

FOODSHARE EMPLOYMENT & TRAINING (FSET) PARTICIPATION AGREEMENT

RESPONSIBILITIES	RIGHTS
1. EMPLOYABILITY PLAN: I will work with my Case Worker to develop a mutually agreed upon plan for obtaining employment. 2. ACTIVITIES: I will keep all FSET appointments and complete all activities as agreed upon in my Employability Plan, or contact my worker if I cannot. I will notify my FSET Case Manager immediately if I choose to end my participation in FSET. 3. CHILD CARE/SUPPORT SERVICES: If I receive child care or other assistance necessary to participate in FSET, I must use child care or other assistance for designated FSET activities only 4. CHANGE IN MAILING ADDRESS OR PHONE NUMBER: In addition to notifying my Economic Support Specialist, I will also notify the FSET office of any change in my mailing address or phone number within 10 days of the change.	1. I will not be required to accept work or training from an employer that is in violation of federal, state or local health and safety standards. 2. I will not be required to participate in any activities that discriminate against me because of age, handicap, sex, race, creed, color, sexual orientation, national or ethnic origin, or other reason prohibited by state law. 3. FSET will pay for child care and transportation up to the program limits, if necessary for me to participate in the program. I will not be required to accept a job or training if I need child care and none is available. 4. I will not be required to accept employment that does not meet or exceed the federal or state minimum wage if applicable. Wage rates, hours of work and conditions of employment must conform to requirements in the Fair Labor Standards Act as amended. 5. I will not be required to take a job that is vacant because of a strike, lockout or other bona fide labor dispute. 6. I will not be required to take a job against the rules of a union to which I belong.

If you have complaints or concerns about FSET services, you may request to speak with the local program manager about your concerns and the grievance process. If your grievance cannot be resolved with the local FSET agency, you have the right to file a Fair Hearing. A fair hearing may be requested by writing or calling:

Department of Administration
 Division of Hearing and Appeals
 P.O. Box 7875
 Madison, WI 53707-7875
 (608) 266-3096

You may also contact your local county or tribal office to ask for a Fair Hearing verbally or in writing or by downloading the form at dhs.wisconsin.gov/em/customerhelp

Name - FSET Case Worker		Telephone – FSET Case Worker		
Name - Participant	Address – Participant (Street)	City	State	Zip Code
Telephone - Participant Home ()		Cell ()		Other ()
I HAVE READ AND I UNDERSTAND THE CONTENTS OF THIS DOCUMENT. MY QUESTIONS HAVE BEEN ANSWERED AND A COPY PROVIDED TO ME. Personally identifiable information is used only for the direct administration of the FoodShare Employment and Training program. [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].				
SIGNATURE - Participant	Date Signed	SIGNATURE - FSET Program Staff	Date Signed	

Retain original completed form in FSET record

Copy: Volunteer