

Name: _____

Case #: _____ Office _____

INTENT NOT TO MEET WORK EXPECTATIONS

I understand that if I choose not to meet employment expectations my benefits will initially be reduced by \$50.00 per month and after six months, by \$100.00 per month. Furthermore, to protect my child(ren)'s interests, the Employment and Income Assistance program may find it necessary to manage my benefits.

I also understand, that should I wish to reconsider, I may contact my worker to discuss what I need to do to enable the Employment and Income Assistance program to restore my full benefits. I am aware that full benefits may not be restored until the next benefit month and that the reduction is not recoverable.

I have been informed of the employment expectations and the consequences of failing to meet these expectations and I do not wish to be involved in any employment related activities at this time.

Signature of Client: _____ Date: _____

Signature of Worker: _____ Date: _____