

IMPACT RIGHTS AND RESPONSIBILITIES FOR SNAP VOLUNTEERS

State Form 49049 (R8 / 10-20) / IMP 0032 FAMILY AND SOCIAL SERVICES ADMINISTRATION

Name of client		RID number
You have t	he right to:	
1.	Fair and equal treatment in the assignment of employment and training activities;	
2.	File a written complaint if you think you have been discriminated against;	
3.	Withdraw from the IMPACT Program at any time without loss of benefits, or the threat of penalty; and	
4.	Request a re-referral to IMPACT at any time following your withdrawal of removal from the Program.	
The goal of the IMPACT Program is economic self-sufficiency through full-time employment with benefits that will reduce or eliminate your need for government assistance. The following responsibilities must be met by all IMPACT volunteers in order for IMPACT to assist you in achieving this goal.		
It is YOUR responsibility to:		
1.	Keep scheduled appointments with your IMPACT Case Manager	
2.	Keep scheduled appointments with other community resources, agencies, or potential employers to which you are referred by your IMPACT Case Manager.	
3.	Participate fully in all employment and training activities outlined in your Self-Sufficiency Plan (SSP) and accept and maintain employment.	
4.	Accept suitable child care, transportation, and other allowable supportive services that will enable you to fully participate in IMPACT employment and training activities.	
5.	Contact your IMPACT Case Manager to report new employment days of the change.	or changes in your current employment within ten (10)
We encourage you to fully cooperate with the requirements of the IMPACT Program by attending all scheduled appointments and completing all assignments. If you anticipate problems which may prevent you from meeting the above responsibilities, you should discuss them with your IMPACT Case Manager. The IMPACT Case Manager will help you eliminate or diminish barriers that may be preventing you from meeting your IMPACT responsibilities.		
	omply with your employment and training requirements will result in and in your removal from the IMPACT Program without loss of bene	
	the above Rights and Responsibilities. I understand that any quest directed to my IMPACT Case Manager. My signature below indicate	

 Signature of client
 Date (month, day, year)