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| Horizontal-Logo-DSCYF-Color@large |  | ASSIST (Achieving Self Sufficiency & Independence through Supported Transition) RESPONSIBILITY AGREEMENT |

**YOUTH RESPONSIBILITY AGREEMENT**

Youth is to initial at the end of each statement indicating they have read and understand each requirement.

Youth Name: Click or tap here to enter text.

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|  | Initials |
| 1. I will see my IL workerClick or tap here to enter text., in person at least once a month. |  |
| 1. I acknowledge I’ve reviewed the ASSIST rules. |  |
| 1. I will develop a system to keep track of all my receipts and will keep an expense log for all cash expenses. |  |
| 1. I agree to go over my receipts with my IL worker each month or as requested in order to monitor my budget. |  |
| 1. I agree to be responsible for payment of all bills incurred including rent, utilities, and food costs. |  |
| 1. It is my goal to have an accurate, reasonable and responsible budget. |  |
| 1. I will develop my financial skills and work to become self-sufficient so that I will no longer need ASSIST funds. |  |
| 1. If I am eligible for SNAP, I will apply for SNAP within 30 days or I will not be eligible to include food in my budget until I apply for SNAP. |  |
| 1. I understand when I have a change in income/monthly support or expenses I must notify my IL worker immediately and create a revised budget. |  |
| 1. I understand that I must notify my IL worker immediately regarding any changes to employment, education, housing and marital status. |  |
| 1. I understand if my budget is not accurate, I will be expected to repay any overpayment to DFS. |  |
| 1. I will not use ASSIST funds for any illegal purpose or activity. |  |
| 1. I agree to not give/loan ASSIST funds to anyone not outlined on my budget. Should I feel pressured to do so, I will inform my IL worker for assistance. |  |
| 1. I understand that ASSIST funds are not an entitlement and failure to comply with all regulations will result in a discontinuance of funds. |  |
| 1. I understand that I must follow all federal, state, and local laws as they apply to me. |  |
| 1. I will maintain 32-hours per week of productivity or no less than 128 hours per month either through employment, my education plan, volunteering, a combination thereof or other productive activities approved by my IL worker. |  |
| 1. I understand that a change in my productive hours or living arrangement requires that I update my Plan for Productive Hours and my Plan for Housing. |  |
| 1. I understand that if I am using drugs or alcohol, I must engage with a substance abuse provider to receive an assessment and follow through with any recommended treatment or I will lose eligibility for ASSIST. I am responsible for providing proof of the assessment and participation in any recommended treatment to my IL provider. |  |
| 1. I understand that I will receive one warning if I do not meet my productive time requirements and one warning for not submitting all of my receipts; unless they occur in the same month then I only receive one warning. |  |
| 1. I understand that if I do not meet the requirements above, I may not receive an ASSIST check. If I do not receive an ASSIST check and think that I should have, I can reach out to the Director of my IL provider agency or the IL Program Manager at 302-633-2538. |  |

**YOUTH STATEMENT**

By signing below, I acknowledge that I have read, understood, and agreed to all expectations and requirements of this responsibility agreement (including any addendum) and to follow my IL service plan.

Click or tap here to enter text. Click or tap here to enter text.

Youth Signature Date

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| Horizontal-Logo-DSCYF-Color@large |  | ASSIST (Achieving Self Sufficiency & Independence through Supported Transition) RESPONSIBILITY AGREEMENT |

**IL RESPONSIBILITY AGREEMENT**

IL worker is to review with the youth and initial after each statement indicating that they have reviewed the statement with the youth.

Youth Name: Click or tap here to enter text.

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| --- | --- |
|  | Initials |
| 1. I will explain to and help the youth in comprehending the requirements and expectations of the ASSIST program. |  |
| 1. I will work with the youth to increase his/her skills and abilities in the following areas: Money management, household maintenance, decision-making and provide other services as outlined in the youth’s transition plan. |  |
| 1. I will work with the youth to help them gain skills and develop their financial ability to ultimately become self-sufficient and no longer need to receive ASSIST funds. |  |
| 1. I have visited, or will visit the youth’s residence to determine the living arrangement is safe and appropriate. |  |
| 1. I have determined the residence meets minimum standards. |  |
| 1. I will work with the youth to ensure the youth is meeting the requirements of ASSIST and is receiving the necessary supportive services to enhance the youth’s transition to living independently. |  |
| 1. I understand I may attach an addendum with additional expectations for the youth to follow in order to maintain the youth’s safety and well-being. |  |
| 1. I will verify the youth’s income and major expenses as required in order to disperse the youth’s ASSIST payment in a timely manner each month. |  |
| 1. I will meet with the youth monthly and visit the youth at least once every three months in their residence. |  |
| 1. I will hold youth accountable for their actions and decisions relating to compliance with ASSIST. |  |
| 1. I will advise the youth that they can reach out to the agency IL Director or IL Program Manager if they do not receive an ASSIST check due to non-compliance and they think they should have received a stipend. |  |
| 1. If a youth is eligible for SNAP, I will assist them with applying for SNAP. |  |
| 1. If I have questions or am not sure what is needed, I can consult with the agency IL Director or the IL Program Manager. |  |

I understand I am responsible for completing updated budget worksheets and/or this agreement when there are changes.

**IL Worker’s Statement**: By signing below, I acknowledge that I have read, understand and agree to all expectations and requirements of this responsibility agreement *(including any addendum).*

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IL worker Date