

ARKANSAS WORK PAYS



EDUCATION ♦ TRAINING ♦ KEEP YOUR JOB ♦ GET A BETTER JOB ♦ INCREASE YOUR INCOME



BUILD YOUR INCOME, BUILD A CAREER

- Receive bonuses for keeping your job and increasing your income
- Receive supportive services while you work
- Receive a monthly cash assistance payment to help with monthly expenses
- Receive career counseling to help you keep your job and increase your pay

Revised 12/15/2021

ARKANSAS WORK PAYS MEANS MORE MONEY FOR YOUR FAMILY



What is Work Pays?

The Arkansas Work Pays Program provides assistance to prior participants of the Transitional Employment Assistance (TEA) Program that meet eligibility requirements. While you are on the Arkansas Work Pays Program, you will:

- Keep your paycheck.
- Receive monthly cash assistance of \$204 per month while you are on the program (for up to 24 months).
- Receive big bonuses for keeping your job and increasing your income.
- Receive one-on-one support from your case manager to help you keep a job; get promoted or get a better job; and increase your income.



Work Pays Can Help You Earn Bigger Pay Checks

Work Pays can help you increase your income level and break out of low-wage jobs.

- Learn the secrets of getting a promotion.
- Get help on earning a pay increase.
- Increase your worth to your employer so you work more hours and get paid more.
- Make a plan for how to make more money.

If you qualify for Work Pays, you may also be eligible to receive:

- Help with educational expenses
- Help with work-related expenses
- Help paying for child care
- Help with transportation
- Transitional Medicaid or ARKids 1st
- Financial Credit Counseling
- Individual Development Accounts
- Mentoring
- Earned Income Tax Credit

How Can Work Pays Help Me?

The path is up to you. Your case manager will help you every step of the way. Your case manager can help you find a better job, assist you in reaching your educational goals, help you get your GED, and help you with child care and transportation. Besides all of the one-on-one support that you will receive to reach your educational and career goals, you will also receive financial support while on the program.

Cash Assistance	\$204 per month for 24 months maximum	\$4,896
Bonus 1	Stay employed for 3 consecutive months	\$400
Bonus 2	Stay employed for an additional 6 consecutive months	\$600
Bonus 3	Exit Bonus for meeting work requirements for 21 out of the 24 months on the program	\$800
Bonus 4	Your earnings exceed 150% of the Federal Poverty Level and you leave the program	\$1,200
This is what you take home if you meet all of the Work Pays program requirements and qualify for all of the bonuses.		\$7,896

Who is Eligible?

If you are a former Transitional Employment Assistance (TEA) benefit recipient and your case closed due to you becoming employed, you may be eligible for Work Pays.

An individual must meet the following requirements to be eligible for Work Pays:

- Be employed at least 30 days prior to the date of the Work Pays application;
- Have care and custody of a related minor child;
- Be a resident of the state of Arkansas;
- Meet certain citizenship or alienage requirements;
- Apply for Work Pays within six (6) months of your TEA case closure;
- Received TEA cash assistance for at least three (3) months;
- Have not received more than twenty-four (24) months of Arkansas Work Pays program benefits;
- Meet the Work Hours Requirement—You must engage in paid work activity for at least 24 hours per week and meet the federal work participation rate, which is usually an additional 6 hours per week in either paid work activity or other allowable work activity. This additional number of hours could be more or less depending on your family situation. Your Case Manager will help you determine if you need additional hours to meet the work requirement.
- Have income below 150% of the federal poverty level for your family size;
- Comply with the Work Pays Personal Responsibility Agreement;
- Comply with Office of Child Support Enforcement (OCSE) requirements, including assignment of support and cooperation in establishing paternity and/or support unless a good cause exists;
- Comply with drug screening/testing requirements.



What should I expect if my application is approved?

FIRST WORK PAYS INTERVIEW

Very soon after the approval of your Work Pays application, your case manager will contact you. During the first interview, your case manager will review the information you provided on the application form and ask questions about your family's circumstances. This will help to determine what services your family needs. Your case manager will explain all of the program requirements so you fully understand your responsibilities in the program. Your case manager will explain the allowable documentation necessary from you to document your weekly work activities and how you can provide that information each pay period.

CAREER ADVANCEMENT PLANNING

If you are approved for Work Pays, you and your case manager may develop a Career Advancement Plan. This plan will outline steps that you and your case manager will take to help you keep your job and increase your income. You and your case manager will work as a team in developing this plan. When you sign the plan, you are stating that you will follow the steps outlined in the plan. When your case manager signs, he or she is committing State resources that will help you keep a job and increase your pay.



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IF YOU NEED THIS MATERIAL IN A DIFFERENT FORMAT SUCH AS LARGE PRINT, CONTACT YOUR LOCAL DWS OFFICE.
Si necesita este formulario en Español, llame al 1-888-414-1589 y pida la versión en Español.

Section I: Applicant Information Please complete the following information.

* A social security number or proof of application for a social security number is required for all individuals who will receive benefits.

First Adult:

Last Name: First Name: Middle Name: Birth Date:

Gender: Race: Marital Status: Would you like to register to vote? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No Social Security Number: Alien Number: Immigration Status:

Is this person fleeing from felony prosecution, an outstanding felony warrant, or jail? ☐ Yes ☐ No

House or Message Phone: Cell Phone: Email Address:

County:

Mailing Address: Mailing City: Mailing Zip Code:

Physical Address (if different from Mailing Address): Physical Address City: Physical Zip Code:

Is there a second adult in the household who is the biological or adoptive parent of any child in the household? ☐ Yes ☐ No

If so, please complete the information below. If not, please go to Section II.

Second Adult:

Last Name: First Name: Middle Name: Birth Date:

Gender: Race: Marital Status: Would you like to register to vote? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No Social Security Number: Alien Number: Immigration Status:

Is this person fleeing from felony prosecution, an outstanding felony warrant, or jail? ☐ Yes ☐ No

House or Message Phone: Cell Phone: Email Address:

Section II: Children Information

Child One:

Child's Full Name Child's DOB: City and State where child was born:

Race: Gender: Relationship to you:

Are you a U.S. Citizen? ☐ Yes ☐ No Social Security Number: Alien Number: Immigration Status:

Do you have an open Child Support case? ☐ Yes ☐ No Absent Parent's Full Name: Date of Birth: Social Security Number:

Child Two:

Child's Full Name Child's DOB: City and State where child was born:

Race: Gender: Relationship to you:

Are you a U.S. Citizen? ☐ Yes ☐ No Social Security Number: Alien Number: Immigration Status:

Do you have an open Child Support case? ☐ Yes ☐ No Absent Parent's Full Name: Date of Birth: Social Security Number:

Child Three:

Child's Full Name Child's DOB: City and State where child was born:

Race: Gender: Relationship to you:

Are you a U.S. Citizen? ☐ Yes ☐ No Social Security Number: Alien Number: Immigration Status:

Do you have an open Child Support case? ☐ Yes ☐ No Absent Parent's Full Name: Date of Birth: Social Security Number:

Child Four:

Child's Full Name Child's DOB: City and State where child was born:

Race: Gender: Relationship to you:

Are you a U.S. Citizen? ☐ Yes ☐ No Social Security Number: Alien Number: Immigration Status:

Do you have an open Child Support case? ☐ Yes ☐ No Absent Parent's Full Name: Date of Birth: Social Security Number:

If you have more than 4 children, please list their information on an additional sheet.

Section III: Employment/Income Information Please complete the following information.

First Adult:

Last Name:	First Name:	Middle Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you employed? ☐ Yes ☐ No

Company Name:

Company Street and Mailing Address (if different):	City, State, & Zip Code:
<input type="text"/>	<input type="text"/>

Supervisor's Printed Name:	Contact Phone Number:	Fax Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hourly Wage:	Hours per Week:	How often are you paid?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Other-Explain: _____

Please list if engaged in any other activity such as community service, college work study, etc. How many hours per week?

Do you receive any unearned income? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	How often?	Source of Income:
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Second Adult:

Last Name:	First Name:	Middle Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you employed? ☐ Yes ☐ No

Company Name and DBA (if applicable):

Company Street and Mailing Address (if different):	City, State, & Zip Code:
<input type="text"/>	<input type="text"/>

Supervisor's Printed Name:	Contact Phone Number:	Fax Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hourly Wage:	Hours per Week:	How often are you paid?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Other-Explain: _____

Please list if engaged in any other activity such as community service, college work study, etc. How many hours per week?

Do you receive any unearned income? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	How often?	Source of Income:
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Who receives additional income?	How much additional income is received?	How often is the additional income received?	Where is the source of the income?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section IV: Must read before signing application.

I understand that the Personal Responsibility Agreement (PRA) will provide me with individual responsibilities that I must comply with while participating in the Arkansas Work Pays Program. I understand that this program is limited to twenty-four (24) months and that I must be employed and seeking employment that will increase my pay and enhance career choices. I understand that supportive services will be provided if eligible.

I agree to the following responsibilities:

1. Work the maximum number of hours possible, up to 40 hours per week. But if I am only able to work 24 hours weekly, I agree to engage in other allowable work activities as required by my case manager.
2. Accept full time employment that may be offered.
3. Cooperate and work with my case manager in developing my Career Advancement Plan and following the plan activities.
4. Follow up on job leads that would lead to better pay and a possible career.
5. Will not voluntarily terminate employment.
6. Ensure that my children receive their age appropriate childhood immunizations.
7. Ensure that my school age children attend school.
8. Cooperate with the Office of Child Support Enforcement in seeking child support payment and/or establishing paternity.
9. Report any changes within 10 days that will affect my eligibility.

I understand it is illegal to use my EBT card at any:

1. liquor store*;
2. casino, gambling casino, or gaming establishment; and
3. retail establishment where performers undress or entertain in an unclothed state.

This means I cannot use my EBT card at the places listed above in any of the following ways:

1. as a credit or debit card;
2. at an automated teller machine (ATM);
3. at a point-of-sale (POS) terminal; or
4. online to withdraw funds or process payment for merchandise or service.

**This does not include grocery stores that sell BOTH intoxicating liquor and groceries, including staple foods.*

I understand that in some circumstances the agency may determine that I had good cause for not complying with the above requirements.

Assignment of Child Support: I understand that if I accept benefits, by state law, I will have assigned all rights, title, and interest in any support that I have in my own behalf or in behalf of any other person for whom I am receiving a benefit payment. I understand that all support payments including those received by me directly from the absent parent, are to be paid to the Office of Child Support Enforcement. I understand that this assignment ends when I no longer receive benefits, except as to any unpaid support obligation that has accrued at the time my case is closed. I also understand that as a condition of eligibility, I must cooperate with the Office of Child Support Enforcement in establishing paternity and obtaining child support.

Notice to Applicants: Read carefully before you sign this application.

I understand that no person may be denied benefits on the grounds of race, color, sex, age, disability, religion, national origin, or political belief. In accordance with Federal law and U.S. Department of Health and Human Services (DHHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. DWS collects ethnic data to assure that benefits are distributed without regard to race, color or national origin.

To file a complaint of discrimination, by mail contact DHHS Office of Civil Rights - Region VI, 1301 Young Street - Suite 1169, Dallas, TX 75202, by fax to (214) 767-0432 or call (214) 767-4056 for voice or (214) 767-8940 for TDD. A complaint can be filed electronically by going to https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf. DHHS is an equal opportunity provider and employer.

Providing a Social Security number and/or information about citizenship or immigration status is voluntary. However, anyone who fails or refuses to provide any of this information will not be eligible to receive Transitional Employment Assistance (TEA) and/or Work Pays benefits. Other household members who do provide this information may participate in TEA and Work Pays if the household is found to be eligible.

Read carefully before you sign this application.

- I understand that I must help establish my eligibility by providing as much information as I can and in some situations I may be required to provide proof of my circumstances.
- I authorize the Department of Human Services (DHS) and Division of Workforce Services (DWS) to obtain information from other state agencies and other sources to confirm the accuracy of my statements.
- I understand that as a condition of eligibility, each applicant for or recipient of Work Pays benefits must furnish his/her social security number to DHS/DWS. Federal law 42 U.S.C. §§ 1320b-7(a) (1) and DHS Transitional Employment Assistance Policy Manual requires DHS/DWS to collect your SSN before approving your application. Disclosure of your Social Security Number is voluntary. However, a person who does not provide the number or apply for one will not be eligible to receive benefits. If someone does not have an SSN, DHS will help the person apply for one. As long as an SSN application is filed with the Social Security Office, the application may be approved. DHS/DWS will also use Social Security Numbers for program applicants and participants to access information, determine eligibility, verify wages, unearned income and other information, to prevent duplicate participation, to facilitate mass changes in Federal benefits, and to determine the accuracy and reliability of information.
- I understand that no person may be denied Work Pays benefits on the grounds of race, color, sex, age, disability, religion, national origin, or political belief.
- I may request a hearing from DHS if a decision is not made on my case within the proper time limit or if I disagree with the decision.
- I agree to notify my case manager within 10 days if I, or any of my dependents, cease to live in my home, if I move, or if any other changes occur in my circumstances.
- I authorize DHS/DWS to examine all records of mine or records of those who receive or have received Work Pays benefits through me to investigate whether or not any person has committed fraud, or for use in any legal, administrative or judicial proceeding.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT. If I receive benefits to which I am not entitled because I withheld information or provided inaccurate information, such assistance will be subject to recovery by the Arkansas Division of Workforce Services/TANF.

First Adult's Printed Name:

Date:

First Adult's Signature:

Second Adult's Printed Name:

Date:

Second Adult's Signature:

Print name of Person helping to complete form:

Signature of Person helping to complete form:

Phone Number of Person helping to complete form:

A decision on your application should be made within 30 days. If you have questions about eligibility for Work Pays, call your case manager.

Applicant's/Recipient's Printed Name:

You must return this document to DWS by:

Effective January 1, 2016, in accordance with Act 1205 of 2015, all adult (above 18) TANF applicants/recipients who are otherwise eligible for TANF programs are required to be assessed for illegal use of a controlled substance. If the applicant or recipient is suspected of illegal drug usage, they will have to undergo a drug test and potentially a substance abuse treatment. If the applicant or recipient fails to comply with any of these requirements, the TANF case will be denied/closed or the case will be approved with a protective payee in place. Illegal use of a controlled substance (illegal drug) means:

- The use of a drug that is against the law , or
- The use of a prescription drug which is a controlled substance that is not prescribed for you.

Each person in your household, who is not exempt from drug screening and testing, must answer the following questions before TANF eligibility can be determined. Each eligible adult will receive a form to complete.

I understand the drug assessment procedures as detailed in this form and will answer each question listed below truthfully.

☐ Yes ☐ No In the past 30 days, have you used any illegal drugs?

☐ Yes ☐ No In the past 30 days, have you lost or been denied a job due to current illegal drug use?

Applicant's/Recipient's Signature:

Date:

Applicant's/Recipient's Printed Name:

IMPORTANT INFORMATION FOR YOU

If you do not fill out this form and return it to DWS by the return date above, your application will be denied. If you are a recipient, your case will be closed. We will send you a separate notice if we take this action.

- While getting cash assistance, adult household members may have to complete a drug test if there is reasonable cause to believe they are using illegal drugs.
- If you test positive for illegal drugs, you must cooperate with drug testing requirements and your Plan of Action or your case will be denied/closed or processed with a protective payee in place.

ADWS and DHS are Equal Opportunity Providers / Employers | Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Division prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex national origin age, and disability. The Division must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Division must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Division will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager.

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How to Apply

Complete the application form, remove from the brochure, and fold in half with the mailing address facing outward and mail to the address below. You will receive notification of your approval/denial within 30 days of the receipt of your application. If an application form is not attached, you can access one by visiting your local Arkansas Workforce Center or Division of Workforce Services. Contact information for DWS local offices is below.

DWS Locations

Arkadelphia 870-246-2481	Fayetteville 479-521-5730	Jonesboro 870-935-5594	Newport 870-523-3641	West Memphis 870-400-2269
Batesville 870-793-4156	Forrest City 870-633-2900/4580	Little Rock 501-320-3026/3027	Paragould 870-236-8512	
Benton 501-776-2974	Fort Smith 479-783-0231	Magnolia 870-234-3440	Pine Bluff 870-534-1920	
Blytheville 870-762-2035	Harrison 870-741-8236	Malvern 501-332-5461	Rogers 479-636-4755	
Camden 870-836-5024	Helena 870-338-7415	Mena 479-394-3060	Russellville 479-968-2784	
Conway 501-730-9894/9897	Hope 870-777-3421	Monticello 870-367-2476	Searcy 501-268-8601	
El Dorado 870-862-6456	Hot Springs 501-525-3450	Mountain Home 870-425-2386	Texarkana 870-216-4011	

Return Address

Fold in half, tape ends together, and mail to the address listed below.

Place
Stamp
Here

ARKANSAS WORK PAYS PROGRAM

Attn.: TANF Central Processing Unit
P.O. Box 4279
Little Rock, Arkansas 72214