

WILSON FISH PROGRAM AGREEMENT

Participant Name:

Case #:

DOA:

The Wilson Fish Program is a program to help newly arrived refugees achieve economic self-sufficiency and social adjustment without accessing public cash assistance. This is accomplished by the development of a family self-sufficiency plan/goals and both New American Services staff and newly arriving families working closely together to achieve those goals.

New American Services staff agrees to provide the following services:

Case management services which include

- * Assistance in developing a family self-sufficiency plan and goals to achieve self-sufficiency
- * Orientation to your new community
- * Assistance in making connections with community resources such as medical care, education, facilities, etc.
- * Assistance in making progress toward achieving your goals

Employment services which include:

- * Job Readiness Training
- * Budget planning and developing economic goals
- * Job Skills assessment
- * Goal Setting
- * Identification of potential employers
- * Setting up interviews
- * Preparation for interviews
- * Transportation for interviews
- * Job placement
- * Follow up and support on the job
- * Retention bonus

To ensure financial support for up to 8 months, or through the month after you begin earning sufficient income through employment.

Individuals enrolled agree to the following:

- * To participate in the development of a family self-sufficiency plan
- * To follow through with the steps developed which will lead to the achievement of my goals
- * To attend orientation and job readiness training
- * To complete employment goal setting and plans
- * Not to access cash assistance through the county social service office while participating in the Interim Cash Assistance Program
- * To participate in English as a Second Language classes
- * To report any changes to the household (household members moving in/out, income changes, etc)
- * To do my best to become employed as soon as possible within the first 6 weeks and to remain in that job for a minimum of 90 days

I have received information about the Interim Cash Assistance program and I agree to be enrolled into this program.

I understand that actively seeking employment is a requirement for receiving benefits, and that if I choose not to work or participate in looking for work that I risk having my benefits reduced and or terminated.

Participant (or PA) Signature

Date

Print Name

Interpreter Signature if applicable

Date

Print Name

Case Manager Signature

Date

Print Name

Employment Specialist Signature

Date

Print Name