



The Department of Human Services In Partnership with
the Departments of Economic Development, Education,
Human Rights, Management, and Workforce Development.

YOUR FIA RIGHTS AND RESPONSIBILITIES

Your name has been sent to PROMISE JOBS. PROMISE JOBS will help you get the job you need so you can make it on your own. If you need more training or work experience to get off FIP and become self-sufficient, we (with your help) will design your Family Investment Agreement (FIA) so you can get the skills or experience you need. While in a Family Investment Agreement, you will be in one or more of the following PROMISE JOBS activities:

- ◆ Orientation and Assessment
- ◆ Employment
- ◆ Work Experience or On-the-Job Training
- ◆ Job Seeking Skills and Job Search
- ◆ Unpaid Community Service
- ◆ Family Development
- ◆ Parenting Skills
- ◆ Classroom Training (from basic education to after-high-school education)

A. AS A PARTICIPANT IN THE PROMISE JOBS PROGRAM YOU MUST:

1. Attend all meetings and give all information requested.
2. Call us and tell us before a scheduled meeting if you know you can't be there. If you miss a meeting because you're sick, you may be asked for a doctor's statement.
3. If you have problems in your life that make it hard to work with PROMISE JOBS, you must tell PROMISE JOBS. Your PROMISE JOBS worker can help you deal with your problems so you can get the training and employment you need to get off FIP. The steps to help you with your problems can be listed in your Family Investment Agreement.
4. Participate in PROMISE JOBS activities to help you get and keep a job.
5. Accept suitable child care arrangements.
6. Accept jobs that are offered to you, as long as transportation is available and the job:
 - Does not result in a net loss of income.
 - Meets federal and state health and safety standards.
 - Does not violate your religious or ethical beliefs.
 - Does not exceed your physical or mental capabilities.
7. Notify PROMISE JOBS and your DHS IM worker as soon as you become employed.

B. IF YOU DO NOT PARTICIPATE WHEN YOU ARE RECEIVING FIP, YOU WILL HAVE CHOSEN A LIMITED BENEFIT PLAN (LBP):

If you choose a Limited Benefit Plan for the first time:

- ◆ Your FIP benefits will stop right away.
- ◆ You can't get FIP for the following persons:
 - You,
 - Your children,
 - Your children's other parent in the home, or
 - Any other child on the case who is in your care.

- ◆ You can change your mind at any time. If you want to get back on FIP, you must tell your **DHS** or **PROMISE JOBS worker** and you must:
 - Reapply for FIP, and
 - Sign your Family Investment Agreement (FIA).
- ◆ The earliest your FIP benefits can begin is the date you sign your Family Investment Agreement.

If you or the other parent in the home have been on a Limited Benefit Plan before, and choose another Limited Benefit Plan:

- ◆ Your FIP benefits will stop right away. You can't get FIP for at least six months.
- ◆ You **can't** get FIP for the following persons:
 - You,
 - Your children,
 - Your children's other parent in the home, or
 - Any other child on the case who is in your care.
- ◆ You can't get out of this Limited Benefit Plan until the 6-month period ends.
- ◆ After the 6-month period ends, if you want to get back on FIP you must tell your DHS or PROMISE JOBS worker and you must:
 - Reapply for FIP,
 - Sign your Family Investment Agreement (FIA), and
 - Complete 20 hours of work or other approved PROMISE JOBS activity.
- ◆ The earliest your FIP benefits can begin is the date you sign your Family Investment Agreement. But, we won't send your check until you complete the 20 hours of work or other approved PROMISE JOBS activity.

If you are 16 or older, and don't have a child of your own, and are not in school, or you're 17 or younger and have a child of your own, you must either set up and follow the steps of a Family Investment Agreement or enter a Limited Benefit Plan. If you choose a Limited Benefit Plan, and your parent doesn't have other children in the home who get FIP or SSI benefits, your parent will no longer be eligible for FIP benefits.

C. WE WANT YOU TO UNDERSTAND YOUR RIGHTS AND RESPONSIBILITIES IN THE PROMISE JOBS PROGRAM. SIGNING THIS FORM MEANS THAT YOU UNDERSTAND THE FOLLOWING:

1. We gave you a complete explanation of the program, and you fully understand the services that are available.
2. You have the right to get answers to your questions about the PROMISE JOBS Program.
3. You must help design your FIA so you can get and keep a job.
4. You must follow through with the steps in your FIA.
5. You have the right to equal opportunity and fair treatment as a PROMISE JOBS participant.
6. You have the right to disagree with the decision that you must be referred to and participate in PROMISE JOBS.
7. You have the right to a hearing if you believe that you have been treated unfairly.

IMPORTANT: If you lose your job without a good reason, your FIP benefits may go down, or stop. If you're thinking about leaving your job, first find out what will happen to your FIP benefits. If you have an FIA, leaving your job may mean you are choosing a Limited Benefit Plan, so call your PROMISE JOBS worker. If you don't have an FIA, call your DHS Income Maintenance worker.

Signature (Client)	Date
Signature (PROMISE JOBS Worker)	Date