** PATH Reengagement Agreement**

**Partnership.Accountability.Training.Hope. (PATH)**

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| --- | --- |
| **Participant Name:** | **Client/Recipient ID:** |
| **Reengagement Appointment Date:** | **Time:** |

From this point forward, I agree to:

* Complete my activities, as assigned.
* Turn in my documentation, as required.
* Contact Michigan Works! if I need supportive services.
* Comply with the requirements of this program.
* Maintain regular communication with program staff.

**MWA Comments:**

**Participant Signature:**       **Date:**

Participant provided the MWA with verbal authorization to sign on their behalf.

Participant refused to sign.

Participant did not show for reengagement appointment.

**MW! Staff Signature:**       **Date:**

**MWA Use Only**

**MWA must complete a Triage Meeting Notice if Participant refused to sign this agreement or did not attend the appointment.**

**Please complete this section PRIOR to providing the participant with their copy of this notice.**

**Distribution of Notice:** The original remains in the case file and a copy must be given to the participant.

**Participant Copy Given:**  Email  US Mail Date:

**If sent by “US Mail” or “Email”, list address where notice was mailed:**