



# Participation Agreement

*Choices, NCP/Choices, TANF Applicant, and SNAP E&T are federally funded programs with limited funds. It is not an entitlement program in which support services are automatically rendered. An applicant should read and discuss the information included in this participation agreement with the Workforce Center Staff.*

### Release of Information

I hereby consent to the release of information to Workforce Center Staff pertaining to my continued participation in the CHOICES, NCP/CHOICES, or SNAP E&T Program. I further authorize Workforce Center Staff to **obtain information and/or to release information** concerning my eligibility, participation, medical / health status, career-related assessments and employment / income information as needed to or from the following individuals and/or organizations: current, previous or post program employers, Social Security Administration, the Health and Human Services Commission (HHSC), Texas Workforce Commission (TWC) Vocational Rehabilitation Services, Office of the Attorney General (OAG), independent school districts, post secondary institutions, criminal justice agencies or other agencies or organizations directly linked to my eligibility and/or employment plan.

### Services from One Workforce Development Board

I certify that I am receiving services from the Rural Capital Area Workforce Development Board at this time. I further certify that I am neither presently enrolled nor planning to enroll with any other CHOICES, or SNAP E&T program in a different workforce development area, and will notify the Talent Development Specialist if I move to another area.

### Verification of Accuracy of Information Provided

I certify that eligibility information provided to the Talent Development Specialist is true to the best of my knowledge. I understand the information provided is subject to external verification. If I am found to have intentionally given false information in order to receive services, I may be prosecuted for fraud and be required to repay the cost of supportive services and/or training costs that I have received.

### Non-Duplication of Services

I certify I have informed the Talent Development Specialist of all services, funds, benefits, and support services which I am receiving or will be receiving from any and all other sources (i.e., Vocational Rehabilitation, Texas Workforce Commission, HHSC, MHMR, Veteran's Administration, scholarships, public/private charities, loans and other programs).

### Notice of the Right to Alternative Services for Choices Individuals

This notice is to inform you that any providers of Choices services may not discriminate against you on the basis of religion, a religious belief, or a refusal to actively participate in a religious practice. If you are referred to a faith-based organization for Choices services, and you object to any religious beliefs or practices the provider requires of Choices individuals, you have the right to be referred to another provider. You must notify your assigned Choices case manager to be referred to an alternative provider. The referral must be made within 14 days from the date of the request and should be within a reasonable distance from your home or worksite (i.e., no more than 30 miles one way). The new provider must be able to provide the type and level of services that will enable you to attain the same degree of knowledge and skills that you would have attained with your original provider.

### Termination Policy

I understand that CHOICES, NCP/CHOICES, or SNAP E&T participants may be sanctioned from HHSC benefits and/or terminated from the Workforce Center program for the following reasons:

- Falsifying information on applications, intake forms, or time sheets
- Failing to report income or other support services such as welfare or unemployment compensations benefits
- Disruptive behavior at the work or training site
- Attending work or training under the influence of alcohol or illegal drugs
- Refusal to continue at an assigned work or training site
- Removal from work or training site at the recommendation of the supervisor or instructor due to inappropriate behavior

### Participation

*I agree when I am enrolled in CHOICES, NCP/CHOICES, or SNAP E&T to actively participate in the program, and provide information regarding my participation. I further agree to report changes in my residence, phone and employment status to my Talent Development Specialist in a timely manner.*

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if Customer is under 18 \_\_\_\_\_ Date \_\_\_\_\_

Talent Development Specialist's Signature \_\_\_\_\_ Date \_\_\_\_\_