

## COLORADO EMPLOYMENT FIRST WORKFARE 30 DAY JOB SEARCH PARTICIPANT ACTIVITY CONTRACT

Name:	Date:
SSN:	CBMS Case#:

I understand that I am required to participate in the Employment First (EF) program in order to continue to be eligible for food assistance. I must continue to participate until I am employed a minimum of 30 hours a week or earning at least minimum wage x 30 hours per week, become exempt from participation, or no longer receive food assistance.

In order to fulfill the requirements of Workfare 30-Day Job Search, I must complete the below activities in a 30-day time period. I understand that I will be placed on a long-term workfare site at the end of the 30-day period.

Activity	Assigned Hours	Activity Start or Hours Due	Date
Initial Site (Minimum 1Hr)		Activity Start	
Comply/Competency Workshops (Minimum 4 Hrs)		Activity Start	
Workfare (Minimum 8 hrs)		Hours Due	
Employability Workshops (Minimum 8 Hrs)		Activity Start	
Job Contacts (Minimum 12)		Contacts Due	
Total Monthly Requirement (Minimum 12 Hrs)			

Other Activity: \_\_\_\_\_

Start Date: \_\_\_\_\_ Address: \_\_\_\_\_

Start Time: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Bring the below documentation(s) to your next EF appointment: \_\_\_\_\_, at \_\_\_\_\_**

X	Document	X	Document
	Job Contacts		Timesheet
	Exemption Verification		Good Cause Verification
	Employment Verification		Other

**You are a mandatory participant in the EF program. Failure to complete the above requirements without verifiable good cause will result in the immediate notice of non-participation to the Food Assistance office, and you could lose your food assistance benefits for up to 6 months in all Colorado counties. Good cause may include, but is not limited to, a verifiable: illness, illness of a household member, death of a family member or household emergency.**

I have read and agree to this contract.

\_\_\_\_\_  
Client Signature

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

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

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