

JOB PROGRAM RIGHTS AND RESPONSIBILITIES, GRIEVANCES, AND STATE HEARING INFORMATION AND OTHER INFORMATION CONCERNING RECIPIENTS OF OWF AND FOOD STAMPS

RIGHTS:

YOU HAVE THE RIGHT TO:

1. Receive copies of all written assessments and employability plans.
2. Receive notice of your right to request a state hearing related to JOBS program participation, and failure or related refusal to participate.
3. Not be discriminated against when JOBS program assignments are made.
4. Receive the participant expense allowance in advance of your JOBS program activity.
5. Refuse a Work Experience Program (WEP) assignment.
6. Request a conciliation meeting to resolve disagreements concerning your participation in the JOBS program and to receive written instructions of how to request such a meeting. You have the right to have a representative present.
7. Accept employment of at least 30 hours per week in place of requirements of JOBS.
8. Attend education and training programs approved by your JOBS case manager to help fulfill participation requirements in the JOBS program.
9. Receive an explanation of possible eligibility for transitional Medicaid and child care in the event you get a job and become eligible to OWF.

RESPONSIBILITIES:

YOU ARE REQUIRED TO:

1. Come to your assessment, reassessment, and other required appointments.
2. Go to program, training, education, supportive services or job club sites at the required day and time.
3. Obey the rules at the JOBS program or training site, follow instructions, and otherwise show good work habits and behavior.
4. Give the department of jobs and family services any information needed about a job you find.
5. Contact your JOBS case manager, or other persons you are told to contact, within a half hour of your starting time if you are sick or absent on those days you are to participate in a JOBS activity.
6. Participate in JOBS program activities for your scheduled number of hours.
7. Accept supportive services that are necessary in order for you to participate in a JOBS activity.
8. Contact the JOBS program staff if you disagree or have a concern about your JOBS program assignment that could result in a request for a conciliation meeting.
9. Report to your team any change in employment, education, or training, or any situation that would affect your ability to participate in the JOBS program within ten calendar days of the change.
10. Provide your JOBS case manager with verification of your attendance in a JOBS program activity if requested by your JOBS case manager.
11. Contact your JOBS case manager and provide a good cause reason within seven days of your failure or refusal to participate when you do not participate as requested in a JOBS program activity.
12. Contact the JOBS program staff by the seventh calendar day of each month if you have not received your schedule.
13. Report to a job site, to an employer for a scheduled job interview, or to any interview or tests relating to employment when required by the JOBS program staff.
14. Accept a bona fide job offer.

The rights and responsibilities are contained in Ohio Administrative Code Rule 5101:1-47-16

GOOD CAUSE:

SOME INDIVIDUALS ARE REQUIRED TO PARTICIPATE IN THE JOBS PROGRAM AS A CONDITION OF ELIGIBILITY FOR CASH ASSISTANCE OR FOOD STAMP BENEFITS. THE FOLLOWING ARE ACCEPTABLE REASONS, OR GOOD CAUSE FOR FAILING OR REFUSING TO PARTICIPATE IN THE JOBS PROGRAM. YOU MUST CONTACT THE JOBS CASE MANAGER AND PROVIDE A GOOD CAUSE REASON WITHIN SEVEN DAYS OF YOUR FAILURE OR REFUSAL TO PARTICIPATE IN THE PROGRAM. THIS INCLUDES FAILING TO REPORT FOR AN ASSESSMENT OR REASSESSMENT INTERVIEW. YOU MAY BE REQUIRED TO SUPPLY DOCUMENTATION OF THE GOOD CAUSE REASON TO YOUR JOBS CASE MANAGER.

1. You are exempt, and not required to participate, at the time of the failure or refusal.
2. The number of hours you were assigned to participate were determined incorrectly and you were assigned to participate for more hours than required.
3. The Work Experience Program (WEP) site of your assignment did not meet criteria standards.
4. You were ill.
5. A member of your immediate family, who is living with you, was ill and you were required to care for them.
6. It was a holiday or other non-school day, with the exception of summer vacation, and you were needed to care for your child(ren).
7. You or your child(ren) had a previously scheduled appointment for medical, dental, or vision care.
8. There was a death in your immediate family.
9. You were in jail.
10. You had a previously scheduled job interview.
11. You had a previously scheduled civil service test.
12. You did not have supportive services that you needed in order to participate in the program.
13. You were excused for a reason that was approved by your JOBS case manager.

The good cause reasons are contained in Ohio Administrative Code Rule 5101:1-14-37

I have read or had these provisions explained to me. I understand and agree to cooperate with those requirements. I understand that failure on my part to comply with work program regulations could result in sanctions and loss of benefits and/or assistance. I have received the original of this notice.

Referral Date:

Case Manager:

Applicant Signature:

Date: