access them if I need assistance.

I will have the opportunity to set goals and work on steps needed to accomplish my goals.

My STEP Coach will help me find education and job experiences that, when possible, match my interests, skills, work experience, education, and child care needs.

I will have the opportunity to learn, grow, and prepare for success. I will decide what success means for me and my family.

My STEP Coach will recognize my achievements and victories.

My STEP Coach will support me, respect my opinion, and encourage my development.

My STEP Coach will give me an explanation of good cause standards. Some examples of good cause/exemption reasons include:

- I missed an appointment due to illness or an unexpected failure in my child care or transportation;
- I have an emergency condition (physical, mental, or emotional);
- I am a victim of domestic violence, sexual harassment, stalking, or sexual assault;
- I cannot find affordable, appropriate child care in my area for my children;
- I have an immediate legal problem;
- I have a disability or certain conditions and this has kept me from being able to fulfill the program requirements;
- I am needed at home to care for a child or another adult with special needs or disabilities; or
- I am homeless or experiencing some other type of hardship.

My STEP Coach will talk routinely to me about my progress, my potholes and detours, and my challenges and successes.

I may be able to get support services to help me participate in STEP, advance at my job, keep my job, accept a job, or look for a job.

If I disagree with a decision about my activities and/or support services, I may ask for a case review and/or a fair hearing.

What are My Responsibilities?

I will be involved in developing my plan to become economically independent so I can support my family and myself. I understand that I must do whatever I can to be successful in this plan. I will participate in activities that will increase my education, work readiness, or financial stability.

I will celebrate my achievements and victories with my STEP Coach.

I will attend and participate in all appointments, interviews and employment related activities on time.

I will ask my STEP Coach if I need support services like: work uniforms, education expenses, license/fees, tools for work, car repairs, etc.

I will secure child care arrangements and backup child care arrangements in case of an emergency.

I will report employment to my STEP Coach as soon as I accept a job offer. I understand that I must accept employment, and cannot voluntarily quit my job or voluntarily reduce my income, unless I have good cause.

I will provide verified participation hours to my STEP Coach for each assigned activity by the **5th** of the month.

I will take my children to the doctor or health unit for all immunizations and scheduled medical appointments.

I understand that I may need to participate in drug screening or drug testing, if needed. I will tell my STEP Coach if I have challenges that affect with my participation.

I will cooperate in establishing paternity and securing child support. Successful collection of child support may help me eliminate my need for cash assistance.

I will participate in Parenting Skills Training if I am pregnant or the parent/caretaker relative of a child under the age of one.

If I am a parent under 20 years of age and have not completed high school (or its equivalent), I will participate in my educational activities, maintain passing grades, and maintain a good attendance record at school.

I will talk with my STEP Coach on an ongoing basis. I will discuss my plan, goals, and activities immediately with my STEP Coach when there are changes or challenges at my activity, when there are changes or challenges in my family circumstances that may cause me to quit my activity, and when I think my assigned activities are no longer appropriate for me.

I will report all changes or challenges within 10 days of my knowledge of the change or challenge and provide documentation, if requested. I understand that documentation may sometimes be needed to help me.

What happens if I do not sign the FSA, participate in goal setting, and participate in activities to achieve my goals?

I understand that I will be sanctioned and may become ineligible for cash assistance if I refuse to cooperate in signing this agreement, meet the responsibilities in this agreement, develop a plan for self-sufficiency, or update my plan periodically, without good cause.

I also understand that my success in STEP will be measured by my progress towards achieving my self-sufficiency goals. If I am not making progress towards my goals, I will be sanctioned.

The first time I am sanctioned my family will lose benefits for at least one month, the second time I am sanctioned my family will lose benefits for at least two months, and the third and subsequent times I am sanctioned my family will lose benefits for at least three months.

Agreement

I understand that completion of the FSA is required for participation in the STEP program. All plans will be developed by me and my STEP Coach. The initial plan and all subsequent plans will become part of this original FSA when signed by both me and my STEP Coach. I agree that the FSA and plans are necessary and I will carry out my responsibilities. By providing my signature, I confirm that I have read my rights and responsibilities and will ask my STEP Coach if I have any questions.

I consent for my STEP Coach to give my personal contact information to other entities who will assist me with my goals, such as an educational institution, a housing provider, etc.

PARTICIPANT'S SIGNATURE

DATE