MUTUAL RESPONSIBILITY AGREEMENT
PLAN OF ACTION REQUIREMENTS FOR WORK FIRST SERVICES

Participant's Name: _____ County Case Number: _____

North Carolina's Work First Program is based on the philosophy that all people have the responsibility to their families and community to work and provide for their children. This Mutual Responsibility Agreement Plan of Action outlines steps to help individuals become self-sufficient.

Self-Sufficiency Goal: _____

Other Goals: _____

Plan of Action: (Describe client and agency responsibility)

ACTIVITY/ SERVICE	REQUIREMENTS

Signatures indicate that we have jointly developed this Plan of Action.

Participant's Signature: _____ DATE: _____

Worker's Signature: _____ DATE: _____

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For all other questions or concerns, contact your local Department of Social Services.