



Colorado Works Condition Agreement

This condition agreement includes my rights and responsibilities, as a work-eligible individual, for receiving assistance from the Colorado Works Program.

1. **I am responsible for developing My Plan:** which is a contract between myself and the Weld County Department of Human Services that lists the conditions for receiving assistance under the Colorado Works Program and describes the commitments made by myself and Weld County.
2. I have no legal privilege to any form of assistance under the Colorado Works Program, and My Plan does not create a legal right to benefits.
3. If I do not meet the terms of this plan without a determination of good cause, I will be penalized or lose all of my Colorado Works benefits.
4. Weld County Department of Human Services or I may request a new plan be developed at any time based on any and all changes needed, or if I feel I cannot meet the expectations of this plan.
5. A plan is also required if, as a work-eligible member of the assistance unit, am granted an extension of Colorado Works assistance due to any hardship, including domestic violence.
6. If I do not agree to the terms and conditions in My Plan, I have the right to request a county dispute resolution conference.
7. A program worker who is not or has not been involved with my case from Weld County Department of Human Services will help me with reviewing these terms and conditions.
8. **As part of My Plan, I may receive supportive services:** supportive services may assist me in being successful in finding and keeping a job, and can include, but are not limited to:
 - a. Help with paying for school or training programs that lead to employment.
 - b. Help with transportation.
 - c. Help with personal care or clothing.
 - d. Help with paying for housing.
 - e. Help with paying for childcare.
 - f. Incentives for finding or staying in a job.
9. As part of My Plan, supports and services may be received by me and other members of my family if supports and services are needed and can include, but are not limited to:
 - a. Special medical needs
 - b. Counseling/rehabilitation

By signing this condition agreement, I agree to and understand all terms of my participation in the Colorado Works Program, as outlined in My Plan. I understand that this program is time-limited with a lifetime limit of (60) sixty months. I also understand that I may request a meeting to change the plan at any time and will contact my program worker within 48 hours of any changes, problems, or concerns.

Client Signature:

Date:

My Pathway

MY NAME DATE

WHERE I'M HEADED
MY LONG TERM GOAL

GOAL #1

ACTION STEPS:

GOAL #2

ACTION STEPS:

GOAL #3

ACTION STEPS:



Department Of Human Services

PO Box A

Greeley, CO 80632

Website: www.weld.gov

Workforce Assessment

Request Assessment Due Date: (6 months)

Assessment Complete Date:

Case Number:

What is your overall stress level right now?

I am VERY Stressed!

0

1

2

3

4

5

6

I am not stressed at all.

Where do you feel you and your family currently are in these Life Areas?

On a scale of 0-6, where 0 is Significant Need, and 6 is Thriving.

Area of Need	Significant Need Statement	Rate Area of Need	Thriving Statement
Housing	My family doesn't have housing.	0 1 2 3 4 5 6	We have stable housing.
Dependent Care	We have no childcare.	0 1 2 3 4 5 6	Have childcare/reliable back up plan.
Transportation	We have no transportation.	0 1 2 3 4 5 6	We have reliable transportation.
Personal Well Being	Personal well-being needs attention.	0 1 2 3 4 5 6	Doing well and fully able to work.
Family Well Being	Family challenges/interferes with progress.	0 1 2 3 4 5 6	Family is doing well and supportive.
Social Support	No Social support/Network isn't supportive.	0 1 2 3 4 5 6	I have consistent/effective support.
Financial Health	Income isn't enough to cover my expenses.	0 1 2 3 4 5 6	Stable income/current on bills.
Legal	I work certain jobs; I have legal issues.	0 1 2 3 4 5 6	No legal issues.
Education/Training	Don't have HS diploma/GED or entry level	0 1 2 3 4 5 6	Have a degree/Certification.
Job Search/Skills	Don't know where to look for work.	0 1 2 3 4 5 6	Offered interviews/Jobs.
Employment	Survival job that I don't like.	0 1 2 3 4 5 6	Love my job.

What is going on in your life that you want your coach to know about?

Is there something specific that you want to talk about during this meeting with your coach?

Do we need to update any of your information?

Workforce Assessment (rev. 6/30/2025)

Weld County Department of Human Services



Budget Summary

**estimate monthly costs where applicable

Living Expenses	Monthly Expenses	Are you receiving assistance for this expense? If so, how much?	Total Amount Past Due
Rent/Mortgage Payment:			
Utility Cost of Gas & Electric:			
Telephone Bill: How Many Phones?			
Grocery Bill:			
Car Payment:			
Car Needs (Gas, Oil, maintenance of vehicle):			
Car Insurance Payment:			
Child Care Costs:			
Clothing Costs:			
Outstanding Debts:			
Child Support Payments:			
Miscellaneous (specify):			
Total Monthly Expenses:			

Sources Of Monthly Income	Monthly Income
Wages (your own):	
Wages (other family members):	
Unemployment Insurance:	
Public Assistance (specify):	
Child Support Payments:	
Food Assistance:	
Other Income (specify):	
Total Monthly Income:	

Please describe any extenuating or unexpected circumstances / expenses.

Name:

Date:



Presupuesto Mensual

**Estime los gastos mensuales cuando le sea aplicable.

Gastos De Vivienda	Gastos Mensuales	Esta Recibiendo Ayuda Para Este Gasto? Si Es Asi, Por Favor Explique?	Cantidad Total Que Se Debe
Renta/Hipoteca:			
Gastos De Luz Y Gas:			
De Telefonos: Y Cuantos Telefonos?			
De Gasto De Comida:			
Pago De Vehiculo:			
Mantenimiento De Vehiculo (Gasolina, Aceite, etc.):			
Pago De Asegurancia De Vehiculo:			
Gastos De Guarderia:			
Gastos De Ropa:			
Deudas Pendientes:			
Pagos De Manutencion Infantil:			
Miscelaneos (Especificar):			
Total De Gastos Mensuales:			

Ingresos Economicos Mensuales	Ingresos Mensuales
Ingresos Suyos:	
Ingresos De Otros Miembros En Su Familia:	
Ingresos De Desempleo:	
Asistencia Publica (Especificar):	
Manutencion Infantil:	
Cupones De Alimento:	
Ingresos Adicionales (Especificar):	
Ingresos mensuales totales:	

Por favor describa cualquier circunstancia/ gastos atenuantes o inesperados.

Nombre:

Fecha: