

## Workfare Agreement

I understand that persons who are able to work and need general assistance may be required to work for the municipality or for a designated organization as a condition of receiving general assistance. I understand that by signing this agreement form, I agree to perform work for the municipality in return for any assistance I am granted.

I understand that unless I have good reason, I must satisfactorily perform the workfare assignment as a condition of receiving future General Assistance or as a condition of receiving General Assistance currently being granted to me pursuant to the “workfare first” policy described below. I further understand the following:

- that any amount of the workfare assignment that is not performed because I am temporarily unable to perform the assignment for just cause reasons shall be reassigned.
- that in no circumstances will the number of hours I work exceed the value of the assistance I receive computed at the rate of at least the state’s minimum wage.
- that in addition to being an eligibility criteria, the value of any workfare I perform will reduce (in proportion to the value of workfare performed) the amount I am ultimately responsible to reimburse the municipality.
- that the municipality may not assign any work that would interfere with my: existing employment, ability to accept work, ability to attend a job interview, or ability to participate in an approved vocational training program. In addition, I understand that I cannot be required to work for a nonprofit organization if that work would violate religious beliefs.
- that if I refuse to perform work or fail to perform work for the municipality without just cause, I may be disqualified from receiving assistance for 120 days, unless I become employed or regain my eligibility in accordance with the procedures described in the municipal General Assistance ordinance.
- that a refusal or failure to perform a workfare assignment includes:
  - not reporting to the assignment, without just cause;
  - not completing the assignment, without just cause;
  - willfully failing to perform the assignment without just cause; or
  - willfully performing the assignment below average work standards without just cause.

**“Workfare first” policy.** I understand that under the authority of 22 M.R.S.A. § 4316-A(2)(D), the administrator may, in accordance with the following guidelines, require me to perform a workfare assignment prior to the actual issuance of the non-emergency general assistance benefit conditionally granted.

- 1) In no circumstance will emergency general assistance for which I am eligible be withheld pending the satisfactory performance of workfare. I understand emergency general assistance to be assistance that is immediately necessary to prevent a dangerous or life-threatening situation.
- 2) I understand that I have a right under this policy to be provided a written decision prior to performing any workfare for the municipality associated with my request for assistance.
- 3) I understand that in addition to any disqualification penalty that may apply, the consequences of refusing to perform or completely failing to perform the “workfare first” assignment, without just cause, or performing the entire workfare assignment below the average standards of that job, without just cause, will be the termination of the entire general assistance grant.
- 4) I understand that if some of the workfare first assignment is satisfactorily performed but there has been a failure to perform the remainder of the assignment, without just cause, the administrator shall issue a grant of general assistance in the amount of the number of workfare hours satisfactorily performed times the hourly rate used to calculate the duration of the workfare assignment. In addition to any disqualification penalty that may apply, the remaining value of the conditionally issued general assistance grant shall be reassigned.

## Questions to be answered by the workfare participant:

- 1) Do you agree to perform the following workfare assignment for the municipality (*Municipality enter all relevant information*):

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(Check One: Yes  No )

If "no," please explain.

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- 2) Do you agree to perform the above workfare assignment for the municipality for \_\_\_\_\_ hours at the rate of \$\_\_\_\_\_ an hour in return for the assistance you are granted? (Check One: Yes  No )

If "no," please explain.

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- 3) Do you have the full physical, mental, emotional, and medical ability to perform workfare, with or without a reasonable accommodation? (Check One: Yes  No )

If "no," please explain.

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- 4) Have you ever been disciplined for or had any safety problems in your jobs? (Check One: Yes  No )

If "no," please explain.

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## Declaration of the Workfare Participant

To my knowledge there is no reason I would be prevented from accepting or completing my workfare assignment. This workfare agreement and its conditions have been explained to me and I understand what my responsibilities are under the municipal work program. I understand that I have a right to review the municipal General Assistance ordinance and a copy of Maine's General Assistance statutes.

I certify that the above information is true, correct and complete and that no information has been knowingly withheld. I understand that false representation is a violation of state law and may result in my being ineligible to receive assistance for 120 days and prosecution for committing a Class E crime.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I hereby certify that I have informed the applicant of his/her rights and responsibilities under the municipal workfare program.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date