

DWP  
DIVERSIONARY  
WORK PROGRAM



# WHAT IS DWP?

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Four Month Cash program

Months run consecutively

Focus is for caregivers to find work immediately

Services and Supports are provided to families and pregnant women

Months do not count towards the 60 month life time limit of MFIP

DWP is a short term program and gives caregivers an opportunity to avoid going on MFIP

Adults age 60 or over

Adults with disabilities  
and children with  
severe disabilities

Teen parents without a  
high school diploma or  
GED that want to finish  
school

Some single parents  
with child under 12  
months old

Caregivers that have  
been on MFIP or DWP  
in the last 12 months

Caregivers that  
received 60 months of  
MFIP or received DWP  
in last 12 months

Caregiver disqualified  
from DWP or MFIP due  
to fraud

Caregiver in the United  
States less than 13  
months

Caregiver approved for  
asylum or refugee  
status within last 13  
months

# WHO IS NOT ELIGIBLE?

# STEPS TO ELIGIBILITY

Eligibility Worker determines you are eligible for DWP

Within 1 day you are referred to the Employment Services Provider, Rural MN CEP, to develop an Employment Plan. Contact #218-444-0732

CEP and you have 10 days to complete and sign a plan.

CEP notifies the County within 1 day of the plan being approved and signed.

County must approve DWP benefits within 1 day of being notified that the plan has been approved and signed. Benefits will be vendor paid whenever possible.

**Employment Plan MUST be signed before DWP benefits can be issued.**



# SUPPORTS FOR FAMILIES

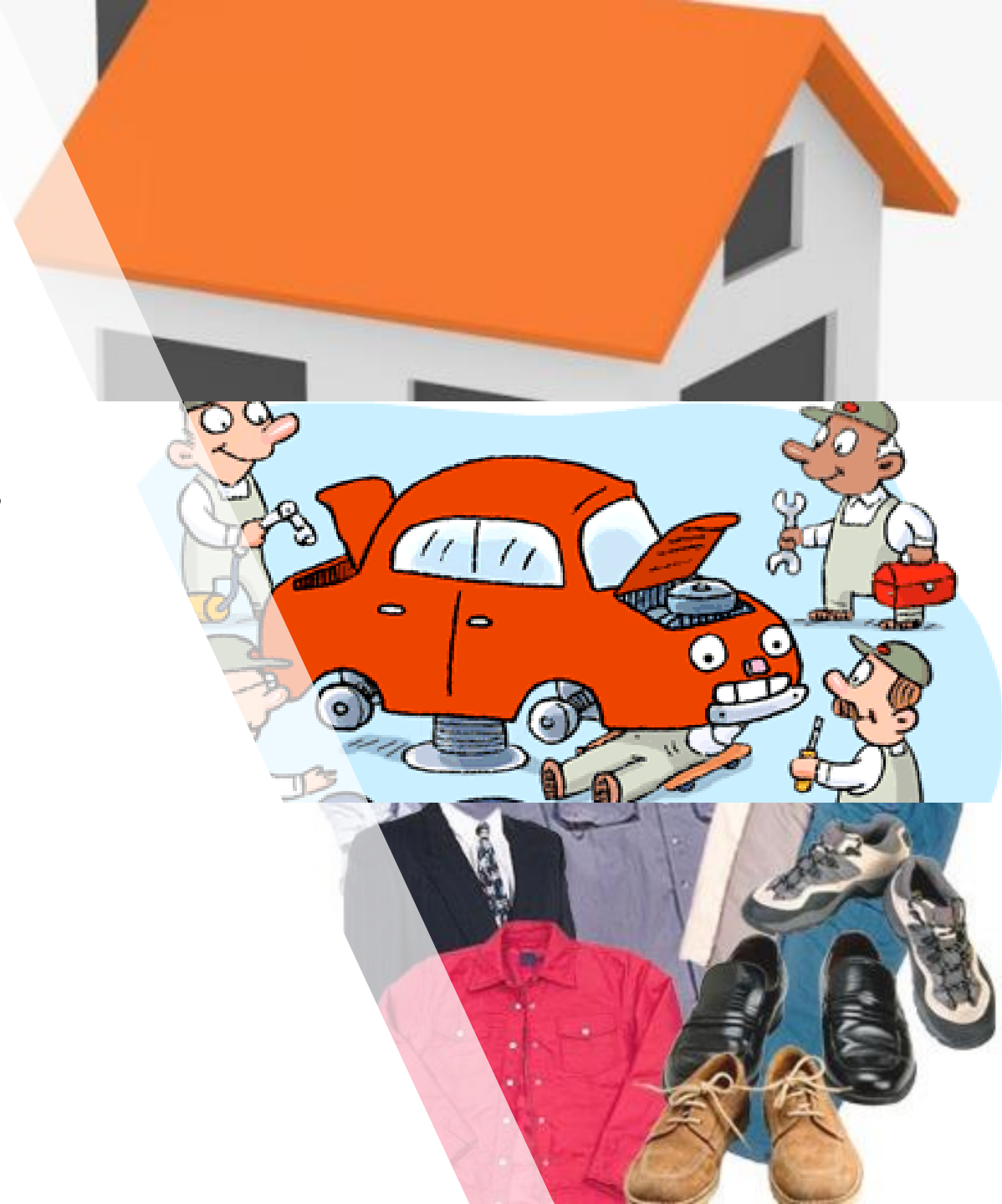
Help with rent, utilities or other housing costs and personal needs allowance

Employment Plan will help find work, address family issues affecting ability to get or maintain a job, may include limited training that can be completed in no more than 4 months.

Work related supports may include, transportation, vehicle repairs, car insurance, clothing to get or maintain employment

New sources of income after DWP is approved will not decrease your cash benefit. Increases in family size or housing/utility costs may increase the benefit

May be eligible for SNAP, health care or child care assistance



# SAMPLE DWP BUDGET

• BASIC NEEDS:

- Rent: \_\_\_\_\_
- Utilities \_\_\_\_\_
- Phone \_\_\_\_\_
- Personal Needs (\$70/person) \_\_\_\_\_
- \_\_\_\_\_
- Total Basic Needs \_\_\_\_\_

INCOME DETERMINATION:

- Gross Earned Income: \_\_\_\_\_
- Less \$65/wage earner: \_\_\_\_\_
- Less 50% of HH income: \_\_\_\_\_
- + Unearned Income: \_\_\_\_\_
- \_\_\_\_\_
- Total Household Income \_\_\_\_\_

- Total Basic Needs \_\_\_\_\_
- Less Income Available \_\_\_\_\_
- Net need for DWP Grant \_\_\_\_\_

If child support received, exclude \$100 if 1 child in home and a max of \$200 if 2 or more children in the home.

# CONSEQUENCES

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If you fail to cooperate with your employment plan or child support requirements, **YOUR CASE WILL BE CLOSED!**

You will not be eligible for any other cash program until your 4 months of DWP ends.

If you have good cause for not following the rules, contact your job counselor at CEP or your Eligibility Worker at the County.

## GOOD CAUSE

# Good Cause reasons for failing to comply with the Employment Plan

Child Care is unavailable

Job does not meet definition of suitable employment

Ill, injured, or incapacitated

Providing care to an ill household member

No Transportation

Emergency

Schedule conflicts with judicial proceedings

Participating in acceptable work activities

Educational Program for caregiver under age 20 is not available

Activities in plan are not available

Willing to accept employment but employment not available

Circumstances beyond participants control

Eligible for Family Stabilization Services (FSS), documentation not available but participant is cooperating



# GOOD CAUSE

## Good Cause - Child Care

Appropriate child care is defined as:

Provider is licensed or legal non-licensed by state standards

Provider is able to meet a demonstrated need for language-specific care

Care is appropriate to child's age and special needs

Reasonable distance: commuting time does not exceed 2 hours round trip

Provider does not meet standards of health and safety

Affordable

Inability to obtain appropriate child care does not extend your time on assistance.

# RIGHTS & RESPONSIBILITIES SIGNATURE

I Confirm that the Rights & Responsibilities (DHS-4163) have been reviewed with me.

All information has been explained to me and I understand the requirements of the program.

Signature of applicant/participant \_\_\_\_\_

Signature of Worker \_\_\_\_\_ Date \_\_\_\_\_

Case Number \_\_\_\_\_

Case Name \_\_\_\_\_