

DTA DPC - P.O. Box 4406  
Taunton, MA 02780-0420

**Massachusetts Department of Transitional Assistance**

[REDACTED]

04/13/2017

Dear [REDACTED]

You have been referred to: \*\* (WPP) Work Program Participant- North shore Career Center, 70 WASHINGTON ST SALEM, MA 01970-3518, (978) 825-7200 for Employment Training and Education specifically Employment Assistance Services. Please take this form with you which states that you are a recipient of Transitional Assistance (TAFDC).

You are required to participate in an activity or a combination of activities that total 20 hours per week.

You or the agency must return this form to: DTA Document Processing Center, P.O. Box 4406, Taunton MA. 02780-0420, or Fax to (617) 887-8765 no later than 04/24/2017. If the form is not returned to: DTA Document Processing Center, P.O. Box 4406, Taunton MA. 02780-0420, or Fax to (617) 887-8765 **by this date, your Transitional Assistance benefits may be stopped or lowered.**

Confidentiality Waiver

I authorize the Department and the organization to which I am referred to release and exchange information as required for my participation in the Department's Employment Services, Community Service, Work and Post-Employment Programs.

\_\_\_\_\_  
Signature of Client

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Mayra Torres  
TAO Supervisor

Tel. (978) 825-7459  
Fax: (617) 887-8765

**Agency Response - Please complete the reverse side and return this form to: DTA Document Processing Center, P.O. Box 4406, Taunton MA. 02780-0420, or Fax to (617) 887-8765 within five working days of your appointment with the client. Thank You.**

ESP-16-Cash

Agency ID: [REDACTED]

## AGENCY RESPONSE

Disposition:

\_\_\_\_\_ Accepted into Employment Training and Education specifically Employment Assistance Services for \_\_\_\_\_ hours per week with an anticipated start date of \_\_\_\_/\_\_\_\_/\_\_\_\_ and an anticipated completion date of \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_ Not accepted because (check one)

\_\_\_\_\_ Client not qualified

Reason: \_\_\_\_\_

\_\_\_\_\_ No slots available \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Client refused placement

\_\_\_\_\_ Not accepted into referred component but accepted into Component Activity : \_\_\_\_\_, Service Activity Type: \_\_\_\_\_, with an anticipated start date of \_\_\_\_/\_\_\_\_/\_\_\_\_ and an anticipated completion date of \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature of Resource Contact Person  
Completing this Form

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Resource Contact  
Person Completing this Form

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### Base Weekly Plan for this Component Activity

Day	Times	Total Hours
Sun		
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		

ESPreNotice

Agency ID: XXXXXXXXXX