



# SELF-SUFFICIENCY PLAN FOR IMPACT TANF / SNAP PARTICIPANT

State Form 47194 (R14 / 12-19) / IMP 0007

Number of months remaining of 24-month TANF time limit for receiving cash assistance =

Date of next review (month, day, year)

Appointment time

Name of participant	Case number	RID / PID
Name of IMPACT Case Manager	Telephone number (     )	Date prepared (month, day, year)

Self-sufficiency goal:

To seek, accept, and maintain employment with the goal of achieving economic self-sufficiency.

Employment goal:

Obtain employment in the area(s) of:

Your existing skills helpful in obtaining and maintaining employment:

Steps to overcome barriers listed on your assessment:

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

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

By signing this Self-Sufficiency Plan, I agree to: seek, accept, and retain employment; participate in the activities listed above; accept help with eliminating my barriers to employment. I am aware that if I need supportive services, such as help with child care costs, clothing, or transportation expenses, that I should contact an IMPACT case manager. I understand my rights and responsibilities under the IMPACT Program, and that I am expected to follow all IMPACT program requirements. I also understand the results of non-cooperation and failure to complete the activities listed in this plan. TANF only: failure to participate without good cause in activities in this plan may result in the loss of TANF Cash Assistance and eligibility for supportive services for my entire Assistance Group.

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