South Carolina Department of Social Services
SNAP Employment and Training Program

PERSONAL RESPONSIBILITY AGREEMENT (PRA)

Participant Name: _____ CHIP Case No.: _____

CLIENT RESPONSIBILITIES

- **I understand** that I must participate in the SNAP E&T program as a result of my status as an Able Bodied Adult Without Dependents (ABAWD). **I further understand** that if I quit or refuse a job or E&T activity without good cause, I am subject to a penalty.

- **I understand** that I must assist in the development of an individualized Employment Plan as a part of my PRA. The final goal of my Employment Plan will be to get a job. My plan will identify specific assignments, activities, and time limits established by SCDSS and E&T program Providers to assist me in reaching my goal. I must follow my Employment Plan or my SNAP benefits may be sanctioned. **I further** understand that my Employment Plan will be based on my own life situations and my plan may be changed as needed to help me achieve my goal of getting a job.

- **I understand** that I am required to attend meetings/appointments related to the completion of assignments and activities identified in my individualized Employment Plan. These meeting/appointments include but are not limited to: Program Orientation meetings, assessment activities to evaluate my employment readiness; job preparation activities; component activities; employment interviews scheduled by me or for me; meetings with SCDSS staff or E&T program Provider staff for progress reports on job search activities. **I understand** that I must contact my E&T Provider on the day of an absence from an appointment or activity to provide a good cause reason for my absence.

- I understand that if I fail to comply with the requirements of the SNAP E&T Program I may be subject to disqualification penalties as follows:

1st Penalty:	Ineligibility 1 month and until I comply
2nd Penalty:	Ineligibility 3 months and until I comply
3rd Penalty:	Ineligibility 6 months and until I comply

- I understand that I am required to participate in an E&T Program activity as a part of my PRA.

- I understand that I must contact SNAP E&T Program Provider staff on the day of an absence from a scheduled appointment/activity to provide a good cause reason for my absence.

- I understand that I may request a Fair Hearing if I do not agree with a decision made in my case regarding my participation in the E&T Program.

SCDSS/E&T PROGRAM PROVIDER RESPONSIBILITIES

- **We will** assist you with the development of your individualized Employment Plan and make any changes in the Plan that may be needed as situations in your life requires.

- **We will** support your goal of getting job by providing you information and services that you may need.

- **We will** resolve any disagreements you may have through the Fair Hearing process.

- **We will** provide you a timely notice (10 days) before any negative action happens in your case.

- **I understand my rights and responsibilities and agree** to fully participate in the SNAP E&T Program and to follow my individualized Employment Plan.

_____ _____
Participant's Signature Date

_____ _____
DSS Signature Date