



State of Utah  
Department of Workforce Services  
**Family Employment Program:  
Agreement of Mutual Responsibility**

**PURPOSE:** To establish terms of partnership between the customer and the Department of Workforce Services (DWS) employment counselor, and ensure customer has a good understanding of what is required to participate in the Family Employment Program.

**CUSTOMER RIGHTS AND RESPONSIBILITIES:**

**In order to be a part of the Family Employment Program (FEP) and receive financial payments, I will / understand:**

- Complete a Family Employment Program assessment.
- Develop an employment plan that is tailored to my family's needs.
- Complete the substance abuse screening process (SASSI).
- Participate in my employment plan activities.
- Cooperate with Office of Recovery Services (ORS).
- Complete the FEP Orientation.
- The FEP program is time-limited for a maximum of 36 months in a lifetime.
- I cannot access my cash assistance through an EBT, ATM, or point-of-sale machine in an establishment that primarily sells liquor, allows gambling or gaming, or provides adult-oriented entertainment.
- I cannot use my financial assistance to purchase beer, intoxicating beverages, cigarettes, or tobacco products.
  - If I access my cash through any establishments listed above, or purchase any of the items listed above, I may be disqualified for 12 months for an intentional program violation.

Prior to my cash assistance benefits being reduced or stopped, I have the right to have my case reviewed to determine if I have good reason for not meeting the requirements. I have the right to receive a notice of action before my benefits are reduced or stopped. I have the right to appeal and request a fair hearing if I disagree with a DWS decision.

**DWS RESPONSIBILITIES:**

**In order to support my success in the Family Employment Program, the DWS employment counselor will:**

- Complete a Family Employment Program assessment with me.
- Work with me to develop an employment plan based on my family's individualized needs.
- Support me in accessing and completing the substance abuse screening process (SASSI).
- Assist me in my cooperation with the Office of Recovery Services (ORS).
- Connect and support me in accessing DWS and community resources.

DWS strives to continually evaluate and improve the Family Employment Program to best suit customers. I may be contacted for an interview by the Social Research Institute staff to evaluate the Family Employment Program. My participation in the interview is voluntary. I may refuse to answer any questions without affecting my cash assistance benefits.

By signing this form, I authorize the Utah Department of Workforce Services (DWS) to release, disclose, and share my information for purposes of coordinating various services provided to individuals by the State of Utah and other authorized partners. Specifically, information may be shared with the Utah Department of Corrections, the Utah Department of Human Services, the Utah Governor's Office of Management and Budget, and the Utah Department of Technology Services, among other partners. Information disclosed may include, but is not limited to, my personal information, such as my name, address, date of birth and case type. Information disclosed may also include information about my DWS counselor and DWS plan components, such as my employment goals, activities, and progress notes. Representatives of the above referenced partners may also share information with DWS to improve coordination of services. I understand that state and federal privacy laws may no longer protect information that has been released to other entities, and the Department of Workforce Services cannot prevent this information from being re-disclosed. I understand that this authorization does NOT authorize the disclosure of records classified as protected or controlled under GRAMA, the Government Records Access and Management Act (UCA §63G-2-304. 305)

I have read the Agreement of Mutual Responsibility for the Family Employment Program, and understand that in order to continue receiving cash assistance benefits I will be expected to engage in the activities outlined above. I know that if I do not follow through with the activities, it may result in case closure.

\_\_\_\_\_ I agree to allow DWS to communicate with me through text messaging. I understand the messages may contain confidential information regarding my case and that I am liable for all text-related charges and fees.

\_\_\_\_\_  
Customer Signature


\_\_\_\_\_  
Date

\_\_\_\_\_  
Employment Counselor Signature

\_\_\_\_\_  
Date

**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

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