Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services
EMPLOYMENT FIRST
Self-Sufficiency Contract

This Contract is entered into by and between the Nebraska Department of Health and Human Services and

Name:_____, MC#_____

The primary purpose of the Employment First program is to provide temporary, transitional support for Nebraska families so that financial self-sufficiency is achieved as quickly as possible through the provision of training, education and employment preparation.

The Nebraska Department of Health and Human Services (the Department) agrees to provide case management services, program activities and allowable supportive services that are determined necessary for you to fulfill this Self-Sufficiency Contract. The Department will also provide ADC cash assistance, child care assistance and child support enforcement services according to the rules and regulations for those programs.

I understand that ADC cash assistance for my family is limited to a total of 60 months in a lifetime. The 60-month lifetime limit begins with the first month my family receives ADC cash assistance. The months of TANF cash assistance my family received from another state will count towards my family's 60-month lifetime limit.

I understand that changes to this Self-Sufficiency Contract may be required at any time in order to conform with changes to the rules and regulations of the Employment First program.

I understand that this Self-Sufficiency Contract may be amended to make necessary adjustments because of changes in labor market conditions or individual circumstances. Final approval of this Self-Sufficiency Contract is a responsibility of the Department.

I understand that if I fail to participate without good cause in the Employment First program as required and agreed to, a sanction will be imposed resulting in the loss or reduction of ADC cash assistance for my family.

I understand that I have the right to request mediation and/or appeal any decision made by the Department.

I agree to cooperate with all Employment First program requirements and participate in the agreed upon activities for the required number of hours and work towards the goals as detailed in my Employment First Service Plan(s). My Employment First Service Plan(s) is included as a part of this Self-Sufficiency Contract.

Client's Signature: _____ Date: _____

Case Manager's Signature: _____ Date: _____

Distribution: WHITE Copy – To Client; WHITE Copy – To Contractor