

TEAP PROGRAM
PARTICIPANT STATEMENT OF UNDERSTANDING

Name _____

Address _____

Case # _____

CIN _____

I understand that I have been selected to participate in the TEAP Program. In connection with my participation in this program, I have been advised that:

1. For purposes relating to work requirements, I shall be considered employed.
2. I will be paid wages by the employer comparable to other new employees in the same occupation, and in no case less than the minimum wage set by law.
3. I will be paid only for hours in which I work. If I am unable to work the full specified hours per week, my salary will be reduced to reflect only those hours I have worked.
4. During the subsidized employment period, the employer will receive from social services, an amount equal to or less than my temporary assistance grant to offset the cost of employing me.
5. I will be entitled to all the rights, privileges and benefits enjoyed by other employees in conformity with any applicable company/union policy and federal or State laws.
6. I understand that I am still required to attend all mandatory meetings with the local Social Services District.
7. My eligibility for medical assistance will not be affected during the period in which I am participating in subsidized employment.
8. If the full amount of my TA grant is used to subsidize my wages, I may be eligible for FS benefits under the Transitional Benefits Alternative (TBA) while participating in the TEAP program for a total of 5 months. If I am receiving a portion of my grant, my earned income will be budgeted toward my FS benefits.
9. My child care payments will continue so long as I am meeting my work requirements under the TEAP program and I may be eligible for Transitional Child Care once my TA case closes.
10. I will continue to receive the same benefits from child support collected on my family's behalf that any Temporary Assistance recipient receives, such as the pass-through of up to the first \$100 of current support collected in the month.
11. My earned income will be budgeted toward my temporary assistance grant and I am responsible for paying my own rent and transportation expenses. Any changes in my earned income must be reported to my worker within 10 days.
12. Upon successful completion of the program, I may be retained on the job as a regular employee.
13. I may be ineligible for TA and child care assistance or face a reduction in TA or FS benefits if I willfully and without good cause:
 - refuse to accept a bona fide job offer;
 - voluntarily quit or provoke my own discharge or reduction in hours;
 - fail to begin/continue participation in subsidized employment; and
 - fail to report to an employer or job interview.

14. If the subsidized employment ends for any reason I must notify the Social Services District immediately. I will stop using child care until my eligibility for child care is redetermined.
15. In the event I request a fair hearing because my grant was reduced because of the budgeting of my wages, I understand the district is authorized to revoke my subsidized employment supported with grant diversion if I refuse to waive my right for aid continuing to dispute the budgeting of wages.

Participant Signature Date

Witness Date