

County: _____

Case Number: _____

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
PERSONAL RESPONSIBILITY CONTRACT for
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

This Personal Responsibility Contract is an agreement between the Mississippi Department of Human Services (MDHS) and _____ that outlines the responsibilities of each.

Responsibilities of MDHS

The Temporary Assistance for Needy Families Program authorized under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) permits the State of Mississippi through the Mississippi Department of Human Services (MDHS) to provide assistance to needy families. This assistance under Title IV-A of the Social Security Act may not exceed 60 months to families including an adult who meets all eligibility requirements and who participates satisfactorily in the work program (unless exempt).

MDHS will:

- Explain TANF Work Program requirements and exemptions from work and benefit time limits.
- Determine eligibility for TANF Work Program and financial assistance.
- Provide benefits for a temporary period while the recipient named above prepares to become self-supporting.
- Make an assessment and develop an Employability Development Plan (EDP) for each adult eligible for work.
- Provide opportunity for short-term education, training, and/or work experience in preparation for work, if determined necessary in the EDP.
- If necessary, help find and pay for child care and/or transportation while the recipient is participating satisfactorily in a work activity.
- Provide child support establishment and enforcement services.
- Provide a fair hearing appeal process for persons adversely affected by TANF.
- Administer to any adult in the assistance unit a substance abuse screening questionnaire to determine the likelihood of a substance abuse problem.

The recipient will:

- Participate in Up-Front Job Search activities or apply for vocational rehabilitation services, if required, during the TANF application processing period.
- Participate in creating his/her individual TANF Work Program Employability Development Plan.
- Participate, to the best of his/her ability, in assigned work activities leading to getting and keeping a job.
- Accept a bona fide job offer (unless there is a good cause not to).
- Not voluntarily quit a job before discussing good cause and possible penalties with his/her worker.
- Accept personal responsibility for identifying barriers, notifying the case manager and removing or resolving the barriers (child care, transportation, attitude/grooming/hygiene issues, family problems, medical problems, etc.) that keep him/her from getting or keeping a job or meeting work program requirements.
- Cooperate by providing information to determine eligibility for TANF benefits and the Work Program, including Social Security numbers, proof of age and relationship, proof of income and resources.

County: _____

Case Number: _____

- Report within 5 days if the head of household moves out of state and when it is clear a child will be out of the home for more than 30 days. (Failure to timely report child leaving means disqualification.)
- Report the following changes within 10 days of the date the change becomes known to the household (for income changes, the report must be received within 10 days of the date the household receives the first payment attributed to the change): a change in residence and resulting shelter costs; change in the legal child support obligation; change of more than \$125 in the amount of unearned income; change of more than \$125 in monthly earned income; a change in liquid resources, such as cash, stocks, bonds, and bank accounts.
- Assign to the State of Mississippi all rights to child support and cooperate (unless there is good cause not to) with child support enforcement to establish and/or obtain support.
- Send the children in his/her care (ages 6 through 17 years old) to school regularly and encourage their success in school.
- Obtain immunizations for the children in his/her care as recommended by the Mississippi Department of Health.

As an applicant for or recipient of Temporary Assistance for Needy Families (TANF), I understand that:

- My family cannot receive benefits for more than a total of 60 months unless the case includes only minor children or meets one of the hardship exemptions.
- My family can receive no more than 24 months of the total 60 months without my participation in an allowable work activity, if required.
- Once I am determined ready to engage in work, I must participate in an allowable work activity, unless exempt.
- I will be referred to the TANF Work Program unless I meet a work exemption.
- If I am referred to the TANF Work Program and fail to keep my TANF Work Program Intake appointment it will mean that I no longer need TANF assistance and that I wish to withdraw my TANF Application.
- If I am not exempt from work program requirements, I cannot request my case to be closed after I am referred to the TANF Work Program and have signed my employability plan unless I provide appropriate documentation, if deemed necessary, at the time I request my case to be closed, to substantiate why I no longer need TANF assistance for my family. If appropriate documentation is not provided, my TANF case will be closed with the appropriate TWP timed penalty.
- If I qualify for either the caring for a child younger than 12 months (JJ) or the victim of domestic violence (JV) work exemption and choose to volunteer for the TANF Work Program, I will not be excluded from adverse action policy and procedures and I may be sanctioned if I do not participate satisfactorily without good cause not to.
- My signature on the application gives MDHS permission to verify information needed to determine eligibility and benefit amount, including electronic data exchanges for all family members, verification of school attendance, income and resources.

County: _____

Case Number: _____

- My family will be denied TANF benefits for failure to assign rights of support to the State or for my failure to cooperate with child support enforcement.
- The Child Support Enforcement Office will pay me the portion of the child support collection that is left after all of my TANF benefits are recovered (subtracted) each month. I will not get a child support check if my current month's TANF benefits are more than the current month's child support collection.
- The Child Support pass-through and TANF disregard are for TANF families where the custodial parent has an established child support order and is receiving child support from the noncustodial parent. Up to the first \$100 of child support collected will be provided to the custodial parent and will not be considered when determining TANF eligibility. However, the amount up to \$100 that is passed through will be considered when determining eligibility for SNAP.
- The TANF benefit for my family will not increase for babies born or added to my assistance unit after 10 months from the date I was originally notified of the family benefit cap, except for good cause. My beginning family benefit cap date is _____. New children must be reported and can be eligible for SNAP benefits.
- My family's TANF benefit will be reduced by 25% if I fail to have my child(ren) immunized or to send my child(ren) ages 6-12 years to school. Children 13-17 years old who fail to attend school will be disqualified from TANF benefits.
- My family's SNAP benefits will also be reduced by 25% or closed when I fail (without good cause) to comply with TANF requirements other than the Work Program.
- My family will be denied TANF benefits when I fail to participate (without good cause) in approved TANF work activities. These penalties are:

1st Violation - 3 Months and Compliance

2nd Violation - Permanent

Penalties may also apply to the SNAP program if the client is receiving benefits.

- I will not access TANF funds via the MS Debit MasterCard at the following locations:
 - Liquor Stores
 - Strip Clubs
 - Tattoo and Body Piercing Parlors
 - Spas
 - Lingerie Shops
 - Vapor Cigarette Stores
 - Bail Bond Companies
 - Movie Theaters
 - Theme Parks
 - Pari-mutuel Facilities
 - Businesses or Retail Establishments Where Minors under 18 are not Permitted
 - Gambling Establishments
 - Jewelry Stores
 - Tobacco Paraphernalia Stores
 - Nail Salons
 - Massage Parlors
 - Psychic or Fortune Telling Businesses
 - Dog or Horse Racing Facilities
 - Cruise Ships
 - Video Arcade
 - Sexually Oriented Businesses

In addition, I understand I cannot purchase the following items with TANF funds:

County: _____

Case Number: _____

- Alcohol
- Liquor or Imitation Liquor
- Bail
- Lottery tickets
- Tobacco Products
- Travel Services Provided by a Travel Agent
- Professional or Collegiate Sporting Event Tickets
- Cigarettes
- Sexually Oriented Adult Materials
- Gambling Activities
- Tattoos
- Concert Tickets
- Money Transmission to Locations Abroad
- Tickets for Other Entertainment Events Intended for the General Public

My family will be denied TANF benefits when I use the MS Debit MasterCard at prohibited locations or purchase prohibited items.

1st Violation - 3 Months

2nd Violation - Permanent

- If I am an adult in the assistance unit, I will be required to take a substance abuse screening questionnaire to determine the likelihood of a substance use disorder.
- If I do not comply with the screening requirement, my TANF application will be denied.
- If the results of my substance abuse screening questionnaire indicate a high likelihood of a substance use disorder, I will have to submit to a random drug test.
- If the results of my random drug test are positive, I will have to participate in an approved drug treatment plan.
- If I am required to submit to random drug testing, be assessed by a treatment provider, or enroll in a drug treatment program and I fail to comply with any of these requirements, I will receive a full-household TANF sanction.
- I may request a fair hearing when I disagree with decisions on my case.

I understand that when I do not follow my part of this Personal Responsibility Contract that my TANF benefits (and possibly SNAP benefits) can be reduced or closed.

Parent/Caretaker Signature: _____

Date: _____

Second Parent Signature: _____

Date: _____

MDHS Staff Signature: _____

Date: _____