## Workforce Solutions

## **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 requ	ired to participate	
and	h	as volunteered to	o 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	Da	ate		
Signature	\$\$	5N		
Printed Name	Da	ate		

Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Texas Relay Numbers: 1-800-735-2989 (TDD), 1-800-735-2988 (Voice) or 711.