

MUTUAL RESPONSIBILITY AGREEMENT - CORE REQUIREMENTS

I, the Work First applicant/participant, agree to the following REQUIREMENTS unless I have a good cause or am exempt. I agree to provide proof that I am meeting these requirements. If I need help providing proof, I will ask my Work First worker for assistance.

All Adult Applicants and Participants must initial all items below:

___ I will contact my Work First worker if a change occurs in my situation within ten (10) days of knowing of the change.

___ I will keep all scheduled Work First appointments.

___ I will cooperate with Child Support Enforcement for all children who receive assistance.

___ I will ensure that children who receive assistance get their immunizations and have regular health checkups.

___ I will ensure that school-aged children and minor parents who receive assistance live at home and attend school according to school attendance policy.

___ I will not access the cash assistance on my EBT card or use my cash assistance in any liquor store, gambling or gaming establishment or any establishment that provides adult oriented entertainment.

___ **I acknowledge if I do not meet the requirements listed on the MRA Core Requirements, my Work First payment will stop without further notice. This agreement serves as my notice of termination.**

The County Department of Social Services agrees to:

- Coordinate services such as child care, transportation and other services as specified in your MRA Plan of Action;
- Coordinate services for family members, when needed, so you can follow through on the activities in your MRA Plan of Action;
- Make referrals to other community services and resources to help you become self-sufficient;
- Assist with housing needs and assist with money management;
- Provide assistance with educational resources and/or training as listed on your MRA Plan of Action and all reasonable accommodations;
- Provide Work First Family Assistance if eligible;
- Provide a copy of your MRA which describes all required activities and services to be provided;
- Update or change the MRA with you as needed.

I understand what is required of me. I also understand that my Work First Family Assistance benefits may be subject to time limits. I will not receive Work First Family Assistance if I fail to comply, with these requirements, unless I have good cause as described in North Carolina Work First Policy.

Work First Applicant/Participant Signature _____ Date _____

Work First Worker's Signature _____ Date _____

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