

## 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.

### Customer Requirements

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

- Prepare for and accept a job to support myself and my children (when children are in the home), 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 children are in the home).
- Keep my children's immunizations up to date (when children are in the home).
- Cooperate with the CA, TPEP, Tribal TANF or RCA Programs by:
  - providing proof for eligibility
  - providing proof for possible overpayments
  - reporting changes
- Not voluntarily quit a job without good cause.
- Not illegally sell, possess or use a controlled substance.

### Before Cash Assistance is paid, I agree to:

- Contact the appropriate CA Work Program:
  - State Jobs Program
  - Tribal TANF work programs
  - Native Employment Work (NEW) Program
  - Private Sector work program Provider (PSP)
- Cooperate with the Division of Child Support Services (DCSS) when a parent is not in the home.
  - For Tribal TANF and RCA, cooperation with DCSS is not a requirement.

### After Cash Assistance is paid, I agree to:

- Cooperate in all aspects of the appropriate work program.
- Cooperate with the Division of Child Support Services (DCSS), when required.
- Cooperate with the Child Care Administration (CCA).

### I understand the following penalties:

- CA or TPEP applications will be denied if I do not comply with DCSS (when children are in the home). For Tribal TANF and RCA, cooperation with DCSS is not a requirement.
- CA, Tribal TANF or the RCA Programs will be reduced or stopped if adult members of the family do not comply with program requirements as follows:
  - CA and RCA will be reduced by 50% the first time I do not cooperate.
  - CA and RCA 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 include a 12 month sit out period with the 100% sanction, and are not eligible for 12 months following any additional non-cooperation occurrences.
  - 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 Program 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 supervisor and 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
- Jobs employment and training assistance
- Child support services
- Child care assistance for employment and approved Jobs Program activities
- Referrals to other DES and community services

**Please read and check one of the following boxes.**

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

I have read, understand, and disagree with some of the requirements of the Personal Responsibility Agreement.

I have read, understand, and do not agree with any of the Personal Responsibility Agreement and refuse to comply with any of the requirements.

Printed Name of Customer or Authorized Representative \_\_\_\_\_

Signature of Customer or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of Customer or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_  
(Second Parent – TPEP)

Printed Name of Witness \_\_\_\_\_  
(only needed if customer signed with mark)

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION ID NUMBER \_\_\_\_\_

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