



## PATH REENGAGEMENT AGREEMENT

Participant Name: \_\_\_\_\_ Client/Recipient ID: \_\_\_\_\_  
(Print First & Last Name)

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, and
- Comply with the requirements of this program.

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Date)

- Participant refused to sign
- Participant did not show for reengagement appointment

\_\_\_\_\_  
(MW! Staff Signature)

\_\_\_\_\_  
(Date)

### MWA Use Only

MW! must complete a Triage Meeting Notice if Participant refused to sign this agreement or did not attend the appointment.  
Distribution of Notice: Original remains in case file and a copy must be given to the participant, if they attend the appointment.