



# Employment Services Program — Your Rights, Responsibilities and Participation Notice

Name of Participant		Social Security Number		Date of Birth	
Street Address			City/Town	State	ZIP
Telephone Number (      )		<input type="checkbox"/> Applicant		<input type="checkbox"/> Recipient	
Case Name (if different)			Social Security Number		

If you are receiving AFDC benefits, you are required by law to participate in the Employment Services Program (ESP) unless you are exempt. The exemptions are listed on the reverse side of this form.

If you are not exempt but are a mandatory participant, you must choose and pursue an ESP activity which is limited to one course of study, unless you have a good reason for not participating. If you and your worker disagree about participation, you may file an appeal; you do not have to participate until you have had a hearing on your appeal.

If you or any member of your assistance unit who is not exempt refuses to participate and you do not have good cause for not participating, you may get less money in your AFDC grant.

If you are unable to participate at this time, you should talk with your worker.

The ESP activity selected and approved, as well as the services you need, will be written into your employment plan. If you do not pursue your employment plan, you may lose AFDC benefits. You may also appeal the actual loss of benefits. You may receive child care and transportation payments if you need either or both to pursue your employment plan activity.

You may receive Medical Assistance and/or child care services for up to 12 months after your AFDC stops for certain employment reasons.

You must tell your worker about any changes that might affect your AFDC benefits. You must tell your worker about any changes that might affect your ESP status.

If you and your worker cannot agree on any ESP-related issue or problem, you have the right to participate in a 45-day consultation period to discuss the disagreement or appeal any worker's decision.

I am:  working  in school for \_\_\_\_\_ Hours/week  other \_\_\_\_\_ Specify

I need assistance with:  child care  transportation  child care and transportation

Comments \_\_\_\_\_

**I have read or have had explained to me, my rights and responsibilities.**

Signature of Applicant or Recipient

Date

Signature of Worker

Date

<b>For Department Use Only</b>
For nonexempt circle appropriate AF
05      06
For exempt give appropriate AR from
Reverse side ..... or circle 07

ESP is a training and employment program offered by the Department of Transitional Assistance.  
You must participate in ESP unless you are:

- (A) a child under 16 years of age (AR-11)
- (F) a child between 16 and 19 and going to school full-time (AR-09)
- (C) 60 years of age or older (AR-18)
- (D)\* physically or mentally incapacitated by a condition expected to last a month or more (AR-12)
- (E) temporarily ill and unable to work or participate in training, and you expect your condition to last less than 30 days (AR-10)
- Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_
- (I) a parent or grantee relative of a child under three years whom you alone take care of, and you are either (AR-13 or AR-18)
- 20 years of age or older, or
  - under 20 and have a high school diploma or GED, or are going to school for either one
- (only one parent may claim this exemption)
- (G)\* needed to care for an incapacitated household member (AR-14)
- (H) working 30 hours a week or more, and you expect your job to last at least 30 days (AR-04)
- (I)\* at least in your fourth month of pregnancy (AR-14)
- (J) living too far from an ESP site (AR-18)
- (K) taking care of a child between the ages of three and six years because there is no available child care, and your ESP program would take more than 20 hours a week (AR-16)
- (only one parent may claim this exemption)
- (L) in need of support services, including child care, that are not available (AR-16)
- (M)\* exempt from participation for a good cause reason (AR-08)
- (N)\* a full-time VISTA volunteer (AR-15)

If you would like to claim an exemption or feel that you have another good reason for not participating in ESP, you should talk with your worker. Verification will be required. If you feel you are exempt and your exemption is denied, you can file an appeal.

(\*) exemptions require additional verifications.

Circle the appropriate status and attach required verifications.

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Signature of Participant

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Date