

## **Linn County Adult Services Team**

Expectations for Participating with AST

As a participant of AST I agree to take action and commit to changes to improve my life situation. Actions will include the following:

- ❖ Identify my long-term and short term goals needed to improve my life
- ❖ Develop a workable plan with measurable steps that will allow me to take action toward achieving my goals
- ❖ Commit to working on these goals on a daily basis and making changes to improve my life situation
- ❖ If appropriate work with an advocate that is provided to me on a weekly basis (example: share and discuss correspondence, barriers encountered, achievements, etc.)
- ❖ If appropriate obtain a payee and participate in budgeting if social security or other monetary assistance is granted
- ❖ Attend money management classes
- ❖ Attend renters programs
- ❖ Comply with legal requirements (example: report to probation officer, pay fines)
- ❖ Comply with reporting requirements from other agencies involved (example: reporting income changes)

I understand that by participating in the AST program it will not resolve any past issues or problems. In addition, I understand that this program is not a short cut to services. The AST program is a way to identify and reduce barriers by working with multi-community agencies.

Your signature below indicates that you have read and understood the above issues and are committed to the process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_