

**KWP CONCILIATION [NOTICE]**

Date:

Participant Name:

Individual ID:

Because you receive Kentucky Transitional Assistance Program (KTAP) benefits, you are required to participate in Kentucky Works Program (KWP) activities. The following problem has been identified:

- You have not returned form KW-33, Verification of Kentucky Works Program Participation, for the activity for the report month of . If you have lost the form, call a Case Manager [~~case manager~~] at 1-855-306-8959 for a new form. Return the form within 10 days from the date of this notice.
- You returned an incomplete form KW-33, Verification of Kentucky Works Program Participation, for the activity for the report month of . Return a complete form showing the hours you participated and the provider's signature within 10 days from the date of this notice.
- You are not participating in the activities you agreed to in your KTAP Transitional Assistance Agreement. You are scheduled for an appointment [~~interview~~] on at . A Case Manager will contact you at this time. Call a Case Manager at 1-855-306-8959 if you cannot keep this appointment [~~are unable to come at this time~~].
- You or the other parent are [~~is~~] not participating in the activities you agreed to in your KTAP Transitional Assistance Agreement. Both you and the other parent are scheduled for an appointment [~~interview~~] on at [~~at the address listed below~~]. A Case Manager will contact you at this time. Call a Case Manager at 1-855-306-8959 if you cannot keep this appointment [~~are unable to come at his time~~].
- Call a Case Manager at 1-855-306-8959 within 10 days from the date [~~on the top~~] of this notice [~~form~~] to discuss the reason why you or the other parent are not participating in the agreed upon activities.
- Call a Case Manager at 1-855-306-8959 within 10 days from the date [~~on the top~~] of this notice [~~form~~]. We need to discuss the reason why you are not participating in the agreed upon activities.

KTAP and Supplemental Nutritional Assistance Program (SNAP) benefits may be reduced or discontinued if you do not take the above requested action within 10 days from the date of this notice.

, Case Manager

, KY

Telephone 1-855-306-8959

Website: <http://chfs.ky.gov>

## Failure To Participate

If you are a participant in the Kentucky Works Program (KWP), your KTAP and SNAP benefits may stop or be reduced [~~less~~] if you fail to participate without good cause.

## Good Cause

If you cannot participate in KWP [~~the Kentucky Works Program~~], contact a Case Manager. You may be given good cause for not participating [~~in the Kentucky Works Program~~] if:

- You are a survivor [~~victim~~] of domestic violence and abuse and participating would put you or your family in danger or make it harder to escape the domestic violence and abuse;
- You have a physical or mental limitation [~~problem that limits you~~];
- You are a single parent with a child under 6 years old and you cannot find close and affordable child care;
- You lose your child care and it is not your fault;
- You cannot find child care to meet the special needs of your child;
- You cannot find dependent care for an incapacitated individual living in your [~~the~~] home [~~with you~~];
- You are incarcerated or institutionalized for 30 days or less; or
- You must travel more than 3 hours a day to participate.