

**COLORADO EMPLOYMENT FIRST  
WORKFARE PROGRAM  
Participant Agreement and Guidelines**

Name:	Date:
SSN (Last 4 Digits):	CBMS Case#: 1B

In order to remain eligible for Food Assistance, you have certain rights and responsibilities, which are outlined below.

I. Your participation in the Colorado Employment First Workfare Program is required as a condition for continued Food Assistance eligibility. You are required to:

1. Observe the working hours and the work rules established by the work site.
2. Communicate with your supervisor and/or your Employment First (EF) case manager regarding work site progress or problems.
3. Notify your EF case manager immediately if you believe you have good cause for not participating in Workfare.
4. Attend all appointments, classes and the Workfare monthly support group.
5. Turn in your completed time sheet/employer contact form at scheduled appointment.
6. Make \_\_\_\_\_ job contacts per month, record on the Employer Contact form: due each support group.

II. The site will provide:

1. Orientation to the work site rules and regulations.
2. A work site assignment that you are capable of performing.
3. Supervision and necessary equipment to enable you to participate.
4. Oversight of hours worked; signature of monthly Time Sheet and Performance Evaluation form.
5. Time off for you to attend job interviews.

**Assignment**

Pro-ration for the month of \_\_\_\_\_ (MM/YYYY), only \_\_\_\_\_ hours are required.

Start Date:	Start Time:	Required Hours Per Week:	Per Month:
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Name of Worksite:	
Address:	
Supervisor:	Phone Number:
Job Description:	

By signing this form I attest:

- I am physically able to perform this assignment.
- I understand that I must participate in Colorado Workfare as a condition of receiving Food Assistance benefits and failure or refusal, without good cause, to participate will result in the loss of my Food Assistance benefits.
- I understand that I will be covered by Workers' Compensation.
- The Colorado Workfare Program will provide for necessary and reasonable transportation allowances and necessary work related expenses that are pre-approved.
- The above Workfare program guidelines have been explained and a copy has been provided to me.

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

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

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

Office Use: Current Hours Per Month	
Working	
Student	