



SELF-SUFFICIENCY PLAN FOR IMPACT TANF / SNAP PARTICIPANT

State Form 47194 (R10 / 2-17) / IMP 0007

Number of months remaining of 24-month TANF time limit for receiving cash assistance = <input style="width: 50px; height: 20px;" type="text"/>	
Date of next review (<i>month, day, year</i>)	Appointment time
Name of participant	Case number
Name of IMPACT case manager	Telephone number ()
RID / person identification number	
Date prepared (<i>month, day, year</i>)	

Self-Sufficiency goal:
 To seek, accept, and maintain full-time employment at minimum wage or greater with the goal of achieving self-sufficiency.

Employment goal:
 Secure employment at minimum wage or greater in the area(s) of, *but not limited to*:

Strengths helpful in obtaining full-time employment:

Barriers to obtaining full-time employment:

IMPACT Activity <i>All activities are on-going until new SSP is written.</i>	Required Actions or Steps	Purpose	Activity Begin Date <i>(month, day, year)</i>	Projected Completion Date <i>(month, day, year)</i>	Weekly Scheduled Hours

IMPACT Activity <i>All activities are on-going until new SSP is written.</i>	Required Actions or Steps	Purpose	Activity Begin Date <i>(month, day, year)</i>	Projected Completion Date <i>(month, day, year)</i>	Weekly Scheduled Hours

By signing this Self-Sufficiency Plan, I agree to pursue the goal of seeking, accepting, and retaining full time employment by (1) completing the activities listed above, (2) utilizing my strengths, and (3) striving to diminish or eliminate barriers to employment. I understand that if I should need supportive services for which I may be eligible based on the different program limitations such as assistance with child care, clothing, transportation or vehicle repair expenses, I should contact the IMPACT case manager. I understand my rights and responsibilities under the IMPACT Program, and that I must fully cooperate with all IMPACT Program requirements. I also understand the results of non-cooperation and failure to complete the requirements for each activity listed in this Self-Sufficiency Plan.

Signature of participant	Date <i>(month, day, year)</i>	Signature of IMPACT staff	Date <i>(month, day, year)</i>
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