



Self-Sufficiency Plan Agreement

CIF #

Required Activity Hours per week



Name:	Plan Date:	Plan Renewal Date:
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As a participant in the Hoopa Valley Tribal TANF Program, I agree and understand the following:

- ◇ I will attend and participate in approved activities for the agreed amount of hours per week.
- ◇ Failure to attend approved activities 100% of the time, (unless excused for a good cause) may result in sanction or closure of my cash aid grant.
- ◇ I will complete an activity sheet indicating the number of hours I have attended each day of the month.
- ◇ I will submit my activity sheet to my Case Worker no later than the 5th day of each month.
- ◇ I will report to my Case Worker any absences for days that I did not meet activity hour requirements.
- ◇ I understand mutually agreed upon changes can be made to my Self-Sufficiency Plan (SSP) agreement.
- ◇ I understand that if I fail to participate in activities that will help me become employed or if I decline an employment offer (without good cause) my cash aid grant may be reduced or terminated.

I acknowledge by my signing below that I reviewed, understand and received a copy of this SSP Agreement. I agree to fulfill the action steps to meet the goals outlined in my SSP Agreement .

<u>Participant Signature:</u>	<u>Date:</u>
<u>TANF Case Worker Signature:</u>	<u>Date:</u>
<u>Family Services Manager Signature:</u>	<u>Date:</u>

Long Term Goals

CIF #



Educational Goal:	Home and Location:	Career Goal:

Goal Description:			<u>Beginning Date:</u>
Strengths:			
<u>TASKS</u>	<u>Who is involved:</u>	<u>(Date you can complete)</u>	
1.	Individual Family Staff Other	To Be Accomplished:	
2.	Individual Family Staff Other	To Be Accomplished:	
3.	Individual Family Staff Other	To Be Accomplished:	
4.	Individual Family Staff Other	To Be Accomplished:	
5.	Individual Family Staff Other	To Be Accomplished:	

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Strengths:			
<u>TASKS</u>	<u>Who is involved:</u>	<u>(Date you can complete)</u>	
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2.	Individual Family Staff Other	To Be Accomplished:	
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Strengths:		
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1.	Individual Family Staff Other	To Be Accomplished:
2.	Individual Family Staff Other	To Be Accomplished:
3.	Individual Family Staff Other	To Be Accomplished:
4.	Individual Family Staff Other	To Be Accomplished:
5.	Individual Family Staff Other	To Be Accomplished:

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2.	Individual Family Staff Other	To Be Accomplished:
3.	Individual Family Staff Other	To Be Accomplished:
4.	Individual Family Staff Other	To Be Accomplished:
5.	Individual Family Staff Other	To Be Accomplished:

Others who will be involved in the Self-Sufficiency Plan process:

The Self-Sufficiency Plan (SSP) guides a family to becoming self-sufficient so they will no longer require TANF assistance. The goals assist in determining the work activities a Participant will do to meet required hours and receive their Tribal TANF benefits. SSP reviews must be done every 3 months.