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| LOCAL COMMISSIONERS MEMORANDUM |  
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DSS-4037EL (Rev. 9/89)

Transmittal No: 94 LCM-22

Date: March 3, 1994

Division: Office of Employment  
Programs

TO: Local District Commissioners

SUBJECT: Model Statement of Mutual Rights and Responsibilities

ATTACHMENTS: Model Statement  
(Available On-Line)

The purpose of this Memorandum is to share with you a Model Statement of Mutual Rights and Responsibilities for your optional use with applicants and recipients of public assistance.

Department Regulation 385.4(a) stipulates the requirements for the optional use of participant agreements for the Job Opportunities and Basic Skills Training (JOBS) program. These agreements specify the district's and client's respective responsibilities under the JOBS program. However, JOBS participant agreements are not entered into until after the client has been assessed and an employability plan has been developed.

The Department has been urged by several districts to develop a statement or agreement that outlined district and client responsibilities and which could be used earlier in the process, such as at the time of application.

Accordingly, the Department worked collaboratively with Rensselaer County Department of Social Services to develop the attached Statement of Mutual Rights and Responsibilities for use at your option.

While completion of the Statement cannot be made a condition of eligibility, it is a tool which may be used to give a clear up-front message to applicants that public assistance is a temporary safety net, that clients have the responsibility to work diligently towards self-sufficiency and that the district has certain responsibilities to assist them in working toward this goal. The district may sanction a client for failure to comply with

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JOBS requirements referenced in the Statement, but has no authority to require an applicant to sign the Statement as a condition of receiving benefits.

Any questions regarding this Statement should be directed to your local district Technical Advisor for Employment Programs at 1-800-343-8859, extension 3-8744.

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Jack Ryan, Assistant Commissioner  
Office of Employment Programs

STATEMENT OF MUTUAL RIGHTS AND RESPONSIBILITIES

This is a statement of mutual rights and responsibilities between \_\_\_\_\_ and the \_\_\_\_\_ County Department of Social Services (the Department) specifying the responsibilities of each of the parties under the Job Opportunities and Basic Skills (JOBS) program.

I \_\_\_\_\_ understand that Public Assistance is being provided to me and members of my family on a temporary basis and I agree to work diligently with employees of the Department of Social Services in order to improve my employment status and, if it is determined that I am employable, I will seek and accept either part time or full time employment in order to reduce or eliminate the need for public assistance.

I understand that as a condition of continuing eligibility for public assistance, if it is determined that I am employable, I agree to fulfill all of the following employment requirements, as well as any additional requirements, consistent with the JOBS program, that my employment counselor feels are appropriate to my individual employment circumstances.

1. I agree to accept referral to the County's employment program, and I will keep all scheduled meetings with my employment counselor unless I have good cause, for example a verifiable employment interview, serious illness, or other emergency, in which case I will notify my employment counselor in advance of my scheduled appointment.
2. I agree to participate fully in the assessment of my employment status and in the development of an employability plan. I also agree to participate in any JOBS program assignments made consistent with my employability plan and for the number of hours per week called for in my employability plan.
3. I agree, that if I am assigned to the job search program, I will conduct an active job search consistent with my assignment and provide evidence of such effort to my employment counselor. The following information will be supplied as evidence of job search efforts: name of prospective employer, address, telephone number, name of person who conducted interview and the outcome.
4. I agree to accept referral to or any offer of any employment in which I am able to engage. I understand that the Department of Social Services will work with me to assure that the combined income I receive is not less than the cash assistance I received prior to accepting such employment.
5. I agree to provide medical verification or to undergo a medical examination for the purpose of determining limitations on my employment or suitability for training or rehabilitation.

6. I agree to accept referral to or enrollment in appropriate programs of vocational rehabilitation or training, if necessary, to improve my employability.
7. I agree to accept referral to and to participate in public or community work experience projects that are consistent with my employability plan for the number of hours per week specified in such plan.
8. If child care is necessary, I agree to participate in the development of a child care plan.

The \_\_\_\_\_ County Department of Social Services agrees to the following:

1. The Department agrees to perform an assessment within the time frames provided for in the regulations of the New York State Department of Social Services and to apprise the person signing this agreement of the results of that assessment.
2. The Department agrees to assign the applicant/recipient to activities available under the JOBS program that are consistent with his/her employability plan.
3. If the applicant/recipient is in need of child care, the Department agrees to provide the applicant/recipient with information regarding day care and the methods of payment for such day care and, if necessary, to assist in securing day care for the applicant/recipient.
4. Provide supportive services to the extent available in \_\_\_\_\_ County as are necessary to enable the applicant/recipient to fulfill the requirements of the JOBS program or to accept employment.
5. To work with the applicant/recipient to assure that the acceptance of employment does not result in a net loss of income.
6. The Department will provide the applicant/recipient with notice and an opportunity for conciliation if the Department determines that the applicant/recipient is not meeting the requirements of the JOBS program.

I, \_\_\_\_\_, understand that, if determined to be employable, I will be bound by all New York State laws and regulations governing the JOBS program. I also understand that if I fail to fulfill the requirements of the laws and regulations without good cause, that my assistance, in part or in full, may be reduced or discontinued.

I also understand that I have a right to have notice and an opportunity for a conference under the conciliation procedures of the JOBS program to resolve any issues that may adversely affect my initial or continued eligibility for public assistance.

I further understand that I have a right to a fair hearing if I am informed that my public assistance benefits are being denied, reduced or discontinued for failure to comply with any of the requirements of the JOBS program.

I have read and understood the above agreement. Any questions I have regarding the contents of such agreement have been answered by the staff of the Department of Social Services.

SIGNED: \_\_\_\_\_  
Applicant/Recipient

\_\_\_\_\_  
Date

SIGNED: \_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Date

NOTE: The Applicant/Recipient is to be given a copy of this agreement.