



Family Cooperation Agreement

As a family receiving TANF benefits, you are required to cooperate with Workforce Solutions in activities designed to help you find and keep a job to support your family.

Two Adults with Work Requirements

In our family, _____ and _____	
agree to participate a combined total of _____ average hours per week in activities assigned by Workforce Solutions staff (examples include work, job search, etc.). If the family (one or both adults) does not participate as agreed, the Health & Human Services Commission will reduce TANF benefits for both adults.	
_____ agrees to participate _____	hours per week.
_____ agrees to participate _____	hours per week.
My signature below confirms that I understand my family's work requirements:	
Signature _____	SSN _____
Printed Name _____	Date _____
Signature _____	SSN _____
Printed Name _____	Date _____

One Adult with Work Requirement and one Exempt Adult who Volunteers

In our family, _____ is required to participate	
and _____ has volunteered to participate for a	
combined total of _____ average hours per week in activities assigned by Workforce Solutions staff (examples include work, job search, etc.). If the family (one or both adults) does not participate as agreed, the Health & Human Services Commission will reduce TANF benefits for the adult who is required to participate.	
_____ agrees to participate _____	hours per week.
_____ agrees to participate _____	hours per week.
My signature below confirms that I understand my family's work requirements:	
Signature _____	SSN _____
Printed Name _____	Date _____
Signature _____	SSN _____
Printed Name _____	Date _____