

Name:	Date:
SSN (last 4 digits):	CBMS#:

I understand that I am required to participate in the Employment First (EF) program until I am employed a minimum of 30 hours a week, or earning at least \$217.50 a week, or until I am exempt from participation, or no longer receiving food assistance. My on-going participation is required in order to continue to be eligible for food assistance.

**In order to fulfill this requirement, I agree to participate in the following:**

Activity	Monthly Requirement			
	Hours per week	+	Job contacts per week	
30 Day Workfare Job Search				
Basic Education				
Employability				
English as a Second Language				
General Equivalency Diploma				
Job Retention				
Literacy				
Part-time Job				
Post-Secondary Education				
Self-Employment Classes				
Vocational Rehabilitation				
Vocational Training				

*11/9 Rule: Minimum of 11 Activity hrs per week + maximum 9 job contacts per week = 20 hour per week/80 hrs per month.*

Additional Requirements: \_\_\_\_\_

Activity/Site:	Start Date/Time:
Address:	City/State/Zip:
Contact Person:	Telephone:

Activity/Site:	Start Date/Time:
Address:	City/State/Zip:
Contact Person:	Telephone:

**As an Employment First participant, you must attend all appointments and complete all assignments. If you miss a meeting or an assignment, you could lose your food assistance benefits for up to 6 months in Colorado. This is called a sanction. If this happens to you, you must contact your EF office right away. If you do not contact EF before the start date of the sanction and do what you are asked to do (this is called comply), you will not be able to get food assistance benefits again until the sanction period ends and you comply.**

**If you missed a meeting or could not complete an assignment for reasons you could not control, such as illness, being in jail or in the hospital, or a death in the family, contact your EF office right away. You must provide the written proof of your reason before the sanction starts in order to keep your benefits.**

I have read and agree to this contract.

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Employment First Staff Signature

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Fax Number