



Date: _____

Participant Profile

Please complete this profile in as much detail as possible. This will enable us to provide the service(s) you require to assist you in reaching your self-sufficiency goals. You may ask for assistance at any time. Please use black or blue ink & print clearly.

I. PARTICIPANT GENERAL BACKGROUND INFORMATION

Female
 Male

_____	_____	_____	_____
Name	Last 4 digits of SSN	Phone #	Date of Birth

Email Address			

_____	_____	_____	_____
Address	City	State	Zip

II. GENERAL

IN CASE OF EMERGENCY CONTACT _____

_____	_____	_____
Name	Relationship	Phone Number

III. LIFE AND FAMILY ISSUES

1. HOUSING

a. Are your living arrangements stable and safe? Yes No

Explain: _____

b. Are you homeless or about to be evicted? Yes No

Explain: _____

2. CHILDCARE

a. Do you need help with childcare? Yes No

Explain: _____

b. If your child is sick, who will provide care while you are at work, school, or assigned activity?

Explain: _____

3. TRANSPORTATION

a. Do you have a valid Florida Driver License? Yes No

Explain: _____

b. How do you plan to get to work or school?

Explain: _____

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4. DOMESTIC VIOLENCE (mental/physical threats or abuse)

- a. Have you been the victim of domestic violence? Yes___ No ___ Initials: _____
- b. Are you currently a victim of domestic violence? Yes___ No ___ Initials: _____
- c. Do you feel safe now? Yes___ No ___ Initials: _____
- d. Do you need a safety plan to be implemented in case of an emergency? Yes___ No ___ Initials: _____

Explain: _____

- e. Would you prefer to speak with someone privately? Yes___ No ___ Initials: _____

5. EDUCATION

a. Check highest education level completed AND indicate year completed.

- High School GED A.S./A.A Year Completed: _____
- B.A./B.S. M.A./M.S. Doctorate Year Completed: _____

Certificates/Degrees/Licenses (specify): _____

- b. Is English your first language? ___Yes ___No
- c. If English is not your first language, what language is? _____
- d. Do you require an interpreter/translator? ___Yes ___No
- e. Are you interested in: ___GED ___ Training ___ Job Placement ___ Other: _____
- f. If interested in training, in what area? _____
- g. Why are you interested in this type of training? _____

6. AGENCY ASSISTANCE & CONTACTS

What other agencies are working with you?

Explain: _____

7. LEGAL

- a. Do you have a conviction or arrest record? ___ Yes ___No If yes check: ___Felony ___Misdemeanor

Explain: _____

- b. Are you performing community service or are you on probation or parole? ___Yes ___No

Explain: _____

8. MEDICAL

- a. Do you have medical, mental health, or physical limitations that prevent you from working/going to school? ___Yes ___No

Explain: _____

- b. Are you pregnant? ___Yes ___No

If Yes – Due Date: _____ Are you receiving prenatal care? ___ Yes ___No

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9. EMPLOYMENT HISTORY

a. Are you a veteran? Yes No

Date of active duty: _____ Branch of service: _____

b. If yes, what was your military specialty? _____

Explain Military Experience: _____

c. Do you have VA disability rating? Yes No If Yes - % Disabled: _____%

d. Provide information below for your most recent three (3) jobs:

1. Name of Employer: _____

Start Date: _____ End Date: _____ Job Title: _____

Start Wage: \$ _____ End Wage: \$ _____ Full Time Part Time

Job Description (what did you do?) _____

Reason for Leaving: _____

2. Name of Employer: _____

Start Date: _____ End Date: _____ Job Title: _____

Start Wage: \$ _____ End Wage: \$ _____ Full Time Part Time

Job Description (what did you do?) _____

Reason for Leaving: _____

3. Name of Employer: _____

Start Date: _____ End Date: _____ Job Title: _____

Start Wage: \$ _____ End Wage: \$ _____ Full Time Part Time

Job Description (what did you do?) _____

Reason for Leaving: _____

10. EMPLOYMENT SEEKING AND KEEPING SKILLS

a. Do you have problems finding a job? Yes No

Explain: _____

b. Do you have problems keeping a job? Yes No

Explain: _____

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11. GOALS- List your goals on the following chart

	Goals and Interests	Expected Achievement Date
Short Term Employment:		
Long Term Employment:		
Short Term Educational:		
Long Term Educational:		
Short Term Personal:		
Long Term Personal:		

PLEASE INDICATE BARRIERS TO EMPLOYMENT (Check all that apply)

<input type="checkbox"/> Child Care	<input type="checkbox"/> Criminal Record	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education	<input type="checkbox"/> Housing	<input type="checkbox"/> Probation/Parole
<input type="checkbox"/> Medical	<input type="checkbox"/> Language	<input type="checkbox"/> Domestic/Legal Issues
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Work History	<input type="checkbox"/> Other (explain)

12. SKILLS (check all that apply)

Industrial		Office	
<input type="checkbox"/> Supervisory	<input type="checkbox"/> Inventory Control	<input type="checkbox"/> Typing - WPM	<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> CDL License	<input type="checkbox"/> Electronic	<input type="checkbox"/> Reception	<input type="checkbox"/> Telemarketing
<input type="checkbox"/> Assembly	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Building Trades		Healthcare	
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Roofing	<input type="checkbox"/> L.P.N.	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Medical Billing	<input type="checkbox"/> Laboratory
<input type="checkbox"/> Cement/Masonry	<input type="checkbox"/> H.V.A.C.	<input type="checkbox"/> Medical Secretarial	<input type="checkbox"/> Dental Assistant
<input type="checkbox"/> Electrical	<input type="checkbox"/> Warehouse	<input type="checkbox"/> C.N.A.	<input type="checkbox"/> Dental Hygienist
Computer		Equipment Operation	
<input type="checkbox"/> Help Desk	<input type="checkbox"/> Software Prof	<input type="checkbox"/> Fork Lift	<input type="checkbox"/> Printing
<input type="checkbox"/> Networking	<input type="checkbox"/> Engineer	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Marine
<input type="checkbox"/> Graphics	<input type="checkbox"/> Telecom	<input type="checkbox"/> Mailroom	<input type="checkbox"/> Other:
<input type="checkbox"/> Programming	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Retail/Food Service/Hospitality		Other Professional Skills	
<input type="checkbox"/> Cashiering	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Accounting	<input type="checkbox"/> Fitness
<input type="checkbox"/> Sales/Customer	<input type="checkbox"/> Wait Staff	<input type="checkbox"/> Banking	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Management	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Child Care	<input type="checkbox"/> Legal
<input type="checkbox"/> Grocery	<input type="checkbox"/> Cruise Line	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Outside Sales

13. WHAT ELSE DO WE NEED TO KNOW?

What else do we need to know in order to help you get and keep a job?

Explain: _____

I certify to the best of my knowledge that all the information provided is true and correct.

Participant's Signature _____

Date _____

PRIVACY ACT STATEMENT

I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the social security act (42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number, I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

CareerSource USE ONLY:

Information reviewed with Participant on: _____
 Date _____ Career Development Coach _____

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OPPORTUNITIES AND OBLIGATIONS ACKNOWLEDGEMENT FORM

YOUR OPPORTUNITIES

- Receive support services (if approved) in order to find employment, education, or other assigned activity (ies), unless you are able to make these arrangements on your own. Support services may include, but are not limited to: childcare, transportation, tools, clothing, uniforms, etc. (This help is based on your assigned activity and the availability of funding.)
- Have decisions about your case reviewed by a supervisor at the Regional Workforce Board.
- Request a hearing if you disagree with a decision about your temporary cash assistance.
- Be excused from or rescheduled for an activity if you have good cause. Good cause is determined by the Regional Workforce Board.
- Request Cash Assistance Severance Benefit.
- Request Relocation assistance.
- Receive the following services, if eligible:
 - Mental Health Counseling, Domestic Violence Counseling/Services and/or Substance Abuse Counseling/Services
- Receive transitional benefits, if eligible, after you are no longer receiving temporary cash assistance, based on funding availability, such as:
 - Childcare, Transportation, Education and Training
- Receive Medicaid and food stamp benefits based on eligibility requirements.

YOUR OBLIGATIONS

- Participate in, document and complete assigned program activities.
- Respond to all contacts from the Regional Workforce Board or other agencies you are referred to.
- Inform Regional Workforce Board of changes in participation, employment, family circumstances including change of address, telephone number, childcare needs, transportation problems, health problems, etc.
- Apply for and seek employment.
- Accept any reasonable offer of suitable employment.
- Remain employed. Must contact Regional Workforce Board prior to reducing your hours or quitting.
- Report good cause reasons for failure to participate immediately.



CONSEQUENCES FOR FAILURE TO PARTICIPATE

CASH ASSISTANCE PENALTIES

- 1ST Penalty: Cash assistance terminated for entire family for a minimum of 10 days or until the individual complies, whichever is later.
- 2nd Penalty: Cash assistance terminated for entire family for one month or until the individual who failed to comply does so, whichever is later.
- 3rd Penalty: Cash assistance terminated for entire family for three months or until the individual who failed to comply does so, whichever is later.
- NOTE: Cash assistance may be continued on a level two or three penalty for children under age 16 through a protective payee.

FOOD STAMP PENALTIES

- 1st Penalty: Loss of food stamp assistance for one month or until compliance, whichever is longer.
- 2nd Penalty: Loss of food stamp assistance for three months or until compliance, whichever is longer.
- 3rd Penalty: Loss of food stamp assistance for six months or until compliance, whichever is longer.
- NOTE: If the non-compliant individual is the head of household, food stamp assistance for the entire assistance group will be terminated unless that individual meets a food stamp exemption.

I have received a copy and have reviewed the Opportunities and Obligations.
I understand my rights and responsibilities as a participant in the Welfare Transition Program.

Participant's Signature

Date

Participant's Printed Name

Last Four Digits of SSN

PRIVACY ACT STATEMENT

"I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the social security act (42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes. DEO-WTP 0008, 12/2006 (Replaces DEO-WTP 0008 6/2003)

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**ACKNOWLEDGEMENTS
(Addendum to IRP)**

- 1. Cash assistance is time limited. You can receive cash assistance 48 months in your lifetime. Keep this in mind as you seek employment and training opportunities.
- 2. You must schedule an appointment with your Career Development Coach when you need to discuss your case. You must attend all scheduled appointments. If you are more than 15 minutes late for any scheduled appointment, we may need to reschedule you for a new date and time.
- 3. You are required to participate in employment or training activities. The number of hours will be informed to you by your Career Development. Failure to provide verification of participation will result in sanctions being imposed. If you are unable to complete steps in your Individual Responsibility Plan (IRP), you must contact your Career Development Coach before the due date. Documentation of participation may be faxed, mailed or turned in to your local office. Lack of transportation is not good cause for failing to participate.
- 4. Once employed, you must contact your Career Development Coach that day. You must turn in employment verification within one week of the start date. You must submit your pay stubs as received, weekly or bi-weekly, to show hours worked. When you start working, you must provide hours on a weekly basis by submitting pay stubs, written statement signed by employer or print out of hours signed by employer.
- 5. It is your responsibility to report all employment, address and any other changes to the Department of Children and Families, Change Unit, 1-866-762-2237, the child care agency at 1-352-369-2315, as well as to CareerSource Citrus Levy Marion. Employment must be reported to DCF no later than 10 days after receipt of the first paycheck.
- 6. Contact your childcare agency to obtain childcare assistance and make sure you pay all parent fees. We will set up the appointment for you if needed.
- 7. If you enroll in school, complete a school verification form and submit a class schedule to your Career Development Coach. You must complete class attendance sheets weekly and turn in to your Career Development Coach to document participation. Document study time and have a teacher or Counselor sign the documentation.
- 8. Make sure your name and the last four digits of your social security number are written on all paperwork given to your Career Development. Keep a date stamped copy of all documents turned in. If you fax a document to CareerSource CLM, you must call to ensure that it was received. The fax numbers for CareerSource CLM are: Ocala, 352-840-2568, Lecanto, 352-249-3293, Chiefland, 352-493-6818.
- 9. If you are requesting a deferral and the deferral is approved, a new Medical Verification form must be updated by your **Physician** and submitted to your Career Development Coach per his/her request every three (3) to six (6) months to support your continued Medical Deferral.
- 10. Support services, such as child care, transportation, etc. are not an entitlement. Receipt of support services is dependent upon availability, and if you are fully participating. If you do not turn in documentation of your hours on time (**every Monday by 4:00PM**), you will not receive support services. If you are in a pre-penalty period or have been sanctioned, you are not eligible for support services other than child care needed to participate.
- 11. Participant will work diligently with his/her Career Development, and any partners to improve his/ her academic abilities and employability skills, which increases his/her marketability in the workforce and progresses his/her towards Self-Sufficiency.

PRINT NAME

SIGNATURE

DATE

Acknowledgement of Appointments Policy and Participation Requirements

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RELEASE OF INFORMATION / ATTESTATION FORM

Name: _____ Date of Birth: _____ Social Security Number (Last 4): _____

Address: _____ City: _____ Zip: _____ Phone: _____

RELEASE OF INFORMATION

I hereby authorize all partners in the Citrus Levy Marion Regional Workforce Development Board's, dba CareerSource Citrus Levy Marion, system to engage in verbal, written, facsimile, or computerized communication of information for the purpose of making me eligible for services or for identifying services or agencies to assist me. All pertinent records and information can be released including those regarding past, present, or future information or records that may be needed for eligibility determination, monitoring or follow-up purposes. It is my understanding that any information obtained by any partner in the CareerSource Citrus Levy Marion's system will be held in strict confidence. I am aware that any information will be used in my best interest to provide ease of access to services; that providing the information is voluntary; that the information will be kept confidential and used only in accordance with law; and that refusal to provide the information will not subject me to any adverse treatment. By signing this form, I give express permission to register my information in the State Management Information System for activity and assistance tracking and monitoring.

ATTESTATION

I hereby certify, to the best of my knowledge, the information provided is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in Workforce programs and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal, state, and local government or non-government job training agencies for performance tracking purposes.

DISCRIMINATION PROCEDURES

If you, as Career Source CLM Participant, feel that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, age, marital status, political affiliation or belief, citizenship or disability, you may file a discrimination complaint with CareerSource Citrus Levy Marion's Equal Opportunity Officer (contact information listed below) or directly to the following agencies: Department of Economic Opportunity (DEO), Office for Civil Rights, 107 East Madison Street, MSC 150, Tallahassee, FL 32399; US Department of Labor Civil Rights Center, 200 Constitution Ave NW, Room N-4123, Washington DC 20210, within 180 days of the alleged occurrence; Equal Employment Opportunity Commission, Miami District Office, One Biscayne Tower Suite 2700, 2 South Biscayne Blvd, Miami FL 33131 within 300 days of alleged offense; FL Commission on Human Relations, 4075 Esplanade Way Room 110, Tallahassee FL 32399 within 365 days of alleged offense.

GRIEVANCE/COMPLAINT PROCEDURES

If you feel you have been adversely affected by a decision or action made by CareerSource Citrus Levy Marion personnel and have discussed the matter with the Center Manager or Kathleen Woodring, Chief Operating Officer, CareerSource Citrus Levy Marion, at (352) 873-7939, ext. 1202, you have the right to file a written grievance/complaint to CareerSource Citrus Levy Marion's Equal Opportunity Officer (contact information listed below) or directly to DEO (see contact information above). Information on filing a grievance complaint can be obtained from the CareerSource Citrus Levy Marion's Equal Opportunity Officer. After the opportunity for a hearing with the local office (within 60 days after formal filing), if you are dissatisfied, you may appeal to the Department of Economic Opportunity, Office for Civil Rights, 107 East Madison Street, MSC 150, Tallahassee, FL 32399. Local E O O - Iris Pozo, 3003 SW College Road Ste. 205, Ocala, FL 34474, (352) 873-7939, ext. 1286 ipozo@careersourceclm.com.

I certify that I have received a copy of this form and a copy of DEO OCR notice "Equal Opportunity is the Law"; and that I have read and understand my rights and responsibilities as enumerated in both. I also understand that both this form and the DEO notice will be made a part of my participant file maintained by CareerSource Citrus Levy Marion.

Applicant's Signature: _____ Date: _____

I verify that the above signed participant read or had read to him/her, and received a copy of this form and DEO OCR notice enumerating Grievance/Complaint /Discrimination Procedures, Release of Information, and their rights and responsibilities.

Signature of Verifying Official: _____ Date: _____

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Welfare Transition Program - Work Registration Orientation Quiz

1. What is the Welfare Transition Program?

- a) A work first program to gain self-sufficiency
- b) It is a time limited program
- c) Both

2. The Welfare Transition Program requires participation in activities, attendance of appointments and completion of mandatory hours.

- a) True
- b) False

3. How many hours of activity are required for compliance per week?

- a) 20
- b) 40
- c) The level of compliance will be determined by Career Development.

4. If you move or change phone numbers, what should you do?

- a) Nothing - I don't need to report that information
- b) Notify the post office
- c) Contact my CareerSource Citrus Levy Marion Career Development Coach and DCF of any and all changes

5. If you don't have transportation to get to work or to your WTP activity, then you may request transportation assistance (money deposit on Visa Card or bus pass)

- a) True
- b) False

6. As a cash recipient in a 2 parent household you will be required to conduct the following hours:

- a) Each up to 40 hours/week;
- b) Hours will be determined by Career Development Coach

7. Only one parent is required to participate in Welfare Transition Program

- a) True
- b) False

8. If you are sanctioned, you will lose your cash benefits and possibly your food stamps. Sanctions are requested when you fail to meet program requirements.

- a) True
- b) False

By signing below I have reviewed and understand the WT Program requirements and agree to comply with the program.

Participant: _____ Signature: _____ Date: _____

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Equal Opportunity is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

- Against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access to, any WIA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title I - financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Veronica Owens, Equal Opportunity Officer
Office for Civil Rights (OCR)
Department of Economic Opportunity
Caldwell Building - MSC 150
107 East Madison Street
Tallahassee, Florida 32399-4129

or

The Director
Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW
Room N-4123
Washington, DC 20210

If you file your complaint with the Office for Civil Rights (OCR), you must wait either until the OCR issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (CRC). (See the address above.)

If the OCR does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the OCR to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the OCR).

If the OCR gives you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

For more information or to file a complaint, contact...

Office for Civil Rights Department of Economic Opportunity Caldwell Building - MSC 150
107 East Madison Street
Tallahassee, Florida 32399-4129
Phone: 850-921-3205 / Fax: 850-921-3122 E-mail: Civil.Rights@deo.myflorida.com

DEO OCR 03/14

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WELFARE TRANSITION- INITIAL INDIVIDUAL RESPONSIBILITY PLAN (IRP)

Participant Name: _____

Case Number: _____ Print Date: _____

<u>Countable Work Activities</u>	<u>Date Assigned</u>	<u>Completion Date</u>
Job Search / Job Readiness	/ /	___/___/___

	<u>General Steps to Self Sufficiency</u>	<u>Responsibility</u>	<u>Completed</u>
Step 1	Participant has agreed to participate Up to 40 hours weekly in work activity(s), per Career Development's instructions.	Client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 2	Participant will attend the next scheduled appointment / Assessment within 30 days of approval of TANF benefits	Client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 3	Participant has agreed to provide timesheets each Monday by 4 p.m. to report participation hours for the previous week.	Client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 4	Participant will complete OSST Assessment online before attending first appointment with Career Development	Client	<input type="checkbox"/> Yes <input type="checkbox"/> No

Acknowledgements

I will work with my Welfare Transition Career Development Coach to identify my employment goals and to plan additional activities to help me become self-sufficient. I agree to follow the steps listed and to complete all activities and responsibilities assigned to me. If I have a problem with my activity, it is my responsibility to let my Welfare Transition Career Development Coach know before the completion date. My opportunities and obligations as a Welfare Transition participant have been explained to me. I have received a copy of these opportunities and obligations, and I understand them.

By signing below, I acknowledge that if I do not have good cause as determined by my Welfare Transition Career Development Coach yet fail to follow the activities outlined in this Individual Responsibility Plan, I may be sanctioned.

Signature: _____ Date: _____

As the Career Development Coach, I will help my Participant in arranging needed services (to the extent that funds are available), will monitor the progress and attendance in assigned activities, will provide regular re-evaluations and assessments and will provide counseling when necessary.

Career Development Coach: _____ Signature: _____

Date: _____

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