SELF-SUFFICIENCY PLAN

EP-4305
Rev. 07-92

1. NAME | 2. SOCIAL SECURITY NUMBER | 3. CASE NUMBER | TYPE OF PLAN INITIAL

4. CASEHEAD | 5. OCCUPATIONAL GOAL | REVISION #

6. PLAN OF ACTION	TASKS TO BE ACCOMPLISHED	PERSON(S) RESPONSIBLE	TARGET DATE	COMPLETED DATE

I HAVE AN ACTIVE ROLE IN COMPLETING THE SELF-SUFFICIENCY AGREEMENT. I WILL KEEP IN CONTACT WITH THE EPS WORKER THROUGHOUT THE PROGRAM. I HAVE BEEN MADE AWARE THAT FAILURE TO PARTICIPATE MAY AFFECT MY FOOD STAMPS AND/OR CASH ASSISTANCE CASE.

PARTICIPANT'S SIGNATURE DATE

I HAVE AN ACTIVE ROLE IN COMPLETING THIS SELF-SUFFICIENCY AGREEMENT AND I AGREE TO PROVIDE ALL AVAILABLE AND NECESSARY SERVICES AS INDICATE FOR ENTRY INTO EMPLOYMENT, FUNDS PERMITTING.

EPS WORKER DATE

DISTRIBUTION WHITE, CASE FILE YELLOW, CLIENT

THIS FORM SUPERSEDES ALL PREVIOUS EDITIONS.