

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 ~~[,report]~~ changes or problems to a case manager

Return ~~[,return]~~ proof of attendance in activity by the 5th of each month

Return ~~[,return form]~~ KW-33 to request transportation if needed

Attend ~~[,go to]~~ appointments related to my KWP activity

Notify ~~[,notify]~~ a case manager/provider if I am unable to attend an appointment

Tell ~~[,and 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 ~~[,help]~~ with transportation costs

Other ~~[,and other]~~ items or services I need to attend my KWP activity

Because of my disability, the cabinet ~~[Cabinet]~~ will help me by providing the following:

By signing this, I agree:

~~[I know]~~ I must accept an offered [a] job or training if it is appropriate for me ~~[and offered to me]~~.

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

My ~~[In addition, 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 ~~[know and understand]~~ 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