



INITIAL FAMILY DEVELOPMENT PLAN

Name: _____

Last 4 of SSN: _____

Best way to reach you: Mail Phone Text Email: _____

The Reach Up program would like to support you in creating and achieving goals that are meaningful to you.

What areas would you like to work on right now? *(Please check all that apply)*

- Housing Child Care Transportation Well-being *(mental/emotional/physical)*
 Child Well-being Education/Training Employment Learning about my finances *(budget, savings)*

Do you have other goals or areas that you would like to work on while participating in the Reach Up program?

For us to best support you in achieving your goals, please indicate if any of the following are TRUE:

- I have reliable and consistent transportation I have safe and stable housing
 I have childcare that works for my family My housing is affordable
 I have worked in the past 6 months I have a good support system

The program requires you to meet regularly with a member of the Reach Up team to work on goals you choose. We offer an option to work with either a Reach Up Case Manager or a Career Coach.

- Career Coaches will work with you if you are ready for employment or engaging in education/training programs.
- Reach Up case managers will support you and your family with goals to plan/prepare for employment/training/education.

The Department will do our best to honor your preference.

Please tell us who you would like to work with: Reach Up Case Manager Career Coach

REACH UP TO REACH AHEAD

When you leave Reach Up, you may qualify for Reach Ahead — a financial incentive program that helps people move from Reach Up to work. You'll automatically be enrolled if you're eligible. Benefits could include **cash incentives for working, and access to support funds** to help with things like car repairs, work clothes, paying for childcare and additional 3SQVT benefits.

If you DON'T want to be automatically enrolled & receive additional supports, please call the Call Center at 1-800-479-6151.

STATEMENTS OF AGREEMENT

If I'm found eligible for Reach Up or Reach First, I agree to:

- ✓ Attend scheduled appointments & assessment activities.
- ✓ Set employment or other related goals.
- ✓ Participate in all program activities listed on my Family Development Plan.
- ✓ Sign this form. It is a required part of applying (Reach Up rule 2313). If I don't sign, my application will be denied for failing to meet a condition of eligibility (Reach Up rule 2212.1).
- ✓ Tell my case manager right away if something comes up that makes it difficult for me to participate.
- ✓ Meet my requirement for participating in Reach Up/Reach First:
 - Reach Up: my case manager will talk with me about how I need to engage with the Reach Up Services requirements of the program.
 - Reach First: I will not need the program for more than 4 months.

SIGNATURE

By signing this form, I confirm that I agree to the statements listed above and I understand the information I was provided about Reach Up/Reach First as well as my rights and responsibilities that are outlined on the next page.

Signature of Participant: _____ Date: _____

Signature of Participant #2 (if applicable): _____ Date: _____

ESD: Preference is for each adult to sign their own 614FDP; but allowable for both adults to sign the same form.

Your Responsibilities: you must fully engage with all FDP activities and inform your Reach Up team member promptly of any changes in your situation that may cause your FDP to change or make you unable to engage in the activities outlined in your FDP. (Reach Up Services Rules 2313, 2317).

Your Rights: if you have a complaint related to your participation in this program, you can ask for a fair hearing before the Vermont Human Services board. This is called filing an appeal. To request a fair hearing or learn more about the decision, call the Benefits Service Center at 1-800-479-6151. If you request a fair hearing before the department stops or changes your benefits, you may have your benefits continue unchanged while your appeal is pending. If you want your benefits to continue unchanged during your appeal, you must request this before the date your benefits are due to close. If you ask the department to continue your benefits and you lose the appeal, the department may ask you to pay back any benefits you should not have received. If you ask the department to reduce or stop your benefits and you win the appeal, the department will repay any benefits that were reduced or stopped. You must ask for a fair hearing within 90 days of the date the department mailed you this notice. If the department denied your application or stopped your benefits, you may reapply at any time, including while your appeal is pending. If you reapply, your benefits will not be approved unless you are eligible. You may ask someone you trust to help you ask for a fair hearing. Call Vermont Legal Aid at 1-800-889-2047 to find out if you qualify for free legal help.

Rights of People with Disabilities: the *Americans with Disabilities Act (ADA)* and Vermont law say we must make *reasonable accommodations* to help people with disabilities get public benefits. If you have a physical, mental or learning condition that makes it hard to do the things we ask you to do, we may be able to make some changes to help. Here are some examples of changes we can make:

- Someone can write down your answers if you can't
- We can give you more time or help you get the documents you need to give us
- You can have a support person with you when you talk to us
- We can send documents with a larger print, so you can read them
- We can meet in your home or by phone, so you don't have to come to the district office If you need us to make changes so you can get benefits, let us know.

ATTENTION: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-855-247-3092. (Arabic)

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-247-3092. (French) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-247-3092. (Spanish)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-247-3092. (Vietnamese)

यान् दिवहोस् तपाह े नेपाली बो नु छ भने तपाहको िनि त भाषा सहायता सेवाह िनःश क पमा उपल ध छ। फोन नम्बरहोस् 1-855-247-3092। (Nepali)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-247-3092. (German)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-247-3092. (Cushite)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-247-3092. (Russian)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-247-3092. (Portuguese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-247-3092 まで、お電話にてご連絡ください。 (Japanese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-247-3092。 (Chinese)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-247-3092. (Italian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. –Nazovite 1-855-247-3092. (Serbo-Croatian/Bosnian)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-247-3092. (Tagalog)

เรียน: ถาคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาไดฟรี โทร 1-855-247-3092. (Thai)