

WISCONSIN WORKS (W-2) PARTICIPATION AGREEMENT

Personal information you provide may be shared with others only for the purpose(s) of administration of the Wisconsin Works (W-2) program and other related programs [Wis. Statutes, s. 49.83].

I understand and agree that I am responsible for the well-being of me and my family. Wisconsin Works (W-2) may help me find and keep a job to meet my responsibilities. If I am eligible for W-2, I agree to the following:

WORK RULES

- My goal is to find and keep a job that is within my capabilities. If I am placed in any W-2 employment position, I will still look for and accept a job. I may not be eligible for W-2 if I refuse to take a job, quit a job, or get fired from a job without a good reason.
- I will meet with a Financial and Employment Planner (FEP). I understand that if I have a job or if I am ready for a job, I may be assigned to a case management position (CMU or CMJ) and receive assistance in finding a job, keeping a job or finding a better paying job, but I will not receive a cash payment. If I am not ready for a job, my FEP may put me into one of the following paid W-2 employment positions depending upon my employment history and my job readiness:
 - ◇ **Trial Employment Match Program (TEMP):** A job with an employer who may hire me permanently. If placed, my employer will pay me at least minimum wage for the hours I work.
 - ◇ **Community Service Job (CSJ):** A work and training placement that helps the community while helping me prepare for a job. I will receive a monthly payment in return for up to 40 hours per week of participation in W-2 activities. In most cases education and training is limited to 10 hours per week.
 - ◇ **W-2 Transition (W-2T):** If I am unable to participate in a CSJ position, I may be placed in W-2T. I will receive a monthly payment in return for up to 40 hours per week of participation in W-2 activities. In most cases education and training is limited to 12 hours per week.
- I understand that I must participate in all activities assigned on my Employability Plan (EP).
 - ◇ I must tell my FEP immediately if I cannot do the activities assigned on my EP because I do not have child care, cannot work because of a medical reason, have to go to court or for any other reason. If I have a medical condition that affects my ability to work, I may be asked to participate in a medical exam or other type of assessment to determine if special services or accommodations are needed. If I refuse to cooperate with this exam / assessment, I may be assigned to activities without consideration for the medical condition.
 - ◇ Complete attendance forms for all of the hours in which I attend W-2 activities.
 - ◇ If I fail to do any of the activities assigned on my EP without a good reason, any one of the following may happen:
 - If I am in a CSJ or W-2T employment position, my payment will go down by \$5.00 for each hour I fail to do what I was assigned on my EP without a good reason.
 - I may be denied future W-2 eligibility for up to 180 days from my last application date.
- I understand that W-2 work assignments will:
 - ◇ meet all federal and state labor laws and rules that apply;
 - ◇ meet all federal, state and local health and safety standards and be free of discrimination;
 - ◇ not require me to give up any labor or union rights; and
 - ◇ not replace a worker who is on strike, lockout, or involved in another bona fide labor dispute.

RESPONSIBILITIES

- I will help to legally name and / or locate the other parent(s) of my child(ren). If I fail to cooperate with the local child support agency three (3) times, I will not be eligible for W-2 or child care until I do cooperate or for six (6) months, whichever is longer.
- I will give proof of information needed within seven (7) working days of being asked. I will report changes in income, assets, and family structure within 10 days. I will report my child(ren) moving out of my home within five (5) days. If I give false information on purpose, I may be prosecuted.
- I understand that I must tell my worker if I have been convicted of a drug felony for an offense that happened within the last five years. If I refuse to provide this information, I may be denied W-2 services. If I have been convicted of a drug felony and I am placed into a CSJ or W-2T position, I must submit to a drug screen test. If my drug screen is positive my benefits will be reduced. If I refuse to submit to a drug screen, I may be found ineligible for W-2 services.
- I understand that I must have appropriate care for my child during the hours I am participating in W-2. I can contact my local Child Care Resource and Referral agency to help me find child care. If I cannot find appropriate child care I will tell my FEP.
- I understand that CSJ and W-2T payments will not increase if I have more children.
- I will make sure my children go to school. If they do not go to school, my payments may be reduced.
- I will report a change in earned or unearned income or assets within ten (10) calendar days. I understand that if I do not report the change, I may owe money for W-2 payments I should not have received.
- If I receive a W-2 payment in error, I must pay it back.
- I understand that I must not give false information to the W-2 agency about myself or my household members.
- I understand that I can be denied W-2 or my W-2 payments can be terminated if I or one of my household members with my knowledge is found to have intentionally given false information so that I can become or stay eligible for W-2 services. I can be denied W-2 eligibility for 6 months for the 1st time, 12 months for the 2nd time and permanently for the 3rd time. I may also be prosecuted for fraud if I intentionally give false information to receive payments or services.

DISABILITY ASSISTANCE AVAILABLE

I understand that if I have a disability, I may be eligible to receive assistance otherwise known as reasonable accommodations from the W-2 agency to help me participate in assigned work and training activities.

What is a disability? The definition of disability under the Americans with Disabilities Act (ADA) is very specific and may not be the same as the definition used by other programs and services. Under the ADA, a person is protected against discrimination based on their disability if they have a condition that affects their ability to do physical activities (examples: walking, seeing, breathing, hearing, etc.) or have a mental condition (examples: learning disability, depression, history of addiction, anxiety, phobia, etc.). Not all limitations are considered a disability under the ADA. Individuals may be required to provide documentation or proof from a medical professional regarding the presence and severity of the disability.

What assistance is available? Accommodations may be available to allow an individual with a disability to participate in work or training activities. Each person may need a different type of assistance depending on his / her disability. A request for assistance will be reviewed on a case by case basis to determine if a disability exists that makes it difficult for an individual to participate in training and work activities and if so, what type of assistance s/he may need.

Examples of the type of assistance that may be available include:

- Providing or making changes to equipment or devices so that someone with a disability can operate them;
- Changing the work or training schedule so that someone with a disability can still participate;
- Making changes in the test or instructions that are needed for a job or training program so that someone with a disability can take the test or understand the instructions;
- Providing readers and sign language interpreters to help people with disabilities understand what is being said or understand the written information that they are asked to read; and
- Making changes to the buildings or spaces so that people with disabilities can get into them and use the facilities that are available to all other employees (examples: bathrooms, parking spaces, ramps and electric doors, etc.).

If I feel that I am a person with a disability and will need assistance due to my disability while participating in the W-2 program, I will talk to my FEP about it.

W-2 TIME LIMIT

- I understand that my participation in a TEMP, Community Service Job or W-2 Transition is limited to 24 months.
- Over my lifetime, I can only be in paid W-2 employment positions for a total of 60 months (5 years). Each month I am placed in a paid W-2 employment position counts, even if I don't receive a payment because I failed to do what was assigned on my Employability Plan without a good reason. Time limits do not apply to W-2 case management positions, Child Care Assistance, Medicaid, or FoodShare.
- The time limits may not count while my child is under 8 weeks old. If my child was born more than 10 months after I first received AFDC/W-2, the time limits will count unless the child was the result of sexual assault or incest and I reported it.
- I understand that my FEP will review **with** me at least every six months how much time I have used on both of my 24-month and 60-month time limits.
- I understand that I could get an extension to the 24-month and 60-month time limits. This could happen if I meet certain conditions. The W-2 agency must review with me and decide if I meet those conditions when I get near my time limit. I can ask my FEP at any time how much time I have left and if I might be able to get an extension if I am near the end of my time limit.

I UNDERSTAND AND AGREE:

- I will not be eligible for a W-2 employment position if I do not sign this Participation Agreement.
- I may choose not to accept a paid W-2 employment position and save my limited months of W-2 eligibility for future need.
- To abide by all the provisions of this Participation Agreement. I may not be able to participate in the future if I do not cooperate with the W-2 agency.

SIGNATURE – Applicant / Participant	Date Signed
SIGNATURE – Other Adult W-2 Group Member	Date Signed

I have explained the conditions and requirements of participation in a W-2 employment position and answered the applicant's questions to the best of my knowledge. I have witnessed the signature(s) on this participation agreement.

SIGNATURE – Agency Witness	Date Signed
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