# SULA Participant Agreement

I understand and agree to the following as a SULA participant:

1. I agree to meet with **[name of organization]** staff for one or more of the following:
   1. Develop an individual employment plan.
   2. Receive assistance to prepare for jobs.
   3. Discuss issues that impact my ability to participate in SULA or find a job.
2. I understand that to remain eligible for SULA I must:
   1. Participate in the SULA program as required.
   2. Receive CalFresh benefits from Los Angeles County and complete my semi-annual reporting (SAR 7) or recertification for CalFresh every six months in a timely manner.
3. I will notify **[staff name]** of any **changes** to my address, phone number, or CalFresh status within (5) days of occurrence.
4. I will keep all **appointments** with staff and notify them of any **circumstances** which may affect my progress, performance, or attendance.
5. I understand that by participating in SULA and agreeing to the above terms I may be eligible to receive the following services:

[List any services and supportive services here]

*I hereby verify that I have read and understand my rights and responsibilities if enrolled in SULA.*

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Client Name

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Client Signature Date

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Staff Signature Date

Logo, company name

Description automatically generatedSULA is funded in part by the United States Department of Agriculture.

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