KTAP TRANSITIONAL ASSISTANCE AGREEMENT

Individual Name: Individual ID:

As a Kentucky Works Program (KWP) participant, I agree to complete this plan for supporting my family. I understand the KTAP benefits I get are just temporary and that I need to find other ways to support my family. I understand I am responsible to care for my children and myself, to get a job, and become self-supporting. The case manager and I have made a plan for me to become self-supporting. My plan includes any special needs or limitations I may have.

My plan includes this employment goal:

I will take the following actions to help become self-supporting:

- Attend scheduled KWP activity for the required number of hours
- Report changes or problems to a case manager
- Return proof of attendance in activity by the 5th of each month
- Return KW-33 to request transportation if needed
- Attend appointments related to my KWP activity
- Notify a case manager/provider if I am unable to attend an appointment
- Tell a case manager about things I need in order to attend my KWP activity.

The Cabinet for Health and Family Services will help me by arranging for the following support services:

- Child care
- Help with transportation costs
- Other items or services I need to attend my KWP activity

Because of my disability, the cabinet will help me by providing the following:

By signing this, I agree:

- I must accept an offered job or training if it is appropriate for me. And offered to me.

- I must be working or taking part in a KWP activity. If I do not, my KTAP benefits will be reduced or discontinued.

- My Supplemental Nutrition Assistance Program (SNAP) benefits may also be reduced.

I have been informed of and understand my civil rights and my rights under the Americans with Disabilities Act (ADA). I have been informed of my responsibilities for becoming self-supporting and other information listed on this agreement.

My signature also means I have received a copy of this agreement.

_________________________________________________________  ___________________________  _______________________
Individual’s Signature  Date  ___________________________  _______________________
Worker’s Signature  Date

Web site: http://chfs.ky.gov