CBMS	**1BD8BQ4**
Phone	**(303) 682-6813**
Case Manager	**Sonia Vasquez**

BOULDER County Department of Human Services

MY PLAN | Conditions

For **Richard J Dorsey**

Employment First ☐	My Original Plan ☐	TWO PARENT	My Address 60 BigBee Rd Ward, CO 80481	My State Identification #
Workforce Development ☒	My Modified Plan ☐			My Months of Participation 0

My Starting Point	1. My Plan is a contract between myself and the BOULDER County Department of Human Services that explains the conditions for receiving assistance under the Colorado Works Program and describes the commitments made by myself and BOULDER County. 2. I have no legal privilege to any form of assistance under the Colorado Works Program, and My Plan does not create a legal right to benefits. 3. If I do not meet the terms of this plan without a determination of good cause, I will be penalized or lose all of my Colorado Works benefits. 4. If I refuse to meet all of the terms of this plan, I may lose all of my Colorado Works benefits.
My Changes	1. BOULDER County Department of Human Services or I may request a new Plan be developed and signed by both parties at any time based on any and all changes needed, or if I feel I cannot meet the expectations of this plan. Small changes may be initialed on this plan by both parties. 2. A Plan is required if I, as a work eligible member of the assistance unit, am granted an extension of Colorado Works assistance due to any hardship, including domestic violence. All other conditions apply as stated in the My Benefits section above.
My Rights	1. If I do not agree to the terms and condition in My Plan, I have the right to request a county dispute resolution conference. BOULDER County Department of Human Services will help me with reviewing these terms and conditions. The county worker will be someone who has not or is not involved in my case.

My Supportive Services

1. As part of My Plan, I may receive support services to assist me in being successful. These services are intended to provide the right kind of supports to get or keep a job, and can include, but are not limited to:

    a) Incentives for finding or staying in a job
    b) Help with transportation
    c) Help with personal care or clothing

    *These services do not apply towards the unreimbursed public assistance (UPA)

2. As part of My Plan, services may be received by other members of my family if they are needed and can include, but are not limited to:

    a) Special medical needs
    b) Counseling

By signing this Family Success Plan, I agree to and understand all terms of my participation in the Colorado Works Program, and as outlined in My Plan. I understand that this program is time-limited with a life time limit of (60) sixty months. I also understand that I may request a meeting to change Plan at any time, and will contact my coach with (48) forty-eight hours of any changes, problems, or concerns.

Participant Signature emailed to participant	Coach Signature *Sonia Vasquez*
Date 6/17/2020	Date 6/17/2020