

RIGHTS AND RESPONSIBILITIES

The purpose of the SNA E&T Program is to help you become economically independent. In order to reach this goal, you must prepare for, obtain and retain a job.

Participant's Name (*Last, First, M.I.*): _____

AZTECS Case Number: _____ JAS ID Number: _____

PARTICIPANT RIGHTS AND RESPONSIBILITIES

I have the following right and/or responsibility to:

1. Prepare for and obtain employment to support myself and my family as soon as possible.
2. Attend scheduled appointments with the SNA E&T Program.
3. Complete required assessments that will help the SNA E&T Program assist me in developing an Employment and Career Development Plan (ECDP) to help me become economically independent.
4. Be involved in developing my ECDP.
5. Participate in activities identified on my ECDP.
6. Tell SNA E&T Program staff if I have any problems preventing my participation with the SNA E&T Program requirements.
7. Tell SNA E&T Program staff when I will be absent from an appointment or activity identified on my ECDP.
8. Have information in my case record kept confidential.
9. Request help from the SNA E&T Program Specialist and/or supervisor if I believe I have been treated unfairly or discriminated against by any SNA E&T Program staff member.
10. **When I believe my concerns have not been resolved** through the SNA E&T Program Specialist and/or supervisor, I can request help from the Workforce Administration Client Advocate using any of the following methods:
Email: EAClientAdvocate@azdes.gov
Phone: 602-771-1307 or Toll free 1-877-371-1307
Fax: 602-277-0568
11. Notify the SNA E&T Specialist if I receive an allowance for transportation or training expenses from other programs.
12. Report changes such as a job, new address and new telephone number the SNA E&T Program.

SNA E&T PROGRAM RIGHTS AND RESPONSIBILITIES

The Arizona Department of Economic Security (DES) SNA E&T Program agrees to:

1. Use information you share to develop an ECDP that is the most effective in helping you become economically independent while staying within federal guidelines.
2. Help you find solutions to issues.
3. Provide information on child care, medical assistance and other employment-related services.
4. Reassess and change your ECDP when needed.
5. Treat you with dignity and respect.
6. Keep personal information confidential and give information, only when needed, to approved providers, contractors, other DES administrations or as required by law.

My rights and responsibilities have been explained to me and I fully understand them.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

As a representative of the DES SNA E&T Program, I have carefully explained the above rights and responsibilities.

SNA E&T SPECIALIST'S SIGNATURE: _____ DATE: _____

Routing: Original – Case file; Copy – Participant

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