State of Illinois
Department of Human Services

RECONCILIATION AGREEMENT

Getting a job will help you support your family because **WORK PAYS!** When you work you have all the money from your paychecks plus your MediPlan card, paid child care, and money from the federal Earned Income Tax Credit. Your cash assistance goes down only $1.00 for every $4.00 you earn. Ask your caseworker about all the ways that **WORK PAYS!**

PERSON'S NAME: _____ Date _____

CASE NAME: _____ CASE NO: _____

State the specific reason(s) for reconciliation:

The purpose of the reconciliation meeting is:

* To discuss the current problems and find a possible solution;
* To review the family's plan and change it, if needed;
* To explain the person's rights and responsibilities, including the right to appeal;
* To discuss what is expected from the Agency and the person; and
* To develop an agreement (which must be fulfilled during or following the meeting).

The following agreement has been reached:

Check one: ◯ Work & Training Activity ◯ Child Support Activity

It is agreed that the things I have agreed to do will be completed by _____ .
(Work & Training activities must be completed no more than 14 days from the date of this signed agreement.)

Person	Date
Worker	Date
Mediator	Date
Person's Representative (if applicable)	Date

CONTACT YOUR WORKER AT _____ IF YOU HAVE QUESTIONS ABOUT THIS AGREEMENT OR HAVE GOOD CAUSE FOR NOT COMPLETING THIS AGREEMENT.

If you do not complete the reconciliation agreement or have good cause, you will be sanctioned. You have 60 days after you get the sanction notice to appeal this decision and be given a fair hearing. Such appeal must be filed with the Department in writing or by calling (toll-free) 1-800-435-0774. You may represent yourself at this hearing or you may be represented by anyone else, such as a lawyer, relative or friend. Your local office will help you fill out the appeal form if you wish.