

PERSONAL RESPONSIBILITY AGREEMENT (PRA)

I, _____, understand that Cash Assistance is temporary assistance. I understand that it is my responsibility to support my family. I understand that if I do not sign and comply with the requirements of this agreement, my family and I will not receive Cash Assistance and supportive services. I understand that by signing this form my family and I will live up to the requirements in this agreement. This agreement is in addition to the rights and responsibilities I accepted when I filed my application.

PARTICIPANT REQUIREMENTS

I understand that to be eligible for Cash Assistance, I and all members of my family are required to comply with the following:

- Prepare for and accept a job to support my children and myself.
- Make sure that all my school-age children attend school.
- Keep my children’s immunizations up to date.
- Cooperate in all respects with the Cash Assistance Program to provide proof to establish ongoing eligibility, any possible overpayments, and to report changes.
- **Before Cash Assistance is approved**, contact the Jobs Program for a Preliminary Orientation. After Cash Assistance approval cooperate in all respects with the Jobs Program, including completion of the Case Management Screening Guide and employment assessment plan, and participation in assigned work activities. If I am a teen parent, I will attend school or other education activities as assigned.
- **Before Cash Assistance is approved**, cooperate in all respects necessary with the Division of Child Support Enforcement (DCSE) to establish paternity, establish or enforce a support order so that the absent parent can share the responsibility of supporting our children.
- Cooperate in all respects with the Child Care Administration to arrange child care services as needed to support approved work participation activities if all eligibility requirements are met. I understand I may have to pay part of the child care costs myself.

DES SERVICES

The Arizona DES may provide any or all of the following services to support my family’s employment efforts: Cash Assistance, Jobs employment and training assistance, Child Support Enforcement services, Child Care assistance for employment and approved Jobs activities, and referrals to other DES and community services.

Penalties will apply if my family or I do not follow this agreement.

- DES will deny our Cash Assistance application if we do not comply with the DCSE requirements.
- DES will deny our Cash Assistance application if we do not comply with the Jobs Program Preliminary Orientation requirements.
- After Cash Assistance approval, the first time I do not cooperate, DES will reduce our Cash Assistance by 25%.
- The second month this happens, DES will reduce our Cash Assistance by 50%.
- Any additional time my family or I do not follow this agreement, DES will stop our Cash Assistance and may stop other supportive services.

APPLICANT’S SIGNATURE _____

DATE	SOC. SEC. NO.	AZTECS NO.
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Routing: **ORIGINAL** - Give to the family; **COPY** - Case File

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TTD Services: 7-1-1.