



# APPLICANT JOB SEARCH RIGHTS AND RESPONSIBILITIES

State Form 48191 (R4 / 6-17) / IMP 0020

This form is CONFIDENTIAL according to 470 IAC 1-2-7; 470 IAC 1-3-1; and 470 IAC 6-1-1.

Name of applicant	RID number
Name of Applicant Job Search Case Manager	Telephone number (      )
My next scheduled appointment is:	

## MY RESPONSIBILITIES

It is my responsibility to:

1. Keep all scheduled appointments with my Applicant Job Search (AJS) Case Manager.
2. Keep any scheduled appointments with employers, service agencies, and other community resources to which I have been referred by my Applicant Job Search Case Manager.
3. Participate in all employment and training activities listed in the Self-Sufficiency Plan (SSP).
4. Complete the Job Search Worksheet (State Form 54180 / IMP 0045) verifying contacts with potential employers and return it to the assigned Applicant Job Search Case Manager by the weekly due date.
5. Accept any job which pays at least the federal minimum wage. If I believe I cannot accept a job offer, I will discuss the reason with my Applicant Job Search Case Manager before refusing employment.
6. Accept suitable child care or transportation assistance if offered by my Applicant Job Search Case Manager so that I can seek and accept employment.
7. Contact your IMPACT Case Manager to report new employment or changes in your current employment within ten (10) days of the change.

**IF YOU DO NOT MEET THE ABOVE RESPONSIBILITIES, YOUR APPLICATION FOR TANF CASH ASSISTANCE WILL BE DENIED.**

## MY RIGHTS

I have the right to:

1. Fair and equal treatment in the assignment of employment and training activities.
2. File a written complaint if I think I have been discriminated against.
3. Request a meeting to resolve differences between my Applicant Job Search Case Manager and me.
4. Request a hearing if (a) I do not agree with the determination that I must participate in Applicant Job Search or (b) I failed, without good cause, to meet a responsibility listed above.

I have read, or have had read to me, the above Rights and Responsibilities. I understand that any questions I may have regarding the above information will need to be directed to my Applicant Job Search Case Manager. My signature below indicates receipt of this Agreement and notification of my next appointment. I ALSO UNDERSTAND THAT IF I FAIL TO MEET ONE OF THE RESPONSIBILITIES LISTED ABOVE, I MUST PROVIDE "GOOD CAUSE" IN WRITING TO AVOID HAVING MY APPLICATION FOR TANF DENIED.

Signature of applicant	Date signed (month, day, year)
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