



JOBS ORIENTATION CHECKLIST

Participants Name: _____

Please have the participant initial the items as they are discussed/completed during the orientation process:

- ___ Welcome Letter
- ___ TANF Work Activity Fact Sheet
- ___ Strength for Success – Make Appointment To Complete
- ___ Pay After Performance
- ___ Family Violence Screening
- ___ Employment Plan
- ___ Employment Verification Sheet
- ___ Supportive Services
- ___ Grievance Procedure
- ___ Release of Information (DHS/Social Services/Emergency Contact)

I was provided the Community Options, Inc. orientation packet and fully understand the expectations of the program and how to fill out documentation needed of me to meet the federal work requirements. I understand that I will need to follow all of the rules of JOBS program, and will not knowingly submit any fraudulent documents. If I provide false information, break program rules, or county policies, I will be subject to a loss of benefits and/or removal from the program, with possible legal consequences at the county, state, or federal level.

Participant's Signature

Date

Staff Signature

Date