

CASH PROGRAMS PERSONAL RESPONSIBILITY AGREEMENT (PRA)

I understand that:

- Cash Assistance is temporary assistance.
- Adult family members are responsible for supporting the family.
- Adult family members must comply with requirements to receive Cash Assistance or supportive services.
- This agreement is in addition to the rights and responsibilities I accepted when filing my application.

Participant Requirements

I understand that to be eligible for Cash Assistance (CA), the Two-Parent Employment Program (TPEP), or Tribal Temporary Assistance for Needy Families (TANF), all adults may be required to comply with the following:

- Prepare for and accept a job to support myself and my children, when I do not have an exemption or do not show good cause for not preparing for or accepting a job.
- Make sure that all my school-age children attend school, when good cause has not been established.
- Keep my children's immunizations up to date, when good cause has not been established.
- Not voluntarily quit a job without good cause.
- Not illegally sell, possess, or use a controlled substance.
- Cooperate with the CA, TPEP, or Tribal TANF Programs by:
 - providing proof for eligibility
 - providing proof for possible overpayments
 - reporting changes

When FAA informs me that the following is required before Cash Assistance is paid, I agree to:

- Comply with the Jobs Program Preliminary Orientation (JPPO) Requirements
 - For Hopi TANF you must pre-comply with their work program.
- Cooperate with the Division of Child Support Services (DCSS).
 - For Tribal TANF cooperation with DCSS is not a requirement.

After Cash Assistance is paid, when required, I agree to cooperate with:

- All aspects of the appropriate work program:
 - State Jobs Program
 - Tribal TANF work program
 - Native Employment Work (NEW) Program
 - Private Sector work program Provider (PSP)
- The Division of Child Support Services (DCSS),
- The Child Care Administration (CCA).

I understand the following penalties:

- CA or TPEP applications will be denied if I do not comply with DCSS.
 - For Tribal TANF cooperation with DCSS is not a requirement.
- CA and Tribal TANF Programs are reduced or stopped if adult members of the family do not comply with program requirements as follows:
 - CA will be reduced by 50% the first time I do not cooperate.
 - CA will stop for any additional occurrences of noncompliance, and supportive services may also stop.
 - Pascua Yaqui and Hopi Tribal TANF budgetary units have progressive sanctions of 25%, 50%, and 100%.
 - Hopi TANF budgetary units with the 100% sanction are not eligible for 12 months following the closure month.
- TPEP payments will be withheld for one pay cycle when I do not cooperate. When three benefit cycles have been withheld, my TPEP case will be closed.

If we are in the Two-Parent Employment Program, we understand that:

- We can participate in the TPEP for six (6) months within a period of 12 calendar months.
- We will not receive TPEP Cash Assistance until we meet the Jobs requirements.
- We have the right to appeal a decision with which we disagree.

We also agree to:

- Enroll in Jobs, attend a job assessment, and complete self-surveys and employment plans.
- Participate up to 40 hours per week in employment, work experience, training, education, and/or job search/job readiness.
- Call the Jobs Program Specialist immediately if we are late or absent from our Jobs assignment.
- Verify good cause for absences.
- Continue to participate in assigned activities (even if we disagree with our placements) until the concerns are resolved with our Jobs Program Specialists.

Services:

The Arizona Department of Economic Security (DES), Tribal TANF programs, the Native Employment Work (NEW) Program or a combination of these programs may provide the following services:

- Cash Assistance
- Job employment and training assistance
- Child support services
- Childcare assistance for employment and approved Jobs Program activities
- Referrals to other DES and community services

Agreement and Signature(s)

I have read, understand, and agree with the requirements to comply with the Personal Responsibility Agreement.

Printed Name of Participant or Authorized Representative _____

Signature of Participant or Authorized Representative _____ Date _____

Printed Name of Participant or Authorized Representative _____

Signature of Participant or Authorized Representative _____ Date _____
(Second Parent – TPEP)

Printed Name of Witness _____
(only needed if the customer signed with mark)

Signature of Witness _____ Date _____

AZTECS Case Number _____ HEAplus Application ID Number _____

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